



How
Health Care
Professionals can
encourage lesbians
and bisexual
women to attend
for tests.

Cervical screening for women who have sex with women

This leaflet has been written to help you to encourage women who have sex with women to attend for cervical screening. It is based on local research with lesbian and bisexual women.

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EQUITYPARTNERSHIP

The evidence

A Health Needs Assessment carried out in Bradford and Airedale, published in 2010, showed that a lower percentage of lesbians and bisexual (LB) women respond to their cervical screening appointment than women in the general population. Only 59% had been screened regularly. In national research more than twice as many LB women had never had a test compared to the general population. Between 5% and 6% of the population of the UK is estimated (by the government) to be gay or lesbian, so this could have an effect on general screening levels within the practice.

Over the last decade women have become more likely to be out (open about their sexuality) with family or friends but a study reported in 2008 found that only 44% are out to health workers.

In recent focus group research commissioned by the PCT, examples were given of women having been told by practice nurses that they did not need

cervical screening because they were lesbians. Wrong information had also been given about sexually transmitted infection for women who have sex with women.

A review of research commissioned by the Department of Health and carried out by Dr Julie Fish at de Montfort University showed that sex between women CAN pass on the HPV virus (see last page for link). Also 80% of lesbian women have had sex with a man at some time. The Department of Health's Cancer Screening Programme is changing the wording on leaflets and websites to reflect this. All health care staff should be aware of these changes.

Some lesbians believe they do not need cervical screening, some having been told this by health care staff. They tell others, spreading the myth. This therefore needs to be countered vigorously with accurate information and encouragement to attend for screening.

Main research findings

- Sex between women can pass on HPV
- Lesbians and bisexual women are less likely to attend for screening
- There are twice as many lesbians who have never had a cervical screening test as heterosexual women
- An estimated 5% to 6% of the female population are lesbian
- 80% of lesbians have also had sex with a man at some time
- Some lesbians do not believe they need cervical screening
- A few health professionals still tell lesbians that they do not need screening

Lesbian and bisexual women need to be screened every 3 or 5 years just as heterosexual women do.

Best practice in this field can change rapidly as more evidence becomes available so it is important that practitioners keep up with current thinking from time to time.





How you can encourage lesbians and bisexual women to attend for screening tests.

NHS staff are sometimes unsure how to approach lesbian and bisexual women. This can be a problem as some lesbians are 'out' and confident in their sexual orientation while others prefer to keep their relationships private. It is usually best to keep an open mind about patients and not to make assumptions. Even women who outwardly appear to be 'straight' (heterosexual) may be gay.

Lesbians and bisexual women have a range of relationships, just as heterosexual women do. Staff should remain aware of the diversity of patterns of relationship. Many lesbians live with a partner, some with an

official civil partnership, while others live alone even though they may have a long term relationship. They may remain married to a man, or have a sexual relationship with more than one person. Bisexual women may live with a partner or alone, and may remain in a monogamous relationship with one partner of either sex, even though they remain attracted to people of either sex.

It is important to approach women using open questioning where possible and to take care with the language used, for example using words such as 'partner' when asking about relationships rather than husband or boyfriend.

How you can create a welcoming environment in the practice or clinic

To counter distrust of services, GP practices, health centres and sexual health clinics need to be openly welcoming places for lesbians and bisexual women. This should include the following:

- All practice staff being aware and accepting of women whose relationships are with women
- Posters and other materials on display which state that the practice does not discriminate on any grounds, including sexual orientation
- General posters and leaflets need to include LGBT people
- Where information about sexual health, families and family planning is available it should be clear that

information and treatment is available for LB women as well

- Practice literature and websites need to include a statement to say that there is no discrimination on any grounds including sexual orientation
- Service users should be asked who they would like to be contacted in an emergency and who should be included in treatment decisions rather than asking for 'next of kin'
- All literature should use inclusive language and images
- Staff should be willing to sensitively challenge co-workers on prejudiced attitudes and behaviour and to respond positively when they

are challenged. Few of us would claim to be without any kind of prejudice and we can learn from each other.

One of the women in our focus groups described NHS premises as 'alien'. This is changing but services could do more to convince LB women that services are welcoming so that they feel comfortable about attending for care and advice.

Help educate your lesbian and bisexual patients

Health care staff can help to address gaps in knowledge about cervical screening among lesbian and bisexual women. You can offer time for LB women to ask questions. A leaflet is available in Bradford and Airedale for LB patients which says a bit about sexually transmitted infection and breast cancer but is mostly about cervical screening. It should be included with other leaflets on display so that women who are not out to health care providers have access to it and should be given directly to women when they are known to staff in the practice.

Explanations about the test are even more important than with other women. Lesbians and bisexual women who are attending for the first time could be shown the speculum and how it opens and told where the sample comes from. The test and the reasons for it should be explained beforehand. Lesbians may not have their first test until a later age than heterosexual women.

The test is an opportune time to talk to women about the risk of sexually transmitted infection. This is another area where they may have been misinformed, as it used to be thought that women were unlikely to

pass on infection. It is now known that infections can be transmitted during sex between women though the exact route is unclear. Any activity which can pass on body fluids can pass infection so this includes sex toys, which may be used in more than one orifice. Oral sex may also pass infection. Dental dams can be used and sex toys should be kept for each individual or covered with a new condom. Risk can be assessed better if the patient can be honest with the health worker, though it can be difficult for people to talk about sexual practice especially if they are gay or lesbian.

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Improving trust between lesbian and bisexual women and health care providers

You can help to build better relationships between LB women and health care providers. There is a need to increase the trust that lesbians and bisexual women have in health service staff. Staff need to be sensitive in providing opportunities for lesbians and bisexual women to disclose their sexuality, which they may or may not choose to take. Care needs to be taken with notes, as some women will want their sexual orientation recorded and some will not. They should be asked what they want before records are made.

Lesbians and bisexual women may have been rejected by their family members, and many have suffered hurtful comments and homophobic attitudes at work or in other situations. This can lead to them not wanting to be out to health professionals, and if they do reveal their sexuality they need to be shown that they are accepted. Studies have shown that more lesbians and gay men feel isolated or depressed than the general population.

Performing the test

It is particularly important for lesbian and bisexual women that those who carry out the test should help them to relax by chatting, explaining in clear language what they are doing and why, and, when appropriate, joking with them. Silence can be perceived as disapproval.

It is even more important to offer opportunistic tests to this group and if there is not time for a test during an appointment for another issue they should be offered another date and time with the same member of staff so that the woman does not need to go through explanations about her sexuality again.

All women will be offered a chaperone but lesbian and bisexual women should also be told that they can bring a partner or friend into the examination room during the test if they wish. Or they may like to have someone come with them to the surgery and wait in the waiting room. If someone does come with a partner, friend or mother it is important to ask the patient if they would like that person to leave the room for a while for some questions to be asked.

Patient experiences

Local focus group research was carried out in 2009 which gave information about lesbians and bisexual women. It focussed on cervical screening but also provided insights into their experience of GP surgeries.

Knowledge about cervical screening among the participants varied. Some knew they were 'low risk but not no risk'. All had, for several years, either believed that they did not need cervical screening or had avoided it for other reasons, one not having had a test until she was over 40 and others having gaps of 10 years or more.

Experience of screening varied. Some found that staff put them at ease and gave them choices. Some had been encouraged to sit up, choose a smaller speculum, or given a mirror to see what was happening. They appreciated these choices, which helped them to feel more in control.

Some participants avoid health care of any kind. This is partly due to their experience and/or anticipation of health establishments as not gay-friendly, even as hostile or prejudiced. Some thought a health care worker's religious beliefs might lead to this.

Participants stated that they need proof that a practice or clinic is gay-friendly. One said she would not

have treatment for anything from a doctor who was homophobic. Two said they had avoided going to a GP when they had a health problem, which resulted in delayed treatment.

A worrying number were not registered with a doctor or had not been registered for long periods of time or had not told the practice of a change of address. Some avoided GP practices and medical care.

Reasons given for not going to GPs ranged from those encountered in the general population such as not liking to waste the doctor's time; difficulty of making appointments with a preferred doctor; and those more specific to lesbian and bisexual women. Also some did not like 'officialdom' or what they saw as lack of control over their own health.

They found that taking more control included having more than one place to go to for screening, ie GP practice or sexual health clinic, though some would not go to the Sexual Health Department (Trinity Centre) because they saw it as being for those who have acquired sexually transmitted infections, while they found signs referring to 'family planning' off-putting at the CASH clinics. Others preferred to go to the Trinity Centre rather than to a GP.

Several participants said they found it difficult to come out (ie to be open about their sexual orientation). They said that health workers ask the 'wrong' questions, such as about contraception or made assumptions, such as that they did not have a supportive relationship because they lived alone, even after they had told staff they were a lesbian. Some wanted their sexual orientation written on their notes, as they did not like having to explain over and over again to different members of staff, or being asked repeatedly about contraception. One would only go to a doctor to whom she had explained her sexuality, and who had shown she was accepting of this.

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Contacts

Equity Partnership, 1 Longlands Street, Bradford BD1 2TP
www.equitypartnership.org.uk
admin@equitypartnership.org.uk or
01274 727759

Lynne Carter, Head of Equality and Diversity
NHS Bradford and Airedale, Douglas Mill, Bowling Old Lane,
Bradford BD5 7JR 01274 237392

The Trinity Centre Sexual Health Service and **CASH** (Contraception and Sexual Health Clinics) can both be accessed on 01274 200024

Cervical Screening Coordinators for Bradford and Airedale are:
Stephanie Taylor stephanie.taylor@bradford.nhs.uk 01274 566627
Caroline Gomersal carolyn.gomersal@bradford.nhs.uk 01274 581979
Joanne Savoury joanne.savoury@bradford.nhs.uk 01943 604999

Cervical Screening Managers for Bradford and Airedale are:
Arshad Hussain arshad.hussain@bradford.nhs.uk 01274 237604
Lisa Forward lisa.forward@bradford.nhs.uk 01274 237604

References and further reading

Lesbian and Bisexual Women and Cervical Screening in Bradford and Airedale (2010)

This is a report of focus groups on cervical screening. It is available from the Equity Partnership, or from NHS Bradford and Airedale (see contacts opposite).

The challenge for change: LGB Health Needs

Assessment (2010) Equity Partnership

Available as a pdf at

http://www.equitypartnership.org.uk/files/bradfordLGB/TheChallengeforChangeHNA2010_1.pdf

or printed copy from the Equity Partnership
admin@equitypartnership.org.uk or 01274 727759

Julie Fish (2009), Review of research carried out for the Department of Health's Cancer Screening Programme in 2009

<http://www.cancerscreening.nhs.uk/cervical/publications/screening-lesbians-bisexual-women.pdf>

National leaflet for patients

Leaflet for lesbian and bisexual women that can be printed out (2 sides of A4) at

<http://www.cancerscreening.nhs.uk/cervical/publications/lesbian-bisexual-leaflet-sep09.pdf>

Local leaflet for patients

A leaflet for lesbians and bisexual women in Bradford and Airedale has been produced locally and is available from the Equity Partnership on the above number or as a pdf from the Equity Partnership website at

www.equitypartnership.org.uk

The poster, leaflet for patients and leaflet for health professionals are all available in the clinical section of our printed information library on the extranet site at

<http://www.bradford.nhs.uk/extranet/Pages/Printedinformation.aspx>

