Prescription for Change
Lesbian and bisexual women’s health check 2008
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by Ruth Hunt and Dr Julie Fish
Survey results analysed by Sigma Research
Lesbian and gay taxpayers fund 60,000 posts within the NHS. Yet with the marked exception of gay men’s sexual health, their specific health needs are almost invisible. Stonewall’s engagement with tens of thousands of lesbian and bisexual women across Britain in recent years suggests that their healthcare is particularly neglected. That’s why we commissioned this groundbreaking national survey.

We’ve been overwhelmed by the response. Over six thousand women have told us about their health needs and experiences, making this the biggest survey of lesbian health ever conducted outside the US. The picture they paint should disturb any healthcare practitioner.

Lesbians are more likely to have smoked and to drink heavily than women in general. At various ages they are less likely to have had a smear test and more likely to have had breast cancer. Levels of self harm and suicide are significantly higher than in the wider population. Half have had negative experience of healthcare within the last year alone and a similar number feel unable to be open about their sexual orientation to their GP.

Many healthcare providers have taken marked steps forward as good employers since employment protections for lesbian and gay people were first introduced in 2003. But this major survey suggests that this progress has not fed into the services they provide.

This study is timely. In April 2007, it became unlawful to discriminate against lesbian and bisexual women in the delivery of public services. It’s clear that the NHS now needs to take some very significant steps forward to meet its new statutory obligations.

Ben Summerskill, Chief Executive
Key findings

Smoking, alcohol and drugs:
- Two thirds of lesbian and bisexual women have smoked compared to half of women in general.
- Just over a quarter currently smoke.
- Nine in ten lesbian and bisexual women drink and 40 per cent drink three times a week compared to a quarter of women in general.
- Lesbian and bisexual women are five times more likely to have taken drugs. Over one in ten have taken cocaine, compared to three per cent of women in general.

Sexual health:
- Less than half of lesbian and bisexual women have ever been screened for sexually transmitted infections.
- Half of those who have been screened had an STI and a quarter of those with STIs have only had sex with women in the last five years.

Cancer screening:
- Fifteen per cent of lesbian and bisexual women over the age of 25 have never had a cervical smear test, compared to seven per cent of women in general.
- One in five who have not had a test have been told they are not at risk.
- One in fifty have been refused a test.
- One in twelve lesbian and bisexual women aged between 50 and 79 have been diagnosed with breast cancer, compared to one in twenty women in general.

Mental health:
- One in five lesbian and bisexual women have deliberately harmed themselves in the last year, compared to 0.4 per cent of the general population. Half of women under the age of 20 have self-harmed compared to one in fifteen of teenagers generally.
- Five per cent have attempted to take their life in the last year and sixteen per cent of women under the age of 20 have attempted to take their life. ChildLine estimate that 0.12 per cent of people under 18 have attempted suicide.
- One in five say they have an eating disorder, compared to one in 20 of the general population.

Domestic violence:
- One in four lesbian and bisexual women have experienced domestic violence, the same as women in general. In two thirds of cases, the perpetrator was another woman.
- Four in five have not reported incidents of domestic violence to the police and of those that did, only half were happy with their response.

General fitness and exercise:
- Four in five lesbian and bisexual women say that they think they are in good health. The BMI for lesbian and bisexual women is the same as women in general.
- Half exercise three times a week.

Discrimination in healthcare:
- Half have had negative experiences in the health sector in the last year, despite the fact that it is now unlawful to discriminate against lesbian and bisexual women.
- Half of lesbian and bisexual women are not out to their GP.
- One in ten say that a healthcare worker ignored them when they did come out.
- Just three in ten lesbian and bisexual women say that healthcare workers did not make inappropriate comments when they came out.
- Just one in ten felt that their partner was welcome during a consultation.
Nine in ten lesbian and bisexual women drink

Half have had negative experiences in the health sector in the last year

One in five lesbian and bisexual women have deliberately harmed themselves in the last year

One in four lesbian and bisexual women have experienced domestic violence

Five per cent have attempted to take their life in the last year

Fifteen per cent of lesbian and bisexual women over the age of 25 have never had a cervical smear test
1 Smoking, alcohol and drugs

“I believe many lesbians (the ones who pub and club) are at higher risk of life-style illness than straight women, smoking, drinking etc because there are fewer alternatives outside these sort of environments where lesbians can be together (other than once you are established in a social network) yet there is no targeted health promotion that features lesbians.”

Victoria, 55, West Midlands

Only a third of lesbian and bisexual women have never smoked cigarettes, compared to over half of women in general who have never smoked. Two thirds have smoked at some time in their life. More than a quarter of lesbian and bisexual women currently smoke.

“Get community groups involved with Quit-Smoking initiatives and have lesbian/bisexual only support groups. I think this is the single biggest threat to gay women’s health.”

Sarah, 31, London

Twenty one per cent of lesbian and bisexual women who smoke smoke more than 20 cigarettes a day, compared to 28 per cent of women in general who smoke. Seventy nine per cent of respondents say they smoke fewer than 20 cigarettes a day. Lesbians are therefore more likely to have ever smoked than women in general, but no more likely to smoke now, and among those that do smoke a smaller proportion smoke 20 or more cigarettes per day.

“I think that most lesbians drink more than heterosexual women as there is so much more emphasis on drinking in most lesbian oriented places.”

Michelle, 31, London

Nearly four in five lesbian and bisexual women drink alcohol, and a quarter of respondents think lesbian and bisexual women drink more than heterosexual women. Only one in five respondents had not had a drink in the last week, compared to two in five women in general. Two in five respondents had drunk on three or more days in a week, compared to a quarter of women in general.

On how many days out of the last seven did you have an alcoholic drink?

<table>
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<th>Days</th>
<th>Women in general</th>
<th>Lesbian &amp; bisexual women</th>
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<tr>
<td>0</td>
<td>42%</td>
<td>23%</td>
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<tr>
<td>1</td>
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<td>4%</td>
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<tr>
<td>7</td>
<td>8%</td>
<td>6%</td>
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</tbody>
</table>

*Women in general  Lesbian & bisexual women*
I have been sober and in recovery for the past 11 years. I attend Alcoholics Anonymous meetings and in particular found the Gay Alcoholics Anonymous meetings my salvation.

Yasmin, 45, East of England

I don’t think there are sufficient spaces for lesbians and bisexual women. Most of the scene is oriented towards men. Also, I’m kind of sick of the emphasis on bars and pubs. Something different would be nice. I’m not much of a clubber and would much prefer a new way of meeting other women. I work with lesbian, gay, bisexual and trans young people as a youth worker and find that many young lesbians feel they have to go out and get hammered every weekend.

Helen, 27, Scotland

Lesbian and bisexual women are five times more likely to have taken drugs compared to women in general. Three in ten have smoked marijuana in the last year, fifty per cent more than women in general. Over one in ten lesbian and bisexual women have taken cocaine compared to three per cent of women in general and the same number have taken ecstasy. One in eight have taken amyl nitrate (poppers), a drug which is traditionally associated with gay men. Respondents to the survey also indicated that they had taken speed, crystal meth, Ketamine, heroin, and Viagra as well as magic mushrooms and nitrous oxide.

I think substance misuse (drink and drugs) is more noticeable among lesbians because we’re a smaller group (compared with heterosexual women).

Nicola, 46, London

More than a quarter of lesbian and bisexual women currently smoke

Two in five respondents had drunk on three or more days in a week, compared to a quarter of women in general
2 Sexual health

“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.”

Zoe, 40, North East

“I am appalled at how little sexual healthcare advice and support there is for lesbians. I recently had a check and had no idea I could contract so many STDs through lesbian sex. There is little education and support for lesbians.”

Saheema, 31, London

Less than half of lesbian and bisexual women have ever been tested for sexually transmitted infections. Over half of lesbian and bisexual women who have been tested for sexually transmitted infections have had an infection (a quarter of all respondents).

Over half of lesbian and bisexual women have never been for a sexual health check up. Three quarters of those who have not been tested “don’t think I’m at risk”. One in ten have not been tested because they are “too scared” to get tested. Others reported that as they had no symptoms, they assumed they were fine. Four per cent have been told by healthcare workers that they do not need a test.

“After coming out to a nurse at a GP practice (when I went for a smear), she didn’t know whether to test me for Chlamydia, and suggested that I see next time if I’m ‘still....’ – presumable she meant still lesbian! I haven’t been back to the GP since.”

Isabella, 31, Scotland

A fifth of the entire sample (77 per cent of those who have been tested) had ever had thrush which, in common with other sexually transmitted infections, can be passed on to a partner through oral and penetrative sex. Five per cent (a fifth of those who have been diagnosed with an STI) have Bacterial Vaginosis, and lesbian and bisexual women also have been diagnosed with genital warts, Chlamydia, genital herpes, pelvic inflammatory disease and Hepatitis B and C. Lesbians and bisexual women have both oral and penetrative sex and can share fluids through hands, mouth and sex toys.

“My GP took no account of the fact that I could pass Bacterial Vaginosis to my partner and did not prescribe the appropriate medication for my partner, as a result we passed it back and forth for some time before attending a walk in centre because we didn’t want to go back to the GP.”

Joan, 23, London

A quarter of those who have been diagnosed with a sexually transmitted infection have only had sex with women in the last five years.

“Doctor did not know how I had got genital herpes as there was ‘no penis involved!’.”

Tracey, 26, London

“Is there such thing as safe sex for lesbians? I do not know about this and neither do my lesbian friends.”

Catherine, 26, North West

Of those who have not been tested, two in five have had sex with men in the last five years. Three in five of those who have slept with men in the last five years have not attended screening because they do not think they are at risk. Others were refused screening by healthcare workers.
3 Cervical screening

“I had cervical cancer, surgery and radiotherapy. It was detected at a routine smear test and was already advanced. A lot of lesbians think they don’t need a smear test because they’re gay.”

Louise, 56, South East

“I was treated for cervical cancer after receiving a positive smear. I was originally told that I didn’t need a smear as I had never had sex with a man.”

Francesca, 45, West Midlands

Fifteen per cent of lesbian and bisexual women over the age of 25 have never had a cervical smear test compared to seven per cent of women in general. Seventy per cent have had a smear test in the last three years, which is comparable with national data. Of those who have never been tested, one in five have been told by a health worker that they are not at risk. Nearly half are “scared to have a test”. One in fifty lesbian and bisexual women have been refused a test, even though they have requested one. Women who are diagnosed with cervical cancer are not monitored by the NHS on the grounds of sexual orientation therefore it is impossible to conclude that lesbians are not at risk.

“I was taken off the list for regular cervical smear tests when I came out to a Practice Nurse. It took me 10 years to do something about it, but I have been for a test in the last year – my first one. The Practice Nurse initially asked me if I’d ever had sex with a man when I explained why I hadn’t had a test before. When I said no, she said, ‘Do you know what the test is for?’ as if it only had relevance for women who are sexually active with men. Her attitude changed immediately, and she became quite supportive once I told her research showed there were other causes of cervical cancer and all women should be tested. It did feel like I was educating her, though. I sometimes get tired of being a learning experience.”

Phoebe, 38, East Midlands

One in five lesbian and bisexual women who have not attended a smear test do not think they are at risk of cervical cancer. Even some of those who have had sex with men in the last five years do not think they need a test: one in ten lesbian and bisexual women who have had sex with men in the last five years have not attended a cervical smear test.

“I’ve not had a smear test because I’m not out to my GP and only had sex with a guy once.”

Emma, 29, South West

Lesbian and bisexual women say healthcare practitioners often ask inappropriate questions:

“I made my ex-girlfriend get tested for STDs at the beginning of our relationship because she’d had a varied and not-so-safe sexual history with other men and women before we got together. They told me she didn’t need a HIV test because she hadn’t slept with a man in a year. I’m sorry, what? Here’s me thinking that medical science knows HIV can incubate asymptomatically for ten or more years. But apparently not. Not sleeping with a man for a year is the magical cure no one’s telling us about. So that’s all right then. She was too embarrassed to go back, and I wouldn’t sleep with her until I knew she was clean.”

Toni, 22, Scotland
Breast cancer

“My partner had breast cancer and although the care she received generally was good, our relationship was never acknowledged and at best I was treated as her ‘friend’ which at times we found difficult and stressful. We didn’t like to say anything critical to staff about this because the important thing was that they behaved well to my partner and her care was good.”

Olivia, 49, London

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.

Three in ten lesbian and bisexual women check their breasts for lumps or changes every month and half every few months. Four in five lesbians over the age of 50 have had a breast screening test, which is similar to women in general.

“Mastectomy support groups inevitably get around to discussing intimacy with partners – I have no idea how women with female partners cope with such groups. During that period, that concerned my body so intimately, I would have liked to have had the chance to attend a gay-friendly women’s group.”

Chloe, 55, South West
5 Mental health

“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.”

Leah, 35, London

In the last year, five per cent of lesbian and bisexual women say they have attempted to take their life and sixteen per cent of women under the age of 20 have attempted to take their life. ChildLine estimate that 0.12 per cent of people under the age of 18 have attempted suicide. It is impossible to know how many lesbian and bisexual women have taken their life in the last year because medical notes do not record sexual orientation; however, Mind, the mental health charity, suggests that one in every 100 people who are hospitalised after a suicide attempt will successfully take their life in the next year.

“I’ve seen two different therapists this year and neither of them raised my sexuality as something that might have an impact on my mental health. I felt as if they might not even know how to raise it because they were heterosexual, and didn’t understand what might and might not arise as issues or problems.”

Keira, 23, East of England

In the last year, one in five lesbian and bisexual women say they have deliberately harmed themselves in some way compared to 0.4 per cent of the general population. Half of lesbian and bisexual women under the age of 20 have self harmed, compared to one in fifteen of teenagers generally.

Three quarters of those who have self-harmed in the last year have cut themselves, and one in five have swallowed pills or objects. Respondents also say that they have “scratched themselves” or “punched walls” or “broke bones”.

Mind estimate that one in 20 of the general population have eating disorders. One in five lesbian and bisexual women also say that they have had, or have been told that they have had, eating problems. One in ten lesbian and bisexual women say they have or have had bulimia (or compulsive eating), and seven per cent say they have had anorexia now or in the past. Two per cent of the general population has been diagnosed with bulimia, and one per cent has been diagnosed with anorexia.

“Avoided or ignored so that my identity seems invisible. Mental health care professionals have been unable to talk about it or my partner despite at times that being partly why I was there.”

Nadia, 40, West Midlands

Respondents felt that mental health services failed to recognise their needs, and failed to provide inclusive services.

“I am a black lesbian mother and I suffer from clinical depression. I am isolated because of the different levels of discrimination due to my race, sexuality, mental health problems and single mother status. Health workers tend to take the culturally sensitive approach and will expect me to fit in the black community who are often homophobic as most family help is centred around religious organisations. If they know my sexuality they may feel LGBT organisations are appropriate but none deal with the combination of mental health, families and race. My own family believe homosexuality is a result of mental illness.”

Anne-Marie, 32, London
Domestic violence

“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.”

Sophie, 19, North East

One in four of all lesbian and bisexual women have experienced domestic violence in a relationship. Two thirds of those say the perpetrator was a woman, a third a man. One in four of the general population of women has experienced domestic violence.

Lesbian and bisexual women had experienced domestic abuse from another woman said that the abuse was emotional and physical. One in five of all lesbian and bisexual women said that they had been repeatedly belittled and “made to feel worthless”, and the same number said that they had been stopped from seeing friends and relatives. One in five have also been pushed or slapped by another woman and kicked and bitten. Over half of those who have experienced domestic abuse from a female partner had experienced some form of physical violence. One in fourteen say they had been forced to have unwanted sex.

“I think same-sex rape between women needs a lot more attention – as a survivor of a woman-on-woman rape, I was terribly let down by both the lack of services and awareness and had to cope largely on my own.”

Charlie, 31, South East

Thirteen per cent of lesbian and bisexual women also say that they have been frightened that they will be hurt, or someone close to them will be hurt. One in 25 say they have experienced death threats and one in eleven say they have experienced on-going abuse after separation.

“A former female partner stalked me for half a year after the end of our relationship. She was not violent but psychologically intimidating (knowingly paying me unwanted attention, coming uninvited to my work, waiting in my flat lobby, sending me gifts, harassing me in the street).”

Tilly, 31, Scotland

Lesbian and bisexual women also report that they have experienced domestic violence from men when in a relationship with them, again including physical and emotional abuse. Three in twenty say that a male partner once forced them to have unwanted sex, and nine per cent say that their sexuality was used against them.

Eight in ten lesbian and bisexual women who have experienced domestic violence have never reported incidents to the police. Of those that did report, only half were happy with how the police had dealt with the situation.
7 General fitness and exercise

Lesbian and bisexual women are slightly more likely than women in general to think their health is good or very good. Eight in ten lesbians think that their health is good or excellent and only two per cent think their health is poor.

Lesbian and bisexual women are no more likely to be overweight or obese than women in general. Half of respondents have a normal BMI, a quarter are overweight and a further fifth are obese. This is comparable with data for women in general, although women and obesity is of national concern. Those who reported that they thought their health was ‘fair’ or ‘poor’ had on average a higher BMI. Those who reported that they had ‘excellent’ or ‘good’ health had a lower BMI.

<table>
<thead>
<tr>
<th>Body Mass Index</th>
<th>Women in general</th>
<th>Lesbian &amp; bisexual women</th>
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</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Normal</td>
<td>42%</td>
<td>50%</td>
</tr>
<tr>
<td>Overweight</td>
<td>32%</td>
<td>26%</td>
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<tr>
<td>Obese</td>
<td>24%</td>
<td>19%</td>
</tr>
<tr>
<td>Very obese</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

“*My practice is run by a very young, super-fit married male GP who has made it clear that he despairs of my failure to lose weight/exercise for hours daily/get married and seems baffled by my inability to lead a ‘normal’ life.***”

Beth, 47, Wales

Half of lesbian and bisexual women say they exercise at least three times a week. Of those who exercise, three in five say they exercise for more than half an hour on each occasion.

“I live in a very small village in a rural area of Wales - my partner and I are completely open about our relationship. We are both active in the local community for example I am chair of our fitness club. We are welcomed as a couple who have something to contribute to village life.”

Cerys, 53, Wales
8 The impact of discrimination

Equal access to healthcare:

“I don’t believe I have equal access to appropriate healthcare services as my heterosexual counterparts – partly due to the continued lack of understanding of specific lesbian health needs and at times of illness not always feeling emotionally confident or sufficiently resilient to frequently have to cope with outing myself each visit, facing a barrage of heterosexist and inappropriate questioning from GP’s and other health workers. Most of which results in me not bothering to seek medical intervention or preventive healthcare advice until it’s virtually not a choice. I will self help and self treat as far as possible. The healthcare sector is alienating, unsafe and does not meet my needs.”

Madeleine, 44, London

Since April 2007, it has been unlawful to discriminate against lesbian and bisexual women in the provision of public services. Despite this, half of lesbian and bisexual women reported some negative experience of healthcare in the last year.

“In the course of an interview about my pelvic floor muscles I mentioned to a physiotherapist that I used a dildo and she refused to treat me after that!”

Morgan, 37, North West

“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.”

Harriet, 59, London

Coming out to a healthcare worker:

The healthcare needs of lesbians mean that healthcare practitioners should know the sexual orientation of a patient, yet half of respondents are not out to their GP or healthcare practitioners. They are more likely to be out to their manager, their work colleagues, friends and family, than their GP.

What proportion of people know you are lesbian or bisexual?

<table>
<thead>
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<th>GP or Health Care Professional</th>
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<tbody>
<tr>
<td>Manager</td>
<td>33%</td>
</tr>
<tr>
<td>Work Colleagues</td>
<td>27%</td>
</tr>
<tr>
<td>Family</td>
<td>21%</td>
</tr>
<tr>
<td>Friends</td>
<td>4%</td>
</tr>
</tbody>
</table>

“I work in the NHS and even I don’t feel comfortable coming out to my GP.”

Louise, 49, North West
“I have been in hospital twice for surgery in the past two years and I was not comfortable coming out as I felt more vulnerable to possible poor treatment.”

Zara, 50, London

Assumptions of heterosexuality:

Two in five lesbian and bisexual women said that, in the last year, healthcare practitioners had assumed that they were heterosexual, and this meant they did not receive the appropriate advice.

“Despite being out to almost everyone I know, and comfortable with my sexuality, I still can feel unsettled and intimidated by questions relating to my sexual history that automatically relate to heterosexuality.”

Eva, 57, South West

“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.”

Maya, 28, South West

“I had cervical erosions and the doctor asked me if I had any problems with penetrative sex. I said no, but what he meant and I meant were probably different. The same with the practice nurse who does smears. There seems to be a complete lack of awareness of anything except for heterosexual sex.”

Shannon, 45, North West

One in five felt that during the last year there was no opportunity to discuss sexual orientation, and they had sometimes had to stop mid-procedure to correct assumptions.

“I was about to have an x-ray in hospital. The nurses and radiographer asked the routine question of whether there was any chance I could be pregnant, to which I replied in the negative. Without giving me the chance to explain further, they asked if I had a partner with whom I was sexually active, which I confirmed. They started to lecture me about the importance of being sure I was not pregnant before being x-rayed, telling me that there was no way I could possibly be sure I was not pregnant if I was having sex without contraceptives. I was not given a chance to speak at any length during this tirade and eventually had to shout ‘I AM A LESBIAN’ (in front of the entire casualty ward) to get them to stop telling me off and give me the x-ray.”

Tabitha, 25, London

Confidentiality policies:

One in eight lesbian and bisexual women are not sure what their GP’s policy is on confidentiality. Although many respondents commented that they wanted their sexual orientation permanently recorded on their notes to ensure they receive appropriate care, many expressed concern about how this information would be treated.

“I know the general NHS confidentiality policy, but I do not believe that information about individuals is kept confidential within the GP practice. One member of staff, who had no reason to know about my sexuality, talked about ‘people of your persuasion’ to me.”

Paula, 35, Scotland
“I think when you join a GP surgery their confidentiality policy should be made clear. Also, I would like to know that if I disclosed my sexuality and asked them not to write it on my records that they would follow my request.”

Fay, 27, London

“It would be good if a woman’s sexual orientation could be noted on their healthcare records so that it is not automatically assumed that they are heterosexual. BUT ONLY if all women could be assured that no-one with access to their records would treat them differently/discriminate against them because of their sexuality.”

Vicky, 28, South West

Inappropriate questions:

One in ten lesbian and bisexual women stated that when they did come out to a healthworker, they were either ignored or the healthworker continued to assume they were heterosexual. This was particularly obvious when partners were excluded from consultations, or when healthcare workers failed to recognise the status of civil partnership.

“One in ten lesbian and bisexual women stated that when they did come out to a healthworker, they were either ignored or the healthworker continued to assume they were heterosexual. This was particularly obvious when partners were excluded from consultations, or when healthcare workers failed to recognise the status of civil partnership.”

Bea, 30, North West

“I was an out-patient at hospital and they did not have a section to record that I was in a civil partnership on their computer system. I was told that it went on the computer as single.”

Mandy, 34, North West

“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.”

Liz, 39, London

“I recently had the unhappy experience of being with my partner when she collapsed and an ambulance was called. It made me experience ‘lesbian invisibility’ in a more profound and upsetting way than ever before – I was almost completely ignored initially. They didn’t seem to click when I told them I was her partner (we were civilly partnered last year) and it was only when we both said that I was next of kin that they started to work it out. Their lack of awareness made a bad situation that little bit worse.”

Adele, 33, London

Six per cent of lesbian and bisexual women say that in the last year healthcare workers have made inappropriate comments when they have told them their sexual orientation.

“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!”

Orla, 29, London
9 A good service

Equal treatment:

“When my late partner was diagnosed with cancer all the staff were tremendously supportive and the fact we were a gay couple was accepted and we never felt we were treated any differently.”

Angharad, 33, Wales

When lesbian and bisexual women said that they had had some positive experiences when accessing healthcare, this made a difference to how they felt about themselves and their relationship with the health sector.

“I received brilliant treatment from NHS staff around our son’s birth 18 months ago.”

Maureen, 40, London

“I have fab doctors. It is not a gay orientated surgery, they are very Christian, family doctors, yet have no prejudice and treat us both with great respect, are always friendly and up for a laugh.”

Susan, 43, North West

“GP very supportive about my sexuality. He said ‘Good for you!’”

Una, 24, Yorkshire and the Humber

Acknowledging sexuality:

Just a quarter of respondents said that their health worker acknowledged they were lesbian or bisexual after they had come out and just one in fourteen said that their health worker had provided them with the opportunity to come out. Only one in eight said that they had been told that their partner was welcome to be present during a consultation.

“While having our child my partner was included throughout by all healthcare professionals.”

Kirsty, 31, Scotland

“My partner and I see the same GP and she usually asks how the other one is. She sent us a card for our civil partnership and updates us on news of her gay son.”

Samantha, 55, West Midlands

“My GP overrode her surgery’s closed list for new registrants to register my partner, in order to keep us together as a family at that practice.”

Clare, 42, London
Getting the right information:

Just **one in ten** lesbian and bisexual women said that healthcare workers had specifically given them information relevant to their sexual orientation.

“An excellent experience I had recently was when we approached our GP for a referral to a fertility clinic. Although it was my partner undergoing the treatment the GP involved me in the discussions at all times and gave really good advice on how we should approach things.”

Kelly, 31, South West

“My GP told me that it didn’t matter if I was a lesbian, I still might need a smear test.”

Alex, 25, South Central

“The practice nurse I saw to have my smear test was very willing to chat about lesbian health issues.”

Hannah, 35, London

Clear policies:

A **quarter** of lesbian and bisexual women also said that their GP had a clear policy on confidentiality, and one in eleven said that the GP surgery displayed a policy stating that they would not discriminate against people because of their sexual orientation. Posters and materials depicting same-sex relationships or lesbian and bisexual issues were also seen as a positive sign within a health setting.

“A poster in a toilet advising safer sex for lesbian women and a booklet in the waiting room about lesbian relationships.”

Laura, 49, London

Specialist services:

Two **per cent** of lesbian and bisexual women had attended a clinic specifically for them. There are three clinics in Great Britain – two in London and one in Glasgow.

“The Orange Clinic is totally brilliant. Every assumption was explicitly checked out with me and the questions and service were totally tailored to my situation. It was amazing to have something designed for me, rather than have to fit in as best I could with something designed for straight people. Every city should have a service like this.”

Jenny, 24, London

“I had an extremely positive experience at the lesbian, gay, bisexual and trans sexual health clinic at Guys. After years of misdiagnosis by straight doctors (including at a GUM clinic), who kept testing me for sexually transmitted infections, a lesbian nurse realised I was allergic to silicone which my sex toy is made from. That nurse revolutionised my sex life!”

Robyn, 34, London

“When I lived in London, I used both of the lesbian clinics, made a HUGE difference... no assumptions being made about me, able to speak freely without worrying that the doctor would be shocked or uncomfortable, or just simply not understand what I was taking about.”

Edith, 53, North West
10 Recommendations

“Just make it less scary.”

Ella, 21, North West

Lesbian and bisexual women surveyed made a series of practical recommendations for the health sector.

1. Understand lesbian health needs

Only one in ten lesbian and bisexual women said that healthcare workers have given them information relevant to their sexual orientation. One in five lesbian and bisexual women have been told that they don’t need a smear test.

“GP’s and healthcare workers must show more interest in lesbian health issues. At present it seems very focussed on pregnancy, contraception and STI prevention which they generally perceive as being heterosexual women’s issues. When I go to the doctor, I feel like I’m not very important to them as a lesbian woman.”

Genny, 30, Wales

“Doctors should just be aware of differences between heterosexual and non-heterosexual patients. One doctor said that because lesbians didn’t have penetrative sex they weren’t at such high risk. She was just unaware of lesbian sexual practice and how that might affect health.”

Verity, 23, London

2. Train staff

Only three in ten lesbian and bisexual women said healthcare workers did not make inappropriate comments about their sexual orientation, nor had they asked inappropriate questions. One in fifty, equivalent to 37,000 lesbian and bisexual women, have been refused a smear test even though they requested one.

“Compulsory and regular training for all healthcare workers. This means training for qualified staff, included in their mandatory study days, and proper training for students in training.”

Gwen, 36, Wales

“Training for nursing staff in critical care settings (such as intensive care) on the needs of lesbians and sensitivity when talking with their partners when the patient is unconscious or critically ill.”

Kay, 29, London
3. Don’t make assumptions

Two in five lesbian and bisexual women said that in the last year healthcare workers had assumed they were heterosexual and one in five felt there was no opportunity to discuss their sexuality.

“I’ve found it helpful and easier to come out to healthcare professionals when I have been asked open questions (rather than assumptions being made), for example, asking whether I have a partner rather than asking if I have a boyfriend allows me to open up.”

Cindy, 24, West Midlands

“Personally I have had very positive dealings with most GPs and hospital staff but there is still this underlying assumption that when you bring your partner you have either brought your sister or friend with you. Having to constantly out yourself as lesbian to people who make this assumption, even when no malice is intended, is stressful when you’re already in a stressful situation due to a health problem.”

Elizabeth, 41, South West

4. Explicit policies

Half of lesbian and bisexual women said they have had a negative experience of healthcare in the last year. Only one in eight have been told that their partner is welcome to attend consultations and only one in eleven say that their GP surgery displayed a non-discriminatory policy.

“We are invisible in most health research and so this carries over into services. I would like to see diversity initiatives that encompass lesbian, gay and bisexual issues on a similar level to race initiatives and legal requirements.”

Verity, 28, London

“Anti-discrimination policy statements placed in prominent places within each healthcare setting.”

Sheila, 48, London

5. Tell lesbians what they need to know

Despite the fact that eight in ten lesbian and bisexual women think they are in good health, lesbian and bisexual women are more likely to drink alcohol and take drugs compared to women in general. Three quarters of lesbian and bisexual women think they are not at risk from sexually transmitted infections.

“There is a general lack of information available for lesbian and bisexual women. A greater awareness of how sexual orientation affects health link between cervical cancer and increased risk due to less likelihood of having children, more likely to drink alcohol and smoke is needed, and a more accessible and positive approach from healthcare professionals is needed.”

Christine, 24, Scotland

“More access to literature, many lesbians such as myself do not know where to get info about sexual health and safe sex, so it would be good to have an advertised website or contact to go to.”

Gail, 30, London
6. Improve monitoring

One in ten lesbian and bisexual women stated that when they did come out to a healthcare worker they were either ignored, or the healthcare worker continued to assume that they were heterosexual and only one in fourteen had been given an opportunity to come out as lesbian or bisexual.

“For healthcare workers to ask whether you want your sexual orientation/current relationship status recorded in your notes - or somehow remembered in a more informal, private way - so you don’t have to remind them every time you see them that ‘actually, no, I don’t need contraception, because my partner is female!’”

Sandra, 28, South West

“Information should be provided for GPs followed by the addition of a sexual orientation question on the GPs registration card. All orientation options should be included along with a ‘prefer not to say’ option. If the patient ticks ‘prefers not to say’ on registration, GPs should be trained not to assume anything and re-ask the question if it becomes relevant to their medical care.”

Vanessa, 38, London

7. Increase visibility

In the last year, one in five lesbian and bisexual women have harmed themselves in some way. Lesbian and bisexual women under the age of 20 are ten times more likely to have self-harmed compared to others. Five per cent have attempted to take their life in the last year, and women under the age of 20 are eight times more likely to have attempted to take their life. Increased visibility means women will feel able to discuss their health needs with a healthcare worker.

“Simple things like gay-friendly posters and leaflets in hospitals and GP surgeries and information on lesbian, gay and bisexual specific services.”

Tola, 40, London

“If health workers made it obvious, for example, through posters or direct contact with me, that patient sexuality was not an issue for them and that lesbians were welcome, I might feel easier about visiting the GP for things like smears.”

Trudy, 28, North West

8. Make confidentiality policies clear

One in eight lesbian and bisexual women are not sure what their GP’s policy is on confidentiality. Half of lesbian and bisexual women are not out to their GP or healthcare worker.

“I think when you join a GP surgery, their confidentiality policy should be made clear. Also, I would like to know that if I disclosed my sexuality and asked them not to write it on my records that they would follow my request.”

Fay, 27, London
9. Make complaints procedures clear

Six per cent of lesbian and bisexual women say that healthcare workers have made inappropriate comments when they did tell them their sexual orientation and half have had a negative experience in the health sector in the last year.

“Clear and formal complaints procedures when you are treated differently and negatively by a health professional.”

Sue, 48, London

“GPs should be made to recognise our existence and it should be made easier to complain without fear of backlash – being removed from doctors list.”

Jessa, 34, West Midlands

10. Develop tailored services

Only two per cent of lesbian and bisexual women have attended a service tailored towards their needs. Nearly three quarters of lesbian and bisexual women who have not been tested for sexually transmitted infections are too scared to get tested.

“I attended a health centre specifically aimed at gay people a few years ago and that was excellent. I don’t think lesbians need a separate healthcare facility from gay men but one that employs healthcare professionals who are gay-friendly and understand the lifestyles and healthcare needs of both groups is important.”

Elsa, 33, London

The study

“As a disabled gay woman who uses a wheelchair I experience ‘double discrimination’. People assume I am not a sexual being – furthermore they presume I must have profound learning disabilities as my legs don’t work!”

Sophia, 44, West Midlands

In 2007, Stonewall and De Montfort University asked lesbian and bisexual women from Great Britain to complete a survey about their health. The survey received 6178 responses making it the biggest survey of lesbian and bisexual women’s health needs in Europe.

Eighty one per cent of respondents said that they were lesbian, and sixteen per cent said they were bisexual. Eighty five per cent of respondents live in England, nine per cent in Scotland, and five per cent in Wales. Eighty two per cent of respondents are white British, and the rest are from ethnic minorities, which is comparable with the general population. Respondents come from a wide age-range. The youngest respondent was fourteen and the oldest was 84. Fourteen per cent of respondents say that they have a disability, including physical and mental disabilities.

Further statistics are available for each strategic health authority or health board. They can be found at www.stonewall.org.uk/lesbianhealth
For more information visit www.stonewall.org.uk/lesbianhealth
Prescription for Change
Lesbian and bisexual women’s health check 2008

For more information visit
www.stonewall.org.uk/lesbianhealth