Not just like nuns!

Why lesbian and bisexual women need cervical screening and how you can provide appropriate services

An e-learning toolkit for healthcare professionals.

Please use the buttons below to navigate through the course.
“I was told ‘nuns don't get cervical cancer’ - to which I responded that I wasn't exactly a nun. I was refused the test on this occasion.”

Respondent to ‘Are You Ready For Your Screen Test?’ questionnaire
The biggest risk factor for cervical cancer is non-attendance for screening so we encourage all women aged 25 to 64, irrespective of their sexual orientation, to accept their invitations for cervical screening.
Between 2010 and 2013, The Lesbian & Gay Foundation (in association with the University of Salford and the NHS National Cancer Screening Programmes) spoke to thousands of lesbian and bisexual women about their attitudes, experiences and uptake of cervical screening.

For the full reports of the ‘Are You Ready For Your Screen Test?’ project, visit: www.lgf.org.uk/screening
Did You Know?

- **17.8%** of lesbian and bisexual (LB) women of an eligible age have never had a cervical screening test, compared with 7% of women in general.
- **40.5%** of LB women of an eligible age have been told they don’t need screening because of their sexual orientation.
What Women Told Us…

“I put off going because at least three nurses over the years have said if you don’t have sex with men you don’t need a test. As I was really scared of going this just made me decide not to bother.”

Jo, 45
MYTH:
If a woman has never had sex with a man she isn’t at risk of cervical cancer.

FACT:
Even if a woman has never had sex with a man HPV can be passed on through sexual contact between women.
MYTH:
Lesbians who haven’t slept with men won’t have had penetrative sex.

FACT:
Many lesbians have penetrative sex (with fingers, hands or sex toys). However, some don’t. For these women, it may be more comfortable to use a smaller speculum.
Common Misconceptions

**MYTH:**
If a woman tells you she’s gay or lesbian she won’t have had sex with a man.

**FACT:**
Just because a woman identifies as lesbian, that doesn’t mean she will never have had sex with a man – as many as 80% of gay women have had sex with men.
Sending Positive Messages…

Many of the lesbian and bisexual women surveyed reported that health care professionals asked inappropriate questions or reacted negatively on learning of a woman’s sexual orientation.

93% of participants said that more needs to be done to train health professionals in the needs of lesbian and bisexual women.
“I was trying to be all responsible about my health by going for a smear and the first question was ‘are you sexually active?’ and I said YES, then they asked what contraception are you using and I said I’m not using any and they said ‘are you trying to get pregnant then?’ NO.

Then it was a tirade: ‘do you know how irresponsible you’re being and how at risk you are of all sorts of disease and if you’re not trying for a baby then you really need to be using contraception,’ she went on and on like that and I was actually really frightened. In the end I said I don’t sleep with men I only sleep with women and she physically recoiled and was shocked and she said, well, you don’t need a test… and they packed me off.”

Karen, 30
Do you think that Karen’s healthcare needs were met?

How could the nurse have approached the consultation with Karen differently?
What questions do you normally ask a woman before, during and after a cervical screen?

Do any of them assume heterosexuality?

Are you offering women the option to come out if they want to?
What Women Told Us...

“Came out to my nurse - she kept asking about contraception and sex so I had no choice but to tell her. When I told her she was very rude and tried to get me out of the treatment room as soon as she could.”

Megan, 38

“When I went for my first [screening]... I was told I didn’t need one [after coming out as a lesbian]. It was her face, I’ll never forget it but she was physically repulsed, and that is how it felt, she was absolutely appalled.”

Debs, 35
Top Tips For Those Important Questions

The questions you ask will vary according to the information you require. However, try to ask questions that are open to all sexual orientations.

For example:

- Avoid automatically ascribing gender to a woman’s sexual partners – if necessary you can ask ‘Is your partner/are your partners male, female or both?’

- If a woman says she is sexually active, don’t automatically assume that this means she will need contraception.

- If asking whether a woman is on hormonal contraception, ensure that you make it clear this includes the pill prescribed for non-contraceptive purposes.
How Embarrassing?

It’s common to be unsure about how to ask or answer questions about sexual orientation. You may worry that you’ll cause embarrassment or that you’ll offend the patient.

However, the most common complaint from lesbian and bisexual women is that a health-care professional reacted with surprise, shock or even disgust when they revealed their sexual orientation.
The best way to make sure your patients are comfortable and unembarrassed is by appearing that way yourself.

Ask open questions which don’t assume sexual orientation/behaviour and don’t be taken aback if a woman discloses that she is lesbian or bisexual – after all, around 5-7% of women are!

Make the emphasis on patients getting the most appropriate health care, this is less likely to happen if patients are unable to speak openly about their sexual practice.
Don’t be worried about offending people - it’s not a negative thing to be lesbian or bisexual! If a patient reacts in a negative way to open questions about sexual orientation, explain that you ask the same questions to all in order to provide a welcoming and appropriate service.

Some women may still not come out to you – coming out can be a very personal decision and some women won’t feel confident to disclose their sexual orientation or will feel it’s irrelevant. However, at least you have asked appropriate questions and given opportunity.
What Do I Say If Someone Comes Out To Me?

Most of the time – nothing! Appropriate reactions will obviously vary depending on the situation but you shouldn’t react to discovering that a woman is lesbian or bisexual any differently than you would to discovering that she is heterosexual.

Sometimes other issues may arise (for example, questions about sexual health or access to other services) for which you may want specialist information. Useful links are found at the end of this module.
Other Ways Of Encouraging LB Women To Take Up Screening

- The Lesbian & Gay Foundation have created eye-catching posters and booklets to encourage lesbian and bisexual women to access cervical screening. Waiting rooms are a great place to display these! Email women@lgf.org.uk to order copies.

- Make it clear in all correspondence that women of eligible age need to access cervical screening regardless of sexual orientation.

- Clearly communicate that your practice is a welcoming environment for lesbian, gay and bisexual people.
Creating An Open & Welcoming Environment

• If your workplace has a clear commitment to providing excellent care to lesbian, gay and bisexual people it will be easier for LB women to access appropriate services. Visibility is important – consider displaying posters/literature that reflects your commitment to equality.

• If other issues related to sexual orientation are raised you can signpost to The Lesbian & Gay Foundation or a LGB organisation in your area.

• The LGF’s ‘Pride in Practice’ scheme is a benchmarking process for GP practices who want to provide excellent services to all. Find out more at www.lgf.org.uk/prideinpractice
The Lesbian & Gay Foundation have produced a range of materials, including posters, flyers, information booklets and short funny videos to inform lesbian and bisexual women about the importance of cervical screening.

Details of the campaign and links to the materials can be found at: [www.lgf.org.uk/screening](http://www.lgf.org.uk/screening)
What About Trans?

• Whilst there is no link between sexual orientation and gender identity, the discrimination faced by transgender individuals means that LGB (lesbian, gay and bisexual) and T (trans) issues are often linked.

• Medical issues surrounding people who identify as transgender, transsexual or have another trans identity can be complex but it is worth noting that some transmen (people who have transitioned from female to male) will still have cervixes. This means that someone who presents as male but is biologically female may still need a cervical screen.

• For more information about transgender health issues go to: [www.nhs.uk/Livewell/Transhealth](http://www.nhs.uk/Livewell/Transhealth)
Lesbian
A woman who is primarily or exclusively attracted to other women.

Bisexual
A person who is attracted to both men and women.

Gay
A man or woman who is attracted to people of the same gender as them.

Heterosexual/straight
A person who is attracted to people of the opposite gender as them.
Glossary

Heterosexism
The belief that heterosexuality is the only ‘normal’ sexual orientation. This belief (or unconscious belief) can lead to questions being phrased in such a way that excludes lesbian, gay or bisexual people.

Trans
Trans is used as a term which covers various identities which differ from conventional gender norms. Some trans people are individuals who want to or have transitioned from the gender which was assigned to them at birth – eg a male to female (MTF) transgender person was identified as male at birth but now identifies as a woman. Other trans people may not identify as either gender, may identify as male and female at different times or may identify as androgynous or intersex.
Test Yourself!
See what you’ve learned