



THE UNIVERSITY OF
MELBOURNE

A GUIDE TO SENSITIVE CARE FOR LESBIAN, GAY AND BISEXUAL PEOPLE ATTENDING GENERAL PRACTICE

This guide has been designed to assist GPs, practice nurses and practice staff to be inclusive of and sensitive to lesbian, gay and bisexual (LGB) people.

Why is this guide needed?

Lesbian, gay and bisexual (LGB) people have a number of specific health issues, yet most GPs have not received any relevant training. Compared with heterosexual people, LGB people attending primary care services can be less satisfied with the care they receive if they face assumptions of heterosexuality, or recognise that their providers are poorly informed in this area.¹⁻³ The guide does not specifically include transgendered women or men unless they identify as LGB.

What is minority sexual orientation?

Minority sexual orientation is an umbrella term covering diverse and often fluid experiences:

- **Sexual attraction** – being attracted only to people of the same sex, or to both women and men. Same-sex attracted or partnered people may or may not identify as lesbian, gay or bisexual.
- **Sexual behaviour** – having sex exclusively with people of the same sex, or with both women and men.
- **Sexual identity** – self-identifying as lesbian or gay, bisexual, queer or other identities.
- **Incongruence and fluidity** – attraction, behaviour and identity may not be congruent, particularly for women, and may not always be fixed across the lifespan.⁴
- **Lesbian, gay and bisexual culture** – sexual identity can incorporate specific values and beliefs including preferred social affiliation with lesbian, gay or bisexual groups or community. This is similar to ethnic identity.
- Many people have **multiple identities** and cultural affiliations including sexual orientation, race, ethnicity, family, religion /spirituality, age or disability.

What do lesbian, gay and bisexual people expect of general practice care?

- That minority sexual orientation is regarded as a **normal** variation.
- An **inclusive practice environment** that serves to normalise their sexual orientation.⁵
- **Awareness** that lesbian, gay and bisexual people attend the practice.⁶
- The **avoidance of assumptions** of heterosexuality.⁷
- **Attitudes** that are openly non-judgemental, accepting and affirming.^{5,6}
- **Knowledge** of specific health issues and sensitive, culturally appropriate referral networks.^{5,6,7}
- **Advocacy and support** with issues regarding their sexual orientation.⁷
- **Confidentiality** is assured.⁵

BOX 1: SUMMARY POINTS

- Normalise minority sexual orientation by using an overtly inclusive practice approach
- Avoid assumptions of heterosexuality
- Facilitate disclosure while respecting privacy when needed
- Support and advocate for patients experiencing discrimination
- Gather knowledge of specific health issues and sensitive referral networks for LGB patients
- Recognise the potential impact of negative social attitudes on lifestyle, risk factors, health and access to services

How many lesbian, gay and bisexual people would be attending my practice?

- Approximately 2% of Australian adults identify as lesbian, gay or bisexual. A further 6-8% report lifetime same-sex behaviour, and 7-15% report same-sex attraction.⁴
- Gay, lesbian and bisexual people attend general practice more frequently than heterosexual people.^{1,27}
- Up to 50% will not have disclosed their sexual orientation to their GP² However, whether or not disclosure occurs, a practice that is inclusive can assist to meet their needs and enhance safety.

What are specific health issues for LGB people?

In comparison to heterosexual people, LGB people may have different health issues either for social or biological reasons:

Social influences

- Discrimination resulting from homophobia, either real or anticipated, can cause 'minority stress'¹⁸ and lead to various health issues:
 - » Marginalisation and social exclusion, including from family of origin. Bisexual people can also feel they do not belong in either gay/lesbian or heterosexual communities.⁹
 - » Higher levels of depression and anxiety than amongst heterosexual people, and higher suicide risk; with highest prevalence amongst bisexual people.¹⁰⁻¹²
 - » Experiences of violence or harassment.^{13,14}
 - » Lack of understanding of bisexuality as an identity, not just an attraction.⁹
 - » Lack of continuity with one GP, reluctance to disclose to the GP, or avoidance of healthcare.^{5,15}
- Coming out (acknowledging or disclosing minority sexual orientation) can be difficult for some people at any age but especially adolescents.¹⁴ It can lead to alienation from family, peers and society requiring support and an empathic response from the GP.

BOX 2: HEALTH ISSUES FOR SAME-SEX ATTRACTED YOUNG PEOPLE

SSAYP can be particularly vulnerable to negative social attitudes, contributing to higher rates of homelessness, substance abuse, experiences of violence, depression and anxiety. For example, 61% of SSAYP have been verbally abused because of their sexual orientation, and 37% had thought about suicide. Almost one third had disclosed to a doctor for support.¹⁴

- **Assumption of heterosexuality** by healthcare providers can be difficult as it prevents recognition of important aspects of the person's life.⁷
- **Same-sex relationships** receive a lower level of legal and social recognition compared to heterosexual marriage, which can lead to discriminatory attitudes and practices.¹⁶
- **Domestic violence** can be an issue. The rate of intimate partner violence within same-sex relationships is similar to that within heterosexual relationships.¹⁷
- **Same-sex couples with children** can lack legal and social recognition of the non-biological parent.¹⁸
- **Substance use** is higher among some groups. Lesbians are more likely to smoke, gay men are more likely to use steroids for body building, illicit party drug use is common, and bisexual people are at greatest risk.¹⁹
- **Child and/or adult sexual abuse** is more likely to have been experienced, particularly by bisexual people.²⁰
- **Disordered eating** is more likely amongst bisexual women.²¹

BOX 3: HEALTH ISSUES FOR OLDER LGB PEOPLE

Older people may have lived most of their lives experiencing or in fear of discrimination within medical, legal, social and religious systems, preventing authenticity and disclosure.²² Key issues include isolation and loneliness, lack of bereavement support, difficulty accessing sensitive health services, depression, and loss of LGB community support in transition to residential aged care.²³

Biological influences

- **Conception** may require medical guidance and referral.¹⁸
- **Sexual health** – LGB people are more likely to report STIs than heterosexual people²⁴, particularly HIV, syphilis and gonorrhoea for men, and bacterial vaginosis and herpes simplex for women. Both sexes need targeted safe sex advice specific to their sexual behaviours.
- **Pap smears** are required for all women as HPV can be transmitted between women, and most lesbians have histories of sex with men.¹
- **Risk factors** for certain cancers can be higher – for women these are breast, ovarian and bowel cancer due to lower rates of pregnancy and contraceptive pill use, higher rates of smoking, lower rates of screening;²⁵ for men anal cancer risk is higher.²⁶



How can I make my practice inclusive of lesbian, gay and bisexual people?

- Having **discrete signs** in the waiting room that indicate an inclusive approach. Examples include a rainbow symbol (a universal symbol for the LGB community), a visible anti-discrimination policy that includes sexual orientation, and LGB specific posters or pamphlets.
- Providing **intake forms** that contain options inclusive of LGB people such as 'partnered' in addition to de facto, and 'preferred contact' rather than next-of-kin.
- Ensuring all staff including receptionists use **inclusive language** and display non-judgemental attitudes (see Box 4).
- Consider consulting with local a **LGB peak body** for advice and referral networks.
- Consider offering all staff **LGB specific training**, especially with regard to confidentiality and social context of LGB experience.⁵

How can I display sensitivity to lesbian, gay and bisexual people during consultations?

Many of these skills can be transferred from other areas of sensitive practice that you may be more familiar with such as adolescent health or migrant health^{28,29}:

- Using culturally aware **language**. For example, using a gender-neutral word for partner until the gender of partner is disclosed, using the word the person uses for their sexual orientation (lesbian, gay, bisexual, queer, not straight) and partner (significant other, companion).
- Facilitating **disclosure** of sexual orientation (see Box 4), while acknowledging that disclosure is not an essential condition of good quality care, especially to those who may choose not to disclose.
- Acknowledging the role of the same-sex **partner** and/or chosen family in the person's life.
- Clarifying the **relevance**, if any, of sexual orientation to health and social networks. For example, experiences of discrimination, or connection with family of origin.
- Recognising that a person's sexual orientation can **change** over time.
- Recognising that sexual identity may not correlate with sexual attraction or behaviour. For example, a bisexually identified woman may be in a monogamous same-sex relationship, a gay-identified man may have sex with women.
- Assuring **confidentiality** regarding sexual orientation if preferred.
- **Documenting** sexual orientation and/or the partner's name in the medical notes, with permission.
- Asking permission to include sexual orientation in **referral letters** if it is relevant to the referral issue.

How can I facilitate disclosure of sexual orientation?

LGB people have diverse views on whether they want to disclose, whether this should occur early in the relationship or once rapport has developed, and whether they prefer to tell or be asked by their GP. In general, LGB people expect GPs to ask and do not feel it is an invasion of privacy. Equally, there may be occasions when the GP decides not to probe towards disclosure, in order to respect privacy while ensuring that a message of support and understanding is conveyed.⁷

- All of the preceding steps in sensitive care will assist people to disclose.
- Regard disclosure as a shared responsibility between yourself and the person.

If people tell:

- Normalise your response, for example do not appear surprised or concerned.
- Respond to subtle cues by probing such as when 'they' is used to refer to their partner.

If you ask:

- Reasons to ask: as a holistic approach, as part of social history, in relation to the partner, in relation to determining sources of stress or relevance to other health issues.
- When to ask: early in the relationship, however if a person gives a neutral answer they may need more time.

- How to ask: may require direct questions (see Box 4).
- When not to probe further: when the patient does not disclose when asked direct or indirect questions.



BOX 4: DISCUSSING SEXUAL ORIENTATION

It can be helpful to introduce this topic by explaining why you are asking these questions:

e.g. I ask all of my new patients about their social situation.

I need to know something about your sexual history as it may be relevant to your symptoms.

I need to ask about how you define your sexual orientation to ensure the best referral.

Demographic questions about partner and social situation

Do you have a partner? (*rather than are you married*)

What is your partner's name?

Is your partner male or female? (*if their sex is not clear from the previous question*)

Do you live with anyone?

Who do you regard as your close family?

Are you co-parenting your children with anyone?

Who is the biological parent? (*rather than who is the real parent*)

Then clarify documentation in the medical record:

I usually record significant relationships in the medical record.

Are you comfortable with me recording your relationship?

Who is your preferred contact for emergencies?

Do you have a medical power of attorney/a living will/any form of documentation regarding your same-sex relationship?

Sexual history

Do you have a current sexual partner or partners?

Do you have sex with men, women or both?

Do you need any information about safer sex?

Do you have any need for contraception?

Do you feel safe with your partner?

Other direct questions about sexual orientation

If not partnered, or if relevant to understand preferred social networks:

How do you describe your sexual orientation?

To probe for discrimination related health issues:

Have you had any negative experiences relating to your sexual orientation?

If referring to a support group:

Would you prefer a gay/lesbian/bisexual-specific or a general support group?

Where can I find LGB referral networks?

Referring to LGB-specific groups and LGB-sensitive providers is important where sexual orientation is relevant to the health issue in question, or where people prefer to associate predominantly with LGB networks.

- Health care providers who are sensitive to LGB people:
 - » these are mostly discovered through word-of-mouth from other LGB patients.
 - » some community health centres have referral lists of LGB-sensitive providers.
 - » DocList is a list of Australian doctors recommended by lesbian and bisexual women.
www.doclist.com.au
- LGB specific support groups and social groups
 - » lists are available from the ALSO Foundation Directory www.also.org.au (based in Victoria) or the AIDS Councils in each state and territory.
 - » LGB telephone counselling services exist in most states and maintain web-based resource lists.
www.glccs.org.au

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BOX 5: Key Resources

- Gay and Lesbian Health Victoria Clearinghouse
www.glhv.org.au
- Well Proud. A guide to gay, lesbian, bisexual, transgender and intersex inclusive practice for health and human services. Ministerial Advisory Committee on GLBTI Health and Wellbeing, Victoria, 2009.
www.glhv.org.au/files/WellProud_updated2011.pdf
- National LGBTI Health Alliance
www.lgbthealth.org.au
- Australian Federation of AIDS Organisations
www.afao.org.au
- Australian Human Rights Commission
www.hreoc.gov.au
- Website on lesbian and bisexual women's health
www.dialog.unimelb.edu.au
- Clinical guidelines
www.glma.org/medical/clinical/lgbti_clinical_guidelines.pdf
- GLBTI Retirement Association Inc. Best practice guidelines – accommodating older GLBTI people, 2010.
www.grai.org.au

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