

Lesbian Health Care



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Disclosures

- None

Objectives



Define which health issues of lesbians
are different from heterosexual women
over the life cycle including reproductive
options

Prevalence of Lesbians



- 1 – 5% of the female population,
depending on the methodology

Definition of Lesbian



Self-identified lesbians

- 70% sexually active with women only
- 30% sexually active with women and men

Diversity among Lesbians



- Ethnic
- Age
- Educational Level
- Income
- Location

Disclosure of Lesbian Orientation



- The majority of lesbians want their health care provider to know they are lesbian
- Lesbians unlikely to disclose sexual orientation spontaneously to the provider
- Inclusive forms important as well as diverse educational material
- Importance of disclosure especially important when hospitalized

Bisexual Women



Increased health risks

- Delay in obtaining screening tests, such as mammograms and cholesterol screening
- Poorer mental health than lesbians and their heterosexual sisters

Prenatal Hormonal Influences on Gender

- DES-exposed women show increased bisexuality and lesbian sexual orientation (Ehrhardt, 1985)
- Congenital Adrenal Hyperplasia (CAH): excess prenatal androgen production: behavioral masculinization/defeminization: 30% with lesbian orientation as adults (Meyer-Bahiburg, 2006)

Influence of Testosterone on Opposite-Sex (OS) Twins versus Same-Sex (SS) Twins

- A sex difference in aggression proneness was observed: OS girls showed a more masculine pattern of aggression proneness than the SS girls (Cohen-Bendahan, 2005)
- Less marriage in OS girl twin

Lesbian as Children

- Prior to pre-school
25 girls Dxed with gender identity disorder:
14 years later
72% heterosexual
16% lesbian
8% bisexual
4% asexual

Drummond, 2008

Childhood Abuse of Lesbians

- Increased risk of sexual abuse:
37% for lesbians vs. 19% for heterosexual female youth (Hughes, 2001)
- Increased risk of psychological abuse
- Increased risk of physical abuse @ home:
33% of lesbians vs. 10.3% of heterosexual women (Corliss, 2002)

Lesbian Youth Sexual Identity Fluidity

- 79 sexual minority youth followed over 10 years
 - 38 lesbian, 27 bisexual, 24 unlabeled at outset
 - after year 10
 - 67% had changed identity at least once (bisexual and unlabeled most likely to change)

Diamond, 1998

Human Papilloma Virus (HPV) Vaccine

- Lesbian female youth should be vaccinated for HPV: the majority will have heterosexual intercourse, and the HPV virus can be transmitted between women

What Youths Want from their Medical Care

- Clean environment
- Well-educated and informative providers
- Respectful exchange with clinicians and office staff

Ginsburg, 2000

What Gay Youth Want from their Medical Care

- The clinician to broach the LGBT subject
- Special care to re-inforce confidentiality policy
- Non-heterosexist, non-assuming and non-judgmental language for LGBT issues

In 2006, 70% of nurses specializing in adolescent medicine reported low level of knowledge of LGBT issues: no change from 1985

Saewyc, 2006

THE HEADSS INTERVIEW

- H:Home: family dynamics, living arrangem
- E:Education: school att, failures, goals, str
- A:Activities: exercise, hobbies, fights/gang
- D:Drugs: alc, tob, freq, dur, att to quit,food
- S:Sexuality: attr, behaviors, ID, risk assess
- S:Suicide/Depression: feelings about self, hx of mental problems, SI and/or att, cut
Cohen, 1985

Traumatic Impact of the Culture of Heterosexism

- Loss of family of origin
- Loss of privilege
- Loss of cultural or ethnic group, religion, spiritual belief system and affiliations
- Absence of legal protection
- Laws of exclusion

Brown, 2008

Initiation of Drinking for Lesbian and Bisexual Female Youth

Girls who reported a lesbian or bisexual identity (N = 61), were more likely to report that they began drinking before the age of 12 (13%) than heterosexual girls (2%)

Ziyadeh, 2006

Sexual Assault of Female Adolescents

- Incidence of 15.5% in lesbians and 7.5% in female heterosexual youth

Balsam, 2005

Role of the Bars in the Lesbian Community

Lesbians experience positive outcomes of bar-going, such as connecting to community, mediating stress, developing social networks, but experience a lot of negative consequences such as binge-drinking or drug use to cope with social discomfort. Gruskin, 2006

Framework Treatment of Alcoholism in Lesbians

Safety for disclosure of sexual orientation may be related to satisfaction with substance abuse treatment

Maccio, 2002

Treatment for Alcoholism

- Lesbians experience AA as a potentially liberating but also as a potentially oppressive experience
- 74% of recovering lesbians relied on other sources of support in addition to AA
Hall, 1994

LGBT Issues with Counselors in Alcohol Treatment Centers

- Lack of understanding about LGBT issues such as internalized homophobia
- Up to 50% have negative attitudes toward LGBT clients
Eliason, 2000
- 71% of substance abuse centers did not offer services for LGBT clients (7.3% offered LGBT-specific services)
(Cochran, 2007)

Interpersonal Violence

- Incidence: 30 – 40% of lesbians have been involved in physically abusive relationships (West, 2002)
- Definition: a pattern of violence/coercive behavior whereby a lesbian seeks to control the thoughts, beliefs or conduct of her intimate partner to punish the intimate partner for resisting the perpetrator's control.

Hart, 1986

Frequent Factors in Lesbian IPV

- Intimidation, sexual abuse, physical abuse, isolation, minimizing, denying, blaming the abused, using economic abuse, using coercion and threats often about "outing" the victim to friends, family, employer.

Allen, 1999

- Perpetrator often older, more powerful

Ristock, 2003

Psychological Abuse

- Verbally threatened
- Demeaned in front of friends, relatives or strangers
- Experienced interrupted sleep/eating habits
- Had property destroyed or damaged

Renzetti, 1989

Needed Resources

- Support groups
- Self-help groups
- Private therapy/counseling
- Battered women's shelters

Least frequently used:
neighbors, attorneys, MDs

Lethality Check

- Access to gun ownership
- Use of weapons in prior abusive incidents
- Threats with weapons
- Serious injury in prior abuse
- Threats of suicide or homicide
- Drug or alcohol abuse

Campbell, 1995

Substance-Involved

- Lesbian and bisexual female youth are 4X as likely to be substance-involved compared to heterosexual female youth (Marshall, 2008)
- 98% of lesbians report misuse of prescription drugs, compared to 90% of heterosexual women (Kelly, 2007)

Smoking by Lesbians

- 28.7% of lesbians, 26.9% of bisexual women smoke compared to 12.2% of the general female population in California (Gruskin, 2007)
- OR of 2.58 for lesbians smoking in WHI
- OR of 2.0 in for lesbians smoking in the Nurses' Health Study

Pap Smears for Lesbians

- Same guidelines as for heterosexual women
 - age 21 or 3 years after sexual debut then every year until 30: if 3 normal Paps in a row, every 2 years at age 30.
- Lower rates of Pap smears for lesbians (Marrazo 2001, Mathews 2005, Kerker 2006)

Reasons for Less Pap Smears in Lesbians

- Cost and lack of medical insurance
- Prior adverse experience with Pap smear
- Not knowing where to go to get it
- Didn't think they needed it since they were not having sex with men

Mathews, 2004

Mental Health Issues

- Depression is increased in lesbians, especially lesbians of color
- Lesbians more often use psychotherapy than anti-depressants, compared to heterosexual women
- Study of lesbians and their sisters reveal higher self esteem in lesbians

Contraceptive Myth

- Lesbians don't need birth control
 - 15% of lesbians sexually active with men
 - Increased rate of unintended pregnancy of lesbian and questioning youth compared to heterosexual female youth

Saewyc, 1999

Lesbians and Oral Contraceptives

- A course of oral contraceptives may decrease the prevalence of ovarian cancer by 50%
- Treatment for endometriosis
- Treatment for PCO
- Treatment for dysmenorrhea
- About 50% of lesbians have had OCPs, average duration 40 mo. (Marrazo, 2001)

Lesbians and Plan B

- For lesbians who have sex with men, often casual sex with a friend which is unplanned
- Offer adolescents a sample or prescription of Plan B to have at home if safe from parental discovery

Sexually Transmitted Infections

- HPV
- Genital Herpes
- HIV (Kwakwa, 2003)
- Chlamydia
- Gonorrhea
- Trichomonas
- Hepatitis B

Risk Factors for Bacterial Vaginosis in Lesbians

- Smoking
- Increased number of female partners
- Vaginal penetration with fingers or sex toys without washing

Concordance of bacterial vaginosis with lesbian partner = 23%

Sexual Dysfunction and Lesbians

- Decreased desire as increased age
- Higher relationship satisfaction associated with increased arousal, less difficulty with lubrication, greater pleasure/orgasm
- 23% of lesbians with sexual dysfunction (3% of these lesbians saw MD)

Johns, 1981



Reproductive Options for Lesbians

- Insemination by known or unknown donor (donor ID release option at age 18 of child)
- Intercourse
- Co-maternity in which one partner donates an egg by IVF, egg is fertilized in the lab and the embryo is placed in the uterus of her partner

Lesbians and Parenting

- About 16% of lesbians have given birth (N = 11,876, Cochran, 2001)
- Many lesbians become parents by adoption, co-parenting, foster-parenting, insemination, intercourse

Pregnancy Planning for Lesbians

- Multi-vitamins or prenatal vitamins three months prior to conception
- Consideration of known vs. unknown donor
- Blood work at annual exam to include rubella antibodies, HIV screen, CF testing, etc.

Legal Aspects of Lesbian Parenting

- Seek legal advice prior to conception
- Packet available at the National Center for Lesbian Rights
- California AB 205

Insemination Effectiveness in Lesbians

- Intra-uterine inseminations more effective than cervical inseminations
- Definition of infertility in lesbians should probably be if no pregnancy conceived in 3 – 6 months of well-timed inseminations

Obstetrical Issues for Lesbians

- Lesbians postpone childbearing longer than heterosexual women, often resulting in increased miscarriages, abnormal karyotypes, challenges in fertility
- If in a couple, which partner gets pregnant?
- Social issues: inclusion of partner, classes, birth setting, birth personnel

Postpartum Issues for Lesbians

- Postpartum depression: increased in lesbians (Ross, 2007)
- Coming out issues to pediatrician, childcare, work, schools
(Gartrell, 1999)

Children of Lesbian Couples

- No difference in sexual orientation, self-esteem or emotional health compared to heterosexual parented children
- 1 – 6 M children in the U.S. are being raised by same-sex parents
- Children of lesbian couples appeared to be less aggressive, more nurturing, more tolerant of diversity, more androgynous

Obesity and Lesbians

- OR for overweight for lesbians = 1.40
- OR for obesity of lesbians = 2.6 compared to heterosexual women

Boehmer, 2007

- Associated problems especially as age: knee and back problems, diabetes, cardiovascular issues, incontinence

Theories re: Obesity in Lesbians

- Possible greater acceptance of large body size
- Possible social induction of obesity among lesbians
- May be rejection by lesbians of the dominant culture's aesthetic of thinness (decreased eating disorders in lesbians)

Siever, 1994

Lesbians and Exercise

- Over 34.2% of lesbians and 31.4% of heterosexual women did not engage in any exercise in the past month

Aaron, 2001

Lesbian-Specific Barriers to Exercise

- Intrapersonal: expectation of having to be “out” to join lesbian sports team and concern being seen exercising with a lesbian partner
- Interpersonal: feeling that heterosexual women will be uncomfortable sharing the locker room
- Institutional: lack of same-sex partner benefits
Brittain, 2006

Breast Cancer in Lesbians

- 5.8% for life-time lesbians
- 7.0% for adult lesbians
- 4.9% for female heterosexuals

WHI

Risk Factors for Lesbians with Breast Cancer

- Current and past smoking (increases risk)
- Nulliparity (increases risk)
- Breastfeeding history (decreases risk)
- Previous breast biopsy (increases risk)
- Obesity (increases postmenopausal risk)
- Current alcohol use (increases risk)
- Past problem with alcohol (increases risk)

Protective Factors for Lesbians for Breast Cancer

- Exercise (decreases risk)
- Obesity (decreases risk for pre-men br ca)
- Use of HRT (decreases risk)

Screening for Breast Cancer in Lesbians

- Mammograms: mixed results of decreased screening to appropriate screening
- Clinical Breast Exam: lesbians less likely to have had a CBE within 2 years

Breast Cancer Support Groups for Lesbians

- Difficult to access for their needs
- Deciding to “come out” in the group
- Emphasis on the “man’s attachment to the woman’s breast rather than her recovery”
- Lesbian-specific groups under-resourced

Lesbians with Disabilities

- 22% of the population has disabilities
- Have difficulty accessing care
- Receive poorer care
- Are denied services at times
- Often face untrained providers
- Frequently experience negative attitudes from health care professionals

Social Model of Disability

- Assume patients are individuals with medical issues
- Understand that the existence and severity of impairment neither diminishes nor negates their normalcy
- Acknowledge that health behaviors are impacted by community

For the Disabled Lesbian

- Provide in-service training on cultural competence for various disabilities
- Modify intake procedures to ask about access needs e.g. hi-lo table, public transit
- Assess all patients for substance and violence
- Be pro-active in coordination of care

Durable Health Care Power of Attorney

- Extremely important, especially if partnered
- Additional Papers:
Out-of-Hospital DNR form from the state
Last Will and Testament
Instructions in event of death

Decision to Enter Hospice

- Concern about homophobia, fear or prior experience of being denied treatment, fear or prior experience of discrimination, desire to hide sexual orientation, current or history of family discord related to sexual orientation, issues unsettled re: custody of children

Grieving Loss of Lesbian Life-Partner

- Complicated grief in up to 25% of all survivors
- Lesbians who have lost their life-partner and have not disclosed their identity to family or friends are at particular risk for grief that cannot be openly acknowledged, publically mourned or socially supported

Conclusions

- Continued research needed in lesbian health
- Financial access needs to be improved
- Non-judgmental and sensitive care need to be provided
- Barriers need to be decreased

You can make a difference!