Public Health Association of Australia: Policy-at-a-glance – Lesbian, Bisexual and Queer (LBQ) Policy

Key message:
1. Australian women who have relationships with women are an important population health priority sub-group for consideration as they may be at risk of multiple vulnerabilities.
2. Lesbian, Bisexual and Queer (LBQ) women have specific health risks and issues, including a disproportionate burden of perceived stress, depression, anxiety, physical and sexual abuse; levels of drug, alcohol and tobacco use; and reduced levels of social support.
3. Many LBQ women do not participate fully in health screening programs, primarily due to the impact of living in a society that discriminates against sexual minorities.
4. It is essential that LBQ women have access to health care providers and services that are competent and have capable of supporting sensitive and responsive care.
5. These health inequalities are related less with sexual orientation and more with the impact of living in a society that discriminates against sexual minorities.

Summary: PHAA will advocate for Federal and jurisdictional health policy to recognise the specific needs of LBQ and other same-sex attracted women and address areas of systemic discrimination through appropriate legislative reform, health system and research funding.

Audience: Federal, State and Territory Governments, policy makers and program managers.

Responsibility: PHAA’s Women’s Special Interest Group (SIG).

Date policy adopted: October 2017

Contacts: Tinashe Dune & Angela Dawson, Co-Convenors, Women’s Health SIG
Lesbian, Bisexual and Queer Women’s Health Policy Statement

It is important for health services, researchers and policy makers to recognise the increasing diversity of sexual identity labels with many women who are same sex attracted not adopting identity labels such as lesbian or bisexual. ¹

Health services and providers must realise that some LBQ women identify as transgender (i.e., were assigned male at birth), gender diverse (i.e., identify with a non-binary gender) or intersex (i.e., were born with physical sex characteristics that are not considered typically female or male according to medical norms). We have not specifically addressed their needs in this policy as this requires a separate document.

The Public Health Association of Australia notes that:

1. Australian women who have relationships with women are an important group for consideration as they may be at risk of multiple vulnerabilities. ², ³

2. LBQ women are more likely to experience a range of health risks and issues compared with heterosexual women, yet there are very few services or funding streams dedicated to meeting their unique health needs. They experience higher levels of depression and anxiety disorders, and have higher levels of problematic drug and alcohol use.⁴, ⁵ They also have reduced levels of social support and higher levels of perceived stress and obesity when compared with heterosexual women.⁴

3. LBQ women also report higher rates of childhood abuse and neglect, unsafe sex, adverse reproductive health outcomes, higher rates of polycystic ovarian syndrome,⁶ and induced abortion,⁷ and also experience equal or higher rates of intimate partner violence.⁸ Rates of suicidal ideation and self-harm are also higher for LBQ women.⁹

4. LBQ women display reduced screening behaviours,¹⁰ with young LBQ women being much less likely to have had a pap test or a mammogram than heterosexual women.¹¹

5. These health inequalities are related less with sexual orientation and more with the impact of living in a society that discriminates against sexual minorities.¹², ¹³ Discrimination occurs at many systemic levels including federal and jurisdictional government policy, within the health care, legal, school, workplace and welfare systems.¹⁴-¹⁶ Inequity and discrimination at an individual level may range from a lack of support from family and friends, to experiences of hostility and violence in the community.¹⁷

6. Sexually transmissible infections are possible between women who have sex with women (WSW), however they are often misinformed that they are at low risk.¹⁸ Human Papillomavirus (HPV) is also transmissible between women, therefore regular pap testing and HPV vaccination is important in this group.¹⁹
7. Consumers repeatedly report negative experiences within the health care system resulting from assumptions of heterosexuality, a lack of specific provider knowledge, and rarely, overt homophobic responses by health care providers.11

8. Health care professional education curricula have traditionally failed to adequately include LBQ women’s health issues.20

9. LBQ women’s health is currently under-researched in Australia. This is partly due to failure to include meaningful demographic questions that address sexual identity, attraction and behaviour in large-scale population-based studies.21

The Public Health Association of Australia affirms the following principles:

10. Sexual orientation is one of the social determinants to health along with gender, ethnicity, race, age, economic and social background.

11. LBQ women should have access to health care services that are sensitive and responsive to their needs.

12. Australian health care providers, health policy makers and the wider population should have access to relevant evidence-based information regarding the health of LBQ women.

The Public Health Association of Australia believes that the following steps should be undertaken:

13. Federal and jurisdictional health policy should recognise the specific needs of lesbian and bisexual women, and address areas of systemic discrimination through appropriate legislative reform, health system and research funding.

14. The specific health issues and risk factors for LBQ women (including those that are transgender and/or gender diverse) should be addressed in health professional education at all levels.

15. Data on sexual orientation should be collected in all relevant population-based research.

16. Health care workplace anti-discrimination policies should include specific reference to sexual orientation.

The Public Health Association of Australia resolves to undertake the following actions:

17. Incorporate sexual orientation health issues into PHAA policy development where relevant, using evidence-based principles of equity, diversity, access, consultation and participation, health promotion and partnership with the community.15

18. Work with key Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) groups and organisations to develop guidelines for LGBTIQ-friendly health care practice.
19. Where possible, encourage a sexuality stream within the PHAA annual conference to encourage and support the presentation and dissemination of local research and health care policy relevant to women of all sexual orientation.


*First adopted at the 2011 Annual General Meeting of the Public Health Association of Australia. The latest revision has been undertaken as part of the 2017 policy review process.*
Policy Statement on: Lesbian, Bisexual and Queer Women’s Health

References


