CLOAKED IN INVISIBILITY

Lesbian and bisexual women's experiences of healthcare in New Zealand

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RESEARCH REPORT

- Qualitative
- Interviews with 6 women who identified as either Lesbian, bisexual or pansexual
- Massey University Ethics Committee

RESEARCH FINDINGS - THEMES

- Heteronormativity
- •The conundrum of safer sex
- •Implied and overt homophobia
- •Engagement with health promotion
- •Resilience

HETERONORMATIVITY

- Heterosexism
- No difference
- Beyond the binary

HETERONORMATIVITY

- Assumption that ALL people are heterosexual
- Reinforced systematically

HETERONORMATIVITY

• "He discussed all the things related to heterosexual sex, all the things, not even considering that it may not be a factor" (M, 23).

- Removes teaching opportunities
- Women's health focus not Lesbian health
- Lesbian and bisexual women's health invisible

• "I often feel really underrepresented and not important health wise as a lesbian, important health wise in everything else, but not as a lesbian" (J, 38).

• Decision on whether to come out or not at every visit

• Positive encounters

• "I don't come out by choice, but do if I'm asked. I wouldn't openly disclose it, it's too awkward. Like 'Oh by the way, I'm gay', you don't say 'Hi, I'm straight' do you?" (K, 26).

NO DIFFERENCE

• Sexual orientation does not change the need for health services

Diversity

"open dialogue with a patient...
means more revelent
and effective care."

NO DIFFERENCE

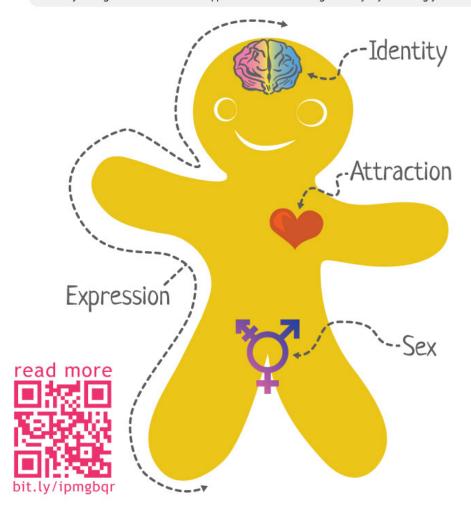
• "I suppose it would make sense if they would just 'look outside the square' in general, because there's no norm" (N, 32).

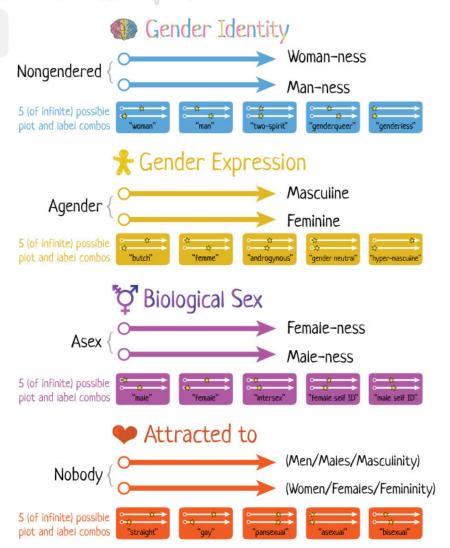
BEYOND THE BINARY

- Binaries
- Sexual orientation as a continuum
- Sexual orientation is fluid rather than fixed.

The Genderbread Person v2.0 by its pronounced METROSEXUAL ...

Gender is one of those things everyone thinks they understand, but most people don't. Like Inception. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.





RELUCTANCE TO RETURN

• Discrimination STILL exists

RELUCTANCE TO RETURN

• "My first Plunket nurse after my son, I fired her because she wouldn't accept my partner was my next of kin. She wouldn't put my partner's name down as partner, she kept saying 'flatmate' and you know what? I told her to leave my house and not come back" (J, 38).

• What constitutes safer sex?

Low risk versus no risk

Lack of resources

• What does safer sex mean?

• Who is safer sex education aimed at?













• "My experience has been with adapting preexisting items. So – less successfully, unfortunately. We've used a small square of linen, hand sanitizer - which is not fun to use – silicone lube with toys that can deal with it, and adaption of condoms" (M, 23)

LOW RISK VERSUS NO RISK

• Awareness of risk despite societal assumption of low risk

LOW RISK VERSUS NO RISK

• "I guess people think that because it's two females they don't need to be safe, I don't know. It's quite obvious that with two guys there's a definite need to use a condom. But I think with two females people are quite ignorant to it" (N, 32).

STI RISK

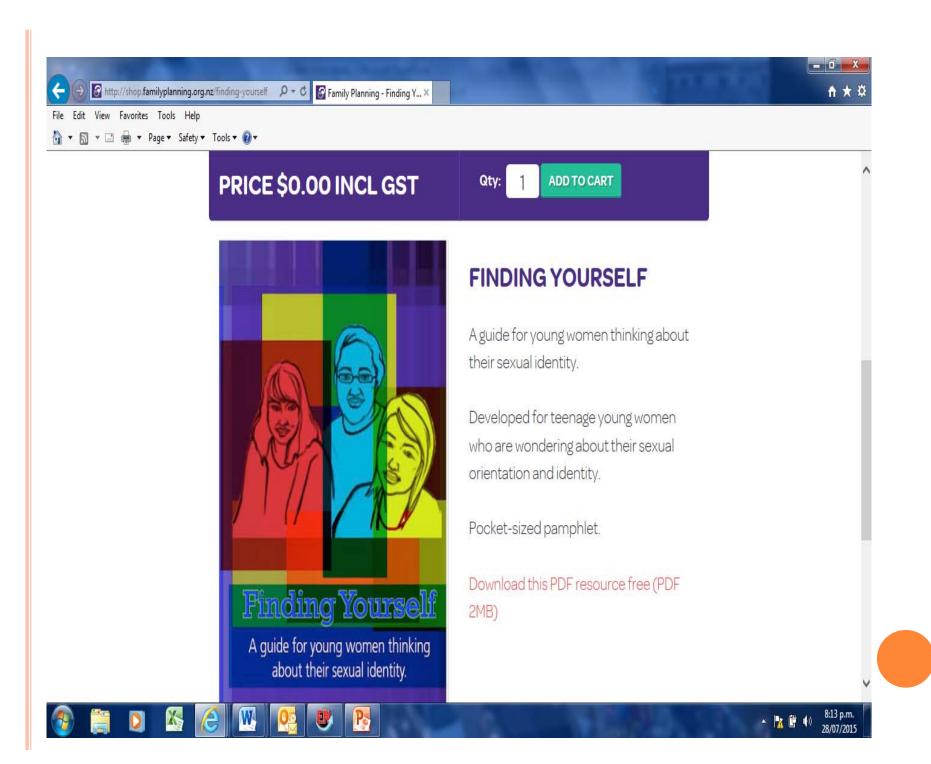
- STI's in lesbian and bisexual women
- Many WSW have had sex with men at some stage in their past
- Still some risk for transmission of STIs
- Safer sex and sexual health checks

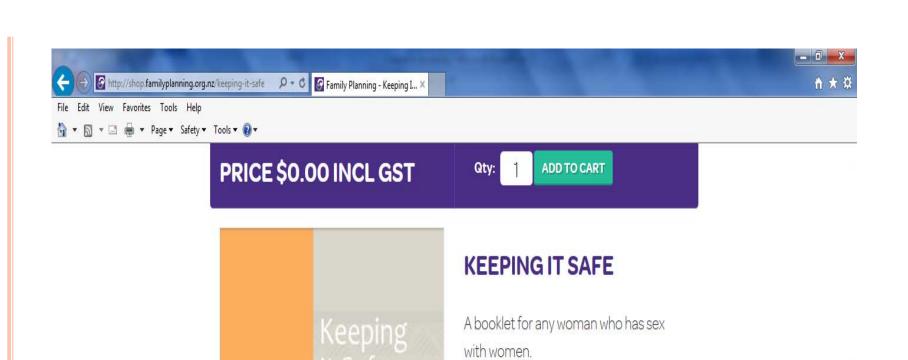
• Traditionally, safer sex discourses are about male/female or male/male sex



ENGAGEMENT WITH HEALTH PROMOTION

- Sensitive and knowledgeable nurses can increase rates of cervical screening
- Nurses need specific information and training
- Resources available on the internet, from Family Planning





A practical guide on reducing risks and

maintaining sexual, reproductive and

Download this PDF resource free (PDF

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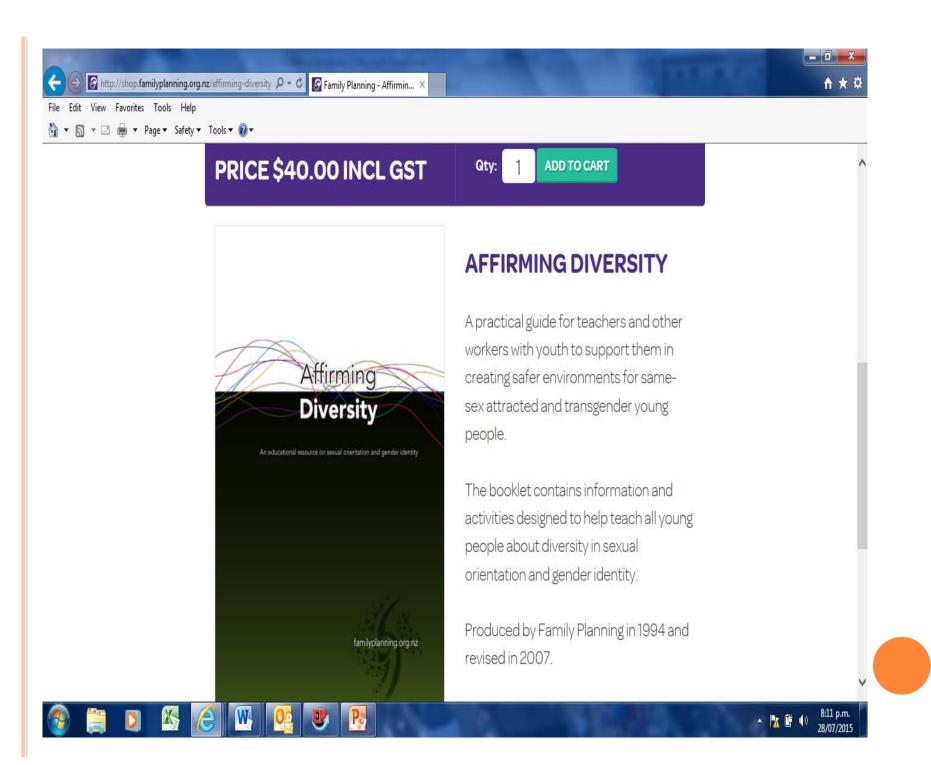
mental health.

3MB)

A sexual and reproductive health

guide for same-sex-attracted

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LACK OF RESOURCES

• Participants were not aware of some of the resources available

Lack of Gay Friendly posters in waiting rooms

LACK OF RESOURCES

o "I think it would be nice to be represented with sexual health not so much just for the risk because it's low... but for the young ones coming through too, so they're seeing themselves represented. I mean, if there's a pamphlet on the wall at your GP's about safer sex for lesbian partners then that pathway to communication has already been opened" (J, 38)

IMPLIED AND OVERT HOMOPHOBIA

o "Real" versus "unreal" sex

HOMOPHOBIA

- Overt homophobia
- Discrimination
- Forced disclosure
- Changes in society

HOMOPHOBIA

• "Another big negative one was the midwife at the hospital...quite a Christian lady who had some very definitive views on our relationship and on having a child. And she was very unpleasant and she wouldn't let my partner into the recovery room to start with, and when my partner did come in she took the baby out of my arms and wouldn't give him to her. My partner had to wait there almost in tears and she had to wait for about 15 minutes before we could convince her to just hand him over to her. She said 'she's not even family', that was what this woman said, she was very very horrible" (J, 38).

IMPLIED AND OVERT HOMOPHOBIA

• *Real* versus *unreal* sex

• "It would be good if we could have a discussion that sex doesn't have to include a cock to be sex... because no one considered them to be legitimate partners - No cock equals no sex" (M, 23)

REAL VERSUS UNREAL SEX

[Workmate who is a health professional]

o"She said a few times 'it's not real sex'. Well it depends on how you view sex. Is it sexual intercourse as in male-female? No, it's not, clearly, but I don't think a lot of people do think that it's real sex" (N, 32)

ENGAGEMENT WITH HEALTH PROMOTION

- Cervical Screening
- "How many gay chicks or lesbian chicks are there who haven't had sex with guys? Not many. Many people at one point and time have been there and tried it out. Or realised that you're however many years old and that it's not what you want" (K, 26).

RESILIENCE

- Managing limited choices
- Finding information
- Keeping oneself safe

RESILIENCE

- The ability to thrive despite experiencing upsetting or difficult circumstances
- Protecting themselves from homophobia
- Developing relationships with health professionals to meet specific needs

MANAGING LIMITED CHOICES

- Lack of appropriate choices
- Difficulty finding a GP
- Public hospital

FINDING INFORMATION

- Internet information
- Reluctance to seek health care information from health professionals
- o Risk
- Friends and Family

HEALTH INFORMATION

o"My Mum's a nurse so while I don't like talking about sexual health with her, there are questions that I can phrase in ways and ask them. I have got another nursing friend I can go to with this information and she's a wonderful resource" (M, 23).

KEEPING ONESELF SAFE

- Coming out
- Enduring perpetual outing
- Need to feel safe
- Repetition

KEEPING ONESELF SAFE

• "I think if it's relevant it definitely matters, I mean it's not something I would discuss and I'm out. I've been out for years, and I'm confident to be out, but it's still not something I would discuss with my doctor unless I had a really good relationship because again that's quite a difference in power imbalance and you have to wonder about how that was going to affect the care that you were going to receive from that person" (J, 38).

KEEPING ONESELF SAFE

 Not wanting to make the other person uncomfortable

• Heterosexual people do not have to come out

WHERE TO FROM HERE

- Culturally safe care
- Competence
- Education on diversity in undergraduate and post graduate nursing education

HOW CAN YOU TELL IF SOMEONE IS GAY?



IS IT THESE TWO?





WHO?



WHAT DOES A LESBIAN/BISEXUAL WOMAN LOOK LIKE?



