

Working with clients from sexual minorities

Why difference matters

Why are we here?

To improve our ability to provide sensitive care to clients from sexual minorities by

- understanding the impact of stigma, discrimination and exclusion on health and well-being
- learning skills to facilitate effective and sensitive communication with clients
- making services more accessible to reduce health care avoidance behaviours & improve health outcomes
- understanding how our own 'culture' as individuals and professionals impacts the consultation process

What are sexual minorities?

‘Sexual minorities’ is an umbrella term covering people who live a range of non-heterosexual experiences

Labels? Or people?

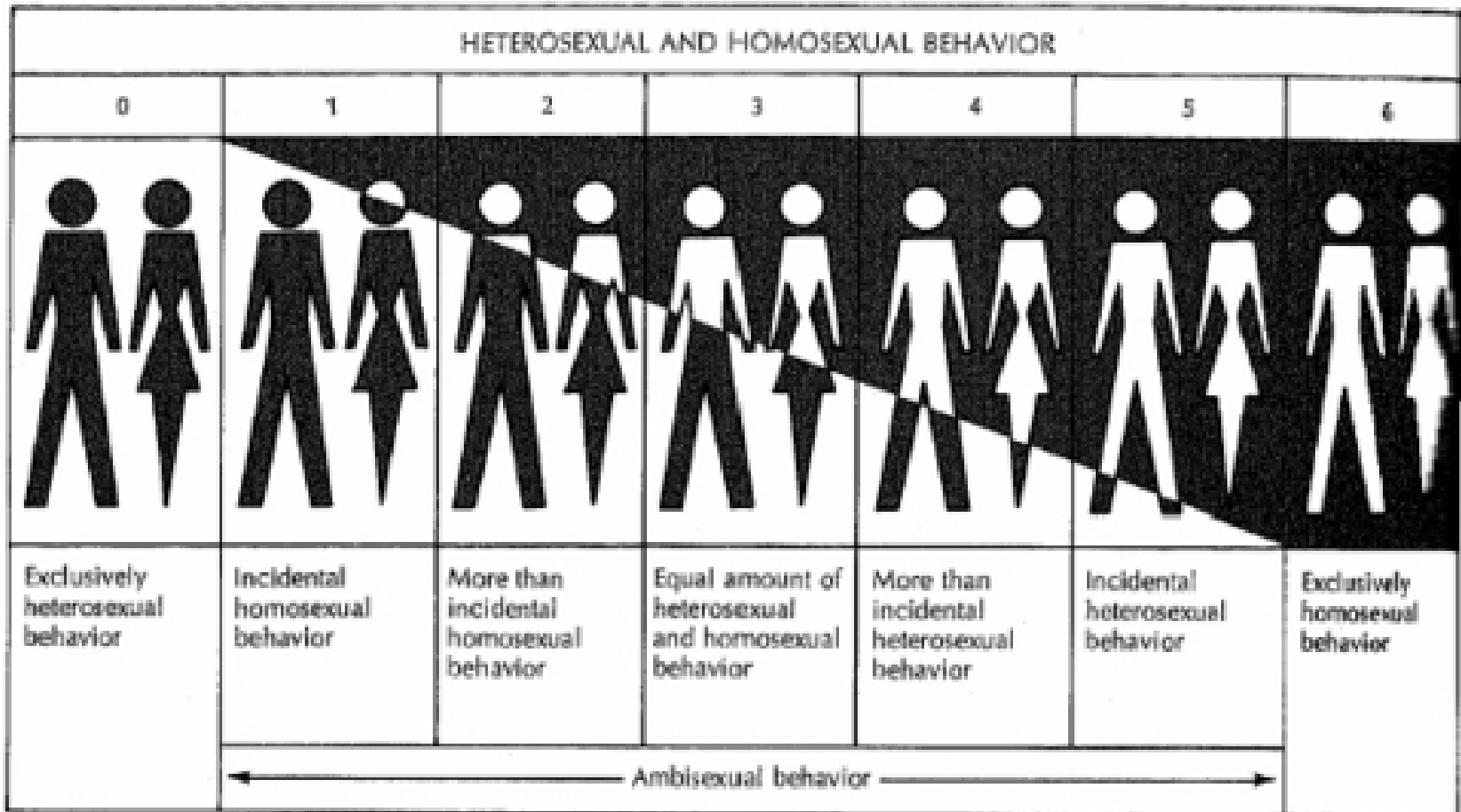
Self-identification	Number	Percent
Gay man	2,854	52.1
Lesbian	973	17.8
Bisexual	556	10.2
Gay woman	280	5.1
Don't use label	264	4.8
Queer	211	3.9
Dyke	138	2.5
Heterosexual/straight	79	1.4
Total	5,476	100
Of Aboriginal/Torres Strait Is descent (whole sample)	111	2.0

The Sexuality Triad: Identity, Attraction & Behaviour

		Female % (N = 4,124)	Male % (N = 4,081)	Total (N = 8205)
Sexual Identity	Heterosexual	98.08	97.72	8,027
	Homosexual	0.66	1.03	69
	Bisexual	1.26	1.23	102
Sexual attraction	Opposite sex	90.6	95.88	7,642
	Both sexes	8.89	3.31	501
	Same sex	0.22	0.64	35
	Neither sex	0.29	0.17	19
Sexual Behaviour	Opposite sex	89.94	91.08	7,418
	Both sexes	7.21	6.06	544
	Same sex	0.1	0.37	19
	Neither sex	2.74	2.5	215

The Kinsey Scale:

Heterosexuality isn't normal, just common



The Social Determinants of Health

The social conditions in which people live have a dramatic impact on their health. Included in these conditions are exclusion and social discrimination.
(WHO, 2009)

The Social Determinants of Health

Individuals and social groups in the lowest social strata run **twice the risk of serious illness and premature death.**

Psychological as well as material causes contribute to these risks.

Social disadvantages may be absolute or relative.

	GLBTI participants: 5,476 <i>Private Lives 2006</i>	Australian Population	Australian Indigenous Population (ABS 2005)
Asthma	24%	10%	15.0%
Diabetes	2.9%	~2.0 %	6.0%
Heart Disease	11%	~8.0 %	12.0%
Smokers	37%	24%	50.0%
Risky Alcohol Use	25.7 (LBW)	14.0 %	15.0%
With Anxiety	33%	10%	10%*
With Depression	33%	6%	7- 17%*

SM Health: What's the problem?

- Among GLBTI adults, **49% of men and 44% of women report depression with 16% reporting suicidal thoughts in the previous 2 weeks.** Younger people are most at risk. (Pitts, 2006)
- 44% of GLBTI young people have experienced verbal abuse, 16% physical violence. **74% of all abuse occurred at school.** Young people from rural areas feel less safe than their urban peers. Young people who reported abuse were also more likely to report drug abuse, STIs, self-harm and attempted suicide. (Hillier, 2005)

Cultural competence matters

Physician failure to communicate and provide information to patients is associated with lower patient satisfaction and poorer health outcomes, including delays in seeking further care, and non-disclosure of important health information, especially with regard to high-risk sexual activities.

(Mulligan & Heath, 2007; McNair, 2005; Drabble, 2003)

Stereotypes

Stereotypes provide a potentially rich set of pre-computed knowledge for relatively little effort

Population statistics may also work like stereotypes in decision making. Research indicates that population statistics are often over applied to individual patients.

Who? Me?

Even egalitarian providers may be more uncomfortable interacting with minority or stigmatised patients than with white patients.

They may often manifest anxiety and heightened levels of arousal when interacting with these clients.

This ironically, may very be interpreted as prejudice by patients.

Cultural humility

Cultural 'competence' suggests successful completion of training

- A tick box approach that may be harmful

Cultural humility requires instead

- self-reflection (realistic and ongoing self-appraisal)
- commitment to a lifelong learning process
- flexibility and humility to
 - assess the cultural dimensions of the experiences of each patient
 - say that we don't know and to search for and use resources that might enhance the care of the patient as well as our own clinical practice.

How to?

“Now I have only one rule. Before I do anything I ask, Is it okay? Because I am an [.....] [.....] and they don’t expect me to act like a [.....] anyway, they usually give me plenty of leeway.”

- Anne Fadiman

The Spirit Catches You and You Fall Down

1997

How many are we talking about?

If between three to six per cent of the patients seen by physicians are gay or lesbian, as suggested in various surveys, a practitioner with an average adult practice of 1,380 patients known over about 15 years can expect to have somewhere between 40 to 80 gay or lesbian patients.

How many are we talking about?

- 6-8% of Australian report lifetime same sex behaviours and 7-15% same-sex attraction.
- attend GPs more frequently
- 50% have not disclosed to their GP

Kate's Story

While I was transitioning I had lived in (capital city) for about five years and when I moved back to (regional centre) I went back to my old health centre. The first time I went there the receptionist asked if I'd been there before.

Without really thinking I said, "Yes, about five years ago" and gave her my old address.

"We only have a file on Keith there," she said. "Is that your husband?"

"No," I said, "It's me, it's my file."

For a moment she really just stared at me while she worked it all out and then she just asked me my current name and address and adjusted the file in a very matter-of-fact way.

I was pretty heartened by that experience and it gave me the confidence to talk to the doctor about it up front.

A guide to Australia's anti-discrimination laws

The following laws operate at a federal level and are administered by the Australian Human Rights Commission:

- Age Discrimination Act 2004
- Australian Human Rights Commission Act 1986
- Disability Discrimination Act 1992
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984

The Law

Same-Sex Relationships Act 2008

From 1 January 2009

- same-sex couples and their children can register as a family for Medicare & PBS safety nets.

From 1 July 2009.

- same-sex couples are now recognised as a couple and receive the same rate of social security and family assistance payments as opposite-sex couples.
- the reforms also allow for the recognition of children of same-sex couples.

The Law: Victoria

The Assisted Reproductive Treatment Act 2008 allows

- access to ART to lesbians and single women
- access to legal, altruistic surrogacy
- same sex parents in Victoria to be registered as a parent on their child's birth record.

The Relationships Act 2008, allows Victorians to register their same-sex domestic relationship.

The Law

The Victorian Equal Opportunity Act 1995:

- It is unlawful to discriminate based on sexual orientation or gender identity with some exceptions and exemptions.

Both the Victorian and Commonwealth governments recently reformed legislation to recognise some (but not all) of the rights and responsibilities of SM people and same-sex couples in relation to tax, social security and family.

Training Staff

- identifying and challenging discriminatory beliefs and behaviours at the personal and organisational level
 - familiarity with key SM health and wellbeing issues
 - staff obligations towards SM clients under current legislation
 - use of inclusive and non-discriminatory language
 - recognition of the diversity of intimate and caring relationships
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The waiting room

GLBTI people will often scan a service for clues to determine how GLBTI-friendly a service is and what personal information they are prepared to share with individual staff.

Simple measures make a service more welcoming:

- GLBTI posters, stickers and/or symbols in waiting areas
- GLBTI information and images in educational or promotional materials produced by the service
- advertising in the GLBTI press or directories
- displaying GLBTI-related health and service information
- addressing transgender people as their preferred gender.

Youth Friendly

- Clear & visible service signage
- Formalised consultation & evaluation with young people
- Make known confidentiality & clients rights
- Concession & Medicare applications readily available
- Reception staff who are trained working with young people
- Attractive & comfortable environment

The Intake Form

Consider alternative options:

- Emergency contact (not next-of-kin)
- Sexual orientation (answers optional)
 - (lesbian/gay, bisexual, SSA, heterosexual, other ...)
- Relationship status (not *marital* status)
- Gender and/or name of partner

Inclusive language

- Use open and inclusive questions that are gender neutral and demonstrate acceptance (e.g. Do you have partner? Are you in a relationship? What is your partner's name?)
- Consider using additional prompts when knowing a client's sexuality is important in their care.
- Respond positively when SM clients are open about their sexual sexuality.
- Address SM clients using terms that are respectful. If unsure, ask!
- Be aware that some clients may be unsure of their sexuality while others may be in the initial stages of 'coming out'.
- Understand sexual orientation and gender identity may be fluid or fixed, and that different SM people will prefer GLBTI-specific or mainstream community connections.

Documentation

- seek a client's consent when recording information about sexuality, partner gender, etc.
- inform clients why the information is needed, how it will be used and stored, and to whom it will be made available (such as referrals)

Disclosure and confidentiality

Many SM people worry about being 'outed' in contexts which may be a risk to them, their family or friends.

To provide appropriate confidentiality:

- reassure clients that information and discussions are confidential
 - seek consent where there is a need to share their information
 - develop a confidentiality statement for ALL clients that addresses the concerns of SM clients
 - respect a client's right not to disclose but inform them when disclosure may lead to better care.
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Referrals and resources

- develop a database of GLBTI support groups, information networks, directories and GLBTI-sensitive health care providers and agencies
- ensure follow-up with a client on their experience of the referral
- develop referral paths to GLBTI-sensitive/inclusive health care providers and agencies
- provide specific health and wellbeing information and resources or direction to agencies or sites that provide them like the Gay and Lesbian Health Victoria clearinghouse
- Victoria Police gay and lesbian liaison officers can provide ~~advice and assistance in reporting crimes.~~

DocList

Please help the Australian Lesbian Medical Association (ALMA) compile a list of doctors recommended by lesbian and bi women.

For more information about this project and how you can help...

www.doclist.com.au

For a doctor to be included on the list, ALMA requires a recommendation from at least one lesbian / bisexual woman.

Once a recommendation is received, ALMA will write to the doctor informing them about the project (without disclosing the person who recommended them) to ask if they consent to be on the list.

Key Resources

- Well Proud Guidelines - <http://www.health.vic.gov.au/glbtimeac/downloads/wellproud.pdf>
- National LGBT Health Alliance - www.lgbthealth.org.au
- Gay and Lesbian Health Victoria clearinghouse - <http://glhv.org.au/clearinghouse>
- ALMA - www.almas.net.au
- Victorian AIDS Council/Gay Men's Health Centre - <http://www.vicaids.asn.au>
- Lesbian, Bisexual and SSA Women's health - www.dialog.unimelb.edu.au
- Gay and Lesbian Health Victoria – www.glhv.org.au
- Gender Questioning - <http://www.glhv.org.au/files/GQv3.pdf>
- Australian Human Rights Commission - www.hreoc.org.au

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