

Running head: LESBIAN SEXUAL HEALTH

A COMPREHENSIVE GUIDE TO UNDERSTANDING LESBIAN SEXUAL  
HEALTH: REACHING A VULNERABLE POPULATION

A dissertation submitted to the Faculty of the American Academy of Clinical Sexologists

in candidacy for the degree of

Doctor of Philosophy in Clinical Sexology

by

Alexandra Karydi

B.Sc., Bond University, Australia, 2002

P.G.Dip., Bond University, Australia, 2004

M.A., Argosy University, Hawaii, 2009

Orlando, Florida

2013

ACKNOWLEDGEMENTS

I would like to thank the following individuals for their support in my education and professional endeavors. Jackie Lamonds, thank you for your the endless love and support and for believing in me. You showed me I could have a loving and healthy relationship. I could not have completed my educational journey without you.

Additionally, I would like to thank to my Committee Chairwoman on this project, Dr. Jennifer Pender for her valuable guidance and advice. She inspired me greatly to work on this project. Her willingness to motivate me contributed tremendously to this paper. I also would like to thank her for showing me some examples that related to the topic of lesbian sexual health. I would like to thank Dr. Joseph Harris for providing me with a good environment in which to grow professionally. He continuously and convincingly conveyed a spirit of adventure in regard to research. Also, I would like to take this opportunity to thank Dr. Darcy Fietsam, as she gave me an opportunity to learn and provided me with valuable information. Finally, an honorable mention goes to Dr. William Granzig; you have encouraged me to pursue and fight for socially avoided topics and issues. Thank you for your passion which inspired me to be a voice for those who are lost in the political and cultural chaos.

This project would not have been possible without the kind support and help of many individuals, authors, and researchers in lesbian sexual health, whose information I used in completing this project.. I would like to extend my sincere thanks to all of them.

VITA

Alexandra Karydi is a graduate of Argosy University in Honolulu, Hawaii in Clinical Psychology with a Postgraduate Diploma in Psychology from Gold Coast, Australia. She is a licensed Alcohol and Drug Counselor and has provided individual and family therapy for private non-profit agencies in Hawaii and South Carolina.

Her past experience consists of caring and providing support for HIV/AIDS clients, mostly children from newborn to 16 years of age, in South Africa. This has taught her much about the many aspects of the disease and how it affects patients physically, emotionally, and psychologically. In Perth, Australia she worked as an announcer at Groove 101.7, a community non-profit radio station for the young. In this position she was able to help young people with love, sex, and relationship issues by educating them with the use of updated information, interviews, and outside professional resources. The show is still successful today, and reaches many young listeners.

During her study of sexology with the American Academy of Clinical Sexology, she has worked as a psychologist for the South Carolina Department of Juvenile Justice (SCDJJ). While employed by SCDJJ, she has conducted court-ordered psychological assessments with treatment recommendations and has also been their representative with the South Carolina HIV Council and the State Alliance for Adolescent Sexual Health. Additionally, she has created and helped implement community programs and resources for Lesbian, Gay, Bisexual and Transgender (LGBT) youth in the state and legal systems.

**TABLE OF CONTENT**

ACKNOWLEDGEMENTS.....2  
DISSERTATION APPROVAL.....3  
VITA.....4  
LIST OF TABLES.....8  
LIST OF FIGURES .....8  
ABSTRACT.....9  
PREAMBLE .....10  
CHAPTERS:  
LESBIAN SEXUAL HEALTH.....11  
Introduction.....11  
Current State of Lesbian Health.....12  
The Effects of Internalized Homophobia and Heterosexism.....14  
    Barriers to Receiving Service.....15  
    Systemic Barriers.....16  
    Institutional Barriers.....16  
A WOMAN’S ANATOMY..... 18  
The External Anatomy of a Woman .....18  
The Internal Anatomy of a Woman .....21  
CANCER IN THE LESBIAN POPULATION .....23  
Breast Cancer .....23  
    Understanding Cancer .....26  
    Treatment of Breast Cancer.....27  
Cervical Cancer.....28  
Other Cancers.....29  
SEXUALLY TRANSMITTED INFECTIONS (STIs) IN LESBIANS .....30  
Definitions of STIs.....30  
    Acquired Immune Deficiency Syndrome (AIDS).....30  
    Allergic or Chemical Vaginitis.....31  
    Bacterial Vaginosis.....31  
    Chancroid .....32  
    Chlamydia.....32  
    Genital warts/Human Papillomavirus (HPV).....33

## LESBIAN SEXUAL HEALTH

Gonorrhea.....	33
Syphilis.....	34
Pelvic Inflammatory Disease.....	34
Pubic Lice.....	35
Scabies.....	35
Trichomoniasis.....	36
Research in Lesbians and Sexually Transmitted Infections.....	36
THE BIOPSYCHOSOCIAL IMPACT OF AN STI: GENITAL HERPES.....	39
Genital Herpes.....	39
Causes and Transmission of Genital Herpes.....	39
Treatment and Prevention of Genital Herpes.....	41
The Psychological Effect of Genital Herpes.....	43
Genital Herpes and Women.....	44
Impact of Herpes in Pregnancy.....	45
Impact of Herpes on Newborns.....	46
SEXUALLY TRANSMITTED INFECTIONS AND THE HEALTH COMMUNITY.....	47
SEXUALLY TRANSMITTED INFECTIONS AND LESBIAN YOUTH.....	49
LESBIAN WOMEN’S KNOWLEDGE, PERCEPTION, AND ATTITUDES REGARDING STIs.....	59
LESBIAN SAFE SEX.....	65
LESBIAN MOTHERS AND PREGANCY.....	70
Options for Lesbian Couples Conceiving a Child.....	72
Assisted Reproductive Technology.....	72
Ovulation Induction.....	73
Artificial Insemination.....	73
Intrauterine Insemination.....	73
In Vitro Fertilization.....	73
Partner in Vitro Fertilization.....	73
Intracytoplasmic Sperm Injection.....	74
Surrogacy.....	75
Home Insemination.....	77
SEXUAL DYSFUNCTION IN LESBIANS.....	79
Lesbian Sexual History Assessment.....	80

## LESBIAN SEXUAL HEALTH

Lesbian Sexuality .....	81
What is Lesbian Bed Death? .....	82
Relevance to Couples Therapy .....	83
Female Sexual Disorders .....	86
Vaginismus .....	88
Dyspareunia .....	88
Vulvodynia .....	89
Female Orgasmic Disorder (FOD) .....	91
Female Sexual Arousal Disorder.....	92
Female Hypoactive Sexual Desire Disorder. ....	93
Female Sexual Aversion Disorder.....	94
DSM-5 Sexual Dysfunctions .....	94
GENERAL LESBIAN HEALTH ISSUES.....	96
Mental Health.....	96
Intimate Partner Violence .....	97
Alcohol and Drug Abuse .....	98
Smoking .....	100
Heart Disease .....	100
Obesity .....	101
Polycystic Ovarian Syndrome.....	101
Osteoporosis.....	102
THE AGING LESBIAN AND SEXUAL HEALTH.....	103
CULTURAL DIFFERENCE IN KNOWLEDGE AND PERCEPTION OF LESBIAN SEXUAL HEALTH.....	105
African American Lesbians .....	105
Latina Lesbians .....	108
American Indian and Alaska Native (AIAN) Lesbian.....	109
Asian American .....	110
THE SEXUAL HEALTH MODEL: AN APPROACH TOWARDS PREVENTION AND EDUCATION IN THE LESBIAN COMMUNITY .....	111
A MODERN VIEW TO TREATMENT: WHAT CLINICIANS NEED TO KNOW .....	117
REFERENCES .....	121

**LIST OF TABLES**

Table 1 Early Detection Screening Chart .....27  
Table 2 Lesbian Sexual Health Curriculum.....112

**LIST OF FIGURES**

Figure 1 Breast Anatomy .....18  
Figure 2 The External Anatomy of a Woman.....19  
Figure 3 The Internal Anatomy of a Woman.....22  
Figure 4 Signs of Breast Cancer .....28  
Figure 5 Application of the Sexual Health Model to Sexually Transmitted Diseases.....114

## LESBIAN SEXUAL HEALTH

### Abstract

There has been an increase in cases of lesbian women becoming ill, due to a lack of understanding and information about sexually transmitted diseases and other sexual habits. Throughout empirically study-based literature, researchers and writers compare and contrast heterosexual and homosexual women in categories of knowledge base, care-seeking behaviors, and attitudes. Lesbian women were more often inclined to perceive that health care providers would view them negatively should they reveal their sexual orientation. Studies suggest the need for further research in the field of sex health and disease among lesbians. The objective of this paper is to understand the different aspects of knowledge, attitudes and perceptions regarding sexual health in the lesbian population. This paper serves to fill a gap in the available knowledge to promote healthier and safer sexual behavior and break down stereotypes without undue harm in gay women. A limitation of this comprehensive guide is that the findings and research often are not derived from a large, population-based sample; thus, caution should be exercised in generalizing the findings on frequency of health behaviors, symptoms, and diagnoses in lesbian women. In addition, there is a lack of information and research being done on this population.



PREAMBLE

This paper is designed to serve as a manual to aid clinicians working with lesbian women. I thought it was important to define the word “lesbian” so there would be no confusion between gender identity and anatomy when identifying a woman as a lesbian. In the context of this paper, a lesbian is a biologically born female, who also identifies as a female, and who is attracted to and has sex with other self-identified females. It is possible to identify as a woman while not being anatomically so; for example, being a male to female transgender. A transgender woman would identify as a woman, but would not necessarily find the information in this paper useful, as it medically focuses on the female anatomical factors of disease. In addition, I do not feel this manual should be used when working with female to male transgender individuals. Although, these individuals may have female anatomical parts, they identify as male and have health concerns that should be respected and addressed separately.

My intention is not to harm, offend, or be insensitive to any individual or group of people, but be respectful of the unique needs of post and non-operative transgender women. For the sake of time and clarity, the focus of this paper is about a group of individuals who have been given little attention from society and are dying at alarming rates from treatable diseases.

Lesbian Sexual Health

**Introduction**

The World Health Organization (2013) defines sexual health as balanced physical, mental and social well-being. Individuals who have a positive, respectful approach to sexuality and sexual relationships, with the belief that sexuality encompasses pleasure and safe sexual experiences, free of coercion, discrimination, or violence are defined as healthy. Sexual health achieved and maintained includes the sexual rights and rewards of all individuals with respect, consent, and protection. Sexual Health is “an important part of physical and mental health” (National Strategy for Sexual Health and HIV, 2001). Together with the fundamental human rights to privacy, family, and equality, it is a key part of the human identity. Regrettably, lesbians throughout history have been ignored and excluded from consideration relative to other populations and groups (U.S., 2009).

More than just an orientation, the lesbian identity involves psychological responses, cultural values, societal expectations, and a woman’s own formulation of self (White & Levinson, 1995). Lesbians have been identified in the narrowest sense of the word in literature and studies, as a female homosexual, meaning a woman who is sexually attracted to other women (Patzel, 2006). Identity constriction prevents lesbians from seeking treatment or education in sexual health. Studies have suggested that because lesbians are rarely an identified population in women's health research, little is known about the lesbians' health risks (White & Levinson, 1995; Patzel, 2006).

The Movement Advancement Project (MAP) in March, 2012, published the *Obstacles and Opportunities: Ensuring Health and Wellness for LGBT Families*, which