SEXUAL MINORITY WOMEN AND VULVODYNIA

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WHAT IS VULVODYNIA?

- A chronic pain condition which affects the female external genitalia and as a result, often interferes with sexual activities

  (Binik, Pukall, Reissing, & Khalifé, 2001)

- Can be *generalized* or *localized*

- Can also be *provoked, unprovoked, or mixed*.
WHAT IS VULVODYNIA?

- Etiology uncertain
  - Likely multiple causes such as inflammation, immunologic factors, genetic predisposition

- Prevalence is around 16% (Harlow & Stewart, 2003)

- Most common cause of dyspareunia (painful intercourse) in pre-menopausal women (Meana, Binik, Khalifé, & Cohen, 1997)
JUSTIFICATION OF THE CURRENT STUDY

- Many studies emphasize the effect that vulvodynia has on sexual intercourse (assumed to be penile-vaginal intercourse).

- No published studies have explored vulvodynia in lesbian, bisexual or other sexual minority women.
RESEARCH QUESTIONS

- How does the pain affect the sexuality and relationship satisfaction of lesbian, bisexual and other sexual minority women?

- Do bisexual women choose the sex of their partners depending on their pain status?

- Do lesbian, bisexual and other sexual minority women experience discrimination when seeking advice and treatment?
METHOD

- 89-item, anonymous, on-line survey
- Includes questions on:
  - The Current Experience of Vulvo-vaginal Pain
  - Gynecological History
    - includes question re: discrimination
  - Sexual Functioning (FSFI; Rosen et al, 2000)
  - Relationship Satisfaction (RAS; Hendrick, 1988)
  - Demographics
INCLUSION/EXCLUSION CRITERIA

- Women must be:
  - 18 years of age or older
  - self-identify as lesbian, bisexual or another sexual minority (e.g. queer, unlabeled, etc.)
  - currently experiencing vulvo-vaginal pain
SAMPLE DEMOGRAPHICS

- n = 36
- Sexual Orientation:
  - (6 = Lesbian, 16 = Bisexual, 3 = Other Sexual Minority, 8 = did not answer)
- Mean age = 28.5 years (range = 18.75 – 57)
- Relationship Status and Sex of Partner
  - 21 women were in relationships (10 with men, 11 with women)
  - Mean duration = 48 months
SAMPLE DEMOGRAPHICS

- Education level
  - All had at least some college or university
  - 2 of the women had children
  - 12 were from Canada, 4 from the UK, 12 from the US, 1 from Australia, 1 from Turkey
  - 26 Caucasian of European descent, 3 South Asian, 1 West Asian Arab
  - 6 were members of a religious group
RESULTS

- How does the pain affect the sexuality of lesbian, bisexual and other sexual minority women?

- Female Sexual Functioning Index (Rosen et al., 2000)
- Mean score = 15.5, SD = 6.12
- Significantly different from a healthy control sample (Rosen et al., 2000)
  
  \((t = -14.52, \, dF = 19, \, p < .000)\)

- Comparable to previous finding of women with vulvodynia (Masheb, Lozano-Blanco, Kohorn, Minkin, & Kerns, 2004)
RESULTS

- How does the pain affect the relationship satisfaction of lesbian, bisexual and other sexual minority women?

- Relationship Assessment Scale (Hendrick, 1988)

- Mean score 4.22, SD = .78

- Comparable to standard sample of women in heterosexual relationships (x = 4.31, SD = .51) (Hendrick, Dicke, & Hendrick, 1998)
RESULTS

- Do bisexual women chose the sex of their partners depending on their pain status?
  - Extent that pain affects desire to pursue a sexual experience with a male vs. female partner
  - Past experience of choosing NOT to pursue a sexual experience with a male or female partner because of pain
Effects of Pain on Desire to Pursue a Sexual Experience AND Past Experience of Having Chosen Not to Pursue a Sexual Experience in Bisexual Women

\[ p(\text{desire}) = .04 \]
\[ p(\text{chosen}) = .001 \]
Do lesbian, bisexual and other sexual minority women experience discrimination when seeking advice and treatment?

7 women (~20%) indicated that they had experienced discrimination.

Numerous women mentioned that they did not disclose their sexual orientation to their health care providers.
DISCUSSION

- Lesbian, bisexual and other sexual minority women are experiencing vulvodynia.

- The sexual functioning of these women is greatly affected.

- Relationship satisfaction does not appear to be affected.
DISCUSSION

- Pain may be a factor for bisexual women when deciding to pursue a sexual experience.

- Some women are experiencing discrimination from their health care providers while others do not disclose their sexual orientation.
IMPLICATIONS

- Health care providers need to recognize that women presenting with vulvo-vaginal pain may not be heterosexual
- Penile-vaginal intercourse may not be a suitable outcome measure
- Vaginal penetration may still be an important component of sexuality
FUTURE DIRECTIONS

- Identify specific needs of lesbian, bisexual and other sexual minority women.
- Education for health care providers
  
  “Simple education about the different realities of queer women; and their different relationship structures (mono; poly; etc). Medical professionals need to be aware that penetration may not be taking place in female-female relationships; but that doesn't mean there isn't a problem. Mine went undiscovered for the 12 years that I was with a woman; and during most of that time I couldn't bear having an internal exam or PAP test. As a result; my health was at risk.” (bisexual female, 49)
QUESTIONS?

COMMENTS?

FEEDBACK?
REFERENCES


REFERENCES

