

GETTING DOWN TO BUSINESS: A GUIDE TO TAKING AN INCLUSIVE SEXUAL HEALTH HISTORY

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LEARNING OBJECTIVES

- Establish the importance of sexual health discussions in the primary care setting.
- Normalize the sexual health conversation between patients and physicians.
- Provide a guide and structure to this conversation.
- Review examples of how these conversations can be conducted.



Taking a sexual history is an important part of the regular medical exam. Patients want to discuss sexual health with their clinicians but often do not know how to start the conversation.



It is important to discuss this with patients in order to normalize the conversation and increase patient comfort.



Example dialogue:

“I would like to ask you a few questions about your sexual health. I understand these questions are very personal, but they are important for your overall health. Just so you know, I ask these questions to all my adult (or teen) patients. Like the rest of our visits, this information is confidential. Is it ok if we proceed with these questions?”

It is important to ask the patient for permission prior to starting as you want to be sensitive to the possibility of past trauma a patient has experienced.

Why is taking a sexual history important?

- Several health disparities that affect sexual and gender minority populations relate to sexual health.
- Multiple recommended screenings relate to and depend upon the sexual history (pap, STI, vaccines, PrEP)

WHEN TO TAKE A SEXUAL HISTORY

Patient's initial visit

Routine preventative exams

Well woman exams

When signs or symptoms of STIs are present

When it is clinically relevant

COMPONENTS OF THE SEXUAL HISTORY

- The traditional model developed by the CDC is the “5 Ps” of sexual risk assessment:
 - Partners
 - Practices
 - Protection from STIs
 - Past history of STIs
 - Pregnancy plans

THE 8 PS OF SEXUAL HISTORY

The updated “8 Ps” model is more inclusive on many levels.

- **Preferences**
- Partners
- Practices
- Past history of STIs
- Protection from STIs
- Pregnancy plans
- **Pleasure**
- **Partner violence**

PREFERENCES



Introduce yourself with your name and preferred pronoun.



Ask the patient's name, preferred pronoun and how they want to be addressed.



Let the patient tell you their narrative.

- “HELP ME UNDERSTAND HOW YOU IDENTIFY WHEN IT COMES TO YOUR GENDER?”
- “DO YOU HAVE A PREFERRED LANGUAGE THAT YOU USE TO REFER TO YOUR BODY?”
- “DO YOU THINK YOUR SEX RECORDED AT BIRTH IS THE SAME OR DIFFERENT FROM HOW YOU IDENTIFY NOW?”
- ”DO YOU REMEMBER FEELING DIFFERENT WHEN YOU WERE YOUNGER, AS IF PEOPLE COULD NOT SEE YOU THE WAY YOU SAW YOURSELF?”
- “WHAT GENDER DO MOST PEOPLE SEE YOU AS? WHAT IS THAT EXPERIENCE LIKE FOR YOU?”
- “WERE YOU UNCOMFORTABLE WITH THE CLOTHING YOU WERE ASKED TO WEAR EARLY ON?”
- “HOW DID YOU RESPOND TO CHANGES IN YOUR BODY DURING PUBERTY?”
- “HOW DO YOU FEEL WITH REGARDS TO YOUR BODY NOW?”
- “HOW DO YOU IMAGINE YOURSELF TO BE?”



EXAMPLE
QUESTIONS TO
BEGIN THE
CONVERSATION

PARTNERS

- Determine gender of partners
- Determine number of partners in the last 12 months
- “What is your current relationship status?”
- “Are you having sex?”
- “Have you had any new sexual partners in the last 12 months?”
- “How many sexual partners have you had?”
- “What is/are the gender(s) of the people you have sex with? How would your partners identify themselves in terms of gender?”
- “What are the genders of your partners in the last 12 months?”
- “To your knowledge, do any of your sexual partners have other sexual partners?”

PRACTICES

- Asking about sex practices will guide the assessment of patient risk, risk-reduction strategies, determination of necessary testing and the identification of anatomical sites from which to collect specimens for STI testing.
- You should advise the patient that you will be asking more specific questions to help you understand the patient's risk.
- “What kind of sexual contact do you have, or have you had?”
 - Genital, penetrative: penis in vagina, other implement such as sex toy in vagina
 - Anal: penis in anus, other implement such as a sex toy in anus
 - Oral: mouth on penis, vagina, anus or another implement
 - Manual: fingers in vagina, fingers in anus
- “Do you use toys inside your genitals or anus, or do you use them on your partners? Do you and your partner (s) share toys?”
- “Do you or your partner(s) use alcohol or drugs when you have sex?”
- “Have you or any of your partners ever injected drugs/shots drugs into their bodies?”
- “Have you or any of your sexual partners ever received or given money, shelter or drugs for sex?”
- “Have you or any of your partners ever been in jail?”

PAST HISTORY OF STI

- It is important to inquire about history of STIs as this can put your patient at increased risk now.
- “Have you ever been diagnosed with an STI? When and how were you treated?”
- “Have you had any recurring symptoms since treatment?”
- “Have you ever been tested for any STIs? If so, when and what were the results? Would you like to be tested?”
- “Do you remember the sites where your previous STI was?”
- “Have you ever been tested for HIV? Would you like to be tested?”
- “Has your current partner or former partners ever been diagnosed or treated for an STI?”

- To explore a patient's sexual practices, use open-ended questions. This will help you determine which direction to take the dialogue and the appropriate level of risk-reduction counseling the patient may need.
- You may need to discuss abstinence, monogamy, condom use, patient's perception of his/her/their own risk and his/her/their partner's risk.
- "Do you and your partner(s) use any form of protection against STIs?"
 - "How do you decide when to use protection?"
 - "What kind of protection do you use?"
- "How often do you use this protection?"
 - "If sometimes, in what situations do you use this protection?"
- "Are there any other forms of STI protection you want to discuss today?"
- Mirror the patient's language.



PROTECTION FROM STI

- FOR STI, DETERMINE THE PATIENT'S LEVEL OF RISK FROM PREVIOUS CONVERSATIONS.
- ENCOURAGE BARRIER METHOD USE IF APPLICABLE.
- DISCUSS OTHER FORMS OF STI PROTECTION SUCH AS DENTAL DAMS, USING A GLOVED HAND FOR MANUAL INTERCOURSE, APPLYING CONDOMS TO OTHER IMPLEMENTS USED FOR SEX, APPROPRIATE CLEANING OF SEX TOYS BETWEEN USES AND PARTNERS.
- IT IS IMPORTANT TO DISCUSS WITH PATIENTS THAT MANY FORMS OF SEX PRACTICES CAN CAUSE TRANSMISSION OF STIs.



PREVENTION OF STI

PREGNANCY PLANS

- For Pregnancy, first determine if pregnancy is desired.
- “Are you currently trying to conceive or father a child?”
- “Have you considered having a child of your own?”
- “Have you considered banking gametes (sperm or eggs)?”
- “Are you concerned about getting pregnant or getting your partner pregnant?”
- “Are you using contraception or practicing any form of birth control?”
- “Do you need information on birth control?”
- It is important to individualize this conversation based on gender and sexual orientation while avoiding making assumptions based on the answers to these questions.

PLEASURE

- Pleasure is often something that is overlooked during the sexual history interview.
- “Do you feel you are able to become physically aroused during sex, such as becoming wet or hard?”
- “How satisfied are you with your ability to achieve orgasm?”
- “Do you have any pain or discomfort during or after sex?”

PARTNER VIOLENCE

- “Has anyone ever forced or compelled you to do anything sexually that you did not want to do?”
- “Do you feel safe in your current relationship?”
- “Do you feel safe at home/with the people you live with?”
- Per the USPSTF clinicians should screen for current IPV and IPV in the last year in women of reproductive age.

COMPLETING THE HISTORY

It is important to ask the patient if he/she/they have any questions at the end of the session. This conversation may have sparked questions for the patient.

You should also ask if the patient has any other information, he/she/they would like to share.

“What other things about your sexual health and practices should we discuss to help ensure your good health?”

“What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?”

BARRIERS TO TAKING A SEXUAL HISTORY

- Time in encounters
- Discomfort of physician
- Discomfort of patient or perceived discomfort of patient
- Doubting the relevance of information to the patient's care
- Being unfamiliar with the language and/or terminology related to various sexual practices, orientations or preferences (see appendix)

ENDING THE DISCUSSION

- Thank the patient for being open and honest.
- Determine the risk-reductions strategies (if any) that apply to the patient and discuss these with the patient.
- Praise any protective practices the patient is already doing.
- Determine the appropriate testing the patient needs.

RESOURCES

- WPATH Standards of care, 7th version
- A guide to taking a sexual health history. [Cdc.gov/std/treatment/sexualhistory.pdf](https://www.cdc.gov/std/treatment/sexualhistory.pdf)
- Taking an Accurate Sexual History - Sample Script – AAFP. www.aafp.org › dam › patient_care › sti › hops | 9-sti-script
- www.lgbthealtheducation.org › wp-content › uploads
- <https://lgbtqia.ucdavis.edu/educated/glossary>
- Fenway Health. Taking an Affirming Sexual History. 2019
- Strutz, K.L. PhD, A.H. Herring, ScD, and C. Tucker Halpern, PhD. Health disparities among young adult sexual minorities in the US. Am J Prev Med. 2015 Jan; 48(1): 76-88.
- www.uspreventiveservicestaskforce.org

Appendix: Terms and Definitions Related to Sexual Health

- Sex: sex is assigned at birth and is either male, female or intersex based on appearance of external genitalia. When external genitalia are ambiguous other components of sex are considered in order to assign sex (internal genitalia, hormonal and chromosomal sex).
 - Intersex: relating to or denoting a person that has both male and female sex organs or other sexual characteristics.
- Gender: a social construct used to classify a person as a man, woman or some other identity
- Gender identity: a person's internal sense of who they are. An intrinsic feeling of being male, female or an alternate gender.
- Gender expression: characteristics of appearance, personality, behavior that are designated as masculine, feminine or other alternative roles based on the given culture and historical period. (i.e. genderqueer, transgender)
- Gender nonconforming: individuals whose gender identity, role or expression differs from the norm of their assigned sex given the culture and historical period.
- Genderqueer: label which may be used by individuals whose gender identity does not conform to a binary understanding of gender.

- Orientation: one's attraction or non-attraction to other people; an enduring emotional, romantic sexual or affectional attraction or non-attraction to other people
- Lesbian: a woman whose primary sexual and affectional orientation is toward people of the same gender
- Gay: a man whose primary sexual and affectional orientation is toward people of the same gender
- Bisexual: a person whose primary sexual and affectional orientation is toward people of the same and other genders
- Asexual: a broad spectrum of sexual orientations generally characterized by feeling varying degrees of sexual attraction or desire for partnered sexuality; involves varying levels of sexual attraction – this is separate from emotional or romantic attraction
- Pansexual: people who have romantic, sexual or affectional desire for people of all genders and sexes

- Gender dysphoria: distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth and the associated gender role and/or primary or secondary sex characteristics.
- Cisgender: a gender identity or performance in a gender role that society deems to match the person's assigned sex at birth
- Transgender: a diverse group of individuals who cross or transcend culturally defined categories of gender.
- Female-to-Male, FTM, Transman, Transmasculine: adjective to describe individuals assigned female at birth who are changing or have changed their body and/or gender role from female assigned at birth to male, a more masculine body or role.
- Male-to-Female, MTF, Transwoman, Transfeminine: adjective to describe individuals assigned male at birth who are changing or have changed their body and/or gender role from male assigned at birth to female, a more feminine body or role.

- Gender transition: a period when individuals change from the gender role associated with their sex assigned at birth to a different gender role.
 - This involves learning how to live socially in another gender role.
 - For some it means finding a gender role and expression that are most comfortable for the.
 - This may or may not include feminization or masculinization of the Body through hormones or other medical procedures.
 - The nature, duration and extent of transition are variable and individualized.
- Gender affirmation surgery: surgery to change primary and/or secondary sex characteristics to affirm a person's gender identity.

- Genderfluid: a person whose gender identification and presentation shifts, whether within or outside of societal, gender-based expectations
- Gender non-conforming: adjective for people who do not subscribe to societal expectations of typical gender expressions or roles
- Nonbinary: a gender identity and experience that embraces a full universe of expressions and ways of being that resonate for an individual, moving beyond the male/female gender binary