



Let's Talk About Sex

Getting Comfortable Asking Tough Questions

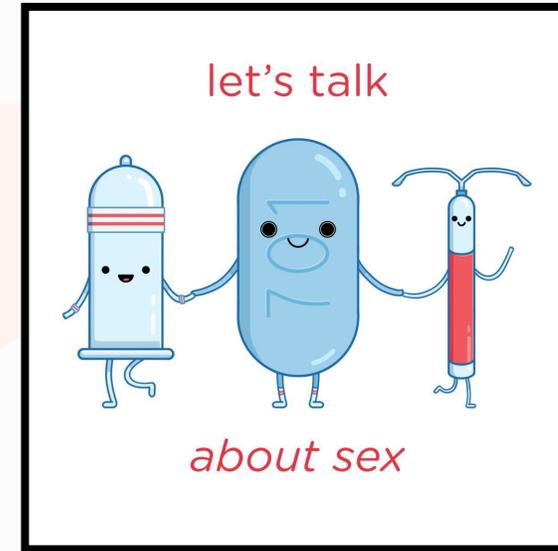
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Disclosures

- I have no conflict of interest to report

Learning Objectives

- Describe how to set the stage for obtaining a sexual history
- Explain why a sexual history is important
- List key components of the sexual history and how they impact counseling



Why is the sexual history important?

Why is the sexual history important?

- Sexual Health is an important part of overall health
 - Sexual Function/Satisfaction
 - Risk reduction counseling (HIV, Viral Hepatitis, STIs)
 - Screening
 - Family Planning
- **Patient Centered**
 - Survey of 500 men and women, **85%** of respondents expressed an interest in talking to their providers about sexual concerns



Why is it so uncomfortable to talk about sex?

When

- When establishing care, then at least **annually**
- When symptoms warrant
- When change in behavior

How

- Electronic/Paper form prior to visit
- As part of standard history (provider or member of healthcare team)

Setting the Stage

- **Starts at the front door**
 - does pt feel comfortable
 - intake forms
- **Use open-ended questions**
 - Explore patients' understanding of their own sexual health
- **Be non-judgmental yet direct and specific**
 - Accept patients may withhold information but offer to revisit question
- **Reassure about confidentiality**
- **Avoid stereotypes and assumptions**

<p>1. Which of the categories best describes your current annual income? Please check the correct category:</p> <p><input type="checkbox"/> <\$10,000 <input type="checkbox"/> \$10,000–14,999 <input type="checkbox"/> \$15,000–19,999 <input type="checkbox"/> \$20,000–29,999 <input type="checkbox"/> \$30,000–49,999 <input type="checkbox"/> \$50,000–79,999 <input type="checkbox"/> Over \$80,000</p>	<p>2. Employment Status:</p> <p><input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Student full time <input type="checkbox"/> Student part time <input type="checkbox"/> Retired <input type="checkbox"/> Other _____</p>	<p>3. Racial Group(s):</p> <p><input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Multi racial <input type="checkbox"/> Native American/Alaskan Native/Inuit <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other _____</p>	<p>4. Ethnicity:</p> <p><input type="checkbox"/> Hispanic/Latino/Latina <input type="checkbox"/> Not Hispanic/Latino/Latina</p> <p>5. Country of Birth:</p> <p><input type="checkbox"/> USA <input type="checkbox"/> Other _____</p>
<p>6. Language(s):</p> <p><input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Français <input type="checkbox"/> Português <input type="checkbox"/> Русский</p>	<p>7. Do you think of yourself as:</p> <p><input type="checkbox"/> Lesbian, gay, or homosexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something Else <input type="checkbox"/> Don't know</p>	<p>8. Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Other _____</p> <p>8. Veteran Status:</p> <p><input type="checkbox"/> Veteran <input type="checkbox"/> Not a veteran</p>	<p>1. Referral Source:</p> <p><input type="checkbox"/> Self <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Health Provider <input type="checkbox"/> Emergency Room <input type="checkbox"/> Ad/Internet/Media/Outreach Worker/School <input type="checkbox"/> Other _____</p>

Figure 2. Structured Data on Sexual Orientation as Included with the Demographic Information at Fenway Health, Boston.

**1. What is your current gender identity?
(Check an/or circle ALL that apply)**

- Male
- Female
- Transgender Male/Trans Man/FTM
- Transgender Female/Trans Woman/MTF
- Genderqueer
- Additional category (please specify):

Decline to answer

**2. What sex were you assigned at birth?
(Check one)**

- Male
- Female
- Decline to answer

**3. What pronouns do you prefer (e.g., he/
him, she/her)? _____**



Cancer Facts for Lesbians and Bisexual Women

*Share this with
someone you care about.*



Do Ask, Do Tell



Let your provider know if
you are LGBT.
Your provider will welcome
the conversation.

Start today!

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Language to Avoid

- **Avoid asking questions that imply a correct answer**
 - “You always use condoms, right?”
- **Avoid judgmental terms to describe behavior**
 - “wrong” “bad” “promiscuous” “sleep around”
- **Don’t let your beliefs interfere with providing best care**
 - Check your body language and facial expressions

Setting the Stage

- **Ask Permission**

- *“If it is okay with you I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.”*

- **Normalize**

- *“Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?”*

What if patient says “NO”

- **That is okay, respect decision**
 - Remind why this information is important and revisit in the future
 - Another person they would be more comfortable with (care team member of another gender?)
 - Be mindful of sexual trauma

SET THE STAGE

- Bring up the sexual history as part of the overall history
- Explain that you ask these questions of all patients
- Ensure confidentiality

BEGIN WITH THREE SCREENING QUESTIONS

1. Have you been sexually active in the past year?
2. Do you have sex with men, women, or both?
3. How many people have you had sex with in the past year?

MULTIPLE PARTNERS, NEW PARTNER

Ask About:

- STD/HIV protection
- Partners
- Substance use
- History of STDs
- Trauma/violence
- Pregnancy plans/protection
- Sexual function and satisfaction
- Other concerns

LONG-TERM MONOGAMOUS PARTNER

Ask About:

- Pregnancy plans/protection
- Trauma/violence
- Sexual function and satisfaction
- Other concerns

NOT SEXUALLY ACTIVE

Ask About:

- Past partners (if patient is new)
- Any questions or concerns

FOLLOW UP AS APPROPRIATE

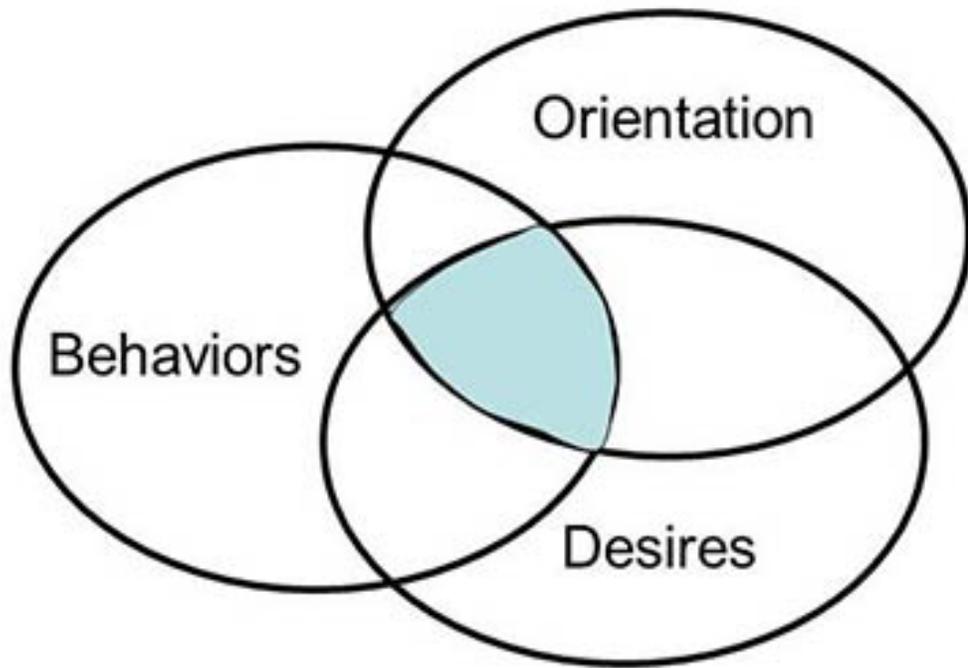
(e.g., STD and HIV testing, counseling and education, referrals)

Sexual History

The 6 Ps

Partners

- Are you currently having sex of any kind—so, oral, vaginal, or anal— with anyone? (Are you having sex?)
- If no, have you ever had sex of any kind with another person?
- In recent months, how many sex partners have you had?
- What is/are the gender(s) of your sex partner(s)?
- Do you or your partner(s) currently have other sex partners?



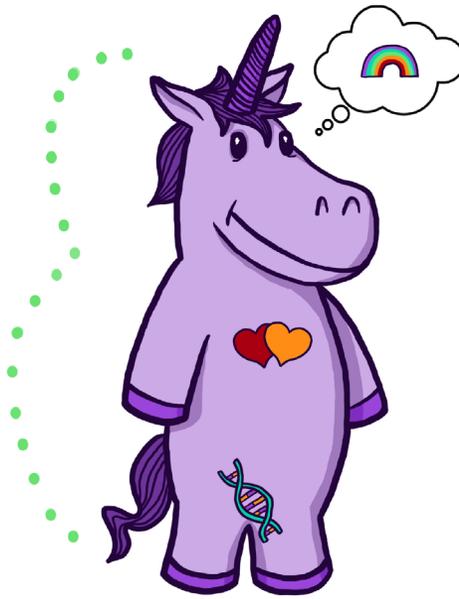
Transgender/Non Binary People

- **Good rapport** - before sexual history and physical exam
- Preferred name, pronouns
- Like anyone, transgender and non binary people may have partners that are male, female, transgender and may identify as straight, gay, lesbian, bisexual, or other

Gender Identity

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Practices

- **"I need to ask some more specific questions about the kinds of sex you have had over the last 12 months to better understand if you are at risk for STIs. We have different tests that are used for the different body parts people use to have sex. Would that be OK?"**
- **What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?**
 - **Do you have genital sex (penis in the vagina)?**
 - **Anal sex (penis in the anus)?**
 - **Oral sex (mouth on penis, vagina, or anus)?**
 - **Are you a top and/or bottom?**
- **Do you meet your partners online or through apps?**
- **Have you or any of your partners used drugs?**
- **Have you exchanged sex for your needs (money, housing, drugs, etc.)?**

Protection from STIs

- **Do you use any STI prevention tools?**
 - Do you use condoms, dental dams, gloves?
 - Have you been vaccinated for Hepatitis A, B, and HPV?
 - Are you aware of PrEP? Have you ever used PrEP?

- **How often do you use these tools?**



Past STIs

- **Have you ever been tested for STIs and HIV?**
- **Would you like to be tested?**
- **Have you been diagnosed with an STI in the past? When? Did you get treatment?**
- **Have you had any symptoms that keep coming back?**
- **Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)?**
- **Do you know your partner(s) HIV status?**

Prevention from Pregnancy

- Do you want to become pregnant in the next year?
 - What are you doing to prevent pregnancy?
 - Do you want information on birth control?
- Be careful to avoid assumptions about pregnancy risk or need for prevention
- At the same time, do not assume LGBTQ+ patients are not interested in children.

Plan for future sexual activity

- Do you plan on becoming sexually active in the next year?
 - Great opportunity to counsel/educate regarding safer sex

Wrap Up

- What other things about your sexual health and sexual 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?
- Has anyone ever made you do something sexual that you did not want to?



A GUIDE TO
Taking a Sexual History



**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

Counseling and Education

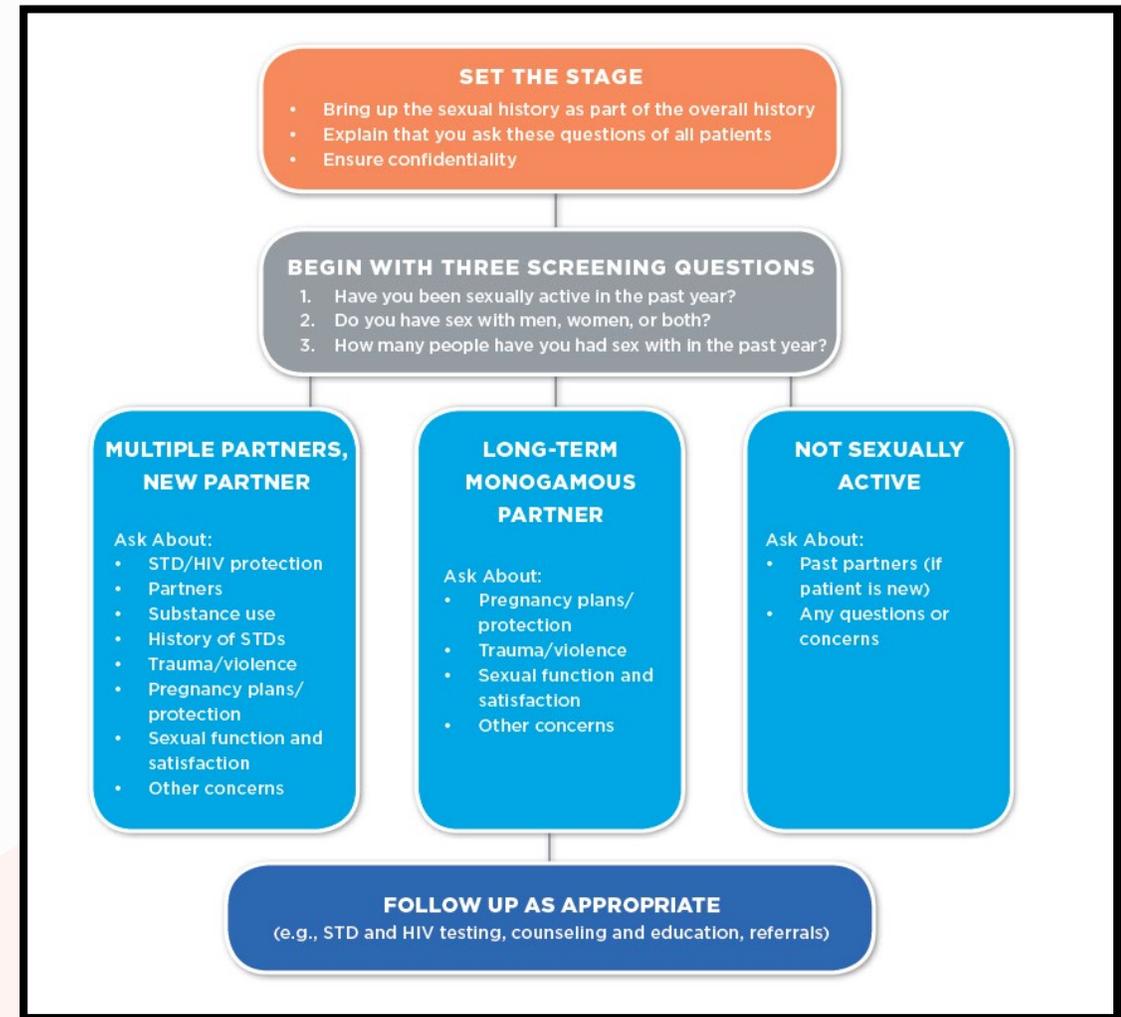
- **What are ways you might better protect yourself and your partners? What could you do differently?**
 - Reduce partners
 - Avoid anonymous partners
 - Engage in lower risk activities, like oral sex or mutual masturbation
 - Carry condoms at all times
 - Consistent condom use
 - NO sex when drunk or high, or plan to protect self
 - Talk to partners about HIV/STI status
 - Talk to partners about condoms and use condoms correctly

Summary

- Sexual Health is an important part of overall HEALTH
- Ask permission and normalize
- Remember the 6 Ps of the sexual history
- Decide how your health center will obtain (who/how)
- **The more you practice the easier it becomes**

Overview

- ask permission, normalize
- partners
- practices
- past STDs
- protection
- prevention of pregnancy
- plan for future sexual activity



Thank you and Questions!

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