

What About The Sex?

Taking Sex Positive Sexual Health History for LGBTQ Patients

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Family Tree
Clinic

Why is the sexual history important?

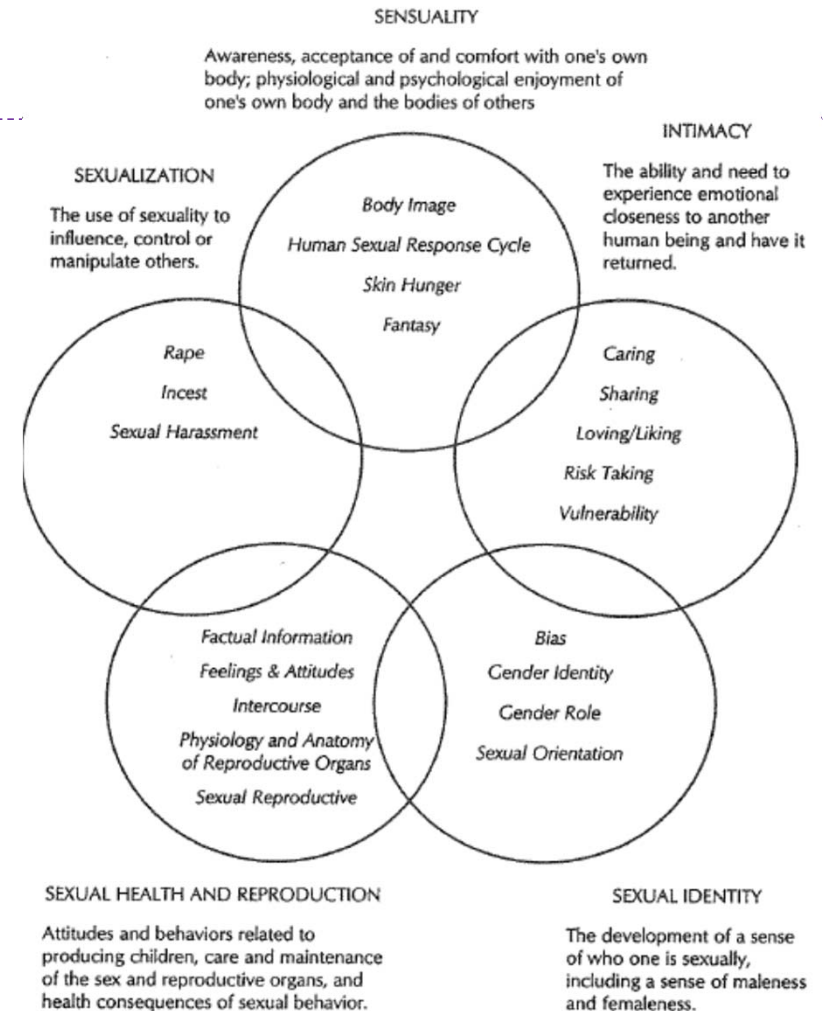
Sexual health is a part of emotional and physical health.

- Sexual activity is common, normal
- STDs/HIV untreated can have deep impact
- Family planning
- Happiness!

Normal for sexual health to change over time.

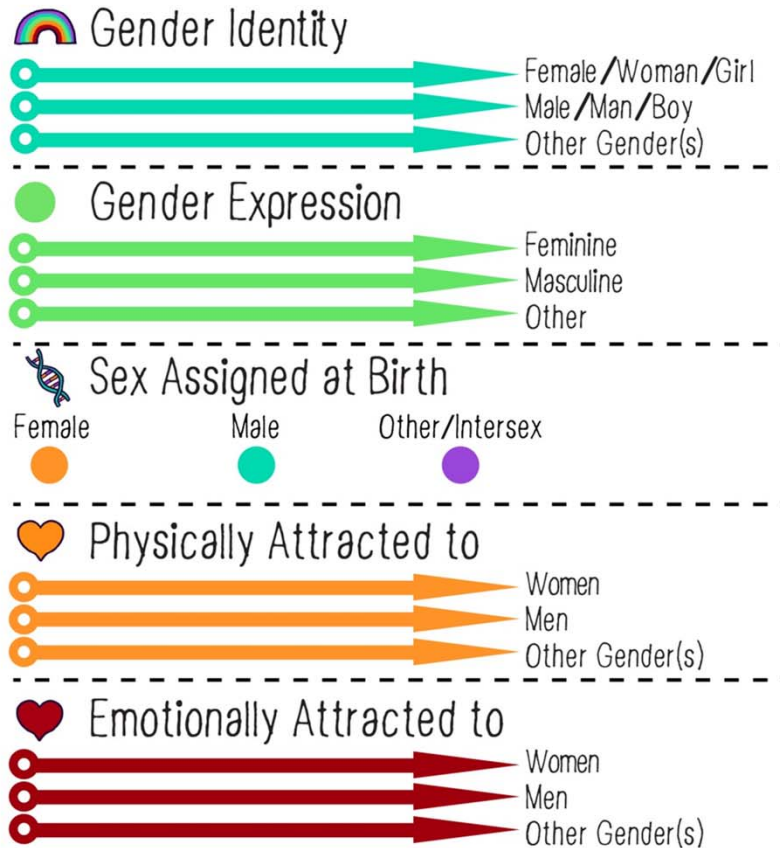
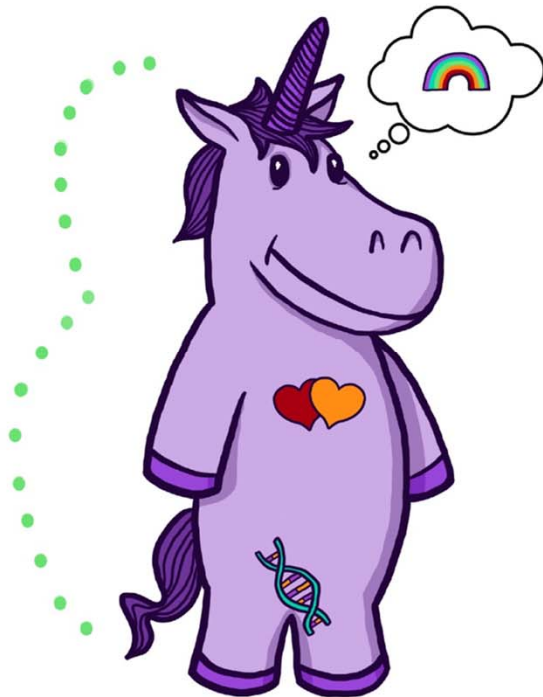
Can guide to conversations about preventative practices for STI transmission.

Sexual health is associated with happiness, longevity, and well-being!



The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



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

Design by Landyn Pan and Anna Moore



Path to gender identity is unique
for each patient.

Do *not* assume! (more to come...)

Pronoun and desired name is a priority - check in.

they/them, she/her, he/him, zie/zim, xe/xem

Mess it up? Apologize and *move on*.



CDC's "Five P's"

Sexual Risk Assessment^{2,3}

The Centers for Disease Control and Prevention (CDC) has developed a simple categorization of sexual history questions that may help providers, or other members of the clinical care team, remember which topics to cover. These are called the Five P's:



Partners



Practices



**Past History
of STDs**



**Protection
from STDs**



**Pregnancy
Plans**

The following risk assessment questions are organized according to these categories.



Screening Questions

Have you been sexually active in the past year?

Do you have sex with men, women, or gender nonconforming folks?

Need to distinguish what body parts they have to assess risk appropriately and risk of pregnancy!!

How many people have you had sex with in the past year?

Determine more detailed assessment is needed.



Tips for taking a sexual history

Assume nothing

- Easier said than done for most people!

Ask permission

- “Is it okay if I ask you some questions about your sexual practices?”

Be inclusive in your language

- “Are your partners men, women or both?”

Ask about number of partners & specific sexual practices

- Vaginal, receptive anal, insertive anal, oral, manual, etc.
- Knowing this information allows you better to assess risk



Tips for taking a sexual health history continued...

Ask about how your patient protects themselves from STIs.

- Condoms, gloves, PreP, regular testing, etc.

Ask about history of STIs

Ask about family planning needs

- Contraception
- Pre-conception needs

Ask about sexual function and pleasure

- Often overlooked
- Very common, especially in older adults and those taking SSRIs.



Inclusive Intake Forms



Date_____

Clinician_____

Label Here

Health History Form

Preferred name:_____ Age: _____ Gender:_____

Occupation:_____ Preferred gender pronoun:_____

Allergies:_____

Medications (including over the counter medications, birth control methods, natural remedies and vitamins):



4.) Sexual Health and Family Planning

Do you or your partner(s) want to be pregnant?

Now ____ In the future ____ Never ____ Unsure ____

Are you or your partner(s) currently using a method of birth control? Yes ☐ No ☐

If yes, what method? _____

How long have you used this method? _____

Any problems with this method? _____

Check which methods of Birth Control you have ever used:

- | | |
|---|--|
| <input type="checkbox"/> Birth Control Pills | <input type="checkbox"/> The Patch |
| <input type="checkbox"/> Vaginal Ring (Nuva Ring) | <input type="checkbox"/> Spermicide |
| <input type="checkbox"/> Depo (The Shot) | <input type="checkbox"/> Diaphragm |
| <input type="checkbox"/> Norplant | <input type="checkbox"/> Cervical cap |
| <input type="checkbox"/> Implanon/Nexplanon | <input type="checkbox"/> Fertility awareness |
| <input type="checkbox"/> IUD | <input type="checkbox"/> Cycle Beads |
| <input type="checkbox"/> Tubal ligation | <input type="checkbox"/> Withdrawal (Pull-out) |
| <input type="checkbox"/> Condoms | <input type="checkbox"/> Vasectomy |

Check any of the following you currently have, or have had in the past:

- | | |
|--|--|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Herpes |
| <input type="checkbox"/> Genital Warts/HPV | <input type="checkbox"/> Hepatitis B or C |
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Pelvic Inflammatory Disease (PID) |
| <input type="checkbox"/> Trichomonas | |
| <input type="checkbox"/> Other, please list: _____ | |

Have you ever been sexually active? Yes ☐ No ☐

Are you currently sexually active? Yes ☐ No ☐

What are the gender(s) of your sexual partners?

How many people have you had sex with in the last

3 months _____ 12 months _____?

What types of sexual activities do you practice?

☐ Vaginal ☐ Oral ☐ Anal ☐ Touch with hands ☐ Sex toys

What do you do to prevent sexually transmitted infections (STIs)?

5.) Gynecological and Breast/Chest History

(Please, answer all that apply to you.)

Have you ever had a Pap smear? Yes ☐ No ☐

When was your last Pap smear? _____

Have you ever had an abnormal Pap? Yes ☐ No ☐

If yes, please explain: _____

Menstrual Cycle

When did your last period start? _____

Was it normal? _____

Periods come every _____ days and last _____ days

Periods are usually:

☐ light ☐ moderate ☐ heavy ☐ crampy ☐ irregular

Age periods started _____

NOTES:

Pregnancy History

Are you pregnant now? Yes ☐ No ☐ Unsure ☐

Have you ever been pregnant? Yes ☐ No ☐

How many times? _____

of live births _____ date(s) _____

of abortions _____ date(s) _____

of miscarriages _____ date(s) _____

of ectopic _____ date(s) _____

Any problems with pregnancy or birth? Yes ☐ No ☐

If yes, please explain _____

Diabetes in pregnancy? Yes ☐ No ☐

For Ages 40 and Over

Have you ever had a mammogram? Yes ☐ No ☐

Was it normal? Yes ☐ No ☐

If no, please explain: _____

Check if you have had any of the following:

☐ Hot flashes ☐ Trouble sleeping
☐ Vaginal dryness ☐ Rapid mood changes

What is sex positivity?

As a broad ideology and world view, sex positivity is simply the idea that all people have a sexuality that is deeply unique and sexual activity, as long as it is healthy and explicitly consensual, is a positive thing.

All people have the right to experience sexuality in a way that:

- Respects their individuality
- Is free from shame
- Reflects their personal values
- Is physically and emotionally healthy
- Is based on good consent
- Is affirming
- Honors personal experiences
- Is empowering and fulfilling
- Is self determined

Sex positivity:

- Celebrates personal choice
- Encourages pride in bodies, gender and sexuality
- Is about ethics, self-development and personal journey
- Is inclusive of all genders, ages, orientations, cultures and abilities
- Rejects fear mongering and socially proscribed roles
- Aims to facilitate healing from trauma

Sex positivity is not: sexual hedonism, all sex is good sex, sex is the goal, you should want to have sex, you should like sex.



Sex-positivity in practice

Have trust in patients.

Use empowering language

consequence

dirty/clean

nasty

embarrassing

bad choices

should

ruin your life

can't achieve goals

VS

outcome

has an STI

irritating

shy/private

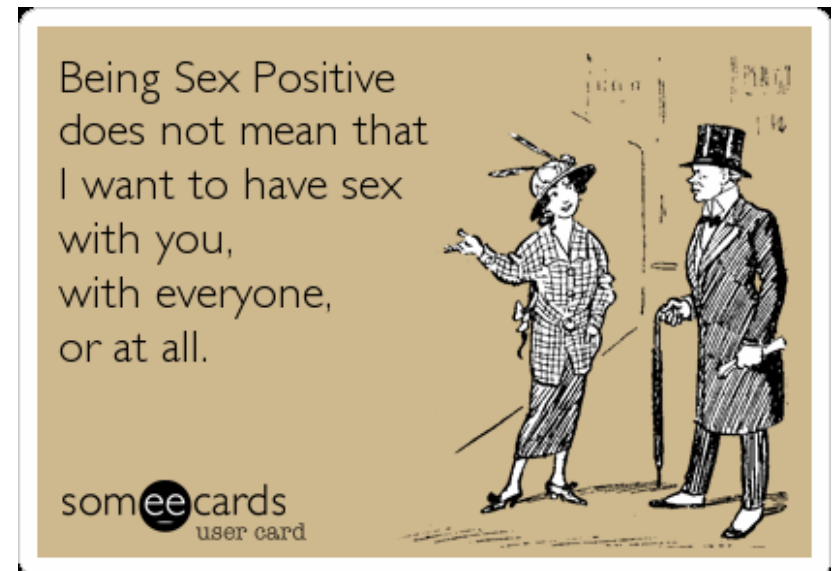
choices

could

change your life

different challenges

Mirror language (while being authentic)



Sex-positivity in practice (continued)

Be aware of your values and encourage development of the patient values.

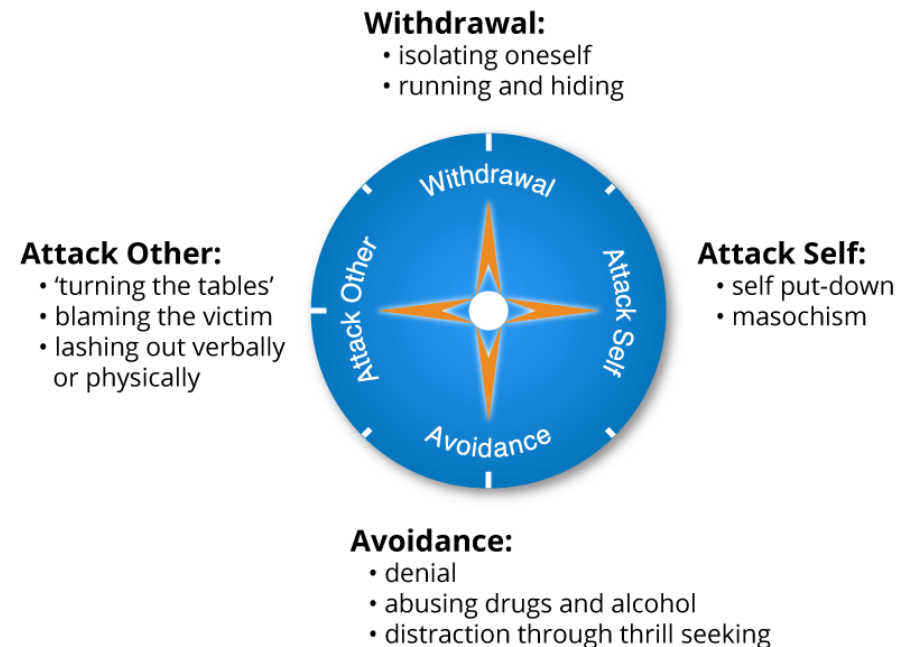
Own up to mistakes and *move on*.

Take shame out of the practice.

Be aware of gendered language.

The Compass of Shame

Adapted from D.L. Nathanson, Shame and Pride, 1992



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