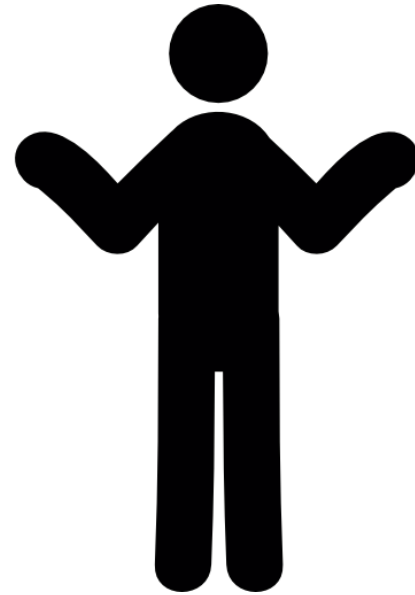
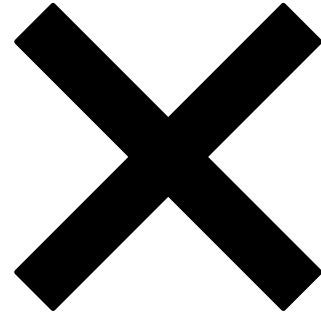
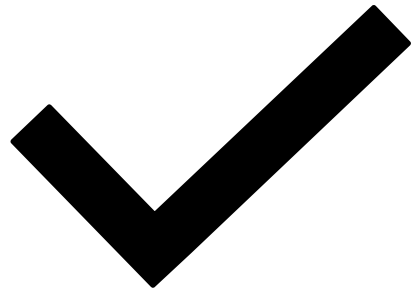


# Taking a Sexual History

Crystal Garcia, DNP, APRN, FNP-C

# CURRENT PRACTICES



# Relevance

- Holistic care
- Quality of life
- High quality care
- Routine screenings
- Remove stigma
- Normalize the topic

# Individualized

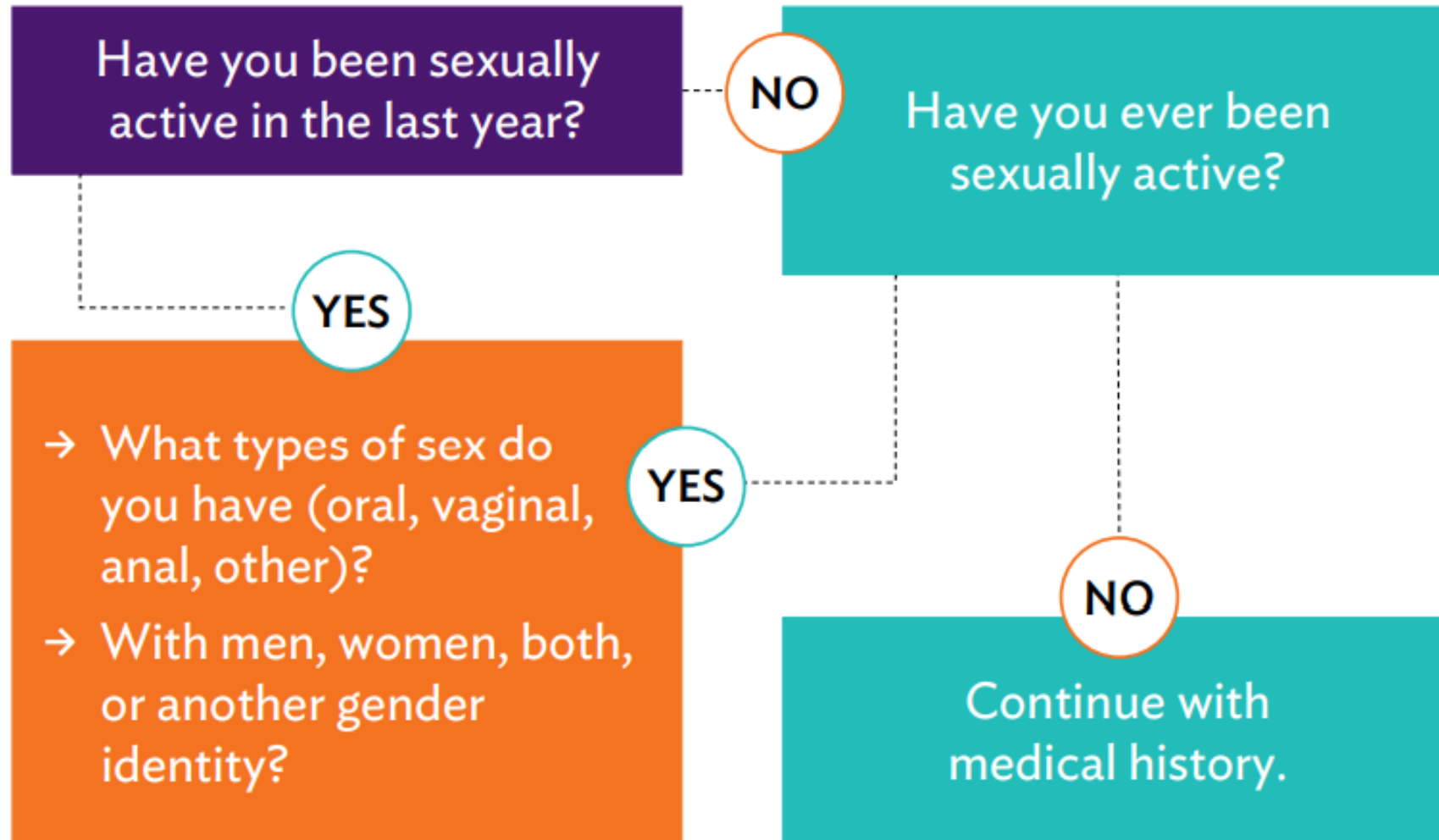
- Meet provider needs
- Meet patient needs
- Patient preferences
- Clinical situation
- Patient sexual preferences

# Consider

- Provider's comfort level and knowledge
- Identify personal biases
- Patient's comfort level
- Neutral and inclusive language
- Need to be sensitive
- Previous trauma
- You know what they say about assumptions...

“I’m going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. If you’re uncomfortable answering any of these, just let me know, and we’ll move on. To begin, what questions or sexual concerns would you like to discuss today?”

- Be aware of body language
- Rephrase question or explain why you are asking



# Where to Start

- First interaction
  - Welcoming environment
  - Name
  - Preferred name
  - Pronouns
  - Read the situation
    - Privacy
    - Comfortability
    - Acceptance

“I want to be respectful of all individuals.  
How would you like to be addressed?”

“My name is Crystal and I am a nurse  
practitioner at CHC. I use she/her pronouns.  
How would you like to be addressed in our  
office?”

- Build rapport before asking sensitive questions
- Neutral and inclusive terms. Refer to others as partners, not boyfriend, girlfriend, husband, wife, etc.
- Ask others in the room to step out. If appropriate, they can be asked to rejoin at any point.
- I know we just met and these questions may sound personal, but I ask everyone the same set of questions to help me understand your entire health needs, risks and topics we may need to address in our patient-provider relationship.
- Make sure your facial expressions are under control. Body posture open and welcoming, soft eye contact. Do not react even if the patient says something that bothers/alarms you or you are not comfortable with.
- If the patient uses terms/phrases you are not sure about, ask for clarification and be honest. This will help build the relationship.

# Basics

- Biological sex / Sex assigned at birth
  - Reproductive organs at birth
  - Alterations to this
  - Do you have a penis, vagina, uterus, testes...etc.?
- Gender identity
  - Internal perception
  - What gender do you identify as?
- Sexual orientation
  - Sexual, romantic, spiritual attraction for others
  - Who are you attracted to?
- Sexual activity
  - What gender of individuals do you have sexual interactions with?
  - Which of your body parts touch others' body parts?

Just say



to assumptions

# 5 Ps

- **P**artners
- **P**ractices
- **P**rotection from STIs
- **P**ast history of STIs
- **P**regnancy intention

# Partners

- Are you currently having sex of any kind—oral, vaginal, or anal—with anyone?
- Have you ever had sex of any kind with another person? (If not currently sexually active)
- In the last few months, how many sexual partners have you had?
- What is/are the gender(s) of your sex partner(s)?
- Do you or your partner(s) have other sexual partners?
- How/where do you meet your sexual partners

# 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're at risk for STIs. Would that be OK?
- There are different tests that are used for the different body parts used to have sex. What kinds 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?

# Practices cont.

- Have you or any of your partners used drugs? Poppers?
- Have you exchanged sex for your needs (money, housing, drugs, etc.)? (transactional/survival sex)
- Any other sexual practices or concerns you would like for me to know or to discuss?

# Protection from STIs

- Do you and your partner(s) discuss STI prevention?
- What prevention tools/methods do you use? (i.e. external or internal condoms, also known as male or female condoms, or dental dams, etc.)
- How often do you use this/these method(s)?
  - Frequencies: sometimes, almost all the time, all the time. If “sometimes,” in which situations, or with whom, do you use each method?
  - How many times in the past 3-6 months have you not used barrier protection?

# Protection cont.

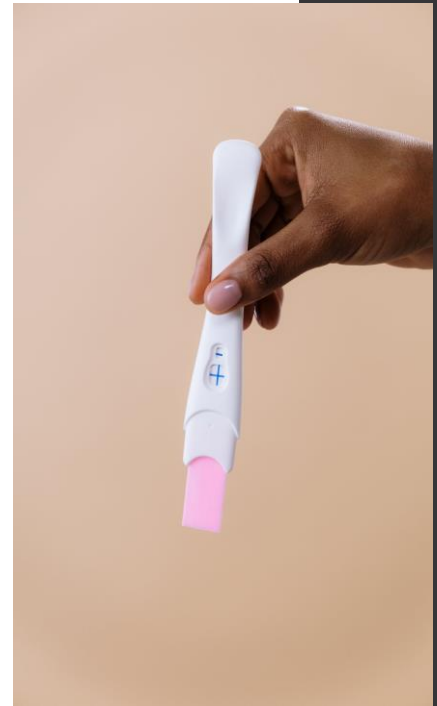
- Have you received human papilloma virus (HPV), monkeypox (MPOX), hepatitis A, and/or hepatitis B shots?
- Have you ever been tested for STIs? What and when?
- Are you aware of pre-exposure prophylaxis or PrEP, a medicine that can prevent HIV? Have you ever used it or considered using it?

# Past History of STIs

- Have you ever been tested for STIs and HIV? Would you like to be tested?
  - What?
  - When?
  - Where
  - Treatment?
  - Were partners treated?
- 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 (or partners') HIV status?

# Pregnancy Intention

- Do you have children?
- Do you think you would like to have (more) children at some point?
- When do you think that might be?
- How important is it to you to prevent pregnancy (until then)?
- Are you or your partner using contraception or practicing any form of birth control? Would you like to talk about ways to prevent pregnancy? Do you need any information on birth control?



# But wait... there's more!

- **P**leasure
- **P**roblems
- **P**ride



# Pleasure

- Start the conversation with, “It is part of my routine to ask about sexual health, including sexual functioning and pleasure, as part of your visit.”
- How is your sex life going?
- What concerns do you have about your sex life?
- Are you currently involved in any sexual relationships?
- Is the sex you’re having pleasurable for you? If no, why not?
- Are you and your partners on the same page about what’s pleasurable?
- Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships?
- If not sexually active: Would you like to have a sexual relationship or a better sex life?

# Problems

- Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)?
- Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)?
- Open discussions about problems/concerns can reinforce the provider's commitment to the individual and facilitate both the health care process and the patient–provider relationship

# Pride

- What support, if any, do you have from your family and friends about your gender identity?
- What support, if any, do you have from your family and friends about your sexual orientation?
- Are you experiencing any harassment or violence—at home, at work, at school, or in your community— due to your sexual orientation or gender identity?



# Other Considerations

- Any thing else about your sexual health or practices you want to discuss?
- History of trauma, sexual abuse, or violence?
  - Has anyone ever made you do something sexual that you did not want to?
  - If yes, does that experience affect your current sex life or sexual relationships? (In what ways?)
  - If yes, does that make seeing a health care provider or having a physical exam difficult or uncomfortable?



These footnotes summarize risk factors and major populations at risk found in recommendations issued by the USPSTF, CDC, and other national medical organizations. For complete information, see the actual recommendation.

\* HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent bacterial STI, high number of sex partners, commercial sex worker, lives in high-prevalence area or network)

\*\* The USPSTF recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting).

\*\*\* The USPSTF recommends that clinicians screen for HIV infection in all pregnant persons, including those who present in labor or at delivery whose HIV status is unknown. The USPSTF recommends that clinicians screen for HIV infection in adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk of infection should also be screened.

‡ The USPSTF recommends screening for hepatitis C virus (HCV) infection in adults aged 18 to 79 years.

a. All sexually active adolescents

b. Adults at increased risk (e.g., inconsistent condom use, multiple partners, current STI or history of STI within the past year, sex partners within populations with a high prevalence of STIs)

c. Screen male transgender patients who still have a cervix according to the guidelines for non-transgender women

d. Sexually active adults. Increased risks include: new sex partner, multiple partners, sex partner with concurrent partners, sex partner who has an STI, inconsistent condom use, previous or coexisting STI, exchanging sex for money or drugs, history of incarceration

e. Sexual exposure (especially if in last 2 weeks), gay, bisexual, or other man who has sex with men or a transgender, nonbinary, or gender-diverse person who in the past 6 months has had new STI or more than one partner, HIV positive, partner is HIV positive, high risk sexual encounters, follow CDC guidelines <https://www.cdc.gov/poxvirus/mpox/vaccines/index.html>

f. Screen all MSM at least annually on the basis of sexual behavior and anatomic site of exposure (including pharyngeal or rectal testing)

g. Screen those who are HIV-positive; those at increased risk (e.g., exchange sex for drugs or money, engage in commercial sex work, history of incarceration); those who are in high prevalence communities

h. Those who are at risk (e.g., HIV positive, have unprotected sex, injection drug users, family member or sexual partner infected with HBV, born in an HBV endemic country, born to parents from an HBV-endemic country)

i. At risk: past/current injection or intranasal drug use, long-term hemodialysis, born to mother with Hepatitis C, unregulated tattoo

j. Those who wish to be vaccinated or are at-risk: HIV-positive, illicit drug users, people with chronic liver disease, international travelers, people experiencing homelessness

k. Recommended for all plus those 60+ and at-risk people (inject drugs or share drug equipment, family member or sexual partner infected with HBV)

l. All aged 26 and younger—those aged 27-45 may decide to get the vaccine based on discussions with their clinician if they did not get adequately vaccinated when they were younger

# High Risk Patients



- Encourage testing
- Give positive feedback about prevention methods
- STI/HIV prevention methods (or strategies) can include:
  - Not having sex.
  - Mutual monogamy, or both partners having sex with only one another.
  - Using PrEP.
  - Using condoms the right way every time a person has sex.
- EDUCATE

# References

- Centers for Disease Control and Prevention  
<https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/sexual-history.html>
- National Coalition for Sexual Health  
[https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Provider-Guide\\_May-2022.pdf](https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/asset/Provider-Guide_May-2022.pdf)
- U.S. Preventative Services Task Force  
<https://www.uspreventiveservicestaskforce.org/uspstf/>

# Contact Info

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