Who Am I?

Professional Experience
- Vice President, Strategic Initiatives, AccessMatters
- Adjunct Instructor in Human Sexuality, Drexel University College of Medicine and School of Nursing and Health Sciences
- Manager, Division of Infectious Diseases and HIV Medicine, Drexel University College of Med
- Various roles, Planned Parenthood Federation of America (NY, NY)

Education
- PhD – Human Sexuality Education, Widener University
- M.P.H. – Health Education, Hunter College CUNY

Who Are You?

- Clinicians?
- Social workers?
- Program administrators?
- Other?

- Do you already conduct sexual histories on patients?
Objectives

At the end of this workshop, participants should be able to:

1. List 3 screening questions for a brief patient sexual history.
2. Explain and demonstrate the 5 Ps + for conducting an extensive patient sexual history.
3. Compare and contrast language that is inclusive and respectful of a patient’s sexual orientation and gender identity vs language that is dismissive or disrespectful.
4. Practice communication skills for conducting a patient sexual history.

The Sexual History

Importance of Sexual History Taking

A comprehensive and inclusive sexual history...
- needs to be taken during a patient’s initial visit, during routine preventive exams, and when you see signs of sexually transmitted diseases (STDs)
- is an opportunity for risk-reduction counseling and sharing information about behaviors that may place your patient at risk of contracting STDs.
- allows you to identify individuals at risk for STDs, including HIV, and unplanned pregnancy and develop a risk reduction plan with them

Importance of Sexual History Taking

- a way to identify patients with a history or risk of sexual assault, intimate partner violence, and provide support, resources, and referrals as needed
- an opportunity to open up the topic of sexual health with your patient and assess for sexual function/dysfunction

Step 1: Establish Trust/Rapport

- “I am [NAME] and today we will be discussing your health and any concerns you may have.”
- “I want to assure you that everything you tell me is confidential.” ** If applicable (Title X)

Step 2: Normalize

- “I review my patients’ sexual history at every visit as part of their comprehensive medical care.”
- “I conduct a thorough sexual history with all new patients so I can get a better understanding of your sexual health needs.”
- “At this clinic, we believe that your sexual health is an important component to your overall wellness.”
- “We ask these questions every year because it is common for people’s sexual behaviors and partners to change over time.”
General Communication Tips

- Do not assume your patient’s sexual orientation or gender identity.
- Check your reactions. Do not demonstrate a judgmental reaction to whatever you may hear.
- Ask open-ended questions.
- Respect client’s preferred pronouns and language for body parts.

Use a Patient-Centered Approach

- Allow patients to identify themselves using the terms they choose
- Respect patient’s pronoun preference
- Use patient’s preferred name, even if it is not their legal name
- Ensure confidentiality

Sexual History Questions
Step 3: Screening Questions

1. Have you been sexually active in the last year?
2. Do you have sex with men, women, or both?
   • What gender or genders are your sexual partners/the people with whom you are sexually active? (e.g., men, women, non-binary/genderqueer people, etc.)
3. How many people have you had sex with in the last year?

The Five Ps
Step 4: Conducting a Sexual Risk Assessment - The 5 Ps

- Partners
- Practices
- Past History of STDs
- Protection from STDs
- Pregnancy Plans

Small Group Discussion

- In small groups, determine 3-5 important questions that should be asked under your category.
- What recommendations or referrals should provider make to clients?

Small Group Discussion
Other Important Topics: The +

Other Important Topics

- Trauma/Violence
- Overall Sexual Function and Satisfaction
- Support for Gender Identity and Sexual Orientation

Trauma/Violence

- Have you ever experienced physical, sexual, or emotional violence from someone you were involved with?
- Does your partner respect your decisions regarding birth control and pregnancy planning?

IPV screening tools:
- Hurt, Insult, Threaten, Scream (HITS; English and Spanish versions)
- Ongoing Abuse Screen/Ongoing Violence Assessment Tool (OAS/OVAT)
- Slapped, Threatened, and Throw (STaT)
- Humiliation, Afraid, Rape, Kick (HARK)
- Modified Childhood Trauma Questionnaire–Short Form (CTQ-SF)
- Woman Abuse Screen Tool (WAST).
Overall Sexual Health/Function

- Do you have any concerns about your sexual function?
  - Women: Problems with orgasm, lubrication, pain?
  - Men: Problems with orgasm, erection, ejaculation?
- Have you had any changes in your sexual desire or satisfaction?
  - Changes in satisfaction often lead to contraception or medication non-adherence!
  - “Since you [gave birth, had surgery, started menopause, started a new medication, etc.], have you noticed any changes in your sexual function or satisfaction?”

Support for Gender Identity and Sexual Orientation

If a patient identifies as LGBTQ:
- Do you feel you are getting support and acceptance of your sexual orientation/gender identity from your family and friends?
- Are you experiencing any harassment or violence – at home, at work, or in your community – due to your sexual orientation or gender identity?

Video

Video Discussion

- Did the provider hit on the 5 Ps + other relevant issues?
- What were some of the strengths of this sexual history interview?
- What could be improved?

Practice Sexual History

In groups of 2, conduct a sexual history using the 5 Ps plus model.

- Case studies

Sexual History Debrief

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Questions/Comments?

- Thank you!