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## LGBT Health 101: Re-Envisioning Sexual History Taking. What Every PA Needs to Know

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for National LGBT Health  
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# SPEAKER DISCLOSURES

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What Is Sex?

“Having sex is a euphemism. It is not a very exact term. That’s why it’s very important that physicians and health care providers ask more specific and precise questions rather than using euphemisms.”

—Eli Coleman





Cultural Awareness



Cultural Humility



### Three Perspectives

- 1. Psychological:** The psychological component—This includes the influences of mental states (mood), interpersonal states (e.g., mutual affection, disagreement), and social context (e.g., relationship status).
- 2. Physiological:** The biological component—This includes anatomy and neuroendocrine physiology.
- 3. Social:** The cultural component—This considers cultural ideals, values, and rules about sexual expression which are the individual.



## What Is Sex?

**Any** consensual activities—alone, or with one or more people—for the purpose of sexual arousal: may not necessarily include genital stimulation!

- If there’s no consent, it’s not sex, it’s violence
- “Activities” defined broadly, beyond genital stimulation
- Sex is a self-determined act; if any participant thinks it’s sex, it is
  - <https://bit.ly/37IJEhr>
  - BDSM aka Kink from Certified Sex Therapist, Margie Nichols, Ph.D.



## Why Do We Have Sex?

- <https://bit.ly/3i0EIAS>



Noam Shpancer Ph.D.  
Insight Therapy

### Why Do We Have Sex?

We have sex more for connection than for procreation or pleasure.

#### KEY POINTS

- Most sex happening right now around the world is not procreative.
- Research shows that the physical pleasure of genital stimulation is not necessarily an important component in the decision to have sex.
- Sex is truly pleasurable because through it, we may transcend our aloneness.

Why do you sleep at night? This is seemingly a simple question. But in fact it is a most






# Taking a Comprehensive Sexual History



## Why Take a Sexual History?

- Taking a Sexual History Helps Us Improve Our Patient's Overall Health and Quality of Life
- Preventing and treating STDs, HIV, and hepatitis can help us **reduce disease and death among our patients.**
- Identifying and treating sexual dysfunction, paraphilias, and low sexual satisfaction can help us **improve our patients' mental health and well-being.**
- When we show our patients that we are interested in and compassionate about their (sexual) concerns, behaviors, and identity, we build rapport and will see an **improvement in our relationship with patients.**



## Why Take a Sexual History?

In a survey of 500 adults over age 25:

- 85% said they were interested in talking to their doctors about sexual issues.
- 71% thought their doctor would likely dismiss their concerns.



(1999). Fa

## Why Take a Sexual History?

### Patients

- 91% of patients thought it appropriate for physicians to take a sexual history
- Only 10% of those with sexual concerns were asked

### Health Professionals

- 47% of adult patients were never asked by PCPs about sexual activity
- Cite lack of training




(1999). Fa

## Setting the Stage

- Interviews with patients should be conducted in a private manner.
- Patients should be offered an opportunity to understand the rationale of why these questions are important.
- PAs should state how they plan to use sensitive info such as sexual attraction, sexual behavior and sexual identity, as well as how you will record this information.
  - To document or not to document
  - Who will have access to this information?
- Patients should be given the opportunity to opt out of these questions.

<http://www.cdc.gov/STD/tre>




## The 6TH “P”s of Sexual Health

Partners	Practices
Protection from STDs	Past History of STDs
Pregnancy Prevention -> Family Planning	Pleasure

Considerations:

- Relationship status and structure
  - nonmonogamy
- Consent
- Past trauma
- Sexual dysfunction
- Atypical sexual activities



## Considerations for SGM Patients



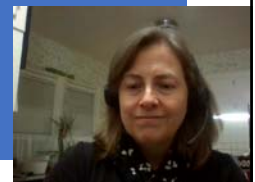
### Special considerations

- Are you sexually active?
  - Some MSM, adolescents
- With men, women, or both?
  - Gender not proxy for behavior
  - Sexual orientation not proxy for behavior
  - Trans and intersex (don't assume anatomy or behavior)
- Use open-ended questions with trans, WSW, and younger patients

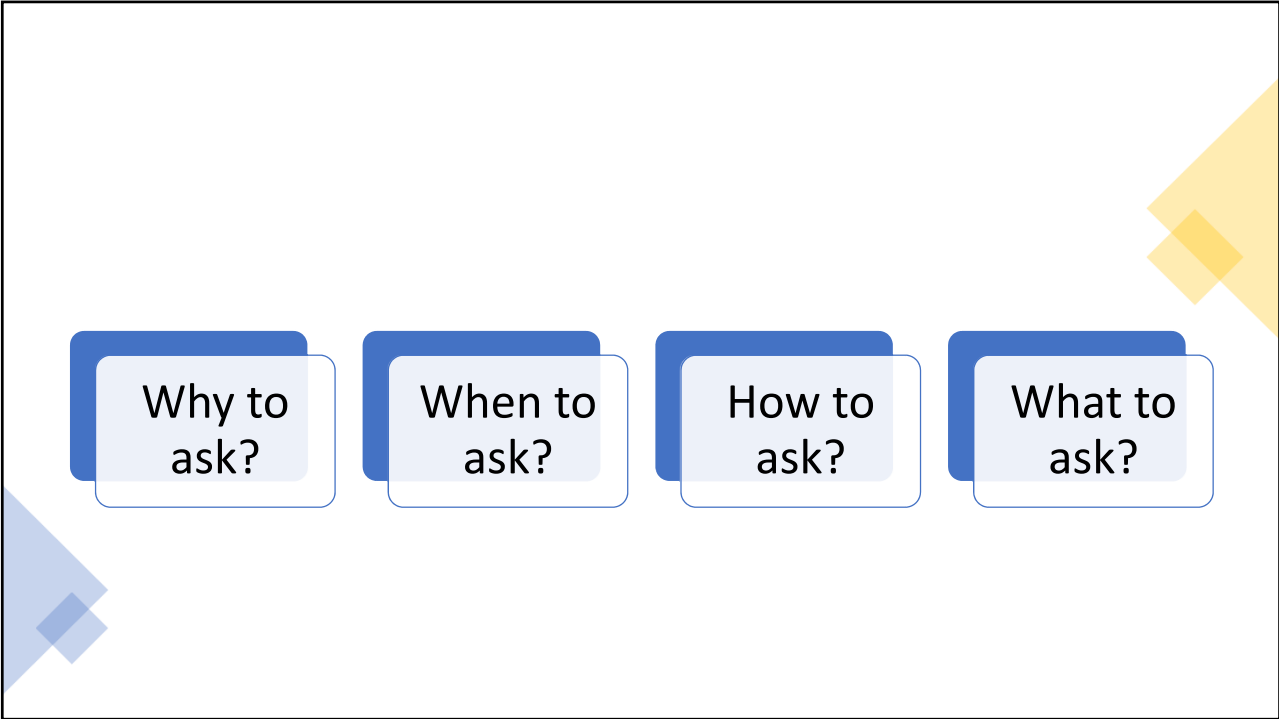
### Risk assessment: considerations

- **Practices:** open-ended questions for trans\*, WSW, and younger patients
- **Family planning:** before asking questions about contraception, it's important to first determine the possibility of pregnancy
- Women and men who exclusively have same-sex partners will feel unwelcome if asked about pregnancy prevention
- When one or both partners are trans or intersex, discussions about potential for fertility may require a far more patient-centered approach
- Don't assume your LGBT patients aren't interested in being parents; do you have any plans or desire to be a parent?

Sexual history information should be taken from all our sexually active patients, regardless of gender, race, ethnicity, socioeconomic status, marital status, sexual orientation, or gender identity.








## Take Home Points

- STDs & Parenting/Family Planning**
  - Five “P”s
  - Think beyond contraception to families who need support to be parents, including same-sex couples, single adult households, and transgender adults
- Pleasure**
  - Function
- Social Exchange**
  - Consent

- What questions you ask in your sexual history depend upon which domains you need to explore: psychological, physiological, social
- Patient history informs your differential diagnosis
- How do you get to Carnegie Hall?
  - Practice, practice, practice
- <https://bit.ly/3t6xmlw>
  - Learn more: AASECT Certified Counselor Spotlight – Nisha McKenzie, PA-C, CSC



Re-Envisioning Sexual History Taking  
What Every PA Needs to Know

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