Taking a Sexual History with Sexual and Gender Minority Individuals

Julie Thompson, PA-C
Medical Director of Trans Health, Fenway Health
March 2020
OBJECTIVES

1. Review terminology and recognize the diversity of gender identities and sexual orientation

2. Describe barriers to care experience in the LGBT communities and how these directly impact health disparities

3. Provide recommendations on how to talk about sex and bodies with cultural competency and humility

4. Recommend tips for a trauma-informed approach to care
SEX AND GENDER

Sex and gender core determinants of health

Sex – biological differences
  ▪ Anatomy, chromosomes, hormones, genes, etc.

Gender – social and cultural distinctions
  ▪ Multidimensional
  ▪ Psychological, social, behavioral
  ▪ Gender identity, gender expression, gender roles
SEXUAL ORIENTATION AND GENDER IDENTITY ARE NOT THE SAME

- All people have a sexual orientation and gender identity
  - How people identify can change
  - Terminology varies

Gender Identity ≠ Sexual Orientation
SEXUAL ORIENTATION

Sexual orientation: how a person identifies their physical and emotional attraction to others

- Identity
  - Straight, gay, lesbian, bisexual, queer, other

- Desire/Attraction

- Behavior
  - Men who have sex with men - MSM (MSMW)
  - Women who have sex with women - WSW (WSWM)

Dimensions of Sexual Orientation:

Identity
Do you consider yourself gay, lesbian, bisexual, straight, queer, something else?

Attraction
What gender(s) are you attracted to physically and emotionally?

Behavior
What gender(s) are your sexual partner(s)?
GENDER IDENTITY AND GENDER EXPRESSION

Gender identity
▪ A person’s internal sense of their gender (do I consider myself male, female, neither, both?)

Gender Expression
▪ How one presents themselves through their behavior, mannerisms, speech patterns, dress, hairstyles, etc

* May change
**TERMINOLOGY**

**Transgender**: Gender identity not congruent with the assigned sex at birth
- Alternate terminology
  Trans vs cis

- Transgender woman, trans feminine individual, a woman of trans experience (MtF)
- Transgender man, trans masculine individual, a man of trans experience (FtM)
- Non-binary, genderqueer
  - AMAB = assigned male at birth
  - AFAB = assigned female at birth
NON-BINARY IDENTITIES

Figure 4.2: Gender identity

- 29% Transgender men
- 33% Transgender women
- 35% Non-binary people
- 3% Crossdressers

Gender Identity by Current Age

- Nonbinary
  - 18 to 24: 61
  - 25 to 44: 35
  - 45 to 64: 4
  - 65+: 1

- Transgender Men
  - 18 to 24: 43
  - 25 to 44: 47
  - 45 to 64: 9
  - 65+: 0

- Transgender Women
  - 18 to 24: 24
  - 25 to 44: 46
  - 45 to 64: 26
  - 65+: 5

GENDER DIVERSITY

- Gender identity is often described as being on a spectrum, but perhaps more accurately as a spectrum or constellation.
SEXUAL ORIENTATION OF GENDER DIVERSE INDIVIDUALS

2015 US Trans Survey

- Queer: 19%
- PANSEXUAL: 19%
- Straight: 15%
- Gay/Lesbian: 16%
- Bisexual: 14%
- Asexual: 10%
- Not listed: 6%
“LGBT individuals encompass all races and ethnicities, religions, and social classes. **Sexual orientation and gender identity questions are not asked** on most national or State surveys, making it difficult to estimate the number of LGBT individuals and their health needs.

Research suggests that **LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights**. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experiences of violence and victimization are frequent for LGBT individuals, and **have long-lasting effects on the individual and the community**. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals.

The LGBT companion document to Healthy People 2010 highlighted the need for more research to document, understand, and address the environmental factors that contribute to health disparities in the LGBT community. As part of this work, we need to increase the number of nationally-representative health-related surveys that collect information on sexual orientation and gender identity (SOGI)”
STIGMA

- **Interpersonal Stigma:** Discrimination or violence against LGBT people in the community, health care settings, etc

- **Structural Stigma:** Includes the policies of institutions that intentionally or unintentionally restrict the opportunities of certain people

- **Intrapersonal Stigma:** Internalized distress, humiliation, and/or self-hatred due to societal constraints/norms that one might not fit into
  - Is it safe talking about my identity with a provider?
  - Is it worth it to talk about these barriers to my health?
  - Am I worth it to overcome all of these barriers to my health?
    - Behavioral health, sexual health, physical health going overlooked!
Intersectionality is the study of intersections between forms or systems of oppression, domination or discrimination.

- The complexity of multiple identities overlapping and existing together (gender, race, socioeconomic status, religious beliefs, age, ability, etc)
Minority Stress

Health Care
- 23% Avoid
- 33% Mistreated
- 31% Hidden

HIV
- 5x (1.4%)
- TWOC 20x (6.7%)
- US rate 0.3%

Harassment
- 77% K-12
- 52% Non-binary
- 86% police

Increased rates of diabetes
Increased rates of smoking and obesity
4x eating disorders

2x unemployment
68% DV
14% homeless
70% mistreated in shelters

68% DV
14% homeless
70% mistreated in shelters

Bandini et al., 2013; Clements-Nolle et al., 2006; Diemer et al., 2015; James et al., 2016; Vocks et al., 2009
STD RISK FACTORS

- LGBT individuals face increased risk for HIV and STIs
  - Best documented for cMSM - rates of HIV, syphilis, and gonorrhea exceed that of the general population
- Transfeminine individuals face a 49x greater odds of HIV infection compared to all adults
- Infection rates of STIs among lesbians, trans masculine, and non-binary folks remain unknown
  - 24% of trans masculine individuals report avoiding health care due to fear of discrimination and harassment

AN INTEGRATED APPROACH TO LGBT CARE

Increasing access

- You do not need to be a specialist to provide care to LGBT folks!

Increasing comprehensive care

- Goal of care is to facilitate affirmation of gender and sexual orientations
- Address general health concerns!
  - STD screening
  - HIV care, mgmt of chronic conditions
  - Behavioral health
  - Case management
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Gay and Transgender Patients to Doctors: We’ll Tell. Just Ask.

By JAN HOFFMAN MAY 29, 2017

Published online 2017 Apr 24. doi: 10.1001/jamainternmed.2017.0906

Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity
The EQUALITY Study

Adil H. Haider, MD, MPH, Eric B. Schneider, PhD, Lisa M. Kodadek, MD, Rachel R. Adler, ScD, RD, Anju Ranjit, MD, MPH, Maya Torain, BA, Ryan Y. Shields, MD, Claire Snyder, PhD, Jeremiah D. Schuur, MD, Laura Vail, MS, Danielle German, PhD, Susan Peterson, MD, and Brandyn D. Lau, MPH, CPH

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By knowing whether a patient is lesbian, gay, bisexual, transgender or straight, say public health experts, clinicians can be more alert to a person’s medical needs and more thoughtful in interactions. If hospitals report statistics on all patients, health care disparities among L.G.B.T. patients can be identified and redressed more effectively.

But most doctors and nurses are in no rush to comply. In several studies, they have said they feel uneasy about asking because they don’t want to make patients uncomfortable.

Research now suggests those assumptions may be wrong.

A new study of both patients and providers in the journal JAMA Internal Medicine looked at the feasibility of gathering such information in emergency departments. Nearly 80 percent of providers surveyed believed that patients would refuse to disclose their sexual orientation.

By contrast, only 10 percent of patients from a randomized, national sample of lesbian, gay, bisexual and heterosexual subjects said they would refuse. (Those who said they would decline were more likely to be bisexual.)
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The signature message from the study, added Dr. Haider, the director of the hospital’s Center for Surgery and Public Health, is that “patients are saying that you’ll make us feel more comfortable if you ask — and ask everyone, so that normalizes the questions.”
COLLECTING DATA AND ENDING INVISIBILITY

- Ask ALL people and make it policy!
  - Decrease assumptions
  - Decrease stigma
  - NORMALIZE these questions and emphasize the impact that identities make on health outcomes!
- And educate
WHY TALK ABOUT SEXUAL HEALTH?

- It is integral to a person’s general health
- It is associated with happiness, well-being, and longevity
- Sexual function is lifelong and evolves over the lifespan
- It may be associated with morbidity and mortality
- There is a high prevalence of sexual dysfunction (or misfunction or misunderstanding!)

- Sexual history and current function may indicate
  - psychiatric and/or other medical disorders
  - may explain current health problems (e.g. abuse and violence, prior STDs)
  - may determine the need for primary prevention (e.g. immunizations, contraception, PEP, PrEP, etc.)

Nussbaum and Hamilton, “The Proactive Sexual Health History”, 2002
SEXUAL HISTORY

- Sexual health history is an important part of a routine medical exam or physical history for ALL patients, regardless of gender identity or sexual orientation

- Important factors:
  1. Heterogeneity of sexual identities
  2. Diverse sexual partnerships & practices
  3. Sensitivity to language
UNDERSTANDING RISKS, TRIGGERS, SENSITIVITIES, VULNERABILITIES

How do we help patients take care of the skin they’re in?
ESTABLISHING A RELATIONSHIP WITH YOUR PATIENT

- Effective use of listening and mirroring
  - Names, pronouns, body parts
- Use an individualized and holistic approach
  - Ask about PATIENT priorities and agenda
- Acknowledge previous healthcare experiences with an attitude of respect and advocacy. Level the paying field
  - Start all appts with clothes ON!
- Help regulate and pace disclosure and exploration of sexual history
  - Ask if ok to discuss a sexual history and be transparent about why you are asking
- Approach trauma experiences slowly and at a time when support can be offered
TALKING ABOUT SEX

▪ Introductory language
  ▪ Start with open-ended questions
  ▪ Acknowledge and affirm differences in identity, language use, and sexual practices

Take an Anatomic Inventory!
“Have you had any gender-affirming (or body modification) surgeries?”

▪ Establish from the beginning what words you and the patient will use
  “When referring to your genitals, are there specific terms that you use?”
  “I typically stick with medical terms, but if there is language or words you prefer, please let me know.”

▪ Check in to make certain that the both you and the patient have the same understanding of these terms

  Clitoris, phallus, dick, penis
  Vagina, genital canal, front hole
  Penetrative sex, vaginal sex, frontal sex
  Anus/anal, back hole, butt, plumbing
## NON-GENDERED LANGUAGE

<table>
<thead>
<tr>
<th>Use this</th>
<th>Instead of this</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genitals</td>
<td>Vulva, vagina, penis, testicles</td>
</tr>
<tr>
<td>External area, external pelvic area, outside</td>
<td>Vulva</td>
</tr>
<tr>
<td>Genital opening, front pelvic opening</td>
<td>Vaginal opening</td>
</tr>
<tr>
<td>Frontal canal, Internal canal, inside</td>
<td>Vagina</td>
</tr>
<tr>
<td>Internal organs, organs you retain</td>
<td>Uterus, ovaries, cervix</td>
</tr>
<tr>
<td>Chest</td>
<td>Breasts</td>
</tr>
<tr>
<td>Bleeding</td>
<td>Period, menstruation</td>
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</tbody>
</table>
TALKING ABOUT SEX

▪ Ask questions to capture diverse sexual behaviors
  ▪ Validate all sexual practices by asking about both high & low risk activities ... and PLEASURES!
  ▪ Don’t assume people are limited to certain kinds of sex based on gender (i.e., include questions about insertive sex)

▪ Ask open ended questions
  - Who are you having sex with?
  - What kinds of sex are you engaging in?
    - “which body parts of yours touch which body parts of your partner”
  - Are you engaging in sex for pleasure or do you feel forced in any way?
    - Are you engaging in sex for money, housing, drugs, or any other service
  - Do you feel safe in your current relationships? Do you feel empowered to tell your partners to use condoms?
  ▪ Are you using any prosthesis or toys for sex? Are you sharing these?
CHALLENGING ASSUMPTIONS: SEXUAL PARTNERS OF TRANS MASC PEOPLE

Trans PULSE Project: Gender of Sex Partners, Lifetime (%)

- Genderqueer persons: 32%
- Non-trans women: 66%
- Trans women: 11%
- Non-trans men: 45%
- Trans men: 18%


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# Challenging Assumptions: Sexual Behaviors of Trans Masc People

<table>
<thead>
<tr>
<th>Sexual Behavior</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insertive partner in genital sex</td>
<td>55</td>
</tr>
<tr>
<td>Receptive partner in genital sex</td>
<td>57</td>
</tr>
<tr>
<td>Insertive partner in anal sex</td>
<td>26</td>
</tr>
<tr>
<td>Receptive partner in anal sex</td>
<td>28</td>
</tr>
<tr>
<td>Gave oral sex</td>
<td>61</td>
</tr>
<tr>
<td>Received oral sex</td>
<td>60</td>
</tr>
</tbody>
</table>

Trans PULSE Project: Sexual Behaviors, Past Year (%)

CLINICAL INTERVIEW: THE 8 “P”S

The CDC’s 5 “P”s
1. Partners
2. Practices
3. Protection for STDs
4. Past history of STDs
5. Prevention of pregnancy

The 8 “P”s
1. Preferences
2. Partners
3. Practices
4. Protection for STIs
5. Past history of STIs
6. Pregnancy
7. Pleasure
8. Partner Violence
# CLINICAL INTERVIEW: THE 8 “P”S

<table>
<thead>
<tr>
<th>“P”</th>
<th>Example Questions</th>
</tr>
</thead>
</table>
| 1 Preferences  | • Do you have preferred language that you use to refer to your body (i.e., genitals)?  
• Are you currently sexually active?  
• What kinds of sex do you engage in? |
| 2 Partners     | • Are you sexually active with one partner or more than one?  
• Are you dating anyone or sexually active?  
• Do you have any outside partners?  
• How would your partners identify themselves in terms of gender? |
| 3 Practices    | • Do you use toys inside your [insert preferred language for genitals] or anus, or do you use them on your partners?  
• Do you have any other types of sex that hasn’t been asked about? |
| 4 Protection from STIs | • Are there some kinds of sex where you do not use barriers? Why? |
| 5 Past history of STIs | • If yes... Do you remember the site? |
# CLINICAL INTERVIEW: THE 8 “P”S

<table>
<thead>
<tr>
<th>“P”</th>
<th>Example Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td><strong>Pregnancy</strong></td>
</tr>
<tr>
<td></td>
<td>• Have you considered fertility preservation/banking gametes?</td>
</tr>
<tr>
<td></td>
<td>• Have you thought about having your own biological children, or carrying a pregnancy?</td>
</tr>
<tr>
<td></td>
<td>• When you are having sex, is there any exposure to sperm or chance of pregnancy?</td>
</tr>
<tr>
<td></td>
<td>• Have you considered contraceptive options?</td>
</tr>
<tr>
<td>7</td>
<td><strong>Pleasure</strong></td>
</tr>
<tr>
<td></td>
<td>• Do you feel you are able to become physically aroused during sex?</td>
</tr>
<tr>
<td></td>
<td>• How satisfied are you with your ability to achieve orgasm?</td>
</tr>
<tr>
<td></td>
<td>• Do you have any pain or discomfort during or after orgasm?</td>
</tr>
<tr>
<td></td>
<td>• Is sex fun?</td>
</tr>
<tr>
<td></td>
<td>• Are you having sex for pleasure or are these other reasons (survival sex/transactional sex)</td>
</tr>
<tr>
<td>8</td>
<td><strong>Partner Abuse</strong></td>
</tr>
<tr>
<td></td>
<td>• Has anyone ever forced or compelled you to do anything sexually that you did not want to do?</td>
</tr>
<tr>
<td></td>
<td>• Is there any violence in any of your relationships? Do you feel safe at home?</td>
</tr>
</tbody>
</table>
EXPLORING RELATIONSHIPS

- Basic forms: monogamy, open relationships, polyamory, BDSM, kink, etc
- Sexual activities: oral, vaginal, anal sex ... and beyond!
- Gender presentation and disclosure
- Survival sex
- Transitioning within an established relationship
- Safe spaces
- The decision to be sexual
- Trauma: past or present and impact
# A Trauma-Informed Approach

## Responding to Disclosure

<table>
<thead>
<tr>
<th>Listen</th>
</tr>
</thead>
</table>

## Acknowledging Injustice

<table>
<thead>
<tr>
<th>Communicate belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>“That must have been frightening for you”</td>
</tr>
<tr>
<td>Validate the decision to disclose</td>
</tr>
<tr>
<td>“I understand it could be very difficult for you to talk about this”</td>
</tr>
<tr>
<td>Emphasize the unacceptability of violence</td>
</tr>
<tr>
<td>“Violence is unacceptable. I’m sorry that happened, that should not have happened”</td>
</tr>
<tr>
<td>Be clear that the patient is not to blame</td>
</tr>
<tr>
<td>“What happened is not your fault”</td>
</tr>
<tr>
<td>Make a safety plan/Provide resources</td>
</tr>
<tr>
<td>Preferably a “warm”, on-site referral</td>
</tr>
</tbody>
</table>
QUESTIONS ABOUT COPING/RESILIENCE

▪ How do you cope with [stressful experiences][the fact that life can be unfair]?

▪ Sometimes people are deeply affected by stressful experiences, and may feel depressed, anxious, or use drugs/ alcohol to feel better. Has this ever happened to you?

▪ Who do you turn to when you need support [family][friends][the community]?

▪ What brings you joy?
MINORITY STRESS AND ADAPTIVE COPING

CRISIS

Health Risk Behaviors
• Identity concealment
• Social disengagement
• Avoidance of routine healthcare

Health Promoting Behaviors
• Identity management
• Validation
• Connection to community
• Participation in affirming routine healthcare

OPPORTUNITY

Positive and Adverse Health Outcomes

Physical Health

Mental Health

Overall Wellbeing

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ANY EXAM OR PROCEDURE HAS THE POTENTIAL TO BE TRAUMATIZING
BEFORE THE EXAM

▪ Review the patient’s prior experiences with the exam.
▪ Explain the purpose and offer to talk through the steps of the exam.
▪ Ask what you can do to make the experience more comfortable.
▪ “You’re in control here. If you want me to stop at any point, please let me know.”
## EXAM MODIFICATIONS

<table>
<thead>
<tr>
<th>Exam or Technique</th>
<th>Modification options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaperone</td>
<td>• Patient’s choice of support person</td>
</tr>
<tr>
<td>Position for exam</td>
<td>• Feet on tablet rather than footrests</td>
</tr>
<tr>
<td>Speculum</td>
<td>• Consider small or pediatric speculum</td>
</tr>
<tr>
<td>Speculum/anoscope insertion</td>
<td>• Ask patient if they want to bring home to practice</td>
</tr>
<tr>
<td>Cervical sampling</td>
<td>• Trans mass person on T with prior unsatisfactory pap: pre-treat with topical estrogen</td>
</tr>
</tbody>
</table>
# EXAM MODIFICATIONS

<table>
<thead>
<tr>
<th>Phrases to Avoid</th>
<th>Modification options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t be scared, everything will be fine.</td>
<td>• What are you most afraid of?</td>
</tr>
<tr>
<td></td>
<td>• How can we help you through this?</td>
</tr>
<tr>
<td>Stirrups</td>
<td>• Footrests</td>
</tr>
<tr>
<td>Avoid unnecessary touching of the patient (e.g., “Scoot down on the table until your bottom touches my hand”)</td>
<td>• Please move your body down until you’re almost hanging off the edge of the table.</td>
</tr>
<tr>
<td></td>
<td>• Allow your knees to fall to the sides as much as you can.</td>
</tr>
<tr>
<td>I’m going to insert the speculum.</td>
<td>• I’m going to place the speculum now.</td>
</tr>
<tr>
<td></td>
<td>• It’s normal to feel a little pressure.</td>
</tr>
<tr>
<td>I’m going to take the sample now... you may feel a “poke” [“prick”].</td>
<td>• You may feel a little discomfort or cramping.</td>
</tr>
<tr>
<td>Hold still. Relax</td>
<td>• If you need to move, wiggle your toes/squeeze your hands.</td>
</tr>
<tr>
<td></td>
<td>• Try to keep your pelvis resting on the table</td>
</tr>
</tbody>
</table>
GENERAL DOS AND DON’TS

Do:
▪ Stay calm
▪ Stop the exam
▪ Provide reassurance
▪ Use grounding techniques
▪ Make a self-care plan

Do not:
▪ Engage in the trauma
▪ Bombard with questions
COMPETENT SEXUAL HISTORY TAKING

▪ Create a transparent, non-judgmental, patient-centered environment
  - Can I ask?, why I’m asking, open-ended, patient’s priorities
  - Discuss pleasures as much as risks
▪ Consider specific health disparities relevant to the population
  - Higher rates of trauma, sexual violence, STDs, gender and body dysphoria
▪ Preventive health
  - STI screenings at all sites
  - What types of sex are you having?
  - Avoid assumptions
  - PrEP!!!
Sex Positive Prevention Messages

Your body is AMAZING!

Consent is sexy (and required)

- All desires are wonderful
- You make good decisions about what happens to your body

Sex work is honorable work

- Explore what you like and learn how to ask for it
- HIV-positive are desirable
- Are capable
- Are sacred

Pleasure is a great reason to have sex

- It's ok to want sex
- and
- It's ok not to want sex

Your body belongs only to you

All bodies
fat
scarred
gender-variant
disabled
short
swishy
butch
toothless
hairy

ARE GOOD BODIES

Slide courtesy of Kate Bishop
Will PrEP protect me if I am having frontal (vaginal) sex?

Yes. However, limited data are available on how long it takes for a maximum concentration of PrEP to be reached in frontal (vaginal) tissue. Currently, The United States Centers for Disease Control and Prevention (CDC) advises that people who engage in frontal (vaginal) sex need 20 days of daily PrEP before they will be fully protected from HIV infection.

It is especially important for people who engage in frontal (vaginal) sex to take PrEP every day as prescribed in order for it to offer full protection from HIV infection.

Adapted from Dr Tonia Poteat, October 2018


fenwayhealth.org
Everyone, even the most experienced sexpert, has a list of sexual activities we find icky.

We cannot eliminate our bias by pretending not to have any.

Find your “Yucks” and fix your face
TALKING ABOUT SEX

Open-ended questions at the end

- Anything else?

What do you think being married to me would be like?

Harold wonders why he can never tie the knot.
Questions?
RESOURCES

National LGBT Health Education Center On-Demand Webinars

▪ http://www.lgbthealtheducation.org/training/on-demand-webinars/

▪ Clinical Guidelines

▪ World Professional Association for Transgender Health. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th version:
  http://www.wpath.org/publications_standards.cfm

▪ Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care:
  http://transhealth.ucsf.edu/trans?page=protocol-00-00

▪ Endocrine Society’s Clinical Guidelines: Treatment of Transsexual Persons:
RESOURCES

▪ FOR PROVIDERS
  Collecting Sexual Identity and Gender Identity Data
  ▪ https://www.lgbthealtheducation.org/topic/sogi/
  Do Ask, Do Tell. A toolkit for Collecting Data on Sexual Orientation and Gender Identity in Clinical Settings
  ▪ doaskdotell.org
  Cervical Cancer Screening for Patients on the Female-to-Male Spectrum: a Narrative Review and Guide for Clinicians
  Canadian Cancer Society
  ▪ http://convio.cancer.ca/site/PageServer?pagename=SSL_ON_Home&utm_source=VanityURL&utm_content=Cancer.cagetscreened&s_locale=en_CA#.WlLLxlIQ-c1J
  IMPACT: The LGBT Health and Development Program @ Northwestern University
  ▪ http://www.impactprogram.org/lgbtq-youth/videos/
  ▪ http://www.impactprogram.org/topics/sex-ed/

▪ FOR PATIENTS
  Check It Out Guys
  ▪ http://www.checkitoutguys.ca/
  Sexual Health for Transgender & Gender Non-conforming People
Collecting SO/GI Information

www.lgbthealtheducation.org/topic/sogi/
Providing Information to Patients

New Sexual Orientation and Gender Identity Questions:
Information for Patients:

We recently added new questions about sexual orientation and gender identity to our registration forms.

Our health center thinks it is important to learn this information from our patients. Inside are some frequently asked questions about why we are asking these questions and how the information will be used.

www.lgbthealtheducation.org

Nuevas preguntas sobre la orientación sexual y la identidad de género:
Información para pacientes

Recientemente hemos añadido nuevas preguntas sobre la orientación sexual y la identidad de género a nuestros formularios de registro.

Nuestro centro de salud cree que es importante que conozcamos esta información sobre nuestros pacientes. A continuación, se encuentran algunas preguntas frecuentes sobre por qué estamos haciendo estas preguntas y cómo se usará esta información.