



# Taking a Sexual History with Sexual and Gender Minority Individuals

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# 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

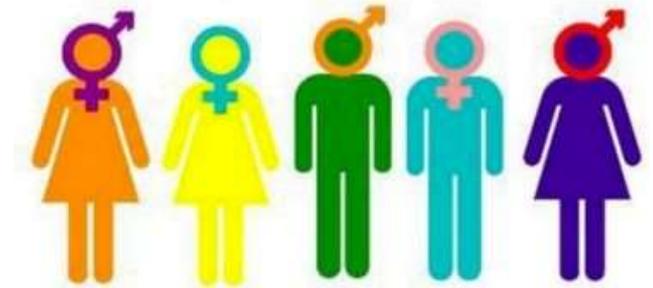
Sex and gender core determinants of health

Sex – biological differences

- Anatomy, chromosomes, hormones, genes, etc.

Gender – social and cultural distinctions

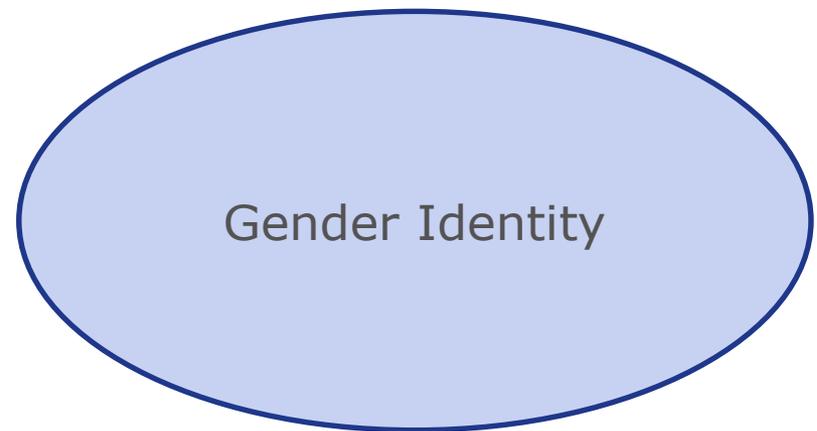
- Multidimensional
- Psychological, social, behavioral
- Gender identity, gender expression, gender roles



# 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  $\neq$  Sexual Orientation

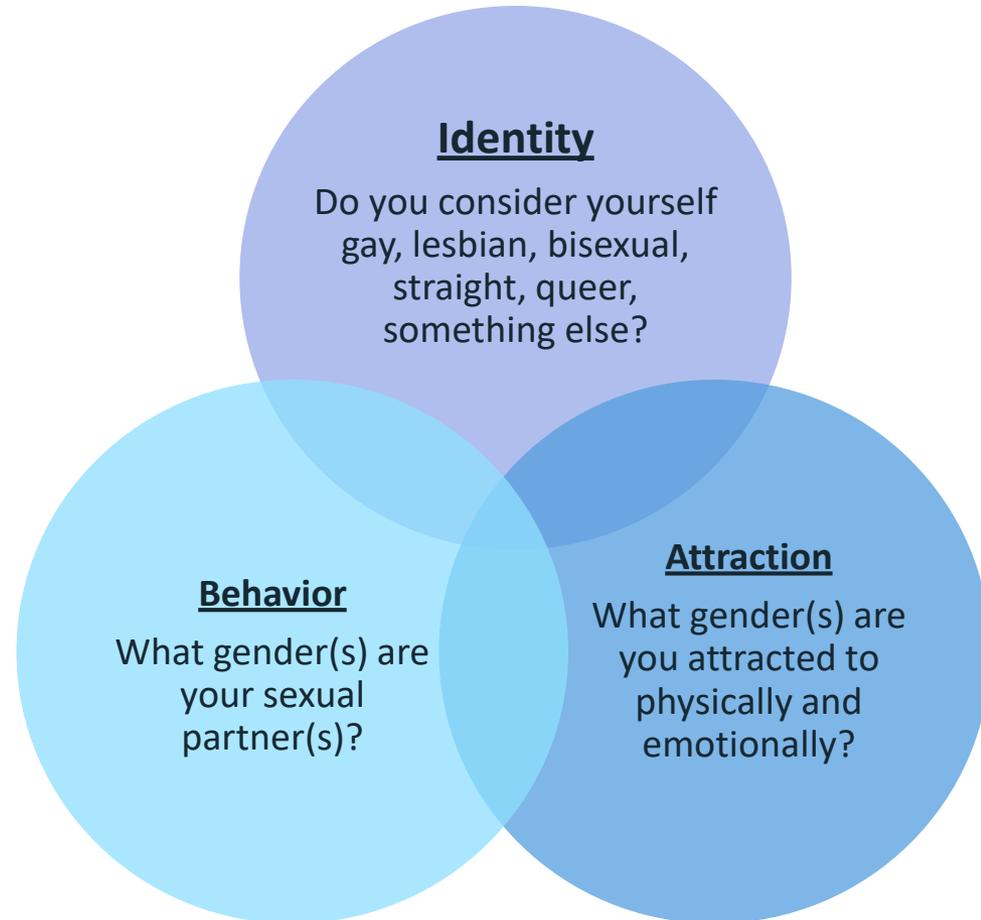


# SEXUAL ORIENTATION

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:



# GENDER IDENTITY AND GENDER EXPRESSION

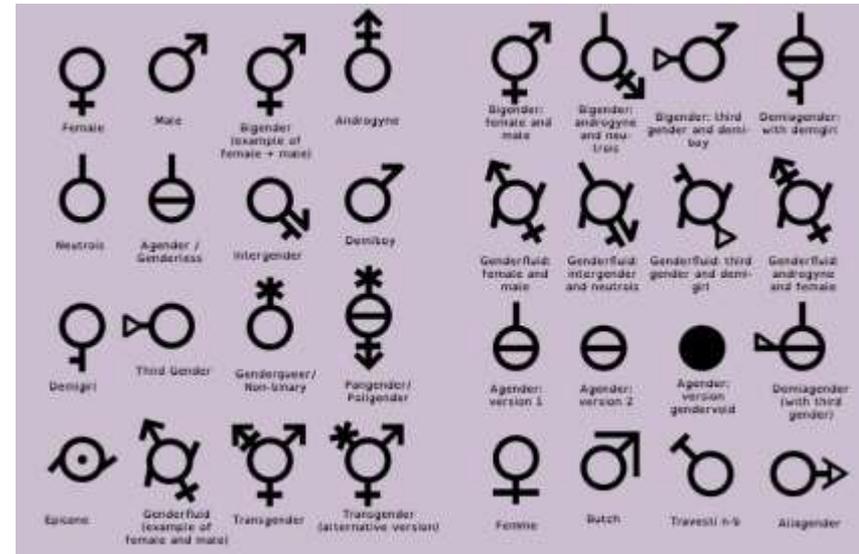
## Gender identity

- 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

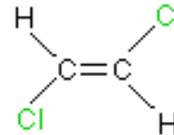


# TERMINOLOGY

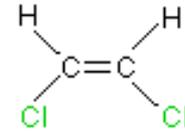
**Transgender:** Gender identity not congruent with the assigned sex at birth

- Alternate terminology

Trans vs cis



*trans*-1,2-dichloroethene

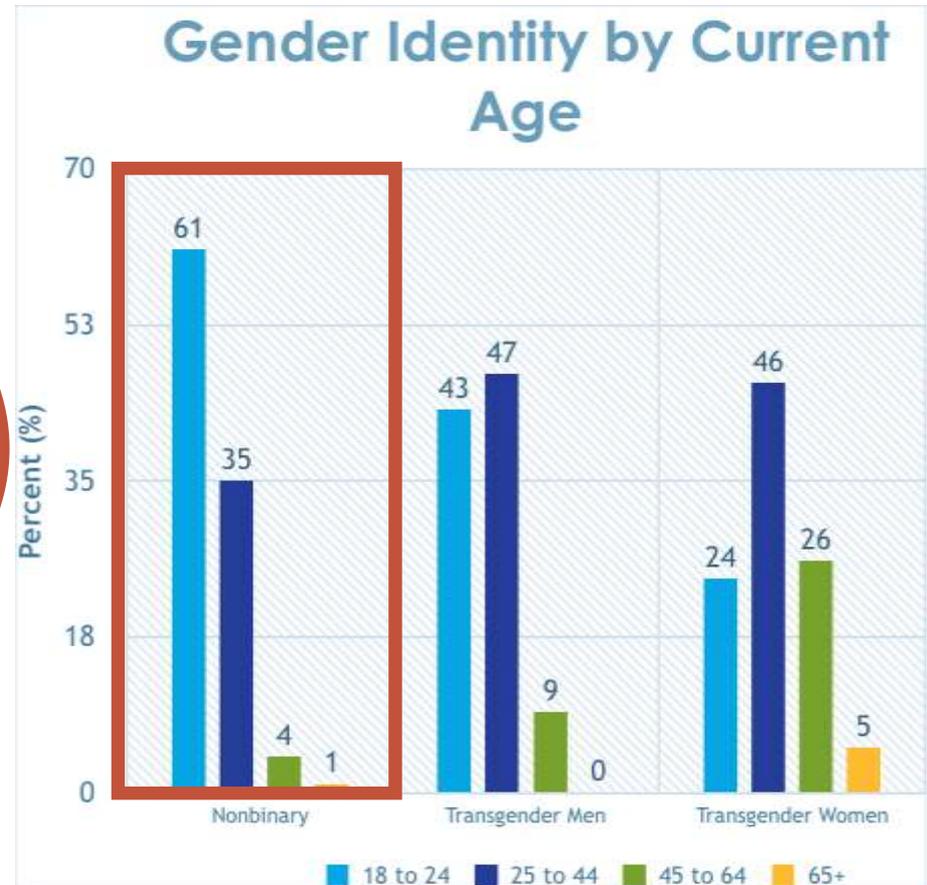
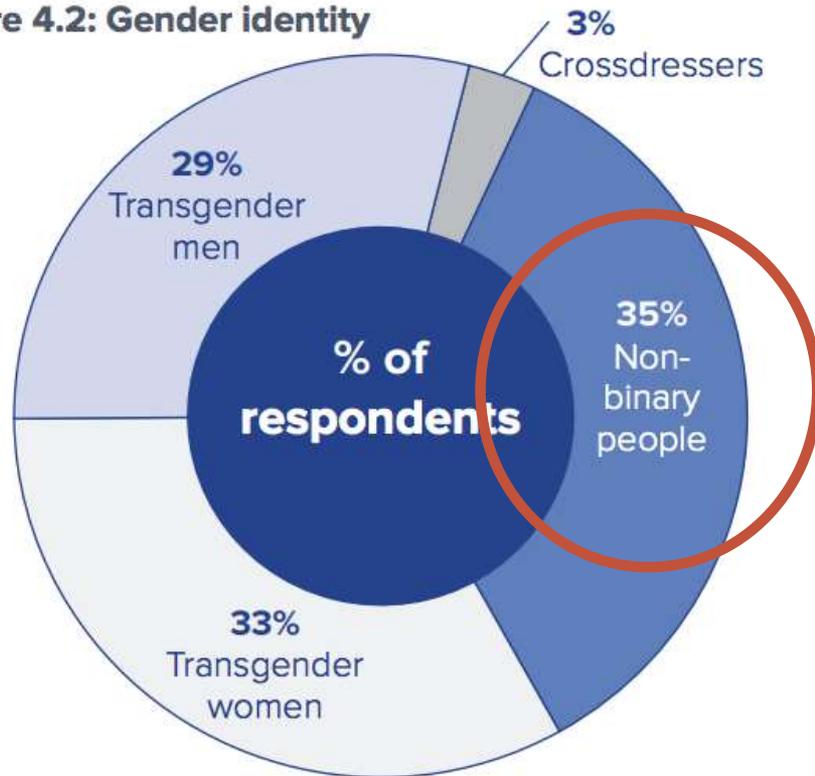


*cis*-1,2-dichloroethene

- 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

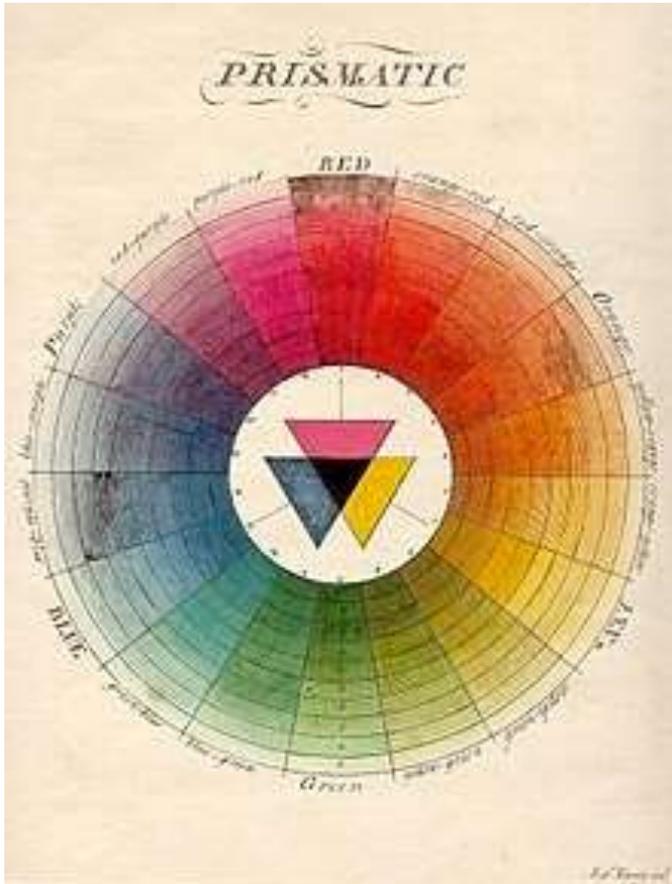
Figure 4.2: Gender identity



James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

# GENDER DIVERSITY

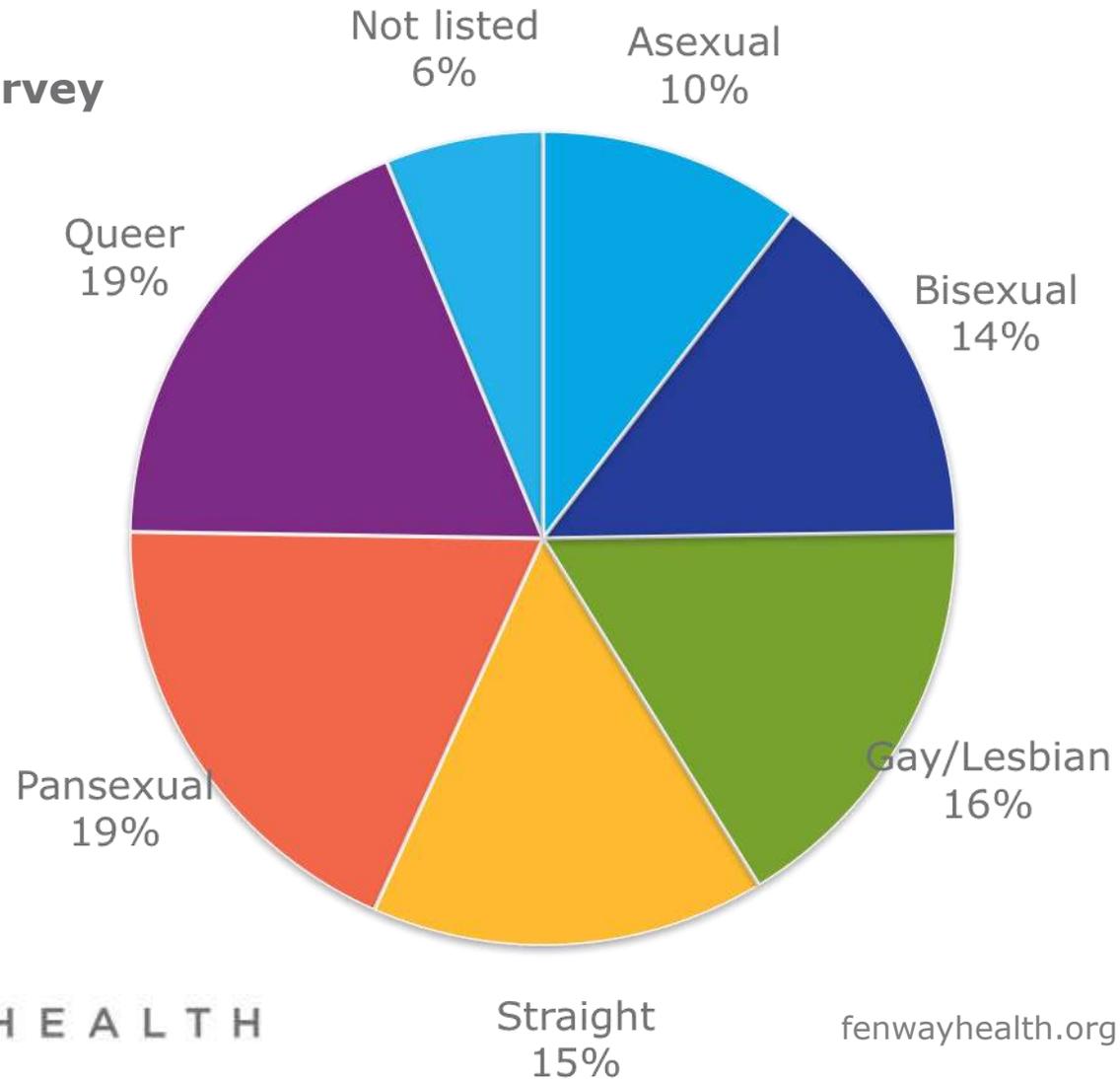
- Gender identity is often described as being on a spectrum, but perhaps more accurately as a spectrum or constellation



T H

# SEXUAL ORIENTATION OF GENDER DIVERSE INDIVIDUALS

2015 US Trans Survey



# Healthy People 2020



“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)”**



# INTERSECTIONALITY

**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)





# 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



JAMA Internal Medicine

[View Article](#) ▶

[JAMA Intern Med.](#) 2017 Jun; 177(6): 819–828.

PMCID: PMC5818827

Published online 2017 Apr 24. doi: [10.1001/jamainternmed.2017.0906](https://doi.org/10.1001/jamainternmed.2017.0906)

PMID: [28437523](https://pubmed.ncbi.nlm.nih.gov/28437523/)

## Emergency Department Query for Patient-Centered Approaches to Sexual Orientation and Gender Identity

The EQUALITY Study

[Adil H. Haider](#), MD, MPH,<sup>1,2</sup> [Eric B. Schneider](#), PhD,<sup>1,2</sup> [Lisa M. Kodadek](#), MD,<sup>3</sup> [Rachel R. Adler](#), ScD, RD,<sup>1,2</sup> [Anju Ranjit](#), MD, MPH,<sup>1,2</sup> [Maya Torain](#), BA,<sup>4</sup> [Ryan Y. Shields](#), MD,<sup>5</sup> [Claire Snyder](#), PhD,<sup>6,7</sup> [Jeremiah D. Schuur](#), MD,<sup>8</sup> [Laura Vail](#), MS,<sup>6</sup> [Danielle German](#), PhD,<sup>9</sup> [Susan Peterson](#), MD,<sup>10,11</sup> and [Brandyn D. Lau](#), MPH, CPH<sup>3,7,11,12</sup>

## ***Gay and Transgender Patients to Doctors: We'll Tell. Just Ask.***

By [JAN HOFFMAN](#) MAY 29, 2017

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 ~~these 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 New York Times

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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

FENWAY  HEALTH

## PRONOUNS ARE VITAL!



**Fenway understands that clothing, name, or hairstyle may not tell us a person's gender identity or pronouns.**

We do not want to assume anyone's gender identity. We ask all patients their correct pronouns to show them respect. We want to see you as you are.

**Do you have questions?** Talk with your provider today.

# 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.)

# 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 playing 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



"Doctor, I'm not sure I can trust you."

# 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

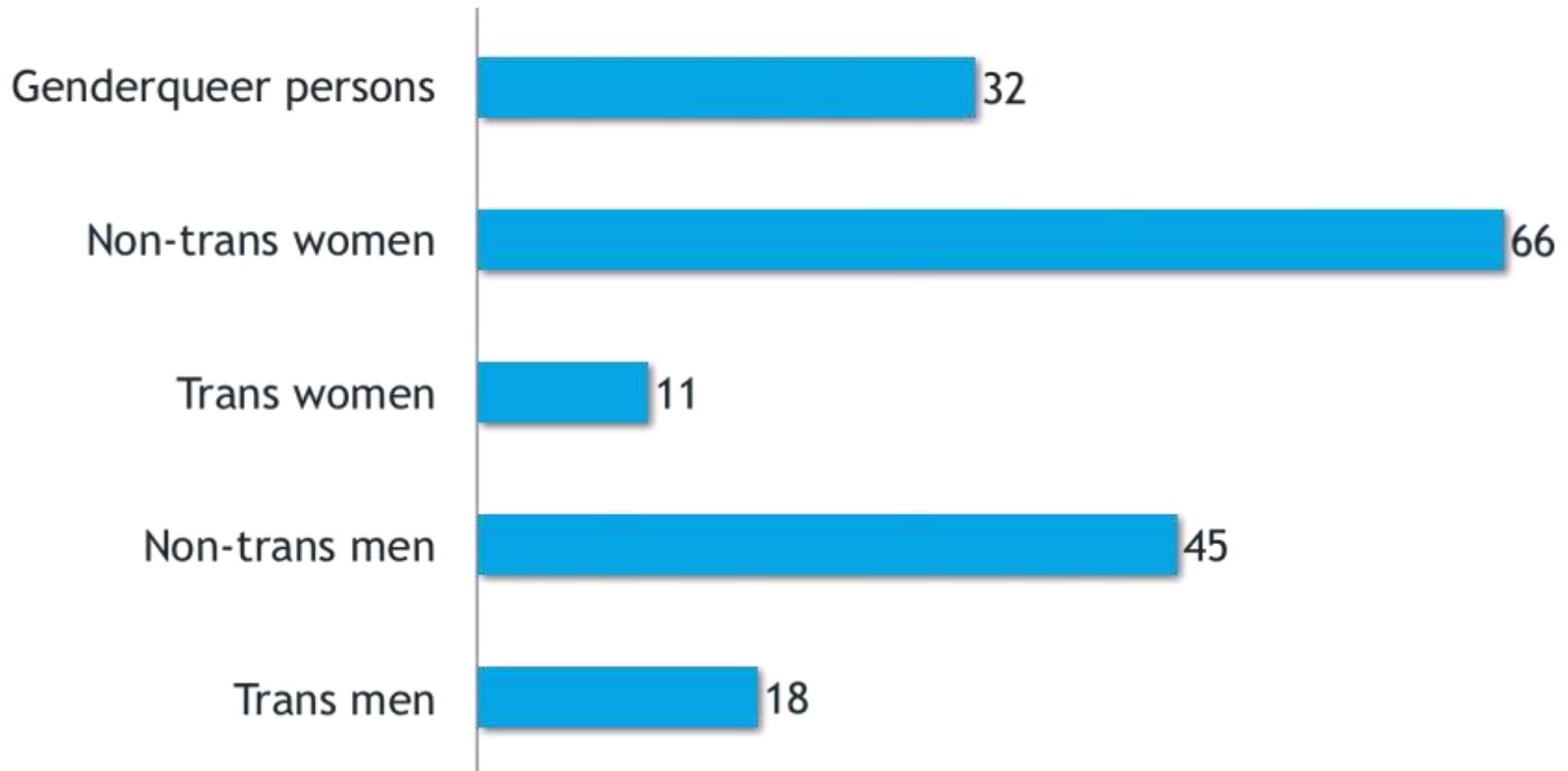
Use this	Instead of this
Genitals	Vulva, vagina, penis, testicles
External area, external pelvic area, outside	Vulva
Genital opening, front pelvic opening	Vaginal opening
Frontal canal, Internal canal, inside	Vagina
Internal organs, organs you retain	Uterus, ovaries, cervix
Chest	Breasts
Bleeding	Period, menstruation

# 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?

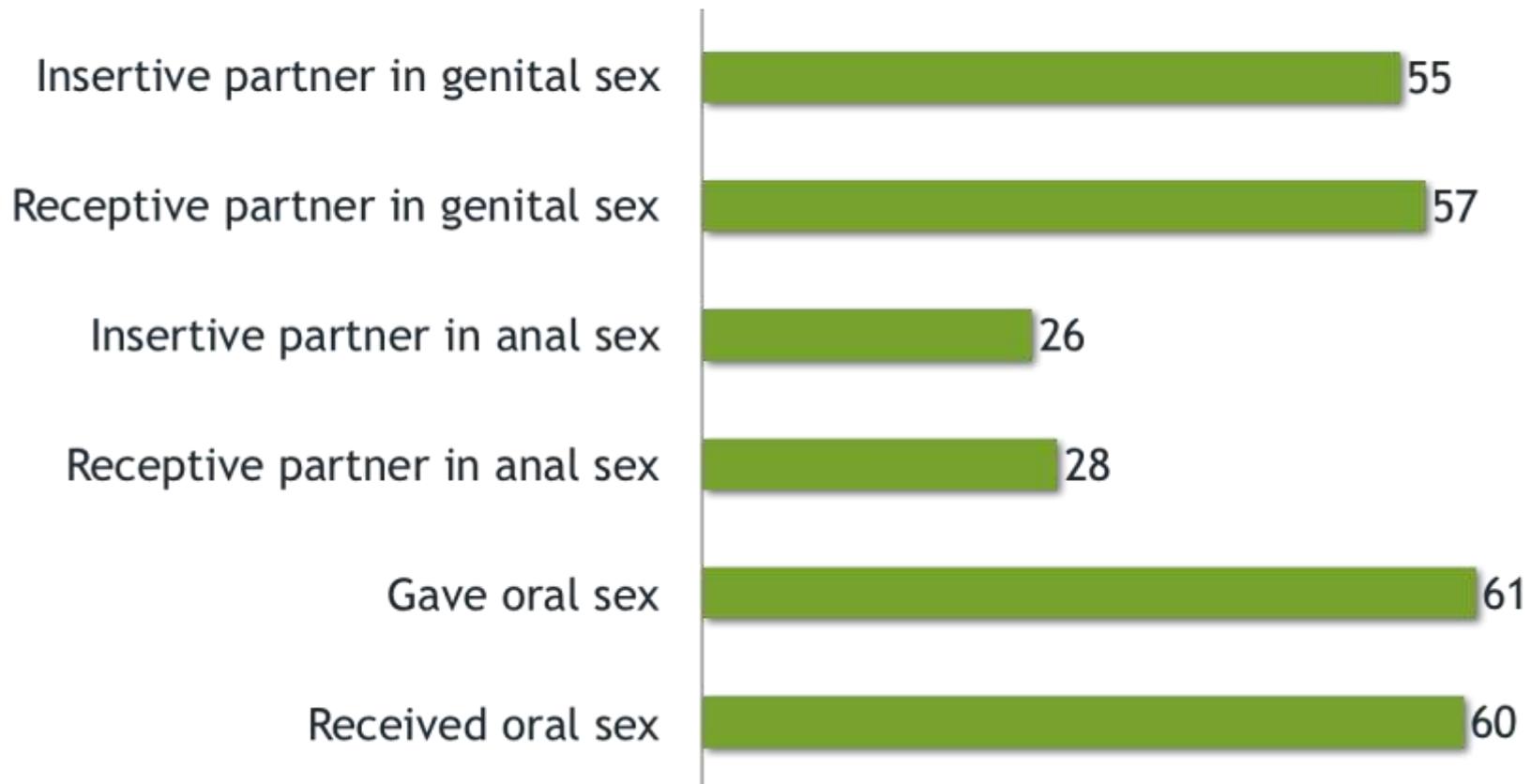
# CHALLENGING ASSUMPTIONS: SEXUAL PARTNERS OF TRANS MASC PEOPLE

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



# CHALLENGING ASSUMPTIONS: SEXUAL BEHAVIORS OF TRANS MASC PEOPLE

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

	“P”	Example Questions
1	Preferences	<ul style="list-style-type: none"><li>• Do you have preferred language that you use to refer to your body (i.e., genitals)?</li><li>• Are you currently sexually active?</li><li>• What kinds of sex do you engage in?</li></ul>
2	Partners	<ul style="list-style-type: none"><li>• Are you sexually active with one partner or more than one?</li><li>• Are you dating anyone or sexually active?</li><li>• Do you have any outside partners?</li><li>• How would your partners identify themselves in terms of gender?</li></ul>
3	Practices	<ul style="list-style-type: none"><li>• Do you use toys inside your [insert preferred language for genitals] or anus, or do you use them on your partners?</li><li>• Do you have any other types of sex that hasn't been asked about?</li></ul>
4	Protection from STIs	<ul style="list-style-type: none"><li>• Are there some kinds of sex where you do not use barriers? Why?</li></ul>
5	Past history of STIs	<ul style="list-style-type: none"><li>• If yes... Do you remember the site?</li></ul>

# CLINICAL INTERVIEW: THE 8“P”S

	“P”	Example Questions
6	Pregnancy	<ul style="list-style-type: none"><li>• Have you considered fertility preservation/banking gametes?</li><li>• Have you thought about having your own biological children, or carrying a pregnancy?</li><li>• When you are having sex, is there any exposure to sperm or chance of pregnancy?</li><li>• Have you considered contraceptive options?</li></ul>
7	Pleasure	<ul style="list-style-type: none"><li>• Do you feel you are able to become physically aroused during sex?</li><li>• How satisfied are you with your ability to achieve orgasm?</li><li>• Do you have any pain or discomfort during or after orgasm?</li><li>• Is sex fun?</li><li>• Are you having sex for pleasure or are there other reasons (survival sex/transactional sex)</li></ul>
8	Partner Abuse	<ul style="list-style-type: none"><li>• Has anyone ever forced or compelled you to do anything sexually that you did not want to do?</li><li>• Is there any violence in any of your relationships? Do you feel safe at home?</li></ul>

# 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**

**Acknowledging Injustice**

**Listen**

**Communicate belief**

**“That must have been frightening for you”**

**Validate the decision to disclose**

**“I understand it could be very difficult for you to talk about this”**

**Emphasize the unacceptability of violence**

**“Violence is unacceptable. I’m sorry that happened, that should not have happened”**

**Be clear that the patient is not to blame**

**“What happened is not your fault”**

**Make a safety plan/Provide resources**

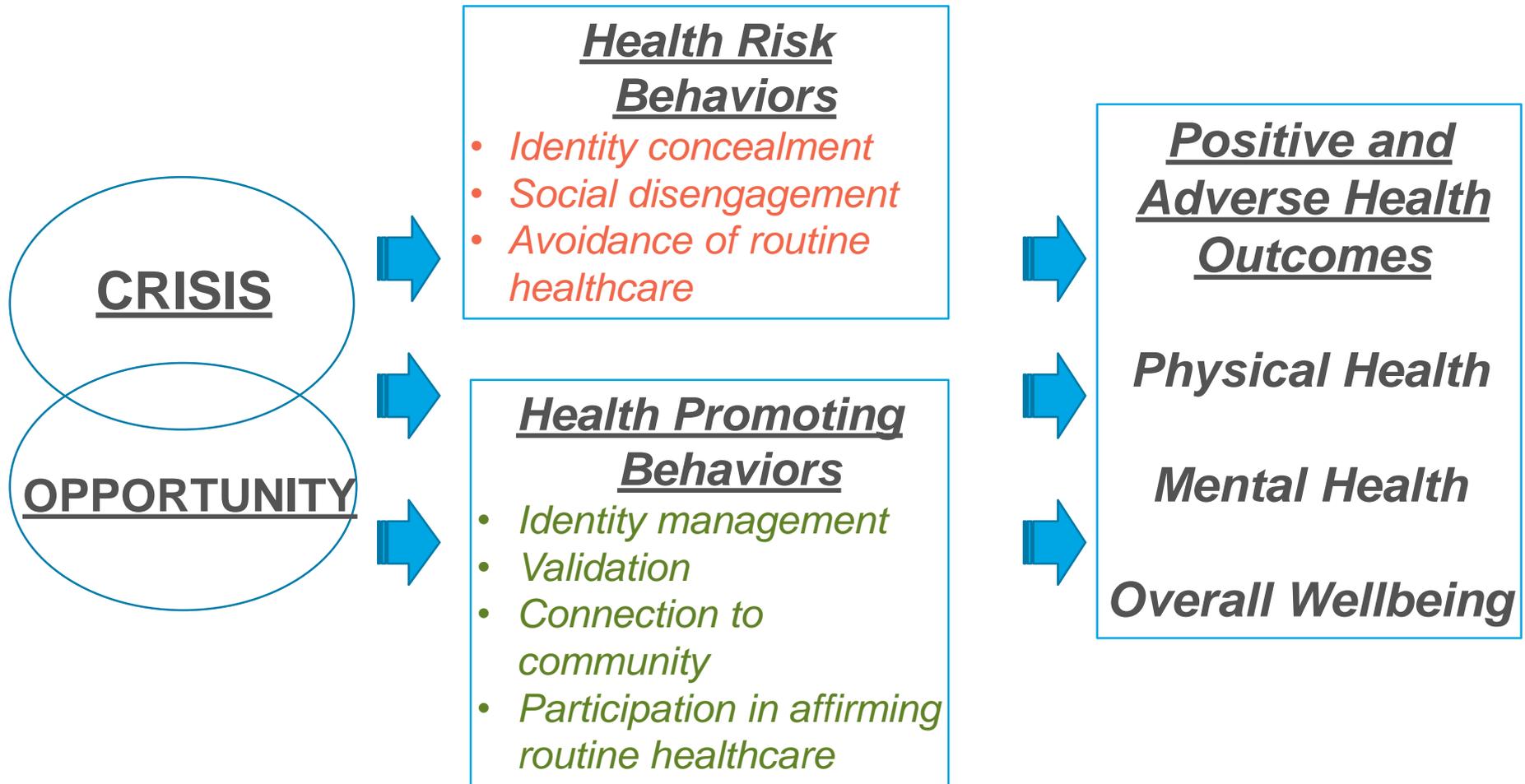
**Preferably a “warm”, on-site referral**

# 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?



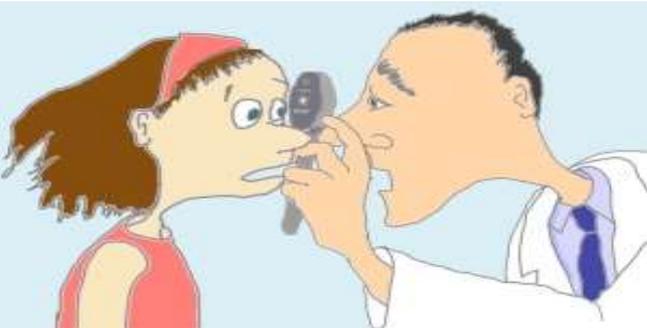
# MINORITY STRESS AND ADAPTIVE COPING





CREATING a  
CULTURE OF  
CONSENT

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

Exam or Technique	Modification options
Chaperone	<ul style="list-style-type: none"><li>• Patient's choice of support person</li></ul>
Position for exam	<ul style="list-style-type: none"><li>• Feet on tablet rather than footrests</li></ul>
Speculum	<ul style="list-style-type: none"><li>• Consider small or pediatric speculum</li><li>• Ask patient if they want to bring home to practice</li></ul>
Speculum/anoscope insertion	<ul style="list-style-type: none"><li>• Self-insertion</li></ul>
Cervical sampling	<ul style="list-style-type: none"><li>• Trans mass person on T with prior unsatisfactory pap: pre-treat with topical estrogen</li></ul>

# EXAM MODIFICATIONS

Phrases to Avoid	Modification options
Don't be scared, everything will be fine.	<ul style="list-style-type: none"><li>• What are you most afraid of?</li><li>• How can we help you through this?</li></ul>
Stirrups	<ul style="list-style-type: none"><li>• Footrests</li></ul>
Avoid unnecessary touching of the patient (e.g., "Scoot down on the table until your bottom touches my hand")	<ul style="list-style-type: none"><li>• Please move your body down until you're almost hanging off the edge of the table.</li><li>• Allow your knees to fall to the sides as much as you can.</li></ul>
I'm going to insert the speculum.	<ul style="list-style-type: none"><li>• I'm going to place the speculum now.</li><li>• It's normal to feel a little pressure.</li></ul>
I'm going to take the sample now... you may feel a "poke" ["prick"].	<ul style="list-style-type: none"><li>• You may feel a little discomfort or cramping.</li></ul>
Hold still. Relax	<ul style="list-style-type: none"><li>• If you need to move, wiggle your toes/squeeze your hands.</li><li>• Try to keep your pelvis resting on the table</li></ul>

# 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*

*fat  
scarred  
gender-variant  
disabled  
short  
swishy  
butch  
toothless  
hairy  
HIV-positive  
are desirable  
are capable  
are sacred  
ARE GOOD BODIES*

*Pleasure is a great reason to have sex*

*Pleasure is everyone's birthright*

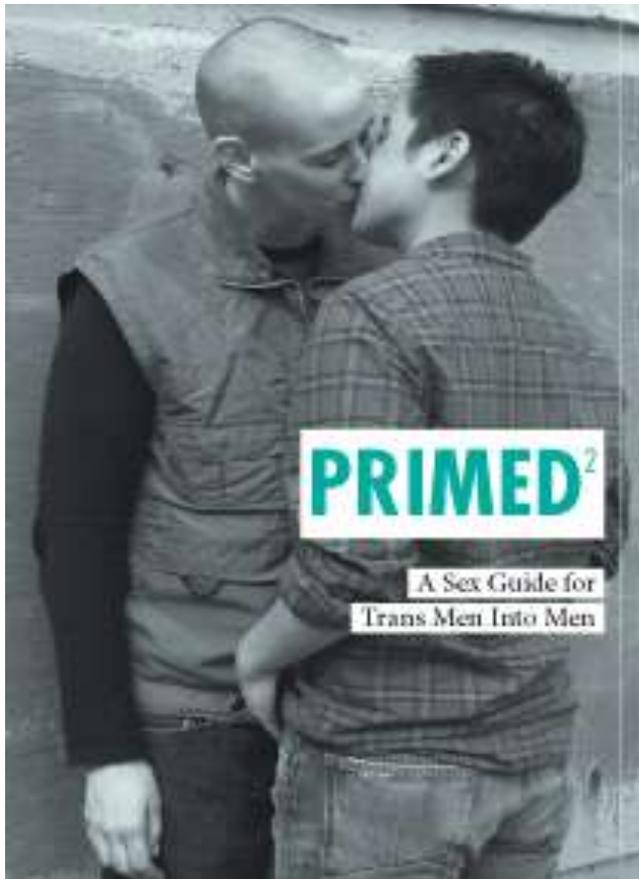
*It's ok to want sex,  
and  
It's ok not to want sex*

*Your body belongs  
only to you*

# Sex Positive Messages



# SEX-POSITIVE, LGBT-AFFIRMING INFO



FENWAY HEALTH  
Image sources: <http://www.queertransmen.org/>  
<http://librarypdf.catie.ca/pdf/ATI-20000s/26424>



ooklet\_eng.pdf



## 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.

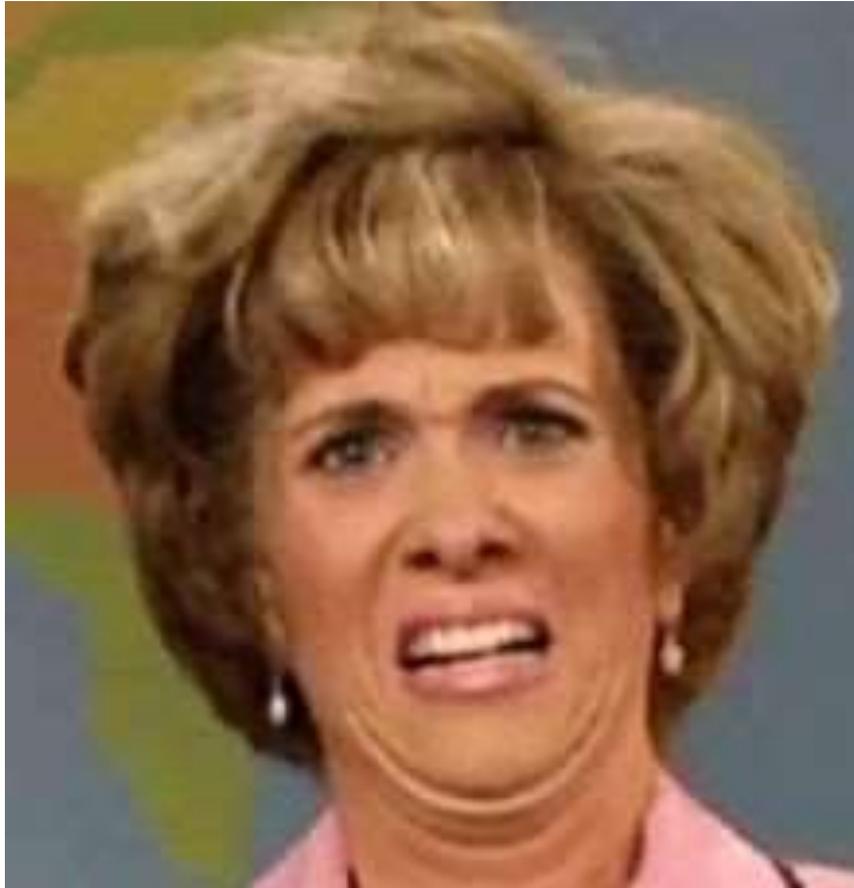
It is especially important for people who engage in frontal (vaginal) sex to take PrEP every day as prescribed in order for it to offer full protection from HIV infection.

Adapted from Dr Tonia Poteat,

October 2018  
[fenwayhealth.org](http://fenwayhealth.org)



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



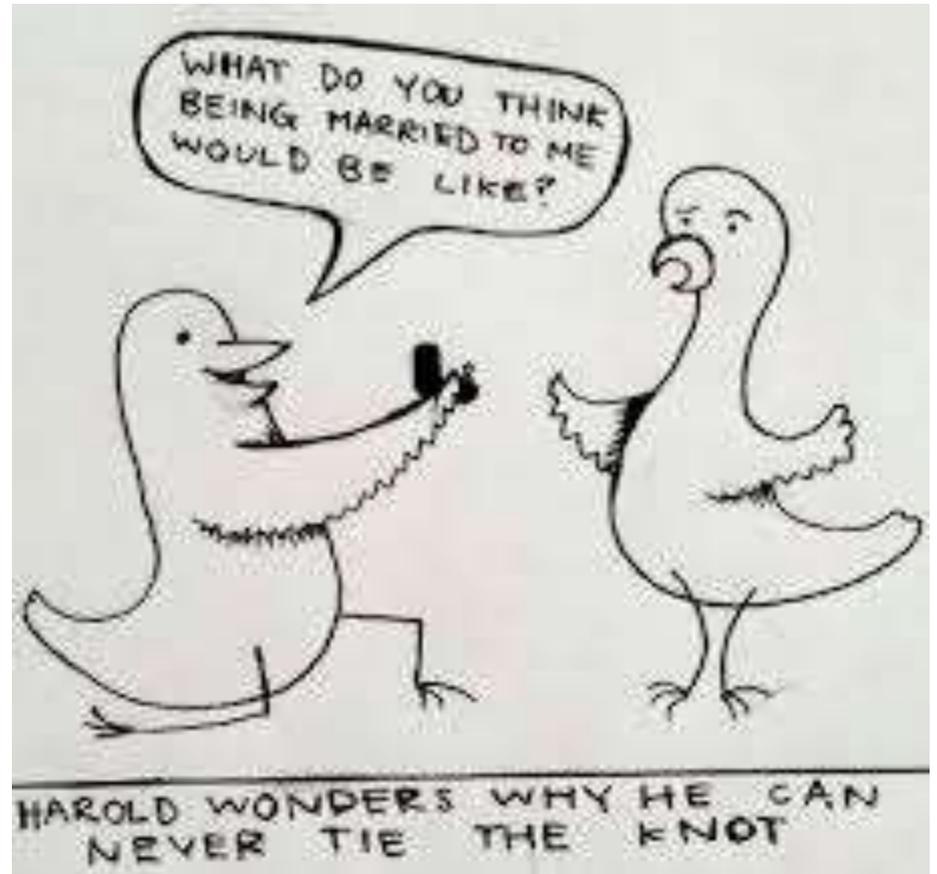
We cannot  
eliminate our bias  
by pretending not  
to have any.

Find your  
**"Yucks"**  
and fix your face

# TALKING ABOUT SEX

Open-ended questions at the end

- Anything else?



# 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](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:  
<http://www.endo-society.org/guidelines/final/upload/endocrine-treatment-of-transsexual-persons.pdf>

# 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](http://doaskdotell.org)

Cervical Cancer Screening for Patients on the Female-to-Male Spectrum: a Narrative Review and Guide for Clinicians

Potter, J., Peitzmeier, S.M., Bernstein, I. et al. J GEN INTERN MED (2015) 30: 1857.

•<https://link.springer.com/article/10.1007/s11606-015-3462-8>

Canadian Cancer Society

•[http://convio.cancer.ca/site/PageServer?pagename=SSL\\_ON\\_Home&utm\\_source=VanityURL&utm\\_content=Cancer.cagetscreened&s\\_locale=en\\_CA#.WILLxIQ-c1J](http://convio.cancer.ca/site/PageServer?pagename=SSL_ON_Home&utm_source=VanityURL&utm_content=Cancer.cagetscreened&s_locale=en_CA#.WILLxIQ-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

•<https://genderdynamix.org.za/documents/sexual-health-for-transgender-gender-non-conforming-people/>

# Collecting SO/GI Information



[www.lgbthealtheducation.org/topic/sogi/](http://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 frequent y asked questions about why we are asking these questions and how the information will be used.

**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.