TAKING A SEXUAL HISTORY

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OBJECTIVES

• At the end of this session, the PA student will be able to:
  – Describe the importance of taking an accurate and professional sexual history
  – Identify pertinent historical information for your specific patient, including special populations
  – Conduct an appropriate and professional sexual history
IMPORTANCE OF THE SEXUAL HISTORY

• Sexual Behaviors and Activity
  – Determine risks
    • STDs, AIDS, Reproductive Disorders
  – May be related to presenting symptom
  – Are important to overall health
  – Contraception/Conception Planning
BARRIERS TO TAKING AN APPROPRIATE SEXUAL HISTORY

“Whoa—way too much information!”
HOW DO WE IMPROVE?

• Training/education of providers
• Practice
• Proactive Interviewing
• Develop Communication/Interactive and Cognitive Skills
INTERACTIVE/COMMUNICATION SKILLS

• Matter of Fact- yet sensitive.
• Non-Judgmental
• Comfortable
• Supportive
WHO SHOULD GET A SEXUAL HISTORY?

• Anyone who may currently be, ever has or may participate in sexual activity.
WHEN SHOULD YOU TAKE A SEXUAL HISTORY?

• During which encounters?

• At what point in the interview?
WHAT TO ASK?

- Screening:

Screening for Sexual Health History

Have you been sexually involved with anyone in the past six months?

- Yes
  - With men, women, or both?
  - Yes
    - What sexual concerns do you (or your partner[s]) have?
  - No
- No
  - Have you ever been sexually involved with anyone?
    - Yes
      - If you were sexually active, do you imagine it would be with men, women, or both?
    - No
      - What are your concerns or questions about sex?

FIGURE 1. Algorithm for screening patients for sexual health history.
WHAT TO ASK; IN-DEPTH

• Partners:
  – How many partners in last month? six months? Lifetime?

• Practices
  – Type of sexual activity.
  – Satisfaction
  – Protection- from STDs, HIV, Hepatitis
  – Substance use
MORE IN-DEPTH QUESTIONS

• Past History STD Exposure
  – Of STIs? Type? Tx? Possible Exposure? Ever been tested?
    • If they don’t feel comfortable asking their partner, do they want help doing this?
  – HIV, ever tested? Would you consider being tested today?
PREGNANCY PLANS

• Plans for children?
• If not:
  – Concerns about getting pregnant?
  – What are you doing to prevent pregnancy?
  – Do you want information on birth control
  – Questions or concerns? Fertility problems?
• If so:
  – Pre-conception counseling,
SEXUAL FUNCTION, HEALTH, IDENTITY

• Sexuality part of life long well being- acknowledge to patients
• Function/Concerns/Satisfaction
• Changes in sexual desire or satisfaction?
• Questions about sexual orientation, identity or desires?
  – Support?
SPECIAL CONSIDERATIONS

• Sexual Orientation
• Gender Identity
• Transgender

• Higher Risk Groups:
  – MSM (Men who have sex with Men)
  – Transgender women. (Transfemale, Affirmed Female, MTF or male-to-female persons)
SCREEN FOR SEXUAL VIOLENCE/ABUSE

• This is often overlooked
• Need to ask about violent sex and physical violence around sex.
• Current Safety
• Have a plan in place for when these questions are positive.
CASES/PRACTICE QUESTIONS
SUMMARY AND RESOURCES

• https://www.rainn.org/
REFERENCES

• http://www.bigshouldersdubs.com/clients/AMA/23-AMA-HealthHistory.htm
• https://www.dosomething.org/tipsandtools/11-facts-about-hivaids-us
• http://www.transgenderlaw.org/resources/transfactsheet.pdf