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MAKING THE SEXUAL HISTORY A ROUTINE PART OF PRIMARY CARE

- Sexual health is an integral part of overall health.
- Using a nonjudgmental approach, ask *all* patients—regardless of age, gender, race, or ethnicity—about their sex lives to guide
 - the physical examination,
 - screening for HIV and other sexually transmitted infections (STIs),
 - counseling on safer sex and pregnancy.
- Engage all patients, including heterosexual and married people, about HIV and other STIs.
- Ask all patients, including lesbians, gay or bisexual men, and transgender people, about their intention to have a child or avoid pregnancy.

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Sexual health, as defined by the World Health Organization, is “a state of physical, mental, and social well-being in relation to sexuality.”¹ Sexual health is integral to overall individual health and important for community health, but is often overlooked in primary care. In New York City’s 2011 Community Health Survey, only 39% of women and 29% of men who had a primary care visit in the past year reported being asked about their sexual history (New York City Department of Health and Mental Hygiene, unpublished data).



The sexual history guides screening, vaccination, safer-sex counseling, and preconception health guidance (**Box 1**).^{2,3} Taking the history can strengthen the patient-provider relationship⁴ and may also increase patient uptake of effective interventions for sexual health, such as preexposure prophylaxis (PrEP) to prevent HIV.⁵

Some providers may be uncomfortable discussing issues of sexuality at the clinical encounter, but patients often expect their providers to ask about sexual health and orientation and gender identity.^{4,6,7}

Make the sexual history part of routine care for all patients aged 12 and older,⁸ and update the history at subsequent visits. Anyone, regardless of sexual orientation, can have sex partners of any gender, and sexual practices can change over time.⁹ Unless you ask, some patients may not volunteer information.⁴

CREATE A WELCOMING ENVIRONMENT

Create a welcoming, culturally competent environment that makes all patients comfortable discussing their sexual practices and sexual identity (**Boxes 2**^{4,6,8-11} and **3**).

It is especially important to identify lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals and engage them in care. Transgender people and men who have sex with men (MSM)—regardless of how they self-identify—may have

unique health care needs, including for broader STI screening, vaccinations, and access to preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) to prevent HIV.

USE NONJUDGMENTAL LANGUAGE TO BUILD RAPPORT

Before taking any sexual history, assess your own level of comfort and recognize your potential reactions so you can manage them.^{2,4,9} Let patients know that the questions are an important part of the interview (**Box 4**¹²) and are asked so you can provide the best medical care. Use a nonjudgmental approach to build rapport with your patients:

- Interview patients alone, if possible.
- Use open-ended questions to avoid implying that there are right or wrong answers. For example, instead of asking “Are you gay?” ask patients “What are the genders of your sexual partners?”²
- Avoid value-laden language.^{2,4,10,11} Instead of asking “Are you monogamous?” ask “Can you tell me about who you’ve have had sex with in the past year?”⁴ If necessary, follow up with “How many partners have you had in the past year?”⁴
- Ask patients which terms they prefer to describe themselves, their bodies, their partners, and their sexual activities, and use that language. For example, transgender men may say “front hole” instead of “vagina.”^{12a}
- Understand that you may be the first person or professional to whom the patient is “coming out” or revealing sensitive sexual concerns and prepare reassuring responses.¹¹

BOX 1. WHY YOU SHOULD TAKE A ROUTINE SEXUAL HISTORY^{2,3}

Incorporating the sexual history into primary care

- Makes discussion about sexual health an expected part of primary care.
- Affirms patients’ identities and experience.
- Guides individual screenings for
 - HIV and other STIs,
 - HPV-related cancers.
- Helps determine appropriate vaccinations (including hepatitis A and B, HPV, and meningococcal disease).
- Opens opportunities for counseling on
 - reducing risk of HIV and STIs (including PrEP, PEP, and condom use),
 - pregnancy planning and prevention,
 - sexual risk behavior.
- Allows patients to raise concerns about sexual function or pleasure.
- Can inform related screenings, including those for
 - mental health,
 - alcohol and drug use,
 - food and housing security,
 - intimate partner violence, including reproductive coercion.
- Strengthens the provider-patient relationship.

HPV, human papillomavirus; PEP, postexposure prophylaxis; PrEP, preexposure prophylaxis; STI, sexually transmitted infection.

See **Resources for Providers** for more information and **City Health Information** for individual screening tools.

BOX 2. WELCOMING LGBTQ PATIENTS AND THEIR PARTNERS^{4,6,8-11}

To welcome and engage patients of all sexual orientations and gender identities:

- Display posters and literature in different languages that promote lesbian, gay, bisexual, transgender, and queer (LGBTQ) health with models illustrating racial and ethnic diversity.
- Display policy statements that prohibit discrimination in your office.
- Ask patients for their gender identity, sex assigned at birth, and the genders of sexual partners as a standard part of their patient records.
- Ask patients for the name they use (if different from the name on their insurance), and the pronouns they use and enter the information into the electronic health record.
- Ensure that staff address and refer to the patient with the correct name and pronouns.
- Refer to the patient’s medical record before each encounter so that LGBTQ patients do not have to “come out” at every visit.
- Assure patients that all the information you collect will be kept confidential and shared only on a need-to-know basis—for example, for billing or disease reporting.
- Train all staff in how to welcome and serve LGBTQ patients, including all of the above practices (**Resources for Providers**).

EXPLAIN HOW A SEXUAL HISTORY WILL BE USED

Tell patients how this information will help you assess their health care needs²:

- Sites of sexual contact (oral, vaginal, or anal) determine sites for a comprehensive STI screening.
- Information about sexual partners and practices informs recommendations for vaccinations against hepatitis A and B, HPV, and meningococcal disease.
- Discussion of partners and practices also allows for an accurate assessment of HIV and STI risks and prevention options.⁴
- Knowledge of a patient's desire to plan or avoid pregnancy leads to more effective contraception and preconception counseling.

TAKE A BASELINE SEXUAL HISTORY

The 5 “P”s is the Centers for Disease Control and Prevention's framework for quickly determining a patient's sexual health needs. See **Box 5** for core questions, which can be used to take a baseline sexual history.

Focus on sexual practices rather than identity. Avoid using judgmental language or making assumptions.

Remember that:

- Not all individuals who have sex with same-gender partners identify as LGBTQ.
- LGBTQ patients may have heterosexual partners.
- Married patients may have more than one sexual partner.
- Straight-identified patients may have same-gender or transgender partners.

Some patients may be more willing to first disclose sensitive information via self-administered questionnaires—either on printed forms or electronic devices.⁶

ASK ANNUAL FOLLOW-UP QUESTIONS

Sexual practices, identities, and contraception plans can change over time. Update the sexual history annually by asking follow-up questions (**Box 6**⁹).

UNDERSTAND YOUR LGBTQ PATIENTS

Gay, lesbian, bisexual, transgender, and queer individuals, especially those of color, have unique health care needs.^{2,10,13} Racial discrimination, in addition to homophobia and gender-identity stigma, can contribute to LGBTQ patients' sexual risk and may impede care.¹³

- MSM have high prevalence and incidence of HIV, syphilis, gonorrhea, chlamydia, hepatitis A and B, and anal HPV.⁴
- Transgender women have a higher risk for HIV and other STIs compared with other adults.^{4,14}
- MSM of color are less likely than White MSM to disclose same-sex behavior to others.¹⁵
- Lack of engagement in care among lesbian and bisexual women often leads to late diagnosis of HPV, cancers, and other chronic illness.¹⁶

- LGBTQ teens are more likely to face family rejection or be victims of violence; and some depend on sex work to survive.¹⁷

MSM and transgender patients are recommended to receive frequent and comprehensive STI screenings and vaccinations, and may benefit from other primary care services. For more guidance, see *City Health Information* issues [Providing Comprehensive Health Care to Men Who Have Sex With Men \(MSM\)](#) and [Providing Primary Care to Transgender Adults](#), and **Box 7**¹⁸.

BOX 3. GENDER AND SEXUAL IDENTITY TERMINOLOGY

Bisexual and pansexual describe people who are attracted to more than one gender.

Cisgender describes people whose gender identity aligns with the sex they were assigned at birth.

Coming out refers to a person's disclosing or openly expressing their gender or sexuality.

Gay is used to describe men who are attracted to men, or to broadly describe people with same-gender attractions.

Gender identity is a person's internal sense of being a man, a woman, or another gender.

Gender nonconforming (GNC) describes a person whose gender expression is perceived as being inconsistent with cultural norms expected for that gender. GNC people may identify as cisgender, transgender, or nonbinary.

Heterosexual (straight) describes people who are attracted to people of the opposite gender.

Lesbian is used to describe women who are attracted to women.

Men who have sex with men (MSM) includes all men who have sex with men, even those who do not identify as gay or bisexual.

Nonbinary, genderqueer, and gender-fluid are terms used by people who identify as neither exclusively women nor exclusively men, or who identify beyond this traditional binary.

Queer is sometimes used as an inclusive term for people whose identity, presentation, or sexual practices resist societal expectations. Historically derogatory, “queer” is now used by LGBTQ people as a political term and, by some, as an individual identity.

Sex (assigned at birth) is the assignment of male or female at birth, mainly based on external anatomy.

Sexual orientation refers to a person's sexual attractions or how they identify, but may not determine with whom they have sex (behavior).

Transgender describes people whose gender identity differs from their sex assigned at birth. Transgender people may or may not take hormones or have gender-affirming surgery.

Transition refers to social, legal, and medical changes individuals may undertake to affirm their gender identity; gender-affirming surgeries include genital, chest, and facial reconstruction.

Women who have sex with women (WSW) includes all women who have sex with women, even those who do not identify as lesbian or bisexual.

Adapted from National LGBT Health Education Center and National Association of Community Health Centers. [Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers.](#)

BOX 4. INTRODUCING THE SEXUAL HISTORY—SAMPLE STATEMENTS¹²

- I want to ask you a few questions about your sex life.
- I ask these questions of all my patients so that they can get the care they need. In order to understand which testing or other services you may need, it's important to ask a few questions about your sex life.
- This information will not be shared with any other person without your consent (except for disease reporting or billing purposes).

BOX 5. THE 5 “P”s—CORE QUESTIONS

Start by letting patients know that you're asking these questions so they can get the care they need.

Partners

- Do you have sex with women, men, and/or transgender partners? In the past year, who have you had sex with?
- Do you currently have a main sex partner? Do you have more casual “hook-ups”?

Pregnancy

- Are you trying to have a child or trying to avoid pregnancy?^a

Practices

- What types of sex do you have? Oral? Vaginal? Anal?^b Digital penetration?

Protection Against STIs

- How do you protect yourself from HIV and other STIs?^c

Past History of STIs

- Have you ever been diagnosed with HIV or another STI? When were you last tested? Have you had any recent symptoms?

Finish with an open-ended question such as, “Is there anything else you'd like to tell me about your sex life or past sexual experiences?” to provide patients the opportunity to disclose any history of sexual abuse, intimate partner violence, or reproductive coercion.

See the [New York City Health Department's HIV and Sexually Transmitted Diseases provider web pages for screening and treatment guidance and information on reporting and training opportunities](#).

^aIf yes, provide preconception counseling, prescribe vitamins containing folic acid 400 mcg daily, and/or refer to a reproductive health care provider (see [Preconception Care](#) for detailed guidance).

^bTo guide HIV and STI screening, especially for men who have sex with men and transgender people, ask about sexual practices and sites of exposure (ie, if anal—top [insertive], bottom [receptive], or both; if oral—giving, receiving, or both).

^cDiscuss daily PrEP and emergency PEP with HIV-negative patients who may be exposed to HIV, particularly with patients who are unsure about their partners' HIV status or do not consistently use condoms for sex.

Adapted from CDC. A guide to taking a sexual history. www.cdc.gov/std/treatment/SexualHistory.pdf.

BOX 6. ANNUAL FOLLOW-UP QUESTIONS⁹

- Have you been sexually active in the last year?
- Has anything in your sex life changed since your last visit?
- Are your partners women, men, and/or transgender?
- How many partners have you had in the past year?
- Are you trying to have a child or trying to avoid pregnancy?

BOX 7. CONTRACEPTION AND FERTILITY COUNSELING FOR TRANSGENDER PATIENTS¹⁸

Contraception

- Gender-affirming hormone therapy may suppress menstruation or sperm production, but conception is still possible.
- Counsel transgender people who have reproductive organs to use contraception if their sexual practices could result in an unwanted pregnancy.

Fertility counseling for transgender women

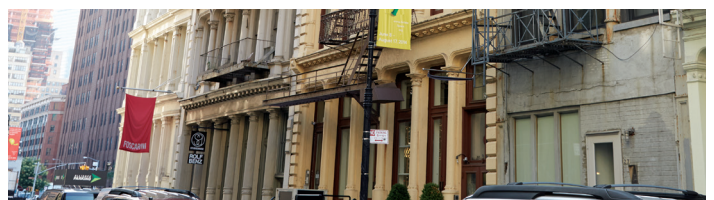
- Prolonged exposure to estrogen has been associated with decreased sperm count.
- Advise transgender women who wish to preserve fertility that the most successful option may be to freeze sperm before beginning hormone therapy. Pharmacotherapy can be used to stimulate sperm production.

Fertility counseling for transgender men

- Testosterone therapy usually can suppress ovulation and menstruation; this may be reversible upon discontinuation of testosterone therapy.
 - Fertility preservation options include freezing of eggs, embryos, or ovarian tissue.
- Advise transgender men that testosterone causes birth defects and is contraindicated during pregnancy. The optimal testosterone washout period in transgender men prior to pregnancy is unknown.
- Offer transgender men interested in pregnancy standard preconception counseling and transgender-affirming prenatal care.

Inform all patients that these assisted reproductive options are expensive and often not covered by insurance. Consider consulting with, or referring to, a provider who specializes in transgender care ([Resources](#)).

See University of California, San Francisco, Center of Excellence for Transgender Health, [Fertility Options for Transgender Persons](#) for more information ([Resources](#)).



ASSURE ADOLESCENTS OF CONFIDENTIALITY

Confidentiality can be especially important to adolescent patients.

- Spend time alone with adolescent patients beginning at age 12, and inform their parent or guardian in advance that this is standard practice.⁷
- Incorporate the sexual history into a broader conversation about home, school, alcohol and drug use, emotional health, and relationships (**Resources for Providers—Adolescents**).
- Reinforce to adolescent patients that anything said or discussed will not be revealed to their parent or guardian without patient permission.
 - In New York State, adolescents do not need parental consent to receive contraception or abortion services, STI screening or treatment, HPV vaccination, HIV testing,⁸ and, as of 2017, HIV treatment and PrEP or PEP to prevent HIV.¹⁹
- Explain to the patient that insurance documents or lab bills sent to the main policyholder (usually their parent or guardian) can compromise confidentiality.
- If an adolescent is concerned about confidentiality, refer him or her to a primary care or adolescent health center where services are both confidential and offered at no or low cost. Qualifying adolescents can enroll in the [Family Planning Benefit Program](#) (**Resources**).
- Ask LGBTQ teens if they have adequate support and refer them to resources.

For more information and resources, see *Sexual and Reproductive Health Care Best Practices for Adolescents and Adults*.

SEXUAL HEALTH AND OLDER ADULTS

Don't assume that older patients are not sexually active. Ask ALL patients, including those over 50 years of age, about their sexual health (**Box 5**).

- Encourage the use of silicone or water-based lubricant for postmenopausal women (and transgender men) who report vaginal dryness.
- Recognize that erectile dysfunction may increase with age and can be a barrier to condom use.
- Advise older adults and people with physical disabilities that changing positions may improve sexual function and pleasure.

See [Sexuality in Later Life](#) for more information.

SUMMARY

Sexual health is an important part of overall health and has significant implications for the community. Ask all patients about their sexual partners and practices using a nonjudgmental approach. Use their responses to guide screening, vaccination, counseling, treatment, and prophylaxis. ♦

SEXUAL HISTORY QUIZ

1. Which of the following is an important part of welcoming LGBTQ patients and their partners?

- Ensuring that staff address and refer to patients with the name and pronouns they use.
- Displaying policy statements in multiple languages that prohibit discrimination in your office.
- Asking patients for their gender identity, sex assigned at birth, and the genders of sexual partners, and including these details as a standard part of their patient records.
- All of the above.

2. Which of the following statements is true about adolescent patients?

- They are not interested in confidentiality.
- They do not need to learn about sexual health.
- They should not be seen alone in your practice until they turn 16.
- They do not need parental consent to receive contraception or abortion services, STI screening or treatment, HPV vaccination, HIV testing, HIV treatment, and PrEP or PEP.

Correct Answers: 1 - D; 2 - D



RESOURCES FOR PROVIDERS

Guides to Taking a Sexual History

- Centers for Disease Control and Prevention. A Guide to Taking a Sexual History: www.cdc.gov/std/treatment/SexualHistory.pdf
- Sexual Health and Your Patients: A Provider's Guide: nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers/document/ProviderGuide.pdf
- National LGBT Health Education Center
 - Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers: www.lgbthealtheducation.org/wp-content/uploads/COM-827-sexual-history_toolkit_2015.pdf
 - Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records: Taking the Next Steps: lgbthealtheducation.org/wp-content/uploads/Collecting-SOGI-Data-in-EHRs-COM2111.pdf

Screening and Treatment Guidelines

- Centers for Disease Control and Prevention
 - 2015 Sexually Transmitted Diseases Treatment Guidelines: www.cdc.gov/std/tg2015/default.htm
 - STD Screening Guidelines (quick reference guide): nycptc.org/x/STD_Screening_chart_2015.pdf

PEP and PrEP

- PrEP and PEP: Information for Medical Providers: www1.nyc.gov/site/doh/providers/health-topics/prep-pep-information-for-medical-providers.page

Transgender Health

- University of California, San Francisco Center of Excellence for Transgender Health
 - Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People: transhealth.ucsf.edu/protocols
 - Fertility Options for Transgender Persons: transhealth.ucsf.edu/trans?page=guidelines-fertility

Training and Clinical Consultation

- New York City STD Prevention Training Center (NYC PTC): www.nycptc.org/about_us.html
- NYC Health Department T-TAP (HIV-related trainings): nyhealthtraining.org/training/
- National Network of STD Clinical Prevention Training Centers: www.stdccn.org

Adolescents

- HEEADSSS 3.0: psychosocial interview for adolescents: contemporarypediatrics.modernmedicine.com/contemporary-pediatrics/content/tags/adolescent-medicine/heedsss-30-psychosocial-interview-adolesce

City Health Information Archives (www1.nyc.gov/site/doh/providers/resources/city-health-information-chi.page)

- Addressing Alcohol and Drug Use—An Integral Part of Primary Care:* www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-35-3.pdf
- Providing Comprehensive Health Care to Men Who Have Sex With Men (MSM):* www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-33-4.pdf
- Providing Primary Care to Transgender Adults:* www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-34-2.pdf

Other Resources

- NYC Department of Health and Mental Hygiene
 - LGBTQ Health Care Bill of Rights: www1.nyc.gov/assets/doh/downloads/pdf/ah/lgbtq-bor-wallet.pdf
 - Sexually Transmitted Diseases: www1.nyc.gov/site/doh/providers/health-topics/stds.page
 - Sexual and Reproductive Health Care Best Practices for Adolescents and Adults: www1.nyc.gov/assets/doh/downloads/pdf/ms/srh-clinical-guide.pdf

RESOURCES FOR PATIENTS

NYC Department of Health and Mental Hygiene

- Bare it All campaign: www1.nyc.gov/site/doh/health/health-topics/lgbtq.page
- LGBTQ Health Care Bill of Rights: www1.nyc.gov/assets/doh/downloads/pdf/ah/lgbtq-bor-wallet.pdf
- PrEP, PEP, and HIV materials for patients (halfway down the page): www1.nyc.gov/site/doh/providers/health-topics/prep-pep-information-for-medical-providers.page
- Sexually Transmitted Infections (STIs): www1.nyc.gov/site/doh/health/health-topics/sexually-transmitted-diseases.page
- NYC Condom Availability Program: findnycondoms.com/
- #PlaySure campaign: www1.nyc.gov/site/doh/health/health-topics/playsure.page
- NYC Sexual Health Clinics: www1.nyc.gov/site/doh/services/sexual-health-clinics.page

Family Planning Benefit Program:

www1.nyc.gov/site/ochia/coverage-care/family-planning-benefit-program.page

Free, confidential New York State program that provides family planning services to teens, women, and men who meet certain eligibility requirements, and who are not enrolled in Medicaid.

LGBTQ Patients

- NYC Department of Health and Mental Hygiene. Take Pride, Take Care: Transgender Health in New York City: www1.nyc.gov/site/doh/health/health-topics/transgender-health.page
Resources, support groups, booklets
- The Lesbian, Gay, Bisexual & Transgender Community Center: www.gaycenter.org/
- GMHC: www.gmhc.org/
- SAGE: Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders: www.sageusa.org/
- New York City Anti-Violence Project: www.avp.org/
- NYC LGBTQ Guide 2017: comptroller.nyc.gov/wp-content/uploads/documents/LGBTQ_Guide_2017.pdf
Directory of community organizations, health care facilities, counseling and support groups, recreational clubs, and more

For Adolescents

- NYC Teen Health: www1.nyc.gov/site/doh/health/health-topics/teen-home.page
Information for adolescents, including sexuality, relationships, and bullying; links to community resources and hotlines.
- Respect for All: schools.nyc.gov/RulesPolicies/RespectforAll/default.htm
Resources to help educators, families, and students understand, prevent, and address bullying, cyberbullying, and discrimination.

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Making the sexual history a routine part of primary care.

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