



Women's Health **2024** | *Beyond the Annual Visit*

Taking a Sexual history

It's easier than you think

Barb Dehn, NP, FAANP, NCMP

@NurseBarbDehn

Disclosures

All relevant financial relationships have been mitigated

- Vendor to Cord Blood Registry
- Consultant: Pharmavite, Bonafide, Shield
- Speaker: Acella, Avion

This presentation will not cover any off-label or investigational use therapeutic options.





Objectives

After participating in the presentation, you should have increased your knowledge and enhanced competence to:

- Develop strategies to reassure patients of the confidentiality and evidence-based foundation for taking a thorough sexual history
- Recognize and elicit a sexual history when other conditions or complaints arise which may impact sexuality
- List the reasons why taking a sexual history is an essential part of assessing overall health



Sexuality

- WHO defines sexuality as the way people experience themselves and others as sexual beings, including sexual activity, sexual orientation, gender identity and gender roles, eroticism, pleasure, intimacy, and reproduction.
- It represents a need in everyone's life, a fundamental and natural element, regardless of age or physical state. The expression of sexuality is an integral part of every person, it is a basic human right, and it continues throughout life.

*As HCPs, we aren't asking them.
Our patients aren't asking us.
And yet...they want US to ask.*

81%-94% of HCPs don't
proactively ask about
sexual health



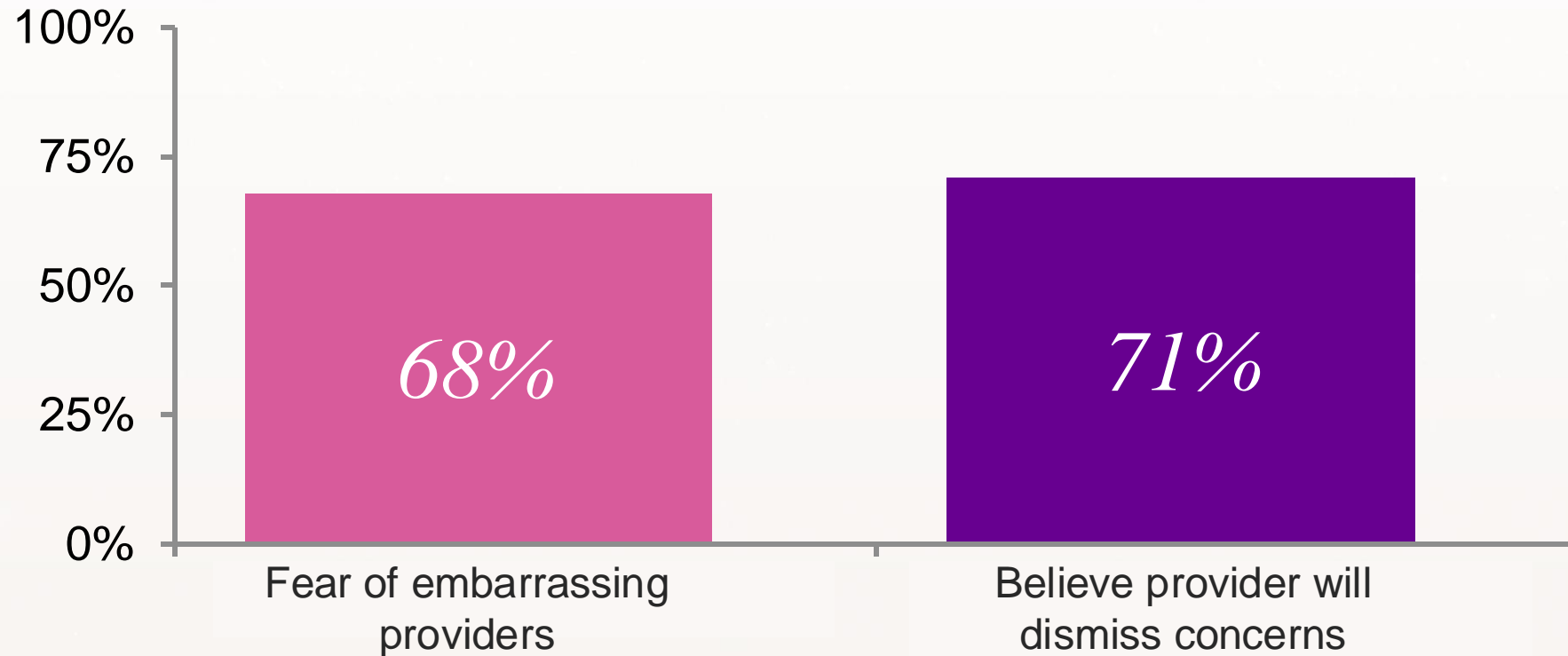


The Reality...

In general, 3/4 of men & women report reluctance in seeking help for sexual health issues...

Over 50% think HCPs *should routinely* ask about sexual health

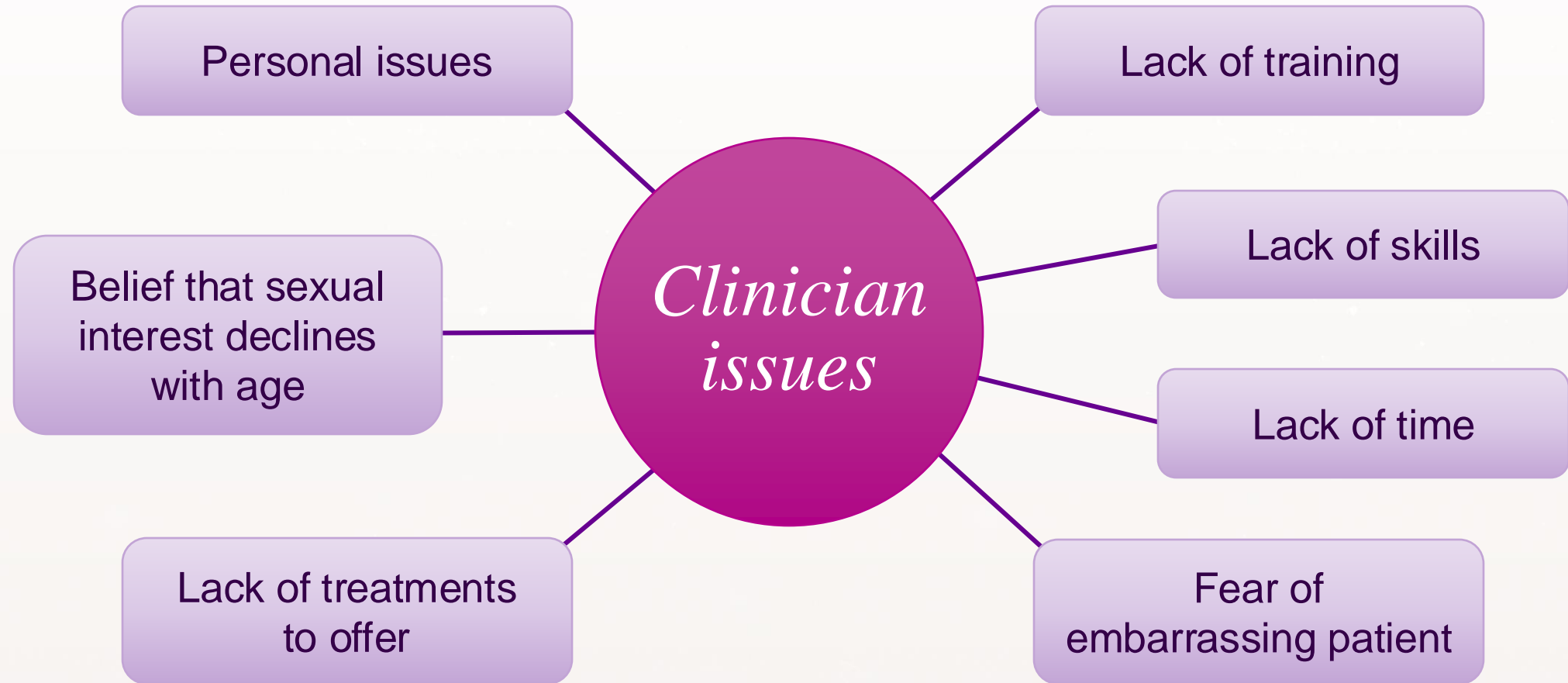
Why Don't Patients Bring Up Sexuality Issues?



Clinician-Based Barriers

- Embarrassment
- Inadequate training/education
 - 61% of medical schools provided 10 hours or less of education
 - 15% provided 20 hours or more
- Concern that management will be time-consuming and/or poorly reimbursed
- Lack of awareness of how other conditions impact sexuality

Sexuality and Clinician Barriers

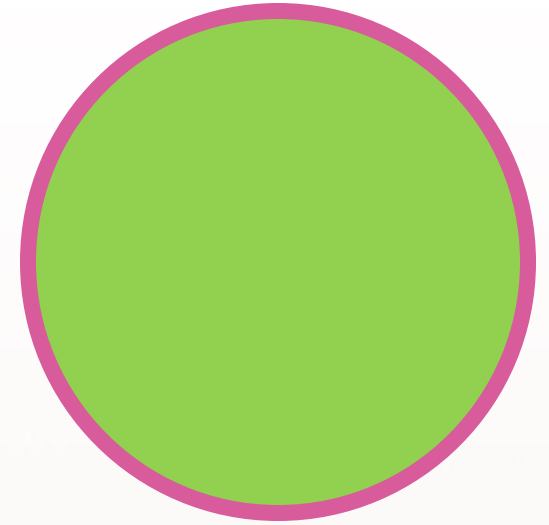




Why Ask? – There's Significant Distress

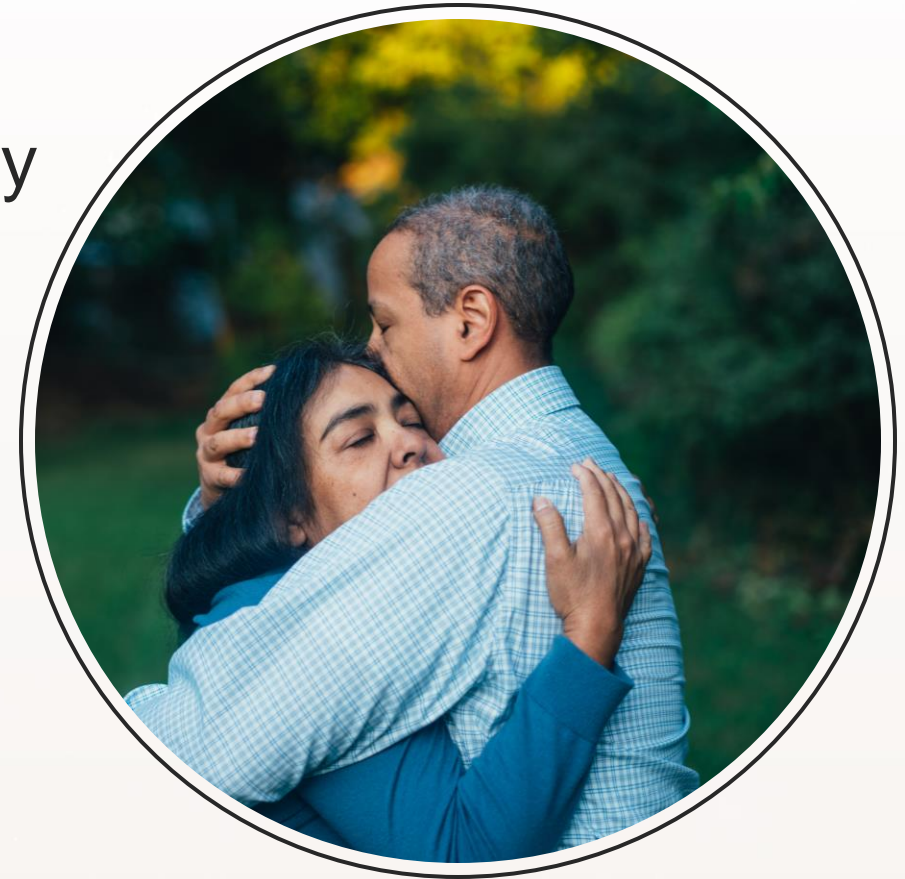
Low to No Sex

- **1 in 8** couples – no sex in 12 months
- US > **20 million** people living in sexless marriages
- Baby Boomers – **33%**
- Gen X born 1965-1980 – **22%**
- Low sex defined as < **10 times/year**



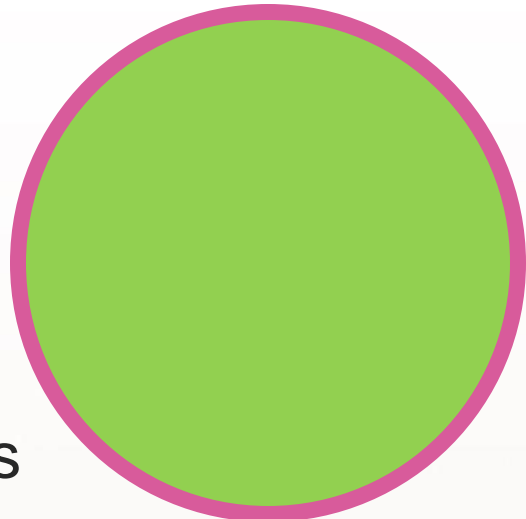
And...

- 75% of couples have desire discrepancy
- 40% of women have a sexual concern
 - Low desire
 - Difficulty with arousal
 - Difficulty with orgasm
 - Sexual pain
- 40% of men at 40 have ED





More Reasons to Ask

- **Sexual function is lifelong:** 60- to 70-year-olds (and up) may be as concerned about sexuality as people in their 20s
 - **Sexual health =** happiness, longevity, well-being, and is an integral part of overall health
 - **Opportunity** for primary prevention and education, STIs, pain, contraception, menopause, andropause
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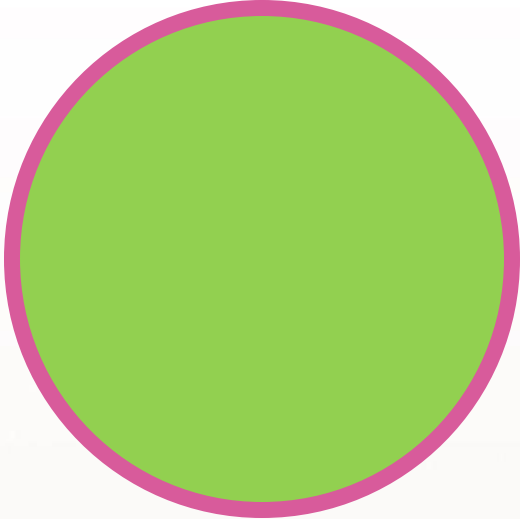
Most people would like help and don't know where to start!



TAKING A SEXUAL HEALTH HISTORY



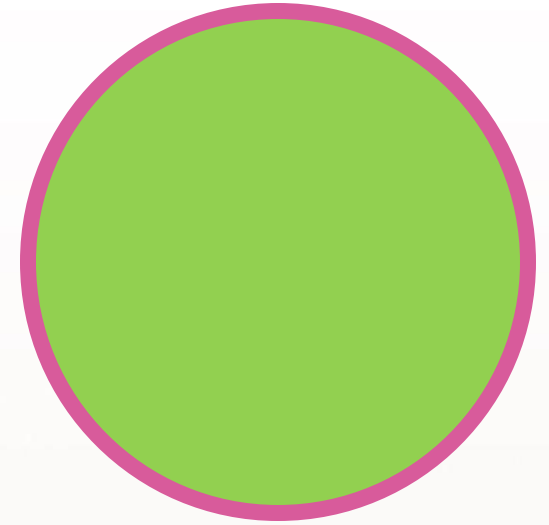
Know Your Audience

- Teens are different than seniors
 - Develop a routine way to gather this information
 - Take culture into account
 - Assurances of confidentiality
 - “I prefer not to answer” is a choice
 - Neutral language
 - Partner(s) instead of girlfriend/boyfriend/husband/wife
- 



A Few Guidelines

- Be sensitive & matter-of-fact
- Let go of judgments & assumptions
- Use inclusive language
- Normalize
- Sit and maintain eye contact
- Plan for silences
- Try not to interrupt



Prepare Them!

“I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal and private and please only share what you’d like me to know.”

“Just so you know, I ask these questions to my adult patients, regardless of age, gender identity, sexual preference, or marital status.”

“These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?”



Trauma-Informed Care

Estimated that 1/3 of women have had a nonconsensual sexual experience

Take into account the possibility of trauma

Somatosensory reactions: anything can trigger a memory

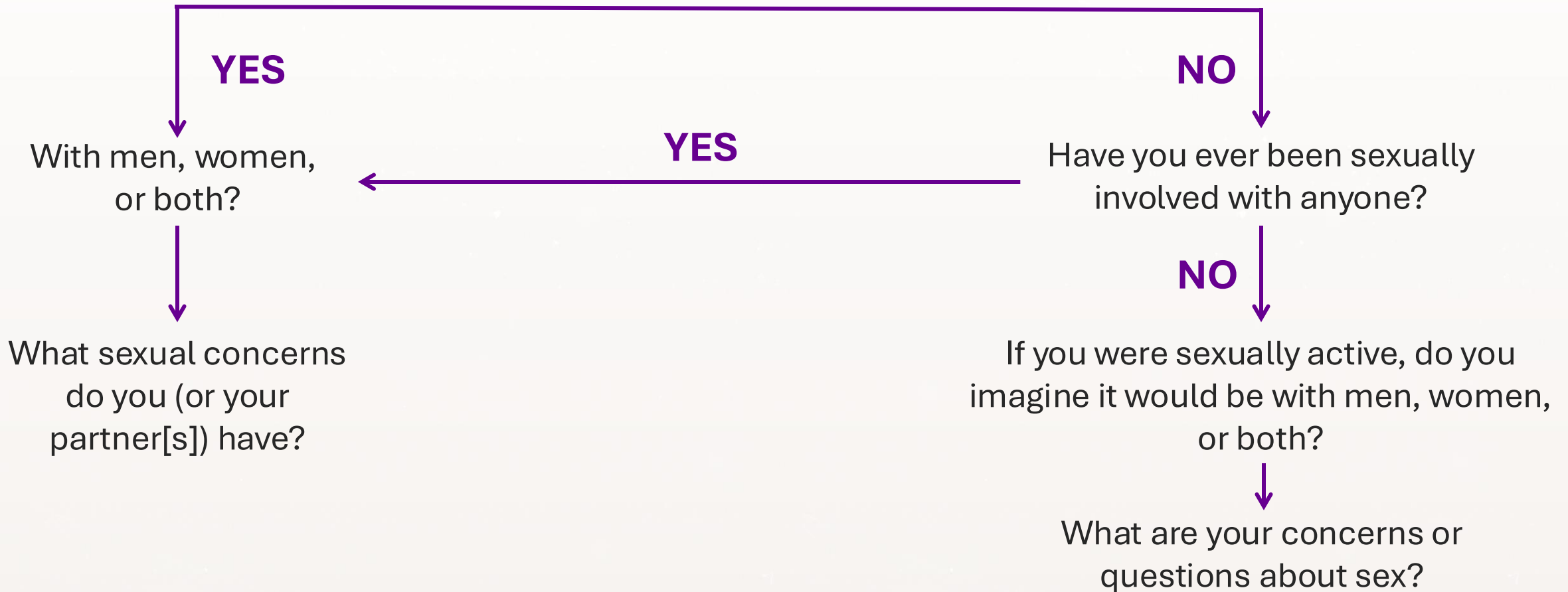
Validate patient's experience

“I’m sorry that you experienced that. It was not your fault and it’s your choice whether you want to discuss it or not.”

LGBTQIA⁺: Don't Assume!

- That people are heterosexual if they haven't said otherwise
- That LGBTQIA+ patients do not have children
- That lesbians never have sex with men
- That same-sex erotic feelings are merely a passing phase and don't need to be taken seriously
- That domestic violence does not occur in lesbian relationships
- That long-term lesbian couples experience “bed death”

Have You Been Sexually Involved With Anyone in the Past 6 Months?





Text Lock-Up

The 5 P's:

Partners

Practices

Protection from STIs

Past History of STIs

Prevention of Unintended Pregnancy

STI risks

- Have you ever been tested for HIV? Would you like to be?
- What do you do to protect yourself from contracting HIV?
- Have you had any sexually related infections? If yes, which one(s)?
- Do you take any medication regularly for an STI, such as herpes?
- Do you participate in oral sex? Anal sex?



Brief Screen for Female Sexual Disorders (FSD)

Legitimize & normalize assessing sexual function

Do you have concerns or questions about your sexual function?

YES



- Are you currently in a sexual relationship?
- Are you having any difficulties with arousal, desire, orgasm?
- If you are not currently sexual, is there anything contributing to this?

NO



Please feel free to ask in the future

Free Modifiable Questionnaire From the National Coalition for Sexual Health

Sexual Health Questions to Ask All Patients

Essential Questions to Ask at Least Annually

Ask every patient the following questions as part of the overall medical history. Try to have this conversation, even if your patient seems uncomfortable or you feel awkward.

Consider using the following script to help you ask these questions and let your patient know that you ask these questions of everyone. If a partner, relative, or caregiver is in the room, ask that person to step into the waiting room. They can be invited back after the examination.

"I'm going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. If you're uncomfortable answering any of these, just let me know, and we'll move on. To begin, what questions or sexual concerns would you like to discuss today?"

Have you been sexually active in the last year?

NO

Have you ever been sexually active?

YES

» What types of sex do you have (oral, vaginal, anal, other)?

» With men, women, both, or another gender identity?

YES

NO


Continue with medical history.

Additional Questions to Ask Adults and Adolescents

To understand your patient's sexual health, determine frequency of STI/HIV screenings, vaccinations and/or medications, and guide counseling, ask questions from CDC's 5 Ps sexual history-taking (Partners, Practices, Past History of STI(s), Protection, and Pregnancy).

The table (on the next page) includes a new sixth P (Plus)—Pleasure, Problems, and Pride—developed by NCSH. Questions explore sexual satisfaction, functioning, concerns, and support for one's gender identity and sexual orientation (partly derived from Rubin et al's best practices approach).

Find more provider resources within NCSH's [Compendium of Sexual & Reproductive Health Resources for Healthcare Providers](#).



NATIONAL COALITION FOR
SEXUAL HEALTH

Partners	Could you tell me about your current relationships (e.g., no partner, one partner, multiple partners)? In the past 3 months, have you had sex with someone you didn't know or had just met? Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult? If yes , does that experience affect your current sex life or sexual relationships? (Probe: In what ways?) If yes , does that make seeing a health care provider or having a physical exam difficult or uncomfortable? Are you having any difficulties with your sexual relationships?
Practices	Do you or your partners have problems with sexual functioning (see "Problems" below)? In the past 3 months, what types of sex have you had? Anal? Vaginal? Oral? (Also, ask whether they give or receive each type of sexual activity.) Have you or any of your partners used alcohol or drugs when you had sex? Have you ever exchanged sex for drugs or money?
Past History of STI (s)	Have you ever had a sexually transmitted infection (or disease)? If yes , which STI(s)? Where on your body were the infections? When did you have it? Were your partners tested and treated too? Have you ever been tested for HIV? If yes , how long ago was that test? What was the result?
Protection	What do you do to protect yourself from STIs, including HIV? When do you use this protection? With which partners? Have you been vaccinated against HPV? Hepatitis A? Hepatitis B?
Pregnancy	Do you have any desire to have (more) children? If yes , how many children would you like to have? When would you like to have a child? What are you and your partners doing to prevent pregnancy until that time? If no , are you doing anything to prevent pregnancy? How important is it to you to prevent pregnancy? Would you like to talk about birth control options?
Pleasure	Start the conversation with, "It is part of my routine to ask about sexual health, including sexual functioning and pleasure, as part of your visit." • How is your sex life going? What concerns do you have about your sex life? • Are you currently involved in any sexual relationships? • Is the sex you're having pleasurable for you? If no , why not? • Are you and your partners on the same page about what's pleasurable? • Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships? • If not sexually active: • Would you like to have a sexual relationship or a better sex life? • Is there anything holding you back or getting in your way? (This could lead to a discussion of problems (see "Problems" below) and of other issues such as sexual assault and porn use.)
Problems	Are you having any difficulties when you have sex (e.g., pain, discomfort, vaginal dryness, lack of arousal, lack of orgasm, lack of erection)? Are you concerned about your sex drive or the sex drive of your partners (e.g., low or high level of interest in having sex, mismatched sex drives)?
Pride**	What support, if any, do you have from your family and friends about your gender identity? What support, if any, do you have from your family and friends about your sexual orientation? Are you experiencing any harassment or violence—at home, at work, at school, or in your community—due to your sexual orientation or gender identity?

*include, forced anal, vaginal, or oral sex, drug-facilitated sexual assault; sexual harassment; stalking; groping and/or birth control pill resources and a 24/7 hotline: [The National Sexual Assault Online Hotline](#). **CDC, other government agencies, and community materials: [Lesbian, Gay, Bisexual, and Transgender Health](#) and [LGBT Youth Resources](#)

HSDD? A Brief DSDS Screening Tool (Decreased Sexual Desire Screen)

- In the past, was your level of sexual desire or interest good and satisfying to you?
- Has there been a decrease in your level of sexual desire or interest?
- Are you bothered by your decreased level of sexual desire or interest?
- Would you like your level of sexual desire or interest to increase?
- Please check all the factors that may be contributing to your current decreased level of sexual desire or interest:

Medications

Medical conditions

Drugs

ETOH

Pain

Pregnancy

Recent Childbirth

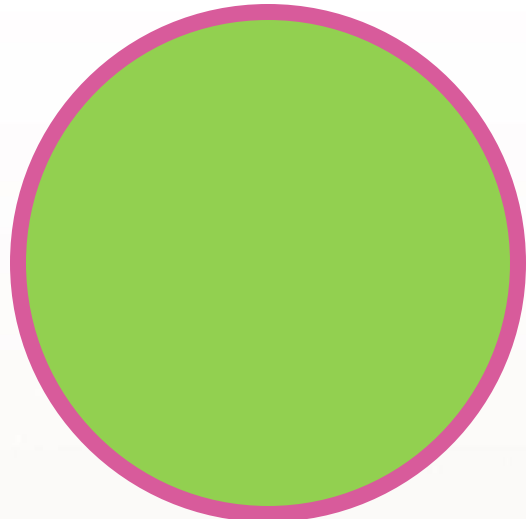
Menopause

Your partner

Other

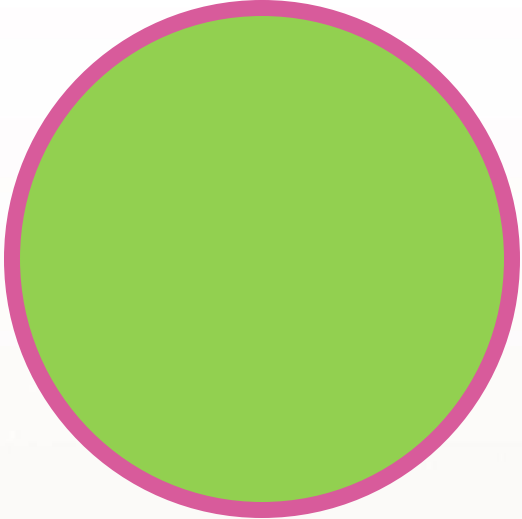


Screening & Normalizing: Key Questions

- Many women with painful periods also have pain with sex, especially if they are in certain positions. Has that been your experience?
 - Many women have had a negative sexual experience which they did not consent to. Has that been your experience?
 - Many women at midlife have noticed changes in their sexual function and pain. Have you encountered that?
 - Many women with PCOS are concerned about how they look, which can interfere with their sexuality. Have you noticed that?
- 



Is It Distressing?

- “Many women in partnered relationships are not sexual with their partner but are enjoying self-pleasuring or are self-sexual.”
 - “You’ve mentioned (fill in the blank here). Is this something you’d like help with?”
 - “Many women find that they have less desire and would like some advice, and others are not bothered and are happy as is. Either way is fine; however, if you’d like some help with (x, y, z), please let me know.”
- 



The PLISSIT model is Permission, Limited Information, Specific Suggestions, and then Intensive Therapy.

And each stage allows for you as a clinician to help your patient feel more and more comfortable giving this information and then getting recommendations.





Permission: The Essential First Step

- Goes in both directions
- By asking *permission*, the provider shows respect, helps to alleviate concerns about offending the person
- By asking with sensitivity and a nonjudgmental approach, the patient is provided *permission* to discuss sexuality now or in the future
- Permission also validates to patients that their concerns, questions, fantasies, behaviors are “normal” and “okay”
- Permission is not provided when activities are not consensual and/or are potentially harmful to the person or to their partner(s)



Limited Information

- Clarify misinformation, dispel myths, provide factual information in a limited manner
- HCPs are a trusted source of information and education about the sexual response cycle, anatomy and physiology, life cycle changes, effects of illness, myths about relationships, frequency, what's "normal"
- Example: Many women do not experience an orgasm from penetrative intercourse but do if they have stimulation to the clitoris
- Example: Many women who have a female sexual partner find that if their partner has a vaginal infection, that they will also



Specific Suggestions

- Provided Specific Suggestions directly related to the particular concern
- This is a follow up from Limited Information, if the patient would like more information
- Many couples who experience pain with intercourse find that they need to use a lubricant, such as...to help reduce pain
- Others find that changing position, such as side-lying or having the woman be on top, helps her control the depth and angle of penetration



Intensive Therapy

- The vast majority of concerns you'll encounter do not need intensive therapy
- Most concerns will take a few minutes of your time
- For more complicated issues, do refer to a AASECT sex therapist, sexuality counselor, or sexuality educator
- American Association of Sexuality Educators, Counselors and Therapists
- AASECT.org



Sexual History: More In Depth

How satisfied are you with your (and/or your partner's) sexual functioning?

Has there been any change in your (and/or your partner's) sexual desire or the frequency of sexual intimacy?

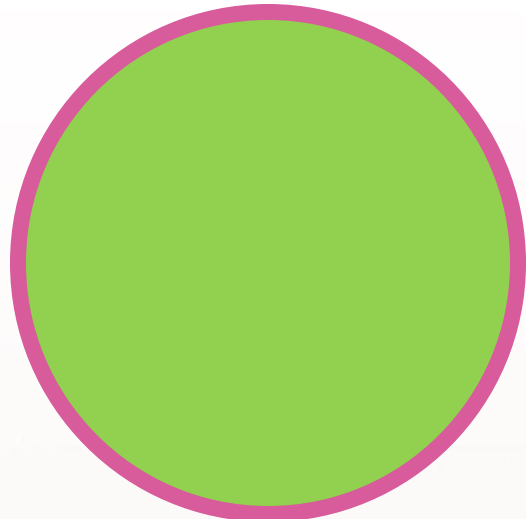
Do you or your partner(s) use any particular devices or substances to enhance your sexual pleasure?

Does your partner(s) have any difficulty with their sexuality?

Is there anything about your (or your partner's) sexual activity (as individuals or as a couple) that you would like to change?

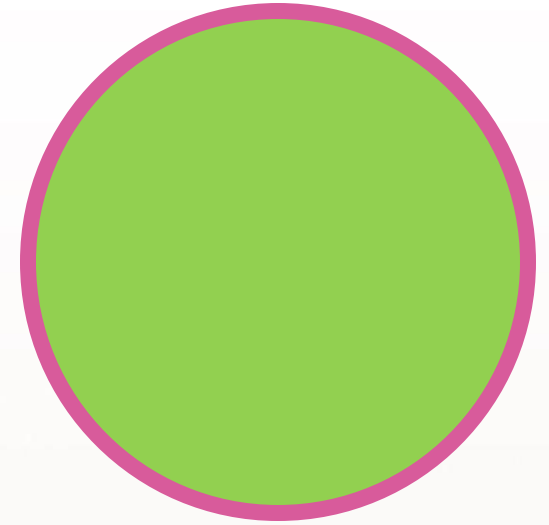


Pain With Sex?

- Do you ever have pain with any sexual stimulation?
 - Do you have pain with intercourse?
 - Do you use a lubricant to have sex?
 - Do you find it difficult to have anything penetrate the vagina?
 - What do you use for contraception?
 - Are you trying to become pregnant?
- 



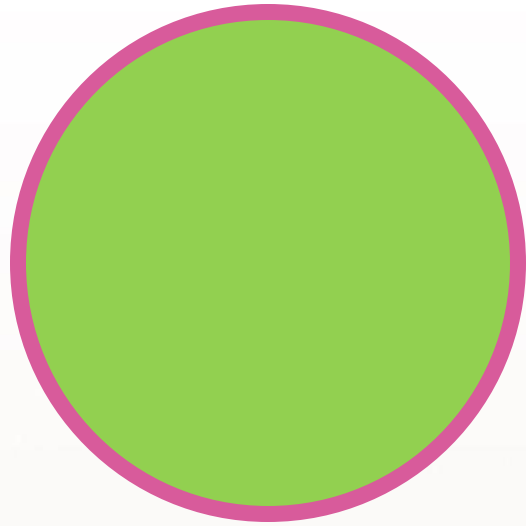
Follow-Up Questions



- How long has this been your experience?
- Was it always this way?
- Does anything make this better, worse?
- Are there any relationship issues that might be contributing?
- Many people find it difficult to discuss sexual concerns with their partner. Has that been your experience?
- What have you tried for this? What has worked in the past?



Orgasm Questions

- Have you ever had an orgasm?
 - Are you having orgasms with your partner? By yourself?
 - Many women don't have orgasms with penetration but find it easier with clitoral stimulation. Is that your experience?
 - Has the quality of orgasms changed?
 - Do you have difficulty having an orgasm, or does it take a long time?
 - How bothered are you by this concern?
 - Would you like me to make some suggestions?
- 

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2024

Beyond the Annual Visit

THANK YOU