Sexual History

March 31, 2017 Week 28

REMINDERS FOR THIS SESSION

- Review the basic theory related to gender and sexuality
- Watch the TED Talk: Ending Gender, https://www.youtube.com/watch?v=TWubtUnSfA0
- Review gender and sexual history taking
- Watch sample Gender History video, XXXXXXXXXXXXX

OBJECTIVES

By the end of this session, you should be able to:

- Demonstrate an organized approach to taking a sexual history
- Demonstrate familiarity with common terminology and vocabulary regarding sex and gender
- Appreciate the breadth of sexual orientations and gender identities
- Communicate respectfully with patients identifying as sexual and gender minorities (SGMs)
- Reflect upon the diversity, complexity, and nuances in sexuality, sexual health, and gender identity

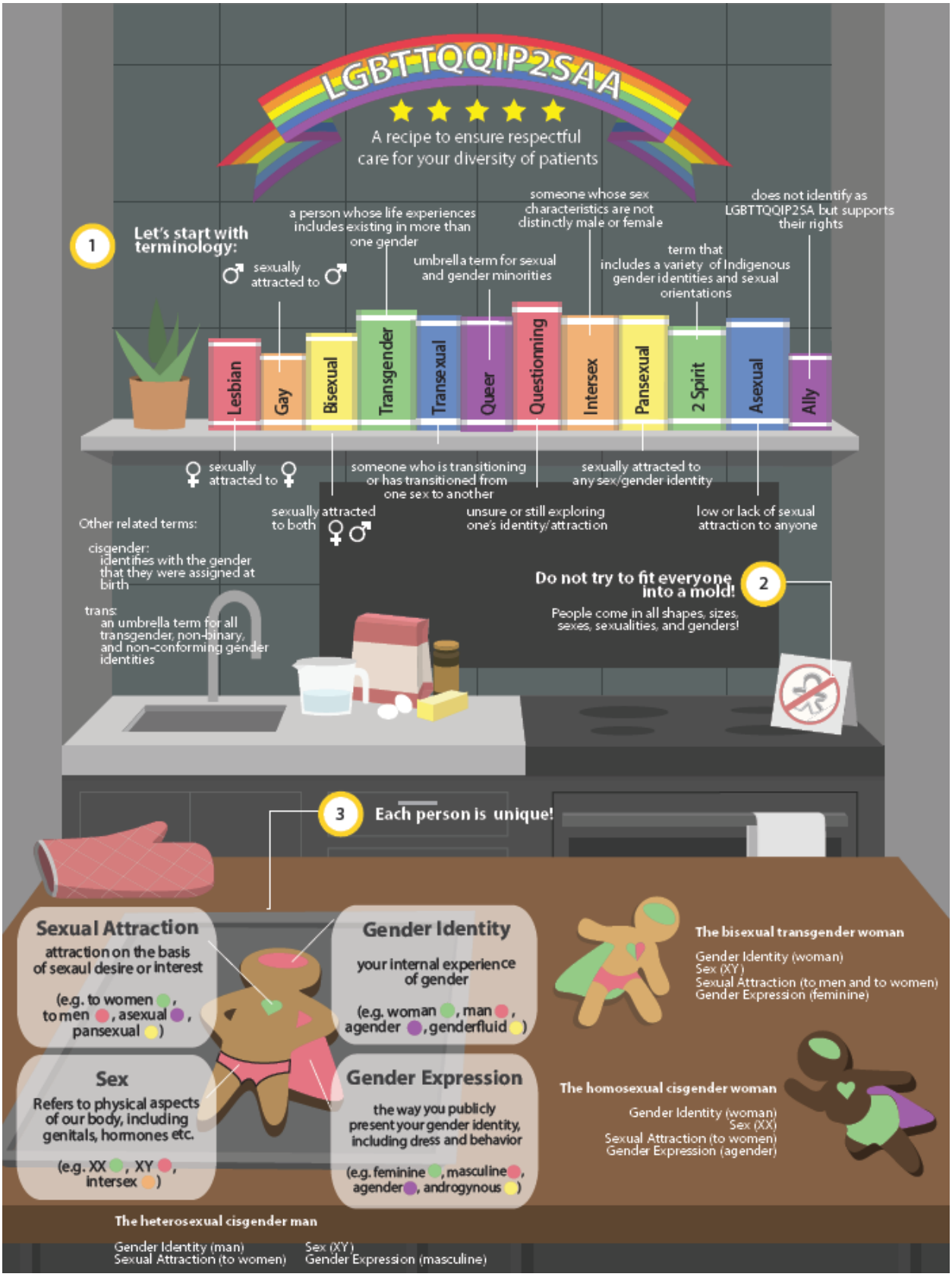
AGENDA

8:00 – 9:00	Discussion of infographic, TED Talk, sexual and gender history, homework questions
9:00 – 10:00	Peer role play cases
10:00 – 10:15	Break
10:15 – 11:45	SP interviews – *note integration with TOPIC*
11:45 – 12:00	Debrief and discussion

HOMEWORK QUESTIONS

Please come prepared to discuss the following questions as a small group:

1. What are the components of a sexual history?
2. What are the common presentations patients have related to sexual activity?
3. What symptoms are associated with sexually transmitted infections?
4. Describe some stigmas some patients may be worried about when discussing their sexual activities with their physician?
5. How might culture relate patients' perceptions about sexuality and gender?
6. How has society's conceptualization of sexuality and gender changed over time? How do perceptions about sexuality and gender vary globally?
7. What additional challenges might individuals identifying with intersecting minority groups have (i.e., two-spirit peoples)?
8. What are your thoughts on the Ted Talk: Ending Gender? What did you agree with? What did you disagree with? What parts did you find particularly impactful/interesting?
9. What biases might you have in regards to sexuality and gender, and how might these biases impact your interactions with patients?
10. What worries might people from sexual and gender minorities (SGMs) have about themselves and how they fit into society?
11. What stigmas might SGMs face in society? From the medical system? How can we, as medical professionals, be aware of these challenges and create welcoming environments for all of our patients?


LGBTTQQIP2SAA
A recipe to ensure respectful care for your diversity of patients
1
Let's start with terminology:
sexually attracted to
a person whose life experiences includes existing in more than one gender
umbrella term for sexual and gender minorities
someone whose sex characteristics are not distinctly male or female
term that includes a variety of Indigenous gender identities and sexual orientations
does not identify as LGBTTQQIP2SA, but supports their rights
Lesbian
Gay
Bisexual
Transgender
Transexual
Queer
Questionning
Intersex
Pansexual
2 Spirit
Asexual
Ally
sexually attracted to
someone who is transitioning or has transitioned from one sex to another
sexually attracted to any sex/gender identity
sexually attracted to both
unsure or still exploring one's identity/attraction
low or lack of sexual attraction to anyone
Other related terms:
cisgender: identifies with the gender that they were assigned at birth
trans: an umbrella term for all transgender, non-binary, and non-conforming gender identities
Do not try to fit everyone into a mold!
2
People come in all shapes, sizes, sexes, sexualities, and genders!
3
Each person is unique!
Sexual Attraction
attraction on the basis of sexaul desire or interest
(e.g. to women, to men, asexual, pansexual)
Gender Identity
your internal experience of gender
(e.g. woman, man, agender, genderfluid)
Sex
Refers to physical aspects of our body, including genitals, hormones etc.
(e.g. XX, XY, intersex)
Gender Expression
the way you publicly present your gender identity, including dress and behavior
(e.g. feminine, masculine, agender, androgynous)
The bisexual transgender woman
Gender Identity (woman)
Sex (XY)
Sexual Attraction (to men and to women)
Gender Expression (feminine)
The homosexual cisgender woman
Gender Identity (woman)
Sex (XX)
Sexual Attraction (to women)
Gender Expression (agender)
The heterosexual cisgender man
Gender Identity (man)
Sexual Attraction (to women)
Sex (XY)
Gender Expression (masculine)

How to use this Infographic:

Information presented on these right panels supplement concepts within the graphic - refer to these pages for further learning!

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1 **Let's start with terminology**

While these terms make up the LGBTTQQIP2SAA (***often abbreviated as LGBTQ+***) banner, they DO NOT represent the full spectrum of identifiers and terms that individuals in the community may identify themselves with.

Not everyone will fit into or identify with the LGBTTQQIPS2SAA 'mold'!

2 **Don't try and fit people into a mold**

Pay attention to people's language. Much variability exists and terminology is ever-changing. ***People have the right to describe their gender and sexuality however they choose.*** You should be open to new terms and feel comfortable asking for their meaning. For example, here are some descriptors that you may come across:

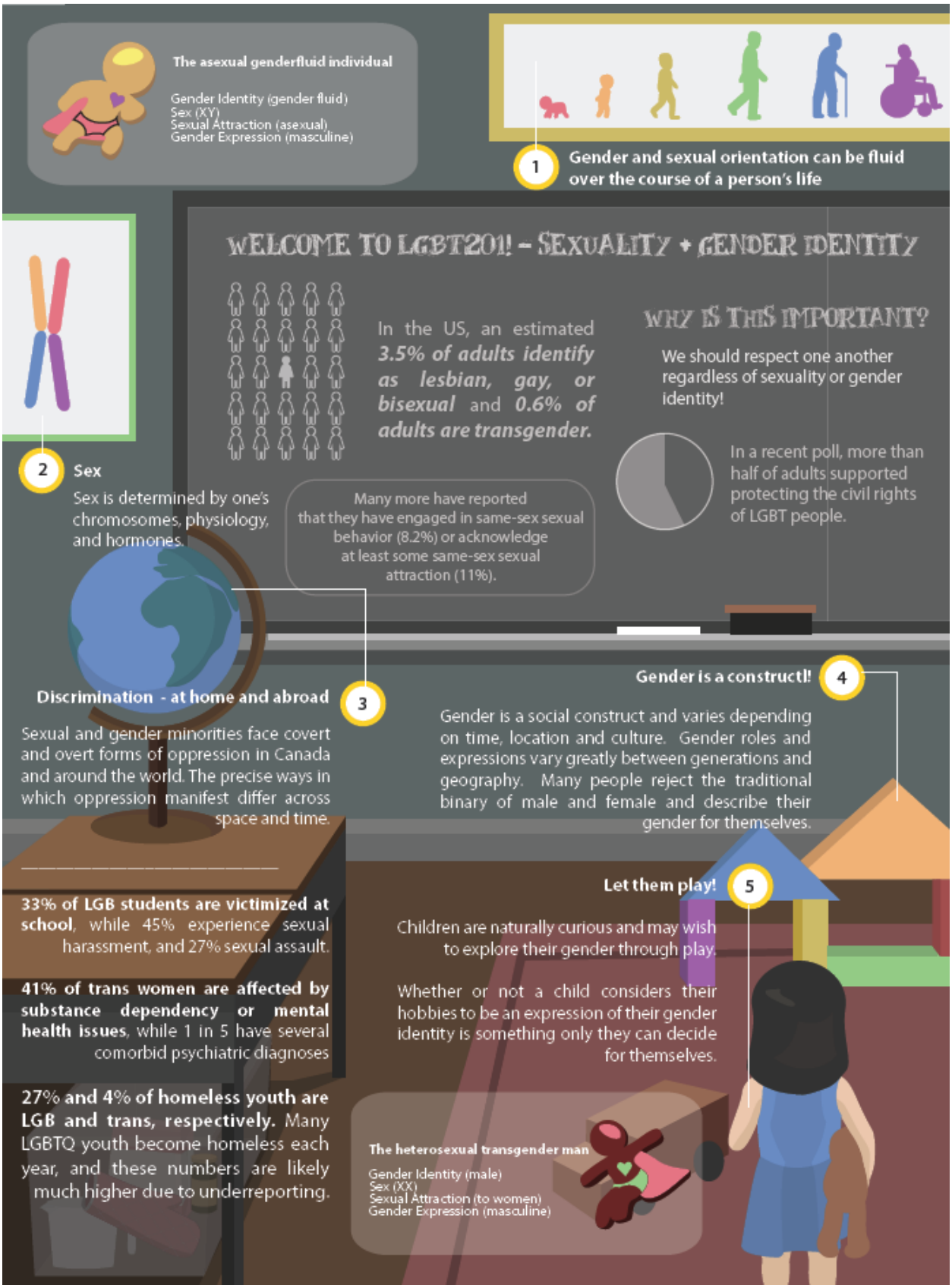
Dyke	Derogatory term referring to a masculine lesbian. Sometimes used affirmatively by lesbians to refer to themselves.
Pangendered	A person whose gender identity is comprised of all or many gender expressions.
Ze/Hir	Alternate pronouns that are gender neutral and preferred by some gender variant persons. Pronounced /zee/ and /here/ they replace "he"/"she" and "his"/"hers" respectively.

PRO-TIP! You can never go wrong by following the patient's lead and ***using the terminology that they use.***

3 **Each person is unique!**

Gender, sex, and sexuality are concepts that ***are intertwined but distinct*** from one another. For example, **YOU CANNOT INFER** someone's sexual attraction based on their gender identity or vice versa!

Sexual Attraction
Gender Identity
Sex
Gender Expression


The asexual genderfluid individual
Gender Identity (gender fluid)
Sex (XY)
Sexual Attraction (asexual)
Gender Expression (masculine)
1
Gender and sexual orientation can be fluid over the course of a person's life
WELCOME TO LGBT201! – SEXUALITY + GENDER IDENTITY
In the US, an estimated 3.5% of adults identify as lesbian, gay, or bisexual and 0.6% of adults are transgender.
WHY IS THIS IMPORTANT?
We should respect one another regardless of sexuality or gender identity!
In a recent poll, more than half of adults supported protecting the civil rights of LGBT people.
2
Sex
Sex is determined by one's chromosomes, physiology, and hormones.
Many more have reported that they have engaged in same-sex sexual behavior (8.2%) or acknowledge at least some same-sex sexual attraction (11%).
Discrimination - at home and abroad
3
Sexual and gender minorities face covert and overt forms of oppression in Canada and around the world. The precise ways in which oppression manifest differ across space and time.
Gender is a construct!
4
Gender is a social construct and varies depending on time, location and culture. Gender roles and expressions vary greatly between generations and geography. Many people reject the traditional binary of male and female and describe their gender for themselves.
33% of LGB students are victimized at school, while 45% experience sexual harassment, and 27% sexual assault.
41% of trans women are affected by substance dependency or mental health issues, while 1 in 5 have several comorbid psychiatric diagnoses
27% and 4% of homeless youth are LGB and trans, respectively. Many LGBTQ youth become homeless each year, and these numbers are likely much higher due to underreporting.
Let them play!
5
Children are naturally curious and may wish to explore their gender through play.
Whether or not a child considers their hobbies to be an expression of their gender identity is something only they can decide for themselves.
The heterosexual transgender man
Gender Identity (male)
Sex (XX)
Sexual Attraction (to women)
Gender Expression (masculine)

1

Gender and sexual orientation can be fluid over the course of a person's life

Assuming a person's identity or orientation is **"just a phase"** or that they will **"grow out of it"** is INAPPROPRIATE

Sexual preferences and gender are not static for everyone. An individual's attraction and gender can be fluid and can evolve over time. ***This DOES NOT in any way invalidate someone's identity or attraction in the past or present.*** Fluidity does not indicate that an individual is confused!

2

Sex

While most people fall into the binary classification of male and female, roughly 1 in 1500 people do not. ***Many people are intersex*** with the biological characteristics of both sexes due to variations in physiology/anatomy/genetics.

Sex Assigned At Birth

is based on physical characteristics observed at birth and may not necessarily correspond with a person's gender identity!

3

Discrimination - at home and abroad

Many health and social inequalities still exist for people who identify as LGBTQ+. The experience of stigma and discrimination is associated with increased depression, anxiety and suicidal thoughts.

4

Gender is a construct!

Understanding gender and sexual orientation on the basis of attraction, sex, identity and expression is a construct. Like all constructs, ***it is a simplification and is more relevant to some and less to others.***

For example, many Indigenous 2-spirit people view their concept of self as rooted in connection to their history, culture and legacy of colonization. The construct presented here may have limited value for them.

5

Let them play!

A child's interests, hobbies and toys may or may not be an expression of their gender identity. Although many cultures consider certain activities and hobbies to be gendered, it is important to remember that these are social constructions.

Ultimately, a child's gender identity is for them alone to decide

The Inclusive Health Centre

1 Confidentiality

A patient's gender and sexual orientation is confidential medical information. Avoid disclosing this information in the waiting room.

Ask what name and pronouns the patient prefers in public settings!

2 Allow for self-disclosure

Give patients the opportunity to state who they are with open-ended introductions that give them a chance to disclose their gender, preferred pronouns and sexual orientation. Feel comfortable seeking clarification and avoid assumptions.

3 Symbols

Having symbols displayed communicates to patients that the staff has thought about their needs and identifies the office as a positive and inclusive space.

4 Interprofessional Care

Everyone is responsible for creating an inclusive health care environment and experience!

Our Team today:

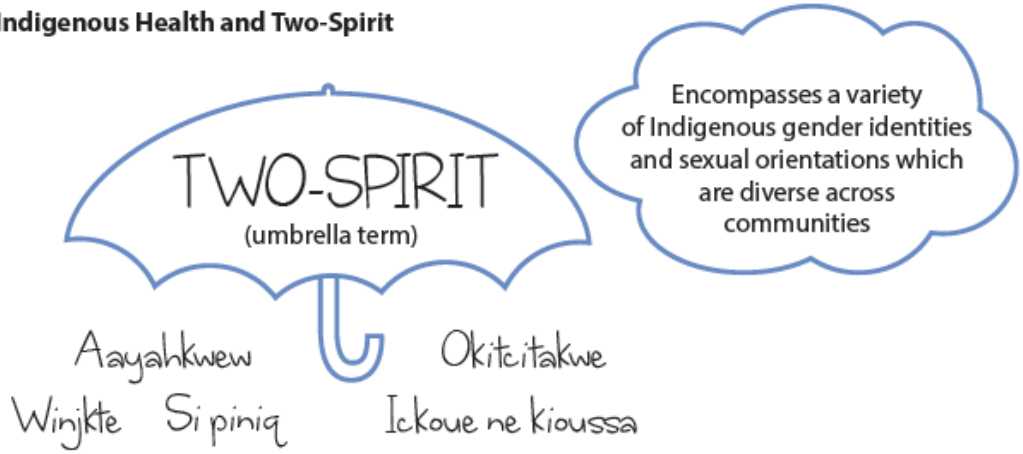
- ☑ Medical Administrator
- ☑ Nurse
- ☑ Physician
- ☑ Physiotherapist
- ☑ Occupational Therapist
- ☑ Pharmacist
- ☑ Dietician

5 Indigenous Health and Two-Spirit

Canada is a multicultural nation built on land belonging to First Nations, Inuit, and Metis peoples. Be respectful that your Indigenous patients are an important part of this land and carry with them important values and beliefs which may differ from yours.

The pansexual agender individual

Gender Identity (agender)
Sex (intersex)
Sexual Attraction (pansexual)
Gender Expression (androgenous)



The term "two-spirit" emerged, in part, as a form of ***resistance against the racism experienced by Aboriginal peoples in white-dominated, mainstream LGBTQ circles.*** It also emerged due to a lack of English vocabulary capable of adequately describing Indigenous peoples' experiences of ***non-binary gender and sexuality.*** Although Indigenous languages likely had their own terminology describing concepts of gender and sexuality, much of this was lost as a consequence of colonization. For some, identifying as two-spirit symbolizes a form of resistance against the injustice of past and ongoing colonialism. It may therefore be considered offensive when non-Indigenous folks use the term two-spirit to describe themselves.

Central to the concept of two-spirit is ***one's Indigeneity and one's connection to the community, the Earth, and the spiritual world.*** This is in contrast to Western thought which places greater priority on sexuality and sexual orientation as foundations of identity formation. Mainstream LGBTQ narratives of "coming-out" are not an experience that many two-spirit people necessarily identify with. Rather than open declarations of one's sexual and/or gender identity, ***Indigenous individuals may experience a process of "coming-in" to their identity as a two-spirit person.*** Ideas of gender and sexuality presented here are primarily Western social constructs which may or may not apply for Indigenous peoples.

Ultimately, it is important to realize that ideas of gender and sexuality are social constructs which may or may not apply to any particular individual.

PRO-TIP! Respecting a person's right to define themselves means respecting their philosophies and ways of understanding the world.

1 Open Ended Questions are Inclusive!

Closed-ended questions often involve assumptions

✓ Open	✗ Closed
How would you describe your sexual orientation? With whom are you sexually active? Can you please describe your gender?	Are you sexually active with men, women or both? Are you male or female?

vs.

Notice that the closed-ended questions can make patients feel that their identity and experiences are not recognized or valued

2 Do not underestimate the weight of your words!

Ask questions that are medically relevant and avoid questions out of curiosity. Asking questions about hormones and gender surgeries to the trans population with no medical relevance can be stigmatizing.

3 Soften your approach by explaining the purpose of your questions

For example:

"To better understand your risks of sexual transmitted infections I need to take a sexual history. Some of these questions are personal. Is this ok?"

4 Appreciate that many people are sensitive about their body

Leave the examination room when patients are undressing.

Explain the purpose of physical examinations prior to examining.

Echo patient's terminology when discussing body parts - especially in the trans population (e.g. chest vs breasts).

The questioning medical student

Gender Identity (man)
Sex (XY)
Sexual Attraction (questioning)
Gender Expression (masculine)

5 Get to know your patient

Sexual orientation and gender identity are medically important information.

LGBTQ patients believe it is important for their medical providers to know their sexual orientation and willing to disclose this information in a safe environment.

6 Moving beyond the examining room

Your LGBTQ+ compentency should extend beyond your patients!

Treat all colleagues, preceptors, and learners with dignity and respect their diversity and right to self-identification.

Thank you for helping to create a safe, welcoming clinical environment for EVERYONE!

Taking a Sexual History - 5 Ps

ID			
CC	e.g. Rashes, Discharge		
HPI	1	PARTNERS	Current and past, How many and what gender(s) Casual, regular, and others Partner risks (e.g. IV drug use, HIV, abuse/violence)
	2	PRACTICES	Oral, anal, vaginal Receive and/or perform Sex toys (use, sharing, cleaning)
	3	PREGNANCY	Plans for pregnancy Pregnancy prevention
	4	PROTECTION (from STIs)	Type of protection Consistency of Use (e.g. with whom, when)
5 PMHx		Previous STIs and treatments, Review of Systems	
SHx			

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Special thanks to: Allison Burgess, PhD, U of T Sexual & Gender Diversity Officer; Office of Indigenous Medical Education, University of Toronto; LGBT Youthline, Dr. Amy Bourns and Dr. June Larkin for their feedback and support.

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SEXUAL & GENDER HISTORY

INTRODUCTION

An understanding of current sexual function and practices is an important part of a patient's history. Sexual practices may determine or contribute to the reason for seeking medical care. This may be obvious, as in sexually transmitted infections (STIs) for example, or may be an issue revealed only when the physician has a high index of suspicion, such as cases of childhood or adult sexual abuse. Also, patients expect physicians to be well informed and to act as sources of information about sexual concerns. Discussing sexual matters with patients does not have to be embarrassing or uncomfortable if handled in a sensitive and forthright manner.

Taking a sexual history should be part of the comprehensive health assessment for every patient, regardless of educational, marital, and socioeconomic status.

WHEN IS IT APPROPRIATE TO ASK ABOUT SEXUAL HISTORY?

A sexual history should be taken during a patient's initial visit, during routine preventive exams, and when discussing STIs. Other circumstances in which you may wish to initiate the discussion are highlighted below (not an exhaustive list):

- During a comprehensive Review of Systems especially if the patient complains of…
  - Genitourinary symptoms – discharge, sores, genital warts, pain with urination (dysuria), blood in urine (hematuria), pain during sexual intercourse (e.g. dyspareunia) or other symptoms consistent with an STI
  - General/Constitutional symptoms – weight changes or nausea (pregnancy?), flu-like symptoms (HIV infection?)
  - Dermatological symptoms – rashes, pruritis (itching), allergic reactions (to lubricant/condoms?)
  - Psychiatric symptoms – anxiety, depression (PTSD/sexual abuse? minority stress? gender dysphoria?)
- When reviewing substance use and medication history
  - Patient may be taking birth control pills, pre- or post-exposure prophylaxis for HIVE (PEP or PrEP, respectively), drugs for the treatment of sexual dysfunction, or recreational drugs to enhance sexual function
  - Alcohol consumption and recreational drug use before or during sex (increases the risk for participation in higher-risk sexual behaviours and STI transmission)
- When asking about the patient's relationship(s) and family status

    - This would be a great time to inquire about the patient's sexual partner(s), sexual preferences and practices, and whether they have or wish to have children
- When asking about menstruation, especially if the patient reports:
    - Amenorrhea (absence of menses – pregnancy?), dysmenorrhea (painful menses), or menorrhagia (heavy or long menses)

A detailed sexual history is important as it can help you to obtain new information and can lead to a better understanding of the patient. It can help you identify individuals at risk for infection or transmission of STIs (including HIV), undesired pregnancy, domestic violence, minority stress, and psychiatric illnesses or conditions. It is essential in providing relevant sexual health counselling, identifying appropriate anatomic sites for STI screening, and can influence STI treatment recommendations.

Although taking a detailed and comprehensive sexual history is important, there may be some instances in which judgment or discretion should be used. Some of these circumstances are discussed below:

- When there is someone else in the room, whose presence may compromise the truthfulness, completeness, or validity of the responses:
    - The patient may be reluctant to disclose details about previous or concurrent (sexual) relationships in front of a current partner
    - An adolescent or young patient may be uncomfortable discussing their sexual practices in front of their parent(s), and may deny questions that are being asked
    - When there are taboos regarding sex in the culture or religion of the patient as there may be repercussions for the patient if certain facts are revealed e.g. isolation from community, punishment
- When it is clearly not relevant to the care that is sought/being provided:
    - Questions that serve only to satisfy the curiosity of the trainee
    - Unnecessary probing when questions needed to address presenting issues have already been explored

The Sexual History: Calgary-Cambridge Guide

Like any clinical scenario, practitioners should use the Calgary-Cambridge while taking a sexual history. The discomfort many patients feel about discussing their sexual activities means key skills should be emphasized. Using the skills taught and reinforced throughout the year will help provide you with the structure to gather the necessary information while having your patients feel understood during difficult conversations.

Process Skills

Gathering Information
Encourage patients to tell the story, uses open and closed end questions appropriately • Discussing one's sexual practices is difficult for many patients. Give patients the opportunity to tell their story before moving to closed end questions.
Clarifies patient's statements that are unclear or need amplification • Terminology and practices vary over time and between communities. Feel comfortable asking patients to explain unfamiliar terms. *Can you explain what you mean by watersports?* • Sometimes patients will provide vague or ambiguous statements for a variety of reasons such as personal discomfort or worry about stigma by care providers. Feel comfortable asking for clarification. *You mentioned you sometimes feel nervous while having sex, can you help me understand what you mean by nervous or what is making you nervous?*
Picks up verbal and non-verbal cues • When talking about personal matters patients may signal their feelings, such as discomfort, with both verbal non-verbal cues. Recognize and respond to these cues empathically.
Uses concise, easily understood questions and comments; avoids or adequately explains jargon • The vocabulary patients use to explain their gender and sexual practices is often based on their socioeconomic status, education, culture, etc… Feel comfortable using language reflective of what your patients need to hear. For some patients, questions such as "*How would you describe your sexual orientation?"* is appropriate while others may find the jargon alienating.
Actively determines and explores the patient's ideas, concerns, expectations, effects, and feelings • Patients often have strong feelings and concerns about their sexual health and practices. Explore these concepts.

Providing Structure and Building the Relationship

Progresses from one section to another using signposting, transitional statements; includes rationale for next section

- Explain the rationale for your line of questioning, especially when the questions are not obviously related to one another. *Because a painful and swollen knee in a younger person may be related to a sexually transmitted infection, I would like to ask you some personal questions about your sex life.*
- Once the rationale for your questioning is accepted don't hesitate to ask the questions that you need to get enough of the necessary details.
- When introducing a line of questioning that pertains to personal issues, including sexuality, don't say, "I ask this of all my patients" when you likely do not - instead provide the patient with an honest explanation about why you are asking the questions.

Demonstrate appropriate non-verbal behavior

- Be aware of your eye contact, facial expressions, posture and voice. When patients are discussing sensitive issues they will note and read into your non-verbal communication especially if it conveys your own discomfort or judgement.

Demonstrates appropriate confidence

- Try to minimize your discomfort in asking these questions (practice a lot!) but if you are uncomfortable and it shows, it may be best to acknowledge this to the patient. *As a student I am not yet an expert in asking patients very personal questions, but I think it is important for me to be able to understand your story. Please forgive me if the wording is not perfect and let me know if I am not explaining myself well.*
- These questions do not get asked of every patient, they can feel awkward especially if you struggle with the right wording. Practice formulating the sentences to ask these questions in advance and keep these phrases as a part of your "toolbox" but, in the moment, don't worry too much if the words don't come out perfectly.

Accepts legitimacy of patient's views and feelings, is not judgemental

- Many patients' sexual practices will differ from your own or what you are accustomed to. Accept the legitimacy of the patient's views and experiences even if you may personally disagree with the practices. Health care practitioners should provide understanding, not judgement.

Do	Do Not
Start with less sensitive and open-ended questions before progressing to more intimate and specific questions	Ask leading questions or phrase your questions in a way that expects a specific response. E.g. “you use condoms, don’t you? You’ve never had an STI, right?”
Be cognizant of the wide spectrum of sexuality and realize that sexual practices are not uniform, even within a certain patient population	Assume the patient’s sexual preference/orientation based on your personal biases or stereotypes of how members of certain groups may present
Use language that the patient can understand. When in doubt, start with formal terms and adjust accordingly – slang terms may be necessary in certain situations	Use derogatory or demeaning terminology. Even subtleties in wording can be unintentionally offensive. E.g. Referring to someone as “a gay vs gay” or “homo vs homosexual”
Check in with the patient to see if they are comfortable with the questions and modify as needed. Explain to the patient the purpose, importance, and relevance	Assume your beliefs on what is routine and conventional is universal. Patients may become defensive and distrustful if uncomfortable, which may compromise the accuracy of the responses / history
Ask questions that are culturally appropriate for the patient especially if their culture or religion may have different values and expectations in regards to modesty, sexuality, or gender relatives to yours	Assume that a person is / is not sexually active based on a certain demographic: age, ethnicity, religion, occupation, level of education, marital status
Use the correct pronouns and preferred name when addressing the patient. When in doubt, always clarify	Assume the patient’s gender identity aligns with their biological sex

Content Skills

Partners (Past and Present)	
Content to Discover	**Suggested Questions**

• Gender(s) of sexual partner(s)
• Number of sexual partner(s)
• Relationship Structure / History
  • Monogamous/Polyamorous/Open
  • Regular/Casual
• Partner(s) Risks
  • STIs, HIV, IV drug user, etc…
  • Sexual abuse or violence
	• Are you sexually active? If so, with whom?
	• How many sexual partners do you (currently) have / How many lifetime sexual partners have you had?
	• Do you/your partner have other sex partners (outside of relationship)?
	• Do you have a regular partner(s), casual partner(s), or both?

Practices	
Content to Discover	**Suggested Questions**

• Types of sexual activities patient engages in
  • Oral, vaginal, anal, digital, etc …
  • Role(s) (eg. Top, bottom)
• Use of sex toys, sharing, cleaning, +/- protection
	• Tell me about your current sexual activities
	• What types of sexual activities do you engage in?
	• Do you engage in vaginal / anal / oral / digital sex?
	• Do you use sex toys? Do you share sex toys?

Pregnancies	
Content to Discover	**Suggested Questions**
• Contraception (devices, techniques) • Pregnancy history • Menstrual history • Spotting	• Are you currently on birth control? • What kinds of birth control methods do you and your partner(s) use? • Have you ever been pregnant? Is there any chance you are pregnant now? • Are your periods regular? When was the first day of your last menstrual cycle? • How many days are your periods? Are they heavy? How many pads do you need to go through on a typical day? • Are you having any spotting?

Protection	
Content to Discover	**Suggested Questions**

• Condoms
  • Consistency, with whom, under what circumstances, history of breaks
• Survival sex, sex work, sexual abuse
• Substance use before and/or during sex
  • Alcohol, drugs, enhancers, poppers, etc…
	• Do you use condoms? When? With whom? For what kinds of activities? Are there times when you might not use a condom?
	• Have you ever found yourself in an uncomfortable or unsafe sexual experience?
	• Have you ever been forced into having sex (by someone, for money)?

Past Symptoms and History	
Content to Discover	**Suggested Questions**

• Previous diagnoses and treatments of STI
  • Last STI testing
• Previous pregnancies / abortions
• Review of systems to identify symptoms
  • Constitutional, dermatological, GU/menstrual, psych
	• Ask about rashes, skin changes, discharge, dysuria, hematuria, dyspareunia, etc…
	  • Have you ever been diagnosed with / treated for any STIs?
	• When were you last tested for STIs?

Attitudes	
Content to Discover	**Suggested Questions**
• Patient's level of education and sexual literacy • Satisfaction with sex life • Patient's ideas about sexual risk and health • Fears, concerns, worries regarding sexual health and practices • Family planning and relationship dynamic	• Are there any sexual concerns you would like to discuss? • Are you satisfied with your sex life? • Have you ever had a negative sexual experience? • What are your thoughts on keeping yourself safe during your sexual experiences? • Are you and/or your partner thinking of starting a family/having a child?

Gender	
Content to Discover	**Suggested Questions**
• Patient's preferred name and pronouns • Patient's gender identity • Assigned Sex at birth • Any concerns or dissatisfaction regarding patient's body or gender expression • Previous, current, or desired treatments	• How would you like to be addressed? How would you like to be referred to? • Which pronouns do you prefer when being addressed? • In terms of gender, how do you identify? Is your gender identity something you would like to talk about? • What sex were you assigned at birth? • Are you happy with how your body looks or how others perceive your gender? • Have you ever / do you / would you ever consider hormone therapy or surgical treatment?

Perceptual Skills

Additional Presentations Requiring a Sexual History

Lower abdo in a young male	**Abbreviated Differential:** appendicitis, renal colic, gastroenteritis, incarcerated hernia, testicular torsion, epididymitis, orchitis, testicular trauma **Often missed content:** history of testicular pain
Lower abdo in a young female	**Abbreviated Differential:** appendicitis, renal colic, gastroenteritis, incarcerated hernia, pelvic inflammatory disease (PID), ovarian torsion, ovarian cyst, ectopic pregnancy **Often missed content:** vaginal bleeding, menstrual history, use of birth control

Common Sexually Transmitted Infections

Chlamydia	**Etiology:** *Chlamydia trachomatis* (bacterial) **Transmission:** Vaginal, anal, oral sexual contact **Symptoms:** asymptomatic, cervicitis, vaginal / urethral discharge, dyspareunia, conjunctivitis, urethritis, urethral itch, testicular pain, proctitis **Major sequelae:** Pelvic inflammatory disease, ectopic pregnancy, infertility, reactive arthritis, epididymitis
Genital Herpes	**Etiology**: Herpes Simplex Virus 2 (HSV2) **Transmission**: Vaginal, anal, oral sexual contact **Symptoms**: painful vesiculoulcertative genital lesions, systemic symptoms (fevers, myalgia), tender lymphadenopathy, symptoms much less severe during recurrent episodes
Genital Warts	**Etiology:** *Human Papilloma Virus (HPV)* **Transmission:** Vaginal, anal, oral sexual contact **Symptoms:** Genital warts (HPV 6, 11) **Major sequelae:** Cervical, anal, and oropharyngeal cancer (HPV 16, 18, 31, 33, 45, 52 and 58)

Gonorrhoeae	**Etiology:** *Neisseria gonorrhoeae* **Transmission:** Vaginal, anal, oral sexual contact **Symptoms:** asymptomatic, cervicitis, vaginal / urethral discharge, dyspareunia, conjunctivitis, urethritis, urethral itch, testicular pain, proctitis **Major sequelae:** Pelvic inflammatory disease, ectopic pregnancy, infertility, Reiter syndrome, epididymitis, disseminated gonococcal infection
HIV	**Etiology:** Human Immunodeficiency Virus **Transmission:** Vagina, anal sexual contact, needle stick injury, infected needle sharing **Symptoms of seroconversion:** Fever, arthralgia, myalgia, rash, lympahadenopathy, sore throat, fatigue, oral/genital ulcers, weight loss, vomiting, occasionally seroconversion can cause no symptoms **Symptoms of chronic HIV infection:** fever, fatigue, weight loss, diarrhea, generalized lymphadenopathy, dyspnea, Kaposi's sarcoma, Herpes Zoster (shingles), anemia of chronic disease **AIDS-defining Conditions:** Recurrent bacterial pneumonia, esophageal candidiasis, cervical cancer, cytomegalovirus, Encephalopathy, Lymphoma, tuberculosis, *Pneumocyctis jiroveci* pneumonia, toxoplasmosis of the brain, etc…
Syphilis	**Etiology:** *Treponema pallidum* **Transmission:** vaginal, anal. oral sexual contact **Primary Symptoms:** Chancre, regional lymphadenopathy, **Secondary Symptoms:** Rash, fever, malaise, lymphadenopathy, mucus lesions, alopecia, uveitis, retinitis **Tertiary Symptoms:** aortic aneurysm, personality changes, dementia, ataxia, etc…

GLOSSARY

It is useful to familiarize yourself with terminologies or expressions that may be used to describe sex, sexuality, sexual practices, and gender. As language is constantly evolving, it is key to mirror back the language people use to express their experience and understanding of self.

Ally – Usually refers to a non-LGBTQ person who supports and stands up for the rights of LGBTQ+ people. Someone who confronts homo-, trans-, bi-, and other LGBTQ-phobia.

Asexual – A person who has a low or lack of sexual attraction to anyone.

Binding – The act of flattening the breast tissue to create a "masculine" or flat appearing chest.

Bisexual – A person who is emotionally, physically, romantically, and/or sexually attracted to both males/men and females/women. This attraction may not be equal and there may be a preference for one over the other.

Blowjob, go down, eat out, fellatio– oral sex

Bottom – usually refers to the receptive partner during anal sex between men who have sex with men (MSM). **Bottoming** (v.) is the act of being the receptive partner. This role can be dominant or submissive, for instance, a **power bottom** (n.) is one that takes a more active/dominant role while bottoming. Some members of women who have sex with women community use **Bottom** to signify a more passive role in a sexual relationship.

Cisgender – Having a gender identity that matches the sex assigned at birth, a non-trans gender identity.

Closeted – Person whose sexual orientation or gender identity may not be disclosed to others.

Coming out – process of accepting and acknowledging one's sexual orientation and/or gender identity and subsequently sharing it with other people. Everyone's journey to coming out is different, and no one should be forced or pressured to come out. Coming out is something that may be much easier for some than others. It is important for healthcare professionals to recognize that such disclosure is ultimately not owed by any LGBTQ+ person, but should be positively welcomed.

Cum – orgasm (v.) or semen (n.). Sometimes used to describe other bodily fluids encountered during orgasm.

Cunnilingus – oral-vaginal sex.

Cut / uncut – circumcised / uncircumcised.

FTM / F2M – abbreviation for female-to-male transgender or transsexual person, refers to those who were assigned 'female' at birth but whose sense of self is of being a man or on the masculine spectrum, also called a trans man or transmasculine

Fingering – digital sex (vaginal, anal, or other).

Fisting – Insertion of the hand into the anus/rectum or vagina.

Gender Dysphoria – A term used in the medical community to describe the state of discomfort and unhappiness felt by individuals whose physical sex and gender identity are incongruent.

Gender expression – how one chooses to outwardly manifest their gender identity. Involves appearance, speech, and behaviours that portray how one wishes to be understood.

Gender identity – one's internal sense of being a "man", "woman", or any other gender.

Gender Nonconformity – When a person by nature or by choice does not follow or conform to the gender-based expectations of society. Their gender expression may challenge gender stereotypes and the gender binary system.

Genderqueer – A gender variant person whose gender identity is neither male/man nor female/ woman. They may identify with a gender between or even beyond the two.

Intersex – person whose genitalia, secondary sex characteristics, and/or chromosomes are

difficult to categorize as male or female, e.g. people with ambiguous genitalia, people with the genotype 46XXY.

Minority Stress (as applied to the LGBTQ population) - The chronic psychological strain resulting from stigma and expectations of rejection and discrimination, decisions about disclosure of sexual orientation or gender identity, and the internalization of homophobia/ transphobia.

MTF / M2F -- abbreviation for male-to-female transgender or transsexual person, refers to those who were assigned 'male' at birth but whose sense of self is of being a woman or on the feminine spectrum, also known as a trans woman

Open Relationship – an existing relationship where parties agree to allow each other to have other additional outside relationships as well

Outing – disclosure of one's sexual orientation or gender identity. Many LGBTQ+ people need time to accept their identity and come out their selves prior to coming out friends, family and the broader community. This process can be time consuming and requires self reflection and understanding. Having one's sexual orientation or gender identity involuntarily disclosed to others is a legitimate concern for many LGBTQ+ people.

Packing – wearing a phallic device under clothing or stuffing the genital area with material.

Polyamorous – refers to having more than one romantic relationship at the same time, which may or may not involve engagement in sexual activities.

Poppers – chemical inhalants used for recreational or sexual purposes that relax smooth muscles and cause momentary vasodilation for a "high" or head rush sensation.

Poz / neg – usually refers to someone's HIV status.

Queer – an umbrella term used to describe someone who is outside of the societal norms in regards to gender or sexuality. Many members of the LGBTQ community identify as queer, some however do not. It is a term reclaimed by LGBTQ persons, and should only be used when mirroring the language of your patient.

Rimming (v.), rimjob (n.) – oral-anal activity.

Sex – Determined by biologic traits: Sex chromosomes, internal and external genitalia.

Sexual Orientation – types of sexual, physical, and/or romantic attraction one feels towards others. The desire for an intimate relationship with people of a certain gender or sex.

Survival Sex – the exchange of sex for money, food, shelter, or drugs due to extreme need

Top – usually refers to the insertive partner during anal sex between men who have sex with men (MSM). **Toping** (v.) is the act of being the insertive partner. This role can be dominant or submissive. Some members of women who have sex with women community use **Top** to signify a more assertive role in a sexual relationship.

Transgender – Someone who presents, lives, and/or identifies as a gender other than the sex they were assigned at birth. Being transgender is different for everyone; some people will want to undergo surgeries and changes to their appearance, other will not. It is important to respect and support the terms people use to describe themselves and the decisions they make for their own bodies.

Transition – The process that a person undergoes to align their body and/or appearance with their internal sense of gender identity. This process and its "start" and "end" points are unique for every individual.

Transsexual – Describes persons who undergo medical transition to align the gender they live and present as with their internal gender identity.

Two-spirit – An umbrella term that includes a variety of indigenous gender identities and sexual expressions.

References:

1. Coleman E et al. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. International Journal of Transgenderism. 2012; 13(4):165-232.

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