Taking a Comprehensive Sexual History: Why It Matters & What is Needed

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The National Coalition for Sexual Health

- Funded by the CDC Division of STD Prevention
- Coalition made up over 200 members (health care providers, sex educators, provider organizations, advocacy groups)
- Aim to make sexual health a common part of our national discourse and to promote high quality sexual health information and services by:
  - Conducting national media outreach
  - Developing practical products and tools
  - Encouraging the public and health care providers to take action
Overview

1. Summarize national STI data
2. What is a sexual history?
3. Discuss major barriers
4. Share the National Coalition for Sexual Health’s new tools
5. Ps & Pearls: Discuss sexual history taking questions and share real-life clinical stories
STIs REMAIN COMMON AND COSTLY TO THE NATION'S HEALTH

STIs IN 2018 (PREVALENCE)

1 in 5 people in the U.S. have an STI

Nearly 68 million infections

ANNUAL NEW STIs IN 2018 (INCIDENCE)

26 million STIs acquired in 2018

DIRECT LIFETIME MEDICAL COSTS OF 2018 NEW STIs

Nearly 16 billion Total medical costs (in 2018 dollars)

For more information visit www.cdc.gov/nchhstp/newsroom
Chlamydia — Rates of Reported Cases by State, United States and Territories, 2011 and 2020

Rate*  
- 108–366  
- 367–437  
- 438–492  
- 493–564  
- 565–1,322  
- Unavailable

* Per 100,000

It’s about honesty. It’s about knowledge. It’s about time.
Gonorrhea — Rates of Reported Cases by State, United States and Territories, 2011 and 2020

Rate*  
6–58  
59–102  
103–140  
141–187  
188–658  
Unavailable

* Per 100,000
Why is a Sexual History Important?

Obtaining a sexual history... is crucial.

However, many providers are not doing so.

Brookmeyer et al, 2020
Missed Opportunities

• Self report is high (71.8% of providers in a statewide study)
• Chart reviews tell a different story (20.8% in one study)
• Patients who had a sexual history taken during a well visit or annual visit ranged from 21% to 30%
• Even when patients come in for an STI related or gyn issue, sexual history taking is not 100% (8% to 82%)
• When sexual histories are taken, they are incomplete (not asking the CDC’s recommended 5 P’s)

Patient Factors

• Older adolescents are more likely to have a sexual history taken than younger adolescents
• For adults, sexual history taking decreased as the age of adults increased
• Female patients were more likely to have a sexual history taken than male patients
• Black patients in primary care and ER settings were more likely to have a sexual history taken as compared with patients of other races
• Patients with public insurance were more likely to have a sexual history taken than those who were privately insured
• Non-English speaking patients had low rates of sexual history taking by providers.

Brookmeyer et al, 2020
Provider Factors

• Primary care providers were significantly more likely to obtain a sexual history than ED providers or hospitalists.

• Female clinicians were more likely to take a sexual history as compared with male clinicians

• When the provider and patient were both female or both male (i.e., sex concordant), providers were more likely to take a sexual history.

• Assumptions
  – Disproportionately discuss sexual history based on preconceptions driven by their patients' demographic characteristics.

Brookmeyer et al, 2020
Polling Question

What are the primary reasons why health care providers do not take a sexual history?
Barriers to Quality Sexual Health Care

• Lack of time during visit
• Provider knowledge, skills & attitudes
  – Lack of testing and treatment knowledge
  – Discomfort with sexual history-taking, discussing trauma, violence, pleasure, and genital exams
  – LGBTQIA2S+ sexual health
    • lesbian, gay, bi, trans, queer, intersex, asexual, two spirit
  – Language and cultural differences
  – Lack of formal curriculum in med/nursing schools
• Patient reluctance (confidentiality concerns & discomfort)
• Provider assumptions about patient needs
Essential SH Questions: Provider Pocket Cards

Essential Sexual Health Questions to Ask Adults

Ask all of your adult patients the questions on this card to start the conversation and to begin taking a thorough sexual history. For more questions to assess risk, refer to Table 1 of Sexual Health and Your Patients: A Provider’s Guide.

1. What do you consider yourself to be?
   A. Lesbian or gay
   B. Straight or heterosexual
   C. Bisexual
   D. Another (please specify)
   E. Don’t know

2. What is your current gender identity?
   A. Male
   B. Female
   C. Transgender man
   D. Transgender woman
   E. Neither exclusively male nor female (e.g., non-binary or nonconforming)
   F. Another (please specify)
   G. Decline to answer

3. What sex were you assigned at birth?
   A. Male
   B. Female
   C. Decline to answer

Conversational Tips
- Ensure confidentiality and emphasize this is routine for all patients
- Ask open-ended questions, for example, “Are there any sexual concerns or questions you’d like to discuss?”
- Be non-judgmental (verbal and non-verbal)

Ask Older Adults

Has sex changed for you?
If so, how?

Ask at Least Annually

Have you been sexually active in the last year?

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

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

→ Have you ever been sexually active?

Continue with medical history.

It’s about honesty. It’s about knowledge. It’s about time.
### Recommended Preventive Sexual Health Services for Adults

<table>
<thead>
<tr>
<th>Service</th>
<th>Female</th>
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<th>Male</th>
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<th>Transgender Individuals</th>
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<tr>
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<td>18-64</td>
<td>65+</td>
<td>Pregnant</td>
<td>18-64</td>
<td>65+</td>
<td>MSM</td>
<td>Individuals</td>
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<td>Hepatitis C Screening</td>
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<td>✔️</td>
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</tbody>
</table>

*a* HIV-negative and at substantial risk for HIV infection (sexual partner with HIV, injection drug user, recent STI, high number of sex partners, commercial sex worker, lives in high-prevalence area or network)

- **a** At increased risk: inconsistent condom use, multiple partners, current STI or history of STI within a year, or have sex partners within populations with a high prevalence of STIs
- **b** Screen male transgender patients who still have a cervix according to the guidelines for non-transgender females
- **c** Sexually active women aged <25; women aged ≥25 at increased risk (new sex partner, multiple partners, sex partner with concurrent partners, sex partner who has an STI, inconsistent condom use, previous or coexisting STI, exchanging sex for money or drugs, history of incarceration)
- **d** Young adult males in high-prevalence communities or settings
- **e** Screen all MSM at least annually on the basis of sexual behavior and anatomic site of exposure (including pharyngeal or rectal testing)
- **f** Screen those who are HIV-positive, pregnant, and at increased risk: exchange sex for drugs or money, in high prevalence communities
- **g** At risk: HIV-positive, unprotected sex, injection drug users, MSM, family member or sexual partner infected with HBV, born in an HBV-endemic country, born to parents from an HBV-endemic country
- **h** Those who wish to be vaccinated or are at-risk: HIV-positive, illicit drug users, people with chronic liver disease, MSM, international travelers, people experiencing homelessness
- **i** Recommended for all plus those 60+ at-risk: people who inject drugs or share drug equipment, MSM, family member or sexual partner infected with HBV
- **j** Everyone through age 26 years. Some adults aged 27–45 may decide to get the vaccine based on discussions with their clinician if they did not get adequately vaccinated when they were younger.

For more information, visit: [nationalcoalitionforsexualhealth.org](http://nationalcoalitionforsexualhealth.org)
## Recommended Preventive Sexual Health Services for Adolescents

<table>
<thead>
<tr>
<th>Service (Ages 13-17)</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI Counseling</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Contraceptive Counseling</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cervical Cancer Screening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Gonorrhea Screening</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>HIV Testing</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Syphilis Screening</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
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<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hepatitis C Screening</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hepatitis A Vaccine</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Hepatitis B Vaccine</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>HPV Vaccine</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PrEP</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

**If the Adolescent Identifies as Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)**

- ✓ Ask whether they have a trusted adult to talk to.
- ✓ Assess safety at home and school and whether they are being bullied or harassed.
- ✓ Link your patient to community or national organizations such as pflag.org or thetrevorproject.org for education and support.
- ✓ Counsel about using condoms and contraception. Adolescents who identify as lesbian or gay may also have sex with members of the opposite sex, which increases the risk for unintended pregnancy.
- ✓ Before counseling transgender patients, make sure you have knowledge of the patient’s current anatomy and patterns of sexual behavior.

*a* = All sexually active adolescents  
*b* = Consider screening young adult males in high prevalence settings; screen all MSM at least annually on the basis of sexual behavior and anatomic site of exposure (including pharyngeal or rectal testing)  
*c* = Screen those who are HIV-positive, pregnant, MSM; consider screening those with a history of incarceration or sex work  
*d* = At risk: HIV-positive, pregnant, unprotected sex, injection drug users, MSM, family member or sexual partner infected with HBV, born in an HBV-endemic country, born to parents from an HBV-endemic country  
*e* = At risk: pregnant, past/current injection or intranasal drug use, long-term hemodialysis, born to mother with Hepatitis C, unregulated tattoo

For more information, visit: nationalcoalitionforsexualhealth.org

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It’s about honesty. It’s about knowledge. It’s about time.
6 Ps: Additional Sexual Health Questions

1. Partners
2. Practices
3. Past History of STIs
4. Protection
5. Pregnancy
6. PLUS: Pleasure, Problems & Pride

It's about honesty. It's about knowledge. It's about time.
Why It Matters?
A New Approach to Sexual History Taking: A Video Series
It’s about honesty. It’s about knowledge. It’s about time.

Ps & Pearls
## Partners

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Could you tell me about your current relationships (e.g., no partner, one partner, multiple partners)?</td>
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<tr>
<td>In the past 3 months, have you had sex with someone you didn’t know or had just met?</td>
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</tr>
<tr>
<td>Have you ever been forced or coerced to have sex/sexual activity against your will as a child or an adult? *</td>
<td>If yes, does that experience affect your current sex life or sexual relationships? (Probe: In what ways?)</td>
</tr>
<tr>
<td>If yes, does that make seeing a health care provider or having a physical exam difficult or uncomfortable?</td>
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<tr>
<td>Are you having any difficulties with your sexual relationships?</td>
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<tr>
<td>Do you or your partners have problems with sexual functioning (see “Problems” below)?</td>
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<tr>
<td>Practices</td>
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<tr>
<td>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.)</td>
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<tr>
<td>Have you or any of your partners used alcohol or drugs when you had sex?</td>
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<tr>
<td>Have you ever exchanged sex for drugs or money?</td>
<td></td>
</tr>
</tbody>
</table>
## Past History of STIs

<table>
<thead>
<tr>
<th>Past History of STI(s)</th>
<th>Have you ever had a sexually transmitted infection (or disease)? <em>If yes,</em> which STI(s)? Where on your body were the infections? When did you have it? Were your partners tested and treated too?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been tested for HIV? <em>If yes,</em> how long ago was that test? What was the result?</td>
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</table>
Protection

<table>
<thead>
<tr>
<th>Protection</th>
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</thead>
<tbody>
<tr>
<td>What do you do to protect yourself from STIs, including HIV?</td>
</tr>
<tr>
<td>When do you use this protection? With which partners?</td>
</tr>
<tr>
<td>Have you been vaccinated against HPV? Hepatitis A? Hepatitis B?</td>
</tr>
</tbody>
</table>
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?
The 6\textsuperscript{th} P: Pleasure, Problems & Pride

<table>
<thead>
<tr>
<th>Plus</th>
<th>Pleasure</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>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.”</td>
</tr>
<tr>
<td></td>
<td>• How is your sex life going? What concerns do you have about your sex life?</td>
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<tr>
<td></td>
<td>• Are you currently involved in any sexual relationships?</td>
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<tr>
<td></td>
<td>• Is the sex you’re having pleasurable for you? \textit{If no}, why not?</td>
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<td></td>
<td>• Are you and your partners on the same page about what’s pleasurable?</td>
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<td></td>
<td>• Do you and your partners talk openly about sexual desires and boundaries? Are you able to advocate for sexual pleasure in your relationships?</td>
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<td></td>
<td>• If not sexually active:</td>
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<td></td>
<td>• Would you like to have a sexual relationship or a better sex life?</td>
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<td></td>
<td>• 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.)</td>
</tr>
</tbody>
</table>

| 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)? |
| Problems | 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? |
| Pride** | What support, if any, do you have from your family and friends about your sexual orientation? |
| Pride** | 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? |
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Visuals: Normalizing Sexual Pleasure
Thank you and Please Join Us!

https://nationalcoalitionforsexualhealth.org/
https://nationalcoalitionforsexualhealth.org/membership-application
Questions?