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Achieving Equity to End HIV

# Let's Talk About Sex!

## Taking a Comprehensive Sexual History

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December 2, 2022



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## Speaker Disclosure (s)

Speakers are required to disclose any commercial relationships before today's presentation.

Barbara Wilgus has no disclosures.



## Today's Objectives

- Review the meaning of sexual history taking
- Discuss the importance of sexual history taking in an overall medical history
- Review the “5 P’s” approach to sexual history taking



## What is a sexual history?

- Part of the overall medical history
- Discussion with the patient about sexual health issues
- Should be taken at initial visit, at least annually during routine preventive exams, and if signs of STIs
- Offers the opportunity for counseling and sharing information about behaviors that may increase STI risk
- Helps identify what tests are appropriate, and from where specimens should be obtained
- Allows you to provide high quality patient care by appropriately assessing and screening individuals for a broad range of sexual health concerns



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## POLL #1:

- In the past year, did you have any kind of ROUTINE visit with a healthcare provider (ex. annual physical, annual GYN exam, any routine follow up)
  
- Vote **YES** or **NO**



## POLL #2:

- If you **DID** have a routine visit with your healthcare provider, were you asked a sexual history?
  
- Vote **YES** or **NO**



# National Health Statistics Reports

Number 110 ■ March 29, 2018

## Receipt of a Sexual Risk Assessment From a Doctor or Medical Care Provider in the Past Year Among Women and Men Aged 15–44 With Recent Sexual Activity

by Casey E. Copen, M.P.H., Ph.D.

### Abstract

**Objective**—Using 2011–2015 data from the National Survey of Family Growth (NSFG), this report examines by selected characteristics the percentage of women and men aged 15–44 in the United States with recent sexual activity who received a sexual risk assessment from a doctor or other medical care provider in the past year.

**Methods**—NSFG data for 2011–2015 were collected through in-person interviews with nationally representative samples of women and men aged 15–44 in the U.S. household population. Receipt of a sexual risk assessment was measured by four items that questioned all women and men about whether a doctor or other medical care provider had asked them in the past year about specific aspects of their sexual experience. Data were analyzed for 4,659 women and 7,397 men with recent sexual activity (i.e., any sexual contact in the past year).

**Results**—Overall, 47% of women and 23% of men with recent sexual activity received a sexual risk assessment from a doctor or other medical care provider in the past year. Receipt of a sexual risk assessment in the past year varied by age, Hispanic origin and race, sexual orientation, poverty level income, and current health insurance

and control HIV and other STIs (2). A sexual risk assessment involves obtaining information from a patient during a health care visit about sexual behaviors that may increase HIV/STI risk. Such items typically include information about the patient's sexual partners, sexual practices, strategies used to prevent unintended pregnancy and protect against STIs, and past history of STIs (3).

As part of a sexual risk assessment, health care providers may ask questions about their patient's recent behaviors that may increase their risk of HIV/STIs, including number of sexual partners and whether they have overlapping sexual



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**Table 1. Number of women and men aged 15–44 with recent sexual activity and percentage who received a sexual risk assessment from a doctor or other medical care provider in the past year: United States, 2011–2015**

Characteristic	Women	Men
	Number (thousands)	
Had recent sexual activity	Percent (standard error)	
Total .....	51,203	50,352
Receipt of a sexual risk assessment	Percent (standard error)	
Total .....	47.0 (1.2)	22.7 (0.8)
In the last 12 months, has a doctor or other medical care provider asked you about...		
Your sexual orientation or the sex of your sexual partners .....	24.0 (1.0)	14.8 (0.6)
Your number of sexual partners .....	32.6 (1.1)	13.3 (0.6)
Your use of condoms .....	35.9 (1.2)	16.6 (0.7)
The types of sex you have, whether vaginal, oral, or anal .....	18.4 (0.9)	9.2 (0.5)

NOTES: Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a “yes” response to one or more of four questions, shown individually here, about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. Estimates for women are available only for 2013–2015.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.





**Table 5. Number of women and men aged 15–44 with recent sexual activity and percentage who were tested for HIV or STI in the past year, by whether they had a sexual risk assessment from a doctor or other medical care provider in the past year: United States, 2011–2015**

Characteristic	Number (thousands)	Tested for HIV in past year	Tested for STI in past year
<b>Women</b>			
Total .....	51,203	26.8 (1.2)	35.2 (1.2)
Had sexual risk assessment in the past year:			
Yes .....	24,061	37.7 (1.7)	53.4 (1.6)
No .....	27,079	17.1 (1.2)	19.1 (1.4)
<b>Men</b>			
Total .....	50,352	17.5 (0.7)	17.0 (0.6)
Had sexual risk assessment in the past year:			
Yes .....	11,429	37.6 (1.8)	46.3 (1.5)
No .....	38,802	11.5 (0.7)	8.4 (0.4)

NOTES: STI is sexually transmitted infection. Recent sexual activity refers to opposite-sex or same-sex sexual contact in the past year, including vaginal, oral, or anal sex. Receipt of a sexual risk assessment is based on a “yes” response to one or more of four questions about whether a doctor or other medical care provider asked the respondent in the past year about their sexual experience. See Technical Notes, “Definition of Terms,” for more information on how these variables were coded. Estimates for women are available only for 2013–2015.

SOURCE: NCHS, National Survey of Family Growth, 2011–2015.



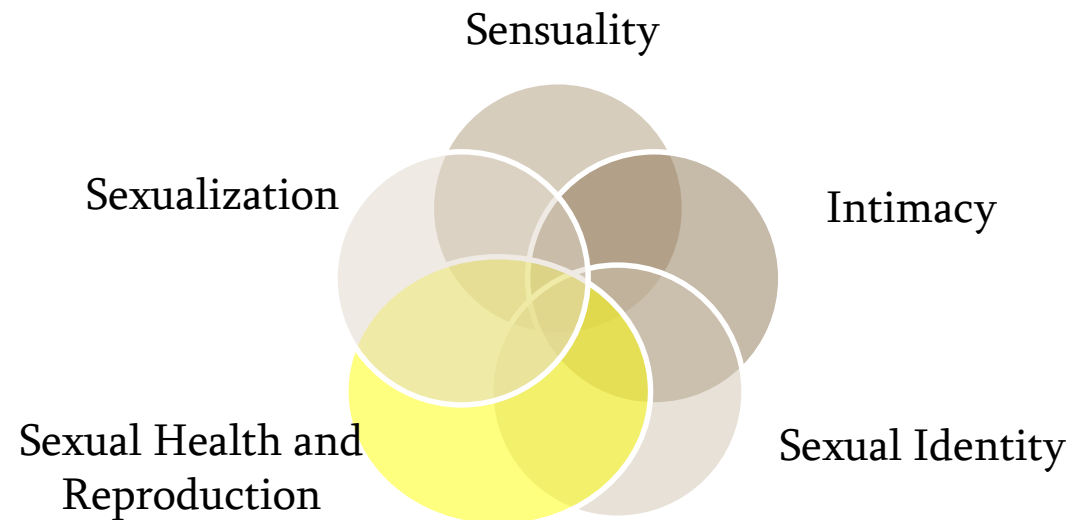
## Sexual History = Time for **SEXUAL HEALTH**

“Sexual Health is a state of physical, emotional, mental, and social well-being in relation to *sexuality*; it is not merely the absence of disease, dysfunction or infirmity. Sexual Health requires a positive and respectful approach to *sexuality* and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.”

(WHO, 2006a)



# The Circles of Sexuality



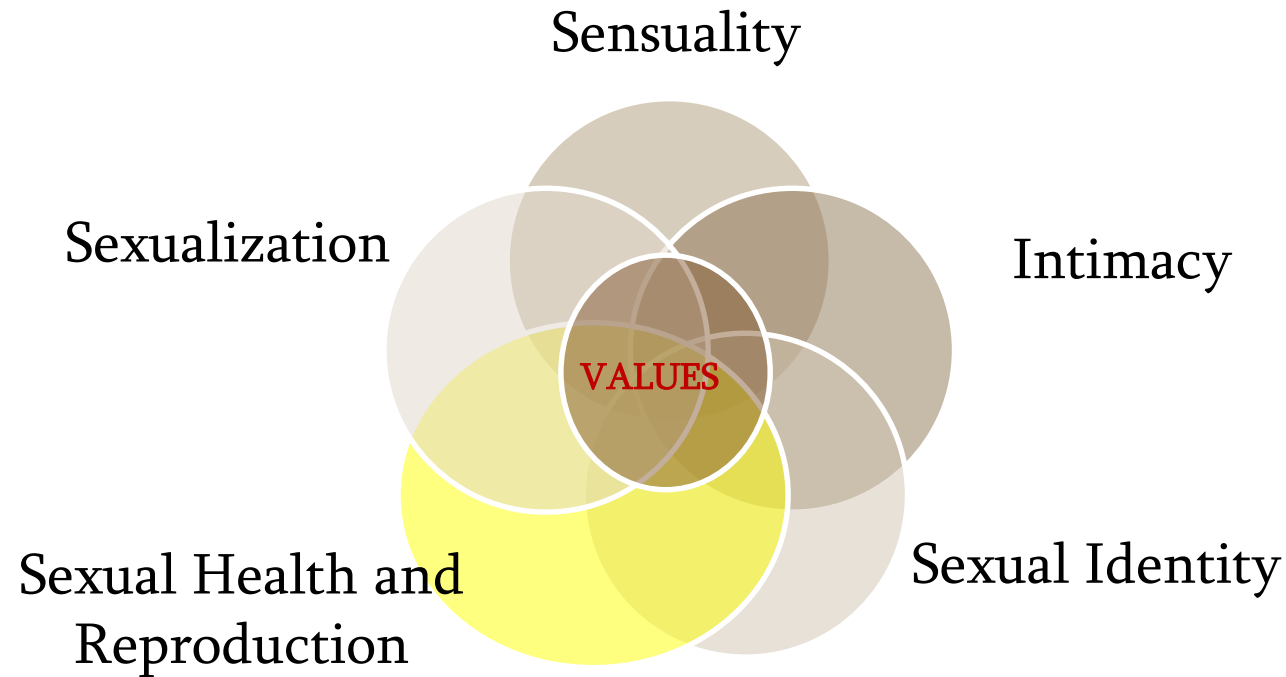
Created by Danielle Ruggles, MSW, M.Ed (2009), adapted from Advocates for Youth



- **Sensuality**
  - Awareness, acceptance of and comfort with one's own body; physiological and psychological enjoyment of one's body and the bodies of others
- **Intimacy**
  - The ability and need to experience emotional closeness to another human being and have it returned
- **Sexual Identity**
  - The development of a sense of who one is sexually, including a sense of maleness and femaleness
- **Sexual Health and Reproduction**
  - Attitudes and behaviors related to producing children, care and maintenance of the sex and reproductive organ, and health consequences of sexual behavior
- **Sexualization**
  - The use of sexuality to influence, control or manipulate others



# The Circles of Sexuality



Created by Danielle Ruggles, MSW, M.Ed (2009), adapted from Advocates for Youth



## Sexual history taking: tips and tricks

- A welcoming clinic environment starts at registration, even before the patient sees you!
- History taking while the patient is still fully clothed
- Be cognizant of cultural and gender dynamics
- Knowledge of current sexual terms is helpful but it is also fine to say “I don’t know what you mean, could you please explain”
- Do not make any assumptions!
- If needed introduce the topic while normalizing. “May I ask you a few questions about your sexual health and sexual practices? I understand these questions are personal but they are important for your overall health history.”
- Reassurance of confidentiality: Best not to have any partners or family in the room [this can be established as an office SOP]
- Be mindful of trauma
- Ask open ended questions



# CDC's five "P"s of sexual health/history taking

- Partners
- Practices
- Protection from STIs
- Past history of STIs
- Pregnancy Intention
- Some bonus "P's": PLEASURE, PROBLEMS, PRIDE



## Partners:

- When was the last time you had any kind of sexual contact?
- Total number of sexual partners [all types of sexual contact] in life/past year/6 months/3 months
- Gender of sexual partners
- “Do you have sex with men, women, or both?” doesn’t capture nonbinary persons and may not capture trans partners
- Length of time with sexual partners: New partner? Regular partner? Occasional partner? Anonymous partner?
- Where do you meet your partners? Online? Apps?
- Risk factors of partner[s]- IVDU, transactional sex work, multiple partners
- Travel history- where did you have sex?





## Practices:

- What kind of sexual contact have you had? Oral sex, vaginal sex, anal sex, genital sex
- May need to be specific about practices [“have you put your mouth on your partner’s penis?”], also when asking about anal sex, be sure you are specific that this means anal **RECEPTIVE** sex [“Have you received rectal sex?”]
- Other risky practices to consider even outside of sex: IVDU, other drug or alcohol use, transactional sex work
- Again, comfortability with the terms [it’s OK to say penis and vagina!]
- Let the patient know that this helps you know from where you need to get tests



## Gender Inclusive Language

Gendered	Less Gendered
Vulva	External pelvic area
Penis, testicles	Outer parts
Labia or “lips”	Outer folds
Vagina	Genital opening, frontal opening, internal canal
Uterus, ovaries	Internal organs
Prostate	Internal parts
Breasts**	Chest
Pap smear, prostate exam	Cancer screening, HPV screening
Bra/panties/briefs	Underwear
Pads/Tampons	Absorbent product
Period/menstruation	Bleeding

Adapted from Potter et al. 2015. Transgender women may prefer “breast”



## Protection:

- What do you do to protect yourself from STIs? [open ended]
- Do you talk to your partner[s] about STI prevention?
- Patient's perception of risk or partner's risk
- What kind of protection do you use?
- How often? All the time, sometimes? If sometimes, in what situations do you use protection and in what situations do you not?
- Have you received HPV, Hep A, Hep B shots?
- Are you aware of PrEP?
- Good teaching moments can happen here!



## Past history of STIs:

- Have you ever been tested for sexually transmitted infections?
- When were your last tests?
- How were you last tested? Bloodwork? Cultures? Was extragenital testing done?
- Note many times people assume when they have gone to their medical provider that they are tested for “everything”
- Have you ever had recurrent symptoms but no diagnosis?
- Have you ever been treated for: Gonorrhea, Chlamydia, Syphilis, Trichomonas, Herpes, PID, NGU, hepatitis
- Have you ever been tested for HIV? What specifically happened when you were tested?
- Do any partners have a history of STI that you are aware?



## Pregnancy Intention:

- Gender appropriate questions [EVERYONE of reproductive age should be asked about pregnancy intention, not just cis-women!]
- Do you think you would like to have [more] children at some point?
- When do you think that might be?
- Are you trying to prevent getting pregnant? If so, how?
- This can also be a teaching moment, information on birth control options for both men and women
- Transgender persons can conceive even when taking hormones



## Pleasure:

- What brings you sexual satisfaction?
- Are you happy with your current sex life?
- What can be improved?
- What works?
- Do you feel like your partner or partners are satisfied as well?
- What can enhance your pleasure without increasing your risk for infection?
- Has anyone ever made you do something sexual that you did not want to?



## Problems:

- Are you having any difficulties with having sex?
- Ex: pain, discomfort, vaginal dryness, lack of arousal, difficulty with getting an erection, lack of orgasm
- Are you concerned about your sex drive or the sex drives of your partners?
- Keep in mind some problems with sex can be a sign or symptom of other medical or psychological conditions



# Pride

- What support, if any, do you have from your family and friends about your:
- Gender Identity?
- Sexual Orientation?
- Are you experiencing any harassment or violence [at home, at work, at school, in the community] due to your sexual orientation or gender identity?





## What other things about your sexual health and sexual practices should we discuss to help ensure your good health?

- Be ready for anything!
- Positive reinforcement of healthy sexual practices and honest dialogue
- Focusing on positive behavior and the goal of healthy and safe sexual experiences can be paired with risk-reduction strategies to bridge the transition to a counseling referral if one is recommended
- For patients at risk for STIs, encourage testing and give positive feedback about prevention methods
- Take every opportunity to have a teaching moment that you can



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## DOCUMENTATION

- It is perfectly fine to have a section in your charting for sexual history. Be sure if it is an EMR like Epic [Johns Hopkins], you are updating for last sexual contact etc [will need specific date, not “2 weeks ago” because it doesn’t stay with the visit encounter]
- Documentation of risk assessment and risk reduction counseling
- These are billable services!



## Some additional resources

- <https://www.cdc.gov/std/treatment/sexualhistory.htm>
- <http://californiaptc.com/wp-content/uploads/2016/11/Patient-Administered-Sexual-History-Questionnaire-2.pdf>
- <https://nationalcoalitionforsexualhealth.org/tools/for-healthcare-providers>
- <http://www.cardeaservices.org/resourcecenter/building-sustainability-for-hiv-std-and-related-services-a-coding-guide-for-programs-and-providers>
- <http://stdpreventiontraining.com>
- <http://nnptc.org>



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Thank you!

Comments or Questions?

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## Acknowledgement

The MidAtlantic AIDS Education and Training Center (MAAETC) is supported by DHHS, Health Resources and Services Administration (HRSA) as part of a cooperative agreement of \$2,917,621 and 0% financed with non-governmental sources. The program aims to provides HIV training and technical assistance to USPHS Region 3 (Pennsylvania, Maryland, Delaware, the District of Columbia, Virginia, and West Virginia).

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## Planning Disclosure

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