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Obtaining a Gender-Affirming Sexual History with Gender Nonconforming and Transgender Patients

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*Obtaining a Gender-Affirming Sexual
History with Gender Nonconforming and
Transgender Patients*



Gabriela Bosmenier Cruz

Community Health Center of Burlington-Riverside (CHCB)

March 2023

Mentor: Rachel Inker, MD

PROBLEM IDENTIFICATION

“A crucial deficit in sexual health care is a proactive and preventive approach in the primary care setting.”²

- Sexual intercourse is an integral part of a person’s general health and is associated with happiness, well-being, and longevity.¹
- Taking a gender-affirming sexual history will improve sexual health care through prompt identification of sexual problems, risk-taking behaviors, and infection prevention by establishing a judgement free and collaborative environment.²
- Taking time to discuss sexual health and function can unmask any psychiatric or other medical problems, can improve lifelong sexual function, and increase risk management preventions (e.g., immunizations, contraception, Pre-exposure prophylaxis (PrEP), sexually transmitted infection (STI) testing etc.)^{1,2}
- Taking an inclusive sexual history using gender-affirming language is a crucial aspect of providing care to all patients, and thus an identifiable learning opportunity for providers at Community Health Centers of Burlington-Riverside.

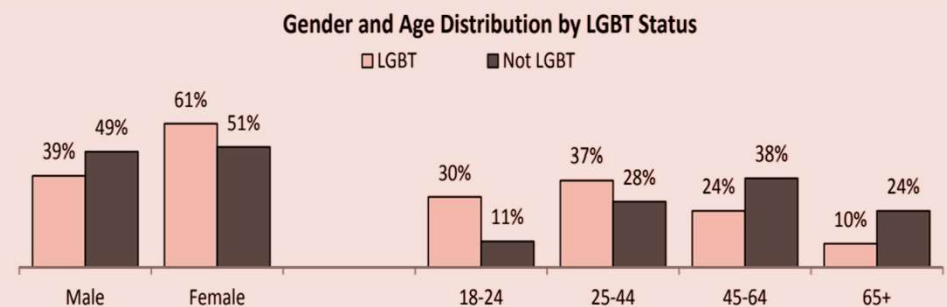
PUBLIC HEALTH COST

- According to the CDC, an estimated 20 percent of the U.S. population, approximately **one in five people** in the U.S, had a **STI in 2018**.³
- There is a **\$1.1 Billion** direct medical cost that has been attributed to treating the most common sexually transmitted infection, chlamydia, gonorrhea, and syphilis.³

No available STI statistics from healthvermont.gov



- According to a 2016 Vermont Behavioral risk factor survey, **five percent** of the adult population in VT **identified as lesbian, gay, bisexual, transgender, or other**.⁴
- The **LGBT population in VT is younger** than the heterosexual population with more than half are ages 18-44 (66%).⁴



COMMUNITY PERSPECTIVE



Voices of Patients

Multiple patients at CHCB were anonymously interviewed about their experience with providers using gender-affirming language.

What is your definition of gender-affirming language?

“Gender language that is not jarring for the recipient to hear. Jarring when it doesn’t align with how they feel about themselves. It is better to be gender-specific, using neutral language is avoiding how you identify.”

“Language that is particularly used by people to make them feel comfortable about who they are.”

“Being respectful, if I say ‘Hey! this is what I like to be called,’ just being respectful of whatever the patient is asking you to say.”

Do you feel that providers often use gender-affirming language when asking about your sexual history? If not, what kinds of language do they normally use?

“Most of my experiences have been positive. I have only gotten transgender care at CHCB.”

“For the most part, Dr. Inker is the provider I have been dealing with since starting testosterone. There was one time, I went to the ER in Plattsburgh, and I mentioned I was transgender, and the doctor did not know what transgender was, so I had to explain I was female who transitioned to be male.”

“I recently had my hip replaced and you hear people talk about you quite a bit, not gendering me properly...I get it because EHRs are different across UVM and te CHCB. Here I have they/them as my pronouns but at UVM I do not.”

What do you think providers can do better when discussing sexual history and sexual encounters? You can also provide examples of times providers have used language you appreciated to describe or ask about sexual interactions.

“Do not have personal experience with it but overall using more inclusive language instead of assuming that I have a penis or go by male, use a blank statement and ask what type of sexual activity I engage in, instead of assuming. Use more of an open-ended question and let me navigate.”

“Not assuming genders or sexual orientation, I also prefer more anatomy related language rather than she/he.”

How comfortable do you feel when discussing your sexual history if the provider does not use gender-affirming language? For example, if provider assumes limitations to certain kinds of sex practices based on gender.

“Most of my experiences have been good and with Dr, Inker. I have not had other doctors that I needed to talk about my sexual history.”

“I do not have much experience with that since I was in a monogamous heterosexual relationship for over 30 years. Providers never asked about my sexual orientation or sexual health.”

COMMUNITY PERSPECTIVE CONT.



Voices of Providers

Providers at CHCB were interviewed about their experience with using gender-affirming language.

What is your opinion about the way providers address and discuss sexual health?

“It is important to make patients feel seen and heard.”

“I think we do not address it enough or not to sufficient depth.”

“I think likely tremendous variability.”
-Dr. Rachel Inker

What are some of the challenges of obtaining a thorough sexual history using gender-affirming language?

“Patient may feel awkward. We may be out of practice. Time to do so.”

“Knowing what the most correct language is.”

“Time constraints for longer interviews.”

“Provider discomfort. Providers not yet aware of gender-affirming language.”
-Dr. Rachel Inker

What do you think providers could be doing more of when discussing sexual history/sexual topics? What are some examples of language you use?

“Keep questions open-ended.”

“Give them an opportunity to decline questions.”

“Be better at asking permission.”

“I try to use neutral language that allows the patient to feel comfortable and nonjudgmental.”

“I try to offer appropriate screening tests depending on risk factors.”

“I do ask people what language they use for their body parts. When in doubt, I use neutral language—although we heard is not always polite to be affirming.”

-Dr. Rachel Inker

INTERVENTION & METHODOLOGY

- Presented to providers the infographic, and qualitative data obtained from patients, as part of a lunchtime educational session.
- Adapted infographic, published in Fenway Health by Cavanaugh, MD and Thompson, PA-C, was created to include a proposed 8 P's approach to obtaining a sexual history.⁶ These questions are applicable to all patient populations and will be posted in each of the providers' pods for reference.

Obtaining a Gender-Affirming Sexual History with Gender Nonconforming and Trans Patients

While the CDC 5 P's help guide providers into obtaining a sexual history, expanding the clinical interview to include 8 P's will ensure providers obtain an inclusive and thorough sexual history.

The CDC's 5 P's Include

- Partners
- Practices
- Protection for STDs
- Past history of STDs
- Prevention of pregnancy



The Proposed 8 P's Include

- P**references
- Partners
- Practices
- Protection of STIs
- Past history of STIs
- Pregnancy
- P**leasure
- P**artner Violence

8 P's	Sample Questions To Ask
1 Preferences	<ul style="list-style-type: none"> Do you have preferred language that you use to refer to your body (i.e., genitals)? Are you currently sexually active? What kinds of sex do you engage in?
2 Partners	<ul style="list-style-type: none"> How would your partners identify themselves in terms of gender? Are you sexually active with one partner or more than one? Are you dating anyone or sexually active?
3 Practices	<ul style="list-style-type: none"> Do you use toys (dildos or vibrators) inside your (insert preferred language for genitals) or anus, or do you use them on your partners? Do you have any other types of sex that has not been asked about?
4 Protection from STIs	<ul style="list-style-type: none"> Are there some kinds of sex where you do not use barriers? Why?
5 Past history of STIs	<ul style="list-style-type: none"> If yes...Do you remember the site?
6 Pregnancy	<ul style="list-style-type: none"> When you are having sex, is there any exposure to sperm or chance of pregnancy? Have you considered fertility preservation/banking gametes? Have you considered contraceptive options?
7 Pleasure	<ul style="list-style-type: none"> Do you feel you are able to become physically aroused during sex? How satisfied are you with your ability to achieve orgasm? Do you have any pain or discomfort during or after orgasm? Are you having sex for pleasure or are there other reasons (survival sex/transactional sex)?
8 Partner Abuse	<ul style="list-style-type: none"> Has anyone ever forced or compelled you to do anything sexually that you did not want to do? Is there any violence in any of your relationships? Do you feel safe at home? <ul style="list-style-type: none"> * if yes, check-in before performing a pelvic exam

Adapted from the presentations of Timothy Cavanaugh, MD "Sexual Health History: Talking Sex with Gender Non-Conforming & Trans Patients." & Julie Thompson, PA-C, "Taking a Sexual History with Sexual and Gender Minority Individuals."

RESULTS & RESPONSE

Following my presentation to CHCB providers, I requested feedback and posed the following questions.

What do you think about the infographic and the information it provides?

“It is a nice reminder of the essential parts of sexual health.”

“Love it!”

“Make keep it at my desk or on my desktop as a great reminder.”

“Excellent. Clear!” –Dr. Rachel Inker

How would you like to see this topic expanded at Community Health Centers of Burlington?

Include information about when we should do sexual histories (i.e., physicals, specific GU complaints, or at initial new patient visits).

Include information about cross-cultural sexuality.

Include basic glossary of terms.

It would be great to do role plays/clinical scenarios to practice. –Dr. Rachel Inker

EFFECTIVENESS & LIMITATIONS

Evaluation of effectiveness

- Survey providers at CHCB to quantitatively assess how often they reference or use the infographic when obtaining a gender-affirming sexual history.
- Survey patients and providers at CHCB and other sites, if possible, to assess how often obtaining a thorough gender-affirming sexual history led to implementation of preventative measures, whether that was STI testing, contraception, or medical management for sexual dysfunction.
- Consider interviewing more patients at CHCB and other primary care offices, not just transgender and gender nonconforming patients, to evaluate how often providers obtain a gender-affirming sexual history and how comfortable patient feel about it.

Limitations

- There is no quantitative data that show the effectiveness of the intervention.
- Only a subset of primary care providers were interviewed about their approach to obtaining a gender-affirming sexual history.
- Many of the patients received transgender care at CHCB, which is already an inclusive center that strives to use gender-affirming language, thus the scope of experiences with other providers was limited.

FUTURE DIRECTIONS



Create a presentation for providers that includes when it is appropriate to discuss sexual health and how often it should be discussed. Include educational review of commonly used terminology (i.e., gender identity, gender expression, transgender, nonbinary, genderqueer, etc.)



Discuss ways sexual history can be obtained with patients of diverse cultural backgrounds. Start by working with community leaders to translate the 8 P's to other languages using culturally appropriate language.



Expand the topic to be included in resident and medical student education.

Consider creating a dot-phrase with the 8 P's that can be used by providers when obtaining a sexual history.

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