

Taking A Sexual History

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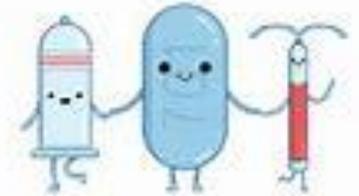
OKLAHOMA
State Department
of Health

Learning Objectives

- Define Sexual Health
- Describe the importance of taking a comprehensive sexual history
- Outline the components of a comprehensive sexual history (5 Ps)
- Demonstrate the use of inclusive sexual history questions

What is Sexual Health?

let's talk about



sexual health

The World Health Organization defines sexual health as “...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.
- It 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)



**World Health
Organization**

Why is sexual health important?



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- Essential for assessing risk of sexually transmitted infections (STIs).
- Supports reproductive health planning (pregnancy intention, contraception).
- Helps guide screening, prevention, and treatment decisions.
- Builds trust and normalizes conversations about sexual health.
- Identifies concerns related to sexual function, safety, and consent.
- When left untreated, STIs can lead to long term health problems such as chronic pelvic pain, infertility, and poor birth outcomes including death of newborns.
- STIs can also increase the risk of getting HIV and giving HIV to others.
- Human papillomavirus (HPV) infection causes about 35,000 cases of cancer each year, **even though there is a safe and highly effective vaccine that prevents the cancer-causing strains of HPV.**
- STIs affect the quality of life for millions of Americans and cost the health care system billions of dollars annually.

How to Take a Sexual Health History





Taking a Sexual Health History



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A smile is the
universal welcome.

Max Eastman

“ quote fancy ”

Recognizing Types of Bias

Implicit Bias

Automatic attitudes or stereotypes that influence behavior without conscious awareness.

Examples:

- Assuming heterosexuality
- Assuming monogamy
- Assuming gender identity based on appearance

Explicit Bias

Conscious beliefs or judgments that affect interactions.

Examples:

- Discomfort discussing certain sexual practices
- Moral judgments about number of partners

Cultural Bias

Assuming your own cultural norms apply universally.

Examples:

- Expectations about marriage, modesty, or gender roles

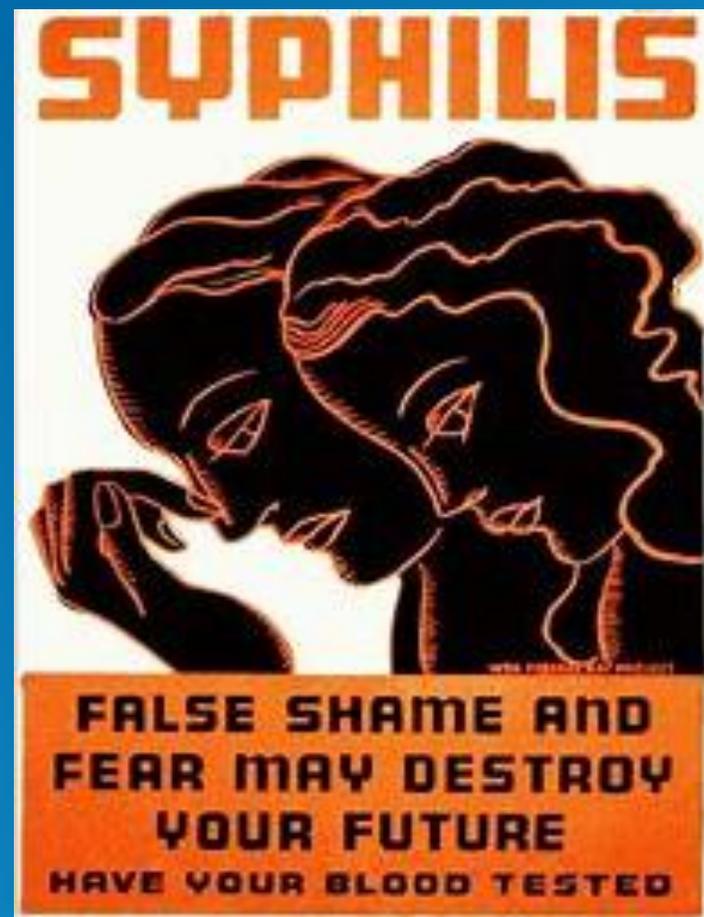
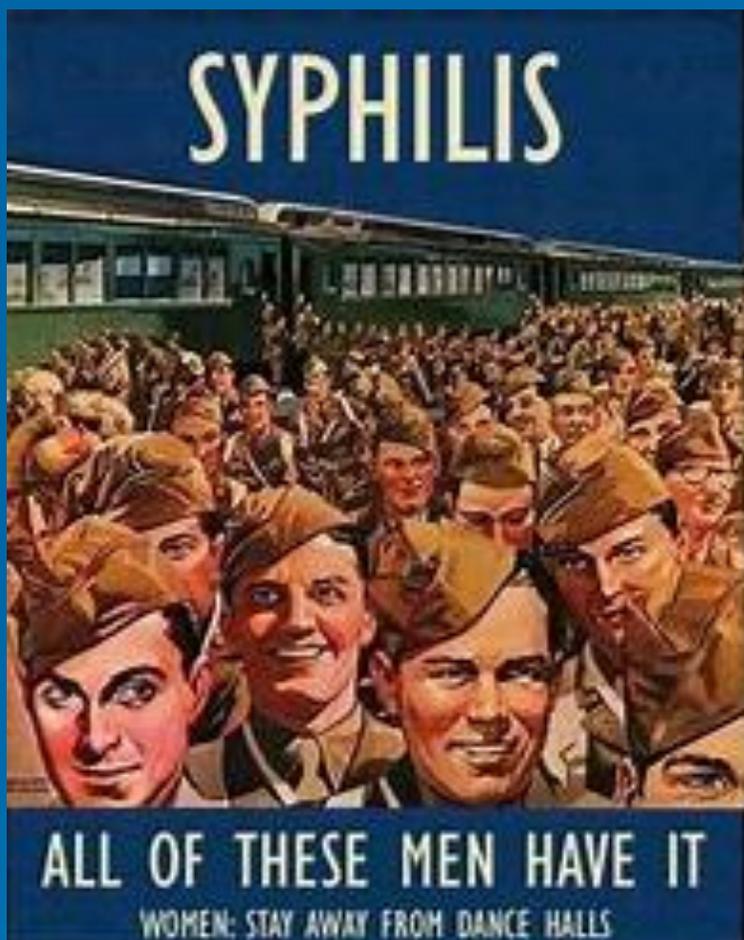
Putting aside bias leads to:

- ✓ More accurate sexual histories
- ✓ Better STI screening and prevention
- ✓ Improved patient trust
- ✓ Reduced health disparities
- ✓ Safer, more respectful clinical environments

Creating a Safe, Non-Judgmental Environment

- ✓ Use neutral, inclusive language. Be aware of body language.
- ✓ Avoid assumptions about sexual orientation, gender identity, or relationship structure.
- ✓ Explain why you are asking these questions (“I ask all patients these questions because sexual health is an important part of overall health.”).
- ✓ Use open-ended questions, then clarify
- ✓ Normalize (“Many people experience...”) to reduce embarrassment. **This reduces stigma and signals safety.**





Ensure Privacy and Confidentiality

- Confirm who is in the room.
- For adolescents, explain confidentiality laws in your state.
- Maintain a calm, professional tone.



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Confidentiality

Helps to establish trust between patient and the nurse

Increases patients willingness to communicate information

Ease fear or concerns clients may have

Prepares client for what to expect during the visit

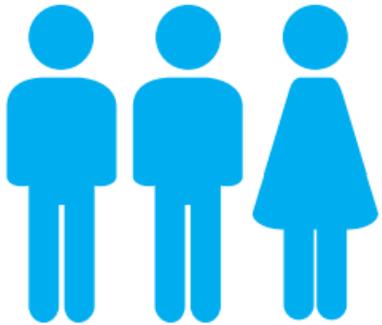
* "I will need to take a few minutes to ask you a number of personal questions about the kind of sex you have and behaviors that might put you at risk for an STI. *These questions are important for me to ask so we can provide the right care for you today. I ask these same questions to all my clients and everything we discuss is confidential.* I will also do a physical exam and lab work to help us determine if treatment is needed today. *What questions do you have before we begin?"*

Use Trauma-Informed Communication

- Ask permission before discussing sensitive topics.
- Allow the patient to decline answering.
- Be aware of body language and emotional cues.



The Five “P”s



Partners



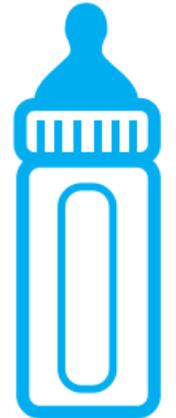
Pactices



Past History
of STDs

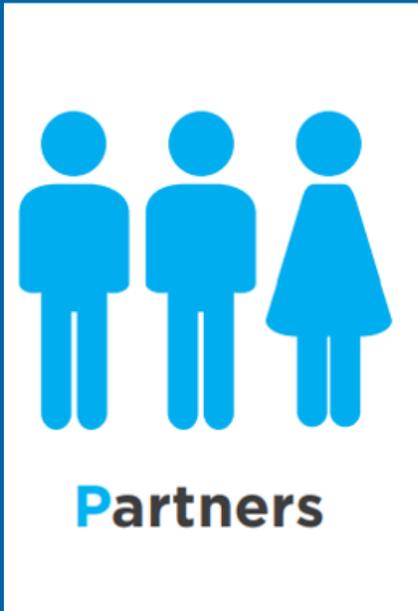


Protection
from STDs



Pregnancy
Plans

The 5 “P”s - Partners



Dialogue with patient

“Could you tell me about your current relationships?”

“Have you ever had sex with someone? By “sex” I mean vaginal, oral, or anal sex.”

“In the past 12 months, how many sex partners have you had?”

“What is/are the gender(s) of your sex partner(s)?”

“Do you or your partner(s) currently have other sex partners?”

The 5 “P”s - Practices



Practices

Dialogue with patient

“I need to ask some more specific questions about the kinds of sex you have had over the last 3-6 months to better understand if you are at risk for STIs. We have different tests that are used for the different body parts people use to have sex. Would that be OK?”

“What kind of sexual contact do you have, or have you had? What parts of your body are involved when you have sex?”
Toys?

“Are you a top and/or bottom (insertive/receptive partner)?”

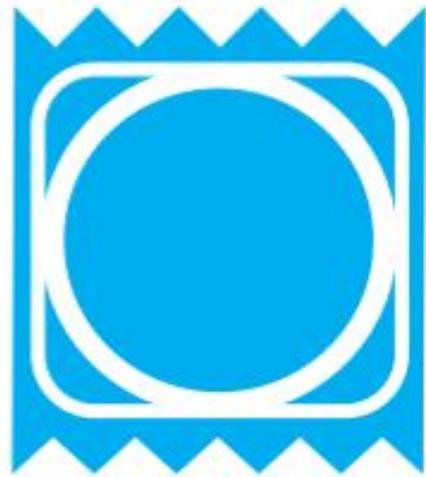
“Do you meet your partners online, through apps, or have anonymous partners?”

“Have you or any of your partners used drugs? Have you exchanged sex for your needs (money, housing, drugs, etc.)?”

“When was the last time you had a sex partner that used injection drugs?”

Recreational drugs? Sharing needles? Alcohol?

The 5 “P”s - Prevention



**Protection
from STDs**

Dialogue with patient

“Do you and your partner(s) discuss STI prevention?”

“What are your goals for your sexual health?”

“If you use prevention tools, what methods do you use? (external or internal condoms, dental dams, etc.)”

“How often do you use this/these method(s)? In which situations, or with whom, do you use each method?”

“Some people have difficulty using a condom. How is it for you?”

“Have you received HPV, hepatitis A, and/or hepatitis B vaccines?”

“Are you aware of PrEP, a medicine that can prevent HIV? Have you ever used it or considered using it?”

Point out and commend patients for what they might already be doing to reduce risk!

The 5 “P”s – Past History



Past History of STDs

Dialogue with patient

“Have you ever been tested for STIs and HIV?”

“Have you been diagnosed with an STI in the past? When? Did you/your partner get treatment?”

“Have you had any symptoms that keep coming back?”

“Has your current partner or any former partners ever been diagnosed or treated for an STI? Were you tested for the same STI(s)? Do you know your partner(s) HIV status?”

The 5 “P”s – Pregnancy Intention



Pregnancy
Plans

Dialogue with patient

“What are your current plans or desires regarding pregnancy?”

“Are you (or your partner) trying to get pregnant?”

“Do you think you would like to have more children at some point? How important is it to you to prevent pregnancy (until then)? “

“Are you or your partner using contraception or practicing any form of birth control?”

“Would you like to talk about ways to prevent pregnancy? What information, if any, do you need on birth control?”

“What types of birth control have you tried? How did that work for you?”

Plus

Sexual Function

- Libido, arousal, pain, erectile function, orgasm concerns.

Safety and Consent

- “Do you feel safe in your relationships?”
- “Has anyone ever pressured you into sexual activity?”

Gender Identity and Sexual Orientation

- Ask respectfully:
- “How do you describe your gender identity?”
- “How do you describe your sexual orientation?”
- Use the patient’s chosen name and pronouns.

Substance Use

- Alcohol or drug use associated with sexual activity.

Closing the session

Dialogue with patient

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

“What other concerns or questions regarding your sexual health or sexual practices would you like to discuss?”

Ask about sexual functioning, including pleasure and performance, and referring for care, as indicated.



**Let's talk
about PrEP!**

Common Barriers and How to Address Them

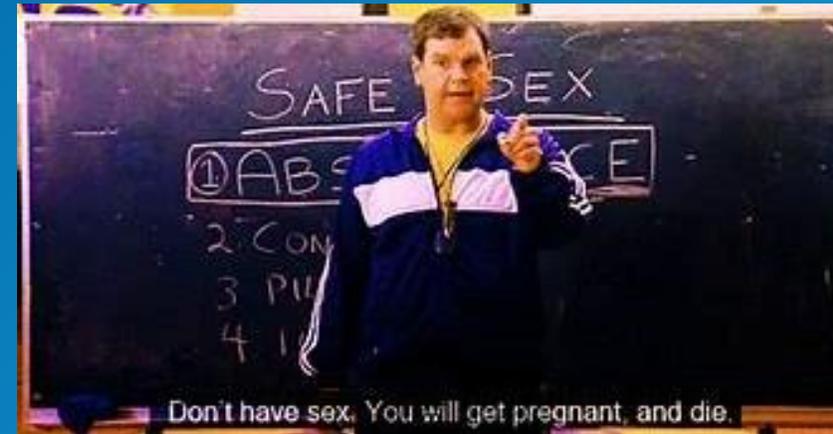
- ✓ Patient discomfort: Normalize and reassure.
- ✓ Clinician discomfort: Use structured tools and practice.
- ✓ Time constraints: Use brief validated questionnaires when appropriate.
- ✓ Cultural differences: Ask the patient how they prefer to discuss sensitive topics.

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Key Points to Ensuring a Productive Sexual Health Conversation

- Avoid moral or religious judgment/assumptions of the patient's behavior (be aware of your biases)- ALL Staff
- Practice cultural humility—sexual norms vary widely.
- Ensure shared understanding around terminology and pronunciation for patient concerns to avoid confusion. Avoid medical jargon unless explaining clearly.
- Establish rapport and consent before addressing sensitive topics.
- Respect the patient's right to decline answering questions or sharing information.
- Use a sensitive tone that normalizes the topics you are discussing – how can we reframe a statement to be sex-positive vs. punitive.
- **And remember, it's a conversation...not a lecture or an interrogation!**



Questions?

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