ADVANCING EXCELLENCE IN TRANSGENDER HEALTH

Sexual Health History: Talking Sex with Gender Non-Conforming & Trans Patients

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NATIONAL LGBT HEALTH EDUCATION CENTER
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Continuing Medical Education Disclosure

- Program Faculty: Timothy Cavanaugh, MD
- Current Positions: Co-Medical Director of the Fenway Trans Health Program at Fenway Health
- Disclosure:
  - I have no financial relationships with a commercial entity producing healthcare-related products and/or services.
  - The use of medications for cross-sex hormone therapy is off-label use

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- "Sexual health is an approach to sexuality founded in accurate knowledge, personal awareness and self-acceptance, such that one's behavior, values and emotions are congruent and integrated within a person's wider personality structure and self-definition…"

  - Robinson B, et al. "The Sexual Health Model: Application of a Sexological Approach to HIV prevention." Health Education Research: Theory and Practice 2002; 17:45-57.

Background

- Sexual health history is an important part of a routine medical exam or physical history for all patients, regardless of gender identity or sexual orientation

- Important factors:
  1. Heterogeneity of sexual identities
  2. Diverse sexual partnerships & practices
  3. Sensitivity to language

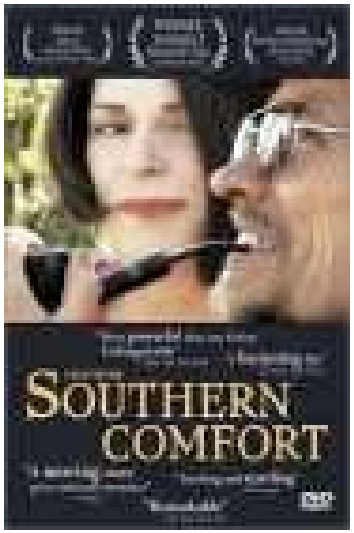
Why Talk About Sexual Health?

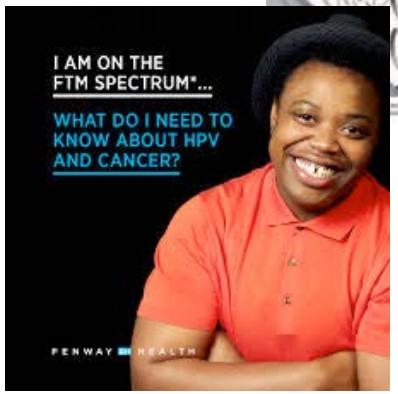
- It is integral to a person's general health
- It is associated with happiness, well-being, and longevity
- Sexual function is lifelong and evolves over the lifespan
- It may be associated with Morbidity and Mortality
- There is a high prevalence of sexual dysfunction
- Sexual history and current function may indicate
  - psychiatric and/or other medical disorders
  - may explain current health problems (e.g abuse and violence, prior STDs)
  - may determine the need for primary prevention (e.g immunizations, contraception, PeP, PReP, etc.)

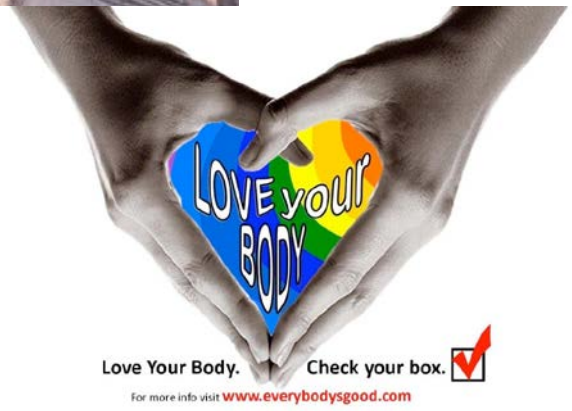
Nussbaum and Hamilton, "The Proactive Sexual Health History", 2002

Managing Dysphoria & Dissociation

- How do we help patients take care of the skin they're in?







Caution

- The need to affirm one's gender identity can supersede other health concerns
- Concerns about sex, gender, and sexuality may override concerns about HIV, STIs, risks, and safety
- The effects of minority stress - social bias, stigma, shame, secrecy, loneliness - and rejection by potential sexual partners can interfere with the negotiation of healthy sexual interactions

(Bockting, et al., 1998; Hendricks & Testa, 2012)

Establishing a relationship with your transgender patient

- Effective use of listening and mirroring
- Use an individualized and holistic approach
- Acknowledge previous healthcare experiences with an attitude of respect and advocacy
- Help regulate and pace disclosure and exploration of sexual history
- Approach trauma experiences slowly
- Approach sexual trauma and assault treatment from the position of the patient's identity, not just anatomy

"Doctor, I'm not sure I can trust you."

Increase Your Awareness

- With any patient presenting with concerns about sexual health, especially with related mental health issues, consider inquiring about sexual and gender identity

- From 2015 US Trans Survey:
  - 40% said all of their current healthcare providers knew that they were transgender
  - 13% said most knew
  - 17% said some knew
  - 31% said none of their healthcare providers knew that they were transgender

Sexual Health Model: An Overview

- Talk about sex
- Include culture, gender, and sexual identity
- Sexual anatomy and functioning
- Sexual health care and safer sex
- Challenges and barriers to sexual health
- Body image
- Masturbation and fantasy
- Positive sexuality
- Intimacy and relationships
- Spirituality and religion

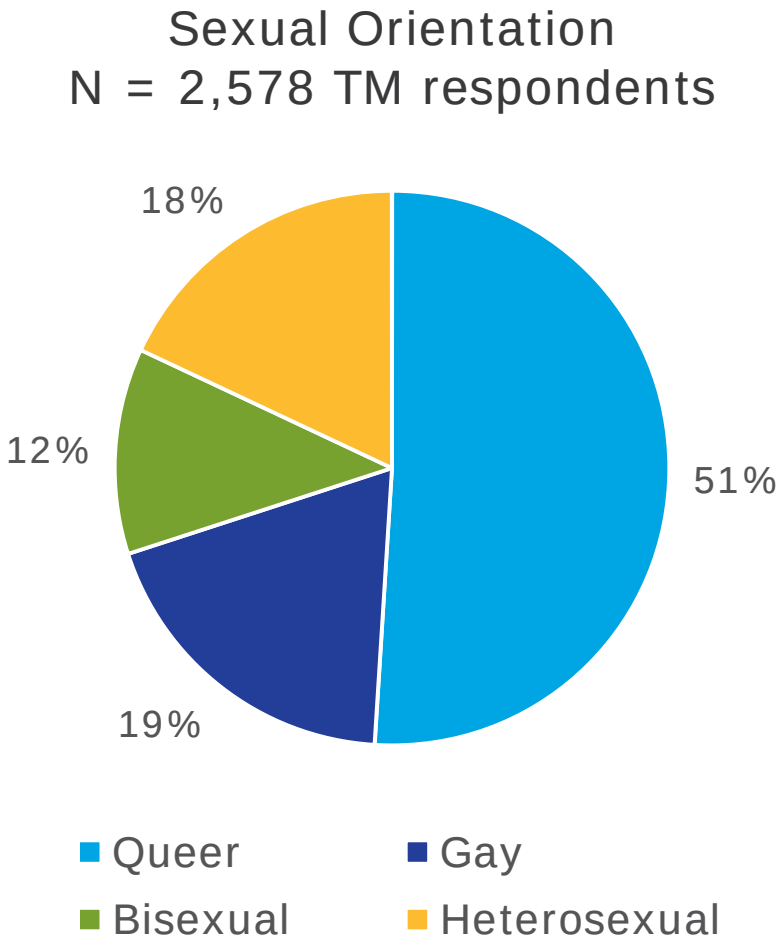
Robinson, et al, “The Sexual Health Model: application of a sexological approach to HIV prevention” (2002)

Exploring Relationships

- Basic forms: monogamy, open relationships, polyamory, BDSM, etc
- Sexual activities: oral, vaginal, anal sex and beyond
- Gender presentation and disclosure
- Survival sex
- Larger issues of socializing in one's affirmed gender or as a person in transition
- Safe spaces
- The decision to be sexual
- Disclosure

Background

- Lack of consensus on how to best collect sexual health history from transgender and gender nonbinary individuals



[1]Reisner, et al. (2011)

Clinical Interview: The 8 “P”s

The CDC’s 5 “P”s

1. Partners
2. Practices
3. Protection for STDs
4. Past history of STDs
5. Prevention of pregnancy

The 8 “P”s

1. **Preferences**
2. Partners
3. Practices
4. Protection for STIs
5. Past history of STIs
6. Pregnancy
7. **Pleasure**
8. **Partner Violence**

Clinical Interview: The 8“P”s

	“P”	Example Questions
1	Preferences	• Do you have preferred language that you use to refer to your body (i.e., genitals)? • Are you currently on hormone therapy, have you had any gender confirming surgeries or procedures?
2	Partners	• How would your partners identify themselves in terms of gender?
3	Practices	• 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 hasn’t been asked about?
4	Protection from STIs	• Are there some kinds of sex where you do not use barriers? Why?
5	Past history of STIs	• If yes… Do you remember the site?

Clinical Interview: The 8“P”s

	“P”	Example Questions
6	Pregnancy	• Have you considered having a child of your own that you would carry? • Have you considered banking gametes? • Have you considered utilizing a surrogate with your egg?
7	Pleasure	• Do you feel you are able to become physically aroused during sex, such as becoming wet or hard? • How satisfied are you with your ability to achieve orgasm? • Do you have any pain or discomfort during or after orgasm?
8	Partner Abuse	• Has anyone ever forced or compelled you to do anything sexually that you did not want to do? **if yes, check-in before performing a pelvic exam*

Talking about sex

Key Components:

1. Introductory language
   - Acknowledge and affirm differences in identity and language use
   - Specify terms used throughout survey

2. Questions to capture diverse sexual behaviors
   - Validate all sexual practices by asking about both high & low risk activities
   - Don't assume people are limited to certain kinds of sex based on gender (i.e., include questions about insertive sex)
   - Specify if act was performed with or without a prosthetic or toy

Talking about sex

1. Introductory language

Sex is a personal issue that can sometimes be sensitive or hard to talk about. This is especially true for those of us who are transgender or gender non-conforming because the bodies we have don't always reflect who we are. As transgender and gender non-conforming people, we do not all use the same words or names to talk about our body parts.

Establish from the beginning what words you and the patient will use. Check in to make certain that the both you and the patient have the same understanding of these terms.

Clitoris, phallus, dick, penis

Vagina, genital canal, front hole

Penetrative sex, vaginal sex, frontal sex

Anus/anal, back hole, butt

Talking about Sex

3. Diverse partner types to allow for contextualization
   - Serious or casual relationship
   - Poly/open relationship
   - Sleep with, but not dating
   - Dom/sub
   - Exchange partner/sex work client
4. Open-ended questions at the end
   - Anything else you feel to be important that we did not address?

Voices of Patients

- "My gender identity has affected my interactions with health care providers primarily when it comes to discussing sex and sexual health. I am primarily attracted to and have sex with men (both trans and cis). When I was about to take my last pap test, the doctor I was seeing (not the current one) started asking me questions about any sexual partners (their gender), how I have sex (receiving/giving), etc. Even though I indicated I don't have vaginal sex, she proceeded with a vaginal pap smear test. When I later went to get some STI tests done later that year, a subsequent provider proceeded to ask similar questions about my sexual history. He indicated that since I have anal sex (and not vaginal),that I actually didn't need a vaginal pap smear test; I needed to have an anal pap smear test. It made sense to me, but was also confusing since it contradicted everything I had believed about pap smears (and I had never heard of an anal pap before!). I feel this is an example of how the confluence of my gender identity and sexual orientation/behavior can complicate something that should be relatively simple (i.e., what kinds of pap smears do I need, as a transgender man who primarily has sex with men, but anally and not vaginally?)."

Voices of Patients

- “I think my provider does a good job. They introduce the conversation and see where the patient is at with their feelings just on talking about the subject. They always give the option to say no. I really like being able to define my gender identity and have people ask questions to further understand my identity. I want to be able to say. I am comfortable with myself below the waist. [I want my provider to know] that I can talk about who my partner is and what kind of sexual activity I have been involved with. I want my provider to know me, I just can be shy about just saying it so asking the right questions or having a form I can fill out so I don't have to feel hidden is helpful to me.”

Voices of Providers

- “For teens I usually ask about their friends first then ask them to tell me about themselves. For adults I usually ask if they are sexually active. If they answer yes, even if they are married, I will ask if they are monogamous and then I will ask if their partner is monogamous with them as well. We have a large poly community in my area so I try to be very open ended in all my questions about relationships. I also ask how many of their relationships are sexual and if they have any casual sexual relationships and how often. I also ask about sexual practices when I talk about STI risk) I normalize this also by clarifying that I ask this of all my patients - receptive vaginal, receptive anal, oral, etc, I remind them it helps me determine what kind of screening is appropriate. I'm pretty comfortable talking about sex with my patients which usually puts them at ease as well. A term I use when charting is ‘mutually monogamous’ for my lower risk patients.”

Voices of Providers

- “I ask if they have a sweetie, or sweeties, or anyone they are sexually active with right now. I ask if their partner has an outie or an innie. I ask what they prefer to call their body parts, then I use those words to ask about specific activities. I ask if they use barrier protection for any or all of their holes including mouth. I ask them if they feel safe with their partner(s). I ask if they feel like they can have their sexual needs met, and if they have any pain with sex or orgasm. I ask them about any front or back hole or throat symptoms. I ask consent for all testing. I ask consent before any touch. I often do self collects for samples.”

Effects of hormones on sexual health

- Shifting sexual attractions
- Changes in desire, functioning, and activity
- Function and sensation changes:
  - changes in erectile function
  - breast development and sensitivity
  - clitoral growth and sensitivity
  - changes in vaginal mucosa and lubrication
  - pelvic pain with orgasm

Gender affirming surgeries and sexual functioning

- Impact on body image and self-esteem
- For trans women:
  - An inverted penile neo-vagina is not mucosal and is not self-lubricating; a sigmoid-colon vaginoplasty lubricates continually; both require repeated and regular dilation if not having regular penetrative sex; there may be hair growth inside the canal
  - Breast augmentation may improve self-image; may have complications due to tight skin or type of procedure

  - Facial feminization restructures the cranial-facial bones and soft tissue to fit more into a female aesthetic range; it is least often covered by insurance and may have a profound effect on comfort and passing

Gender affirming surgeries and sexual functioning

- Impact on body image and self-esteem
- For trans men:
  - A clitoral free-up procedure is the least expensive and simplest procedure with the least complications; all sensation and function are preserved
  - A metoidioplasty is a moderately expensive and often less complicated procedure that preserves sensation and erectile function creating a microphallus that is typically insufficient for traditional penetrative sex
  - A phalloplasty is the most expensive and often more complicated procedure with a goal of creating a more typical appearing adult male phallus; few procedures create an erotically sensate phallus with only a couple US surgeons who perform these; they require an erectile device or mechanical modification for penetrative sex
  - urethral extension and scrotoplasty may increase complications
  - there may still be a vagina and cervix after reconstruction

Avoid Assumptions

- There is no sexual or gender binary in nature
- Everyone has a gender AND a sexuality
- Avoid assumptions about a patient's sexuality based on their natal sex, gender identity, or gender presentation
- Transgender is an umbrella term that encompasses a diversity of gender identities and/or expressions that vary from the social expectations associated with one's natal sex
- Some people experience significant discomfort with their bodies, some do not - be aware of internal bias and expectations of how a trans person relates to their body

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