Taking a Sexual History with LBGT Patients

http://www.aglp.org/gap/2_sexualHistory/#safe

Creating a Welcoming and Safe Atmosphere

Taking a sexual history is an important part of the evaluation of every patient. Patients often will not bring up sexual problems unless the clinician raises the issue in a way that is conducive to open and comfortable disclosure. For good practices on taking a general sexual history, refer to the Association of Reproductive Health Professionals, TheBody.com, or Tomlinson (1998).

This unit will focus on specific techniques useful for taking a sexual history in LGBT patients.

In general, creating a safe environment for taking a sexual history is similar in LGBT and heterosexual patients. In all such situations, the therapist strives to be open minded, nonjudgmental, patient, tactful, respectful and provides assurances that privacy and confidentiality will be maintained. It is useful, however, to keep in mind that many LGBT individuals may approach a clinical interview with greater anxiety and guardedness than their heterosexual counterparts. Their anxieties may stem from past experiences with clinicians who were critically judgmental or they may anticipate a critical or judgmental response by projecting their own "internalized homophobia" or "transphobia." These patients may need additional time and encouragement to reveal the true nature of their concerns. Conversely, a therapist who is comfortable taking an in-depth sexual history expects that they themselves may feel more vulnerable as very sensitive and private matters are discussed.

As with any patient, the clinician's non-judgmental attitude will help elicit honest and relevant information. Such an attitude is conveyed to the patient both verbally and non-verbally through body posture and room set up. A relaxed stance and not conducting an interview from behind a desk can be beneficial. Techniques such as open-ended questions, verbal mirroring of the patient's own language, use of non-judgmental language, attention to heterosexist assumptions and avoidance of stereotyping can all lead to greater success in obtaining a more accurate sexual history. If a patient acts offended or becomes anxious in response to a question or certain word, rather than avoiding the topic, the clinician could explore the reaction, rephrase the question or ask the patient what terminology would feel more comfortable. The patient may be having many anxiety-provoking thoughts at once, and the topic at hand may not necessarily be the cause of the observed reaction. Clinicians need to be aware that they may have uncomfortable feelings when hearing about sexual practices with which they are unfamiliar, e.g., fetishes, paraphilias or public sex.

Use of Inclusive Language

When taking a sexual history, the clinician's task is aided by using inclusive terms and language. Inclusive language should not make assumptions about a patient's sexual identity or sexual behavior, particularly in situations where patients do not volunteer such information. One way to do this is to have intake forms and questionnaires available that do not make heterosexist assumptions.

Some examples of questions that assume heterosexuality are:

- "Are you married or single?"
- Asking a female patient: "Do you have a boyfriend?"
- Asking a male patient: "When did you first become interested in girls?"

Some examples of inclusive questions are:

- "Are you dating anybody?"
- "Are you currently in an intimate relationship?"
- "What's your level of commitment to your partner?"

Such inclusive language also conveys to the LGBT patient that the interviewer is potentially open to hearing about his or her sexual identity, practices, and relationships. Having intake questionnaires that have options such as "Single, Married, Widowed, or *Partnered*" will increase the patient's level of comfort that the office is open to all kinds of relationships. The accuracy and completeness of the information elicited will reflect the patient's level of comfort with the process.

Common Assumptions NOT to Make in Taking a Sexual History

- Don't assume that patients are heterosexual just because they haven't said otherwise.
- Don't assume that LGBT patients do not have children.
- Don't assume that self-identified gay men do not have sex with women or that lesbians never have sex with men.
- Don't assume that early same-sex erotic feelings are merely a passing phase, and therefore not to be taken seriously.
- Avoid conceptualizing gender identity confusion as an immediate need to establish a male or female gender identity.
- Avoid common stereotypes: that all gay men are promiscuous or that all lesbian couples experience "bed death" - individuals are unique in their sexual behavior.
- Don't assume that domestic violence does not occur in LGBT couples.
- Avoid assuming sex-roles in any relationship, e.g. that one male partner is the “top” (insertive partner) and therefore the other is the “bottom” (receptive partner).