

Including Sexuality in History Taking

It's been shown that one-third of adolescents do not receive any talk about sex, sexuality, and/or dating from their physicians during annual checkups. When sexuality is discussed, the conversations are brief, lasting an average of 36 seconds (Alexander, 2014). This resource offers a collection of tips and best practices for health care providers serving youth patients. If you're interested in learning more, check out the trainings and resources at the end of this tip sheet!

Normalize the Topic

- Take history while the patient is still dressed
- Minimize note-taking during sensitive questions
- Include sexual history as part of a broader risk assessment
- Make consent a part of your culture
 - Before each exam, explain consent in simple terms and ask if starting the exam is okay. For instance, "Consent means giving your agreement or permission to do something"
- Equalize yes and no
 - Make sure patients know that they can say no or yes to any questions you ask of them
- Be clear about confidentiality
 - Provide confidentiality assurance and establish limits of confidentiality. Don't forget to describe what confidentiality means!
- Be clear to young patients and parents/guardians about when and why it's important to include a parent or guardian during the visit, and when and why it's important to have one-on-one time with the provider.

To set the stage at the beginning of the appointment, you could say:

For every adolescent visit, we really want to be sure young people get all the information they need to feel healthy and supported. We also want to support them in building confidence and independence.

To do that, we'll start by going over [patient]'s health history and any questions you both may have. Since [patient] is over 12 years old, we will have one-on-one time to chat about any questions or concerns they may have. I'll call [parent or guardian] back in at the end to discuss any follow-up care!

Starting the Conversation and Asking Sensitive Questions

First, introduce the topic:

"I'm going to ask you some questions about your gender and your sexual/medical history now. I know these are private, but they are also a really important part of everyone's health. I ask these questions of all my patients. Is that ok?"

Equalize no and yes in consent:

"Based on the information you provided, I'd like to suggest a few things. Remember, it's okay to say no or yes to any of these things."

Using a Strengths-Based Approach

Identify the patient's strengths early and reinforce them frequently

Look for examples of past difficulties that your patient has successfully overcome. When appropriate, you can acknowledge how they have addressed previous barriers and challenges

Use reflective listening, and pause to hear patient's response

Create a comfortable, trusting, and nonjudgmental setting

Frequent check-ins about understanding

Avoid assumptions about sexual orientation or behavior

Understand the difference between gender, sexual orientation, and sexual behavior and how they may apply to your patients

Use gender-inclusive language (e.g., rather than saying "male," "female," or "pregnant woman," use instead "person with a vagina," "person with a penis," "pregnant people," etc.)

Be familiar with colloquial terminology that your patients might use. If you don't know a term, ask for clarification! (Don't try to be cool and pretend to know a term that teens are using—young people see riiiiight through that!)

Be non-judgmental and supportive

Ask developmentally-appropriate questions

Provide clear explanations and include as much detail as the patient needs (ask what they want to know so they don't have to ask you to explain)

Provide reassurance that you are not judging the patient

Avoid lecturing

Maintain neutral facial expressions (avoid eye rolls, raising eyebrows, or making involuntary noises in response to something youth patient says)

Practice listening skills

Remember, it's a conversation... not an interrogation!

AMAZE videos



Puberty: What is Doctor Confidentiality?



Accessing Sexual Health Care for Minors



Range of Gender Identities



Yearly Checkup: Everything You Need to Know

Resources

[ARSHEP Adolescent History Taking](#)

[National Coalition for Sexual Health: A New Approach to Sexual History Taking](#)

[Teen Health Hub WA](#)

[SPARK Trainings](#)

Citations

Alexander, S. C., Fortenberry, J. D., Pollak, K. I., Bravender, T., Davis, J. K., Ostbye, T., Tulskey, J. A., Dolor, R. J., & Shields, C. G. (2014). Sexuality talk during adolescent health maintenance visits. *JAMA pediatrics*, 168(2), 163–169. <https://doi.org/10.1001/jamapediatrics.2013.4338>