

“A Sex Positive Approach to Sexual Health Care”

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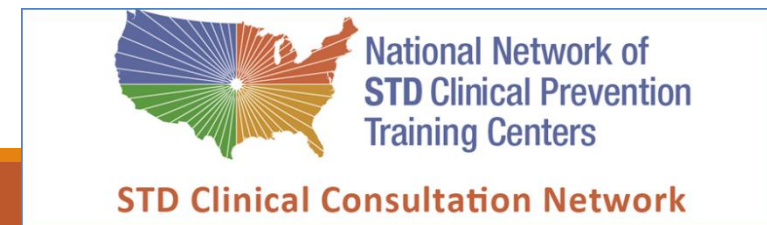
CUIMC

DIRECTOR, NY HIV/STD PREVENTION TRAINING CENTER



NYC STD Prevention Training Center (PTC) at Columbia University

- CDC-FUNDED TRAINING CENTER THAT PROVIDES STI/HIV EDUCATION AND RESOURCES TO CLINICAL PROVIDERS WWW.NYCPTC.ORG
 - FOR MORE INFORMATION, PLEASE CONTACT NYCPTC@CUMC.COLUMBIA.EDU
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Disclosures

None

Overview

Review of the concept of Sex Positivity

Provide the rationale for incorporating a Sex Positive approach in working with patients

Discuss Implementation strategies



Before we talk about sex positivity...

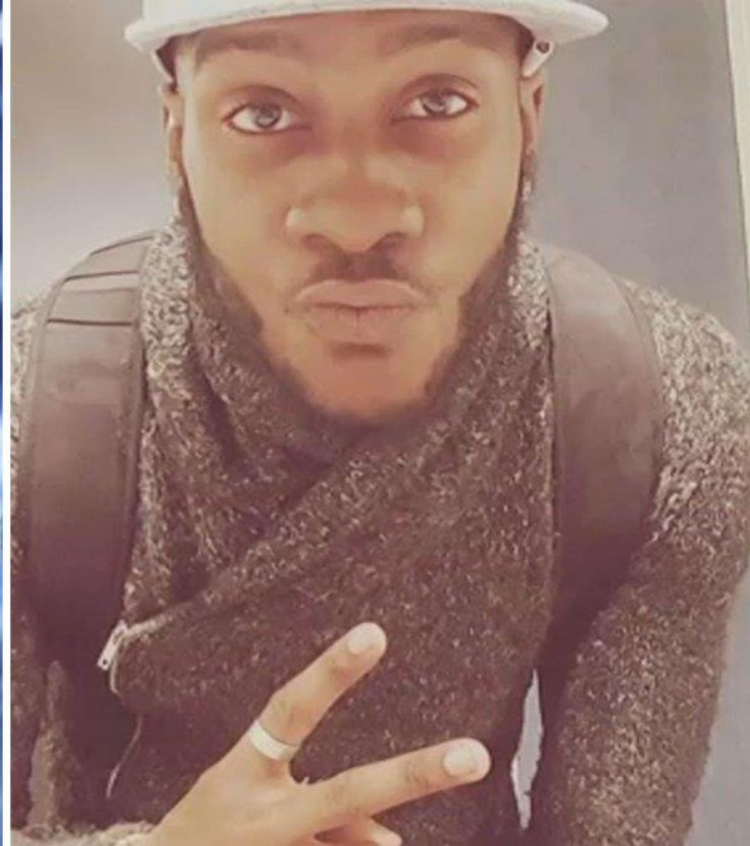
A graphic for Transgender Awareness Week. It features a central rectangle with four horizontal stripes: light blue at the top, pink, white, and light blue at the bottom. The word "Transgender" is written in a black, sans-serif font across the pink and white stripes. Below it, the word "AWARENESS" is written in a large, bold, black, sans-serif font, spanning the width of the rectangle. At the bottom of the rectangle, the text "Week of November 13-November 19" is written in a smaller, black, sans-serif font. Below the rectangle, the text "Day of Remembrance, November 20" is written in a black, sans-serif font.

Transgender **AWARENESS**

Week of November 13-November 19

Day of Remembrance, November 20

Before we talk about sex positivity...



Before we talk about sex positivity...

Sex negative societies encourage sexual abstinence – except for heterosexual, married couples

Sex is constructed as risky, problematic or taboo



Nimbi F et al 2022



Before we talk about sex positivity...

Sex negativity...

Attitudes that attach stigma and judgement to the sexual experiences and practices of individuals or groups

Before we talk about sex positivity...

Stigma

- *Stigma is an attribute that links a person to an undesirable stereotype, leading other people to reduce the bearer from a whole and usual person to a tainted, discounted one”*
- Goffman E. 1963

Before we talk about sex positivity...

STIs ...“are a symbol for immoral or irresponsible behavior”

- Hood JE et al 2011

Historical legacy

- Brandt AM. No Magic Bullet 1985



Before we talk about sex positivity...

Shame (internalized stigma)

“Reflects the internalization of social ideas and resultant negative self-opinion”

Individuals begin to believe what others say about them

- Cunningham SD et al. Perspect Sex Reprod Health 2009;41:225-30



How does this play out in provider-patient communications?

Primary care providers and Sex Talk

- Studies indicate that **only** about 10-33% of providers obtain routine sexual histories
- And, when they do...
 - Infrequently ask about key parameters such as sexual practices
 - Wimberly et al Journal National Medical Association 2006

Ob-gyn Providers and Sex Talk

National survey of OB-Gyn physicians

63% routine assessed patient sexual activities


But only ...

29% asked about sexual satisfaction

28% asked about sexual orientation

14% asked about pleasure with sexual activity

- Sobecki J. et al 2012

A person with long blonde hair in a ponytail, wearing a white lab coat, stands with their back to the camera and arms outstretched. They are in a room with large glass windows or doors. The image is on the left side of a presentation slide.

Before we talk about sex positivity...

Need to understand the ramifications of negative interactions with providers about sex

“Slut-shaming”

Criticizing a patient for number of sex partners, sexual practices (condomless sex) etc.

25% of Ob-gyn providers expressed disapproval of patient's sexual practices

- Sobecki J et al 2012



► Janet presents for a “check up” . Had unprotected sex yesterday with a male partner

► ***“You’re only 15 and you’ve had 5 partners already. Don’t you know that you are living in one of the STD/HIV epicenters of the world? How could you be so careless? What’s wrong with you????”***

Rationale?

Intent vs impact

Providers may be genuinely concerned about patient's well-being

Intent may be to “sound the alarm” and curtail risky behavior

However, **impact** may be...

Patient's perception that the physician intentionally made them feel bad

- Darby R et al. 2014



- 50% of a sample of adult respondents stated that physicians made them feel ashamed of their behaviors
- 45% reacted negatively
 - Avoid subsequent visits
 - With-holding information
 - Terminating relationship with physician*
- People with uteruses more likely to report shaming experiences and negative reactions

Harris C et al 2009

Before we talk about sex positivity...

Among HIV providers...

Stigmatizing interactions

Under-utilization of care

Decreased retention in care

Poor ART adherence

- Rueda S et al 2016



Talking about sex in clinical settings

Provider issues

Lack of training

Biases

- Personal belief system
- Culture
- Religion

Medical School Training

15% of US medical schools provided >20 hours providing education on human sexuality

61% provided 10 hours or less

- Leiblum S. 2001

Medical School Training

A [2011 survey](#) of 176 U.S. and Canadian medical schools found that their students received a median of just five hours of LGBT-related training.

One in 3 schools devoted no such time during clinical rotations

- Oberdin-Maliver J et al. JAMA 2011

Before we talk about sex positivity...

79% of transgender individuals and 29% of Lesbian, gay and bisexual individuals thought they would be treated differently by health providers due to gender expression or sexual orientation

- Lambda Legal 2009



But...

Foregone care is common

“...A lot are not going to doctors because they’re worried about how they’re going to be treated...the perception is that primary care doctors are going to treat LGBTQ people differently, or patients are going to feel embarrassed.

- Christopher Swales, MD Dignity Medical Foundation



Providers and patients

Ron is a 24 yo male who presents to an Urgicare Clinic with an earache

Has engaging, relaxed conversation with health provider until the clinician reviews the medication list and sees that Ron is on PrEP

Abruptly walks out of the room without examining Ron

A nurse comes in several minutes later with a prescription for antibiotics and then also quickly leaves



Getting Sexual Health Information

Healthcare providers infrequently take sexual histories

Fear of offending patients

- Merrill J 1990

Talking about sex in clinical settings

Patient issues



Do patients want to talk to us about sex?

1500 adult clinic patients in Switzerland

>90% **wanted** their physician to ask them questions about their sexual history

Only 15% said they would be embarrassed

- 76% of this sample reported they would still like to be asked

Overall, only 40% reported ever having a conversation with their physician about their “sex life in general”

- Only 20% were asked about the # of partners, sexual orientation, or previous STIs
 - Meystre-Agustoni G et al 2011

Do patients want to talk to us about sex?

US

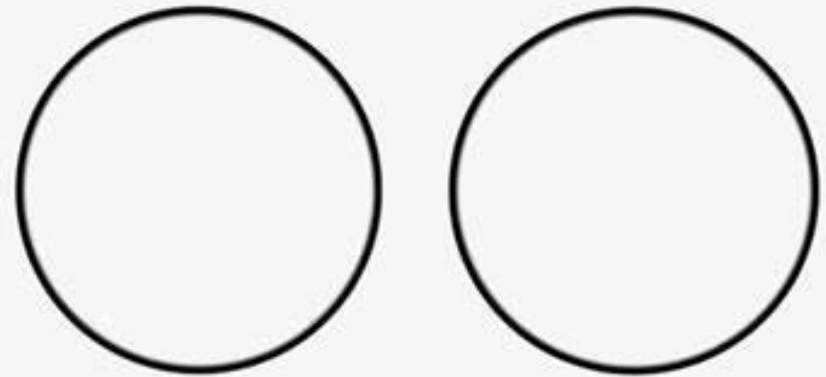
- Over 93% of patients stated they would be willing to talk to their physicians about sex
- Gerbert B AJPH 1990

But...

Patients may be reluctant to start the conversation

“The doctor thinks the patient will bring it up... and the patient thinks if it’s important the doctor will bring it up”

- Bianca Palmisano. Intimate Health Consulting



Words Matter...

Giving results



Words matter

“Good news. Your HIV test is negative”

“Fortunately...all your STI tests came back clean”

Implications?

May be well-intentioned

But...moral/judgmental connotations are being made...

If the test is positive, it is “bad news” and the patient is “dirty”

Where do
we want
to go?



In general...

We have focused a lot of attention on disease prevention, detection and treatment...and less on promoting healthy sexuality



Changing gears...

“...instead of focusing on disease, which nobody wants to have, we should focus on health, which is what everyone wants. There’s so much we can do to promote sexual health, and we believe sexual health is one element of health, just like nutrition and cardiac health, that everybody needs to pay attention to”

Edward Hook III, MD

Chief, Division of Infectious Diseases

University of Alabama Birmingham

Sexual Health – CDC definition

Sexual health is a state of well-being in relation to sexuality across the life-span that involves physical, emotional, mental, social and spiritual dimensions. Sexual health is an intrinsic element of human health and is based on a ***positive, equitable and respectful approach*** to sexuality, relationships and reproduction, that is free of coercion, fear, discrimination, stigma, shame and violence. It includes the ability to understand the benefits, risk and responsibilities of sexual behavior, ***the prevention and care of disease*** and other adverse outcomes; and, the possibility of fulfilling sexual relationships

- DHHS. CDC/HRSA Advisory Committee on HIV, Viral Hepatitis, and STD Prevention and Treatment 2012

What does “Sex Positive” mean?

A framework that utilizes sensitivity for individual preferences

It is also a rejection of upholding the cultural taboo of talking about sex, especially the enjoyment of sex

It is “*anti-shame*” and is respectful of body autonomy, whether someone has many sexual partners or chooses to be celibate



Different
strokes for
different
folks

Everyone loves ice cream...



The Spectrum...

Sexual encounters can occur:

in a monogamous, “serious” relationship

in a mutually-agreed upon “open” relationship

Outside of a supposedly monogamous relationship

Casual dating

Anonymously

Group sex

And so much more...

Qualities of a Sex Positive Clinician

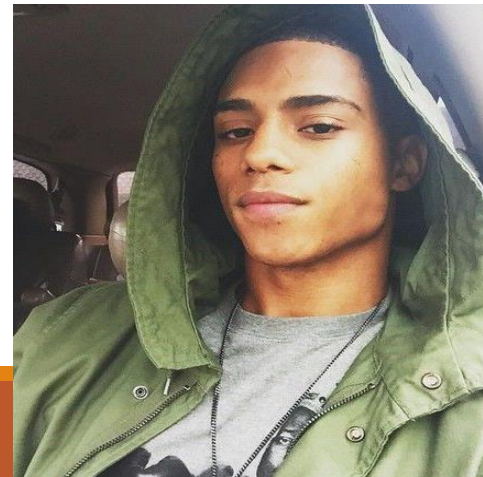
“A sex positive clinician meets someone where they’re at... rather than passing judgement ... which helps open the door to discuss safe sex and contraception with a compassionate attitude”



Qualities of a Sex Positive Clinician

Avoids assumptions based on a patient's age**, appearance* or marital status*

Pitts R, Greene R. AJPB2020



Qualities of a Sex Positive Clinician

Emphasizes openness in communications

Nonjudgmental attitude

Supports all gender identities, gender expressions, and sexual orientations

Appreciates the diversity of sexual expression

- Cleveland Clinic 2021



Why is this important?

Use of a broader, sex-positive, health-focused framework may:

- Reduce stigma, fear
 - Reduce discrimination based on sexual orientation, gender identity, gender expression, relationship status etc.
-
- Satcher D, Hook III E, Coleman E. JAMA 2015

Why is this important?

May help provide opportunities to share information, correct misconceptions

May help provide opportunities for education and harm reduction to enhance pleasure by reducing worries about pregnancy or infection

Taking the higher road...

We want to get patients in

We want to accurately identify their sexual health needs

We want to enhance opportunities for adherence to treatment and/or prevention recommendations

We want them to come back

We want them to spread the word about our services to members of their sexual networks



Behavior Change is a Process...

Rarely accomplished in 1 visit

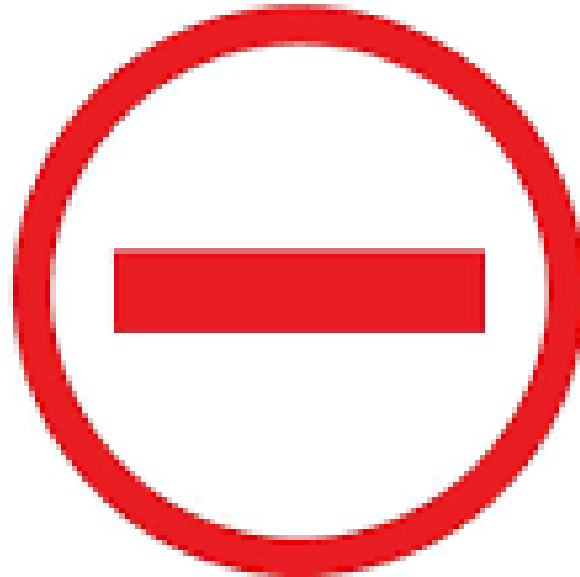
Continuity of care is important to identify barriers and reinforce facilitators

Clients need to be engaged, feel comfortable, trust that their providers have their best interests at heart and are invested in helping them live their best lives

Can be undone and de-railed...if rapport not established and empathy not displayed

A black and white photograph of a spiral-bound notebook. The notebook is open to a blank page. The text "How Do We Get There?" is written in a large, bold, black, sans-serif font. A silver pen with a black grip is lying diagonally across the bottom right corner of the page. The spiral binding is visible on the left side of the notebook.

How Do
We Get
There?



How do we ...

BECOME SEX POSITIVE CLINICIANS
IN A SEX NEGATIVE SOCIETY?

Rules

Golden Rule: “*Treat others as you wish to be treated*”

Platinum Rule: “*Treat others as they wish to be treated*”

Philosophical Underpinnings

Situate sexual health within overall health

Address sexual health regularly within the context of ongoing medical care

Acknowledge sexual expressions over the lifespan

Provide holistic care


- Satcher D, Hook III E, Coleman E. JAMA 2015

Sexual “Humility”

Cultural competency = implies one has achieved a static goal of championing inclusivity. May lead to a false sense of confidence

Cultural humility = continuous path of discovery and respect during interaction with patients of different backgrounds

Sexual humility = recognition of the need to continuously learn and adapt and provide support for individuals who experience sex in different ways

A close-up photograph of a person's hand turning a page in a book. The hand is positioned on the left side of the frame, with the thumb and index finger visible. The book is open, and the page being turned is white. A semi-transparent blue overlay covers the right half of the image. On this overlay, the text "It's Time To" is written in a white serif font, "Turn" is written in a gold-colored script font, and "The Page" is written in a white serif font. The background is slightly blurred, showing some greenery and a building.

It's Time To

Turn

The Page

Barriers to care

Intimidating staff*





Project STAY Clinic at NYP

Registration/Survey Forms

Should be inclusive

Cover a range of options for how patients want to define themselves



Words matter...

Transgender and gender non-conforming patients often deal with incorrect use of pronouns and dead-naming by clinical staff

Starts the encounter off on the wrong track

May affect communication

May result in “foregone” care

Intake Forms

Pronouns: What pronouns do you prefer that we use when talking with you? (Check all that apply)

- ☐ She/her/hers
- ☐ He/him/his
- ☐ They/them/theirs
- ☐ Other: Please specify _____

Intake Forms

What sex were you assigned at birth?

- ☐ Male
- ☐ Female
- ☐ other
- ☐ Decline to answer

Intake Forms

What is your current gender identity (Check all that apply)

- ☐ Male
- ☐ Female
- ☐ Transgender Male/Transman
- ☐ Transgender Female/Transwoman
- ☐ Gender queer
- ☐ Gender nonconforming
- ☐ Non-binary
- ☐ Gender fluid
- ☐ Additional category _____
- ☐ Decline to answer

Intake Forms

Do you identify as: (check all that apply)

- ☐ Straight
- ☐ Gay/Queer
- ☐ Lesbian
- ☐ Bi-sexual
- ☐ Pan-sexual
- ☐ Asexual
- ☐ Other _____



Be respectful, but straightforward when asking personal questions

Blinking, clearing your throat, fidgeting...may signal to the patient that you are uncomfortable with the topic...or with them

General Recommendations

General Recommendations

Be mindful of verbal and non-verbal expressions

Try to adopt a “poker-face”



— THIS IS A —
**JUDGEMENT
FREE ZONE**



Taking a Sex-Positive Sexual History

We have been trained to ask:

“Does it burn when you urinate?”...“Do you have any lumps, or bumps or rashes”...“Does your vaginal discharge have an odor”...

Focus on the negative consequences of having sex

Need to be more expansive and holistic

“Are you currently satisfied with your sexual health” Are you having sex in the way you want to have it, with people you want to have it with, how you want to have it...with consent and free of coercion?”

- Cherable J. The Body Pro 2022

Approach: CDC 5 Ps

Partners

Practices

Prevention of Pregnancy

Protection from STDs

Past history of STDs



New Directions...

- GOALS Framework
 - NYSDOHMH
- Sex Positive approach

GOALS

- Give a preamble that emphasizes sexual health
 - *“I’d like to talk with you for a couple of minutes about your **sexuality and sexual health**. I talk to all my patients about sexual health, because it’s such an **important part of overall health**. Some of my patients have questions or concerns about their sexual health, so **I want to make sure I understand what your questions or concerns might be and provide whatever information or other help you might need***

GOALS

- Offer opt-out HIV/STI testing and information
 - First, I like to test all my patients for HIV and other STIs. Do you have any concerns about that?

GOALS

- Ask an open-ended question
 - Tell me about your sex life
 - What would say are your biggest sexual health questions or concerns?
 - How is your current sex life similar or different from what you think of as your ideal sex life?

GOALS

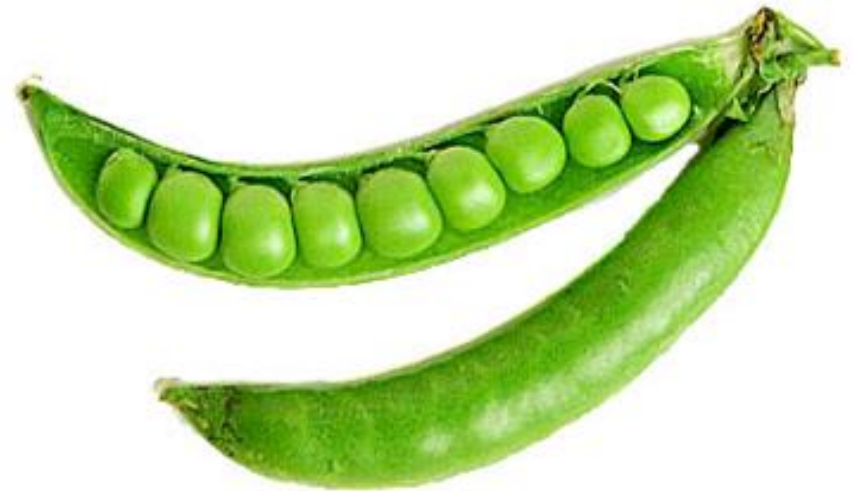
- Listen for relevant information and probe to fill in the blanks
 - Besides [partner/s already disclosed], tell me about any other sexual partners
 - How do you protect yourself against HIV and STIs?
 - How do you prevent pregnancy [unless you are trying to have a child]?
 - What would help you take [even] better care of your sexual health?

GOALS

- Suggest a course of action
 - So, as I said before, I'd like to test you for STIs and HIV
 - I'd also like to give you information about PrEP/contraception/other referrals. I think it might be able to ***help you relax and enjoy sex more if you did not have to worry about HIV and unintended pregnancies***
[focus on benefit]

Expanded Sexual History – More P's for the Pod!

- **Pronouns***
- **Preferred name***
- Partners
- Practices
- Prevention of Pregnancy
- Protection from STDs
- Past history of STDs
- **Performance***
- **Psychosocial Issues***



More P's for the Pod

A sex positive approach ***does not preclude*** asking about and evaluating problems

May assist in allowing patients to being more open to revealing concerns and working with clinicians to improve sexual health outcomes and enhance pleasure

- Anderson RM 2013

Sexual Dysfunction

33% of younger people with uteruses (PWU) and 50% of older PWU express having sexual problems

- Low desire
- Difficulty with lubrication
- Pain during intercourse
- Lack of pleasure

These issues often no physical signs, so patient-provider communication is important for identification, evaluation and management

- Sobecki J. et al 2012

Sexual Dysfunction

Males (people with penises – PWP)

Erectile Dysfunction

Premature Ejaculation

Low sexual desire

Sexual Dysfunction - Causes

Physical

- Chronic illness (CVD, diabetes, kidney/liver failure)
- Neurological disorders
- Hormonal imbalances

Pharmacological

- Anti-hypertensive medications
- Anti-depressants

Psychological

- Stress, anxiety, depression, trauma

Sex Dysfunction – Evaluation and Management

Thorough history (including sexual history), exam and relevant labs

Addressing underlying health conditions

Review and potential modification of medications

Psychological counseling

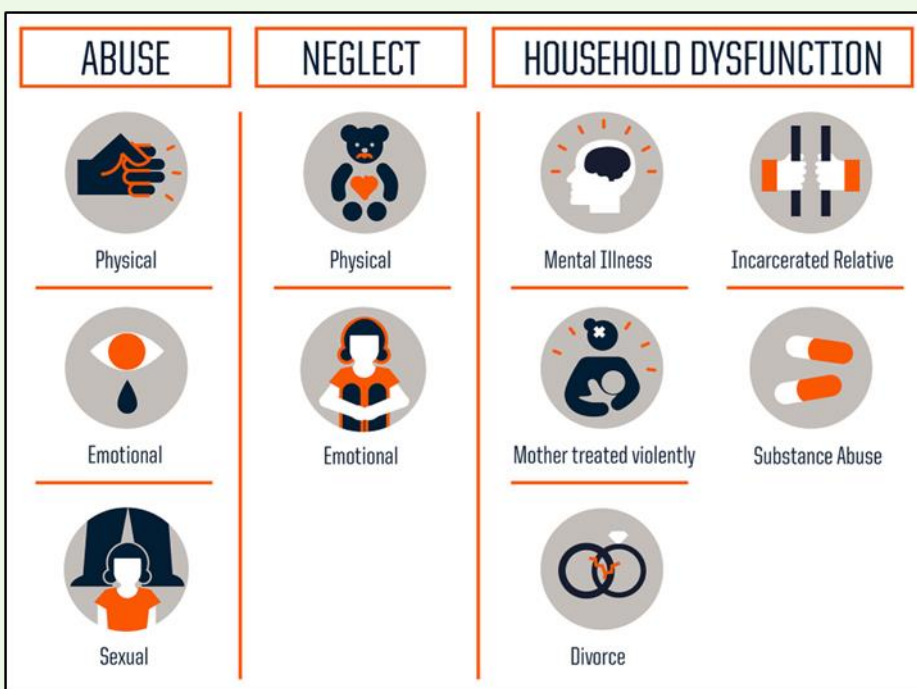
Psychosocial Issues

- Mental health issues (trauma, depression, anxiety etc.)
- Substance use
- History of sexual victimization, intimate partner violence

Trauma

- May be historical (ACES)
- May be recent or current (IPV)

History of the ACES Study



The Adverse Childhood Experiences Study — the largest, most important public health study you never heard of — began in an obesity clinic

Mentions of the ACE Study – the CDC’s Adverse Childhood Experiences Study – have shown up in the [New York Times](#), [This American Life](#), and [Salon.com](#) recently. In the last year, it’s become a buzzword in social services, public health, education, juvenile justice, mental health, pediatrics, criminal justice and even business. Many people say that just as everyone should be aware of her or his cholesterol score, so [should everyone know her or his ACE score](#). But what is this study? And why is it so important to, well, almost everyone in 2012, the same way polio became important to almost everyone in the 1950s? Here’s the backstory.

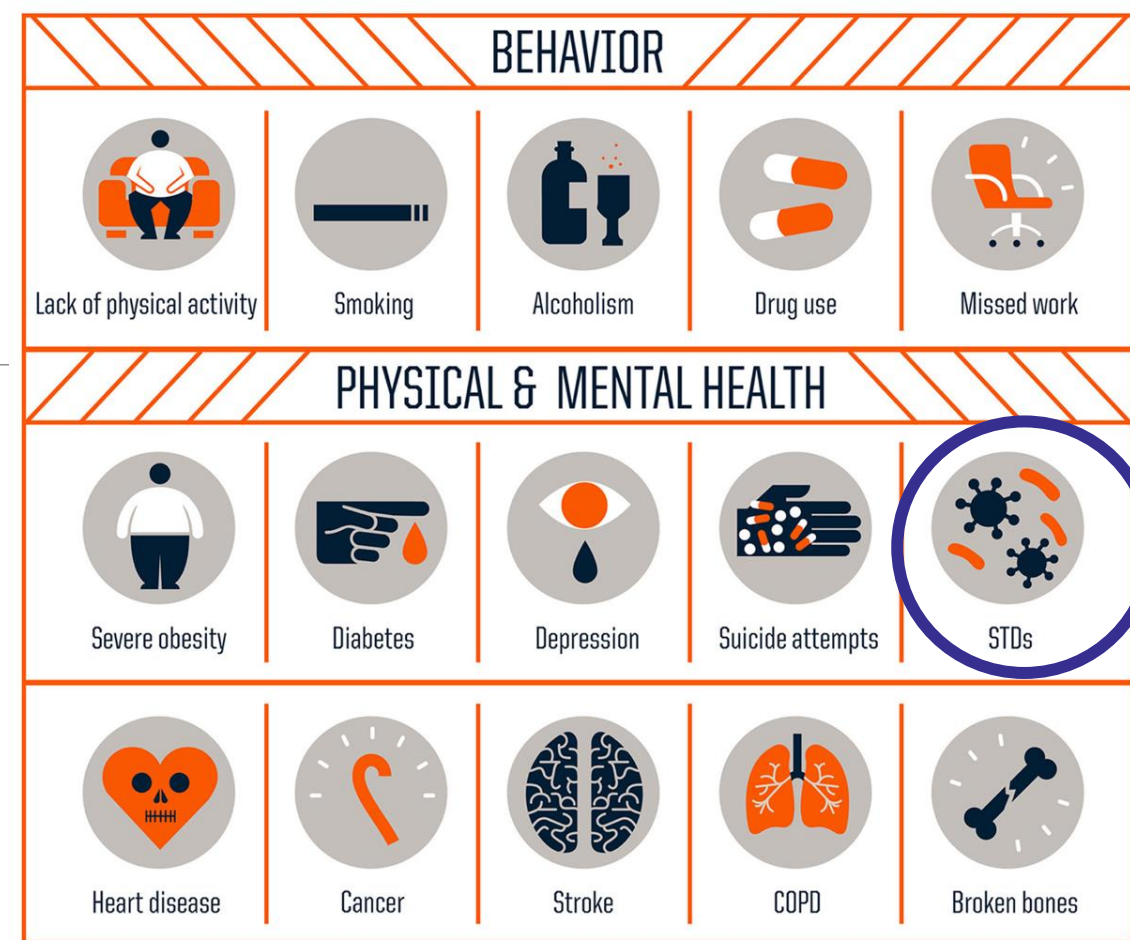
The ACE Study – probably the most important public health study you never heard of – had its origins in an obesity clinic on a quiet street in San Diego.

It was 1985, and Dr. Vincent Felitti was mystified. The physician, chief of Kaiser Permanente’s revolutionary Department of Preventive Medicine in San Diego, CA, couldn’t figure out why, each year for the last five

years, more than half of the people in his obesity clinic dropped out. Although people who wanted to shed as little as 30 pounds could participate, the clinic was designed for

ACEs

The harms of ACEs can be long-lasting, affecting people even in their adulthood.





Psychosocial Issues

- *“Some of the patients that come to this office tell me they feel often feel stressed, anxious or depressed at times”*
- *“Tell me how things are going in your life”*
- *“Tell me about a time in your life when you felt you needed or were in counseling?”*
- *Have you ever taken any medications for anxiety or depression?*
- *Have you even been hospitalized? Have you ever had a suicidal attempt?*
- *“Do you feel the need to be in counseling now? Would you like to talk to someone?”*
- May administer Phq9 or GAD 9



Substance Use

- *“Many of the patients I work with tell me that they use alcohol or drugs for various reasons...”*
 - *“How about you, yourself?”*
 - *“If you use alcohol or drugs...talk to me about what you use, how much you use and under what circumstances?”*
 - *“Have you ever sex under the influence of alcohol or drugs?”*
 - *“Do you feel or has anyone ever suggested to you that you need to slow down or cut back?”*
- May administer CRAFFT

INTIMATE PARTNER VIOLENCE

IPV is common and may be an issue in ANY relationship

- 1/3 of sexual minority males and 1/2 of sexual minority females report being victims of physical or psychological abuse in a romantic relationship

- Breiding et al 2013 *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings of Victimization by Sexual Orientation*. Atlanta, GA:

Hurt, Insult, Threaten and Scream [HiTS]

- How often does you partner...
 - 1=Never 2=Rarely 3=Sometimes 4= Often 5= Frequently
- Physically hurt you (1-5)?
- Insult or talk down to you (1-5)?
- Threaten you with harm (1-5)?
- Scream or curse at you (1-5)?
- Total Score:____
- Range 4-20....(10 or higher needs referral)

Trauma Informed Care

Uncovering trauma (and its sequelae) should be addressed thru a TIC approach

It involves...Reframing

Instead of “What’s wrong with you?”the questions should be “What happened to you?...and how can we help?”

May need referrals to social work and mental health provider to provide additional evaluation and support



Words Matter...

Giving results



Words matter

“Good news. Your HIV test is negative”

“Fortunately...all your STI tests came back clean”

Instead...remove qualifiers and adjectives with stigmatizing connotations

“I have your results. Your HIV test came back non-reactive. Let’s talk further about PrEP to reduce your chances of getting HIV”

“Your STI tests came back. There was no evidence of infection. We recommend that you come back in every 3-6 months to repeat the tests and as we discussed, consider using condoms regularly”

- Cherable J. The Body Pro 2022



What if the STI
test is Positive?



STIs are Traumatic

Acquisition

- May call into question fidelity of relationship
- May occur during coerced circumstances

Symptoms are uncomfortable

Treatment may be unsettling

STIs are Traumatic

Psychological sequelae

- I'm so stupid
- I should not have been with that person
- I should not have had so many partners
- I should have used a condom
- I should not have drank or smoked so much
- I'm damaged goods
- No one will want me
- I never want to have sex again



STIs are
Traumatic



How do we help restore a patient to health...not just physical but emotional?

Normalize

“Many people in this country are infected with an STI each year. You are not alone. Things happen”

Righting the ship, charting a new course

“It’s important to take a moment and pause and think about what happened...We want you to have good, pleasurable and safe sex. So how can we work together to get to a point where you feel comfortable having sex again...and not have to worry about getting another infection?”

- Cherable J. The Body Pro 2022



Case History

Jae is a 24 yo grad student, gay, cis gender male, on PrEP

Comes in for his 3 month check-up



Case History

- **Pronouns***

- He/him

- **Preferred name***

- Jae

- **Partners**

- Male; Just returned from a “gay” cruise to the Caribbean where 1000 other MSM spent 5 days partying
- Had several partners, inconsistent condom use

- **Practices**

- Verse

- **Prevention of Pregnancy**

- n/a

Case History

- **Protection from STDs**

- Condoms for anal sex “most of the time”, but not for oral

- **Past history of STDs**

- No prior infections

- **Performance***

- No issues with desire, discomfort, ED or premature ejaculation

- **Psychosocial Issues***

- Denies anxiety, depression, IPV, trauma

Services

3 site NAATs screens neg for GC and CT

HIV, RPR neg

PrEP prescription refilled

Mpox vaccine given

Educated about potential for STI acquisition thru unprotected oral sex and flavored non-lube condoms recommended

Shared decision-making re: DoxyPep



Case History

Zenobia, 19 yo, cis gender
college student

Wants to be “checked for
everything”



Case History

- **Pronouns***
 - She/her
- **Preferred name***
 - Z
- **Partners**
 - Cis males 10 in last 3 months, via HINGE dating app
- **Practices**
 - Oral, anal, vaginal sex
- **Prevention of Pregnancy**
 - Nuvaring

Case History

- **Protection from STDs**
 - Occasional condom use
- **Past history of STDs**
 - No prior infections
- **Performance***
 - No issues with desire or discomfort
- **Psychosocial Issues***
 - Depression, hx of cutting, but no suicidal attempts
 - Daily MJ use, 5-6 drinks at clubs on the weekends

Services

HIV= Neg

3 site Naats screens (+) for CT

Treated

Started on PrEP, counseled re: condoms

HPV and Mpox vaccinations given

Partners have begun coming in for screening and treatment

Referred SW for further evaluation*

Case History

Gina, 21 yo, non-binary, PWU

Presents for STI screening

Heard about us from a tabling event conducted
by our outreach team at a nightclub



Case History

- **Pronouns***
 - They/them
- **Preferred name***
 - Gina
- **Partners**
 - Pan-sexual; Main partner = PWU
 - Additional partners = PWP
 - Recent involvement in “survival sex” to pay the bills
- **Practices**
 - Oral, anal, vaginal sex; Use of sex toys
- **Prevention of Pregnancy**
 - Nexplanon

Case History

- Protection from STDs
 - Condoms with “clients”
- Past history of STDs
 - No prior infections
- Performance*
 - No issues with desire, discomfort
- Psychosocial Issues*
 - Hx of bullying as a teen; several incidents of sexual assault
 - Depression, but no suicidal attempts
 - Daily MJ use, has tried mushrooms in the past

Services

HIV/STI screens = Neg

Started on PrEP

HPV and Mpox vaccinations given*

Referred SW for MH counseling

Referred CBO program for paid internship

Sexual Humility



Scarlateen

GoAskAlice!

SMSNA.org

Summary

- Patients WANT to talk about sex
- Providers can facilitate communication through utilizing a Sex Positive approach
- This may increase patient engagement and identify issues that need further evaluation to promote sexual well-being

Summary

If done right, our clinics can be a stable, consistent, “safe space” or island of sanctuary for patients seeking sexual health services

Extremely important now given increasing rates of STIs and HIV...and the overarching social climate in this country





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MD**

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