

LGBTQ Friendly Patient Interviews

Because accurate information about a patient's life and history is essential to the provision of quality care, patient histories should be taken in a way that encourages patients to honestly share details of their lives. While taking a history from an LGBTQ patient is not fundamentally different from doing so with any other patient, there are a few things that may make the patient more comfortable and increase the likelihood that you will get complete and honest information. A few suggestions are listed here. If you want to explore this topic in more depth, you can review some of the resources listed below. Because the discussion of any patient's history may include topics that are sensitive for the patient or the provider, it is important to choose your language carefully and to avoid responses that may lead the patient to shut down or stop sharing personal information.

General Guidelines

Ask Open-ended Questions. Then Follow the Patient's Lead

The more open-ended your questions, the more room you leave for your patient to share information that may or may not fit your expectations. The narrower the frame of your questions, the more difficult it may be for some people to accurately describe their experience and this can impede their ability to share with you information that may be crucial. For example, if you ask whether the person is in a significant relationship rather than asking if s/he is married, you leave room for the patient to define various kinds of relationships that may be important, including those with same sex partners or with multiple partners.

Pay careful attention to the language the patient uses to discuss him/herself and others in his/her life. For example, if a patient presents as male, but discusses herself as a woman, use female pronouns to refer to her. If a male patient talks about his "husband," use the term husband rather than "partner" or "boyfriend," whether or not the couple has been formally married.

Be Respectful and Non-judgmental

If your patient shares information that is unexpected, or even shocking, your response will communicate your comfort with this information and may affect the extent to which the patient continues to share important information.

Make No Assumptions

When you make assumptions about who your patients are and what they do, you are unlikely to get all the information you need from your patients to provide the highest quality health care.

- **Do not assume that you know the patient's gender identity.** For example, a person may appear male and identify as female or something else.
- **Do not assume you know the patient's sexual orientation.** For example, a man may appear straight and identify as gay. A woman may come to your office with the father of her child and identify as lesbian.
- **Do not assume that patients' sexual orientation and gender identity define their behaviors.** Identity and behavior may not line up as you expect. For example, a man who identifies as

straight (and may or may not have sexual interactions with women) may have sex with men. A woman who identifies as lesbian may also have sex with men.

- **Do not assume that patients' reported relationship status define their choice of partners.** A patient may identify as married or in a committed relationship and still have sex with people outside the relationship. Similarly, someone may identify as polyamorous and have only a single partner at any given time.
- **Do not assume that patients' sexual orientations determine whether they want to parent a child.** Sexual orientation and gender identity are about self-identification and do not determine what kind of relationships a person wants to have, including whether s/he wants to parent a child.
- **Do not assume that patients' sexual orientations determine whether or not they may be affected by domestic/relationship violence.** While many people associate relationship violence with men being violent toward women, violence is just as common among same-sex couples. If you see signs that may indicate violence, do not ignore them because the patient is LGBTQ.

When You Don't Know, Ask

If you are not sure about a patient's identity, what pronouns s/he prefers, etc., please ask. As long as your question is framed in an open and respectful way, the patient will most likely be grateful for the opportunity to share the information you need. Asking the question indicates that you care about the patient and are not making assumptions.

Emotional and Behavioral Health

Marginalization and Stigmatization

Because many LGBTQ people have been targets of discrimination and/or abuse, they may be wary when dealing with new individuals and organizations, including health care practices and practitioners. It may take some effort to convince these patients that you welcome them and they can feel safe sharing information about themselves and their lives with you and others at your practice.

Anxiety, Depression and Suicide

Prevalence of anxiety, depression and suicide are higher for LGBTQ people than for the general population. As a result, you should be particularly vigilant in watching for symptoms of these conditions with your LGBTQ patients. You can also help reduce the stress LGBTQ patients experience by making them feel truly welcome at your practice and serving as an ally and advocate for their needs.

Tobacco, Alcohol and other Substance Use

The use of tobacco, alcohol and other drugs is more common among LGBTQ people than the general population. Because of the stigma attached to these behaviors, it may take an extra effort to encourage patients to speak honestly about their substance use, particularly those who are also dealing with stigma around their sexual orientation or gender identity. It is important to remember that the LGBTQ community is targeted in advertising by the tobacco and alcohol industries, and that many people in the community use substances as a way to deal with the stress associated with homophobia and transphobia.

Spousal and Relationship Violence

Spousal and relationship violence are at least as common in the LGBTQ community as in the general population. It is important that you not assume that abuse occurs only in heterosexual couples. Again, because of the stigma and shame associated with relationship violence, you may need to build trust with LGBTQ patients before they will openly share information about violence and abuse.

Sexual Health

A complete sexual history is important because it provides information necessary to assess a patient's risk for HIV and STI's and to determine what types of screening and tests should be ordered. A complete sexual history should be included as part of the intake for new patients and should be updated annually or when you see signs of an STI.

Possible Barriers to Getting a Complete Sexual History

Some patients may be uncomfortable talking about their sexual behaviors. This may be due to their internal concerns or to previous experiences with homophobia and transphobia. Some providers may also have their own discomfort in discussing sexuality in general, or gay and transgender sex in particular. In order to obtain complete and accurate information, it is important that the provider be aware of his/her areas of discomfort in order to avoid verbal or non-verbal indications of discomfort around the topic and patients' responses to questions. It is also important to reassure the patient that this information is gathered from all patients, is completely confidential, and will only be used to inform decisions around prevention, screening, diagnostics and treatment.

Topics to Include in a Sexual History

Partners: How many are there and of what sex(es) are they?

Practices: In what sexual activities has the patient engaged?

Protection: What actions does the patient take to reduce the risk of disease transmission during sex? Does the patient use these practices in all sexual encounters or only sometimes?

Past History of STI's and Pregnancy: What STI's has the patient had in the past and were they successfully treated? Has the patient ever been pregnant?

Prevention of Pregnancy: If the patient has a uterus and engages in sexual activity that could lead to pregnancy, is birth control being used?

Additional Resources

<http://www.cdc.gov/std/treatment/SexualHistory.pdf>

This is a general guide to taking a sexual history, put out by the CDC.

<http://www.lgbthealtheducation.org/training/learning-modules/>

This page includes a presentation on conducting interviews with LGBTQ patients.

