

Pleasurable's Tips for Discussing Sexual Wellness with Your Healthcare Providers

Sex and sexuality are important parts of wellness for many people. While talking about sex and sexuality may feel awkward or uncomfortable, many healthcare providers routinely help their clients / patients in areas of sexuality. The ability to speak to [healthcare providers who assist with sexual wellness](#) is an important part of keeping safe and healthy. Please see the list below for some tips from the Pleasurable team to make the conversation easier.

Before You Start

If you are in a situation where you are **currently** being subjected to abuse or fear that you will be subjected to abuse please **immediately** make sure that you are accessing this material via a device that is not being monitored and from a safe(r) location.

- The following resource is useful for [Internet and Device Safety](#).
- The following resource is useful in conjunction with the tips in this document: [Talking to Your Healthcare Provider About Domestic Violence - The Hotline](#).

Finding A Provider

- Doctors receive only 3-10 hours of sexual education during their four years of medical school. None of those hours are required to be inclusive of people with disabilities. Therefore, your physician, including some specialists, might not be able to accurately advise you. It's okay to find a different provider if your provider is unable or unwilling to assist you with issues related to your sexual wellness.
- Before making an appointment with a provider to discuss sex, email or call the provider's practice to find out if they have experience working with patients who share your health conditions. If they don't, ask for recommendations of providers who might. Be sure to ask if the provider's office is accessible for you: not just wheelchair accessible, but if needed, does the office have a patient lift, does the office have a height-adjustable exam table, et cetera?

- Does your provider speak or sign the language with which you feel most comfortable communicating? If not, do they have reliable interpretation services with which you are comfortable?
- If you are a person with a marginalized gender, gender presentation, or sexuality you may want to consider seeking referrals from supportive and affirming doctors. You may also benefit from asking community members for recommendations and finding out if the facility or practice of your doctor has issued any stances that are (or are not) affirming. You may want to exercise additional due diligence if you are visiting a provider who would be addressing concerns due to hormonal care and any care that may involve genitals or breast tissue.
- If you are a person of marginalized race or ethnicity you may want to ask for recommendations from a doctor or healthcare provider you trust as well as researching with the support of your community. You may want to pay extra close attention to this if you are seeking treatment for skin, pain, or pregnancy related concerns.

Before Your Appointment

- Be sure to bring a list of all the medications, supplements, and other treatments you use, including the dose, frequency of use and reason you take the medication. This can help providers figure out if any of your treatments may have sexual side effects.
- Write down concerns in advance to help you formulate your thoughts to be less flustered even if you don't bring up your notes in the conversation.
- If you are too uncomfortable to directly discuss sex and sexuality with any of your providers, write them a brief note about your sexual concerns that you present to them at your appointment. Sending a note through your online patient portal or email (if your provider uses these) are good alternative ways to communicate.
- If you manage sensory sensitivities to light, sound, smell, et cetera, you may want to reach out to the office staff to find out what to expect in waiting rooms and exam rooms. You may also want to ask what times, if any, the office is likely to be the least busy.

- In order to best support yourself and others with disabilities when there are conflicting access needs, try to communicate with scheduling staff ahead of time. An example of this may be if you have severe dog allergies or a phobia compared to if you have a service dog. Offices legally cannot discriminate against you for having a service dog, but it is useful for the staff to do their best to schedule patients with conflicting needs at separate times to allow both patients to be accommodated.

At Your Appointment

- Use clear, specific language. Use of anatomical terms helps create a clear understanding. Example; Rather than saying something hurts “down there”, say “my vulva / testicle / perineum hurts”. If you’re unsure of what terms to use, take some time to do research before your appointment. The same is true for describing your experiences, such as describing your symptoms and how they affect your life. Example: “I am experiencing pain that is dull/sharp/burning” or “My pain prevents me from being able to stand/bend my knees/sleep.”
- Many doctors have nurses or physician assistants who help with the initial stages of appointments. If you are more comfortable, the nurse or physician assistant might be a good person to talk to before the doctor comes, so that you can share concerns and have them noted for the doctor to be able to raise the conversation.
- Depending on the question, you may feel more comfortable framing questions around the experiences of “most patients” rather than speaking directly about your own personal experiences. Of course, you need to be open and honest with your provider to ensure that the provider can give you the appropriate support for your situation, but asking about “most patients” can help to open up the conversation.
- Identify possible spots in a conversation to bring up or follow up on concerns about sexuality (medication/treatment side effects, activity limitations, general impact on relationships/personal wellness).
- Depending on the question, you may feel more comfortable asking if the provider/office has any general resources to recommend on sexuality as a way to open the door for the conversation before asking more specific questions that may feel more vulnerable.

- If you have a vagina and you are mobility-impaired, it may be difficult for you to access a Pap smear. At many providers' offices, the exam tables and the foot placement (“stirrups”) make it difficult for people with physical difficulties to receive pelvic exams. Don’t let your doctor shrug you off about your need to get this yearly exam. If your provider does not help provide you with a Pap test, persist with finding other providers.

[Learn more about getting a Pap smear as a person with a physical disability via this article by Angel Powell.](#)

Human papillomavirus (HPV), which is the most common sexually transmitted infection (STI), is transmissible from anal, oral, and genital sex. But don’t let a provider tell you that because you’re disabled you probably don’t have any STIs, because even if you don’t have penetrative sex, HPV can also be transmissible from basic skin-to-skin touching during sexual activity. You could be at risk for HPV-related cancers, so receiving a Pap smear, which tests for the abnormal cells that can lead to HPV-related cancer, is very important. If your Pap shows that you have abnormal cells, your provider may recommend that you receive an [HPV test](#), which is administered as a vaginal swab – the same way as a Pap smear. An HPV test can determine which HPV strains you may have. Please note that at this time, there are no FDA-approved HPV tests for people without vaginas, however some healthcare providers will offer HPV tests as anal swabs for people who receive anal sex.

[Studies by the CDC](#) find that only a very small percentage of cis women receive their yearly screenings, and that cis women with disabilities do more poorly with the diagnosis of HPV than cis women without disabilities because HPV is not followed and screened as frequently in people with disabilities.

- If you have a penis and are experiencing loss of sensation due to paralysis or other disabilities, understand that though your provider may not provide you with sexuality resources, these resources do exist. Knowledgeable sexuality educators can help you find new ways to have sex whether you regain function or not.
- If you are a cis man who receives health benefits from Veterans Affairs (“the VA”), you can push to get various kinds of assistance for sexual functioning issues.

Discussing prior sexual trauma

These tips may be beneficial to those suffering ongoing abuse but should be utilized after or as a part of protocols designed to prioritize your immediate safety.

- If you are a survivor of trauma it may be useful to create a document for providers that includes the information about your trauma that you feel comfortable sharing. This document can be given to providers or kept on-hand for you to reference, as speaking about these experiences can be physically and psychologically draining and/or triggering. You may want to have a basic document to give to physical health providers and a more in-depth document for mental health providers and your own reference.
- Familiarize yourself with which types of providers in your area are required to report acts of abuse (known as “mandated reporting”): [Disclosures for Law Enforcement Purposes | HHS.gov](#).
- Reach out to providers to see if they have their own internal documentation process for abuse and trauma and/or if they have any workarounds to mandatory reporting. Many providers have ways of keeping information off records or in separate notes that are not accessible to the rest of the staff and this can be a useful tool.
- If you already have one provider with whom you trust to provide trauma-informed supportive care, you can ask this doctor for recommendations for providers who are similarly informed. Recommendations can also be gained from support groups or from local domestic violence organizations.
- If you would like to be alone with your provider, communicate this to the staff ahead of time if possible and determine what information you are comfortable providing to intake.
- Physical touch for examination or vital sign monitoring can be triggering or upsetting. Sometimes it is possible to request that your provider be the one to perform any touch including vital signs, if this is not available, and there is a nurse or physician’s assistant (PA) at the practice that you feel comfortable around, ask if you can be scheduled during their hours and have them see you before your provider.

- During a physical exam many offices will require that a nurse or physician's assistant (PA) is present in the room during the exam process if the provider is of the "opposite" gender. Sometimes you can request an accommodation not to have someone in the room or ask that they stay in an area of the room where you feel most comfortable.
- If you are not comfortable with the provider (but immediate or specialized care is required) it may be useful to call ahead and request an attendant or chaperone for your appointment who is trauma-informed.
- If you prefer to have someone in the room with you, bringing a trusted friend or partner can be useful and eliminate the need for an office "chaperone." Many domestic violence organizations offer access to patient advocates that can attend appointments.
- If certain kinds of language are triggering to you in appointments such as certain lines of questioning or terminology for body parts, it is useful to provide this information to your provider ahead of time. Examples of this can be questions that ask for too many details about the events that caused your trauma, about scars or marks, or who caused your trauma. Examples of triggering language can be remarks or terminology that relate to gender, age, religion, etcetera, in ways that are triggering even if they would not normally be considered appropriate.
- If there are particular scents or medical instruments that can elicit your fear response, communicate this to your provider or provider's staff if possible.
- Before you are examined by your provider, ask them to go over how, where, and why they may be touching you during an exam. Use this time to ask questions and share boundaries. There may be ways to gain information about your body with practices that are less triggering. Visual aides may be useful but may also provoke trauma responses depending on how triggers manifest.
- It may be useful to have your provider repeat this during the exam process while narrating what they are doing and why. Ask to have your provider describe the sensations that you may feel such as pressure or cold.

- If there are exam actions that must be taken for your health (with your consent) that have the possibility of triggering reactions, inform your doctor of this in addition to a description of what that reaction looks like in addition to how it can be mitigated or managed.
- If possible, provide details about how you may non-verbally communicate distress, discomfort, or fear.
- Ask for breaks if needed or schedule multiple appointments as needed to build up to any necessary exams if you have time.

Preventive Care and the Affordable Care Act

The Affordable Care Act (ACA) requires that the following preventive services be covered by insurance plans without co-pay and and/or deductibles to the patient when the patient visits an in-network provider:

- Annual well-person visits;
- Certain immunizations including the HPV vaccine, and vaccines for Hepatitis A and B;
- Domestic and interpersonal violence screening and counseling;
- FDA-approved contraceptive methods, and contraceptive education and counseling;
- Breastfeeding support, supplies, and counseling;
- HPV DNA testing, for people 30 or older;
- Testing for cervical cancer, chlamydia, gonorrhea, syphilis, and other sexually transmitted infections for sexually-active people;
- Sexually transmitted infections counseling for sexually-active people;
- HIV screening and counseling for sexually-active people;
- and PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use.

Visit [Healthcare.gov](https://www.healthcare.gov) to learn more about the preventive services covered by the ACA.

Non-discrimination for 2SLGBTQIA+ People

Thanks to the Affordable Care Act, [preventive services cannot be denied to 2SLGBTQIA+ people who have purchased their insurance through their local Health Insurance Marketplace.](#)

The Transgender Law Center has more [information about 2SLGBTQIA+ people and the Affordable Care Act](#).

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