

Sexual Practices Values Clarification: An Exercise for Health Care Professionals and Students

Purpose

Sexual health is an integral part of any person's overall health, and many practitioners do not feel entirely comfortable asking detailed questions regarding sexual practices. One of the most common reasons given by practitioners for not asking about sexual health issues is embarrassment. Additionally, patients often report "physician discomfort and anticipated nonempathetic response to sexual problems are the primary barriers to discussing sexual health" [1]. This is particularly true in the case of LGBT patients, where studies have shown that "providers often feel ill-prepared to discuss intimate issues, or feel uncomfortable doing so" [2]. One step in the process of removing these barriers and uncomfortable feelings is by becoming self-aware of our own comfort level regarding different sexual practices.

The function of this handout is to help health professions students and practitioners examine their own beliefs, values, and attitudes related to different sexual practices. Values clarification exercises help to illuminate our own personal biases and attitudes towards a range of different, often deeply personal, topics. By addressing our internal values, we can then use this insight to provide more thorough, inclusive sexual health care in the clinical setting.

Objectives

- Identify external factors that have influenced our values regarding different sexual practices
- Identify personal experiences that have shaped our values towards different sexual practices
- Evaluate our obligations as health care providers towards patients with values that may be different than our own

How to Use This Worksheet

- A medium-sized group setting would be ideal for using this worksheet (~15-20 individuals). However, it can also be used in large groups. In this case, the group should be split into smaller sections for the discussion portion (section V).
- The first four sections are completed individually. A time allotment of approximately 30 minutes should be given for their completion.
- After the participants have completed the first four sections, the final section can be used in a discussion regarding caring for patients that engage in sexual practices that fall outside of our own values.
- Overall, this worksheet should be used to help health practitioners evaluate their own values regarding sexual practices in order to provide better sexual health for their patients.

Limitations

- This worksheet was designed with the intent to be as inclusive of different sexual practices as possible. Admittedly, there are many practices left out. For each question of Section II, part 2, there is space to fill in practices not explicitly addressed.
- Additionally, this worksheet uses gender-specific terms. Please make appropriate changes to wording and terminology to reflect non-gender specificity if desired.

I. How Do External Factors Influence Our Values?

The purpose of this section is to evaluate the influence core beliefs and attitudes from external areas have on your present ideas about sexual practices. Please reflect on these questions in the space provided.

1. Family

- a. Did the family you were brought up in discuss specific sexual practices that were regarded as “acceptable” and “unacceptable”?

- b. Have there been any family events that changed your views while you were living with your family?

- c. Describe any differences between your current values about sexual practices and those of your family.

2. Social Group:

- a. Does the culture/social setting to which you belong influence your attitudes/beliefs about “acceptable” and “unacceptable” sexual practices? If so, in what way?

- b. Has anything occurred that led you to develop a different set of values than those dominant in your culture/social setting?

- c. Describe any differences between your current values and those of your culture/social setting.

- d. Have your friends influenced the sexual practice values you currently hold? If so, in what way?

3. Spiritual/Religious Beliefs

- a. Have you held the same spiritual beliefs since childhood?

- b. If you currently espouse to one form of spiritual/religious belief, does it influence your values regarding sexual practices? ___ Yes ___ No
If so, in what way?

- c. Describe any differences in values about sexual practice you may have compared to your spiritual background.

4. School/teachers (including primary, secondary, college, and medical/nursing/PA, etc school)

- a. Did your education include information about different sexual practices? If so, at what level?

 - b. Did the attitudes and information in sex education conflict with those of your family, social group, or religion? ___ Yes ___ No
 - i. If so, how have you dealt with those conflicts?

5. Media (including music, movies, newspaper, internet, etc)
- a. Has the media shaped your values and beliefs regarding sexual practices?
___ Yes ___ No
 - i. If yes, in what way?

 - b. Which of the following media forms have most greatly influenced your values?
 ___ TV shows
 ___ TV news
 ___ Movies
 ___ Newspapers
 ___ Magazines
 ___ Internet
 ___ News sites
 ___ Blogs
 ___ Social sites (Facebook, Twitter, MySpace, etc):
 ___ Porn sites
 ___ Other: _____
 - i. Other media: _____
 - c. Has the media challenged your values regarding sexual practices? If so, in what way?

II. How Do Personal Experiences Shape Our Values?

In addition to external influences, our own personal sexual experiences can influence our beliefs and attitudes regarding certain practices. Please reflect on the effect of your personal experiences in the space provided.

- 1. Personal experiences of sexual intimacy and sexual practices
 - a. Was your first experience of sexual intimacy well planned or spontaneous?

 - i. Given your present perspective, is there anything you would change about your first experience?

 - b. How healthy would you consider your sex life at this point?

- c. Has a partner ever asked you to perform a sexual act that you considered unacceptable? ___ Yes ___ No
If yes, how did you react?

- d. Which of the following have had an effect on your personal sexual experiences:
 ___ Sexual abuse or sexual assault
 ___ Coercive sex
 ___ Sexual infidelity (yours or partner's)
 ___ Sexually transmitted disease
 ___ Drugs or alcohol
 ___ One night stand
 ___ Uncertainty in sexual orientation (yours or partner's)
 ___ Inability to orgasm
 ___ Other: _____
2. Personal attitudes about sexual practices
- a. Which of the following coincide with what you consider acceptable sexual practice from your own experience:
 ___ Abstinence until marriage
 ___ Oral sex only before marriage (no penetrative, vaginal or anal)
 ___ Any form of sex before marriage
 ___ Masturbation, alone
 ___ Masturbation, with others
 ___ Oral sex: mouth-to-vulva, -penis, -anus
 ___ Penis-in-vagina sex
 ___ Penis-in-anus sex
 ___ Other: _____
- b. Would you consider your attitudes regarding different sexual practices to be broad or narrow? Why?

III. Examining Our Potential Biases Towards Patients with Sexual Practices Different from Our Own

1. For the following, please respond in the space provided with your first feeling/attitude about the following sexual practices:
- a. Kissing and Fondling

- b. Masturbation
 i. Alone _____
 ii. Mutual _____
 iii. With toys _____
 iv. Other _____
- c. Vaginal Sex
 i. Male-Female _____
 ii. Female-Female _____
 iii. Other insertive practices _____

- d. Anal Sex
 - i. Male-Female _____
 - ii. Male-Male _____
 - iii. Female-Female _____
 - iv. Other insertive practices _____
- e. Oral Sex
 - i. Fellatio (mouth-to-penis) _____
 - ii. Cunnilingus (mouth-to-vulva) _____
 - iii. Anal (mouth-to-anus) _____
 - iv. Other mouth-to-genital practices _____
- f. Paraphilias [3]
 - i. Asphyxiophilia (dependent on partial asphyxiation to obtain arousal and facilitate or achieve orgasm):

 - ii. Exhibitionism (dependent on surprise, debasement, shock, or outcry of a stranger unexpectedly exposed to the sight of a penis to obtain arousal and facilitate or achieve orgasm):

 - iii. Fetishism (dependent on a specific object, substance, or body part to obtain arousal and facilitate or achieve orgasm):

 - iv. Masochism (dependent on being punished and humiliated to obtain arousal and facilitate or achieve orgasm):

 - v. Pedophilia (dependent on imagery or actuality of sexual activity in a prepubertal/early pubertal boy or girl to obtain arousal and facilitate or achieve orgasm):

 - vi. Sadism (dependent on punishing or humiliating one's partner to obtain arousal and facilitate or achieve orgasm):

 - vii. Voyeurism (dependent on illicitly looking at an individual or a couple undressing or engaged in sexual activity to obtain arousal and facilitate or achieve orgasm):

 - viii. Zoophilia (dependent on sexual activity with an animal to obtain arousal and facilitate or achieve orgasm):

 - ix. Other paraphilias _____
- g. Age: in the following age ranges, which do you consider acceptable practice?
 - i. Childhood (0-12):
 - _____ Genital touching of others
 - _____ Masturbation
 - _____ Sex (oral, vaginal, anal)
 - _____ Other: _____
 - _____ None of the above
 - ii. Adolescence (13-19):
 - _____ Masturbation

- Sex (oral, vaginal, anal)
- Other: _____
- None of the above

iii. Adulthood (20-60):

- Masturbation
- Sex (oral, vaginal, anal)
- Other: _____
- None of the above

iv. Elderly (60 and above):

- Masturbation
- Sex (oral, vaginal, anal)
- Other: _____
- None of the above

3. Which of the above practices are you most comfortable with? Why?

4. Are there certain practices are you most uncomfortable with? Why

5. For each of the following situations, place a mark on the line between “very comfortable” and “very uncomfortable” that best described your first reaction to the sexual practice described.

a. Joy is a 19-year-old college student. On taking her sexual history, she says she masturbates every day using a vibrating dildo.

Very Comfortable Very Uncomfortable

b. Alan is a 45-year-old man who identifies as straight. Alan tells you he gives and receives anal sex from different men.

Very Comfortable Very Uncomfortable

c. Fred is a 71-year-old living in a nursing home. His wife died one year ago, and he tells you about the three women he has been having oral sex with (giving and receiving).

Very Comfortable Very Uncomfortable

d. Karen is a 33-year-old married woman. She recently went through a divorce after she asked her husband to choke her during sex so she could orgasm.

Very Comfortable Very Uncomfortable

e. Joe is an 8-year-old boy whose mother caught him masturbating with a male friend in his bedroom.

Very Comfortable Very Uncomfortable

f. Mary is a 26-year-old who identifies as lesbian. She and her girlfriend engage in oral sex (mouth-to-vulva) on a regular basis.

Very Comfortable Very Uncomfortable

IV. Our Obligations for Offering Patients Comprehensive Sexual Health Care

Now that you have completed the personal reflection part of this exercise, it is equally important to appreciate the ways in which your personal attitudes and beliefs towards sexual practices can affect patient care. The following are a series of questions to elicit your thoughts on the relationship between your personal views and your professional obligations.

1. What obligations do you have as a *health care provider* to ensure comprehensive sexual health care to your patients? Check all that apply:
 - I have an obligation to ask my patients about their sexual practices regardless of whether those practices conflict with my personal sexual values
 - I have no obligation to ask my patients about their personal sexual practices, especially if those practices conflict with my own sexual values
 - I have no obligation to ask my patients about their personal sexual practices as long as other clinicians do so
 - I have an obligation to provide comprehensive sexual health care to my patients as long as it does not conflict with my personal sexual values
 - I have an obligation to provide comprehensive sexual health care to my patients regardless of conflicting personal sexual values
 - I have an obligation to provide my patients with referral services if I am not willing to provide care due to conflicts of sexual values
2. Write the reasons for your views. How long have you felt this way?

V. Discussion: Caring for Patients with Different Values Regarding Sexual Practice

This section can be conducted as a small group discussion or as an individual exercise.

1. Using the situations listed under part 5 of section III, consider the following questions:
 - a. How would you initially react to this type of sexual practice as you are taking the patient's sexual history? Why?
 - b. Would this reaction lead to the formation of a negative or positive judgment of the patient?
 - c. How would you approach providing this patient with comprehensive sexual health care?
 - i. Would it depend on whether you are comfortable or uncomfortable with the sexual practice?
 - ii. If so, what types of strategies would you employ to be sure this patient's health care needs are met?
2. For part 1 under section IV, discuss with your group why you selected certain options and not others.

For any of the sections, a discussion can be led detailing why certain options were selected and how external and personal factors influenced those decisions.

References

1. Margaret R.H. Nusbaum and Carol D. Hamilton, "The proactive Sexual Health History," *American Family Physician* 66, no. 9 (November 2002), 1705-1712
2. Harvey J. Makadon, "Ending LGBT Invisibility in Health Care: The First Step in Ensuring Equitable Care," *Cleveland Clinic Journal of Medicine* 78, no. 4 (April 2011):220-224.
3. Definitions of paraphilias taken from Morehouse Glossary, *Promoting Sexual Health and Responsible Sexual Behavior*, "The Paraphilias," 181-183.

The format and style of questions based heavily on: National Abortion Federation, *The Abortion Option: A Values Clarification Guide for Health Care Professionals*, 2005, http://www.prochoice.org/pubs_research/publications/downloads/professional_education/abortion_option.pdf (accessed on January 15, 2011).

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