

How to Assess for Sexual Difficulties

Key Information for Healthcare Providers

Sexual health concerns are common and can be very distressing to an individual, impacting many aspects of their quality of life and health.¹

Embarrassment, shame, and lack of knowledge can often prevent a person from seeking help from their healthcare provider. Many healthcare providers report feeling inadequately trained in how to assess and treat sexual health concerns.²

The goal here is to equip healthcare providers with key information to guide a biopsychosocial assessment of sexual difficulties. This means asking about various contributors to an individual's sexual difficulties, i.e. biological (e.g. hormonal changes), psychological (e.g. anxiety), and social (e.g. relational dynamics, cultural or religious beliefs).¹

It is important to know that you do not need to be a psychologist or have training in mental health to assess psychological and social aspects of a person's sexual health.

Given that primary care practitioners are most likely to be the first point of contact for patients seeking treatment for sexual difficulties, it is important for you as a provider to have appropriate knowledge of how to assess sexual concerns, knowledge about basic interventions, and when to refer for more intensive therapies.³

Although you may only be assessing a single person in your practice, it is important to understand that the patient's sexual health depends on both interpersonal and individual factors. Your assessment will then guide which evidence-based treatment might address the relevant components of the sexual difficulty.

- **Interpersonal factors** are those related to the experiences and interactions between the person and important relationships throughout their life. For example communication quality between partners about desires, boundaries, or preferences.²
- **Individual factors** are those related to the individual's cognitive processes, personality, and mental health. For example, an individual's beliefs about sex such as whether it is a taboo or natural part of life.¹



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Interpersonal factors that a practitioner should assess

Here is a list of important interpersonal factors that a practitioner should ask about and suggestions of how to initiate discussions with a patient. If there is time, the clinician can also ask about other community supports and relationships outside the primary romantic relationship.

If the patient is in a relationship(s) at the time of the assessment, ask about the quality of the romantic as well as sexual aspects of the relationship(s)

"How are things going in your current relationship(s)?" or "Do you feel satisfied with the emotional connection you have?"

"Would you say that you feel supported by your partner in your relationship, both emotionally and physically?"

Communication strengths and issues

"How challenging do you find it to talk with your partner about intimacy or sexual needs?"

"Are there topics that are hard for you to bring up with your partner?"

Partner's sexual health as well as their overall health

"Do you think your partner's sexual health or well-being impacts your own sexuality?"

"Have there been any recent changes in your partner's health that you think might be affecting your relationship?"

Intervals of reduced or absent sexual activity

"Have there been times with less interest in intimacy? What do you think caused it?"

"What was it like for you during periods of less sexual activity?"

Individual factors that a practitioner should assess

Here is a list of the important psychological factors as well as major mental health conditions that a practitioner should ask about; as well as suggestions on how to initiate those discussions during a consultation:

Acute and chronic stressors

"I know stress can have a big impact on many aspects of health, including sexual health. Are there any stressors—at home, work, or elsewhere—that you've been dealing with recently?"

"How long have those been going on for?"

Body image

"Sometimes how we feel about our bodies can impact our confidence in intimate situations. Has that been the case for you?"

History of depression and other mood disorders

"Have you ever been diagnosed with depression or another mood disorder, or do you find that you often feel down or low in energy?"

History of anxiety disorders and panic attacks

"Would you say that feeling anxious has made it harder for you to enjoy intimate activities?"

"Have you ever had a panic attack?"

Substance use disorders, medication, and recreational drug and alcohol use

"Sometimes, substances like alcohol or certain medications can impact sexual health. Do you think they have any effect on your sexual health or relationship?"

Their beliefs about whether treatment can improve their sexual difficulty

"What do you hope to get from treatment? Are there any specific outcomes you're looking for?"

Comprehensive approach to sexual dysfunction: A flowchart to guide your care

The flowchart shown below provides an approach to assessment and treatment of sexual dysfunction, starting with the patient's initial complaint, and it guides the clinician through various aspects of the person's situation to assess before deciding on treatment. After you perform a general assessment of the sexual problem, you should adopt a biopsychosocial assessment to explore both psychological (personal and interpersonal) and physical aspects.¹ If there are physical contributors to their sexual concern, the person may benefit from a physical examination and pharmacological or physical treatment. For primarily psychological and social contributors, the clinician can select a treatment that is based on which individual and/or interpersonal issues are at play. This flowchart emphasizes a comprehensive and integrative approach to managing sexual dysfunction.³

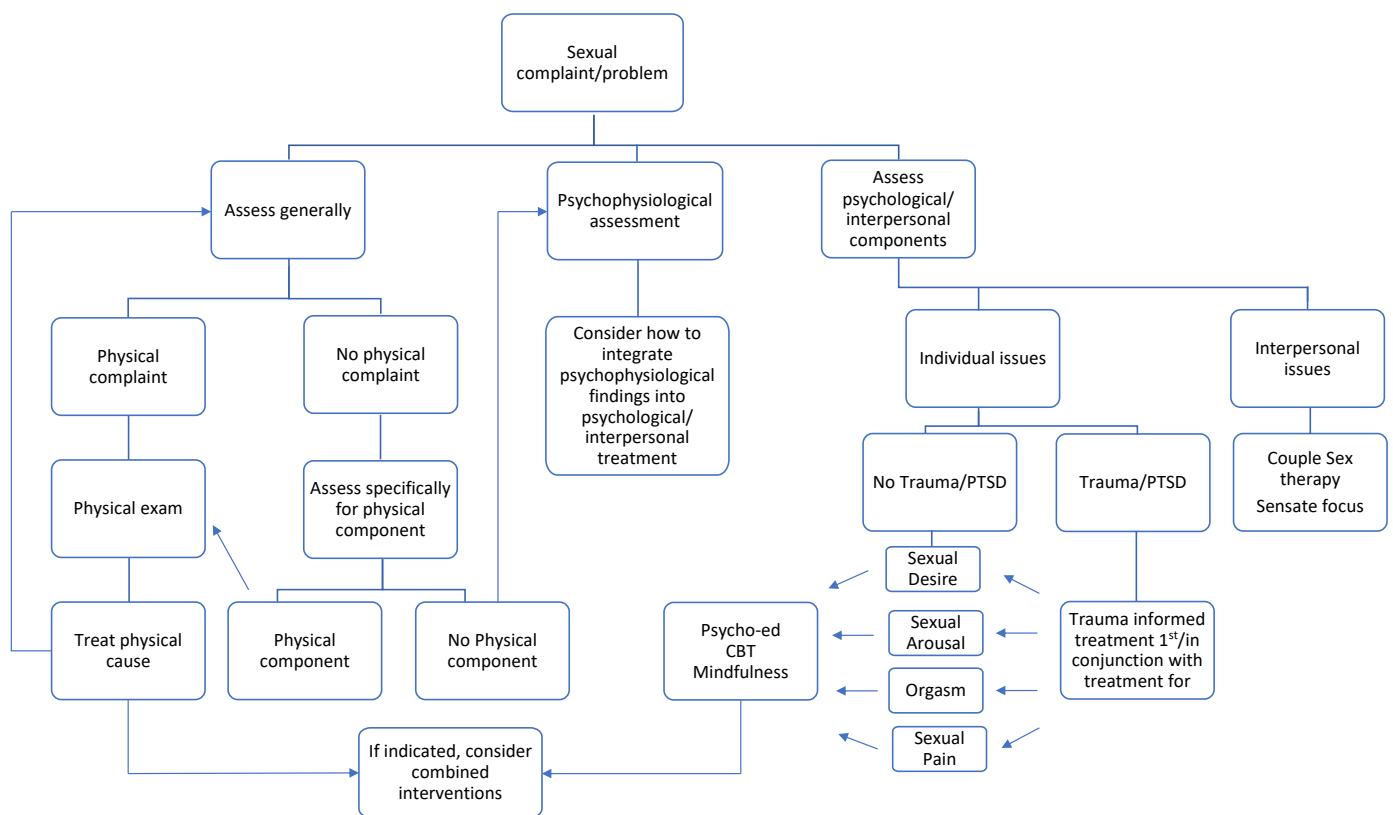


Figure 1. Comprehensive Approach to Sexual Dysfunction: Assessment and Treatment Flowchart

Notes: Image is taken from Brotto et al., 2024, *Sexual Medicine Reviews*
CBT = cognitive behavioral therapy

- 1 Taylor, B., & Davis, S. (2006). Using the Extended PLISSIT model to address sexual healthcare needs. *Nursing Standard*, 21(11), 35-40. <https://doi.org/10.7748/ns2006.11.21.11.35.c6382>
- 2 Annon, J.S. (1976). The PLISSIT Model: A Proposed Conceptual Scheme for the Behavioral Treatment of Sexual Problems. *Journal of Sex Education and Therapy*, 2, 1-15.
- 3 Tuncer, M., & Oskay, Ü. Y. (2022). Sexual Counseling with the PLISSIT Model: A Systematic Review. *Journal of sex & marital therapy*, 48(3), 309-318. <https://doi.org/10.1080/0092623X.2021.1998270>