

History Questionnaire for Sexualized Attachments (HQSA)

Contributions by:

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(v 8.3.22)

Client Name: _____ **Therapist:** _____ **Date:** _____

The information on this questionnaire can help your therapist assess and treat the issues that may be problematic for you. It is not a form of psychological assessment, but rather a way for your therapist to collect additional information. The questions¹ may bring up uncomfortable feelings. However, a step toward healing is to share comprehensive information about the bigger picture. When questions do not apply to your situation, simply move on to the next question.² Therapists strive to be client-directed, so understanding your history will better help your therapist to understand you and your goals for treatment.

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1. Are you aware of any expectations your parents/caregivers may have had about YOU before you were born (during pregnancy)?

2. What are your earliest memories of anything related to your genitals?

3. What are your earliest memories of anything sexual?

4. Were you ever molested, abused or sexually touched inappropriately as a child?

¹ Jones R, Barton S Introduction to history taking and principles of sexual health *Postgraduate Medical Journal* 2004

² <https://www.aafp.org/dam/AAFP/documents/journals/afp/Savoy.pdf>

5. At what age did you first masturbate and how did you learn about masturbation?

6. Did you ever masturbate to the point of self-harm or injury?

7. Have you ever been harmed or injured while doing something sexual?

8. How would you describe your emotional relationship with your same-sex parent/caregiver?

9. How would you describe your emotional relationship with your opposite-sex parent/caregiver?

10. At what age did you learn about sex and puberty?

11. Who taught you about sex and puberty?

12. At what age did you start puberty?

13. How old were you during your first sexual experience with another person? What feelings do you have about that experience? Was this person same-sex or opposite-sex?

14. How old was the person you engaged with sexually during your first sexual experience?

15. How would you describe your relationships with same-sex peers during childhood?

16. How would you describe your relationships with opposite-sex peers during childhood?

17. How would you describe your relationships with same-sex peers during adolescence?

18. How would you describe your relationships with opposite-sex peers during adolescence?

19. Do you consider yourself masculine (if you're male) or feminine (if you're female)?

20. How different is your own masculinity (if you're male) or femininity (if you're female) to what you think is "normal" or expected?

VERY SAME

VERY DIFFERENT

1 - 2 - 3 - 4 - 5 - 6 - 7

21. Do you recall during childhood or adolescence having significant emotions involving rejection, envy, jealousy, or being excluded? If so please describe.

22. Have you ever done things sexually that you regret? If so, please explain.

23. Did you have sexual experiences for which you still feel shame? If so, please explain.

24. Did you have sexual experiences which you thought were abusive or inappropriate? If so, please explain.

25. Do you have fantasies that cause you shame or discomfort? If yes then explain.

26. Have your **fantasies** ever included any of the following (check all that apply):

- Bondage
- Sadism/Masochism
- Animals
- Children/babies/infants/adolescents
- Multiple partners/Swinging
- Domination
- Homosexual/Bisexual activity
- Trans-related
- Illegal activity
- Voyeurism
- Exhibitionism
- Lolita Sex (sex with performers who appear to be underage)
- Fetishes (feet, toes, body fluids)
- Body Size (slim, short, tall, wide, pregnant, breastfeeding)
- Hair (styles, color, cut)
- Clothing (stockings, skirts, diapers, leather)
- Frotteurism (unwanted touching)

27. Have your **fantasies** ever included any of the following emotions (check all that apply):

- | | |
|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Fear | <input type="checkbox"/> Abuser |
| <input type="checkbox"/> Shock | <input type="checkbox"/> Victim |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Shame |
| <input type="checkbox"/> Distress | <input type="checkbox"/> Anger/Rage |
| <input type="checkbox"/> Trapped | |

28. Have you ever coerced anyone to be sexual?

29. Have you ever forced someone to be sexual?

30. Have you been coerced or forced to do anything sexual that you did not want to do?

31. Have you looked at pornography? If yes, how often?

32. Do you masturbate when looking at pornography? If so, does it involve the use of objects or toys?

33. Has your **pornography** choices included any of the following (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Role Play | <input type="checkbox"/> Bestiality/Furries |
| <input type="checkbox"/> Bondage | <input type="checkbox"/> Prostitution/Escort (Buying or Selling) |
| <input type="checkbox"/> Domination | <input type="checkbox"/> Stripping (Buying or Selling) |
| <input type="checkbox"/> Sadism | <input type="checkbox"/> Incest Objectification |
| <input type="checkbox"/> Masochism | <input type="checkbox"/> Trans-related |
| <input type="checkbox"/> BDSM | <input type="checkbox"/> Sissy-porn |
| <input type="checkbox"/> Water Sports (urination for sexual pleasure) | <input type="checkbox"/> Homosexual |
| <input type="checkbox"/> Swinging | <input type="checkbox"/> Fetishes |
| <input type="checkbox"/> Group sex | |

34. What is the typical context of the pornography choice (describe where, who, how, what)?

35. Aside from sexual arousal, what is the emotional context of the pornography choice (e.g., anger, rage, control, curiosity, innocence, sadness, victim, surrender, etc.)?

36. Does your porn choice ever include other themes different from above?

37. Have you ever exposed yourself inappropriately? If yes, then explain.

38. Have you ever engaged "voyeur" activities (peeping, looking at others secretly)? If yes, please explain.

39. Have you ever touched someone inappropriately? If yes, then explain.

40. Have you ever felt guilty about any sexual behaviors?

41. Have you ever engaged in any of the following, if yes please check those that apply::

- | | |
|---|--|
| <input type="checkbox"/> Role Play | <input type="checkbox"/> Bestiality/Furries |
| <input type="checkbox"/> Bondage | <input type="checkbox"/> Prostitution/Escort (Buying or Selling) |
| <input type="checkbox"/> Domination | <input type="checkbox"/> Stripping (Buying or Selling) |
| <input type="checkbox"/> Sadism | <input type="checkbox"/> Incest Objectification |
| <input type="checkbox"/> Masochism | <input type="checkbox"/> Trans-related |
| <input type="checkbox"/> BDSM | <input type="checkbox"/> Sissy-porn |
| <input type="checkbox"/> Water Sports (urination for sexual pleasure) | <input type="checkbox"/> Homosexual |
| <input type="checkbox"/> Swinging | <input type="checkbox"/> Fetishes |
| <input type="checkbox"/> Group sex | |

42. If you act out sexually, is there a common location or place where you where do you act out?

43. Do you utilize sites such as YouTube, social media sites, or apps that aren't traditionally seen as porn sites for pornography?

44. Have you been sexual with someone outside your sexual orientation? If so, please explain?

45. Have you ever been sexual with a person who is transsexual?

46. Have you dressed in the opposite gender's clothing for sexual purposes?

47. Have you used objects, props, or other items to intensify your sexual experience? If so, please explain.

48. Have you ever had anonymous sex? If so, how often?

49. Have you ever had sex outdoors or in public or somewhere there is the possibility to be seen by others without their permission?

50. Do you have any type of sexual dysfunction or shame or self-loathing about your sexual attributes?

51. Do you have thoughts or feelings about your body that you think may have influenced your self-esteem or sexuality?

52. Do you consider certain sexual behaviors bad or immoral? If so then explain?

53. Do you ever describe your sexual attractions as unwanted or outside your identity?

54. Are there certain sexual behaviors that you consider compulsive? If so, what are they?

55. Has your spiritual life been affected by your sexual behavior? If yes, how so?

-END-

The following section is for therapist use.

CLINICAL CONSIDERATIONS FOR THERAPISTS

1. Does the client use the term “unwanted same-sex attraction?” This is common for people who describe themselves as heterosexual but have attractions that do not match their identity; they are more likely trying to describe the attractions as an experience or feeling.

2. Did the client describe any potential attachment wounds or deficits with:

- a. same-sex parent/caregiver
- b. Opposite-sex parent/caregiver
- c. Same-sex peers
- d. Opposite-sex peers

3. Do the client’s fantasies have any parallel to attachment wounds or deficits with:

- a. same-sex parent/caregiver
- b. opposite-sex parent/caregiver
- c. same-sex peers
- d. opposite-sex peers

4. Does it appear the client may have developed barriers to attachment (defensive-detachment) with any of the following:

- a. Same-sex parent/caregiver, adults
- b. Opposite-sex parent/caregiver, adults
- c. Same-sex peers
- d. Opposite-sex peers

5. Did the client describe any ongoing emotional preoccupation (heightened emotions) during childhood, adolescence or young adulthood (e.g., rejection, envy, jealousy, anger, loneliness, exclusion)?

6. Does the client describe any obvious signs of trauma-reenactment? (e.g., sexual fantasies, porn, or behavior which mimics the dynamics of early trauma or abuse).

7. Does the client describe any obvious signs of trauma bonding? (e.g., sexual fantasies, porn or behavior which incorporates the personae or likeness of someone who abused them sexually, emotionally, or physically. Could be personality, physical appearance, or otherwise).

8. Does the client have sexual attractions which mirror attachment deficits (e.g., needs for father-figure, mother-figure, same-sex peers, other).

9. Does the client describe sexual fantasies or preferences that involve emotional undercurrents similar to those from childhood/adolescence (e.g., anger, fear, shame, sadness, rejection, isolation, torture, distress, loneliness).

10. What emotional context fills the clients sexual fantasies or preferences? (Can you see parallels with earlier life experiences of the same emotional patterns).

11. Does the client describe sexual fantasies or preferences toward others who are similar to those from earlier life experiences which fostered emotional preoccupation (e.g., envy, jealousy, rejection, need to belong, desire for acceptance, other).
