Taking a Sexual History

Satellite Conference and Live Webcast
Wednesday, June 20, 2007
2:00 - 4:00 p.m. (Central Time)

Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division

Faculty

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Program Objectives

- **Discuss the ways in which personal values and biases can impact client interactions.**
- **Identify rationale for and barriers to sexual history taking.**
- **Describe psychosocial development and its impact on sexual behavior.**

Program Objectives

- **Use effective communication skills to elicit a sexual history.**
- **Demonstrate a model for response to difficult questions and concerns when taking a sexual history.**

Title X Philosophy

- **Science based health advice/promotion**
- **Emphasis on self determination**
- **Respect for individuals**
- **Promotion of reproductive responsibility**
- **Family planning not just contraception**
- **Accessibility to a wide range of FP methods**
- **Knowledgeable workers**

Why Providers Hesitate

- **Embarrassment**
- **Feel ill prepared**
- **Not important to today's visit**
- **Not enough time**

Interesting Provider Attitudes

- Sex is just downright nasty.
- Certain kinds of sex are nasty.
- Certain kinds of sex are wrong.
- I hate to think of certain people having sex.

Interesting Provider Attitudes

- Since I don't have sex, no one else should.
- It's ok for me to be ignorant about sex.
- Something is wrong with people who don't have sex.

How Do I Communicate My Biases?

- Tailoring information to suit me
- Body language
- Tone of voice
- Negative terms
- Refusing to discuss certain topics
- Dismissing patient concerns
- Refusing to be knowledgeable

Why Bother?

- STD/HIV detection
- Prevalence of sexual dysfunction
- Sexual dysfunction as disease indicator
- Sexual dysfunction as medication side effect
- Causal relationship of sexual history to other health problems
- To effectively do method counseling

Why Bother? More Reasons!

- Lifelong sexuality
- Identify interpersonal violence
- Association of sexual health and happiness
- Sexual health associated with overall health
- Responsibility and risk management
- Primary prevention
- Standard of care

Most of All, It Works!

- In a study by Bachman et al (1989), when physicians increased their rate of asking, patients' reports of sexual concerns increased six fold.
- Patients report that the biggest barrier to revealing sexual concerns is the provider.

Psychosexual Development

- Not the old Freudian model
- Remschmidt (1994): early, middle, late
- Each stage has achievements or problems
- Age is not always equal to stage
- Includes psycho-social pieces as well
- Can explain certain behaviors

Early Stage “Me”

- Onset of puberty - physical changes
- Self esteem and body image
- Sexual and gender role anxiety
- Fears can cause social withdrawal
- Somatization later depression risk?
- Need for basic factual information

Middle Stage “Me” + “You”

- Sexuality and peer relationships
- Dating competence
- Exploratory sexual experiences
- Promiscuity or withdrawal
- Repression and avoidance of sexuality
- Need to understand how to negotiate sexuality in context of relationships

Late Stage “We”

- Deeper intimacy in relationships
- Sexuality is part of a larger who-I-am
- Guilt/shame/grief may result from mistakes
- Unresolved issues from earlier stages
- Forming long term relationships/family
- Need help with responsibility and planning

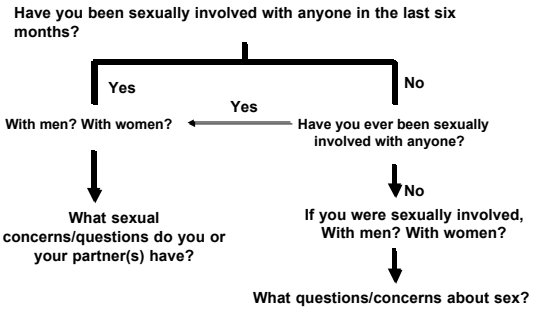
Getting Started

- Introduce as regular part of visit
- Matter-of-fact tone
- "Sexual health is important to overall health."
- Information used to plan health care
- Avoid labels and assumptions
- Transition from slang to medical terms

I Don’t Have Time for This

- Sexual history taking is not an all-or-nothing situation.
- It can’t be ignored, but, at times a screening history may be more appropriate than the detailed version.

Screening for Sexual Health History
Nusbaum & Hamilton, 2002



The Five Ps: A Minimum History

- Partners
- Practices
- Protection from STDs
- Previous STDs
- Prevention of pregnancy

Straight? Gay? Trans? Other?

- Generally, isn't useful information
- Who and what are more important than why for health risk assessment
- Gender and orientation not necessarily the same
- If you have to ask, always offer "or something else?"
- Using neutral language avoids awkwardness

But Don't I Have to Know??

- Surgery and meds will come out on medical history section.
- Emotional issues will come out during questioning about "concerns."
- You are already asking the questions to gauge risk from sex practices.
- Maybe you are just curious?

Detailed Sexual History

- Currently sexually active? Ever? With men? With women?
- How many partners in the last month, 6 months, lifetime?
- How satisfied are you/partner with sexual functioning?
- Any change in desire or frequency?

Detailed History

- Do you participate in oral sex?
  - Which parts of patient touch which parts of partner?
- Do you participate in anal sex?
  - Insertive or receptive?
- What objects or substances do you and/or your partner use to enhance pleasure?
- Do you have pain with intercourse?

Younger Patients

- Consider reviewing developmental aspects
  - Onset of puberty
  - Course of development
  - Associated emotional development
  - Somatization as a RED flag

Abnormal Development

- Gap of 5 years between thelarche and menarche
- No thelarche or testicular growth by age 14
- No menarche by age 16
- Male: gap of 5 yrs between onset and completion

Abnormal Development

- Lack of pubertal growth spurt
- Contrasexual development
- Loss of synchronicity
- Use Tanner staging to document development

Brain Development

- Large tissue increase just before puberty
- Spatial awareness and sensory develop early
- "Synaptic pruning" occurs during adolescence
- Adaptive functioning determined

Brain Development

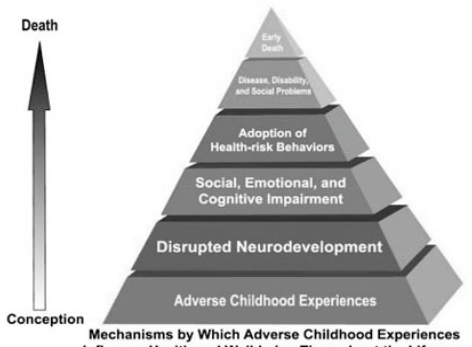
- Emotive response exceeds intellectual response
- Early stress hinders development of hippocampus and amygdala (processing of memory and emotion)
- Difficulty understanding others' perspective

Adverse Childhood Experiences

- Changes the way the brain develops
- Permanent damage
- Greatly increases maladaption as adult

Adverse Childhood Experiences

- Changes ability to react in socially acceptable ways to stress
- Common in our society
- Detecting and intervening is best action you can take to prevent life-long problems



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Somatization

- Peaks in early adolescence
- High somatizers, 4 years later
  - 20% depression
  - 20% anxiety disorders
  - 20% alcohol dependency
- Often do not have s/s of emotional disorders

Risky Business

- Review risk factors for STD/HIV.
- Have you traded sex for favors or money?
- Have you/partner been tested for STD/HIV?
  - Would you like to be?
- What are you doing to protect yourself from STD/HIV?
- What would happen if you found out you had STD/HIV?

Drugs and Alcohol

- Decreased inhibitions
- Poor decision making ability
- Vulnerability to sexual coercion/violence
- Less likely to use contraception or disease reduction techniques
- Often play a part in initiation of sexual activity

Baby, Maybe?

- Are you/partner trying to become pregnant?
- What method of family planning?
- What would happen if you/partner found out you (or she) were pregnant?
- This question gauges motivation for contraception use.

Low motivation is not a STOP

but rather a

THIS WAY

Violence Screen

- **Has anyone forced you to do sexual acts that you didn't want to do?**
- **What would happen if you refused to have sex with your partner?**
- **For survivors of violence/child abuse:**
  - **How does that affect you now?**
- **Are you being hurt, or are you afraid in your present relationship(s)?**

Satisfaction?

- **How often do you have an orgasm with sex?**
- **Do you have an orgasm with masturbation?**
- **Do you feel pressured to express pleasure?**

Satisfaction?

- **Male/partner: Difficulty with erection/ejaculation?**
- **Anything about your sexual activity that you are dissatisfied with, or would like to change?**
- **Do you have any questions or concerns?**

So Far, So Good…

- **Most of us do pretty well up until this point…**
  - **It's the possibility of questions that scares us!**

Dear Old PLISSIT

- **Permission**
- **Limited Information**
- **Specific Suggestions**
- **Intensive Therapy**

J.S. Annon, 1974

Common Questions

- Do you do X?
- Is it OK (or normal) to X?
- My partner wants to do X, but I don't. What should I do?
- It hurts when I do X. What should I do?
- Can I get STD/HIV/pregnant doing X?
- I heard X. Is that really true?

More Sex Q & A

- Is it illegal to do X?
- I just don't want to have sex. Is that normal?
- I've never had sex. Is that normal?
- I bet you hear a lot of weird stuff!?
- I saw X on the internet. Is that real?
- Can someone tell if I am a virgin or not?

If You Get Stuck

- "Tell me more about that."
- "Can you explain what you mean by that?"
- "And then what happened?"
- "How did that make you feel?"
- "What do you wish would happen?"
- "What else have you heard about that?"

Do Physicians Recognize Sexual Abuse?

- Surveyed 129 primary care physicians.
- % Incorrectly identified structures:
  - Hymen 41%
  - Labia majora 39%
  - Labia minora 24%
  - Urethra 22%
  - Clitoris 11%

Do Physicians Have Adequate Knowledge of Child Sexual Abuse?

- Surveyed 166 primary care physicians.
- % Incorrectly identified structures:
  - hymen 38%
  - labia majora 21%
  - labia minora 17%
  - urethra 28%
  - clitoris 6%

How Can I Prepare?

- Know anatomy and physiology!
- Have diagrams/models to show.
- Be familiar with sexuality and pleasuring.
- You don't have to have a flat affect!
- It is OK to be human.
- Know healthy from unhealthy.
- (Sorry! Sexuality for providers is a different class.)

Consults?

- Illegal behaviors: may be mandatory report.
- Gender identity dysphoria.
- Interpersonal violence.
- Complex sexual problems.
- Survivors of violence/abuse.
- If you cannot care with compassion and professionalism. (Time to find a new job?)

Pitfalls to Avoid

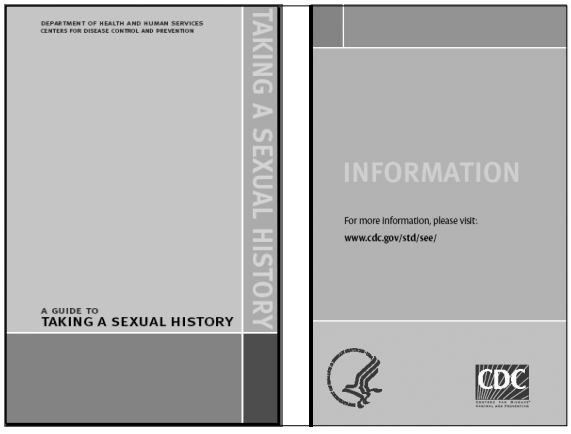
- Faking it is not good. If you don't know, say so. Then find out.
- Spending all your time on sex.
- Becoming a little too fascinated.
- Disclosing personal information.
- Tolerating inappropriate behavior.

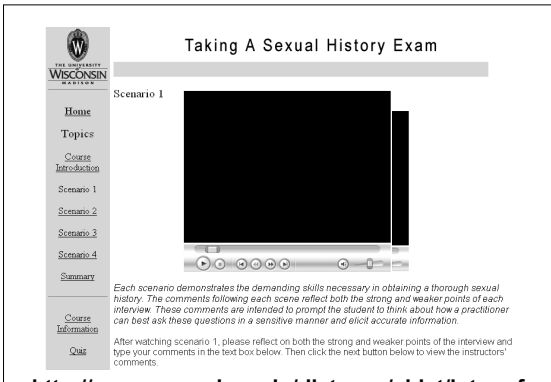
What Would You Do?

- Avoid the urge to give a solution.
- Review steps of good decision making
  - Clarify problem.
  - Brainstorm choices.
  - Assess pros and cons.
  - Review impact on others as well as self.
  - Talk with wise advisor.
  - Set time limits.
  - Follow up to re-assess choices.

Words to the Wise

- Think how each question will be used to further your clinical goals for this patient.
- If you don't need to know, don't ask.
- You don't have to chart everything you hear.
- Remember the primary goal of the FP visit.
- Have a referral resource list handy.
- Only refer to experts in sexuality.





http://www.cme.wisc.edu/distance/shist/intro.cfm

Speak with authority from a position of knowledge.

YOU are the public health professional~

Don't be afraid to tell people what is HEALTHY or UNHEALTHY!

Upcoming Programs

Mass Shelters: Environmental Health Issues

Friday, June 29, 2007

12:00-1:30 p.m. (Central Time)

For a complete listing of upcoming programs go to: www.adph.org/alphtn