Top Tips on Taking an Adolescent Sexual History

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What I’m going to talk about...

- Why take a sexual history?
- How to take a sexual history
- How not to take a sexual history
- Issues specific to adolescents with HIV
“I’m a Paediatrician, why do I need to take a sexual history?”
‘Underage Sex’ in the UK

The National Survey of Sexual Attitudes and Lifestyles (NATSAL) 2012
Based on interviews with > 15000 UK participants
HIV Young Persons Network Surveys

- Survey of 168 vertically infected young people aged 18-25\(^1\)
- Median age at coitarche 17 [Range 12-21]
  - 17% diagnosed with STI (sexually active)
  - Consistent condom use in 66%
  - 75% of pregnancies unplanned (25% TOP) \(^2\)
- 14% reported previous coercion
- 14% reported previous sexual abuse
- Many patients sexually active whilst under paediatrics
- Important to address issues early

\(^1\) A Barbour et al. Sexual & reproductive health amongst HIV+ adolescents: An HIV young persons network (HYPnet) survey 2014

\(^2\) B Williams et al. Pregnancy outcomes in women growing up with HIV acquired perinatally or in early childhood
Taking a Sexual History
Barriers to Taking a Sexual History

Parents Around
- Lack of confidence
- Clinicians’ Gender
- Time pressure
- Lack of opportunity
- Lack of training in communication skills

Societal Taboos
- Inadequate Training in Sexual Health
- Shame and Embarrassment

Patient too Young

Clinicians’ Personal Discomfort
- Fear of Offending the Patient

Before you start.....

- Safe relaxed environment
- Verbal and non-verbal (Body posture, room set-up etc.)
- Clarify limits of confidentiality and reassure patient
- No friends or family!
- Consider chaperone
How would you approach sexual history taking in these situations...?

- A 13 year old girl brought by her parents to A&E with lower abdominal pain.
- A 15 year old boy brought by his mother to your GP practice with a rash and sore throat.
- A 13 year old girl attending the walk-in GUM clinic requesting the morning after pill.
Flexible Approach

- A 15 year old boy brought by his mother to your GP practice with a rash and sore throat.

- A 13 year old girl attending the walk-in GUM clinic requesting the morning after pill.
‘Bridging’ Questions

- Link general lifestyle questions to a sexual history
  - Education
  - Smoking
  - Drugs
  - Alcohol
  - Friends
Top Tips

- Identify your own personal barriers
- Get the environment right
- Respectfully disengage any parents
- Be Flexible
- Consider bridging questions
Are they Sexually Active?

- "Are you married or single?"
- "Do you have a boyfriend?"
- "When did you first become interested in girls?"
- "What about sex—having sex with girls and stuff like that?"
- "Are you dating anybody?"
- "Are you currently in a relationship?"
- "Do you have a sexual partner?"

They’re Sexually Active

- “When was the last time you had sex?”

- “Who was that with?”
Asking About Partners

- Gender
- Regular/Casual/Known (contactable/non-contactable)
- Duration of the relationship
- Age
- Country of Origin
- Previous partners
What you might see in the notes....

- Can you translate?
  - LSI 1/52 RMP (6/12) UK
  - PSI 2/12 CFP Ghana
  - PSI 1 yr CSW Thailand
Type of Sex

- Vaginal
- Oral (insertive or receptive)
- Anal (active or passive)
- MM

- Condoms used?
Would you say you "had sex" if...?

- 1991 US Survey of 599 students
  - Is oral-genital contact sex? 59% said no
  - Is penile-anal intercourse sex? 19% said no

- 14% -50% of adolescents have had oral sex before their first experience with sexual intercourse,
- More adolescents have had oral sex than vaginal sex (mostly unprotected)

Would you say you "had sex" if...? JAMA. 1999 Jan 20;281(3):275-7.
How Much Detail Do You Need?
Making a Judgement

- Clinicians working with children should decide on a case by case basis whether or not to report any child who is having sex.
- Risk Assessment
  - Age, maturity, understanding
  - Coercion, grooming, exploitation etc.
  - Significant age gap or power imbalance
  - Other vulnerabilities

General Medical Council (2007). 0-18 years: guidance for all doctors.
Menstrual/Gynaecological History

- LMP
- Pregnancies
- Contraception
- HPV (+Hep B) Vaccination
The Usual

- Specific Symptomatology
- PMH
- DH
- Allergies
- Smoking, Drugs, Alcohol
- Social History
- FH
Are sexual histories worth the paper they are written on?

- Usually!
Structured Proformas?

Academy of Medical Royal Colleges Report
- Recommends the use of structured tools to help doctors recognise signs of child sexual exploitation.

BASHH and Brook
- Grant to develop a tool to help detect CSE among sexual health services attendees
- National proforma designed to act as a prompt to help identify CSE
- Multiagency advisory group, in partnership with young people, some of whom had experienced CSE.
- ‘Spotting the Signs’ launched in April 2014

Spotting the Signs: A national proforma [www.bashh.org.uk/SpottingtheSignsCSE](http://www.bashh.org.uk/SpottingtheSignsCSE)
# Spotting the Signs

## SPOTTING THE SIGNS

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you ever been made to feel scared or uncomfortable by the person(s) you have been having sexual contact with?</td>
<td>Do you feel you could say no to sex?</td>
</tr>
<tr>
<td>Has anyone ever given you something like gifts, money, drugs, alcohol or protection for sex?</td>
<td>Where do you have sex? WHO ELSE IS OR WAS THERE WHEN YOU HAVE HAD SEX (OR ANY OTHER FORM OF SEXUAL CONTACT)?</td>
</tr>
</tbody>
</table>

### Sexual Health

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>What contraception do you use?</td>
<td>Do you feel like you can talk to the person you have sex with about using condoms or other forms of contraception?</td>
</tr>
<tr>
<td>Have you ever had an STI test?</td>
<td>Have you ever had an STI? If yes, which, and how many times?</td>
</tr>
<tr>
<td>Do you ever use drugs and/or alcohol?</td>
<td>Do you often drink or take drugs before having sex?</td>
</tr>
<tr>
<td>Do you suffer from feeling down/depressed?</td>
<td>Have you ever tried to hurt yourself or still harm?</td>
</tr>
<tr>
<td>Have you ever been involved in sending or receiving messages of a sexual nature?</td>
<td>Does anyone have pictures of you of a sexual nature?</td>
</tr>
</tbody>
</table>

### Professional analysis

Is there evidence of any of these within their relationship?

- Coercion:
  - Overt aggression (physical or verbal):
  - Suggestion of sexual exploitation/grooming:
  - Sexual abuse:
  - Power imbalance:
  - Other vulnerabilities (please give details):

If you have identified risks or concerns please discuss with your CSE or Safeguarding Lead by [date] and follow your own child protection policy and procedure.
Top Tips

- Don’t make assumptions
- Use inclusive, neutral language
- Be non-judgemental and supportive
- Be clear and specific with your questions
- GUM clinics are happy to help!
Taking a Sexual History in the HIV Clinic
Be Sensitive

FOR THE LAST TIME... NO! AND STOP ASKING!!!

ARE WE THERE YET?
Be Holistic
Sexual Wellbeing

Confidence

Self-Esteem

Healthy Relationships

Pleasure

Healthy Minds

Choice

Parenthood

Happy
Summary

- Don’t be afraid to take a sexual history
- Top tips include
  - Non-judgemental
  - Inclusive language and not making assumptions
  - Flexibility
- View a sexual history as part of a holistic wellbeing assessment
- We need to hear more from young people with HIV!
Thank You
Questions?