FOR PROVIDERS: SCREENING, ASSESSMENT & REFERRALS

Taking a Client-Centered Sexual History

At a teen’s first visit or at ages 11-12, it is important to initiate discussion about sexuality. Teens want their healthcare providers to ask these questions!

**General Tips**

- Begin the sexual history AFTER you have established rapport with the adolescent.
- Think about taking the sexual history in the context of a HEADSSS assessment: Home, Education/Employment, Activities, Drugs, Sexuality/Suicide/Depression/Self-Image, Safety.
- Remember! Restate the parameters of confidentiality before you take a sexual history.
- Use open ended questions that start with “what,” “how,” “when,” or “tell me”.
- Be aware of judgmental questions (ex. “you don’t have unprotected sex, do you?”) and behaviors (ex. shaking your head as you ask questions).
- Frame some questions in the third person. (ex. Are you noticing that your peers/friends are starting to have sex?)
- Use understandable language - avoid clinical terms. (e.g. substitute “having sex” for “intercourse”)
- Ask adolescents for clarification when they say things you don’t understand.
- Use reflective listening. Paraphrase what the young person has said and repeat it back to him/her.
- Do not make any assumptions, particularly about initiation of sexual activity, type of activity, gender identity, and sexual orientation.
- Always acknowledge positive behaviors and assets particularly establishing healthy relationships, proper use of contraceptives and safer sex methods, etc.
- Educate teens about their options so they are in a position to make informed choices.
- Refer teens to other resources based on their individual needs.

Guidelines For Sexual History Taking

The following is an outline for taking a sexual health assessment based on the Five P’s Assessment (Partners, Prevention of Pregnancy, Protection from STIs, Practices, and Past History of STIs). Taking a sexual history should always be embedded in a general psycho-social assessment like “Annotated HEADSSS”.

Consider these statements, questions, and tips as a guide to assessing your teen patients.

**INTRODUCTION**

I’m going to take a few minutes to ask you some sensitive questions. This information is important and will help me provide better health care to you. Let’s first discuss what information will be kept will be kept private and what information I might have to share with other people (see. pg. 8 for information on minor consent and confidentiality).

**STAGES OF DEVELOPMENT**

**Initial Questions**

- Do you have any questions or concerns about your looks or appearance?
- Do you have any questions or concerns about your sexual development?
- Do you have any questions, thoughts, or rules about masturbation?

**Tips**

- During the onset of puberty, advice about hygiene can become very important. Include discussions on bathing, deodorant, and proper shaving techniques.
- Normalize the changes that happen during puberty. Assure patients that they shouldn’t feel ashamed about having wet dreams and masturbation.
- See pg. 3 for more information on the stages of adolescent sexual development


Sources:
2) Marcell AV, Bell DL. Making the most of the adolescent male health visit Part 1: History and anticipatory guidance. Contemp Pediatrics. 2006;23(6):38-46

Adolescent Provider Toolkit

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SEXUAL ORIENTATION/SEXUAL ATTRACTION

Initial Questions
- Some of my teen patients are exploring new relationships. Do you have a crush on anyone? Are you dating or seeing anyone?*
- Are you attracted to guys, girls, or both?

Follow-Up Questions:
- How long have you been dating this person?*
- Are you having sex with anyone else?*
- Is your partner having sex with anyone else?*
- Have you thought about having sex with him or her?*
- Who do you talk to about sex?*

Follow-Up Questions for Lesbian/Gay/Bisexual Teens:
- Who have you told about your sexual orientation?*
- What are your family’s reactions to your sexual orientation/identity?*

Tips
- Use gender neutral terms until the teen has established a preference for male/female sexual partners.
- Become familiar with resources for LGBT youth in your area. Refer to community support programs for supportive counseling as needed.
- Provide anticipatory guidance to LGBT teens who report family rejection.
- With younger teens, start by asking questions in the 3rd person, i.e. Are any of your friends...?
- Sometimes teens, especially young teens, don’t use the word dating. Keep this in mind when discussing their relationships.
- Don’t forget to address these issues with teens with disabilities.

SEXUAL ACTIVITY

Initial Questions:
- Sexuality and relationships are things that many teens are dealing with; and different people are at different points in exploring these issues. Have these issues come up for you? How?*

Follow-Up Questions:
- What do you consider “having sex?”*
- When do you think it is OK to have sex?*
- Have you ever had sex? (intercourse/outercourse)?*

If yes:
- How old were you the first time you had sex?
- Do you have sex with guys, girls or both?
- Do you want to be having sex right now?
- How often do you have sex?
- How may people have you had sex with in the last 3 months? In your life?
- For some people sex is generally a fun experience, for others it is not all that fun and may even hurt most of the time? What is usually your experience with sex?
- Has there ever been a time that you had sex but didn’t want to?
- Have you ever had sex when you were high on drugs or alcohol?

If no:
- When do you see yourself making the decision to have sex?*
- Who do you talk to about sex?*
- How do you feel about having sex? Is it a good thing or bad thing for you?*

Tips
- Use the follow-up questions to determine if STI/pregnancy prevention methods have been used and which methods might be most appropriate for him or her.
- When sex is not enjoyable, assess whether this is because they don’t want to be sexually active, have a physical problem, or are having problems with sexual function, as the counseling messages are different.

Protective Factors
- Sexual debut after 15 years of age.
- Has a trusted adult to talk to about sexual issues.
- For LGBT youth, have parents/caregivers/families that support their LGBT identity.2

*Ask every adolescent patient regardless of sexual activity.

### Taking a Client-Centered Sexual History cont.

#### SAFER SEX PRACTICES

**Initial Questions:**
- Tell me some of what you know about STIs and HIV.*

**Follow-Up Questions:**
- Have you or your partner ever been tested for STIs/HIV? had an STI?*
- Does your partner have other sexual partners that you know of? Do you?
- What questions do you have about STIs and HIV?

**Initial Questions:**
- Are you doing anything to protect yourself against STIs/HIV and pregnancy? What are you doing?

**Follow-Up Questions:**

- *If the teen indicates that he/she has not been using protection, ask:*
  - Have you used some sort of protection in the past?
  - What keeps you from using protection now?

- *If the teen indicates that he/she sometimes uses protection, ask:*
  - With whom and when do you use protection?
  - What would help you to always use protection?

#### SEXUAL ASSAULT AND RELATIONSHIP VIOLENCE

**Introduction:**
Teens usually form healthy relationships. Unfortunately, some teens are hurt by strangers, people they know or the people they date. I am going to ask you a couple questions to make sure that you are safe.

**Initial Questions:**
- Have you ever been hurt in a sexual way or forced to have sex when you didn’t want to?**
- Have you ever traded sex for money, drugs, a place to stay or other things that you need?
- Do you feel safe in your relationships?

**Follow-Up Questions:**
- There are things people can do that may reduce their risk of sexual assault. Do you know how to reduce your risk of sexual assault?*

#### CLOSURE

At the end of the conversation, review what you learned and what you discussed.

**For Example:**
So, you’ve just told me that you’re taking birth control pills to prevent pregnancy with your partner. And that you two have talked about using condoms if either of you have side partners. You’re making really good decisions and I encourage you to continue this smart behavior.

*Ask every adolescent patient regardless of sexual activity.

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Tips

- Use this opportunity to counsel teens about methods. Congratulate those who are using contraception for doing so, and encourage those who are not to initiate use.
- Remind them that condoms are most effective when they are used correctly with every sexual encounter.
- Teens may be more likely to use protection with casual rather than steady partners. Remind them to use STI and pregnancy protection with all partners.
- Screen for other risks, such as alcohol and substance use and sexual abuse.
- Refer teens to health education materials.

Protective Factors:

- Discussing contraception with partner before first sex
- Not currently sexually active or using reliable methods to reduce pregnancy/STI/HIV risk
- Using dual methods – condoms in addition to a contraceptive method dedicated to the prevention of pregnancy (IUD, birth control pills, etc.).

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**Tips**

- Remind teens that you ask these questions because you’re concerned about their safety. As a mandated child abuse reporter you must report abuse to your county child protective services or law enforcement agencies.
- Be aware that youth with disabilities (particularly non-verbal and intellectually disabled youth) report higher incidence of sexual abuse.  
- For more information on healthy relationships, see pg. 9.
- For more information on relationship violence, see pg. 30.
- For more information on sexual assault, see pg. 33.

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3The American College of Obstetrics and Gynecologists suggests screening all patients at every visit for sexual assault. This following questions should be asked of all patients whether or not they are currently sexually active.


Source: