Sexual Health
Sexual History and Risk Assessment for Clinicians

Presented by

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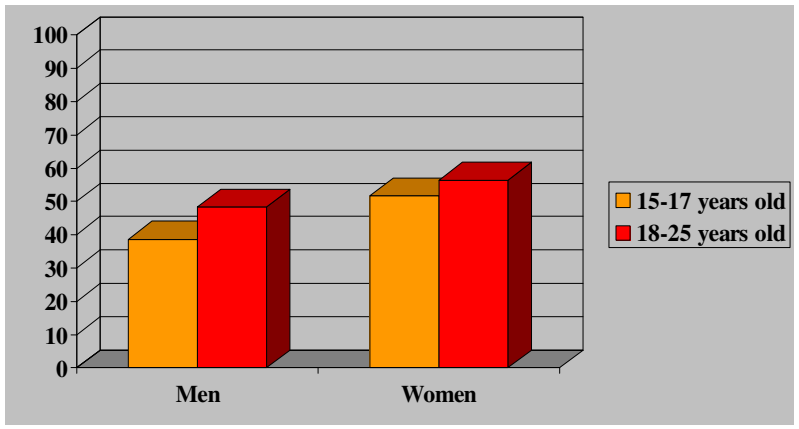
Importance of Comprehensive Sexual Health History

- Understand STD – including HIV risks
- Identify pregnancy intention, risk, & contraceptive needs
- Identify related vaccine needs
  - Such as HBV or HPV vaccines
- Guide appropriate screening tests
- Clarify partner management issues
- Guide provision of tailored risk reduction counseling

Self-reported Sexual History-taking by Primary Care Providers *



** Unpublished Survey Data- Gonorrhea Community Action Project*

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Current Approach to Sexual Health Assessment

- Don't Ask – Don't Tell
  - Studies show that patients will generally avoid initiation of discussions about sexual health
  - In addition, studies show that patients will discuss sexual health when initiated by their clinical providers
- **So if we don't ask – they probably won't tell!**
- This can lead to unhealthy outcomes

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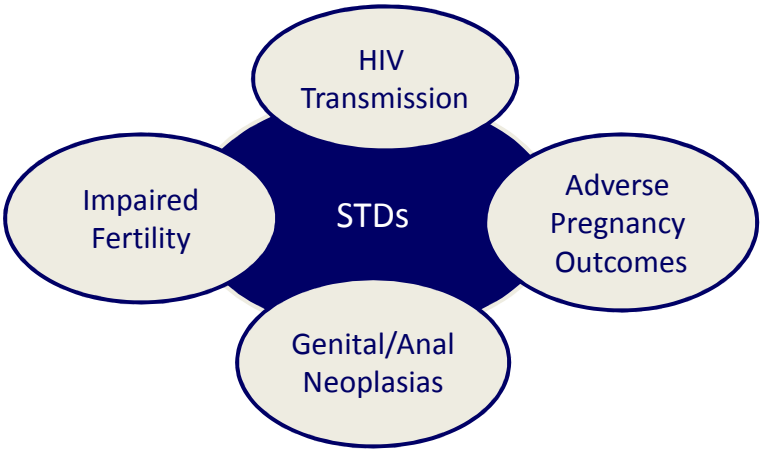
Lack of Sexual History-taking Could Lead to Poor Health Outcomes



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Why Are Sexual Questions Not Asked By Providers?

- Concerned about upsetting patients
- Fear of unleashing a difficult & lengthy discussion
- Fear of being embarrassed – especially if there is unfamiliarity with some sexual practices or slang terms
- Unsure they can respond if questions arise

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Why Are Sexual Questions Not Asked By Providers?

- Uncomfortable saying the words
- Unclear what to do with answers
- Lack of obvious justification
  - For providers & patients
- Fear of disrupting the therapeutic relationship
- Generalization obstacles

Interview Methods and Skills

- Normalize the asking – include in your ROS
- Start with few open-ended – then f/u with closed-ended questions, e.g.,
  - What's been your experience with condom use?
  - Who decides when to use them?
- Assure privacy & confidentiality
- Display non-judgmental attitude – avoid terms such as
  - Faithful, unfaithful, multiple partners, promiscuous – even monogamy can be value-laden (as well as non-specific)
- Ask – if unsure about a term or expression
- Make no assumptions

Avoid Common Assumptions

- Sex = penile-vaginal intercourse
- Sexual "contacts" – they're "partners", etc.
- Condom use = consistency or effective technique
- Heterosexuality
- Gender exclusivity of partners
- Mutual monogamy – is partner with others?
- Pregnant women do not have sex
- Population risk = Individual risk

Sexual Health Assessment Includes

- Traditional sexual history of both patients & their partner(s)
- Behavioral risk assessment of both patients & their partner(s)
  - Sex behaviors
  - Substance Use behaviors
  - Health-care seeking – how often does the patient get HIV-STD screening?

Sexual Health Assessment Includes

- Current partner situation
  - Regular? Main?
  - Others?
- Sexual orientation & gender identity
- Date of last sex – to identify the last "exposure"
- Number of partners for patient & partner(s)
  - By sex
  - By type (regular, casual, new, anonymous)
  - By context (i.e., where & when are sexual partner(s) engaged?)

Sexual Health Assessment Includes

- Sexual practices – to identify sites of exposure
- History of STDs &/or HIV – for patient & partner(s)
- Substance use – for patient & partner(s)
- History of transactional sex, i.e.,
  - Sex for food/drugs/money/shelter
  - Sex for child/baby care items (e.g., diapers, formula)
- History of sexual abuse or forced sex

Sexual Health Assessment Includes

- Most recent HIV test & the result – for patient & partner(s)
- Vaccine History – to identify need for others/additional doses
- Condom use – experience with
  - Use – including negotiation,
  - Failures/success
- Contraceptives
- Recent travel (of patient or partner)

Patient Education vs Behavioral Counseling for Risk Reduction

- Patient education is one-directional which increases knowledge levels, but is not effective for sustained behavior change
- Behavioral counseling does not have to require more time – **but it is a different approach**
- Short term, provider delivered behavioral counseling in clinic settings – now proven effective
  - Partnership for Health, Sister to Sister, RESPECT, Stage-based Behavioral Counseling
- Now a standard of care in STD Clinics

As Far Back as 2000 – the CDC Guidelines for HIV Prevention Counseling Recommended

- Behavioral counseling – because it is more effective than patient education
- There are many behavioral counseling models – all of which share these essential elements
  - Science (theory)-based
    - **Now, the CDC recommends those that are evidence-based**
  - Must be interactive
  - Focused on patient's personal risks & circumstances (influencing factors)
  - Help the patient to set & reach specific, realistic goals

Factors Influencing Behavior Change Behavioral Science Research

- A variety of factors are now known to influence behavior change
  - Internal Factors, i.e., **within the individual self**, including knowledge, attitudes & beliefs, self-efficacy, intentions, skills, others
  - External Factors, i.e., **influences outside the self**, including sexual relationship dynamics, influence of peers, family & cultural norms, environment, others
- Behavioral counseling strategies need to address each client's influencing factors in order to facilitate change

Steps in Risk Reduction Counseling

1. Conduct a Sexual Health History (as previously described)
2. Conduct a brief HIV & STD knowledge assessment
3. Assess the patient's perception of risk & history of protective measures, e.g., condom use
4. **Assess the patient's sense of need for change**
5. Provide risk assessment options to address what was learned in Steps 1-4, particularly # 3 & 4
6. Discuss a reasonable **first step** for the patient, e.g., agree to think about trying condoms, or plan to keep condoms available (in purse, in bathroom)

Step 1
Conduct Sexual Health Assessment

- As previously discussed

Step 2
STD/HIV Knowledge Assessment

- Try asking the patient about his/her current knowledge including ("Tell me what you've heard about…")
  - How people get HIV (&/or other STDs)?
  - The difference between HIV & AIDS?
  - How to prevent STDs/HIV?

- Provide clarification as needed as part of the counseling strategy
  - Often you will see that patients know a lot about the basics of HIV transmission & prevention (less so about other STDs, however) – so generally, you will only need to offer clarification or correct misconceptions

Step 3
Assess the Patient's Perception of Risk

- Ask the patient about his/her perception of own current risk of acquiring STD/HIV, e.g.,
  - Are you worried about getting HIV &/or STDs?
  - Do you every worry about getting these infections?

- Ask about the rationale for the patient's own risk perception, e.g.,
  - Can you tell me more about…being worried **~ or ~** about not being worried?
  - Why or why not? (e.g., tell me about your thoughts on this..)

Step 4
Obtain History of Protective Measures

- Ask the patient about his/her history of using various forms of protection, e.g.,
  - What's been your experience with condoms?
  - Have you ever had a chance to try condoms?
    - If so, how did that go?
    - If so, who brought them up – you or the partner?

Step 5
Determine if Patient Sees a Need to Change

- Ask the patient if s/he feels that the current situation is healthy &/or safe (in terms of STDs & HIV)
  - Let me ask you…do you feel your current situation is okay for your health & safety?
  - Do you feel that any changes are needed for your health & safety?
- Depending on the response, the counseling can go in the direction of
  - Helping patient see the need for risk reduction
  - Offering options & helping patient identify steps toward healthier & safer change(s)

Step 6
First Step – What Can Be Offered?

- If patient sees no need to change – attempt to raise a perception of risk with consciousness-raising, e.g.,
  - You said that your partner is safe, but you also said you are unsure as to whether he/she sees other sexual partners…how can this be?
- If patient sees a need to change – but has barriers, try to address how these might be overcome/bypassed , e.g.,

  - You said that you see a need to use condoms, but you don't like the way they feel – what if I could show you some different types of condoms & lubricants that could make them feel better?

Recall the HIV/STD Sexual Prevention Options – the "Gold Standard"

- No Sex, i.e.,
  - No exchange of bodily fluids
- Safer Sex, i.e.,
  - Condoms every time with every partner for penetrative sex
- Mutual Monogamy with an Uninfected Partner, i.e.,
  - No other sex partners/risk, but both get tested for HIV & STD within the context of their relationship (if both negative – no protection is needed as long as they are mutually monogamous)

Other Options for Those Unready or Unwilling to Apply the "Gold Standard"

- There are science-based & evidence-based methods for reducing the possibilities (often called "Harm Reduction Options"), e.g.,
  - Mutual Masturbation (i.e., no exchange of bodily fluids)
  - Avoiding vaginal/rectal-receptive sex, & choosing oral sex instead
  - Reduce the number of partners & partner exchange
  - Get HIV & STD screened (& treated as indicated) every 3-6 months

Step 6
The Patient's Chosen Next Step

- This should be attainable & realistic, e.g.,
  - If a patient says "I am ***never*** having sex again!", it is useful to challenge such a huge intention, e.g.,
    - **Well that would be a good way to avoid sexually transmitted infections, including HIV, but do you think that is reasonable?**
- It does not have to be big, e.g.,
  - Would you give this more thought after our visit? We can discuss this the next time…

Step 6
The Patient's Chosen Next Step

- Ask the patient whether s/he thinks that, after today's discussion, if there might be something different, e.g.,
  - We talked about a lot here today – can you tell me if you think you might make any changes based on our discussion?
  - Is there anything you think you would like to change now?
- If so, then ask the patient to tell you what seems reasonable, e.g.,

  - Do you think you might try to talk with your partner about getting tested?
  - Do you think you might be able to practice using condoms before the next time you have sex?
  - Would you try to think about what we've discussed today?

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How Do You Lead the Way to the Door to STD/HIV Prevention?

- A comprehensive sexual history & risk assessment guides which tests to conduct & which prevention doors can be open to help your patients
- See next slide for more information about clinic-based behavioral counseling interventions

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Resources

- The NNPTC website provides
  - References & resources
  - Links to other Training & Technical Assistance Providers
  - Training Calendars

National Network of STD HIV Prevention Training Centers

www.stdhivpreventiontraining.org