Taking a Sexual History & Behavioral STD Risk Assessment

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Objectives

• Identify barriers to obtaining sexual history

• Explain the importance of sexual history taking in the medical interview

• Identify behaviors that put patients at higher risk of HIV/STD

• List 5 key components of a routine sexual history

• Discuss “safer sex” interventions
Have you ever been asked to provide a detailed sexual history during your visits to the doctor?

A) Yes
B) No
C) Cannot recall
Are We Doing Sexual Histories?

• Fewer than half of physicians report taking a sexual history from their patients
  • 40% of MDs screened adolescents for sexual activity
  • 15-40% asked questions of adult patients about # and gender of partners and condom use

• Kaiser Family Foundation patient survey
  • 12% were asked about STDs
  • 83% patients felt STDs should be discussed at a first-time Ob/Gyn visit
Why taking a good sexual history matters?

• >19 million STDs in U.S. annually
  • Nearly 2.3 million cases of chlamydia, gonorrhea, and syphilis were diagnosed in the United States in 2017
  • Surpassed 2016 by >200,000 cases. The fourth consecutive year of sharp increases in these STDs

• Health consequences of untreated STDs
  • Women’s reproductive health
  • Infant mortality/morbidity
  • HIV transmission: identifying people who would benefit from HIV pre-exposure prophylaxis (PrEP)

• Health care cost
  • $15.6 billion

Satterwhite et al, 2013; Owusu-Edusei et al, 2013
Do Providers Ask About Risk?

- **Primary Care Providers** (Bull 1999): N=208 providers, N=12.7 million visits
- **Private Physicians** (Tao 2003): N=317 physicians
- **Non-ID trained Physicians** (Duffus 2003): N=317 physicians
- **ID trained Physicians** (Duffus 2003): N=317 physicians
- **HIV Care Providers** (ongoing care Metsch 2004): N=417 providers
How do you rate your sexual history taking skills?

<table>
<thead>
<tr>
<th>A) Exemplary</th>
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Barriers to Sexual History Taking

- **Structural barriers**
  - (time/reimbursement concerns)

- **Patient barriers**
  - (privacy/confidentiality concerns)

- **Provider barriers**
"Whoa—way too much information."
Provider Barriers

• Provider discomfort discussing sexual issues/health
• Personal bias/judgment
• Inadequate training
• Unfamiliar with content or language
• Perceived complexity of the sexual history
• Low priority given to STD prevention
  • Acute vs. preventive role perception
  • Low priority given to sexual health issues
  • Devaluation of behavioral interventions
What is your comfort level?

• Realize that your patients are vulnerable
• Understand that you are asking intimate questions
• Assess your own biases, misconceptions

• What is your tone?
  • Neutral – “Tell me about...”
  • Professional – “I ask this of all patients”
  • Calm
  • Judgmental – “You had HOW many partners?”
  • Shaming – “Stop misbehaving”
Sexual Health Models for STD/HIV Prevention

**Disease Model**

- Disease – To be avoided
- STD/HIV
  - Consequence of socially unacceptable behavior
    - Embarrassment
    - Stigmatizing
- Control Requires:
  - Testing
  - Treatment
  - Partner notification

**Sexual Health Model**

- Health = basic human right
- Sexual Health – Component of health
- STDs – threats to sexual health acquired in the course of sexual activity
- Health Preservation Through
  - Education
  - Vaccination
  - Testing (Screening)
  - Treatment
  - Communication between partners

*Slide courtesy of Dr. Ned Hook*
When to obtain a sexual history?

• During initial visit
• During routine preventive exams
• When signs of STI are present
When NOT to obtain a sexual history

• When others are in the room
  • Obtain permission from patient or ask others to leave

• During the physical exam

• When discussing recommendations that do not depend on sexual risk (vaccines)
General Considerations for Taking a Sexual History

• Make no assumptions
  • Ask all patient about gender (female, male, transgender, gender queer or nonbinary) and number of partners
  • Ask about specific sexual practices
    • Vaginal, anal and oral sex

• Be clear
  • Avoid medical jargon
  • Restate and expand
General Considerations for Taking a Sexual History

- Be tactful and respectful
  - Use accepting, permission-giving language and cues
- Be non-judgmental
  - Recognize patient anxiety
  - Recognize our own biases
  - Avoid value-laden language
    - ("You should..", "Why didn't you..", "I think you..")
How to start

• Make your patient comfortable
  • Establish rapport
  • Let them know that the sexual history is a routine part of the history
  • Explain how the sexual history will improve their medical care
  • Let them know their responses are confidential
  • Provide a non-judgmental environment
    • Don’t assume
Resources for taking a sexual history: National Coalition for Sexual Health
Example: CDC guide to taking a sexual history

“I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.”

“Now I’m going to ask you some questions about your sex life.”
What to ask...The 5 “Ps”

- Partners
- Practices
- Protection for STI
- Past history of STI
- Prevention of pregnancy

Source: CDC guide to taking a sexual history
Partners

Who and how many?

• Ask about gender of partners
  • Example:
    • Do you have sex with men, women, transgender persons or nonbinary?
    • Do your partners have penises or vaginas?
Problematic ways to ask about sex partner gender

• How long have you been sexually active with your girlfriend?
  • Don’t make assumptions

• Are you gay, straight, or bi?
  • Sexual orientation ≠ sexual partners

• Are you attracted to men, women, or both
  • Doesn’t provide the information you need
Partners

Goal: Assess risk for STI/HIV

- “Are you currently sexually active? (Are you having sex?)” – or-
  - When is the last time you had sex (of any kind)

- “Have you ever been sexually active?”

- “In the past 2 months, how many sex partners have you had?”
  - Most relevant timing for STI risk

- “In the past 12 months, how many sex partners have you had?”
  - May provide insight into risk for HIV, HSV-2
Partners

“Do you think any of your partners were having sex with someone else while they were in a sexual relationship with you?”
Practices

GOAL: Determine at risk areas for STI which should be tested

- Extragenital testing recommended for MSM
  - Test based on exposure
  - Oral, anal, genital

- Women reporting increased anal sex, although no current recommendations to screen for women
GOAL: Determine risk behavior for HIV acquisition

• Concurrent drugs/alcohol

• Transactional sex
  • “Have you ever paid or gotten paid for sex?”
  • “Have you ever traded drugs or money from sex?”
Practices

• “What kind of sexual contact do you have or have you had?”
  • Genital (penis in the vagina)?
  • Anal (penis in the anus)?
  • Oral (mouth on penis, vagina, or anus)?
  • Sex toys – do you share?

• Answers will guide what extragenital testing is required
Protection

GOAL: Assess patient’s perception of risk and educate about risk reduction

“Do you and your partner(s) use any protection against STDs?”

• If not, could you tell me the reason?

• If so, what kind of protection do you use?

• How often do you use this protection?
  • If “sometimes,” in what situations or with whom do you use protection?
Protection

• “Do you talk to your partners about their STD status?”

• “Do you talk to your partners about their HIV status?”

• May be an opportunity to talk about strategies for disclosure
Motivating Condom Use

• Clinically determine how much risk reduction counseling is needed

• Tell me what steps you plan to take to make it easier to use condoms?

• Tell me about the times you have been successful using condoms?

• What situations made it easier to use condoms?
Motivating Condom Use

• What situations have made it difficult for you to use condoms?

• How can you change these situations so you will succeed most of the time?
Past history of STI

- “Have you ever been diagnosed with an STD? When? How were you treated?”
- “Have you had any recurring symptoms or diagnoses?”
- “Have you ever been tested for HIV, or other STDs? Would you like to be tested?”
- “Has your current partner or any former partners ever been diagnosed or treated for an STD?”
- “Were you tested for the same STD(s)? If yes, when were you tested? What was the diagnosis? How was it treated?”
Pregnancy: sample questions

• “Are you currently trying to conceive or father a child?”

• “Are you concerned about getting pregnant or getting your partner pregnant?”

• “Are you using contraception or practicing any form of birth control? Do you need any information on birth control?”
Don’t close the door!

• You may have provided a safe space for patients to bring up issues they were not comfortable with before
  • “What other things about your sexual health and sexual practices should we discuss to help ensure your good health?”
  • “What other questions would you like to discuss?”
The 6th “P”: Prevention

- Have you been vaccinated for Hep A and Hep B?
- Have you been vaccinated for HPV?
- Are you interested in learning more about PrEP?
Populations

- Adolescents
- Transgender
- Cultural competency
- Know your population
Practice Interviews

• Find a partner

• Assume you have established rapport

• Start with basics:
  • Partners
  • Practices
  • Protection
  • Past STI
  • Pregnancy
Practice interview #1
Patient: Man or Woman

- Sex with men
- 6 partners in past 2 months
- Occasional condom use with 5 partners, none with regular partner
- Oral, anal sex
- Past history of chlamydia
Practice interview #2:
Patient:  Man or Woman

• Sex with men and women
• 3 partners in last 2 months (1 man, 1 transgender woman, 1 woman)
  • Male partner has other male partners
• 6 partners past year
• Oral, insertive/receptive anal, vaginal sex
• No condom use
• Past history of syphilis
• Does not desire pregnancy
How do you rate your sexual history taking skills?

A) Exemplary
B) Excellent
C) Good
D) Poor
Resources

• National Coalition for Sexual Health: A Provider’s Guide
  • www.ncshguide.org/providers

• CDC
  • “A guide to taking a sexual history”
  • http://www.cdc.gov/std/treatment/SexualHistory.pdf
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