Sexual health risk assessment

in adolescents and young people

SUZANNE RIX BSc, MB BS, FRACGP
DANIELLE SAMMUT BMSci, MB BS, FRACGP
RICK VARMA MB ChB, MRCP, FAChSHM

Undertaking a sexual health assessment in adolescents and young people remains a daunting task for many GPs. Being prepared and having a clear framework for assessment helps GPs to be effective in supporting young people to achieve optimal sexual health.

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KEY POINTS

- Good sexual health includes freedom from sexually transmitted infections, unplanned pregnancies, sexual coercion and discomfort (physical or psychological) related to a person's sexuality.
- Adolescents and young people are the group most at risk of poor sexual health.
- Good access for testing and treatment, with appropriate education and health literacy and support are important factors in improving the sexual health of young people.
- GPs are well placed to provide adolescents and young people support with regard to their sexual health.
- Effective sexual history taking is the first essential step in helping adolescents and young people achieve optimal sexual health.

MedicineToday 2019; 20(2): 28-34

Dr Rix is a General Practitioner and Sexual Health Advanced Trainee, Dr Sammut is a General Practitioner and Sexual Health Advanced Trainee, and Dr Varma is a Sexual Health Physician, Staff Specialist and Clinical Services Manager at Sydney Sexual Health Centre, Sydney, NSW.

A sexual health risk assessment is a crucial part of assessing the overall health and wellbeing of a young person. It is designed to identify sexual and other risk-taking behaviours and psychosocial issues. Such an assessment assists in determining the risks of sexually transmitted infections (STIs), unplanned pregnancy, sexual coercion and discomfort (physical or psychological) related to the person's sexuality. In essence, it involves taking a thorough sexual history and using an adolescent screening tool known as the HEEADSSS assessment that covers home life, education and employment, eating, activities, drugs and alcohol, sexuality, suicide and safety (Table) and is available in full at www.contemporarypediatrics.com/modern-medicine-feature-articles/heeadsss-30-psychosocial-interview-adolescents-updated-new-century-fueled-media.[1,2] However, this essential assessment is not always performed because of many barriers. In this article, we aim to provide an overview of the essential components of a sexual health risk assessment for young people aged 12 to 24 years.

Why it is important to speak to young people about sex

Adolescents and young people have quite limited access to reliable resources related to sexual health. Despite apparent health literacy and ready access to information online, many young people remain ill-informed regarding both pregnancy and the risks of contracting STIs. Adolescents and young people are often more inclined to engage in sexual risk-taking behaviours than other

age groups. Accordingly, they remain vulnerable to STIs, unplanned pregnancies, unwanted or regrettable sex and the potential mental health impacts related to sexuality. GPs are well placed to provide both trusted information and practical assistance.

The sexual health assessment: getting the basics right

The setting

GP's rooms that are adolescent friendly can help young people feel more comfortable. One way to do this is simply by displaying health education posters and pamphlets that are relevant to them. It may help to find out when young people are likely to use the clinic, such as on the way to school or university, and make convenient appointment times available to them.

A young person will better engage if the GP uses open, clear communication, avoids medical jargon and uses common day-to-day language. GPs could make it routine to see adolescents and young people initially with parents or guardians present and then tactfully ask to see the young person alone. Practice helps, so if this is done for less-confronting consultations such as sore throats it will begin to feel natural to the doctor and the patient.

Establish confidentiality

How confidentiality applies in this context should be established early on, including the limitations to confidentiality. Young people are often particularly concerned that their parents will be told about the consultation. It is worth addressing this concern directly (a more detailed discussion of 'Gillick competence' can be found below).

Preparing an example of what to say and practising so that it comes naturally and in a nonconfronting manner is helpful. An example of what to say is: 'Everything that we talk about here today is confidential, that means that I won't speak to anyone else,

TABLE. SUMMARY OF THE HEEADSSS PSYCHOSOCIAL INTERVIEW[1,2]

Domain	Details assessed
Home life	Who with, where, recent moves, relationships, violence
Education and employment	Where, attendance, school year, performance, relationships, supports, recent moves, bullying, disciplinary actions, future plans, work details
Eating	Body weight (heaviest, lightest, recent changes), dieting, exercise and menstrual history
Activities	Interests outside of school (sport, organised groups, clubs, parties, TV and computer use)
Drugs and alcohol	Smoking, alcohol and illicit drug use (friends, family and patient) • Patterns and frequency of use • How use is financed and negative consequences
Sexuality	Any sexual activity; number of partners; condom and contraception use; sex and age of partners
Suicide, depression and self-harm	Mood and supports; self-harm and suicidal thoughts, attempts, plans, means; hopes for future
Safety from injury and violence	Serious injuries; use of safety gear for sports and seatbelts for cars, or riding with an intoxicated driver; exposure to violence at school and in the neighbourhood

Abbreviation: HEEADSSS = Home life, education and employment, eating, activities, drugs and alcohol, sexuality, suicide and safety.

1. SUGGESTED OPENING QUESTIONS TO INTRODUCE A SEXUAL HEALTH RISK ASSESSMENT

- '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.'
- 'STIs are common among young people and they may not even know they have an STI. We encourage regular STI testing for all sexually active young people. Would you like a sexual health check-up today?'
- 'I'd like to ask you some questions about your sexual activity so we can decide what tests to do.'

like your parents, about the stuff we talk about unless you want me to. There are two exceptions to that rule. Firstly, if I think that you are at risk of hurting yourself; or secondly, if I think there is a risk that you will hurt someone else. Even if I do have to tell another person about what we've talked about, I'll always talk to you first and try to come up with a plan that we are both happy with. Is that ok?'

Phrase questions carefully

Bridging questions can be helpful. For example, the more general lifestyle questions in the HEEADSSS assessment could be used first. Box 1 provides some suggested ways of introducing questions about sexual health. When moving on to sexual history, first ask the less confronting questions, such as 'How long have you been sexually active for?'. Normalise without making assumptions, using questions such as 'Are you seeing anyone at the moment?', 'Are you sexually active with this person?', 'Is this the only person you are seeing at the moment?'.

Try to establish the young person's sexual orientation. We advise keeping this question simple, such as: 'Do you have sex with men or women or both?' Keep in mind that some young people may be feeling confused, embarrassed or guilty about their sexuality. It is best never to assume you have correctly identified a young patient's sexuality. An innocent question such as 'So, do you have a girlfriend?' asked of a young man who is attracted to men may make it difficult to establish an effective relationship. Further, it is helpful to avoid the assumption that everyone means the same thing by 'sex'. We recommend keeping terminology open, such as 'any form of sexual contact', as some people may consider oral sex or mutual masturbation to be sex.

When and how often to talk about sex

The realities of a busy general practice preclude undertaking sexual health risk assessments with all adolescents and young people at each consultation. It is, however, a must for patients presenting for contraceptive needs, STI screening, urogynaecological problems and mental health problems. Travel consultations may also be opportune times to raise the issue of sexual risk-taking behaviour.

In a busy clinic setting it is useful to be able to refer patients to reliable, youth-friendly and informative websites. A list of resources that could be recommended to a young person can be found in Box 2.

Common barriers to taking an appropriate sexual history include time restraints, lack of confidence, not wanting to embarrass the patient and fear of intrusion. Age, sex and cultural background of the patient relative to that of the GP may also present a barrier to the patient disclosing their sexual history. Lines of enquiry regarding sexual coercion, unwanted sex or assault may often be avoided because of a GP's lack of confidence in managing the outcomes of such enquiries.

It might be advisable for GPs to first examine their own comfort levels, beliefs

2. USEFUL SEXUAL HEALTH RESOURCES TO RECOMMEND TO YOUNG PEOPLE AND ADOLESCENTS

- **Body Talk:** youth friendly and easy-to-read sexual health education
  - https://bodytalk.org.au
- **Play Safe:** information about sexually transmitted infections and sexual health checks
  - www.playsafe.health.nsw.gov.au
- **ACON:** health information for specific groups of people (e.g. young gay men, intersex people, transgender people)
  - www.acon.org.au
- **Family Planning Alliance:** good resources and fact sheets about contraception and pregnancy options
  - www.familyplanningalliance australia.org.au
- **Twenty10:** information to support young people who are gay, bisexual, lesbian, transgender and gender diverse
  - www.twenty10.org.au

3. A CHECKLIST BASED ON THE FRASER GUIDELINES*[3]

Advice or treatment can be given as long as:

- The child understands the advice or treatment given
- The child cannot be persuaded to inform their parent or carer
- The child is likely to begin or continue having sex with or without care being provided
- The child's physical and or mental health is likely to suffer if care is not given
- It is in the child's best interests that they receive care with or without their parent or carer's consent

* The Fraser Guidelines are widely used to help a clinician to assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

4. ASSESSING RISK OF SEXUALLY TRANSMITTED INFECTIONS IN A YOUNG PERSON

For all young people:

- Have you ever had a sexually transmitted infection before?
- How many people have you had sexual contact with in the last three months? In the last 12 months?
- Are you worried about anybody you have had sex with and what are your concerns?
- Of those [X number] of contacts, how often were you using condoms?
- Did the condom ever come off or break?
- Do you feel confident using a condom?

For young men who have sex with men:

- Are you aware of pre-exposure prophylaxis and post-exposure prophylaxis for prevention of HIV?
- Have you had sex while overseas?
- Have you ever had sex while drunk or under the influence of drugs?

and biases. If, for example, the GP feels uncomfortable taking a sexual history then the patient is unlikely to feel comfortable either. A useful strategy is to keep questions matter-of-fact and in simple language, and practice them. Rehearsing in a mirror or role playing with a colleague or supervisor can help normalise the issues that need to be discussed with the patient. Due to their cultural or religious background, a doctor may hold beliefs about sex, pregnancy or sexuality that preclude a nonjudgemental and helpful sexual health consultation. In such instances, referral to another GP or health professional is advisable.

Consent and the GP's responsibilities

It is important to know and understand the relevant state laws governing consent. Information about the age of consent to sexual activity in each state and territory of Australia is available on the Australian Institute of Family Studies website (https://aifs.gov.au/cfca/publications/age-consent-laws) as well as comprehensive information about mandatory reporting of suspected sexual abuse of a minor, which also varies slightly from state to state (https://aifs.gov.au/cfca/publications/mandatory-reporting-child-abuse-and-neglect).

When providing sexual health advice to a person under 16 years of age, be it providing contraception advice or advising on STI management, it is best practice to follow the Fraser guidelines (which classify the young person as 'Gillick competent' or not).[3] A useful checklist derived from the guidelines is provided in Box 3. It can be helpful to keep a record of the responses to this checklist in the patient's clinical notes. As long as it has been assessed and recorded that the young person is 'Gillick competent', the doctor can, for example, prescribe an oral contraceptive pill.

Screening young people for STIs

Important questions to ask when assessing the risk of STIs in a young person are listed in Box 4. These include questions about frequency of sexual contacts and condom use. Young people may feel embarrassed to admit that they do not feel confident using condoms. A helpful website to refer young people to is Body Talk (https://bodytalk.org.au). Often young people are frightened of what is involved in an STI screen, but a simple explanation can quickly allay this fear.

The NSW Sexually Transmissible Infections Program Unit (STIPU) Testing Tool provides a clear summary of what to test for, how to test, the required frequency of testing and how to trace contacts.[4] This testing tool is consistent with the Australian STI Management Guidelines, and although designed by NSW Health it can be adapted for clinicians nationwide.

All sexually active young people should have annual chlamydia testing. In young women testing of a self-collected vaginal swab or a first-void urine sample is preferable. In young men a first-void urine should be collected. It is important to determine a young person's immunity to hepatitis B if their immunisation history is unclear. HIV and syphilis serology should be performed according to the young person's risk and the local HIV and STI prevalence. Additional testing is required in young men who have sex with men. This includes testing for gonorrhoea, chlamydia, syphilis and HIV at least annually, with the frequency based on the person's risk. Testing involves collecting swabs for polymerase chain reaction testing for rectal gonorrhoea and chlamydia, urine chlamydia and throat gonorrhoea. It is also important to establish the person's immune status with regard to hepatitis A and hepatitis B viruses.

Underuse of effective contraception

Many young people continue to use either no contraception or unreliable means of contraception including the withdrawal method (used by 10% of Australian young people).[5] Most pregnancies in adolescents in Australia are unintended, and about half of these pregnancies are terminated.[6] Teenage pregnancy is of significant concern due to the associated poorer health, educational and socioeconomic outcomes in the mothers and children.[5]

Appropriate contraceptive and sexual health counselling can reduce these poor health outcomes by identifying those at risk and reducing the rate of unplanned pregnancy. Provision of brief, simple information regarding effective contraception methods, correct condom use and where to access condoms and emergency contraception can help reduce unplanned pregnancies. Family Planning Alliance Australia (http://familyplanningalliance australia.org.au) has excellent online resources for GPs and patients.

Defining sexual coercion

The term sexual coercion encompasses a range of scenarios where one person feels uncomfortable or uncertain about what they are doing. It occurs when a person feels pressured into not using a condom,

5. ASSESSING RISK OF SEXUAL COERCION

Less-specific questions:

- How do you feel about your relationship with your partner/ the person you are having sex with?
- Where did you meet the person you have sex with?
- Where do you spend time together?
- What is the age of the person you are having sex with?

More-specific questions regarding coercion:

- Have you ever had sex when you didn't really want to?
- Have you ever felt pressured into having sex?

or 'stealthing', where one person removes a condom without the other person's knowledge, right through to sexual assault. Sexual coercion often results from an imbalance of power between the two people, for example due to a significant age gap.

About 20% of Australian women over 15 years of age have experienced sexual violence. The number of people in Australia experiencing sexual coercion over the past few years has remained static, as has the number of people seeking help for this.[7] Drug and alcohol use and inexperience are risk factors for sexual risk-taking behaviour. Alarmingly, unwanted sex is reported by almost one-third of sexually active young women in year 12.[5]

Identifying and assisting young people who have experienced sexual coercion can be challenging. Box 5 gives some examples of questions to ask to identify risk of sexual coercion.

What to do when a young person discloses nonconsensual sex

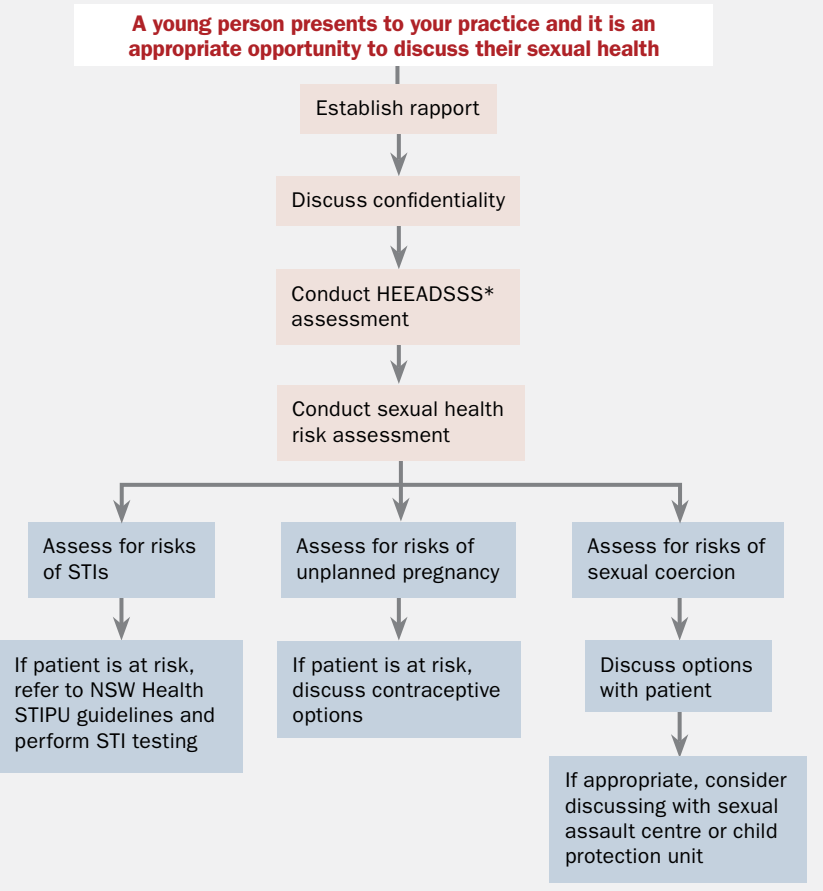
Discovering that a young person is or has been coerced into unwanted sexual activities can be a confronting and at times frightening experience for many GPs. It is important for the GP to remember they are not alone and that in most situations they do not need to come up with all the answers in one consultation. It is important to establish what the young person wants to happen and what their main concerns are.

Familiarity with the relevant state laws is important as they may vary from one state to another. The following services offer further assistance:

- local sexual health centres
- Family Planning Australia
- child protection units
- local sexual assault teams.

The Flowchart summarises the above steps for assessing sexual health in adolescents and young people.

A SUGGESTED STEP-BY-STEP APPROACH TO ASSESSING SEXUAL HEALTH IN ADOLESCENTS AND YOUNG PEOPLE



Abbreviations: STI = sexually transmitted infection; STIPU = Sexually Transmissible Infections Programs Unit.

* HEEADSSS = home life, education and employment, eating, activities, drugs and alcohol, sexuality, suicide and safety.

Awareness of same-sex attracted young people

Same-sex attracted young people often face additional challenges, including increased rates of mental illness and attempted suicide. Discrimination can lead to higher rates of anxiety, depression and sexual risk-taking behaviour. Same-sex attracted young people are more likely to commence sexual activity at a younger age and have sex without a condom, and hence are more likely to acquire STIs.[7] Pregnancy is twice as likely in same-sex attracted women who have sex with men then in heterosexual women. Discrimination and feelings of isolation and lack of support are higher

6. RISKS FOR SAME-SEX ATTRACTED YOUNG PEOPLE

- Increased risk of sexually transmitted infections, and hepatitis B and C virus infection (men who have sex with men, bisexual women)
- Increased risk of HIV (men who have sex with men)
  - increase in newly acquired HIV in young men under 25 years of age in Australia over the past 13 years
- Increased challenges to mental and physical health
  - two times increase of depression and anxiety in same-sex attracted women
- Increased risk of harassment, abuse and violence (lesbian and bisexual women)
- Increased school dissatisfaction
- Low cervical screening rates
- Increased rate of abnormal cervical screening results (bisexual women)

How GPs can help gay and bisexual young men

- Make your practice more gay friendly
  - have health promotion material relevant to gay and lesbian people in your waiting room
  - display a picture of the rainbow flag in your waiting room
  - complete the online learning course 'Becoming more gay friendly in your practice' at https://lms.ashm.org.au
  - use ACON resources (www.acon.org.au)
- Give people the opportunity to disclose their sexuality in order to obtain appropriate care
- Discuss pre- and post-exposure prophylaxis (PrEP and PEP, respectively) for HIV and offer PrEP to those at risk
  - PrEP is on the PBS
  - there is no need to do an S-100 HIV prescriber course to prescribe PrEP
  - PrEP is easy to prescribe and monitor
  - the information needed to prescribe PrEP is available online at: http://racgp2.informz.net/racgp2/data/images/ASHM_DecisionMakingPrEP_NSW_3.pdf
- Discuss HPV vaccination with those who are not vaccinated
- Ensure they are immunised for Hepatitis A virus

How GPs can help lesbian and bisexual women

- Increase their own awareness of the needs of these young women (www.acon.org.au)
- Assess a person's mental state and provide support
- Encourage participation in the cervical screening program
- Encourage safe sex and provide advice about contraception

among those who are same-sex attracted and living in regional and remote areas. Extra consideration needs to be given to these groups of young people. Box 6 gives a brief summary of additional important considerations and ways in which GPs can assist same-sex attracted young people.

Conclusion

Overall, undertaking a sexual health risk assessment of a young person is essential to ensure optimal health care. Engaging with a young person is key, and developing competence in this in general practice is essential. Being open and comfortable with questioning will help the young person feel comfortable and be honest with their responses. Although the assessment outlined above may appear time-consuming, with practice it can be completed in just a few minutes for most patients and more complex cases can be managed over several consultations. MT

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COMPETING INTERESTS: None.