Interviewing Adolescents About Sexual Matters



Betsy Pfeffer, MDa,*, Taylor Rose Ellsworth, MPHb, Melanie A. Gold, DO, DMQC,d

KEYWORDS

- Adolescent sexuality Confidentiality Gender identity Sexual orientation
- Sexual attraction
 Healthy relationships
 Sexual behavior

KEY POINTS

- Sexuality is an integral part of adolescent health and development that should be assessed routinely with all adolescents as part of their bio-psychosocial health.
- Interviewing about sexual matters should go beyond inquiring about engaging in sexual behaviors to include gender identity/expression, sexual attraction, sexual orientation identity, and healthy relationships.
- Adolescents need to be interviewed about sexual matters in a developmentally appropriate manner and with confidentiality pre-established.



Video content accompanies this article at http://www.pediatric.theclinics.com.

INTRODUCTION

Why talk to adolescents about sexual matters, including gender?

- Sexuality, sex, and relationships are integral parts of adolescent health and development.
- Gender is part of every patient and should be affirmed as part of patient-centered primary care.
- Lesbian, gay, bisexual, transgender (LGBT) youth face physical, mental, and emotional health disparities compared with their heterosexual peers.

E-mail address: Bp35@columbia.edu

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^a Division of Child & Adolescent Health, Columbia University Medical Center, Columbia University College of Physicians and Surgeons, 622 West 168th Street, VC4-417, New York, NY 10032, USA; ^b Division of Education, Research and Training, Physicians for Reproductive Health, 55 West 39th Street, Suite 1001, New York, NY 10018, USA; ^c Department of Pediatrics, Center for Community and Health Education, Columbia University Medical Center, New York, NY 10032, USA; ^d Department of Population and Family Health, Center for Community and Health Education, Columbia University Medical Center, 60 Haven Avenue, Level B-3, Room 308, New York, NY 10032, USA

^{*} Corresponding author.

Sexuality is an integral part of adolescent health and development and should be assessed routinely at every patient visit. Sexuality development lies on a continuum along which young people move in the context of relationships and is a healthy, natural part of life. Adolescents engage in relationships that may include a variety of sexual activities, and pediatricians play a pivotal role in supporting youth to actively participate in decision making around safe, positive sexual behaviors and practices, including abstinence if that is their choice.

Expanding social relationships and friendships is part of adolescent development. Sexual activity may be a natural and healthy outgrowth of some relationships. Healthy relationships include elements of partner support, honesty, kindness, openness, encouragement, and respect of individual space and time. In contrast, unhealthy relationships occur if a partner is overly jealous, demanding, controlling, or shaming, or if he or she physically and/or sexually hurts, humiliates, or threatens the other person.¹

According to the 2015 Youth Risk Behavior Surveillance (YRBS), 41% of high school students report having sexual intercourse and 30% report having sexual intercourse with at least one person during the 3 months before the survey. Some of these encounters were consensual, whereas others were not. YRBS found that 10% of high school students reported that the person whom they were dating deliberately hurt them physically; 11% said that they were forced to perform sexual acts that they did not want to do, and 7% said that they were physically forced to have sexual intercourse.

Adolescent relationship abuse is common and can take many forms, including emotional/mental abuse, physical abuse, sexual abuse, reproductive coercion, cyber abuse, harassment, isolation, threats, and controlling jealousy (see Elizabeth Miller's article, "Prevention and Intervention for Dating Violence in Adolescents," in this issue).

Pediatricians and other health care providers have an essential role to assess and provide routine education about healthy relationships and identify young people experiencing relationship abuse and intimate partner violence (IPV). Simply acknowledging relationship abuse, validating feelings, and providing support without judgment can create trusting relationships with patients so they feel comfortable and safe discussing these topics.

Pediatricians are uniquely positioned to talk to adolescents about sex, sexuality, and relationships as essential caregivers in their young lives. Even before adolescence begins, pediatricians have both the opportunity and the responsibility to initiate conversations about sexual matters (Table 1). Health care provider discomfort and lack of formal medical training for primary care providers on how to talk to adolescents about sexuality are 2 barriers to having these conversations.^{3,4} Fortunately, the more one practices initiating and having these discussions, the more comfortable one becomes.

Starting these conversations early, with confidentiality pre-established, will ultimately equip adolescent patients with the knowledge and skills to make healthy decisions about their own sexual lives. Furthermore, building trust and rapport with adolescent patients helps them feel more comfortable, better prepared, and empowered to speak with future health care providers about their sexuality and sexual experiences as they enter young adulthood and beyond.

Major medical organizations, including the American Academy of Pediatrics (AAP), the American Medical Association, and the Society for Adolescent Health and Medicine, recommend that health care providers counsel and educate all adolescents about sexual matters and sexual decision making.^{5,6} The 2016 AAP Clinical Report on Sexuality Education for Children and Adolescents provides specific clinical

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