

TALKING ABOUT SEXUALITY WITH THE ADOLESCENT

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- **Faculty:** Pierre-Paul Tellier
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Objectives

- Understand the context within which the adolescent is developing that impacts on how to discuss sexual health with patients of this age group.
- Know the questions to ask during the history, that are related to sexual health
- List the topics associated with sexual health that should be addressed with the adolescent.

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Context

- Stages of development of the adolescent
- Puberty
- Sexual education
 - School
 - Media
- Sexual behaviour
- Gender
- Sexual orientation
- STIs and contraception

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Developmental Stages of Adolescence

- Early adolescence
 - Physically: initial changes related to secondary sexual characteristics
 - Preoccupied with physical changes
 - Concrete thinking
 - Don't understand the long term consequences of their actions
 - Definition of limits of dependence/independence as it relates to parents
 - Seek peer approval
 - At a sexual level
 - Self-exploration
 - Little sexual activity
 - 11 to 13 years of age

Johnson, R.L. Adolescent Growth and Development. In: Adolescent Medicine. Hoffmann, A.D. ed. Addison Wesley Publishing Company, 1983, Menlo Park, California, 67
Christie, D., Viner, R. Age of Adolescence: Adolescent Development. British Medical Journal, 2005, Vol 330, No 7, 302-304

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Developmental Stages of Adolescence

- Mid-adolescence or adolescence
 - Secondary sexual changes very advanced
 - More competent abstract thinkers
 - Can recognize the impact of their actions on their future (futurity)
 - Conflictual relationship with parents as to who is in control of the self
 - Peers dictate behaviour
 - Sexual experimentation
 - Self-definition of sexuality and gender
 - 14-17 years of age

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Developmental Stages of Adolescence

- Late adolescent/young adult
 - Physical maturation nearly complete
 - Abstract thinking established
 - Oriented to the future
 - Emancipation from parents nearly complete (current practices)
 - Start to establish stable loving relationships (as defined by them)
 - 17-25 years of age

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Importance

- The developmental stage
 - Dictates the tone of the history
 - The language and questions to use

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Puberty

- Trend – onset of puberty younger
- Over time age of onset is earlier
- Importance
 - Physical maturity does not equate psychological maturity
 - Possibility of sexual activity without fully understanding long term consequences
 - Fantasies/LOVE
 - Pregnancy
 - STIs
 - Unwanted sexual activity (if you are in love that is what you do)

Herman-Giddens, ME, et al. Secondary sexual characteristics in boys: data from the Pediatric Research in Office Settings Network. Pediatrics, 2012, Vol 130, e2058-e2068 (pub. 2011-3-29)

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Sexual education at this stage

- Sexual education
 - Deferred to schools
 - Quality varies from school to school and training of teacher
 - Media and Internet
 - Hyper sexualization
 - Representation of the body and expected gender roles
 - Seduction script
 - Unrealistic sexual behaviour (no consequences: no protection, STBBI, or pregnancy)
 - Sexting et cybersex
- Importance
 - Sexual activity without knowing true consequences
 - Danger of diffusing or revealing too much on the internet (legal consequences)

Duquet, F. L'hypersexualisation sociale et les jeunes. L'essentiel, 2013, vol 15, 38-45

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Sexual activity

- Sexual activity in high school students aged 14 or older in Quebec
 - Institut de la statistique, 2012
 - Students attending school in 2010-2011
 - Prevalence of sexual intercourse
 - 37% has some form of sexual intercourse at least once: oral, vaginal or anal
 - 33% oral intercourse
 - 31% vaginal intercourse
 - 6% anal intercourse
 - 10% had their first episode of sexual intercourse prior to the age of 14
 - About 3 out of 10 – 3 partners or more
 - Condom use – 68% use condoms at their last episode of vaginal intercourse

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Sexual activity

- Sexuality and sexual health: A survey of adolescents and their mothers in Canada
 - Frappier, J-Y et al, Paediatric Child Health, Vol 13, No 1, 25-30, 2008
 - 1,171 Canadian adolescents
 - Internet survey questionnaire, Ipsos-Reid, 2005
 - Sexual activity
 - 15 years of age 20%
 - 17 years of age 45%

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Importance

- Evidence of sexual activity at a young age
- No information on youth not attending school, or at risk, e.g street youth, group homes, abusive family environments.
 - For these youth expected to be higher with greater risk

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Gender

- Definition used by most professionals is binary (male or female)
- Increasing number of youth self define as:
 - Non binary
 - Genderqueer (Individuals living outside the male-female binary)
 - Transgender
 - Agender
- Importance
 - Impact on the questions and pronouns used in history taking

Hadland, S.E., Yonka, B.R., Makadoni, H.J. Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Inclusive and Affirmative Environments. *Pediatric Clinics of North America*, 2016, Vol 63, Issue 6, 955-969

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Sexual orientation

- Most young people question their sexuality at some point
- Sexual experimentation with both natal males and females
- Some will have sexual activity with individuals of the same natal sex
- Remember sexual activity with individuals of one's own natal sex ≠ a label of homosexuality (by self or over time)
- Importance
 - It is important to ask who their having sex with, a person with a penis or vagina
 - Not our role to label the activity, but to accompany through their own process of identification and self labelling.

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STBBIs and contraception

- Continued increase incidence of all reportable STBBIs, except hepatitis B, in youth
- Most adolescents will seek a reliable form of contraception once they have had a pregnancy scare
 - Condom not used or an accident
 - Episode of intercourse followed by amenorrhea
- Increase use of IUDs in nulliparous women
- Importance
 - Risk of STBBIs and pregnancy are high
 - Little pre-planning
 - However, there are options
 - Education is paramount

Government of Canada. Report of Sexually Transmitted Infections in Canada 2013-2014. <https://www.canada.ca/en/public-health/services/diseases/sexually-transmitted-infections-report-sexually-transmitted-infections-2013-14.html>

Richardt, M.J., Bayers, E. Update on Adolescent Contraception. *Advances in Pediatrics*, 2018, Vol 63, No. 2, 429-451.

Forcier, M., Ganzfals, R. Adolescent Sexual Behavior. In: *American Academy of Pediatrics - Textbook of Adolescent Health Care*. Ed. Fisher, Alderman, Krieger, Rosenfeld. 2011, American Academy of Pediatrics, USA, 428-437

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Before starting

- Be aware that discussing this subject is difficult for you and the patient
- Recognize that your conscious and unconscious biases impact the patient-physician relationship.
 - Omission of certain questions
 - Body language
 - Language etc.
- Anticipate how you may react to certain issues
- Decide what is acceptable to you, according to your belief system
- If you identify topics that are unacceptable to you
 - Reflect on how you will react and do
 - Patient needs should always be first
 - Define your own limits and tell the patient, if the patient is not comfortable with that, then consider referring
 - Know who to refer to
 - Remember you are a physician and not a missionary.

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Before starting

- Know what can affect your interaction with the patient
 - Gender
 - Age
 - Religious belief
 - Culture
 - Prejudices
 - Others?
- These potential barriers exist for
 - You
 - The patient

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Before starting

- Remember your body language
 - Blushing
 - Tripping over your words
 - Avoiding eye contact
 - Sit down, listen, look interested and discuss thoughtfully
 - I.e. don't stand a hand on the door handle with a look of indifference

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Confidentiality

- See the adolescent alone without the parents present
- May be difficult with younger adolescents
 - The parents enter with the adolescent and want to stay
 - The adolescent is shy and wants the parents to stay
- Start your encounter in the following way
 - Welcome everyone
 - Addressing the parent or parents:
 - I like to see adolescents on their own. I understand that you have some concerns. I will address those first and then I will ask you to leave. Is this fair?
 - Yes - Perfect
 - No - a sign - of family problems - abuse - over controlling
 - Proceed with the history taking, meeting in the adolescent, knowing that the information may be inaccurate
 - Proceed with teaching as if parents were absent
- Speaking to the adolescent:
 - I like to speak alone with patients of your age. Do you mind if I ask your parents to go back to the waiting room while we talk about your concerns?
 - Yes - perfect
 - No - proceed as if parents were absent - modify some questions - same teaching

Ford, C.A., Milstein, S.G., Halpern-Felsher, B.L., et al. Influence of Physician Confidentiality Assurance on Adolescents' Willingness to Disclose Information and Seek Future Health Care - A Randomized Controlled Trial. JAMA, 2007, Vol 298, no. 12, 2029-2034.

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Confidentiality

- Once alone with the adolescent
 - Define and explain confidentiality
 - What you will do with the information that you gather
 - Who you will discuss this information with
 - Ask the patient what they will allow you to tell and to whom
 - Can I discuss every thing that was said
 - If yes - easy
 - If no - Ask what you can reveal
 - Discuss what will be charted
 - Especially with older adolescents
 - Do they know who may have access to the chart
 - Given this information, what does the adolescent allow you to document in the chart

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Confidentiality

- Script
 - It is important that you know that everything that you tell me in the office is confidential. I will not reveal any thing that you tell me to any one without your permission. However, there are two exception to this, one, if you tell me something indicating that you may injure yourself or someone else, then I will have to tell your parents or an other adult of your choosing; two, a court of law can subpoena your chart and then I must give it to them.
 - Is this fine? Then shall we proceed?

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Normalizing history taking

- Script
- I will ask you several questions, some of which you may find very personal. You don't have to answer everything, but it is important for you to know that I am asking them to better assess your health. These questions will be on your sexual activity, alcohol and drug use, what kind of physical activity your are involved in, what you eat, and other topics
- Can we continue?

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Normalizing history taking

- Response:
 - Yes - Then go on
 - No - Ok, that is fine. I will ask you again, at a later time, when you may feel more comfortable with me and just in case you forgot, remember what I told you about the confidential nature of our visits.

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Normalizing history taking

- The approach
 - Patient centered
 - Always allow the patient to stay in control of the interaction
 - Even if you don't get an answer, the message that you are giving is that you are ready and open to discuss this subject at a later date, if they should want to bring it up.

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Vocabulary

- Clear and descriptive of actions - Avoid medical jargon or colloquial expressions
- Stay at a level which the patient will understand. Ask repeatedly if they do.
- Gender neutral, this may be difficult. You may want to establish from the beginning what gender they identify with and what pronouns they want to use. Write this in the chart.
- Avoid labels - Gay, sexual assault
- The language must describe behaviours and actions
- Ask the patient to clarify the answer they give to vague questions.
 - Are you sexually active?
- If the patient uses terms you do not understand ask them to explain or describe what they are doing
- Once they have used a term and you know what it means, you may use it
- Do not judge or editorialize
 - leicely
 - Body language

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The young adolescent

- Usually will be part of an annual exam
- Questions to ask
 - Determine what the adolescent knows
 - Lets talk about what you may have discussed with your parents.
 - Did you discuss your physical development and the changes that will or are happening to your body?
 - What did you talk about?
 - Did you talk about sex?
 - Tell me what sex means to you?
 - Did you talk about your breast development, your period, hair growth in your genital area?
 - Do you know what I mean by your genital area?
 - Did you discuss anything else with your parents? Like what people do when they have sexual relations?
 - Do you understand what it means to have sexual relations? Tell me.
 - Did you talk about when to start being sexually active? What to do and say if someone asks you to be sexually active? If you are not ready or don't want to? What about contraception? IUDs?

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The young adolescent

- Let's talk about what you learned in school about this
 - Did any of your teacher discuss this subject during class?
 - What did they talk about?
 - Growth? Sex? Contraception? Infections you can pick up by having sex? Anything else?
- Do some of your classmates talk about sex among themselves?
- What do they talk about?
- Do you talk about it with your friends?
- What do you talk about together?

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The young adolescent

- Have you had sex with another person? More than one?
- Was it a boy? A girl? Both? (this binary approach is appropriate with most young adolescents but it will depend on what has transpired to date.)
- Did you want to?
- Did you do it anyway?
- Were you hurt?
- Did you protect yourself, so as not to become pregnant or get an infection?
- What did you use?
- Can you show me how you used the condom?

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The young adolescent

- You told me you have not had sex
- Do you sometimes think about having sex?
- Who would this be with?
- Would it be a man, a woman, or do you care ?
- What do you think about this choice?
- Are you happy or worried about this choice? Why?

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The young adolescent

- Your body is changing in all sorts of ways, what do you think about that?
- Are you happy with these changes?
- Do you sometimes think this is not the body you wanted?
- Ok! Then what kind of a body would you have liked to have?

- You may elicit some negative reactions
 - Those related to *gender dysphoria*
 - Those related to *disordered eating*
 - Or both

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Any thing missing? Would you ask any thing else?

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Mid-adolescent, late adolescent

- Reasons for visit
 - Contraception
 - STBBI screening
 - Questioning sexuality
 - Wish to transition

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Sexual history

- Same basic principles
- Questions to ask
- These are suggested and should be adapted to your style.
- Should be a discussion and not an inquisition or formula

DeLisi, K. Medical History, In: American Academy of Pediatrics – Textbook of Adolescent Health Care, Ed: Fisher, Altman, Krieger, Rosenfeld, 2011, American Academy of Pediatrics, USA, 51-61.

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Suggested questions

- Are you sexually active?
 - Yes, I am sexually active – proceed with the history
 - No, I am not, Have you never been or have you stopped for now? – Why did you make this decision? Are you happy with your decision? Probe further if needed.
- Describe to me what sexually active means to you, What do you do when you have sex? (Give examples if needed, does your partner put their penis in your vagina, your mouth, your anus? Do you rub against each other? Any thing else? Always add, do you understand what I am asking you?)
- Have you had sex with one or more persons? One after the other or more than one at the same time?
 - How many?
 - If more than one at once,
 - Was this your decision? Are you happy with it?
- Your partners are assigned male, female at birth or both?
- Is sex satisfying to you?

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Suggested questions

- Do you have a need for contraception?
- How do you protect yourself from STBBIs?
- Have you ever been frightened or injured during sexual activity?
- Have you ever had sex in exchange for sex, drugs or other things?
- Is there something that I haven't asked and that you think I should know?
- There are other questions to ask, depending on the purpose of the visit

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Topics to discuss

- Young adolescent
 - Puberty
 - Changes to come
 - Breast growth, not equal,
 - Menstruation
 - Pubic hair
 - Gynecomastia
 - Spontaneous erections
 - Nocturnal emissions
 - Perspiration
 - Acne
 - Reaction to changes to date

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Topics to discuss

- Young adolescent, mid adolescent, late adolescent
 - Promote responsible choices
 - Important to be ready for sex
 - Important to make informed decisions without peer pressure
 - Ask and know about partners previous sexual history
 - Get STBBI testing once chooses to be sexually active
 - Learn about contraceptive methods, STBBIs, how they are contracted and their consequences, as well as how to protect yourself.

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Topics to discuss

- Young adolescent, mid adolescent, late adolescent
 - Self respect and knowing one's limits
 - Obtaining a clear consent
 - Critically assess sexualization in media
 - Consequences of posting sexually explicit photos on the net
 - Sexual orientation
 - Gender dysphoria

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Topics to discuss

- Not an exhaustive list
- What you choose to discuss will depend on the developmental stage and acquired knowledge of your patient.
- Always relate your teaching to what has been elicited during the history that you have gathered.
 - You told me you had oral sex, do you know that you can catch infections like gonorrhea, chlamydia and others that way?
 - You have irregular periods, this means that you will not know when you are ovulating, so you need to protect yourself at all times during vaginal penetration with a person who has a penis.

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Topic to discuss

- Real life and time management in your office
 - Choose one or two topics
 - Ask if patients has questions and answer those
 - Choose according to
 - Developmental stage
 - Acquired knowledge
 - Identified risky behaviour
 - If your history has illicited a behaviour or event of concern, e.g. sexual assault, you need to concentrate on this topic and keep other items for another visit.

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Good luck!

- Questions?

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- ▶ Fmf.cfpc.ca Session Name: **TalkingAbout**
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