

Brief Guide for Sexual Risk Assessment and Intervention

-- For military service members during their annual Periodic Health Assessment (PHA) or any routine encounter --

Part I – Assess Risk

1. OPENING STATEMENT(S)

"Let's talk about your sexual health for a minute".

2. PREVENTION OF PREGNANCY (MEN AND WOMEN). Determine family planning intentions and use of contraception.

"Do you or your partner want to get pregnant in the next year?" If no - What are you doing to prevent a pregnancy?"

3. PARTNERS. Make no assumptions of partner gender in the initial history taking.

"Are you presently in a relationship?" "In the past 12 months, about how many people have you had sex with?"

"Were / are your recent partner(s) men, women or both?"

4. PRACTICES. If the patient has **risk** (see inset), explore sexual behavior and circumstances.

"With your recent sex partner(s), did you engage in vaginal, oral or anal sex?"

"Regarding pregnancy and STIs, what is the riskiest thing you've done in the past 3 months?"

"How does your use of alcohol or other drugs influence your sexual decisions?"

"**Risk**" of an unplanned pregnancy or STI/HIV exists:

- All sexually active adolescents
- Adult with STI (current or in the past year)
- Adult with more than 1 "current" sexual partner
- Non-monogamous man sex with men
- Zika exposure of partner/self?

ALSO Consider...

- Not wanting pregnancy but no current contraception or not using the most effective form of contraception.
- More than 1 recent sex partner (past 3 months).
- New partner in past 3 months.
- Sex partner who may have an STI.
- Exchange of sex for money or drugs.

5. PROTECTION FROM STDs. If the patient has **risk** (see inset), explore types of risk reduction the patient has used in the recent past, such as condom use.

"What do you do to protect yourself from STIs like HIV?"

"What have you done in the past to protect yourself?"

6. PAST HISTORY OF STIs. A history of STDs increases the risk of repeated infection. Affirmative answers should be followed up with questions about the type of infection and dates of treatment. Consider hepatitis B immunization.

"Have you ever had an STI?"

"Have any of your partners had an STI?"

"Do you have any symptoms/problems now?"

Continued on reverse



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Part II – Intervene

7. DESCRIBE RISK AND EXPLORE THE PATIENT'S PERCEPTION OF RISK AND CONSEQUENCES. If the patient has **risk**, ask:

"I'm concerned that you are placing yourself at risk of an unplanned pregnancy and/or sexually transmitted disease because you [describe the risky behavior(s) and relevant circumstances]."

"How do you see your risk?"

"How would an unplanned pregnancy or HIV infection affect you?"

8. EXPLORE RISK REDUCTION. What does the patient know about risk reduction? What does the patient want to try?

"What are some ways a person could avoid a pregnancy or getting HIV or another STD?"

"Here are ways you could reduce your risk:"
(see inset – **risk reduction**)

"What would you like to do to reduce your risk?"

- ENCOURAGE THE PATIENT TO CHOOSE A RISK REDUCTION OPTION.

Risk Reduction Options:

- A. Abstain from sex or delay sex until a later time in life
- or have relationships that do not involve sex.
- B. Monogamy - sex between two people, who only have sex with each other, in a long-term relationship.
- C. Use Condoms correctly and every time
- D. Decrease number of sex partners.
- E. Evaluate Risk:
 - Do not trade money or drugs for sex.
 - Avoid high risk sex (e.g. unprotected sex)
 - Stay sober to stay in control.
- P. HIV PEP? HIV PrEP?
- V. Vaccinate prn: HPV, HBV, HAV.

9. EXPLORE BENEFITS AND BARRIERS TO SAFER BEHAVIOR

"What would be the hardest thing about [DOING THE SAFER BEHAVIOR CHOSEN BY THE PATIENT] ?"

"What would be the best thing about [DOING THE SAFER BEHAVIOR CHOSEN BY THE PATIENT] ?"

10. DEVELOP AND ACTION PLAN. What concrete incremental steps can the patient take succeed?

"How will you [DO THE SAFER BEHAVIOR CHOSEN BY THE PATIENT] ?"

How will you say "no" to sex?

How will you insist on faithfulness from your partner?

When – Where - How will you get condoms / contraception?

Where and when will you have condoms?

Routine Screening:

Women: annual ct age 16-24; periodic pap starting age 21; HPV age 9-26, 3 doses

Males: aged 9-21= hpv eligible; 3 doses

Men-sex-with-men: annual HIV; annual RPR; HPV vaccine up to age 26; HAV and HBV vaccine

11. MAKE REFERRALS. Consider referrals that may help the patient reduce sexual risk

"Would you like to speak with [CHAPLAIN / OB-GYN / PREV MED / FLEET-FAMILY SERVICES / SOCIAL WORKER / BEHAVIORAL HEALTH]?"

