SEXUAL HISTORY TAKING GUIDELINES
Kathleen Coulborn Faller with Jane Mildred, Carol Plummer, Ellen DeVoe, Sallie Churchill, Laura Sanders, Melnee MacPherson, William Almy, & Katherine Doyle

Introduction

Although a history of individual sexual deviancy and/or usual family or environmental sexual patterns do not prove sexual abuse, they are very relevant to assessment of sexual abuse. Clinicians and researchers have noted that sexual abuse to children may be part of an individual’s pattern of deviant sexual arousal and acts (e.g. Abel, Becker, Murphy, & Flanagan, 1981; Salter, 1988). In addition, sexual arousal to children is considered a precondition to sexual abuse of children (Araji & Finkelhor, 1986; Faller, 1990; Finkelhor, 1986). However, clinicians and researchers have also noted some sexual abusers of children choose them as objects for sexual gratification in the absence of other sexual outlets or because they lack the ability to negotiate peer sexual relationships (Araji & Finkelhor, 1986; Faller, 1990; Finkelhor, 1986). In addition, characteristics of other individuals or the alleged offender’s immediate environment may have a bearing upon propensity for sexual abuse. Therefore, because of the possible relationship between sexual functioning and child sexual abuse, careful sexual history taking is important.

These guidelines are for evaluators gathering information, within the context of an overall assessment, about sexual history of accused offenders and others. Therefore, they represent a small part of the evaluation process. They are designed primarily for evaluators who are assessing for sexual history in situations in which there is an allegation of sexual abuse but the alleged offender is challenging the allegation. He/she may be actively denying, merely not admitting, partially admitting, or admitting but denying sexual intent.

We have designed the guidelines so they also encompass sexual history taking with non-accused adults. Concerns about sexual abuse arise in a social context that includes other adults, including partners or past partners of the accused. Both their sexual histories and their observations of sexual patterns and activities of the accused may be relevant to determining the likelihood of sexual abuse.

There is no single empirically demonstrated right or wrong method for gathering data on a client’s sexual history. However, to date most protocols have been designed for persons who admit, at least at some level, to their sexual problems. It is especially difficult to gather accurate and complete information about sexual history when individuals have been accused of sexually inappropriate behavior they do not admit. Regardless of their guilt or innocence, they are likely to be frightened and wary of disclosure of information related to sexual activity. They are also likely to be uncomfortable about being asked information about activities that are so private and sometimes socially unacceptable. Finally, they may even become irate and challenge the interviewer for being too intrusive.
SEXUAL HISTORY TAKING GUIDELINES (continued)

Interviewers also experience discomfort. A good interviewer is aware of how difficult this exploration is for the interviewee, who may be uncomfortable discussing sexual matters concerning him/her, especially the more deviant sexual acts, and may lack sexual knowledge and experience. The general strategies and specific questions in these guidelines are proposed to encourage the interviewer to thoroughly investigate the client’s sexual history. They are also meant to be advisory, which is they are to give the interviewer ideas about general approaches and the kinds of questions to ask. No single sexual history taking will include all the strategies and questions in the guidelines. However, interviewers should review these guidelines in preparation for assessments.

General Strategies

In this section, we describe a number of strategies that we have found to be useful in enhancing candidness and mediating distressed and negative responses from interviewees. Some of these strategies can be employed with both the accused and non-accused, but others are specific to either the accused person or non-accused.

It is usually appropriate to delay asking questions about sexual history until well into the assessment. Nevertheless, in the introductory part of the interview, it may be advisable to prepare the client for these questions by telling him/her that you will be asking lots of questions about different aspects of his/her life, including questions about sexual matters.

Evaluators may find it useful to begin by trying to elicit a narrative about aspects of sexual history and related topics, by asking open-ended questions. This approach may elicit spontaneous accounts of relevant information. However, such an approach may also result in vague or sparse answers or “social desirability” responses (responding with what the client thinks is socially appropriate behavior). For example, the interviewer asks “What was your sexual relationship with your first wife?” and the client might reply, “Fine”. In this instance, the interviewer will resort to more specific questions in an attempt to get a more complete picture of that sexual relationship.

Because of the reticence people in general and clients involved in cases of sexual abuse in particular have about discussing their sex lives, the evaluator should expect at some point to have to use numerous, specific questions. It is often helpful to normalize this process by explaining that all clients are asked these sorts of questions, perhaps by showing the client the list of questions. Even using many and specific questions does not guarantee an accurate and detailed sexual history. It just increases the likelihood of obtaining a better history.

A strategy that may mediate the impact of having to ask many questions is to ask two or three questions at a time at various points throughout the interview in conjunction with questions about other aspects of the topic being discussed. For example, when talking about childhood, partner relationships, or the child, the evaluator might also cover related sexual material. When the sexual history is gathered in this fashion, questions about sex typically follow more neutral questions about the topic. For example, after asking the interviewee “What is your partner like?”, “What do you like about him?”, “Are there any things that you don’t like about her/him?”, the interviewer can ask, “Can you tell me about your sexual relationship with him?”
SEXUAL HISTORY TAKING GUIDELINES (continued)

This question may need to be followed by specific probes about frequency of sexual activity, types of sexual acts, foreplay, and satisfaction, as needed. Other questions that might be asked about sexual activity in the context of the relationship are “How are things going for the two of you sexually?” and “Is there anything in the relationship that you are not comfortable with?” followed by “Is there anything in the sexual relationship that you are not comfortable with?”

A related strategy is to try to elicit sexual history material indirectly in response to questions about other activities. For example, the interviewer might ask a question about substance use, such as “Was there ever a time that drugs made you do something you wouldn’t otherwise have done?” or “Have you ever gotten involved in things under the influence of alcohol, you don’t think you would have gotten involved in if not using alcohol?” And then perhaps ask more specifically “Any sexual activities?”

Sexual histories are more central to the assessment process of clients accused of sexual abuse of children or other inappropriate sexual activity. They are less central to assessments of non-accused parents and partners of the accused. The interviewer should use clinical judgment about the extent of questioning about sexual history and should alter the phrasing of questions proposed in the next section as clinically indicated. However, it is not appropriate to fail to cover the topic of sexual history altogether in an assessment of overall functioning.

In addition, when the non-accused adult has knowledge about the sexual activities of the person accused, the non-accused person may be a source of accurate information about the sexual functioning of the accused. Thus, the non-accused may be asked questions about both the sexual functioning of him/herself and the accused. The same strategy can be used with the accused, that is asking about the sexual interests and histories of partners, including a partner or ex-partner accusing him/her of sexual abuse or inappropriateness.

Case material, records, and accounts from other sources should be sought, and the information from these sources compared to information elicited in client interviews. For example, a client may deny sexual abuse of a child, but have a past history of arrest for a sexual offense against a child. Lack of candidness in response to sexual history questions does not prove sexual abuse, but should be interpreted in the context of the overall evaluation.

Specific Questions

The questions in this section are clustered by topic. They are not exhaustive of the possible questions on any particular topic: the specifics of the case may dictate other questions. In addition, there is no requirement that the interviewer ask all questions provided on a given topic. This level of specificity is provided so the interviewer will have information about the range of topics that may need to be covered and appropriate and appropriately worded questions related to these topics. In addition, the interviewer should base the order of topics covered on the specifics of the case.
SEXUAL HISTORY TAKING GUIDELINES (continued)

The Child’s Sexual History

Although these questions are outside the bound of the interviewee’s sexual history, they are included, not only because they are necessary to exploring possible sexual abuse, but also because they may form a useful transition point to a discussion of the adult’s sexual history.

1. What does your child know about sex?
   a. How did your child find out about these things?

2. Do you know if your child masturbates?
   a. Can you tell me more about this?

3. Has your child been involved in any sexual exploration with children his/her own age?
   a. Can you tell me about these activities?

4. What sexual experiences has your child had?
   a. How do you know about them?
   b. Can you tell me more about them?

5. Do you think your child has been sexually abused?
   a. If yes, what do you think happened?
   b. If no, what do you think happened?
   c. If yes or no, what is the basis of your conclusion?

The Interviewee’s Childhood Sexual History

1. Do you remember what you were taught about sex as a child?
   a. What?
   b. Who taught you this?
   c. Do you recall your reaction to what you learned (about sex)?

2. What did you learn about sex from the following people/places?

3. What did you think about what you learned (about sex)?  Many people have sexual experiences as children.
   a. Did you?
   b. What kind of sexual experiences did you have as a child?
   c. Did you have sexual experiences with any of the following?
   d. With older people?  With peers?  With younger people?
   e. How did you react to these experiences?
      Positive?  Neutral?  Negative?

4. Were you aware of your parents having a sexual relationship as a child?
   a. How did you know?
   b. What did you think of this?
SEXUAL HISTORY TAKING GUIDELINES (continued)

5. Did you ever play doctor?
   a. What acts?
   b. With whom?
   c. What did you think of doctors?
   d. Were you ever caught by an adult or older child? What happened?

6. Did you play any other sexual games? What?

7. Did you have any sexual experiences with:
   a. Sisters or brothers?
   b. Parents or step-parents?
   c. Foster parents?
   d. Parent’s partner?
   e. Other relatives?
   f. Can you describe these experiences?

8. Do you think you were sexually abused as a child?
   a. What happened?
   b. Who did this?
   c. When did this happen?
   d. Where did this happen?
   e. Did anyone help you with this? Who? How?
   f. Do you actually remember this, or has someone told you about it?
   g. Was there ever a time you did not remember or had a less complete memory of this?

Masturbation and sexual fantasies

1. Most people masturbate at least sometimes (touch their private parts).
   a. Do you?
   b. Do you remember how old you were when you first masturbated?
   c. What were you taught about masturbation as a child?
   d. How frequently did you masturbate as a child?
   e. To what sort of fantasies?

2. Do you have sexual fantasies now?
   a. Can you describe some of them?

3. What are the situations that cause you to fantasize?

4. What is your pattern of masturbation now?
SEXUAL HISTORY TAKING GUIDELINES (continued)

Adolescent sexuality

1. Most people’s sex life really begins in their teens. Do you remember how old you were when you became really interested in sex?

2. Did you date as a teenager?
   a. Can you tell me about your experiences dating?

3. (For females) Do you remember when you first got your period?

4. (For males) Do you remember the first time you ejaculated (came)?
   a. Can you tell me about that?

5. What kinds of sexual activity were you involved in as a teenager?

6. Many people experiment sexually during their teens. Were you involved in any experimentation?

7. Did you have any sexual experiences with people of the same sex?

Pattern of intimate relationships

The client’s sexual relationships may have started in adolescence or adulthood. The interviewer is advised to begin gathering information chronologically, that is the first person, second, etc. until the interviewer understands the pattern of sexual relationships.

1. Generally how would you characterize your feelings/attitude about sex?

2. Tell me about the first person you had a sexual experience with.
   a. How did you meet?
   b. Tell me about your relationship.
   c. How long had you known one another before you had a sexual relationship?
   d. Who initiated the sex?
   e. What sexual acts?
   f. What was that like?
   g. Did you have an orgasm?
   h. What about your partner?
   i. How frequent was sex?

3. Were there times in the relationship when the relationship and sex were better or worse? Can you tell me about that?
   a. How long did the relationship last?
   b. Why did it end?

4. Tell me about the next person you had a sexual relationship with. (Continue to ask until you fully understand the relationships and the patterns.)
SEXUAL HISTORY TAKING GUIDELINES (continued)

5. How would you describe your sexual orientation?

6. Have you ever had any problems with sexual performance?
   a. Can you tell me about that?

7. Have you ever contracted a sexually transmitted disease?
   a. Can you tell me how that happened?
   b. What about treatment?

8. Have you ever been worried you might have a sexually transmitted disease?
   a. Can you tell me why you were concerned?
   b. Did you have yourself tested?

Current partner relationship

1. Tell me about your current partner.
   a. What do you like about him/her?
   b. Are there any things that you don’t like?

2. How would you compare this relationship to past ones?

3. What sort of sexual relationship do you have?

4. Have there been times when the sex was better or worse?
   a. Can you tell me about that?

5. How satisfying has this relationship been?

6. What sorts of sexual activities does your partner enjoy?

7. What sorts of sexual activities do you enjoy?

8. Are there any things you would like to change about the sexual relationship?

9. Have you noted that your partner has any unusual sexual interests?

Sexual deviancy

In asking these questions, query first about the respondent’s current partner, then about past partners, and finally about the interviewee. The interviewer can preface the inquiry by stating “Now I’m going to ask you about lots of different kinds of sexual activity.
SEXUAL HISTORY TAKING GUIDELINES (continued)

Some of them are common and others are not so common.” The interviewer may also choose to be selective regarding the activities he/she asks about.

1. Extramarital sex: Can you tell me about that?
2. Mate swapping: Can you tell me about that?
3. Use of pornography: Can you tell me about that?
4. Sado-masochistic sex: Can you tell me about that?
5. Bondage: Can you tell me about that?
6. Spanking/discipline: Can you tell me about that?
7. Group sex: Can you tell me about that?

“Some of them are common and others are not so common.” The interviewer may also choose to be selective regarding the activities he/she asks about.

8. Sexual activity involving animals: Can you tell me about that?
9. Exposing him/herself: Can you tell me about that?
10. Peeping: Can you tell me about that?
11. Sex for money: Can you tell me about that?
12. Any activities involving urination (golden showers) or defecation: Can you tell me about that?
13. Any other sexual activity that is somewhat unusual? Can you tell me about that?

Additional questions regarding sexual deviancy

1. Has anyone made a referral to protective services about you in the past?
   a. What for?
   b. What was the outcome of that referral?
2. Have you ever been accused of inappropriate sexual activity?
   a. Can you tell me the specifics?
   b. What was the outcome of that accusation?
3. Have you ever been reported to the police for inappropriate sexual activity?
   a. Can you tell me the specifics of that report?
   b. What was the outcome?
SEXUAL HISTORY TAKING GUIDELINES (continued)

4. Have you ever been falsely accused of sexual abuse to a child or any other sexual offense such as rape?
   a. Can you tell me the specifics of that accusation?
   b. What was the outcome?

5. Do you have any criminal or misdemeanor charges pending right now?
   a. Can you tell me about that?
6. How old was the oldest person you have had sex with?

7. How old were you at that time?
   a. Can you tell me everything you can remember about that?

8. How old was the youngest person you have had sex with?
   a. How old were you at that time?
   b. Can you tell me everything you can remember about that?

Concluding question

1. Is there anything else you want to tell me about your sex life?

REFERENCES


Kathleen Coulborn Faller, Ph.D., A.C.S.W., D.C.S.W.
Professor, School of Social Work
Director, Family Assessment Clinic
Faculty Director, Civitas Child and Family Programs
University of Michigan School of Social Work
1080 S. University
Ann Arbor, MI 48109-1106
734-763-3785 phone
734-764-8598 fax
kcfaller@umich.edu-email