

## A Training Program for Sex Research Interviewers

Terry M. Dugan, BA

Columbia University

Heino F.L. Meyer-Bahlburg, Dr. rer. nat.

Columbia University

### SEX RESEARCH INTERVIEWING IN THE US

Conducting sex research in an atmosphere where public discussion about sexuality is besieged by political, ideological and religious controversies can present some formidable challenges. Researchers may have to convince community representatives, institutional review boards, funding agencies and politicians that talking about sex is legitimate and important for research purposes. They need to find interviewers willing to ask explicit questions about sexual behavior and to recruit study participants willing to disclose detailed accounts of their sex lives. The methodological problems common to survey research in general are exacerbated when the subject matter of the interview (e.g., sexual activities) is judged by either the interviewer or the participant to be “normal, abnormal, only for gays, only for straights, not really sex, shameful, weird, illegal or too disgusting to talk about” (Abramson & Herdt, 1990). It is not clear whether measures designed to counteract this effect, such as distancing the interviewer via telephone or even replacing the interviewer with a computer, will actually yield better-quality sex data and their use for this purpose continues to be a matter of debate. On this point, it is important to note that of the three major national sex surveys conducted in Europe and the US during the 1990s (Johnson, et al., 1994; Laumann, et al., 1994; Spira, et al., 1994), the British and the American researchers chose face-to-face interviewing in spite of the fact that questions about sexual behavior are typically complex, requiring clarification and the responses often necessitate probing, tracking and, occasionally, lengthy negotiations (Laumann, et al., 1994).

### The Interviewing Process

The survey interview situation, as a type of social interaction, is subject in part to the broader social conditions that structure communication between strangers or, in studies with repeated contacts between interviewers and respondents, between acquaintances of varying degrees of familiarity. At the same time, the survey interview situation imposes specific asymmetric role demands and expectations. Several heuristic models of this process have been devised. Catania (1997, p. 422, Fig. 2) outlined a complex respondent-interviewer model for the quantitative survey research situation. Plummer (1995) presented a model where sexual stories are historically and socially defined narrative genres that are told by both the “producer” (or, in sex research, the study participant), and the “provoker,” or the interviewer, who listens, questions, probes and helps structure the experience as a meaningful exchange between two people. This model appears to be particularly well suited for qualitative studies that impose much less structure than the typical survey instrument.

Variations and inaccuracies in the self reports of study participants are likely to reflect one or more major factors: respondents’ difficulties with understanding terms and questions used by the interviewer, problems of recall, perceived relevance of the study, perceived relationship (including similarity) with the interviewer, various self-presentation biases (e.g., social desirability, threats to self-esteem, discomfort with the interview situation) and diverse affective reactions to aspects of their sexual history (Catania, 1999). Specific techniques that facilitate valid reporting are used during subject recruitment and in the informed consent process. Others are built into the interview schedule and item formulation. Already more than half a century ago, Kinsey and his interviewers described many of the problems in conducting sex research, and he and his team devised a number of interviewing techniques to minimize them (Pomeroy, et al., 1982). In the meantime, numerous empirical methodological studies have entered the general survey literature lending support to the theoretical concepts of the interviewing process and the corresponding validity-enhancing techniques (Sudman & Bradburn, 1982; Sudman, et al., 1996; Stone, et al., 2000). Yet, the body of systematic empirical evidence specific to the sexuality domain is very limited such that most of the pertinent methodological studies have not yet been systematically replicated, requiring investigators to rely on experience and common sense rather than systematically established facts.

## **Ethical Considerations**

The ethical principles of “Respect for Persons, Beneficence, and Justice” as summarized in the Belmont Report (1979) are crucial for the conduct of sex research. Talking about sexuality may elicit many emotions ranging from aversion and shame to sexual arousal in both interviewer and study participant. Quite frequently one or both partners in the interview process fall into the other’s range of potentially sexually attractive persons, while the very content of the interview makes it more likely to bring this to the interviewer’s or participant’s awareness. Moreover, sex research interviews may take place not only in office settings but in private homes, hotel rooms, restaurants, hospital bedrooms, on the street or in parks, and sometimes at unusual hours – that is, in contexts that may elicit scripts other than typical office behaviors. Even when the interview situation remains professional, the interviewer or the respondent may become interested in meeting the other again privately. Significant role conflicts thus may emerge, exacerbated by the fact that the interviewer has learned very personal sexual information about the respondent.

Respecting the respondent’s privacy as well as preserving the confidentiality of sensitive sexual data are other extremely important ethical issues, with implications for both the protection of the study participant from stigma or other adverse consequences and the cooperation of the community under study. In the US a federal Certificate of Confidentiality can protect sensitive research data from access by the courts. On the other hand, the interviewer may hear information such as reports of ongoing child sexual abuse that morally and legally compels disclosure to others outside the study.

Additional ethical issues important for the protection of the study participants are clinical needs that may emerge during interviews. Interviewers who collect sensitive data about a person’s sexuality need to be able to both recognize when a study participant is distressed and handle the respondent’s emotions appropriately and, in severe cases, to obtain immediate clinical help. The interviewer also should be able to decide, or have access to a senior study staff who can make such decision, whether a referral to an appropriate intervention should be recommended to a study participant who reveals significant sexual or related problems during the interview (Bersoff & Bersoff, 2000).

## **Implications for sex interviewer selection and training**

In interview-based studies of human sexuality data quality depends on the skills of the interviewer in using validity-promoting techniques. Interviewer

selection and training thus become of great importance, especially for studies whose subject matter – such as one’s own sexual history – is both sensitive and of personal importance to the study participants (Catania, 1999). There is good evidence in the general survey literature that interviewer training and supervision improves performance (Groves, 1989), but studies specific to the training of sex research interviewers have yet to be conducted.

The ideal interviewer is someone whose demographic characteristics and general social behaviors are acceptable to the respondent and who is aware of and can manage the major factors that affect valid reporting. Of course the interviewer is also expected to thoroughly understand the interview, no matter how complex, and the rationale for response coding. As far as sex research interviewers in particular are concerned, there is a general consensus that they must be able to project comfort with sexual matters and to deal with respondents’ reports of behaviors in a matter-of-fact, non-judgmental manner, even if they may find them aversive. They must also be aware of and be able to manage the ethical pitfalls and demands specific to sexual interviewing.

## **TRANSLATING METHODOLOGICAL SEX RESEARCH INTO PRACTICE**

### **The Psychosexual Assessment Core**

Since 1987, at which time the National Institute of Mental Health and the National Institute on Drug Abuse first funded the HIV Center for Clinical and Behavioral Studies at our institution, a major goal has been the development of effective intervention programs for HIV/AIDS prevention. Researchers and clinicians from many disciplines – psychology, public health, psychiatry, neurology, infectious diseases, basic science, social work, anthropology, epidemiology and biostatistics – were organized into methodological cores in order to provide the scientific infrastructure for investigations of the diverse aspects of the HIV/AIDS epidemic. The Psychosexual Assessment Core’s major functions were defined as (1) development of methods for the assessment of sexual behavior, (2) interviewer training and monitoring, (3) consultations on the statistical analysis and interpretation of sexual behavior data and (4) consultations on sexological issues in project development.

### **Sexual risk behavior assessment**

Over the course of this funding, the Psychosexual Core constructed many versions of an interview-based Sexual Risk Behavior Assessment Schedule (SERBAS) tailored to the particular study populations and specific aims of

each project. Study populations included, for instance, adult gay men, injected-drug using men and women, women attending reproductive health clinics, severely mentally ill inpatients and outpatients, severely mentally ill homeless men, gay and lesbian adolescents, adolescent runaways, male adolescent prostitutes, early adolescents and prepubertal children. A number of these interview schedules were translated and adapted to various Spanish-speaking populations and more recently to other language groups. Instrument development was based on the clinical sexological experiences of the major investigators at the Psychosexual Assessment Core as well as the growing body of methodological literature on interviewing. Each version starts with a sex-terminology section listing common words for anatomy and sexual practices in order to elicit vernacular terms with which a given participant is familiar. These vernacular terms may then be utilized throughout the interview to facilitate understanding and comfort, yet because of their ambiguity (Braun & Kitzinger, 2001; Carpenter, 2001; Sanders & Reinisch, 1999), they would always be used in association with the definition phrase. The reporting interval covered is carefully defined by use of time markers that are salient to the respondent. Although study participants are asked about categories of sexual partners – including the terms they themselves use – we prefer to inquire about the respondent’s sexual practices and experiences separately for each partner, whenever the study protocol permits, in order to increase accuracy of reporting. The questions proceed from sexual partners and practices common to the study population to less-common ones. Normalizing prefaces and others are used along with the questions to facilitate valid disclosure. Several reliability studies involving the administration of the same SERBAS twice within a one-to-two-week interval have demonstrated that interview-based self reports about sexual behavior have satisfactory to excellent re-test reliability for most variables, even in such marginalized populations as the severely mentally ill (McKinnon, et al., 1993; Sohler, et al., 2000) or gay and lesbian minority inner-city adolescents (Scharf-Matlick, et al., 2002).

In addition to constructing the quantitative SERBAS interviews, the Psychosexual Core collaborates with the Psychosocial/Qualitative Core in developing qualitative sexual interviews.

Most sexual risk behavior assessments are conducted in the HIV Center in face-to-face mode, with the interviewer recording the codes on paper, although we occasionally employ written self-report sections to facilitate disclosure of particularly sensitive material as well as telephone interviews for economic reasons. Most recently, however, a few projects have employed the

audio computer-assisted self-interviewing (ACASI) mode because of the reportedly higher disclosure rate for sensitive behaviors (Turner, et al., 1997), although its validity has yet to be definitively established. Given the substantial preparatory work required by ACASI, qualitative as well as moderate-scale quantitative studies will continue to rely on live interviewers, even if the ACASI mode should become the dominant mode of large-scale surveys.

### **Sex interviewer screening**

Neither clinical experience nor familiarity with non-sexual interviewing necessarily qualifies someone for sex research interviewing. Non-psychiatric physicians tend to be too efficiency oriented, prompting speedy responding. Moreover, they are less inclined to pick up on ambiguities and to probe where indicated. Psychodynamically oriented therapists may have difficulty learning to ask structured and semi-structured questions for the goal of reliable coding or to relinquish the therapist’s role. We have learned that even highly experienced psychiatric-diagnostic interviewers may not be sufficiently comfortable with sexual matters. Although it will usually become apparent during the course of training whether a candidate has problems with sexual interviewing too difficult to overcome, the costs of training make a pre-screening of trainees desirable. The Psychosexual Core has therefore developed a Sex Interviewer Selection Screen (SISS; Dugan and Meyer-Bahlburg, 1999) to help project personnel evaluate the background of sex-interviewer candidates and, by way of a simple self-report scale, their comfort level with sexual talk and their likely reaction to a participant’s potential disclosure of offensive sexual behavior. The evaluation also includes a brief interviewing role-play using a selection of questions from the project’s sex-interview instrument to assess the applicant’s reading ability and emotional reactivity to the material.

### **Sex interviewer training**

Since the inception of first projects of the HIV Center, the Psychosexual Core developed systematic training procedures (detailed below) that were soon manualized (Gruen & Meyer-Bahlburg, 1992). The training program was based in part on our training experience in earlier sexuality and gender related studies, in part on the methodological literature, and refined as a result of feedback from trainees, field performance of interviewers and study participants’ reactions to their sex interviews. Subsequently, the procedures were further modified and expanded to include a program of “training the trainers,” leading to a second manual (Dugan, et al., 1997). The latter man-

ual explains the basic program, provides examples on how to customize procedures based on the objectives and target population of individual sex research studies and reproduces sample agendas, handouts, word- and role-play exercises and monitoring and evaluation materials in an appendix. Because some study populations speak only Spanish, many of these materials on sex research interviewing have been translated into Spanish for training bilingual interviewers. A sex-interviewer manual can be assembled from these materials and given to every trainee to reinforce the skills and concepts they acquired during the workshops, along with articles on sex research interviewing and on the sexual behaviors of the study population.

Currently the Psychosexual Core is preparing three videotapes that illustrate many of the techniques described in the print manual. They are designed to facilitate training and to help the dissemination of training procedures to investigators outside the HIV Center.

## THE SEX INTERVIEWER TRAINING PROGRAM

### Overview

The training program for a particular project begins with an orientation to the research project's objectives and procedures by the project director. The basic training procedures include: a sexual desensitization workshop, a brief lecture introducing sex research interviewing techniques, a discussion of ethical issues in sex research interviewing, a line-by-line review of the contents and rationale of the sexual assessment instrument employed in the project and a role-play group session where trainees assume the roles of interviewer and study participant in order to practice the interview. This is followed by one or two mock interviews with other trainees, staff or acquaintances and, if successful, one or more practice interviews, as necessary, with members of the project's target population. All practice interviews are audiotaped and reviewed by the trainer or another experienced sex interviewer supervisor who provides written and verbal feedback. Once the interviewer's performance is judged satisfactory, she or he is formally certified as a sex research interviewer for the respective project. For large projects interviewers receive intermittent monitoring, usually by audiotapes and group supervision throughout the data collection period in order to prevent interviewer drift in field performance, and to develop a team spirit and thereby maintain motivation. During the training program trainees spend little time listening to lectures or reading course material given that the emphasis is on doing, experiencing, rehearsing interviews, processing reactions and ulti-

mately creating an identity as a professional sex research interviewer. The duration of training depends on the complexity of the sexual assessment instruments, the trainees' knowledge and familiarity with the study population and the number of trainees. In the HIV Center the average training program lasts approximately three days, which need not be consecutive. More time is required for less-experienced interviewers.

### The sexual desensitization workshop

This four-to-six-hour workshop has three primary objectives: (1) to help trainees recognize and minimize their own judgmental biases about sexuality; (2) to thereby become more sensitive to interviewees' potential problems in talking about their sexual history, and better facilitate their disclosure; and (3) to understand and speak the languages of sex, especially the vernacular of the study population, with comfort. It is the latter objective that is addressed by "desensitization," a process that diminishes the discomfort trainees may experience when talking about or working with sexual topics. The process is informed by behavior modification techniques using repeated exposure to anxiety-provoking images or actions to decrease an individual's emotional reaction.

The workshop begins when trainees are told they are attending a sexual desensitization workshop. Many trainees experience firsthand the same kind of anxiety that study participants feel when they are told they will be asked questions about sex. The trainer provides a brief explanation of the rationale of the desensitization workshop and reassures the trainees that they are embarking on a learning process in which they will acquire the skills necessary to become a professional sex interviewer. Because of the sensitivity of the subject matter, trainees are alerted to the content of the session which may be incompatible with their personal values. Given the possibility that they may feel uncomfortable at some point in the course of the exercises, they are asked to sign an informed consent form. A handout illustrated with cartoons defines the ground rules. Every trainee is requested to maintain confidentiality about what is said during the workshop, to participate actively ("no voyeurs!"), to respect and encourage the other workshop participants and not to intellectualize the material.

The workshop includes a series of exercises, such as the "Lewd Language Competition" or the "Dirty Mind Contest," which gives the trainees the opportunity to articulate, define and use words describing genitalia and sexual practices, especially popular slang words and graphic euphemisms in English and Spanish. For example, during the "Lewd Language Competi-

tion,” trainees compete for gag prizes by brainstorming in pairs to write down every clinical, slang and euphemistic word for selected body parts and sex acts that they can think of during the time permitted. A variation involves filling a piñata with candy, condoms and sex words in Spanish and English printed on colored pieces of paper. After it is broken open, trainees are invited to use the words on the pieces of paper in a sentence during an imaginary conversation with their parents or their partners. Variations on wordplay exercises are endless and particularly effective in raising the comfort level of the trainees with sexual subjects. Depending on the dynamics of the session, trainees may also be encouraged to verbalize their distaste for specific body parts or sexual practices in a supportive environment and to discuss how, in their experience, society, family and schooling shape people’s ideas about sexuality and inhibit the open discussion of sexual subjects. In this group session, trainees learn to be able to use explicit sexual language, to refer to genitalia and to ask about a range of sexual practices with a knowledgeable, neutral demeanor.

These discussions may lead seamlessly into the limited-disclosure exercises in which trainees have the opportunity to become sexual storytellers. If the discussions do not present that opportunity, the trainer is prepared with a series of questions or exercises based on the sexuality issues germane to the study population as a stimulus for the discussion. On the training agenda this section of the desensitization workshop is called “Modeling Comfort with Sexuality.” Voluntary sharing of personal experiences is encouraged in a supportive and nonjudgmental atmosphere, such as reactions to pubescent body changes or difficulties gay and lesbian people have coming out during adolescence. This exercise provides trainees with the experience of talking about sexual topics with strangers and listening to explicit sexual stories told by strangers, while observing their own positive and negative reactions to the subject. Positive reactions are empathy, better understanding of different sexual lifestyles and insights into the trainees’ own sexuality. Negative reactions include anxiety or shame when talking about particular sexual topics such as masturbation and, occasionally, hypersensitivity to presumed sexual cues from other trainees. The trainer simultaneously encourages all trainees to participate in the exercises and to discuss their reactions while setting boundaries and defusing reactions if verbal inhibitions are breached. The trainer also gives feedback on the trainees’ body language and stresses the role that maintaining eye contact and a neutral, relaxed stance (no distracting gestures! no arm or leg crossing!) play in conveying comfort and acceptance when interviewing.

### **Sex research interviewing 101**

Most sex interviewing trainees at the HIV Center have had experience with non-sexual interviewing and are familiar with the basics of asking questions, following skip patterns and coding responses. Using this framework, sex interviewing training emphasizes the facilitation of recall of sexual encounters by establishing and referring to a personal timeline for the participant. Moreover, it promotes the enhancement of report consistency via the tracking of sexual partners, sexual occasions and the number of specific sexual practices for each sexual occasion. The facilitation of disclosure occurs by neutral and normalizing probing when eliciting sensitive or threatening sexual information such as early-childhood sexual experiences, episodes of forced sex or unprotected anal or vaginal sex. Interviewer trainees are also taught techniques to manage their own and study participants’ reactivity to sensitive sexual subjects. These techniques may include how to maintain neutral verbal inflections and body language; how to assess participants’ facial expressions and other nonverbal behaviors for comfort level; how to defer participants’ questions about interviewers’ sexuality; and how to defuse participants’ anxiety, embarrassment and negative emotions such as anger, sadness and hostility.

### **Ethical guidelines for sex interviewers**

A separate session is held to discuss the ethical issues of sex research interviewing. Corresponding guidelines cover inappropriate behavior on the part of interviewers, including interviewing a participant who may be known to them, breaching confidentiality by discussing interviews with people outside of the research study or asking participants for a date. Additional rules of professional conduct, such as spatial and seating arrangements in homes or hotels, are also specified, as are methods for handling provocative behaviors on the part of study participants, such as flirting, joking, making sexual innuendoes and requesting dates. Trainees are told that serious violations of these ethical guidelines would be grounds for dismissal.

Almost any study involving detailed sexual interviewing may occasionally include participants with strong aversive reactions to a particular aspect of their sexual history, especially when vulnerable populations such as severely mentally ill men and women are involved. Therefore all projects have established contingency plans that guide the interviewers in assessing and referring participants who are in distress, ask for help or otherwise appear to be in need of a clinical evaluation and help.



### **Line-by-line sex-instrument review**

During this session the rationale of each part of the sex interview instrument is explained to the trainees, and both routine and challenging responses participants might offer are reviewed. This allows the trainer to model the technique with the actual question; assign role plays to trainees; clarify question content, interviewer instructions and coding rules; demonstrate advanced sex interviewing techniques; and have the group give feedback on the role play.

### **Sex interviewing boot camp**

Through group role play and mock interviews where trainees assume different roles – such as a crying participant, a bored or taciturn participant, a squeamish or uncomfortable participant – future sex interviewers rehearse their responses and defuse their anxiety about handling uncommon reactions from study participants. The trainer devises scripts for these practices, clearly explains performance criteria for sex interviewers and follows guidelines for constructive feedback documented in the manual. The trainees receive both verbal and written feedback and common problems are discussed in group supervision. Each trainee audiotapes one or two mock interviews. Interviewers who experience some difficulty do more for additional practice. When sufficiently advanced, trainees conduct interviews with actual members of the study population, if available. Typically, interviewers who have real-world interviewing experience are more confident and more able to cope with eliciting complex sexual activities during interviews. Satisfactory completion of at least two mock and two target practice interviews earn trainees formal certification as a sex research interviewer for a given study.

### **Monitoring and group supervision**

Although all interview based studies require some form of supervision for quality control, sex interviewing can be particularly demanding for both new and experienced interviewers. It is an emotional challenge for interviewers to remain unaffected and neutral when study participants share traumatic sexual experiences, sometimes crying or showing anger. Debriefing in a supportive group gives the interviewers a safe place to discharge their emotions. Such group supervision sessions also provide opportunities to reinforce the appropriate interviewer behaviors when dealing with emotionally charged sexual issues.

Supervisors can identify and remedy common problems with recently trained sex interviewers, such as insecurity, making and recovering from

mistakes, making assumptions and biased probing. Problems with experienced interviewers – particularly drift, burnout and fatigue when dealing with difficult study populations – respond to basic motivational techniques, including recognizing milestones; for example, giving a 100th successfully completed sex interview party or celebrating each interviewer's unique contribution, such as funniest interviewer, most unflappable interviewer, fastest interviewer or the longest sex interview.

### **The role of the trainer**

The trainer is the role model for nonjudgmental listening, for facilitating self-disclosure by the trainees and for demonstrating comfort when talking about a wide range of sexual topics. He or she must be skillful at anticipating, recognizing and defusing reactions such as mild discomfort (restlessness, reluctance to speak, avoiding eye contact, sweating), shame, hostility, withdrawal, defensiveness and hypersensitivity leading to misinterpretation of sexual cues from other trainees. The trainer should be able to challenge ideas and beliefs about sexuality without being threatening, because such challenges may provoke hostility, anxiety or anger from the trainees. He or she is also expected to observe trainees' reactions when talking about sex and share insights about their reactions in general at the end of the workshop. The trainer should be able to manage problems that arise during the desensitization session, including trainees who try to dominate the session, trainees who make insensitive remarks, overly emotional trainees and the rare trainee whose suitability for sex interviewing may be questionable because of persistent verbal inhibitions or marked discomfort with specific sexual practices.

The trainer should have extensive experience as a sex research interviewer, supervisory experience in sex survey research and preferably some background in facilitating groups. Of course the trainer must be familiar with the particular research project's sexual assessment instrument and, preferably, also with the study population. This is important for training because the desensitization workshop and its role plays must cover sexual topics that will be part of the respective project interviews. For example, in the course of a study in which participants will be asked about their sexual milestones (age of first experience for specific sexual practices), episodes of incest, child sexual abuse, rape and other traumatic experiences may be revealed. During the experiential exercises the trainer is expected to demonstrate and discuss methods of handling participants' reactions, such as crying, shame and anger. At the HIV Center the trainer also functions as the

sexual interviewing monitor/supervisor for many of the studies conducted, but otherwise she or he is not part of the particular project's staff. Study supervisory staff are sometimes not utilized as trainers and deliberately kept out of desensitization sessions because they have a specific professional relationship with the sex interviewers and this role may conflict with the sensitive material shared during the desensitization workshop.

### **Utilization**

Trainees from bachelors-level research assistants through junior faculty have benefited from participating in the Psychosexual Core's sex interviewer training program. Center investigators routinely request that other study staff including focus group moderators, behavioral intervention facilitators, outreach workers, research assistants, counselors, project directors and coordinators attend selected aspects of the program, most frequently the desensitization session. In addition, a number of investigators outside the HIV Center, including several community-based organizations in the region and collaborators in resource-poor countries, have undergone the train-the-trainer course.

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