

Scenario Two – Sexual History & Risk Assessment with Haitian Creole Client

Scenario:

HIV Case Manager is attempting to conduct a Sexual History Risk Assessment with a Haitian Creole client who has strong cultural barriers to openly discussing sex

Setting:

Within the privacy and security of the HIV Case Manager's office

Example:

Case Manager (Maria) “Thank you for meeting with me today, John. Part of my role is to work with you to ensure your health is managed in the best way possible. One area we usually discuss is sexual health, as it helps us understand any risks and how we can support you. Would it be okay if we talked about this?”

Client (John) ::Shakes his head firmly::

“No, I cannot talk about those things. It is not something we discuss. It is private, and in my culture, we do not speak of such things.”

Maria ::Smiles gently::

“Thank you for sharing that with me, John. I understand that this is a sensitive topic, and I respect your beliefs and values. Can I take a moment to explain why I ask these questions? It's not to judge or pry but to ensure we address any health concerns you might have.”

John ::Still resistant::

“I understand, but it is not something I am comfortable with. There are other ways to help me without asking about this.”

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Maria “I hear you, John, and I want you to feel respected and comfortable during our conversations. I also want to make sure we provide you with the best care possible. Sexual health can sometimes play a role in how HIV affects the body or how we tailor your treatment plan. Would you be open to sharing what you’re comfortable with, and we can skip anything that doesn’t feel right for you?”

John ::Pauses and sighs::

“I don’t know...maybe some things, but not much.”

Maria “That’s perfectly fine. We can take it one step at a time, and you’re always in control of what you share. I also want you to know that your privacy is protected. Everything we discuss stays between us unless you give me permission to share it. Does that help ease any concerns?”

John “A little, but it’s still hard.”

Maria “I understand, John. It’s not easy to talk about something that feels so private. What if we start by focusing on your overall health goals? We don’t have to dive into specifics right now. We can build trust and revisit this when you feel ready.”

John ::Relaxes slightly::

“Okay, I can do that.”

Best Practices for the Case Manager

- 1. Cultural Sensitivity:** Acknowledge and respect the client's cultural beliefs and values. Avoid forcing the conversation.
- 2. Active Listening:** Validate the client's concerns and show understanding without judgement
- 3. Clear Explanation of Purpose:** Explain why discussing sexual history is relevant to their care and how it can help.
- 4. Build Trust:** Establish rapport by focusing on broader health goals first, allowing the client to feel more comfortable over time.
- 5. Offer Alternatives:** Use less direct language or provide written tools if discussing in person is too uncomfortable
- 6. Empower the Client:** Reassure them they control what they share and that their privacy is protected.
- 7. Use Nonjudgemental Language:** Avoid assumptions and be patient, allowing the client to guide the pace of the discussion.