

Comprehensive Needs Assessment

Section: Sexual History Risk Assessment

While there is no one right way to elicit the information from clients for this section, there are most certainly numerous wrong ways to go about it. Providing case managers with a scripted way to ask these questions would cause more harm in the long run by depersonalizing this process. Providing examples of respectful ways to approach these questions serves to provide a framework or stepping stone for case managers to make their own and then emulate when completed the needs assessment with their clients.

Familiarization with the questions within this section of the needs assessment is important for many reasons but the most important being that the questions don't catch case managers off guard and they can maintain confidence in gathering this essential information.

The questions in this section are as follows:

1. Are you sexually active?
2. Are your partners aware of your HIV status?
3. Are any of your partners HIV positive?
4. Are you using safe sex practices? If so, which practices do you use?
5. Are you having sex under the influence of drugs or alcohol?
6. Do you disclose your HIV status to sexual partners?
7. Do you have current or past experiences with sexually transmitted infections? If so, have you been treated?
8. Do you use needles for drugs, tattoos, or piercings?
9. Do you share needles? If so, have your needle sharing partners been informed of your HIV status?
10. How do you protect yourself and drug using partners?

General Best Practices:

1. Build Rapport First

It is essential to build rapport and establish a baseline level of trust between the case manager and the client before jumping into sensitive topics. This is supported in the service standards for Medical Case Management. Per the service standards, the needs assessment process needs to be **started within 5 working days of the initial contact with the client** and is required to be **completed within 30 days of the first client appointment to access medical case management services**.

2. Explain the purpose of the questions

One of the best ways to ease hesitancy and resistance is to explain why the questions being asked are important and how the information directly impacts the clients life and the care they receive.

Below we will take a look at why each one of the questions in this section is important for Case Manager's to know about their clients:

	Question	Why we're asking
1.	Are you currently sexually active?	Case managers need to know if clients are sexually active so they can provide necessary guidance to clients in measures to reduce transmission. This is especially important for newly diagnosed clients who have an active viral load.
2.	Are your partners aware of your HIV status?	This is important to provide education to the client on ways to approach this topic with their sexual partners, especially due to the current legality surrounding disclosure in the state of Florida.
3.	Are any of your partners HIV positive?	<p>This is important due to HIV viral mutation where clients are able to become infected with multiple strains of HIV each of which have different resistances to currently available medications. Safe sex practices are still important to observe when two engaging in sex with other people who have an HIV diagnosis.</p> <p>For clients who have sexual partners who do not have HIV, this is an opening to introduce and discuss PrEP as an option for these partners to reduce the chances of viral transmission occurring.</p>
4.	Are you using safe sex practices? If so, which are you using?	This is important to know so that you can provide education on other way safer sex can be practiced so the client has multiple tools in their toolbox to protect themselves and their partners. STIs are still a factor to consider for clients who have an HIV diagnosis.
5.	Are you having sex under the influence of drugs or alcohol?	This is important because often times when individuals engage in any type of ChemSex there are lowered inhibitions and increased risk thresholds. These conditions could potentially have negative impacts on overall health and wellness.
6.	Do you disclose your HIV status to your partners?	This is important so that the case manager is able to review with the client the current legality surrounding disclosure for the state of Florida. It is important that clients fully understand the legal risks that are currently associated with failing to disclose their status.
7.	Do you have current or past experiences with sexually transmitted infections? If so, have you been treated?	This is important because there are well-documented correlation to higher rates of prevalence of certain STIs in persons who have an HIV diagnosis. Asking about treatment ensures that clients are taking steps to ensure their continued health an wellness. CM's can direct clients in need of treatment to available resources.
8.	Do you use needles for drugs, tattoos, or piercings?	Clients that use substance intravenously and or who receive at home tattoos and piercings are at higher

		risk unintentionally transmitting HIV. Proper needle disposal can be encouraged for clients who are have an identified risk in this category.
9.	Do you share needles?	Sharing needles for any purposes carries higher risks of HIV transmission and clients should be encouraged to use a new clean needle every time. Sharing of needles should be discouraged but in clients who do share needs, tips and methods on how to protect their needle-sharing partners should be reviewed such as OSA needle exchanges and or resources on how to properly clean a needle after use. This is classified as Harm Reduction and there are countless resources that can be located online for this subject matter.
10.	How do you protect yourself and needle sharing partners?	This is important so that case managers can assess how well clients reduce harm to themselves and others.

It is important to remember that in case managed care we are working in all ways to improve the healthcare outcomes for our clients. This means meeting all of our clients where they are at, wherever they are at in a non-judgmental fashion. We would also be forsaking our duty to our clients if we failed to educate them or give them the tools necessary to make less harmful choices based on their current level of understanding and employment of Harm Reduction techniques. Finally, everyone working in the HIV care continuum should have a sense of duty and responsibility to encourage actions which will reduce the likelihood of further transmission of the virus within the communities that we serve.

3. Normalize the discussion

Ensure clients understand that this assessment and its questions are a routine part of case-managed care and asked of all clients receiving services.

4. Use nonjudgemental and inclusive language

How these questions are phrased and asked by the case manager serves to prevent the client from feeling stereotyped or judged. Case managers should avoid assumptions about the client's behavior, identity, or practices.

5. Allow for opt-out or privacy

If the client continues to show signs of discomfort, or distress and has continued hesitancy during the completion of this section reassure the client that they can choose not to answer a question at this time and that the two of you can revisit the question later.

Respectfully eliciting the information

Below are respectful ways to ask the sexual history questions listed above:

Question	Respectful Phrasing
Are you sexually active?	To help us better support your health and lifestyle, can you share whether you are currently sexually active?
Are your partners aware of your HIV status?	Are the people you're intimate with aware of your HIV status? This helps us understand any areas where we can provide support or resources.
Are any of your partners HIV positive?	Do you know the HIV status of your partners? IF any of them are living with HIV, we can explore how to best support your relationships and health.
Are you using safe sex practices, and if so, please share which practices?	Do you currently use any practices to reduce the risk of STI or HIV transmission during sex, such as condoms or PrEP for partners? If so what has worked best for you?
Are you having sex under the influence of drugs or alcohol?	Does alcohol or drug use ever come into play when you're being intimate? This helps us identify ways to ensure your safety and wellbeing.
Do you disclose your HIV status to sexual partners?	Do you feel comfortable sharing your HIV status with sexual partners? If this is something you'd like support with, we can discuss strategies.
Do you have current or past experiences with sexually transmitted infections? If so, have you sought treatment?	Have you ever had any sexually transmitted infections, like chlamydia or gonorrhea? If so, were you able to get treatment?
Do you use needles for drugs, tattoos, or piercings?	Have you ever used needles for things like tattoos, piercings or drug use? This helps us ensure you have access to safe resources if needed.
Do you share needles?	Do you ever share needles with others? If so, we can discuss ways to stay safe and reduce any risks.
How do you protect yourself and needle sharing partners?	Can you share what steps you take to protect yourself and others if you share needles? If you'd like, we can also talk about ways to reduce any risks.

Tips for Resistant or Hesitant Clients

1. Reaffirm Confidentiality

Phrasing – “I want to assure you that everything we discuss is private and will only be used to help support your care”

2. Acknowledge Discomfort

Phrasing – “I know some of these questions can feel personal, and it’s okay to take your time or skip anything you’re not ready to answer”

3. Provide Context for Safety

Phrasing – “These questions are part of ensuring your health and safety, and I ask them so we can provide the right resources and support.”

Fostering trust and creating an environment of trust can be accomplished by framing questions with care, empathy, and professionalism.