

# Positively Safe

## THE INTERSECTION OF DOMESTIC VIOLENCE & HIV/AIDS

### Conversation Guide:

### Starting the Discussion about HIV/AIDS

#### *Why talk about HIV/AIDS or HIV risk?*

Survivors of domestic violence are often limited in their ability to negotiate safe sex practices, thereby increasing their chances of contracting HIV/AIDS. The presence of violence in a relationship may also make it difficult for someone to get tested for HIV/AIDS, disclose their results, or access health care or supportive services. It is important that domestic violence advocates are very comfortable in discussing sexual behavior and history, sexual violence and the risks for HIV acquisition, and risk reduction as part of safety planning.

It is important to remember that a person's risk of HIV acquisition is not limited to their current relationship. Each person brings their past sexual and drug history with them, so the risk of HIV transmission may be both past and present. Even if an abuser has not been sexually violent with a victim or there is no drug use, the victim still may be at risk. Discussing HIV risk is valuable for every survivor.

#### *Who & How to talk about HIV or HIV risk?*

A promising practice for a domestic violence program is to talk to **every** victim about HIV risk. Each service provider will need to decide when it is most appropriate to bring up this subject.

Asking about drug use is one opportunity to open the discussion of the risk of HIV acquisition. Additionally, if a survivor discloses sexual violence, it is important to talk about the risk of HIV acquisition at that time, but must to be done carefully and timed well. For example, an advocate can ask if the survivor has ever been worried about HIV infection, been tested, or what they know about HIV transmission and acquisition. The advocate should provide basic information, but not do anything beyond this. It is best to refer the individual to an HIV/AIDS service provider.

Remember that some cultures are less comfortable than others when discussing topics such as sexual behavior and HIV/AIDS. In these situations, advocates and counselors should remain culturally sensitive and find less direct questions to discuss sex and HIV risk with service participants.

As advocates, we have extremely important beliefs about the autonomy of each individual, the right to self-determination to make her or his own decisions about her/his life, and the right to decide whether or not to disclose personal information. It is important to apply these beliefs to the discussion about HIV/AIDS so a person at risk of or diagnosed with HIV/AIDS can maintain their privacy and autonomy.

#### **EXAMPLE DISCUSSION STARTER:**

*“One of the things we talk to every survivor about is HIV antibody testing. We know that often people in abusive or violent relationships have little or no control over their own bodies, including birth control or condom use. Many domestic violence survivors are forced into unwanted and often high-risk sexual situations, which is a risk for HIV acquisition. Abusers and/or survivors could also be using injection drugs, which is another risk for acquiring HIV. Would you be interested in receiving information about testing and/or getting a referral from me?”*

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### GENERAL GUIDELINES:

- If a survivor discloses abuse of drugs and alcohol, talk about the risks of HIV acquisition and have handouts available, such as **Risk Factors & Risk Reduction** found in the *Positively Safe Toolkit*.
- Provide an educational session on HIV acquisition and transmission for shelter residents on a regular basis or as a topic for support group. Have your local HIV/AIDS providers conduct these sessions.
- Inform all survivors that staff members are available to talk about HIV transmission since there is a connection between sexual violence and HIV infection and drug use and HIV infection.
- Listen for comments that suggest multiple partners, serial monogamy (multiple partners and exclusive with each one), anal or vaginal sex without protection or a partner who was not faithful.
- Create a safe place for discussing HIV/AIDS and/or domestic violence. For example, display posters and pamphlets about HIV/AIDS and domestic violence in public areas in your program.
- Make a referral to your local HIV/AIDS program, if appropriate, and have information on **Linkage to and Retention in Care**, found in the *Positively Safe Toolkit*.

### When to talk about HIV/AIDS or HIV risk?

- During the first meeting
- Individual meeting for services
- If/when discussing the individual's Sexual History
- When safety planning

### EXAMPLE CONVERSATION STARTERS:

- “We know that many people who have been abused have experienced sexual violence as well, which puts them at risk for infectious diseases, such as STI’s or HIV. For this reason, I let everyone know that I am available to discuss and provide some information about STIs and HIV/AIDS if that’s something that is or becomes needed.”
- “It’s very common for perpetrators of domestic violence use sexual assault and/or coercion to control their partner. This may take the form of forcible rape, use of pornography, forcing the partner to have sex with other partners, not allowing the partner to say “no”, forcing sexual acts that are uncomfortable or degrading and denying birth control and protection from sexually transmitted diseases. This is hard to talk about but if this has happened to you, I want you to know that am available to listen. I also want you to know that because this sexual assault is so common, I provide information to all survivors about the link between sexual assault and HIV infection. Here is some information about it and where to get tested. I’m available to talk to you more about this if you like.”
- “Women who have experienced domestic violence are at greater risk of HIV infection because men who perpetrate violence are also less likely to be faithful to their partner. Because of this, we recommend that anyone suspects that their partner may have not been faithful to them get tested for HIV. Here is some information about the intersection of domestic violence and HIV and where you can get tested. I’m available to talk more about this if you like.”

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### *Best Practices in Program Policies*

#### **DISCUSSION ON MEDICAL NEEDS, MEDICAL INFORMATION, & HEALTH HISTORIES:**

Domestic violence programs may have services that address the medical needs of survivors, especially when that individual is staying in a shelter. One response example:

*“We know that many survivors of domestic violence have often not had access to health services. You are not required to tell me, but are there any medical or health needs you would like a referral to a doctor for?”*

One promising practice would be to **refrain** from asking anyone about their HIV/AIDS status during these discussions. Any health and medical information that is disclosed to the advocate should not be documented to protect the survivor’s privacy.

However, a person diagnosed with HIV/AIDS may choose to disclose their status. One response example:

*“Thank you for telling me that. I want you to know that I will keep that information confidential and that it will not be documented in your file. Would you like a referral to services for this? Can I be of any other assistance in this area?”*

There are many people who do not know they are living with HIV/AIDS. That is a reality, just the same as a person may have hepatitis and be unaware. We need to behave as if anyone could be infected with a virus, bacteria, or germ that could be passed on to others, and at the same time treat all survivors the same regardless of a diagnosis. All programs need to use universal precautions for handling blood or other body fluids. For more guidance on this issue please see our **Universal Precautions** resource in the *Positively Safe Toolkit*.

#### **MEDICATION STORAGE**

Someone diagnosed with HIV may be taking a number of medications to manage the virus. See the **Guide for Medication Storage and Access** resource for guidance on this issue in the *Positively Safe Toolkit*.

#### **CONFIDENTIALITY**

A survivor’s privacy is essential and an individual’s HIV status cannot be legally shared with a third party. However, there are ways that a service participants HIV status might be inadvertently revealed to other service participants and/or staff members. It is important that domestic violence programs take steps to prevent this from happening. See the **Confidentiality Considerations** resource for guidance on this issue in the *Positively Safe Toolkit*.