SECTION 2: BELIEFS AND ATTITUDES

LENGTH OF TIME

45 minutes

METHODS OF PRESENTATION

Large group discussion
Small group discussion
PowerPoint presentation #6-8 with discussion

MATERIALS NEEDED

Poster paper on easels
Markers
Screen, computer, LCD projector, disc or flash drive with PowerPoint presentation
PowerPoints 6-9
Handout #1 Comfort level exercise for domestic violence advocates
Handout #2 Comfort level exercise for HIV/AIDS service providers

LEARNING OBJECTIVES

• Understand how beliefs and attitudes influence service provision
• Examine personal comfort levels when providing services to survivors of domestic violence or persons living with HIV/AIDS

OUTLINE OF PRESENTATION

After almost 30 years of education, service provision and outreach about domestic violence and HIV/AIDS, ignorance, fear, prejudice and stigma still exist. Adversely, this affects the lives of domestic violence victims and people living with HIV/AIDS as well as hinders our prevention efforts.

Since there is an intersection between domestic violence and HIV/AIDS, service providers in both fields should address and assist their clients with both issues. As individuals in both domestic violence and HIV/AIDS fields begin to do this, it is crucial to work with program staff on personal beliefs and attitudes that may influence individual service provision. Our personal beliefs, attitudes, and feelings about issues such as race, class, gender, sexual identity, sexuality, or certain behaviors and choices individuals or groups make, can influence the way we respond to others, including those who seek our professional assistance.
Service providers need to be aware of their own beliefs and attitudes. They should be able to speak comfortably, sensitively and non-judgmentally about the experiences, choices and problems of their service population.

This section will briefly provide an opportunity to examine our own beliefs and attitudes about domestic violence and HIV/AIDS and the possible impact they might have on individual service provision.
Trainer,

"We begin our training by discussing personal attitudes and beliefs. After almost 30 years of education, service provision and outreach regarding domestic violence and HIV/AIDS, feelings of ignorance, fear, prejudice and stigma still exist. This can adversely affect victims of domestic violence as well as people living with HIV/AIDS. It can also hinder our prevention efforts.

Because there is an intersection between domestic violence and HIV/AIDS, service providers in both fields should address and assist their clients with both issues. As providers in both domestic violence and HIV/AIDS fields begin to do this, it is crucial to work on personal beliefs and attitudes that may influence individual service provision. Your personal attitudes, beliefs, and feelings towards race, class, gender, sexual identity, sexuality, and individual choices can influence the way you respond to clients.

Along with being aware of your personal values, service providers should be able to speak comfortably, sensitively, and non-judgmentally about the experiences, choices, and problems of our service population. This section will briefly provide an opportunity to self-reflect about domestic violence and HIV/AIDS and the possible impact they have on individual service provision."
LEARNING OBJECTIVES

★ Understand how beliefs and attitudes influence service provision
★ Examine personal comfort levels when providing services to survivors of domestic violence or persons with HIV/AIDS

Trainer, "The learning objectives for this section are to:

- Understand how beliefs and attitudes can influence service provision
- Examine personal comfort levels when providing services to survivors of domestic violence or persons with HIV/AIDS."
Step 2: Define beliefs and attitudes

1. Go to the PowerPoint and review the definitions.

2. Elaborate: “We learn our personal beliefs, attitudes and values from many sources including family, community, religion, culture, schools, media, friends, and lived experiences. They are the lens through which we view the world—it is called our mental model.

Think of a long telescope, like the one a ship’s captain looks through. It gives a limited view. While we can’t expect people to totally change their mental model, we can ask them to turn their heads a bit and that lens will give another view or viewpoint.

Beliefs, attitudes and values govern the way we behave, communicate and interact with others. Though, attitude, beliefs and values are all different, we tend to use the words interchangeably because they are all about our behaviors and influence how we act on internal, often emotional ideas.

It is also important to remember that the people we serve will have their own beliefs and attitudes that affect how they access and respond to services. Internalizing stigma, misplaced guilt or shame can prevent many people from utilizing services, which is why it’s even more important providers deal with their own beliefs and attitudes when serving clients.”
TRAINER TIP: Sharing relatable, personal stories can add some perspective for the participants.

Trainer: “Let's brainstorm a few examples of beliefs or attitudes people may have about domestic violence and HIV/AIDS—they can be ones you've heard, ones you think staff may have that work in your programs, or ones that people you have served have revealed.”

TRAINER TIP: Common examples are: ‘Lots of people strongly believe that a victim of domestic violence should leave her abuser, especially if she has children.’ Or ‘If a woman knows she is HIV infected, she should not have children.’

3. Ask participants how the beliefs stated might influence their work - especially if the 2 fields are going to try to build collaborations and initiate promising practices.

- Common answers are: ‘There might be judgmental comments said.’ ‘Uncertainty in how to handle certain situations.’ ‘Workers may not want to work with certain clients whose behaviors conflict with personal beliefs.’

4. Thank participants for sharing.

Step 3: Comfort Exercise

1. Give each participant the comfort exercise handouts—there are 2 different ones.

   - Handout #1 - Domestic violence advocates learning about HIV/AIDS
   - Handout #2 - HIV/AIDS service providers learning about domestic violence

2. Once handed out, ask each participant to complete both exercise (one for each field).

3. Ask if there are any questions regarding the handouts.

4. Give 8 minutes to complete the exercise.

5. At the conclusion of the exercise, ask each participant to select one question from the exercise for the field they DO NOT work in—that was marked as moderately or totally uncomfortable. Discuss why this question made them uncomfortable.

TRAINER TIP: Responses may be:

- “That’s wrong; everyone has a right to know if they are in danger”
- “People need to be responsible; that’s just not right”
6. Then ask each participant to select one question from the exercise for the field they do work in that was marked as moderately or totally comfortable. Discuss why they were comfortable in this situation.

**TRAINER TIP:** Responses usually reflect knowledge, personal experiences, or no conflict with personal beliefs or value.

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**Step 4: Take away messages**

**Trainer.** "What can we take away from this?"

1. Take responses. Then show the next slide.

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**TAKE AWAY MESSAGES**

- **Personal level:** Examine our own attitudes and beliefs about domestic violence and HIV/AIDS
- **Program level:** Services are free of judgments and reflect a commitment of client centered services

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2. Review the take away messages on the slide.

**TRAINER TIP:** This step should take about 5 minutes.

**TRAINER TIP:** On a personal level each of us needs to examine our own attitudes and beliefs about domestic violence and/or HIV/AIDS.

“This is an opportunity to truly reflect on how personal beliefs and attitudes will be reflected in how we each provide services that meet the unique needs of our clients.”
There is much stigma regarding survivors of domestic violence and persons living with HIV/AIDS. There’s also internalized stigma with providers and clients who are survivors or persons with HIV/AIDS.

We have to keep in mind the possible shame, embarrassment, guilt, confusion that survivors or persons with HIV/AIDS may be experiencing and how that may influence our relationships with them.

On a program level, opportunities for education and discussion of beliefs and attitudes are the foundation for building services that are free of judgments and reflect a commitment to services that are client centered.

“That is, clients have the right to make their own decisions and need support, information, options, access to supportive services, and an unconditional listener. On a program level, opportunities for education and discussion of beliefs and attitudes are a necessity. Supervision and input into program practices are also essential.”

3. Ask if there are any questions.

4. Transition into the next section. “The next section will begin to look at knowledge and information about domestic violence and HIV/AIDS. Even if knowledge rarely changes behaviors, behaviors cannot change without a solid foundation of knowledge.”
SECTIONS 3 & 4: CONCURRENT BREAKOUTS (TRAINER NOTES)

At this point in the training the participants will be divided into two smaller groups.

- Those participants who are HIV/AIDS service providers will be with the domestic violence lead trainer. **Section 3** will be the content section for this group.

- Those participants who are domestic violence advocates will be with the HIV/AIDS lead trainer. **Section 4** will be the content section for this group.

1. Inform the group the rationale for splitting into 2 groups:

   "**The audience is comprised of individuals who primarily work in one field or the other and have a degree of knowledge and familiarity in that area. For 2 hours, the group will be split to increase knowledge in the "other" field. At the conclusion of this section, the two groups will come back together.**

   Before we do this, let's take just a few minutes to talk about your fears and myths about the other field. If you are a domestic violence advocate, what are your fears and perhaps myths about HIV/AIDS or individuals with HIV disease? If you are an HIV/AIDS counselor, what are your fears or possible myths about domestic violence?

   Trainer can give an example to create comfort for participants.

   "For example, professionals who in other fields who work families in which there is domestic violence often express fear that the abuser will come after them and be physically violent. In doing HIV/AIDS trainings, participants often express anger that individuals with HIV disease don’t tell their sexual partners of their infection. By putting these out in the open, the trainer in each group can hopefully alleviate some of these fears and change a myth to a truth. Thank you!!"

2. After the discussion, participants can take a 15 minute break.

15 MINUTE BREAK