SECTION 4: UNDERSTANDING HIV/AIDS (TRAINER NOTES)

The HIV/AIDS trainer will conduct this section for domestic violence advocates. At the conclusion of this section, the two groups will come back together.

LENGTH OF TIME
1 hour 30 minutes

METHODS
Lecture with PowerPoint presentation
Small and large group discussion

MATERIALS NEEDED
Markers, poster paper, tape
Screen, computer, LCD projector with flash drive or disc of presentation
PowerPoint presentation
Handout of HIV/AIDS true/false quiz

LEARNING OBJECTIVES
• Increase knowledge of HIV transmission, disease progression, prevention, risk reduction, and universal precautions
• Begin to build understanding of intersection with domestic violence

OUTLINE OF PRESENTATION
TRAINER TIP: It is extremely important that the HIV/AIDS trainer utilize personal stories of persons diagnosed with HIV/AIDS in a way that maintains confidentiality. Examples can be an amalgam of various situations. Video clips that illustrate particular points of understanding can be used in place of PowerPoint lectures. Song lyrics or movie clips can be just as valuable as videos specifically about HIV/AIDS. Be careful to adhere to the time frames for each step if multi-media used. Use local community and/or state statistics.

Overview of HIV in the United States
• There are 1.1 million people estimated to be living with HIV; 20% are unaware of their status.
• 63% have been linked to HIV care.
• 41% are retained in care.
• 36% received anti-retroviral therapies.
- 28% have undetectable viral loads.
- 25% of people living with HIV are women.
- In 2009, of new infections, 57% occurred in Black women, 21% were in white, and 16% were Latinas.

Both sexual violence and HIV/AIDS have origins in oppression. Common risk factors for both sexual violence and HIV/AIDS include gender-based inequality; male entitlement and patriarchy; absent or weak sanctions, services, and responses; social instability; and poverty (Jewkes, Sen, Garcia, 2002; UNAIDS, 2004). Women, people of color, youth, and residents of developing and poor areas are disproportionately affected by HIV/AIDS due largely to gender, racial, social, and economic inequities that ravage our society and world (UNAIDS, 2004).

Risk factors for HIV/AIDS occur on individual, family, community, and societal levels. Risk factors include poverty, social instability, family disruption, transmission of other sexually transmitted infections, women’s low social and political status, sexual violence, lack of commitment to preventing sexual violence and HIV among leadership. According to the CDC, the following individual level risk factors undermine prevention of HIV/AIDS among women:

- young age
- lack of recognition of partner’s risk
- sexual inequality in relationships with men
- women’s biologic vulnerability to HIV through receptive vaginal or anal intercourse
- sexually transmitted diseases
- substance use
- low socioeconomic status

(NASTAD, 2006). Copyright © 2008 by NSVRC

Though the CDC estimates the likelihood of contracting HIV from a known positive person through consensual vaginal intercourse at 0.1%–0.2% and through consensual receptive rectal intercourse at 0.5%–3% (CDC, 2006), in a situation of domestic violence, the threat of HIV transmission is greater. When sexual intercourse is non-consensual and violent, there is a greater potential for injury and trauma which increases the possibility of HIV transmission.

Women are 2–5 times more likely to become infected through heterosexual intercourse with an infected male than a man having unprotected sexual intercourse with an HIV infected woman.

Reducing or preventing HIV transmission involves personal decision making; however, if one is involved in domestic violence, the ability to control one’s choices may be limited and possibly dangerous. This section will focus on the transmission of HIV, stages of HIV infection, HIV testing, preventive treatments, treatment options, and universal precautions. It will also demonstrate how an abuser can use his partner’s HIV status as another means of power and control.
SECTION 4: UNDERSTANDING HIV/AIDS

Step 1: Review Objectives

Trainer. *What comes to mind when I say HIV/AIDS?*

1. Show YouTube clips, movie clip that talks about HIV/AIDS, etc. as a visual aid. Here are some examples:
   - A commercial focusing on African American youth can be found at: http://www.youtube.com/watch?v=wz-F56wZRzY&feature=related.
   - A public awareness campaign where real people talk about HIV stopping with them: http://www.youtube.com/watch?v=o_EZ-VYJUUY&NR=1
   - Faces of HIV: Renee’s Story, a You Tube video of a US woman talking about her experience in being HIV positive: https://www.youtube.com/watch?v=-7CdQOuc3vQ

TRAINER TIP: For some advocates, this will be their first time seeing/hearing some of these messages.

*HIV/AIDS isn’t an issue that is often portrayed in mainstream media and when it is, there is a lot of misinformation, and myths, etc.*

2. Transition to objectives for next section.
LEARNING OBJECTIVES

★ Increase knowledge of HIV transmission, disease progression, prevention, risk reduction, and testing

★ Begin to build an understanding of the intersection between domestic violence and HIV/AIDS

Step 2: Defining HIV and AIDS

DEFINITION OF HIV

H Human
I Immunodeficiency
V Virus

Explain HIV definition: “HIV is the virus that can lead to an AIDS diagnosis. HIV is transmitted through blood, semen, vaginal secretions and breast milk. HIV targets and attacks cells of the immune system and increases an individual’s susceptibility to other infections.”
People living with HIV may never develop symptoms, even years after becoming infected. In the US, it is estimated that 20% of people living with HIV are unaware that they are infected and as a result may unknowingly transmit HIV to another person. While there is still no cure for HIV/AIDS, the disease can be prevented, and can be managed with antiretroviral therapies, prevention, housing, nutrition, supportive services and primary care.

Once HIV has entered the body, it attaches itself to particular blood cells in the body which are called CD4+ T cells. The CD4+ T white blood cell is important because it calls the immune system into fighting infection through the production of antibodies. HIV reproduces continuously in the body from the first day of infection. A person who is infected with HIV will typically produce about 10 billion new HIV particles each day, and about 2 billion virus-fighting immune system cells. It is estimated that HIV reproduces itself 10 times faster than CD4+ T cells can be reproduced and 100 times faster than the flu virus reproduces. With the destruction of these immune system CD4+ T cells, an individual’s susceptibility to other infections increases.

People are most infectious when they are first infected. It is believed that most new HIV infections are transmitted when a person is in this stage of their disease. In 2008, 32% of people who tested positive for HIV received an AIDS diagnosis within 12 months, meaning that they have been living with HIV for some time and were unaware of their status.

### Definition of AIDS

| Acquired | A person acquires or gets HIV from another person who is infected with HIV. |
| Immune | The virus attacks and destroys key cells necessary for the immune system’s ability to work effectively. |
| Deficiency | The immune system becomes compromised or weakened. |
| Syndrome | A collection of symptoms that indicate a disease. |

1. Discuss the information on the next PowerPoint adding, “AIDS is used as a description for advanced-stage of HIV. AIDS refers to individuals who have particular AIDS-
defining opportunistic infections or by a CD4+ T cell count below 200 cells per cubic millimeter."

POTENTIAL PROGRESSION OF HIV DISEASE

1. Primary Infection
2. No Symptoms
3. Symptoms Present
4. AIDS

People living with HIV may appear and feel healthy for several years. However, even if they feel healthy, HIV is still affecting their bodies. All people with HIV should be seen on a regular basis by a healthcare provider experienced with treating HIV infection. Many people with HIV, including those who feel healthy, can benefit greatly from current medications used to treat HIV infection. These medications can limit or slow down the destruction of the immune system, improve the health of people living with HIV, and may reduce their ability to transmit HIV. Untreated early HIV infection is also associated with many diseases including cardiovascular disease, kidney disease, liver disease, and cancer. Support services are also available to many people with HIV. These services can help people cope with their diagnosis, reduce risk behavior, and find needed services.

AIDS is the late stage of HIV infection, when a person’s immune system is severely damaged and has difficulty fighting diseases and certain cancers. Before the development of certain medications, people with HIV could progress to AIDS in just a few years. Currently, people can live much longer - even decades - with HIV before they
develop AIDS. This is because of “highly active” combinations of medications that were introduced in the mid-1990s.

No one should become complacent about HIV and AIDS. While current medications can dramatically improve the health of people living with HIV and slow progression from HIV infection to AIDS, existing treatments need to be taken daily for the rest of a person’s life, need to be carefully monitored, and come with costs and potential side effects. At this time, there is no cure for HIV infection.

3. Introduce the next slide. “Next, we will examine these stages in more detail.”

### PRIMARY INFECTION PERIOD

**Incubation Period**
The period when a person is first infected with HIV and when antibodies (proteins made by the immune system in response to infection against the virus) are produced by the body.

4. Cover the Incubation Period:

   *This period of the first week or two is when the virus first establishes itself in the body. Up to 70% of people newly infected with HIV will experience some symptoms during this stage.*

   *These symptoms, which usually last no more than several days, might include fevers, chills, night sweats, and rashes. Afterward, the infected person returns to feeling and looking completely well. How many times have you had a day when you had these symptoms and thought to yourself, I’m getting a cold or the flu?*

   *The remaining percentage of people either do not experience symptoms of acute infection or have symptoms so mild that they may not notice them.*
Every person who engages in high risk sexual behaviors with another person who is HIV infected will not become infected, just as every person exposed to someone with a cold or flu will get the cold or the flu.

An individual’s immune system may be strong and fast enough to fight off the virus before it works its way into CD4+ T cells and begin to reproduce. It usually takes 6-12 weeks for the body to produce antibodies. Most people develop antibodies within three months to 6 months after infection.

Seroconversion is a medical term that means that you are infected and the body has begun to make antibodies to the virus in sufficient numbers that when you get tested, you will receive a positive result.”

### PROGRESSION OF HIV

**No Symptoms**

Stage when people infected with HIV continue to look and feel completely well for long periods – often for many years.

5. Summarize the Second Stage:

“During this time, the only indication of HIV infection is that a person will test positive on a standard antibody HIV tests.

This means that you may look and feel healthy but can infect other people. Even though an infected person may appear perfectly healthy, HIV is still very active and is continuing to weaken the immune system.

If left untreated a faster decline of the immune system occurs at some point and the virus rapidly replicates.”
Later Stage of HIV

Symptoms mark the early and medium stages of HIV symptomatic disease.

6. Review Later Stage of HIV:

“It is generally believed that it takes seven to ten years for the first mild symptoms to appear. These symptoms may include skin rashes, fatigue, night sweats, slight weight loss, mouth ulcers, and fungal skin and nail infections.

If left untreated, as the disease progresses, some individuals may become quite ill and have such problems as chronic oral or vaginal thrush (a fungal rash), recurrent herpes blisters on the mouth (cold sores) or genitals, ongoing fevers, persistent diarrhea, and significant weight loss.

Women may have different symptoms than men.

It has been shown that women have higher rates of herpes simplex infections than men. Other gender-specific manifestations of HIV include:

- Recurrent vaginal yeast infections which can be persistent, frequent and more difficult to treat.
- Severe pelvic inflammatory disease (PID), which may become chronic and relapsing. PID may increase the risk of cervical cancer.
- Other vaginal infections may occur more frequently and with greater severity in HIV-infected women, including bacterial vaginitis and common STDs such as gonorrhea, Chlamydia, and trichomoniasis.
- Human papillomavirus (HPV) infections, cause genital warts, can lead to cervical cancer, and occurs with increased frequency in HIV-infected women. A precancerous condition associated with HPV, called cervical
dysplasia, is also more common and more severe in HIV-infected women, and more apt to recur after treatment.

- Menstrual irregularities frequently are also reported by HIV-infected women.

**AIDS**

Fourth Stage - AIDS

AIDS diagnosis occurs when:

- CD4 count is below 200 cells per cubic millimeter, or
- At least one of about 26 different opportunistic infections – diseases that take advantage of the damaged immune systems

7. Go to the next slide and go over the AIDS Diagnosis or AIDS Phase of the Spectrum:

“A person is considered to have progressed to AIDS when a laboratory test shows that his or her immune system is severely weakened by the virus, and their CD4 count is below 200 cells per cubic millimeter, or when he or she develops at least one or more of over 20 different opportunistic infections – diseases that might not affect a person with a healthy immune system but that take advantage of damaged immune systems.

The majority of people infected with HIV will develop signs of HIV-related illness within 5-10 years. However, the time between HIV infection and an AIDS diagnosis can be 10–15 years, sometimes longer. HIV infection is not a death sentence. In 2010, the CDC began to use the following language for any person who is infected with HIV, no matter the stage of disease progression:

“Diagnosis of HIV infection” and “person living with a diagnosis of HIV infection.”

Once the person is diagnosed with AIDS – even if their CD4 count rises above 200 – the diagnosis of AIDS remains. Some people will never progress to AIDS.”
Step 3: Truths and Myths

1. Begin to conduct quiz exercise with small and large group discussion.
   **TRAINER TIP:** This should take about 40 minutes.

2. Distribute the HIV/AIDS quiz handout.
   **TRAINER TIP:** In Trainer Resource, there is a handout of quiz with answers.

3. Direct participants to circle the correct answer. Each participant should do the quiz individually and then spend 10 minutes going over the answers together in small groups. Ask each group to have one person keep track of which questions about which there is disagreement or questions. These will be discussed in the larger group.

4. Call time after 20 minutes.

5. Go to each group and ask for one question about which they would like more information.

6. Go to each table and then ask if groups have other questions for discussion.

7. Then give all answers to #7 using short explanations provided in the **Trainer Handout**.

8. After reviewing Statement #7 on the **HIV Quiz**, move on to discuss transmission.

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**TRANSMISSION OF HIV**

- Sharing syringes for drug use, or needles for tattooing or body piercing
- Unprotected receptive anal, vaginal or oral sex with an HIV infected person
- Mother to child transmission
- Breast feeding

Sharing needles for drugs, body piercing or tattooing

“Individuals who share injection drug works without properly cleaning between uses by another person are sharing minute particles of blood, directly from one person’s bloodstream into the other’s bloodstream.

“Works” mean needle/syringe, cooker, cotton, water. Have you seen drug sharing on TV? What do you remember about the process?

Water in a cooker—spoon, bottle cap—heated with a lighter under it to reduce the drug from a solid to liquid form. The needle is placed into the cotton ball that is in the water. The drug is pulled up into the syringe with impurities or “chunks” of drug trapped in the cotton ball. The needle is then placed into a vein and the individual draws the syringe up to see if there is blood so s/he knows they have hit a vein. Then the drug is injected. If the needle/syringe is passed to the next person who repeats the process, the syringe contains the blood from the previous person.

Cleaning one’s works includes three steps: flushing it with water; disinfecting it with bleach, and flushing it again with water.

Similarly, unsterilized tattoo or piercing needles may be a way to transmit HIV if the needle goes from an infected person to an uninfected person. This practice is most common in prison and on the street.

Unprotected anal, vaginal or oral sex with an HIV infected person

For the receptive partner (the “bottom”), the mucous membranes of the anus/rectum and vagina are an entrance into the bloodstream of infected body fluids. During routine, non-violent intercourse, minute tearing and abrasions can occur and are often unnoticed.

Anal sex has a higher risk than vaginal sex, because the membranes are thinner, tearing happens more easily, and there is no natural lubrication. It is speculated that for the penetrative partner (the “top”), HIV may infect through the mucous membranes at the opening of the urethra.

The risk from oral sex is very minimal. Saliva contains enzymes that break down the virus; also, the skin of the mouth is sturdier than in the anus or vagina. There are, however, a few documented cases where it appears that HIV was transmitted orally. These cases are all attributed to ejaculation of seminal fluid into the mouth (i.e., exposure to semen, not exposure to vaginal or pre-semenal fluid). If there are cuts or sores in the mouth, that poses an increased potential for HIV transmission.

Mother to child transmission

HIV infection from an HIV-positive mother to her child during pregnancy, labor, delivery or breastfeeding is called mother-to-child transmission (MTCT).
After delivery (perinatal) HIV transmission is the most common route of HIV infection in newborns and is now the source of almost all HIV/AIDS cases in children in the United States. If a woman is HIV infected, the risk of her child being HIV infected is 20-45%; however if the woman knows she is HIV infected and is taking the antiretroviral therapies, the risk the child will be HIV infected is reduced to less than 2%.

Treatments are also available during and after delivery and for the newborn as well. Many states have legislation which requires offering/conducting HIV testing for pregnant women in order to establish their HIV status and, if positive, prescribe medications that help to prevent the baby from becoming infected.

Breast feeding

While some HIV positive mothers may wish to breastfeed their child, the advice from national health agencies is straightforward: they should avoid breastfeeding altogether because the risk of HIV transmission far outweighs the risks associated with replacement feeding.

Formula feeding is the only infant feeding method that does not expose an infant to HIV. Breast feeding by an HIV infected woman who is not taking antiretroviral treatments increases the risk of infecting her child by 40% if she breast feeds for 2 years.”

10. Return to Quiz Statement #8 and continue giving answers from Trainer Handout.

11. Ask if there are any questions.

12. Transition: “Now that we have gone over the definition, stages and transmission of HIV, we will go over testing for and prevention of HIV.”
1. Talk about the need for testing.

**TRAINER TIP:** This section using PowerPoint only should take about 20 minutes.

“**It is estimated that approximately 20% of individuals who are HIV infected do not know it. Unfortunately for some, it is due to the mistaken belief that s/he would know if the other person was infected, they believe they’re not at risk because they’re heterosexual or don’t inject drugs, or they’re afraid to get tested due to stigma. Anyone having unprotected sex may be at risk.**

*There are currently several ways of testing for HIV.*”
A rapid test - a screening test that produces results in about 20 minutes

Orasure - an oral test for HIV antibodies

These 2 tests are confirmed by a Western Blot test

The most commonly used HIV tests detect HIV antibodies – the substances the body creates in response to becoming infected with HIV. There are tests that look for HIV’s genetic material or proteins directly; these may also be used to find out if someone has been infected with HIV.

It can take some time for the immune system to produce enough antibodies for the antibody test to detect, and this “window period” between infection with HIV and the ability to detect it with antibody tests can vary from person to person. During this time, HIV viral load and the likelihood of transmitting the virus to sex or needle-sharing partners may be very high.

Most people will develop detectable antibodies that can be detected by the most commonly used tests in the United States within 2 to 8 weeks (the average is 25 days) of their infection. Ninety-seven percent (97%) of persons will develop detectable antibodies in the first 3 months. Even so, there is a small chance that some individuals will take longer to develop detectable antibodies. Therefore, a person should consider a follow-up test more than three months after their last potential exposure to HIV. In extremely rare cases, it can take up to 6 months to develop antibodies to HIV.

A rapid test is a screening test that produces results in about 20 minutes. This is a blood test that looks for HIV antibodies.

Orasure is an oral test for HIV antibodies. This test involves a swabbing of cheek cells but the test is not a saliva test or cheek cell test. The mucosal membrane contains enzymes that react with the chemical used for testing.
These 2 tests are confirmed by a Western Blot test.

In every state, the law or common practice dictates the testing procedures. The blood work and accompanying paperwork is sent to a lab and may take 2 weeks for a result. The results of this test do not indicate anything beyond HIV infection—not when, not who, how much virus in the system (viral load), status of immune system (CD4 count), or how soon symptoms or AIDS will appear. The results indicate a person is infected and infectious. Results are 97-99% accurate."

### TEST RESULTS

**POSITIVE** or reactive test result means the person is infected with HIV and can infect others

**NEGATIVE** or nonreactive test result means
- Not HIV infected or
- HIV infected having occurred recently and there are not sufficient antibodies for a positive or reactive test

2. Go to the slide on Test Results:

- A **positive or reactive test means the person is infected with HIV and can infect others.**
- A **negative test or nonreactive result means 1) not HIV infected or 2) HIV infected and that occurred recently and there were not sufficient antibodies for a reactive test.**

"If there are risk factors within the last 6 months, then another test should be taken within the next 3-6 months. It is extremely important that during that waiting time for re-testing a person must not engage in high risk sexual, syringe or needle sharing behaviors.

HIV/AIDS programs can provide information regarding test sites. In most states there may be a statewide hotline for information about test sites. To find an HIV testing site near you, go to www.hivtest.org and type in your zip code."
The confidentiality of HIV test results varies from state to state. As of April 2008, all 50 states, the District of Columbia, and 6 dependent areas—American Samoa, Guam, the Northern Mariana Islands, Palau, Puerto Rico, and the U.S. Virgin Islands—used the same confidential name-based reporting standards to collect HIV surveillance data. 14 states and Palau offer anonymous testing as well as confidential testing. Collection of HIV infection/test results and AIDS diagnosis information are also collected and reported to state health departments and then to the Centers for Disease Control (CDC).

Research indicates that HIV testing, though easily and readily available, is not taken advantage of. In 2006, the CDC recommended routine HIV testing as part of a person’s annual physical. But, this isn’t being done in a comprehensive manner.

It’s important for domestic violence advocates to provide information to survivors about risk factors and where he/she can get tested. Safety planning should be done with the survivor:

- When she is going to the testing site
- When she receives the results
- If she tests positive and the results are disclosed to her partner

Besides male or female condom use, and getting testing on a regular basis, there are things that a victim or survivor of domestic violence of sexual violence could do to reduce her risk of becoming infected with HIV.

It is called prophylactic treatment.”

PREVENTATIVE TREATMENT

★ nPEP (Non-occupational Post-Exposure Prophalaxis) – one time medication given after an HIV or suspected HIV exposure in hopes of decreasing the likelihood of HIV infection from the exposure

★ PrEP (Pre-Exposure Prophylaxis) - antiretroviral medication taken daily to try to lower chances of becoming infected with HIV

3. Review the two preventative treatments.
Trainer: “nPEP stands for Post Exposure Prophylaxis. This is a preventative medication given after an HIV or suspected HIV exposure in hopes of decreasing the likelihood of HIV transmission.

The nPEP medication combinations used depends on the degree of exposure and the HIV status of the source of the exposure. In 2005, the CDC recommended that people exposed to HIV through unprotected sexual intercourse, sexual assault, shared needles or accidents receive immediate treatment with antiretroviral drugs to prevent infection. This treatment can reduce the risk of HIV infection by as much as 80%.”

The CDC said that to be effective, prophylactic antiretroviral regime must begin within 72 hours of exposure. It is a 28 day course of antiretrovirals. However, this may not be realistic for a victim/survivor as he may not be able to access a site for nPEP due to the control of the abuser. The abuser may control transportation or daily activities. nPEP is very expensive and insurance may not cover this treatment. There also may be none or very limited programs offering nPEP.

The CDC estimates the likelihood of contracting HIV from a known positive person through consensual vaginal intercourse at 0.1%–0.2% and through consensual receptive rectal intercourse at 0.5%–3% (CDC 2006). It is possible that the threat of HIV transmission is greater in nonconsensual intercourse, or sexual assault, due to potential injuries sustained by the victim. If one is involved in a relationship in which there is domestic violence and there are repeated episodes of sexual violence, the risk of HIV infection rises.

PrEP or Pre-Exposure Prophylaxis is an antiretroviral medication(s) taken daily to try to lower chances of becoming infected with HIV. PrEP is given to uninfected individuals before, during and after high risk exposure to reduce the risk of being infected.

Both treatments are not 100% effective, can have serious side effects, and do not guarantee prevention of HIV infection.”
4. Go to the next slide on Risk Reduction. 

The most effective way to prevent HIV transmission and infection is through risk reduction.

The CDC promotes TLC

- Testing
- Linkage to care
- Condom use and distribution

Risk reduction counseling is interactive.

It involves not just information on risk reduction practices, but also the interpersonal skills needed to negotiate and sustain appropriate behavior changes. Risk reduction is more than condom use. It can be engaging in oral sex rather than vaginal or anal sex or reducing how often there is sexual intercourse. It may be using female condoms if the male will not use male condoms. For those using injection drugs, risk reduction is to participate in a syringe exchange program, purchase syringes from a pharmacy (where available), properly cleaning drug sharing syringes, shifting to non-injection drugs and seeking drug treatment.

Risk reduction for victims of domestic violence is complex as they may not be able to abstain from sex or insist on condom in an abusive relationship and they have no control over partner’s sexual behavior outside of the relationship.

It is important that domestic violence programs invite the HIV/AIDS provider to conduct risk reduction presentations at your program. Risk reduction can then be a key
element in safety planning. The individual components of a safety plan cannot operate in isolation, but must work together toward the well-being of the person at risk. All education activities related to HIV/STD prevention should contribute to and complement the overall goal of safety for the victim/survivor.

As domestic violence advocates, you understand the stigma attached to survivors of domestic violence. There is also pervasive and damaging stigma attached to persons with HIV/AIDS. Much of this stigma is due to the fact that transmission involves sex and drug using behaviors. Many people want to believe that it is everyone else’s behavior, never their own which can result in HIV transmission. The reality is that it is about behaviors not groups of people. Anyone who engages in unprotected sexual intercourse or shares drug injection works is at risk of HIV transmission.”

TRAINER TIP: (OPTIONAL) To understand this concept of stigma a little more, you can have the audience view this commercial developed for a Worlds AIDS Day campaign in Australia, http://www.youtube.com/watch?v=RWbprBw-yGE&feature=related, on stigma, shame, ignorance, and injustice as some of most painful symptoms of HIV/AIDS. - It shows men and women saying: I don’t love you anymore, You probably deserved it, You brought shame to our family, It’s your own fault, You’re not my daughter anymore. - Ask the audience for quick thoughts about the clips.

PSA Option 2: Here’s a US PSA with women http://www.youtube.com/watch?v=Dy4_NpZ8O8M
Step 5: Take away messages

1. End the section: “We are going to end here and return to the large group to talk about the intersection of domestic violence and HIV/AIDS. But let me ask: What is your most important take away message? What has most impact on you? From what we have discussed, what message will you take with you?”

TAKING AWAY MESSAGES

★ Any person who engages in unprotected sexual intercourse or shares drug works with an HIV infected person is at risk for HIV infection.
★ For most people, HIV disease is a chronic manageable disease.
★ Getting tested for HIV antibodies as soon as one realizes s/he may be at risk is necessary to begin personal behavior change and management of disease progression.

2. Thank them and then present PPT of take away messages, pointing out when their responses reflect the PPT messages.

3. Inform the participants that whatever stays with them will assist them in providing effective services.

4. Thank the group for their diligence during this section.

5. Then inform the group that the next section will focus on the intersection of the domestic violence and HIV/AIDS, specifically how the power and control tactics of a batterer come into play if he and/or the victim or survivor of domestic violence are persons living with a diagnosis of HIV infection or living with AIDS.

6. This next section will be done as a large group again. Merge the two groups together.

END OF SECTION 4 / TWO GROUPS MERGE TOGETHER