HIV TESTING & DV ADVOCATES

AN INTERVIEW WITH KELLY HENRY, DIRECTOR OF RESIDENTIAL ADVOCACY AT SOJOURNER HOUSE (PROVIDENCE, RI)

Getting an HIV test may be a difficult thing for a survivor to do, especially if they’ve had negative experiences with the medical field. Even when domestic violence organizations have good standing relationships with their community HIV organization, a survivor may still be reluctant to accept a referral. Providing onsite testing is a great way for survivors to receive testing in a setting they may already be comfortable with and with someone they already have a rapport with. *HIV testing cannot be mandated.*

NNEDV highly recommends that domestic violence organizations build a relationship with a local HIV organization before conducting testing. Testing should only be conducted if advocates can link survivors living with HIV to HIV care and support.

**Why did Sojourner House start offering HIV testing to survivors?**

Sojourner House started offering HIV testing in the 1990’s when it started to see the link between domestic violence and HIV/STI transmission. Initially, it was focused around empowerment and education with a focus on women of color, who are at higher risk for HIV transmission, due to health inequities, cultural norms, poverty, as well as racism and gender inequity. Sojourner House staff recognizes the importance of working with all survivors of domestic violence, so we always have at least one HIV test counselor who is a fluent Spanish speaker.
Sojourner House has developed a good working relationship with the Rhode Island Department of Health. We reached out to them, and found out that they have regular trainings for QPTC (Qualified Professional Test Counselors). The training covers how to administer tests, confidentiality, counseling for test results, resources and referral information. I would recommend reaching out to your local Department of Health.

We have posters all over our spaces that say we offer free, confidential HIV tests. We also bring it up at support groups and house meetings on a regular basis.

We operate under a voluntary services model so we would never require it. Requesting an HIV test is a private and personal decision and it gives an advocate the opportunity to have a meaningful conversation about birth control, safer sex options, and sexual health in an honest and empowering way. If you force someone to get tested or make it mandatory, it may be traumatic, especially if someone is not ready to hear they are HIV positive.

We conduct oral tests, saliva only. This means we can really do it anywhere. It takes about twenty minutes. We only do it in confidential spaces with a door, with just the advocate and the client.

If the oral test is confirmatory, we set up a blood test at a local hospital right there with the client. We will make sure that we are available to go with the client for the test, if they need the support.
All advocates, who are Qualified Professional Test Counselors, know the high level of confidentiality around a survivor’s HIV status. We don’t write it in their file or keep any records of it that could be linked to the client. Staff doesn’t talk about a person’s status at case review. We have had several clients, who were living with HIV, in our residential program and most of residential program never knew. I think that it is important to remember there are people who are living with HIV in our programs, who may never tell us and may not know themselves. Everyone deserves respect and dignity.

We do a great deal of testing events around the community. We do testing at local homeless shelters, other domestic violence programs, residential substance abuse programs for women, housing programs, and even, the community college.

I think that if your domestic violence agency wants to start doing testing, look at your agency and do some training around sexual health. I think there is some hesitation in some domestic violence agencies around sexual health and contraception, so I think it is important to do training with the staff. I think there will need to be some strategic planning and capacity building, especially because domestic violence agencies might start to see populations that they have not seen. Rather than seeing this as a barrier, think about all the under-served populations who need trauma-informed services from your agency and all the ways you can grow.

**NOTE: requirements and training to become a certified HIV tester may vary by state. Please contact your state department of health for more information.**