

# CONVERSATION GUIDE: STARTING A DISCUSSION ABOUT DOMESTIC VIOLENCE

## WHY TALK ABOUT DOMESTIC VIOLENCE?

We know that over half of women living with HIV have experienced domestic violence and about 1.2 million people in the United States are living with HIV, therefore it is critical for HIV service providers to recognize and respond to the needs of survivors of domestic violence in order to provide them holistic support. Although some service providers may be hesitant to start the conversation about domestic violence, it is imperative they are having these conversations and asking these questions to all individuals accessing services.

## WHOM TO TALK WITH & HOW TO TALK ABOUT DOMESTIC VIOLENCE

Making informational materials about domestic violence readily available and visible in your spaces is one way to begin this conversation. By displaying this information and making it easily accessible, every individual coming through your doors has the opportunity to access this information on their own time. It also shows that your service providers are open to having these conversations.

These discussions should happen in a conversational way and should be an opportunity to get to know the service participant as an individual and identify how to best meet their needs. Everyone should be informed as to why they are being asked

these questions, what will happen to the information, and that they have the right to refuse to disclose any information.

These conversations should also be happening with all service participants. Domestic violence has an impact on all communities – folks of all gender identities, sexual orientation, race, ethnic backgrounds, religion, and socioeconomic status.

Because domestic violence may bring on feelings of guilt or shame, a survivor may not open up to you initially, therefore you should keep in mind this is an ongoing conversation. Let the service participant know you can always revisit this conversation.

Remember that cultural differences can impact a person's comfort with discussing topics such as violence, sex, relationships, etc. In these situations, advocates and counselors should remain culturally sensitive and find less direct questions to open these topics up for discussion with every service participant. With every client, it is important to take their lead on the conversation. If they do not want to discuss the proposed topic, this is okay.

If possible, ask the participant if they would be more comfortable speaking with a different member at your organization that they may more closely identify with or if there is anything you can do to make them feel more comfortable.

### CONVERSATION STARTERS & QUESTIONS

*“One of the things we know is that many people are involved in relationships that are controlling or even violent. There is a connection between a violent relationship and acquiring HIV. The fear of violence can hinder our ability to negotiate sexual practices, so we ask everyone some questions about their relationships.”*

*“Getting tested is a great way to take control over your sexual health, are there any other concerns you have when it comes to your sexual health? We know that some folks may experience forced sex from their partners, so we ask folks about this.”*

#### Some questions to ask:

- Do you feel controlled and/or isolated by your partner?
- Has your partner ever forced you into sexual situations?
- Has your partner ever threatened you or your children?
- Has your partner ever tampered with your medications or prevented you from seeing a doctor?

#### WHEN TO TALK ABOUT DV?

- At intake
- While discussing the individual's sexual and drug use history
- Whenever partners are discussed
- During safe sex discussions
- During a discussion of how they or their partner may react to a positive test result
- During a discussion on disclosure

## GENERAL GUIDELINES WHEN DISCUSSING DOMESTIC VIOLENCE

- Have these conversations with all service participants.
- Use gender neutral language.
- When asking questions about violence, let the individual know that you ask everyone as a way to provide support.
- Begin with general relationship questions that may elicit red flags of abuse.
- Ensure questions are being asked in a private, confidential setting. Partners should not be present. State that this is standard practice if there is any pushback.
- Clarify your role with the service participant and what you can do to support an individual who is experiencing violence.
- Discuss options for services and supports that they may consider now or in the future.
- Be respectful and nonjudgmental. This will create an environment of safety and trust.
- Honor their autonomy, their expertise in their own life, and their agency to make the best decisions for themselves at that time.
- Consider that they may have an ex-partner with whom they are still in contact, so try to use 'partner' and 'ex-partner' in the questions to bring both possibilities into the conversation.
- Validate the individual's feelings and experience (e.g. "No one deserves to be abused," "I believe you").
- Avoid using terms such as domestic violence, victim, abuser, batterer – they may have preconceived notions about what these terms mean and reject that they may be in an abusive relationship without further reviewing the behaviors of their current or former partner.
- Have a written and verbal explanation of confidentiality about domestic violence disclosure and make it accessible to the service participant.
- Ask if a referral for services would be helpful at this time. Offer to provide them information for future reference or let them know where they can find it.

### MOBILE ADVOCACY

Due to the COVID-19 pandemic, many organizations had to change the ways in which services are provided. The use of video chatting and other mobile platforms has been a great way to keep providing services at a safe distance. Implementing these mobile supportive services in day to day work is something that can also benefit folks who may be unable to leave their home due to lack of transportation, disabilities or other barriers. For more information on mobile advocacy, checkout the Digital Services Toolkit developed by the Safety Net Project at NNEDV.

## GUIDELINES TO KEEP MOBILE SERVICES SAFE

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- Asking participants what is a good number to call them at? Is there a specific time of day to avoid? Can only the participant call you? Can you leave a message if nobody answers?
- Ensuring their privacy is key – setting up virtual meeting rooms with passwords, wearing headphones, and meeting in a private space.
- Ask them before setting up a virtual meeting if the device they are using is safe or could be monitored by their partner. If they are unsure, ask if there is another device they know is not monitored.
- Be flexible. A survivor may not be able to meet with you during regular business hours. They also may not be able to chat the entire time if their partner comes home or is monitoring them in any way.

## HOW TO RESPOND TO A DISCLOSURE

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If you are meeting with an individual who came with their partner and feel there is controlling behavior or safety concerns, you will have to decide what to do in each situation, understanding that your actions may jeopardize the victim's safety when the couple leaves. To ensure victims can talk with you, it is important that organizations have policies on seeing folks separately and enforce it.

If domestic violence is disclosed, remember that the information obtained about the relationship might need to be discussed again during test results, if testing is done, and as part of risk reduction.

If domestic violence is disclosed and it seems appropriate to offer a referral, the provider could say:

*“Given everything we have talked about, I have concerns about your safety—in the relationship. There is a program in the community called \_\_\_\_\_ and we have a great partnership with them. I know they could help you. Would you be interested in talking with them?”*

If they answer yes: *“Then let me tell you about their services and give you this brochure. If you want, you can call them from here or I could call and put you on the phone. Whatever you want—you might want to think about this more. This is up to you. OK?”*

If they answer no: Be sure to reassure the individual that there are resources and support available to them if they ever need them and that you are available if they ever want a referral.