

BEST PRACTICES IN PROGRAM POLICIES FOR DV PROGRAMS

DISCUSSIONS 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. Having a conversation on medical needs may include asking if they need access to a medical professional.

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

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

However, a person living with HIV may choose to disclose their status. One way to respond is:

“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? Do you need support accessing any medications? Can I be of any other assistance in this area?”

There are many people who do not know they are living with HIV. We need to be aware that anyone could have a virus, bacteria, or germs that could be passed on to others, and at the same time treat all survivors the same regardless of any diagnosis. All programs need to use universal precautions for handling blood or other bodily fluids. For more guidance on this issue please see our **Universal Precautions** resource in the Positively Safe Toolkit.

MEDICATION STORAGE

Survivors may be taking a variety of medications to manage many different conditions, this includes survivors living with HIV. Survivors should not be required to disclose or turnover any medications to staff. See the Guide for **Medications & Survivors** resource for more guidance on this issue in the Positively Safe Toolkit.

CONFIDENTIALITY & DOCUMENTATION

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. For example, dropping someone off at the local HIV community-based organization with other survivors in the vehicle.

It is important that domestic violence programs take steps to prevent this from happening. These steps may include providing a survivor a taxi voucher for a private ride to their appointment or offering a private office for the survivor to meet with an HIV advocate should they need to meet at your organization or shelter to ensure their conversation cannot be overheard. Related to confidentiality is documentation. It's important that notes are limited to only what is necessary to provide services. Notes should be objective with no room for interpretation.

For victim service providers, Violence Against Women Act (VAWA), Family Violence Prevention & Services Act (FVPSA), and Victims of Crime Act (VOCA) confidentiality requirements and protections likely apply to your agency.

See the **Technology & Confidentiality Toolkit** from NNEDV's Safety Net project for additional resources related to confidentiality and documentation.



IMPLEMENTING POLICY CHANGES

Review your policies and procedures regularly - at least once a year. Sometimes unwritten policies creep in without us realizing.

Engage with staff, survivors, and partners on changes to your policies. Seek feedback. Be honest that change is difficult and that not everything will be smooth.

Evaluate your services, conversations, physical space, and the relationships you've built with survivors. Determine if something is missing.

REQUEST A TRAINING