

CONVERSATION GUIDE: STARTING A DISCUSSION ABOUT HIV/ AIDS

Survivors of domestic violence often have limited ability to negotiate safe sex practices, which can increase a survivor's chance of acquiring HIV/AIDS. It was found that victims of domestic violence are 48% more likely to be exposed to HIV than those in non-violent relationships. The presence of violence in a relationship can also make it difficult to access testing, disclose their results, or access health care and supportive services.

Therefore, in order to holistically serve survivors, domestic violence programs need to start having trauma-informed conversations about sexual history, sexual violence, drug use, and HIV transmission as a part of safety planning with every service recipient.

It is important to remember that a person's risk of HIV acquisition is not limited to their current relationship. Each person brings their past sexual and drug history with them, so the risk of HIV transmission may be both past and present. Even if an abusive partner has not been sexually violent with a victim or there is no drug use, the victim may still be at risk. Discussing HIV risk is valuable for every survivor.

WHO & HOW TO TALK ABOUT HIV OR HIV RISK

As a promising practice for domestic violence programs, it's important that advocates discuss sexual history, drug use, and HIV with every service recipient. HIV affects folks of all gender identities, sexual orientation, race, ethnicities and socioeconomic status. Each service provider will need to decide when it is most appropriate to bring up this subject. However, it's important to consider having the discussion on multiple occasions.

Another consideration for domestic violence advocates is that every culture is different when discussing topics such as sexual behavior and HIV/AIDS. In these situations, advocates

and counselors should remain culturally sensitive and find less direct questions to discuss sex and HIV risk with service participants.

As advocates, we have extremely important beliefs about the autonomy of each individual, the right to self-determination to make their own decisions about their life, and the right to decide whether or not to disclose personal information. It is important to apply these beliefs to the discussion about HIV so a person possibly exposed to or living with HIV can maintain their privacy and autonomy.

GENERAL GUIDELINES:

- If a survivor discloses use of drugs and alcohol, talk about the risks of HIV acquisition and have handouts available, such as Risk Factors & Risk Reduction found in the Positively Safe Toolkit.
- Bring in a local HIV/AIDS provider to conduct a session on sexual health for service recipients on a regular basis or as a topic for support groups.
- Inform all survivors that staff members are available to talk about HIV transmission since there is a connection between sexual violence/drug use and HIV acquisition.
- Listen for comments that suggest multiple partners, serial monogamy (multiple partners and exclusive with each one), anal or vaginal sex without protection, or a partner who was not faithful.
- Create a safe place for discussing HIV and/or domestic violence. For example, display posters and pamphlets about sexual health, HIV, and domestic violence in public areas in your program. Make condoms and lube packets easily accessible as well.
- Build a relationship with your local HIV program in order to provide warm referrals, if requested.
- For survivors living with HIV, they may need to be relinked to care to access their medications. For more information, see NNEDV's Linkage to and Retention in Care document, found in the Positively Safe Toolkit.



WHEN TO TALK ABOUT HIV OR HIV RISK?

- During the First Meeting
- During Check-ins or Meetings to discuss Services
- If/When Discussing the Individual's Sexual History
- Any mention of previous STIs
- If use of drugs or alcohol by survivor or abusive partner comes up
- When Safety Planning

CONVERSATION STARTERS

“One of the things we talk to everyone about is HIV testing. We know that often people in abusive or violent relationships have limited control over sexual practices, including birth control or condom use. Many domestic violence survivors are forced into unwanted sexual situations, which can increase exposure to HIV. Would you be interested in receiving information about testing and/or getting a referral from me?”

“It’s very common for perpetrators of domestic violence to use sexual assault and/or coercion to control their partner, this may take form in multiple ways, including not agreeing to use a condom. This is hard to talk about but if this has happened to you, I want you to know that am available to listen. I provide information to all survivors about the link between sexual assault and HIV. Here is some information about it and where to get tested. I’m available to talk to you more about this whenever you would like.”

“We know that many people who have experienced abuse have experienced sexual violence as well, which can increase the possibility of exposure to STI’s or HIV. For this reason, I let everyone know that I am available to discuss and provide some information about STIs and HIV if that’s something that is or becomes needed.”

“Individuals who have experienced domestic violence are more likely to be exposed to HIV because those who perpetrate violence are also less likely to be faithful to their partner. Because of this, we recommend that anyone who suspects that their partner may have not been faithful to them get tested for HIV. Here is some information about the intersection of domestic violence and HIV and where you can get tested. I’m available to talk more about this if you like. I can also call the HIV organization with you to setup an appointment or support you in anyway that may be helpful.”

QUESTIONS TO CONSIDER FOR CONVERSATIONS

How would your partner respond to being asked to use a condom?

Has your partner ever removed a condom while having sex?

Do you know or have concerns of your partner having other sexual partners?

Has your partner ever controlled or attempted to control your contraception/birth control?

Do you have any concerns about your sexual health?