

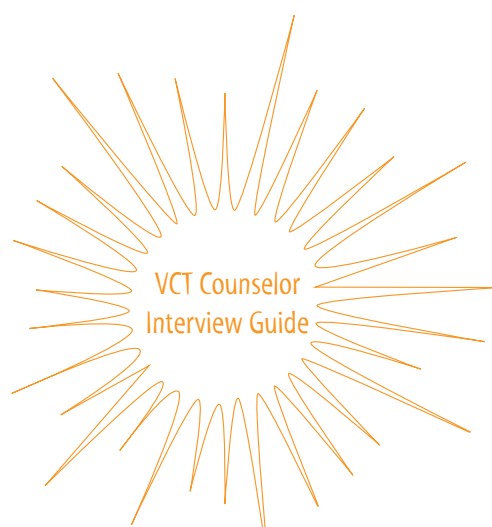
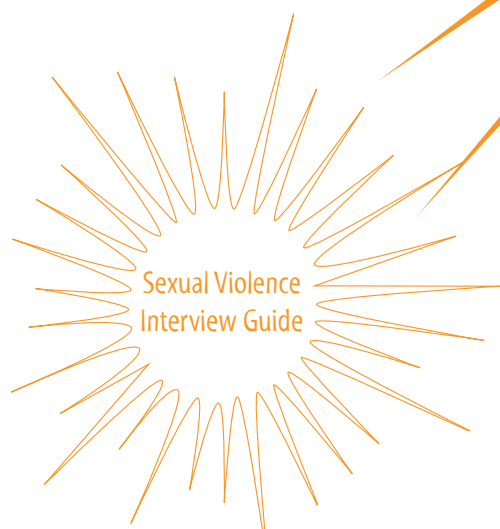
training

module for
health care providers



support

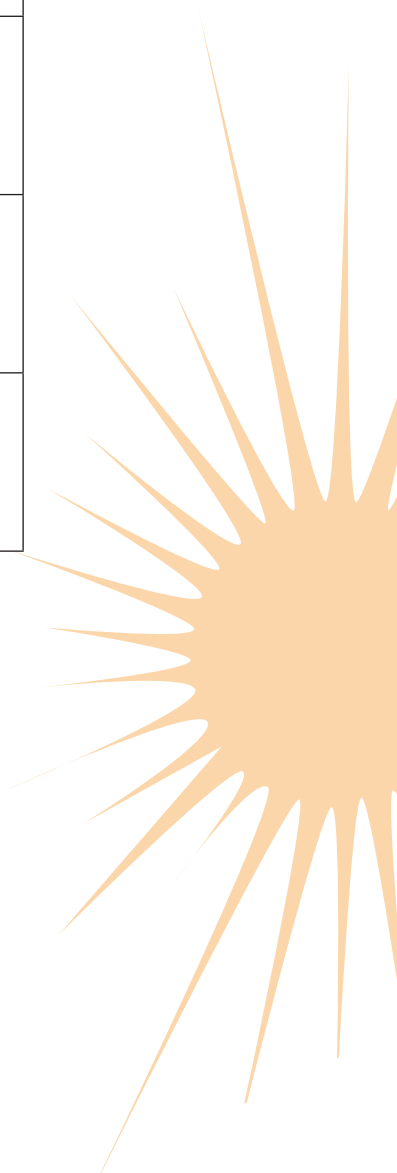
Skills and Tools for addressing violence against women and HIV in the health care setting

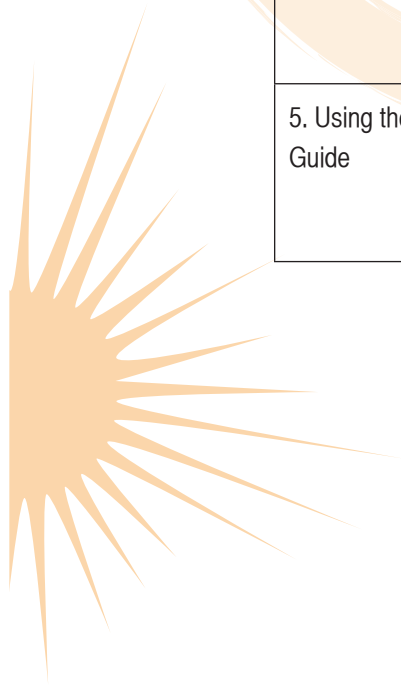


Interview Guides and Recommended Trainings

| Interview Guide | Recommended Users | Recommended Basic Training | Recommended Optional Training |
|---|---|----------------------------|---|
| Health Care Provider Interview Guide | For all general health practitioners, including doctors, nurses and counselors | 1-5 | B, C (and any others based on special interests) |
| VCT Counselor Interview Guide | For VCT counselors and other health care providers offering HIV testing and counseling to women | 1-5 | A–G (with special attention to D–G) |
| Sexual Violence Interview Guide | For health care providers who may encounter survivors of sexual violence while on the job | 1–5 | A, B, C (and any others based on special interests) |

The *SASA!* Health Care Provider Training Module is designed to help strengthen provider's practical response to women experiencing violence. Remember, health care providers often carry the same attitudes and beliefs about violence against women as the community from which they come. They may even have experienced or used violence in their own relationships. Therefore, it is important to help health care providers explore their own attitudes and experiences about power, violence and HIV/AIDS. We recommend facilitating the Start and Awareness training modules with health care providers before this specially designed module.





| BASIC TRAINING: Using the Interview Guides (3 hours) | |
|--|--|
| 1. Introduction | <p>15 minutes discussion</p> <p>Participants briefly share their challenges when addressing violence against women and its connection to HIV/AIDS with clients.</p> |
| 2. Understanding the Interview Guide | <p>45 minutes exercise & discussion</p> <p>An exercise allows participants to experience how their clients might feel in disclosing a private and difficult topic and also how providers feel when a client is not sharing openly. In a discussion, participants explore how an interview guide could assist both client and provider in these situations.</p> |
| 3. Clinic Necessities | <p>45 minutes group work & brief presentations</p> <p>In small groups, participants brainstorm the essential components that must be in place at their clinics in order to provide quality services for clients.</p> |
| 4. Imagining the Conversation | <p>15 minutes guided imagery & discussion</p> <p>Participants listen to a guided imagery about themselves on the job using an interview guide with a female client. Through this process, participants become familiar with the questions in the interview guide and how they might use them.</p> |
| 5. Using the Interview Guide | <p>1 hour skits & discussion</p> <p>In small groups, participants practice using the interview guide while acting out short skits. They conclude with a discussion about the experience.</p> |

| OPTIONAL TRAINING: Professional Skill Building | |
|--|--|
| A. Understanding Post-Exposure Prophylaxis (PEP) | <p>30 minutes quiz & discussion</p> <p>Through a quiz, participants share and strengthen their knowledge and skills on PEP administration.</p> |
| B. All about Referrals | <p>45 minutes group brainstorm & exercise</p> <p>Participants brainstorm various details about referrals. Then they practice creating a referral list.</p> |
| C. Safety Planning | <p>45 minutes exercise & discussion</p> <p>Participants explore the concept of 'safety' and discuss how to create safety plans with clients experiencing or fearing violence.</p> |
| D. Client Role Playing | <p>1 hour 30 minutes brainstorm & skits</p> <p>Participants brainstorm and discuss the importance of role playing with clients to help them build skills and stay safe. Skits are then performed to practice role playing with clients.</p> |
| E. Pregnant Women and New Mothers | <p>45 minutes skits & discussion</p> <p>Participants perform and watch skits to reinforce their understanding of quality care for pregnant women and new mothers. After each skit, the group will analyze and discuss the effectiveness of the support demonstrated.</p> |
| F. Condom Negotiation | <p>45 minutes brainstorm, exercise & discussion</p> <p>In pairs, participants talk about all the ways women and men could negotiate condom use. Participants then work in teams to consider a woman's possible responses to these arguments.</p> |
| G. Accompanied Disclosure | <p>1 hour skits & discussion</p> <p>Participants create and perform skits modeling accompanied disclosure of HIV positive results.</p> |

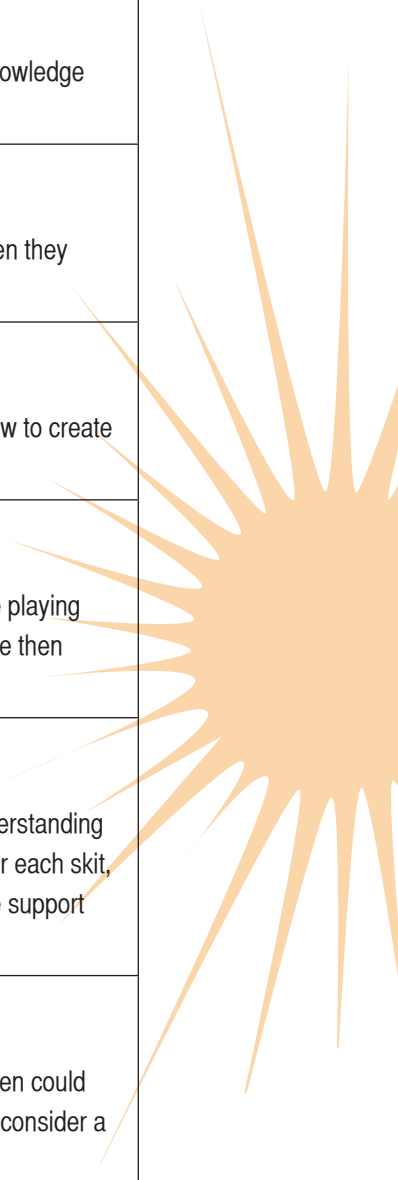


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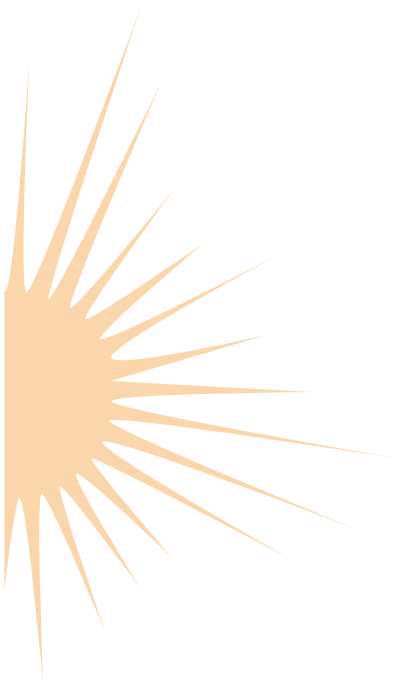
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Basic Training

Using the Interview Guides

(3 hours)

1. Introduction

(15 minutes)

Objectives

- Introduce the purpose of the training module.
- Review participants' names.
- Learn about participants' experiences talking with clients about violence and HIV/AIDS.

Steps

1. Welcome the group and ask participants to sit in a circle.
2. Explain to participants: *"This training module prepares health care providers, including VCT counselors, for using the interview guides provided in the SASA! Activist Kit."*
3. Describe the interview guides:
 - *"The interview guides are practical tools for helping health care providers address the difficult and stigmatized issues of violence and HIV/AIDS with their female clients."*
 - *"The interview guides include specific questions for guiding a conversation with a female client about her risks for violence and HIV infection."*
 - *"The interview guides also suggest how a health care provider could respond, depending on the needs and experiences disclosed by the female client."*
 - *"SASA! includes three interview guides: The Health Care Provider Interview Guide, the Sexual Violence Interview Guide, and the VCT Counselor Interview Guide. Using a series of exercises we will be training you to use the (insert name of guide(s))."*
4. Ask each participant to introduce her/himself to the group.
5. After all participants have introduced themselves, facilitate a short discussion by asking:
 - *"What is the biggest difficulty you face as a provider when addressing violence and HIV/AIDS with clients?"* (Contributions could include: (1) Many women hesitate to discuss the violence at home with a health care provider, because it is seen as a private issue; (2) Health providers have limited time; (3) Providers don't know how to ask about violence; etc.)
 - Limit this discussion to **5 minutes**, and move on to the next exercise.

2. Understanding the Interview Guide

(45 minutes)

Objective

- Explore and discuss the purpose of the interview guide.

Preparations

- Photocopy and cut out the “Problems and Questions,” provided at the end of these instructions. Prepare an equal number of problem and question sheets, and enough for all participants to receive one or the other.

Steps

1. Introduce the need for interview guides:
 - *“It is important to address violence against women and HIV with health care clients, because women’s experiences of violence have important implications for whether or not women are able to use HIV preventive methods, reduce their HIV risk behaviors, adhere to treatment/drug regimens, or disclose their HIV status.”*
 - *“Sometimes it is difficult for providers to discuss such personal problems with clients.”*
 - *“The interview guides were designed to help providers in conducting these discussions, so that they can deliver quality services to women.”*
 - *“By having a set of questions that start a conversation about violence and HIV/AIDS, as well as recommend responses, providers can discuss these difficult topics with women and know how to effectively address their clients’ questions and concerns.”*
2. Explain that participants will now participate in an exercise that will explore the difficulty of discussing something that a client has a hard time talking about.
3. Explain the details of the exercise:
 - a. *“Participants will form pairs. One person in each pair will be a client, while the other will be a provider. Imagine that this is an average clinic visit for the client, except for one problem: the client cannot disclose her problem unless the provider identifies the problem first and asks her directly and specifically about her problem.”*

- b. *"The person who is the client will be given a piece of paper describing a problem. They should not share it with anyone."*
 - c. *"The person who is the provider must ask questions to try to determine the client's problem, without any assistance or clues."*
 - d. *"All pairs will have **3 minutes** to try and communicate about the client's problem."*
 - e. *"After **3 minutes**, the providers will be given questions to help them assess their clients' problems and needs."*
 - f. *"Each pair will have another **3 minutes** to determine the client's problem, this time using the questions provided."*
 4. Divide participants into pairs.
 5. Ask each pair to decide who will be the client and who will be the provider. Hand out the problem sheets to the "client." (Note: All the problems are the same to make the facilitation run smoothly.)
 6. After **3 minutes**, hand out the questions to the "provider."
 7. After another **3 minutes**, gather the group back in a circle for discussion.
 8. Debrief the exercise:
 - a. Ask the participants playing the provider:
 - i. *"How did it feel trying to discuss the client's problem when they couldn't talk about it?"*
 - ii. *"How did it feel discussing the client's problem once you had questions to guide you in what to say?"*
 - b. Ask the participants playing the client:
 - i. *"How did it feel to not be able to disclose your problem?"*
 - ii. *"How did it feel once the provider asked you questions related to your problem?"*
 - c. Explain: *"When a client needs to discuss issues regarding violence against women and HIV, they must disclose information that is often considered private or stigmatized by society."*
 - d. Ask participants:
 - i. *"How do you think this makes the client feel?"*
 - ii. *"Why would women have difficulty talking about violence against women and HIV at a clinic?"* (Possible answers: fear, stigma, lack of words or knowledge to express themselves, lack of trust, feeling rushed)

- iii. *“What are the risks of not addressing these issues?”* (Possible answers: women continuing to experience abuse and seeking medical treatment for abuse related problems, women at higher risk for contracting HIV, women not recognizing abuse as a problem, etc)
- e. Ask participants: *“How can a set of questions or an interview guide assist providers in discussing difficult issues like violence against women and HIV?”*

Ensure that the following points are covered:

- i. A guide allows providers to discuss issues that need to be addressed but that clients may have a difficult time talking about.
- ii. A guide creates a structured conversation in which providers are given different suggestions on how to handle the client's experiences with violence.
- iii. A guide can empower providers by helping them understand the root cause of the client's problems rather than just treating the symptoms.
- iv. By using an interview guide, providers can be patient and understanding, while knowing what to say when the client reveals issues about violence against women and HIV.



Problems and Questions

Problem



Questions

"I think I may have eaten some spoiled food. I am usually hungry all the time, but now I don't want to eat anything, and I've been losing weight. Tell me what is wrong with my stomach."



1. How is your appetite?
2. What have you eaten lately?
3. Do you have a problem with your stomach?

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2. What have you eaten lately?
3. Do you have a problem with your stomach?

3. Clinic Necessities

(45 minutes)

Objective

- Discuss the prerequisites for using the interview guide.

Preparation

- Prepare flipcharts, each with one of the following titles, and set aside:
 - Confidentiality and secure records
 - Well-trained staff providing client-centered services
 - Appropriate referrals for women living with violence and/or HIV
- Find out about any mandatory reporting requirements that may exist in your country about sexual violence for the discussion on confidentiality. This differs from place to place so you need localized information.
- Make enough copies the handout: “**Is your clinic ready?**” for all participants.

Steps

1. Explain to participants: *“As discussed in the last exercise, violence against women and HIV are sensitive and stigmatized issues. Because of this, there are certain things that need to be in place at a clinic before providers should address such topics.”*
2. Set up the exercise:
 - a. Ask participants to divide into three groups, by counting off from one to three, and then grouping themselves by number.
 - b. Assign one of the following topics to each of the three groups:
 - Confidentiality and secure records
 - Well-trained staff providing client-centered services
 - Appropriate referrals for women living with violence and/or HIV
 - c. Give each group some markers and the sheet of flipchart that has their assigned topic written at the top.
 - d. Explain to participants: *“You will have **10 minutes** in your groups to discuss why your assigned topic is important for addressing violence against women and HIV*

*in a clinic. Write your ideas on the flipchart provided. After **5 minutes**, each group will present their ideas to all participants."*

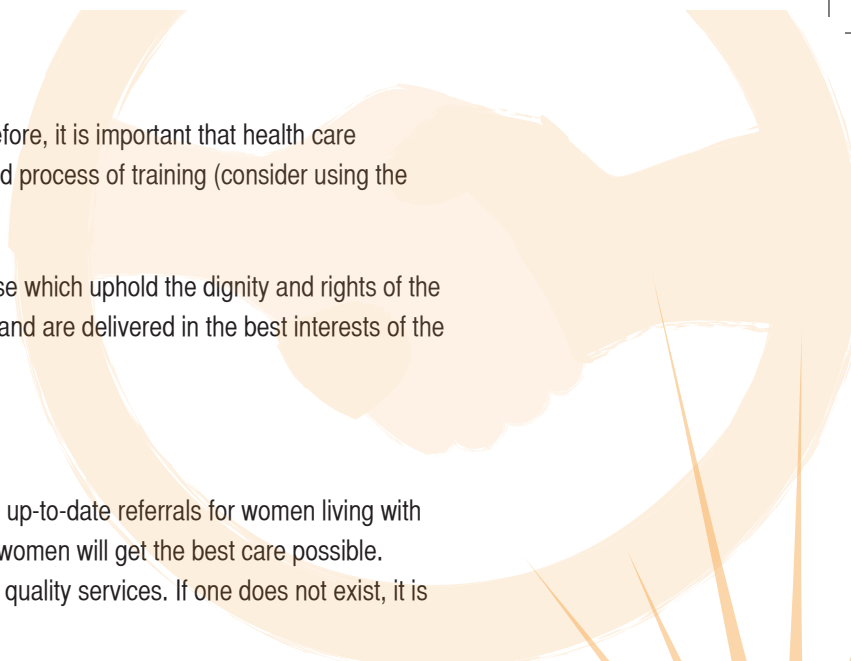
3. Begin the exercise. Alert participants when **1 minute** remains. When **10 minutes** have passed call "stop!"
4. Ask participants to come back to the large circle. Ask a representative from each group to present on their group's topic. Each group will have **5 minutes** to present.
5. Expand on the issues presented if necessary. Make sure the following topics are addressed:

a. Confidentiality and Secure Records

- Confidentiality is essential in creating a conducive environment for quality health care.
- Confidentiality means that what is shared between client and provider remains private.
- Confidentiality begins right from the clinic reception. Each client should feel confident that her information is kept private; and that her partner (or anyone else) cannot learn from the clinic about her visit.
- A private space where other people cannot overhear or interrupt is also important to ensure confidentiality. It also helps a client feel comfortable and safe.
- Explain to the client at the beginning of the consultation what confidentiality means and what limitations might apply.
- There are some limits to confidentiality. For example, if the client is a minor and in danger, or shares that a minor is in immediate or ongoing danger. In addition, there may be legal frameworks in your country about mandatory reporting. Discuss what this includes in your area so you can adequately explain it to clients.
- Remember, when providing referrals a provider must get permission from the client before sharing any information to the referral.

b. Well-Trained Staff and Client-Centered Services

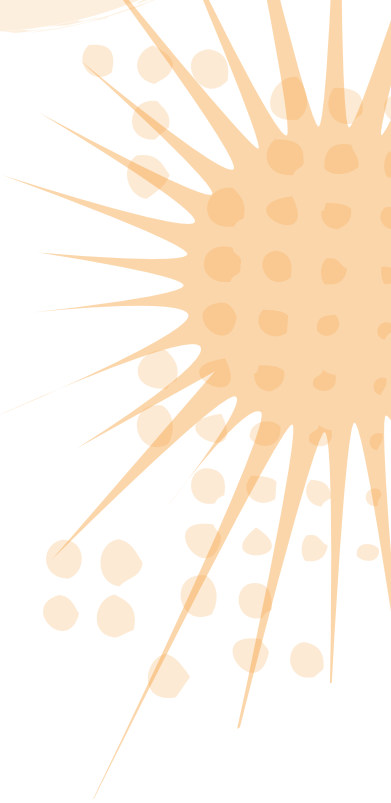
- Staff informed about violence against women and its connection to HIV/AIDS ensures that providers will not be adding to any guilt or shame the client may already be experiencing.
- Health care providers often have the same attitudes and beliefs about women and violence as the rest of the community. It should not be assumed that they are more aware of or sensitive to these issues. Any training must include an exploration of personal attitudes and experiences of providers.
- Remember that health care providers may have experienced or perpetrated



violence in their own lives. Therefore, it is important that health care providers go through an extended process of training (consider using the *SASA!* Training Modules).

- Client-centered services are those which uphold the dignity and rights of the client. They are free of coercion and are delivered in the best interests of the client.

c. Referral System

- Keeping a list of appropriate and up-to-date referrals for women living with violence and/or HIV means that women will get the best care possible. This is critical in order to provide quality services. If one does not exist, it is essential to create one.
6. Provide copies of the “*Is your clinic ready?*” handout to all participants. Encourage them to post it in their offices for a continuous reminder of these clinic necessities.
 7. Close the session: “*Once these clinic necessities are met, violence against women and HIV can be addressed with clients by using the interview guide.*”
- 

Is your clinic ready?

Quality services for women experiencing violence and HIV/AIDS include:

☐ Client Confidentiality

To effectively address violence and HIV with clients, a clinic needs to ensure client confidentiality with private consultation space. Private consultation space means that a woman will feel safer to discuss violence without fear of being overheard or interrupted.

☐ A Well-Trained, Sensitive Staff

To effectively address violence and HIV with clients, clinic staff need to be trained in issues of violence against women. This includes an exploration of provider's attitudes and personal experiences, and how preventing it can improve everyone's health.

☐ Client-Centered Services

To effectively address violence and HIV with clients, a clinic provides services that are in the best interest of the client and uphold client's rights. This includes ensuring that women are not forced into using services or getting tested for HIV. You can ensure this by discussing treatment or pre-counseling with women and men individually and separately, even when couples come to get tested for HIV or for other services together.

☐ Secure Records

To effectively address violence and HIV with clients, a clinic needs to provide a secure storage area for records, as well as policies about who can look at those records. Secure records ensure a woman's ongoing, long-term privacy and safety.

☐ An Effective Referral System

To effectively address violence and HIV with clients, your clinic needs to keep a list of appropriate and up-to-date referrals for women experiencing violence and/or HIV/AIDS. Having a list of community services suitable for referrals ensures that women experiencing violence get complete care.

4. Imagining the Conversation

(15 minutes)

Facilitator's Notes

- There are two versions of the guided imagery, one for VCT counselors and one for all other health care providers. Use the appropriate version based on your training participants.

Objective

- Establish participants' familiarity with the questions on the interview guide.

Steps

1. Explain to participants: *"This next exercise will take you through a guided imagery that introduces the questions in the interview guide."*
2. Use a calm and gentle voice and explain that the next portion of the exercise will last **5 minutes** and will involve participants closing their eyes and relaxing.
3. Ask participants to get comfortable, close their eyes and concentrate on your words.
4. Explain to participants that as you read they should imagine themselves in their clinic or office engaging in an average, everyday interaction with a client.
5. Once everyone has their eyes closed and looks relaxed, read the following very slowly:

"Imagine you are in your clinic or office. Notice the surroundings—what do they look like? (pause) What does it feel like to be in that space? (pause) Now, imagine a female client coming in; she is a typical client. What is she wearing? Try to imagine this client. (pause) Now imagine yourself greeting that client, welcoming her into your office. (pause) How does she respond? (pause) How do you think she is feeling? (pause)

"Now imagine having the help of an interview guide. Imagine asking your client: (continue with the appropriate scenario for your group) . . ."

For all health care providers

- 'Is your partner aware that you are here for services?' Imagine what your client might say. (pause for 5–10 seconds)
- 'If you told your partner that you came to the clinic for this service, do you think he would react negatively or angrily?' Imagine what your client might say. (pause for 5–10 seconds)
- 'Has your partner ever physically hurt you? Has your partner ever slapped, hit, punched, pushed, kicked or threatened you?' Imagine what your client might say. (pause for 5–10 seconds)
- 'Has your partner or anyone ever forced you to have sex or refused to use a condom when you requested it? Imagine what your client might say. (pause for 5–10 seconds)
- 'Do you feel safe returning to your home today?' Imagine what your client might say. (pause for 5–10 seconds)
- "You can now slowly open your eyes when you are ready."

For VCT counselors

- 'Is your partner aware that you are here to be tested for HIV?' Imagine what your client might say. (pause for 5–10 seconds)
- 'If you told your partner that you tested for HIV, do you think he would react angrily or negatively?' Imagine what your client might say. (pause for 5–10 seconds)
- 'Has your partner ever physically or sexually hurt you?' Imagine what your client might say. (pause for 5–10 seconds)
- 'Do you know your partner's HIV status?' Imagine what your client might say. (pause for 5–10 seconds)
- 'Even though you haven't tested and may be negative or positive, how do you think your partner would react if you told him your results? Are you concerned that he might physically hurt or threaten to hurt you if you told him the result of the test?' Imagine what your client might say. (pause for 5–10 seconds)
- 'Although you haven't tested yet, would you like to practice ways to disclose to your partner?' Imagine what your client might say. (pause for 5–10 seconds)
- "You can now slowly open your eyes when you are ready."

6. Discuss the experience of the guided imagery. Ask: "How did it feel to imagine being the provider using an interview guide?"
7. Summarize:
 - a. "Remember, the interview guide not only includes questions but also recommends responses depending on the client's experiences and needs."
 - b. "The word 'guide' is important to keep in mind. The interview guide does have to be followed exactly. For example, the woman's response to the first question on the guide could lead you to ask other questions of your own."
 - c. "The purpose of the guide is to give you the comfort and tools you need to address these issues, not to make you feel like you're interrogating clients."
 - d. "The guide can be used at different points in the client's visit. Use your instinct and judgment to determine the proper moments in the appointment to address violence."

5. Using the Interview Guide

(1 hour)

Objective

- Provide participants with an opportunity to use the questions and responses in the interview guide.

Preparations

- Make enough copies of the interview guide for all participants. Only copy the interview guide that you are training participants to use.
- Make photocopies of the “Interview Guide Scenarios” provided at the end of these instructions. Only photocopy the scenarios for the interview guide you are training participants to use. Photocopy enough so that each person in every group of three gets a different scenario.

Steps

1. Explain to participants: *“Now we’re going to use the interview guide in hands-on situations. But first, please take **5 minutes** to become familiar with the guide.”*
 - Hand out copies of the interview guide to all participants.
 - After **5 minutes** ask for the group’s attention and continue.
2. Explain the exercise:
 - a. *“Participants will be divided into groups of three. The members of each group will take turns being the client, the provider, and the observer, so that each person gets a chance to play each role.”*
 - b. *“Each person in the group will be given a different scenario. The scenario includes a description of the scene and the client’s personal story. When you are playing the client, the group uses your scenario. Read the description of only ‘**the scene**’ to your group. During the skit respond based on the information in ‘**the client’s story**’—which you have kept secret.”*
 - c. *“When playing the provider, use the interview guide to start a conversation with the client.”*
 - d. *“The observer does not take part in the scene, but after the scene they offer feedback about how the provider handled the situation.”*
3. Divide participants into groups of three.

4. Hand out the photocopied scenarios, making sure that each person in each group has a different scenario.
5. Allow **5 minutes** for each scenario and then tell participants to move on to the next scenario, until all groups have acted out all three scenarios.
6. At the end of the exercise, gather the participants together in a circle.
7. Ask for a group to volunteer to perform one of their scenarios in front of the larger group. After they have performed, ask the other participants:
 - a. *"What went well in this practice?"*
 - b. *"What could have been improved?"*
8. Debrief the exercise by asking the participants:
 - a. *"When you were the provider, how did it feel to use the interview guide? Explain."*
 - b. *"When you were the client, how did it feel to be asked the questions from the interview guide? Explain."*
 - c. *"How might this interview guide help you in your work?"*
9. Summarize:
 - a. *"The interview guide can guide providers in the right direction when faced with difficult circumstances, and can help them deal with situations they may not otherwise know how to respond to."*
 - b. *"It is helpful to practice using the interview guide with other health care providers."*

Scenarios for the VCT Counselor

Interview Guide

1. The Scene:

A woman is at the VCT clinic to be tested for HIV. After discussing the HIV test, the VCT counselor uses the interview guide to start a conversation about violence. The woman answers the questions based on her current situation. Start the skit at the beginning of the conversation about violence.

The Client's Story:

She is living with her partner, but they are not married, because he says they don't need to get married in order to have sex and have children. Recently, he has become increasingly angry with her when she doesn't tell him where she's going. He has also told her that she can't see her friends anymore. She wants to get tested in order to know what to do to maintain her health. But she's not sure whether or not she wants to disclose her status to her partner because she didn't tell him she was coming to the clinic in the first place.



2. The Scene:

A woman is at the VCT clinic to be tested for HIV. After discussing the HIV test, the VCT counselor uses the interview guide to start a conversation about violence. The woman answers the questions based on her current situation. Start the skit at the beginning of the conversation about violence.

The Client's Story:

She didn't tell her partner that she wanted to be tested, because he's been busy lately. They don't live together, but he has told her that he wants her to live with him so they can be closer. She doesn't think that he will react angrily when he hears that she got tested. But she wants to discuss ways to disclose, because talking about HIV is difficult.

3. The Scene:

A woman is at the VCT clinic to be tested for HIV. After greeting the client, the VCT counselor uses the interview guide to start a conversation about violence. The woman answers the questions based on her current situation. Start the skit at the beginning of the conversation about violence.

The Client's Story:

She is living with her husband right now, but she just returned from staying with her mother, because her husband was beating her. She came back to him, because he told her he would change. But now he is seeing another woman openly. Also, he is trying to tell her what to do all the time. He doesn't know she is being tested, because he has told her that if she ever gets HIV he will beat her. She fears he will abandon her if she is HIV positive. She doesn't want to disclose her results or tell him that she was tested.

Scenarios for the Health Care Provider Interview Guide

1. The Scene:

A woman is at the health clinic for family planning. After greeting the client and discussing family planning, the provider uses the interview guide to start a conversation about violence. The woman answers the questions based on her current situation. Start the skit at the beginning of the conversation about violence.

The Client's Story:

She has five children and doesn't want any more, but she doesn't know what her partner will think about it. He has never been violent before, but he is very controlling and she worries that he has sex with other women. She wants to try to use condoms to prevent HIV and pregnancy, but knows that he might think she doesn't trust him. She would like to learn how to talk to her partner about using condoms.

2. The Scene:

A woman is at the health clinic because she thinks she might have an STI. After greeting the client and treating her for the STI, the provider uses the interview guide to start a conversation about violence. The woman answers the questions based on her current situation. Start the skit at the beginning of the conversation about violence.

The Client's Story

She has a partner who is violent—but she's not ready to leave him. She doesn't know her HIV status, because she's never tested. She wants to know if the provider can make any referrals to other community services where she could talk more about the violence she is experiencing.

3. The Scene:

A woman is at the health clinic with a sprained wrist. After greeting the client and treating her for her injury, the provider uses the interview guide to start a conversation about violence. The woman answers the questions based on her current situation. Start the skit at the beginning of the conversation about violence.

The Client's Story:

She said that she fell down, but she can't explain exactly how the accident happened. After a few questions, she confesses that her partner twisted her wrist and told her not to come in for treatment. The only reason she came in was because she couldn't do any work at home and he was getting angry with her for not cooking. She doesn't know her HIV status and is afraid of being tested. She thinks the violence is her fault. After talking with the provider for a little while, she would like some referrals to other community services where she could talk about the violence she is experiencing.

Scenarios for the Sexual Violence Interview Guide

1. The Scene:

A woman came into the clinic a day after experiencing a sexual assault. She didn't come in right away because she was scared and confused. After sharing with her mother what happened, her mother told her to get medical attention. After addressing her immediate medical issues, the provider uses the interview guide to start a conversation about HIV. Start the skit at the beginning of the conversation about HIV.

The Client's Story:

The survivor is worried about HIV, because she knows that before the assault she was HIV negative. She doesn't know the status of her perpetrator. When asked, she decides that she is ready to take an HIV test.



2. The Scene:

A woman came into the clinic two days after experiencing a sexual assault. After addressing her immediate medical issues, the provider uses the interview guide to start a conversation about HIV. Start the skit at the beginning of the conversation about HIV.

The Client's Story:

As far as she knows right now, she is HIV negative. She knows her perpetrator and knows that he is HIV positive. She is afraid of taking the test and needs some time to think about it.

3. The Scene:

A woman came into the clinic immediately after experiencing sexual assault. She also experienced other injuries in the assault, and she has a cut on her forehead that is bleeding pretty badly. After addressing her immediate medical issues, the provider uses the interview guide to start a conversation about HIV. Start the skit at the beginning of the conversation about HIV.

The Client's Story:

The survivor is acting a little confused and doesn't know the HIV status of her perpetrator. She also doesn't know her own HIV status, but thinks she might be HIV positive. She is willing to take the test right away.



Optional Training



Professional Skill Building

A. Understanding Post-Exposure Prophylaxis (PEP)

(30 minutes)

Facilitator's Notes

- This exercise is designed for participants training to use the “[Sexual Violence Interview Guide](#).” It may be appropriate for other groups interested in learning about post-exposure prophylaxis (PEP) for women who have experienced sexual violence.

Objective

- Support participants in learning how to appropriately assess a client's need for PEP.

Preparations

- Make enough copies of the “[Sexual Violence Interview Guide](#)” for all participants.
- Write the following text on a sheet of flipchart and set aside:

Score

Team 1

Team 2

Team 3

Team 4

- Photocopy and cut out the questions found at the end of these instructions, and put them in a paper bag, hat or basket.

Steps

1. Explain to participants: *“This next exercise specifically addresses post-exposure prophylaxis, also known as PEP. Although the days following a sexual assault are a difficult time for a survivor, HIV testing and PEP administration must be addressed within appropriate timelines for the safety of the client.”*
2. Emphasize the following: *“Different clinics have different guidelines about when to administer PEP. However, the PEP guidelines in the interview guide and in this exercise are based on the World Health Organization (WHO) guidelines for best practice of PEP administration.”*
3. Explain the game:
 - a. *“Participants will be divided into four teams.”*
 - b. *“Each team will take a turn drawing a question from the bag about the administration of PEP, then reading the question aloud for all participants to hear.”*

- c. *“All teams have **1 minute** to discuss possible answers, using the interview guide as a resource.”*
 - d. *“After **1 minute**, the team who drew the question from the bag must **state** and **explain** their answer. If this team cannot answer, the team to their right has an opportunity to answer—and so on until a correct answer is given.”*
 - e. *“Once a correct answer is given, the next team chooses a question from the bag. Continue for two rounds, that is, until every team has had two turns pulling a question from the bag.”*
 - f. *“Every time a team answers a question correctly they receive **one point**. Whichever team has the most points at the end of the two rounds wins.”*
- 4. Ask participants to divide into four teams, by counting off from one to four, and then grouping themselves by number.
 - 5. Hang on the wall the prepared flipchart for scoring the game.
 - 6. Conduct the game and tally each team's score on the flipchart.
 - 7. When the second round is over, congratulate the winning team and thank everyone for participating.
 - 8. Summarize the game according to the following:
 - a. *“By understanding the rules for when PEP should be administered, providers can offer effective treatment to survivors of sexual assault.”*
 - b. *“WHO guidelines state that PEP should be administered immediately if a woman comes in less than 72 hours after the sexual assault. She should then be given three days to take the HIV test. If her HIV results are positive, PEP should be discontinued. If her HIV results are negative, she should be given the rest of her PEP regimen.”*

Understanding PEP

Questions

No. 1:

A woman comes into the clinic six days after a sexual assault. She was afraid to come earlier but decided that she needed medical attention. Do you administer PEP? Why or why not?



No. 2:

A woman comes into the clinic 70 hours after a sexual assault. She is upset, but willing to take an HIV test. Do you administer PEP? Why or why not?

No. 3:

A woman comes into the clinic three hours after a sexual assault. She is confused and doesn't want to take the HIV test. Do you administer PEP? Why or why not?

No. 4:

A woman comes into the clinic a day after a sexual assault. She has the results of her last HIV test with her (she was tested three weeks ago and was HIV negative). Do you administer PEP? Why or why not?

No. 5:

A woman comes into the clinic two and half days after a sexual assault. She knows she is HIV positive and needs medical treatment. Do you administer PEP? Why or why not?

No. 6:

A woman comes into the clinic 48 hours after a sexual assault. She needs medical attention and refuses an HIV test. Do you administer PEP? Why or why not?

No. 7:

If a sexual assault survivor knows that she is HIV positive, you should administer PEP for three days and then discontinue. True or False?

No. 8:

If a sexual assault survivor comes into the clinic an hour after her sexual assault but doesn't want to take an HIV test, you should administer PEP and give her 3 days to decide about taking the HIV test. True or False?

Understanding PEP

Answers

No. 1: You don't administer PEP, because the sexual assault happened more than 72 hours ago.

No. 2: You administer PEP immediately, because the sexual assault happened less than 72 hours ago.

No. 3: You administer PEP immediately and then give her 72 hours to decide whether she wants to take the HIV test. If she refuses after 72 hours, you must take her off PEP.

No. 4: You administer PEP immediately, because she was HIV negative three weeks before the sexual assault.

No. 5: You don't administer PEP, because she is HIV positive so PEP can't help prevent her from contracting HIV.

No. 6: You administer PEP immediately, because she still has time to decide whether or not to take the HIV test. If she refuses after 72 hours, you must take her off PEP.

No. 7: False. You should not administer PEP, because it cannot help her avoid contracting HIV.

No. 8: True. You should give her three days to decide to take the test, because three days equals 72 hours.

B. All About Referrals

(45 minutes)

Objectives

- Demonstrate the importance of knowing referrals in the area.
- Demonstrate how to create a referral list.

Preparations

- Photocopy the “Referral List Form” at the end of these instructions for distribution to all participants.
- Hang three sheets of flipchart on the wall.
- Make sure there are enough pens/pencils for all participants.

Steps

Part A—Referral Basics

1. Explain to participants: *“For a woman living with violence and/or HIV, referring her to additional community services allows her to gain much needed support from a network of people. It can also cut down on provider stress.”*
2. Ask participants: *“Why is it important to know places or people in your community where you can refer women living with violence and/or HIV?”*
 - a. Label the top of a flipchart, “Why Referrals are Needed.” Write participants’ contributions on the flipchart.
 - b. Make sure the following ideas are addressed: referrals can offer much needed support for women experiencing violence, they can help women get out of violent situations, they can even save women’s lives, etc.
 - c. Also, discuss who to refer women to if there are no other formal services in the community. In this case, talk about support that clients could seek from relatives, friends or local leaders.
3. Ask participants: *“When providing referrals, should a provider call the referral clinic and disclose the client’s case to them?”*
 - a. Remind participants that maintaining confidentiality means that a provider will not share any information to anyone (including to a referral) unless the client gives clear and specific permission on what you may share.

4. Ask participants: *“What information is important to gather when creating a referral list?”*
 - a. Label the top of another flipchart, “Information on a Referral List.” Write participants’ contributions on the flipchart.
 - b. Make sure the following items are mentioned: name of institution/organization/ clinic, type of service(s) provided, physical location, contact person, cost of service(s), hours of operation, phone number.

Part B—Creating Referral Lists

1. Explain that the next short exercise will allow participants to practice filling out a referral list form.
2. Hand out a copy of the “Referral List Form” to all participants, and make sure they all have a pen.
3. Explain the activity: *“You will have **10 minutes** to walk around the room and talk to other participants about other services in the area. This is not a race. Your task is to gather appropriate information for filling out the referral form.”*

Note: If this training is taking place in a community without formal services, ask participants to share ideas about who would be able to offer support for women living with violence and/or HIV (e.g., women leaders, religious leaders, and elders).

4. After **10 minutes** of participants walking around, talking to each other, and filling out the referral form, bring the group back into a large circle.
5. Ask participants: *“For your clinic, how can you collect referral information about domestic violence services, counseling services, and women’s NGOs in the area?”*
 - a. Label the top of the remaining blank flipchart, “How to Create a Referral List.” Write participants’ contributions on the flipchart.
 - b. Make sure that the following ideas are mentioned: phone calls, visits to different service providers, talking to other clinics to see if they have a referral list that you could use to get started, etc.
6. Summarize the exercise:
 - a. *“Providing referrals to clients can be the difference between a client seeking help or remaining silent.”*
 - b. *“Providing clients with all the simple details, such as location and telephone number, helps increase the possibility that the client will successfully access the services.”*
 - c. *“Investing time now to create a referral list will allow providers at your clinic to be more efficient and provide higher quality services in the future.”*
 - d. *“A referral list is powerful when combined with the interview guide. With both resources, you can make a big difference in women’s lives.”*

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original

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C. Safety Planning

(45 minutes)

Objectives

- Explore the concept of “safety.”
- Discuss how to create safety plans with clients.

Preparations

- Tape one sheet of flipchart to the wall.
- Photocopy enough “**Safety Planning with Clients**” handouts so each participant has one.

Steps

Part A—Safety Plan Basics

1. Gather participants in a large circle.
2. Explain: *“In this next exercise you will learn how to create and discuss safety plans with clients who are either experiencing violence from a partner or afraid of potential violence from a partner.”*
3. Explain: *“When a woman develops a safety plan she identifies what to do or where to go if violence happens. She takes time to think ahead about how to protect herself and, if appropriate, her children.”*
4. Explain the next game to participants:
 - a. *“In this next game, we will explore what we mean by the word ‘safety.’”*
 - b. *“I will start by saying that ‘safety means security.’ You will each first have to recall each contribution said before you. Then you will add another word.”*
 - c. *“One by one we will each take a turn. On your turn you must begin by saying ‘safety means security’ and continue by naming all the words that each person before you has added. After repeating all these words, you then add your own new word to the list.”*
 - d. *“If you forget one of the words said before you by another participant, you are out of the game. Continue until everyone has had a turn.”*
5. Summarize with a focus on the following: *“Safety can mean different things to different people.”*

Part B—Creating a Safety Plan

1. Explain to participants that they will now go through the process of creating safety plans.
2. Give participants the handout titled: “Safety Planning with Clients.” Read through the handout with participants. Explain that these are questions providers can use to help clients plan for their safety.
3. Ask participants: *“Please turn to your neighbor and with one of you playing the client and the other the provider, create a safety plan using the questions on the handout. You will have **10 minutes** to do this.”*
4. After **10 minutes** have passed call “stop”.
5. Ask participants:
 - a. *“What did you learn while creating a safety plan?”*
 - b. *“How best can you support a client in creating a safety plan?”* Discuss, including the following points:
 - Support your client in creating a plan, but do not create it for her. Ask questions and provide a few examples to guide her in identifying her own unique needs and circumstances. Remind her that she has the knowledge and power to decide what's best for her plan.
 - Have your client memorize her safety plan rather than writing it down. If an abusive partner finds a written safety plan, it could lead to violence.
6. Summarize the exercise with the following:
 - a. *“Safety plans are helpful for women who are experiencing violence but who are not ready to leave the situation. They are also helpful for women fearful of potential violence.”*
 - b. *“By discussing safety plans with their clients, providers can provide better services and ensure the continuing health of women at risk for violence and for HIV infection as a result of violence.”*
 - c. *“Talking about safety plans with clients builds clients' skills and sense of power for keeping themselves safe.”*

Safety Planning

with Clients

Guiding Questions

1. Are there certain signs you can see in your partner's behavior that alert you to the possibility of violence? Can you get out of the house before the violence starts or send a message to someone for help?
2. Are there neighbors who you could talk to about the violence who could help you in emergency situations?
3. Is there a signal could you create to alert neighbors that you need help?
4. If the violence begins, can you move into a room where you could escape or others could hear you? Or that might be safer (e.g., not kitchens to avoid kerosene, knives, etc)?
5. Are there weapons in the house? Where? Can you remove or hide them?
6. Are there places where you could go in an emergency (relative, neighbor, local leader, etc)?
7. Can you keep a bag hidden (either at home or at a friend's/family member's home) for emergencies filled with a change of clothes, some money, set of keys and copies of any telephone numbers or important documents in case you need to leave quickly. What items could you pack that are important and useful to you?

D. Client Role Playing

(1 hour 30 minutes)

Facilitator's Notes

- This exercise can be used for all three interview guides, but it is particularly valuable for those using the [VCT Counselor Interview Guide](#).

Objective

- Practice building clients' skills through role playing.

Preparations

- Hang one sheet of flipchart on the wall.
- Make sure you have enough small, blank cards and pens/markers for all participants.
- Photocopy and cut out the “[Client Situations](#)” found at the end of these instructions.
- Prepare a flipchart with the following text and set aside.

Client Role Playing: Key Questions

1. Who
2. Where
3. When
4. How to Share
5. How to React

Steps

Part A—Why Use Role Plays?

1. Explain to participants:
 - *“In this exercise you will explore the value and importance of role playing with clients, as a way to build their skills for protecting themselves.”*
 - *“Role plays help clients practice their approach for dealing with likely and challenging situations.”*
2. Hand out one card to each participant. Ask participants to write on their cards, in large letters, one benefit of role playing with clients.

3. Write “Benefits of Role Playing with Clients” on the top of the flipchart.
4. Once all participants have written something on their cards, go around the circle and have participants read what they wrote. Ask participants to tape their cards on or near the flipchart once they have read them to the group.
5. Emphasize the following if not already addressed by participants.

Role playing:

- a. can be used by many different types of health care providers, from doctors to nurses to counselors.
- b. helps a woman develop the skills to discuss difficult issues not only with her partner but also with other people close to her.
- c. helps clients build skills for handling situations that put them at a risk for violence. For example, women could practice condom negotiation techniques and HIV status disclosure scenarios.
- d. gives a client an opportunity to consider her partner’s (or other people’s) possible reactions and to make an informed decision while at the clinic about the action she wants to take in each possible scenario.
- e. helps clients imagine in detail real-life situations and how they might respond. It then allows them to practice possible situations.
- f. helps clients think through their own situations and come up with their own solutions. Allowing them to feel their own power and feel less dependent on the provider.

Part B—Role Playing Skits

1. Explain to participants:
 - *“This next exercise will assist you in learning techniques for role playing with clients.”*
 - *“As discussed above, role playing can be used in many different situations by many different types of providers.”*
2. Hang up the prepared flipchart “Client Role Playing: Key Questions”. Explaining each question in more detail as follows:
 1. **Who** are you thinking about talking/disclosing to?
 2. **Where** would be a good place to have this conversation?
 3. **When** would be a good time to have this conversation?

Explain: *“These practical questions are important to help a client think through her situation and make decisions which can further ensure her safety. After there is some clarity around these issues, you can begin discussing the content of the discussion.”*

Discuss the next two questions:

4. **How** might you share this information?

5. **How** might the person react?

Explain to participants: *“Once you have an idea of how the client would like to share the information and what kind of reaction she may get, you have enough information to begin role playing with the client.”*

3. Describe the activity:

- *“You will be working in groups to practice skits of a health care provider role playing with a client.*
- *“The groups will have **10 minutes** to discuss the situation and create a skit about the health care provider role playing with that client. Use your skit to model a good approach for role playing with clients.”*
- *“When role playing, the client plays herself and the provider the person to whom she is disclosing. This could be a friend, relative, parent, partner, etc.”*
- *“In your skit, have the provider work with the client through two different scenarios that the client could experience.”*

4. Set up the activity:

- a. Ask participants to divide into five groups, by counting off from one to five, and then grouping themselves by number.
- b. Hand out the scenarios (a different one for each group).

5. Ask participants to begin. Alert the groups when only **1 minute** remains. When **10 minutes** have passed, bring the groups back together in a large circle.

6. Ask each group to read their situation and then perform their skit.

7. After each skit, ask all participants the following questions:

- a. *“What went well with the role playing modeled in this skit?”*
- b. *“What could have been improved?”*

8. Summarize the exercise with a focus on the following:

- a. *“Role playing can help clients make an informed decision about what to do once they leave the provider’s office.”*
- b. *“By allowing a client to imagine different possible scenarios, the provider is boosting the client’s self-confidence and providing improved services.”*

Client Situations

Situation No. 1:

A woman at your clinic is 22 years old and HIV positive. She doesn't know how she was infected and has not told anyone. She and her husband have never discussed his status so she doesn't know if he is positive. Her husband has never been physically violent, but lately he has been more controlling toward her. She has recently started ARVs and is concerned about how to maintain her treatment regime if her status is a secret. Create a skit in which the provider role plays two disclosure scenarios with the client.

Situation No. 2:

A 45-year-old woman at your clinic is HIV negative. She doesn't know her partner's status, because he refuses to be tested. Every time she asks him about it he gets angry and starts shouting at her and sometimes pushes her around. She wants to talk with her partner about testing and for them to get tested together. She tested, but she doesn't know how to tell him because he reacts so negatively whenever she brings up the topic of HIV. Create a skit in which the provider role plays two scenarios with the client.

Situation No. 3:

A woman at your clinic tests HIV negative. She knows that her partner is HIV positive, so she wants to disclose her status in order to protect herself from contracting the virus. Her partner has never been violent with her but has been jealous of her health ever since he found out he is HIV positive. She doesn't know how he will react when she tells him she is HIV negative, but she's afraid that he won't want to use condoms so that he won't be alone with his HIV positive status. Create a skit in which the provider role plays two scenarios with the client.

Situation No. 4:

A young woman was recently raped by a stranger who broke into her house while her husband was traveling. The woman came to the clinic but has not told her husband or anyone about the rape. The experience was very traumatic for her and she needs support but she feels ashamed and afraid to tell anyone. Create a skit in which the provider role plays two disclosure scenarios with the client.

Situation No. 5:

A woman came into your clinic to get tested for HIV. She was scared to get tested and at the pre-test, she tells you that she's not sure she even wants to come back to get her results. She thinks she may have made the wrong decision by getting tested and is afraid of her partner's reaction. She has been with her husband for five years, and throughout their marriage, he has been abusive. He gets angry when she burns the food or leaves the house without his permission, and she knows he wouldn't want her to be at the clinic. Create a skit in which the provider role plays two scenarios with the client.

E. Pregnant Women and New Mothers

(45 minutes)

Objective

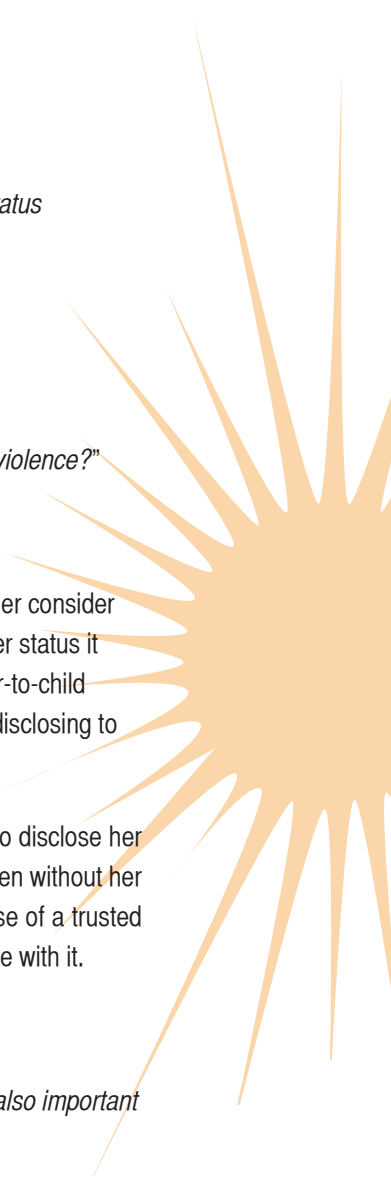
- Explore how to address the issues of violence against women and HIV with pregnant women and new mothers.

Preparations

- Hang two sheets of flipchart on the wall.
- Make three copies of “**Skit No. 1**” and three copies of “**Skit No. 2**”, found at the end of these instructions.

Steps

1. Explain to participants:
 - *“In this exercise, we will focus on violence against women and HIV infection with regard to pregnant women and new mothers.”*
 - *“Violence in the life of an HIV positive woman who is pregnant or breast-feeding puts both the woman and her baby at risk. Violence from a partner can limit a woman’s ability to follow an HIV treatment regimen that could prevent her baby from contracting HIV.”*
2. Explain to participants that the group will perform and discuss two skits about addressing issues of violence and HIV with pregnant and breast-feeding women.
3. Explain that in each skit there is one narrator, one person acting as the client, and one person acting as the provider. Each person will be given a script to follow. But there will not be time for practicing.
4. Ask for three volunteers to perform the first skit. Assign them each a role, and give them each a script.
5. Debrief Skit No. 1 by asking the following questions:
 - a. *“Did the provider properly address violence?”*
 - b. *“What should the woman have been counseled to do about her HIV status disclosure?”*
 - c. *“What do you think the client will do after this clinic visit?”*
 - d. *“What did the provider do well?”*

- 
- e. *"What could have been improved in the way the provider addressed violence?"*
 6. Ask for three new volunteers to perform Skit No. 2. Assign them each a role, and give them each a script.
 7. Debrief Skit No. 2 by asking the following questions:
 - a. *"Did the provider properly address violence?"*
 - b. *"What should the woman have been counseled to do about her HIV status disclosure?"*
 - c. *"What do you think the client will do after this clinic visit?"*
 - d. *"What did the provider do well?"*
 - e. *"What could have been improved in the way the provider addressed violence?"*
 8. After both skits and debriefs, ensure the following has been addressed:
 - a. If a woman fears possible violence from HIV status disclosure, help her consider the implications of the disclosure. Explain that if her partner knows her status it could help her adhere to the treatment regimen for preventing mother-to-child transmission. Explain that you can support her in practicing ways of disclosing to reduce the risk of violence if this is what she chooses.
 - b. If a woman experiences violence from her partner and chooses not to disclose her status to him, help her think of ways to adhere to the treatment regimen without her partner finding out. This could include keeping the ARV's at the house of a trusted relative or friend. Respect the client's decision, even if you don't agree with it.
 9. Summarize the exercise:
 - a. *"Pregnant women and new mothers are a population with whom it is also important to discuss HIV and violence against women."*
 - b. *"If a pregnant woman or new mother fears or experiences violence, work with her to come up with ways she can still adhere to the drug regimens that can prevent mother-to-child transmission of HIV. Taking these steps improves the quality of care you offer and ensures that women take the best care of themselves as well as their unborn or newly born children."*

Pregnant Women & New Mothers Skits

Skit No. 1

Narrator: A pregnant woman named Sara is at her local clinic for prenatal care. After discussing other issues, the provider brings up the topic of HIV. The woman has never been tested for HIV before, so she's not sure what to expect.

Provider: Because you are pregnant, Sara, it is our standard here to test you for HIV.

Client: Yes, I want to be able to take care of my baby, so it's best if I'm tested.

Provider: Good. In that case, there are some questions we always ask before the HIV test, because some women are in relationships where they are afraid of their partner's reaction to either their decision to test for HIV or their test results.

Client: Okay, I'll answer as best as I can.

Provider: Is your partner aware that while you're here for antenatal care you are also going to be tested for HIV?

Client: No, I don't think he realizes that. He knows that I'm here for the baby, but I'm not sure if he knows that I'll be tested.

Provider: If you told your partner that you tested for HIV, do you think he would react angrily or negatively?

Client: He might. We've talked about getting tested, before but he's afraid of what the results could be.

Provider: Has your partner ever physically hurt you?

Client: He has, but not very often. He gets angry after he's been out drinking, and sometimes he will push me around.

Provider: Because you are pregnant, it's very important that you have the information you need to decide if, when, or how you might disclose your status to your partner. Although you haven't tested yet, let's discuss things that might happen after you receive your results. Unfortunately, there is a chance you may be positive. If so, do you think your partner may physically hurt you if you tell him your results? Do you think he might push you like he has in the past? Or even hit, kick or slap you?

Client: I don't know. I don't think so, because he's usually not violent. But I don't know what his reaction to that would be.

Provider: In that case, would you like to practice ways to disclose to your partner? If you are positive, we can put you on treatment regimens that will help your baby not contract HIV. Those treatment regimens are easier to follow if your partner knows you are taking them and why, but if there's a chance he could be violent, we need to discuss ways to keep you and your baby safe.

Client: Yes, if I'm HIV positive I want to disclose because then I wouldn't have to hide anything from my partner. I am not sure what his reaction will be but I don't think that he will hurt me, especially because I'm pregnant. I would like to discuss the results with him here, though, because this is a place where he wouldn't become violent. Would that be okay?

Provider: Yes, we can do that. In accompanied disclosures, we discuss the HIV status of couples together so that they can communicate and discuss their results calmly and openly with the help of a health care provider.

Client: That is what I would like to do.

Narrator: After this discussion, Sara was tested for HIV. Unfortunately, she tested positive for HIV. When she came back to get her results, the provider accompanied disclosure with her partner. Although he was upset at the news, he was glad that knowing her status will help his wife take care of their baby. He's decided to get tested, too, so that they can all live positively together.

Skit No. 2

Narrator: Zahara is a young pregnant woman who wants to get tested for HIV. After discussing other issues related to the pregnancy, the provider talks about HIV. The woman is not living with her partner, because he is married to someone else. So she's decided that she doesn't want him to know that she's being tested. She's nervous about his reaction, but wants to make sure that if she has HIV, she doesn't spread it to her baby.

Provider: Moving on. You have to get tested for HIV. Is this your first HIV test?

Client: Yes, but---

Provider (interrupting): Well, fine. Does your partner know you're here to get tested?

Client: No, and I'm not sure I want to tell him.

Provider: You really should—especially if you're pregnant. He needs to know your status.

Client: When he gets very angry with me, he can be hurtful. He pushes me sometimes when I try to talk about things that he doesn't want to talk about. We're not married, and he always reminds me that I don't mean as much to him as his wife does.

Provider: That doesn't matter. You should still tell him your results. Bring him to the clinic when you come back for your results.

Client: I'm not sure I want to. I'm afraid of his reaction. I am afraid he will beat me.

Provider: You're having his child. He needs to know what's going on with the mother.

Client: (silent)

Narrator: After getting tested, Zahara goes home. She decides not to come back for her results, because she is afraid the provider will insist that she tell her partner. Although she doesn't know it, she is HIV negative. Instead of learning this and working on ways to prevent HIV in the future, she worries constantly about her status and about possibly passing HIV to her baby.

F: Condom Negotiation

(45 minutes)

Objective

- Discuss tips for discussing condom negotiation with clients.

Preparations

- Tape two sheets of flipchart on the wall. Title one “He says...” and the other “She says...”
- Have pens and paper for all participants.

Steps

Part A—What are the arguments?

1. Explain to participants: *“In this next exercise we will talk about condom negotiation. Condoms help prevent HIV. However, an abusive partner may become violent if a woman requests using condoms. Condom negotiation skills help women bring up the topic in ways that reduce the risk for violence.”*
2. Hand out pens and paper.
3. Explain: *“First we will work in pairs to think of all the arguments a man might have for not using condoms.”*
4. Explain: *“Turn to your neighbor and together come up with and write down as many arguments you can think of in **3 minutes**.”* (See reference sheet on page 43 if examples are needed.) Begin the exercise.
5. After **3 minutes** have passed, call “stop!” and bring all participants back into a large circle for discussion.
6. Ask each pair to say two of the arguments they came up with. Write these on the flipchart titled “He says...”. Do not record repeats.

Part B—Responding to the Arguments

1. Explain: *“In this next exercise, each group will be given several arguments a man might use to resist condom use. The task of your group is to come up with responses a woman could make to persuade her partner to use a condom.”*
2. Go down the list created in the brainstorm and put a number 1 – 5 next to each statement. Group one will take all the 1’s, group two will take all the 2’s, etc.

3. Divide participants into five groups by asking them to count one to five.
4. Give the groups **10 minutes** to discuss.
5. After 10 minutes call “stop”. Invite a representative from each group to come to the front and share their response.
6. Briefly discuss briefly if each response is appropriate and relevant. If so, write it on the flipchart entitled “She says . . .” Encourage participants to suggest other possible responses.
7. Ask participants: *“What did you learn from this exercise? How could you use this in your work with clients?”*
9. Summarize the exercise:
 - a. *“Condoms are useful for preventing HIV, but research shows that some men react with violence when asked to use condoms. This means that negotiation skills can help a woman stay safe. Role playing is one way providers can help clients learn condom negotiation skills.”*
 - b. *“By brainstorming possible arguments and responses with their clients, providers can offer better care and ensure that the women they treat will have the skills necessary to talk about condom use with their partners.”*

Condom Negotiation*

HE SAYS . . .

"I don't like using condoms."

"Using condoms isn't enjoyable."

"You don't trust me!"

"I will pull out in time."

"I guess this means that you don't love me."

"Condoms can cause infections."

"But we want more children."

"Just this once without."

SHE SAYS . . .

"If I'm more relaxed, we can both enjoy it more. Using a condom would make me relaxed."

"HIV, STIs, and pregnancy are much less enjoyable!"

"I do trust you. It's just that some STIs and HIV can have no symptoms at first. Let's be safe for both of us."

"I could still get pregnant or we could still get an STI."

"I do love you. I just don't want to get an STI or HIV to prove it."

"The Ministry of Health says that they are safe."

"Yes, but we want our children to be happy and healthy. Let's plan pregnancies and make sure that we're both healthy in between by using condoms."

"It only takes once to get HIV, pregnant, or an STI."

* Adapted from: Family Health International & Youthnet. (2005). *HIV counseling and testing for youth: A manual for providers*. Arlington: FHI.

G: Accompanied Disclosure

(1 hour)

Facilitator's Notes

- This exercise is designed primarily for those training to use the [VCT Interview Guide](#).

Objective

- Practice accompanied disclosure with clients.

Preparations

- Hang one sheet of flipchart on the wall.

Steps

1. Explain to participants: *"Accompanied disclosure is when a VCT counselor or other health care provider facilitates a client's disclosure to another person. This is most often a partner but could also be a friend, relative, parent, etc. The goal of accompanied disclosure is to help her communicate the news safely."*
2. Emphasize that by offering accompanied disclosure options, VCT counselors can provide better care while addressing the link between violence against women and HIV/AIDS. Accompanied disclosures should ONLY ever happen at the request of the client. A provider should never force disclosure or disclose a client's results.
3. Ask participants: *"Why might some clients choose an accompanied disclosure?"* (Possible answers include: emotional support, fears person's response, not sure how to handle the situation, increased safety, etc).
4. Discuss tips for VCT counselors when conducting accompanied disclosures. Record on flipchart. Ensure the following ideas are mentioned:
 - Disclose during the day rather than at night.
 - Choose a quiet and safe place where there will not be interruptions.
 - Remove any potentially dangerous or sharp objects from the room.
 - Encourage the client to invite a relative or friend to also join the accompanied disclosure session who might also go home with the couple or live nearby.
 - Create ground rules before beginning the disclosure including: one person speaks at a time; no interrupting, no name-calling, blaming or other abuse; speak for yourself not the other person, violence is not acceptable, etc.

- Allow both people to have space to share their feelings.
 - Affirm that it is a difficult time but give encouragement that they can get through this together.
 - Discuss safety directly. Emphasize that it is essential and help them think through ways they will ensure their own and each other's safety.
 - Allow both people the space to express and explore their feelings about the disclosure event.
5. Explain: *"In this next exercise you will divide into four groups, and in your groups you will create skits of accompanied disclosure scenarios."*
 6. Ask participants to divide into four groups, by counting off from one to four, and then grouping themselves by number.
 7. Explain the following:
 - a. *"Each group must create a skit involving a VCT counselor, a client wishing to disclose, and the person the client is disclosing to (partner, husband, parent, etc.). Skits should be no more than **5 minutes** long."*
 - b. *"Groups will be given **10 minutes** to develop their skit, and then they will perform their skits in front of the entire group."*
 - c. *"After each skit, there will be a **5 minute** discussion in which participants offer constructive feedback to the group that just performed."*
 8. Ask participants to begin their preparations. Alert participants when only **5 minutes** remain for preparing their skits. Alert them again when only **1 minute** remains.
 9. After **10 minutes**, bring the participants back into the circle and ask them to perform their skits.
 10. After each skit, facilitate a discussion using the following questions:
 - a. *"What did the VCT counselor do well in this accompanied disclosure scenario?"*
 - b. *"What could the VCT counselor have improved in this accompanied disclosure scenario?"*
 11. Summarize the exercise with a focus on the following:
 - a. *"Accompanied disclosure can help women disclose their status and avoid a possibly violent situation."*
 - b. *"Women shouldn't be forced into a accompanied disclosure. Your clients know best what will keep them safe."*





Preventing Violence Against Women and HIV

www.raisingvoices.org/sasa.php