

# Dos and Don'ts

## For discussing violence and HIV/AIDS with general health care clients

### DOs

- **Do** listen to your client with respect and compassion. When you are engaged and actively listening, it builds trust.
- **Do** emphasize that the violence is not your client's fault and that she doesn't deserve it.
- **Do** take the danger she feels seriously.
- **Do** make referrals to other services in the area, so that women will have others to turn to.
- **Do** know that there are quality services offered for women experiencing violence and/or HIV at the places where you refer your clients.
- **Do** offer women ongoing counseling and support options based on what's available at your clinic or in your area.

### For clients who test for HIV:

- **Do** hold HIV pre-test counseling sessions separately if a couple is being tested together, to determine if the woman is exercising her freedom of choice in getting tested.<sup>1</sup>
- **Do** conduct HIV pre-test counseling to help a woman think through the consequences of a positive result, and if appropriate, brainstorm and role play partner disclosure.
- **Do** respect a client's choice about disclosure. She knows what is best for her own life.<sup>7</sup>
- **Do** discuss accompanied disclosure options with women who are testing for HIV:
  - A woman can bring her partner back to the clinic to discuss her HIV status in the presence of the counselor. This can diffuse tensions and help keep the woman safe.
  - You could also help her strategize about a friend or family member who could be present when she discusses her HIV status with her partner at home.
  - Role play the accompanied disclosure so she is prepared for several different responses.

### DON'Ts

- **Don't** blame her for the violence she is experiencing.
- **Don't** discuss violence and then assume that women will find support services themselves.
- **Don't** discuss violence against a woman in front of other people or the woman's partner.<sup>4,5</sup>
- **Don't** call or inform the police or other service providers without her consent.<sup>5</sup>
- **Don't** tell her what to do—she is the expert on her situation. Rather, discuss all possible options and help her come to her own decisions.<sup>4</sup>

### For clients who test for HIV:

- **Don't** disclose or initiate disclosure of a woman's HIV status to her partner without her consent. This could place her in a life-threatening situation.<sup>5,7</sup>
- **Don't** hold the HIV pre-test counseling session with both partners together if they are being tested together, so you can make sure the woman is not being coerced.<sup>1</sup>

#### References

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## Health Care Provider Interview Guide

Whether you are a doctor, nurse, counselor, or other health care provider, the purpose of this guide is to help you **discuss violence and HIV/AIDS** with your clients.

### WHY talk to women about violence and its connection to HIV/AIDS?

- Violence is a serious human rights violation and a worldwide public health emergency.<sup>1</sup> One in three women experience violence around the world.<sup>2</sup>
- Violence against women can be both a cause and a consequence of HIV infection.<sup>1,3</sup>
- Women who are abused are at greater risk for contracting HIV, and women who are HIV positive are at a greater risk for experiencing violence from their partners.<sup>4</sup>
- If you don't ask your female clients questions about violence and HIV, you may only be treating the symptoms of their problems, and not the problems themselves.<sup>4</sup> This approach could cause many repeat visits from clients, increasing your work load.

- There are situations where identifying violence in the lives of your clients can improve the overall quality of the services you offer, as well as women's use of your recommendations.<sup>2</sup>

### WHEN should I use this interview guide?

Use this guide when . . .

- a female client shows signs of possible physical violence, such as cuts, bumps or bruises, broken teeth
- a female client shows signs of possible sexual violence, such as STIs, fear of HIV or cuts and bruises in the vaginal area
- a female client shows signs of economic or emotional violence, such as arriving to appointments in secret and/or requiring mental health services
- a female client or couple come in for family planning services
- and if time and circumstance permit, when you have an opportunity to speak privately with any female client

This guide can be used at different points in a client's visit. Use your instinct and judgment to determine the right time to address violence and HIV.

### HOW do I use this interview guide?

- First establish rapport with friendliness, eye contact and warm greetings.
- Modify the questions and responses as needed for your clinic, clients and community.
- The questions in this interview guide are just the beginning. Follow your client's lead. The client's response to a question could lead you to ask other questions of your own.

## Starting a Conversation about Violence and HIV/AIDS <sup>4</sup>

### Transition Statement

Before asking questions about violence, use a transition statement to make the client as ready and as comfortable as possible, such as:

"I always ask the following questions because some women are in relationships where they don't feel safe and this affects their health."

### Questions

Use the following questions to guide your conversation:

1. Is your partner aware that you are here for services?
2. If you told your partner that you came to the clinic for this service, do you think he would react angrily or negatively?
3. Has your partner ever physically hurt you? Has your partner ever slapped, hit, punched, pushed, kicked or threatened you?
4. Has your partner or anyone ever forced you to have sex or refused to use a condom when you requested it?
5. Do you feel safe returning to your home today?

## Responding to Clients’ Needs

Once a woman has answered your questions, you will have a general idea of her experience of violence. At this time, you can provide information and support her according to her individual situation. This document provides responses for the most common scenarios encountered by health care providers. Combine these ideas with your own knowledge, skills, practices and protocols.

### IF a woman discloses experiencing violence or feeling at risk for violence . . .

- **Reassure her.** Remind her that everyone has the right to live free of violence and that the violence is not her fault.<sup>5</sup>
- **Discuss violence.** Speak with her about violence, her concerns and her options for staying safe. Allow her to make her own decisions, as she knows best what might or might not keep her safe.<sup>4, 5</sup>
- **Discuss HIV/AIDS.** Speak with her about the connection between violence and HIV/AIDS.
- **Discuss condoms.** Emphasize the benefits of condoms for preventing HIV, other STIs and pregnancy. But remember: negotiating condom use could increase a woman’s risk for violence.<sup>6</sup> (See the “Condom Negotiation” box for further suggestions.)
- **Discuss partner communication and suggest role playing.** If the client fears violence from her partner if she raises health concerns, suggest role-playing activities.<sup>1</sup> (See the “Role Playing” box for details.)
- **Help her develop a safety plan.** A safety plan can help a woman protect herself and her children.<sup>5</sup> (See the “Creating a Safety Plan” box for details.)
- **Discuss referrals.** Discuss all options with her for referrals to women’s NGOs or other counseling services in the area.<sup>1, 4, 5</sup> Assist her with directions to the different service providers and give her the contact names of people at the these organizations.

By doing this, you can reduce your stress and open up a network of support for your client. (See the “Making Referrals” box for more details.)

- **Discuss seeking support.** Encourage the client to confide in trusted relatives or friends who could offer her support, maintain her confidentiality, and help her deal with these stigmatized issues. This is especially important if there are no formal support options in the immediate area.

### IF a woman is not experiencing violence or feeling at risk for violence . . .

- Treat her according to her needs.
- If a woman isn’t reporting violence but you suspect that she is experiencing violence:
  - Assure her that she has a right to live free of violence.
  - Ask her if she would like to be referred to counseling services or women’s NGOs for further support.

### IF a woman is pregnant or breast-feeding . . .

- Be aware that violence can limit women’s adherence to drug regimens preventing mother-to-child transmission of HIV.
- **If the woman is not experiencing violence but feels at risk,** discuss the benefits and risks of her disclosing her status and treatment regimen to her partner. If she is fearful of her safety, assure her that the decision to disclose is her own. Do not pressure her to disclose if she does not feel ready or safe.<sup>7</sup>
- **If the woman experiences violence from her partner,** help her think of ways to adhere to the treatment regimen without her partner finding out. This could include storing the ARV’s at the house of a trusted relative, neighbor or friend.
- **If the woman is not reporting violence, but you suspect she is experiencing violence,** ensure she is informed and aware of how violence can put her and her baby at risk. Invite her to come back for another visit if she would like to discuss this further.

## Is your clinic ready?<sup>4</sup>

Can you ensure:

### ☐ Client Confidentiality

Confidentiality, and any limits to it that might exist in your country (e.g., mandatory reporting, etc.) must be discussed with clients at the beginning of the consultation.

### ☐ Secure Records

Clinics must provide a secure storage area for records and a policy about who can look at those records.

### ☐ A Well-Trained, Sensitive Staff

Clinic staff must be trained in and have explored their own attitudes and experiences about violence against women.

### ☐ Client-Centered Services

Clinical services must be in the best interest of the client and uphold client’s rights.

### ☐ An Effective Referral System

Clinics must keep a list of appropriate and up-to-date referrals for women experiencing violence and/or HIV.

## Making Referrals

1. Make sure that quality services are offered at the places you are referring clients.
2. Provide details on the services you are recommending to help a woman decide which services meet her needs. Details could include: location, type of organization, costs, hours, services offered, and availability of staff. Keep this information easily accessible to everybody at your clinic.
3. If your clinic doesn’t have a written list of referral services, ask other clinics in the area to use theirs as a starting point for creating your own.
4. If you give any written referral information to a woman, counsel her to hide it. If it is found, it could increase her risk for violence.
5. Make sure she gives informed consent for any referrals you make and any information you disclose to other services.

## Creating a Safety Plan<sup>5</sup>

Creating a safety plan helps a woman think through ways to keep safe if violence happens. Encourage the woman to develop her own ideas about what would keep her safe. If required, provide examples such as the following:

1. A woman could keep a bag packed with important documents, keys, money and a change of clothes in case she needs to leave quickly and easily. Ask your client if there are places in her house she could hide this bag or advise her to keep it at the house of a trusted relative, neighbor or friend.
2. A woman could confide in a neighbor about the violence—someone who would be willing to help if she/he heard a disturbance in the home. If the stigma of discussing violence keeps your client from discussing the issue with neighbors, ask her who she could turn to in an emergency.
3. A signal or code word could be developed with children, neighbors, relatives or friends so that they know when they should seek emergency help.
4. If a woman’s partner comes home angry, she could plan to stay near the door for an easy escape and to stay away from sharp or dangerous objects.
5. A woman can develop a plan for escape from home, work and other areas, identifying a safe place where she can go and not be discovered by her partner.

## Condom Negotiation<sup>8</sup>

Emphasize to your clients that condoms protect against STIs, HIV and pregnancy. However, asking a partner to wear a condom can put a woman at risk for violence. If a woman is ready to take this step, support her in developing skills for condom negotiation. Here is a sample dialogue to use and adapt with clients. Encourage a client to think of more arguments that her partner may use and then support her in thinking of a strong response for each.

If her partner says:

“I don’t like using condoms.”

“Using condoms isn’t enjoyable.”

“You don’t trust me!”

She can say:

“If I’m more relaxed, we can both enjoy it more.”

“HIV, STIs, and pregnancy are much less enjoyable!”

“It’s not about trust. Some STIs and HIV can have no symptoms at first. Let’s be safe.”

## Role Playing

Role playing can help build a client’s communications skills and confidence for talking with her partner or others about HIV testing, disclosing her HIV status, using condoms, etc. Role playing with clients follows these basic steps:

1. Ensure that it is the client’s choice to follow though with the difficult discussion. Ensure that she is prioritizing her safety and wellness in this decision.
2. Clarify the difficult conversation that is in the client’s future. Discuss when and where she could safely have this conversation.
3. Ask the client to identify different scenarios she thinks might occur.
4. Play the role of the person the woman will be talking to (e.g., her partner) and act out possible scenarios with her, allowing her an opportunity to practice what she would say and do.
5. After each scenario discuss other possible responses she could have.
6. Discuss options for ensuring safety— for example: safe locations, best times of day (e.g., not after her partner has been drinking), and whether other friends or family should be present.

