# Network-based testing toolkit training modules

Module 6: Intimate partner violence risk assessment and response as part of network-based testing

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# Trigger warning

- Many of us may have experienced violence, are currently experiencing violence, or know someone who has been impacted by violence
- This presentation will discuss violence and some of the content could be retraumatizing or trigger difficult emotions
- Please take care of yourself and feel free to step away at any time. We will make sure that everyone has access to the slides

# Learning objectives

By the end of this module, participants will be able to:

- Describe gender-based violence (GBV) and intimate partner violence (IPV)
- Summarize why the IPV risk assessment is a critical component of network-based testing services
- Explain the process for IPV risk assessment in network-based testing services
- Describe how to offer first-line support through LIVES to clients who have experienced or are currently experiencing IPV
- Understand the role of providers when conducting the IPV risk assessment
- Practice using LIVES with an observer and meet quality IPV risk assessment and response standards

# Overview of GBV and IPV

# Gender-based violence (GBV)

- GBV is any form of violence against an individual based on biological sex, gender identity or expression, or perceived adherence to socially-defined expectations of what it means to be a man or woman, boy or girl
- GBV includes sexual assault, intimate partner violence, child sexual abuse, physical and psychological abuse, threats, coercion, arbitrary deprivation of liberty, and economic deprivation.
- GBV is rooted in gender-related power differences, including social, economic and political inequalities; it is characterized by the use and abuse of physical, emotional, or financial power and control

# Who is affected by GBV?

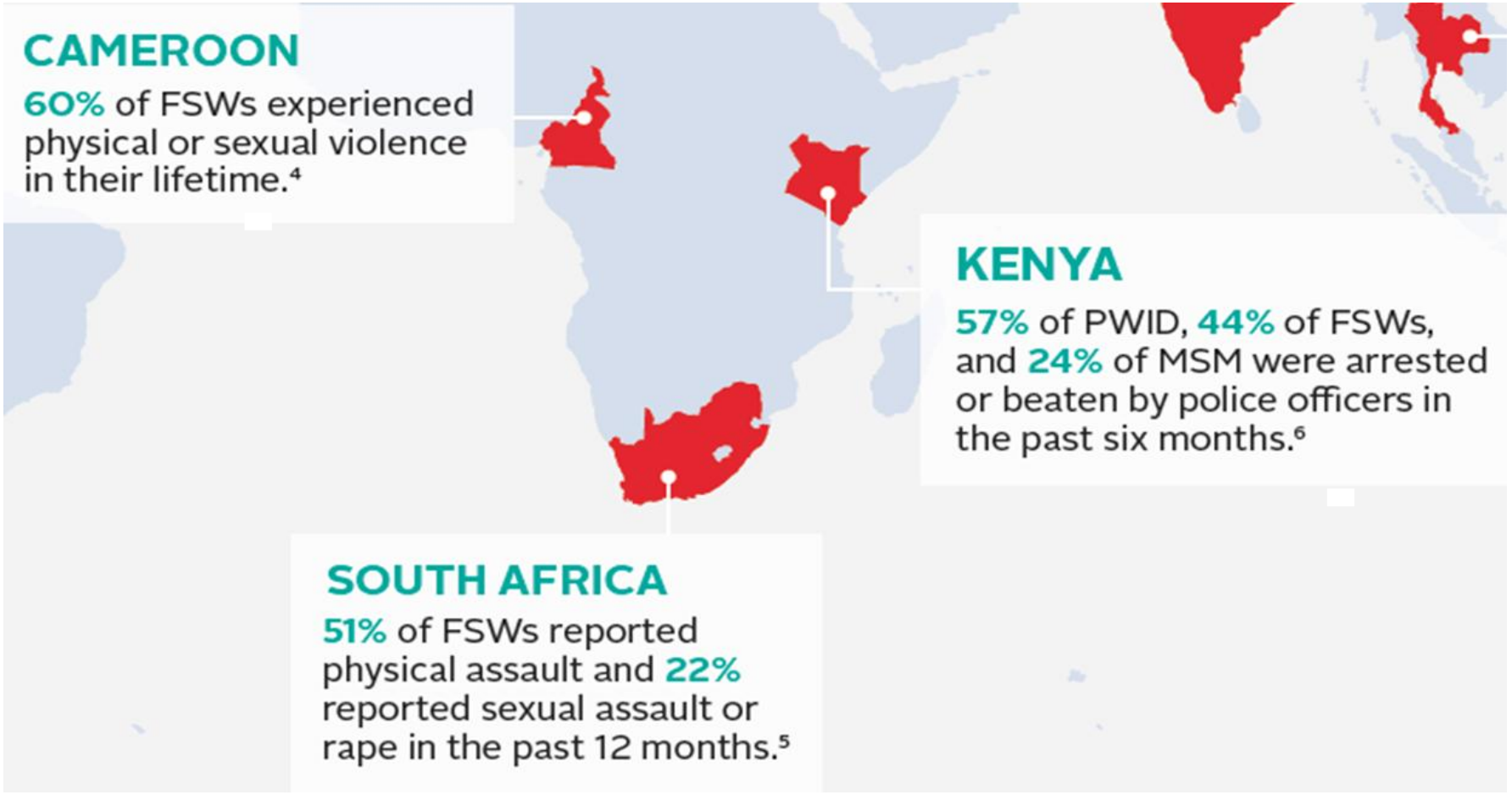
- Women and girls are most at-risk for GBV, yet other vulnerable populations are also disproportionately affected by GBV
- Vulnerable populations:
  - Children/youth
  - Key populations – sex workers, people who inject drugs, men who have sex with men, transgender persons, prisoners
  - People in conflict and crisis areas/refugees, internally displaced persons
  - People with disabilities
  - Indigenous, ethnic and religious minority communities
  - Low-wage/informal sector workers
  - Older persons, widows

# 1 in 3 women


- Globally 1 in 3 women have experience physical and/or sexual violence. Most of this violence is perpetrated by an intimate partner.

- It is estimated that of all women who were the victims of homicide globally in 2012, almost half were killed by intimate partners or family members, compared to less than six percent of men killed in the same year (United Nations Office on Drugs and Crime, 2014).

# Key populations most exposed to violence, including GBV




*Key populations include men who have sex with men (MSM), female sex workers (FSW), prisoners, people who inject drugs (PWID), transgender women

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Image source:
https://www.fhi360.org/sites/default/files/media/documents/infographic-hiv-gpv.PDF

# Knowledge check

- Which of the following would you consider an example of GBV?
  - While at a bar drinking, Michael gets into a dispute with another man. After loud shouting, the man hits Michael in the face.
  - Patience's husband, Sipho, gets extremely jealous and constantly accuses her of cheating. He doesn't allow her to talk on the phone, even to friends.
  - Moses is in a relationship with another man and is worried about his family finding out. Moses' boyfriend often threatens to tell Moses' mother and father about their relationship when Moses doesn't do what his boyfriend tells him to.
  - Amara and her friends need money. As they walk along the street late at night, they decide to follow a random person and rob them with a knife.

# Knowledge check

- Which of the following would you consider an example of GBV?

Both of these scenarios are a type of GBV called **intimate partner violence**

b) Patience's husband, Sipho, gets extremely jealous and constantly accuses her of cheating. He doesn't allow her to talk on the phone, even to friends.

c) Moses is in a relationship with another man and is worried about his family finding out. Moses' boyfriend often threatens to tell Moses' mother and father about their relationship when Moses doesn't do what his boyfriend tells him to.

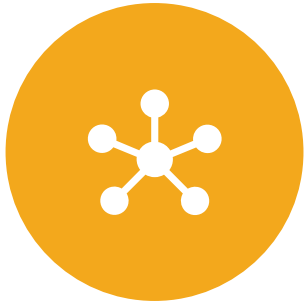
# Intimate partner violence (IPV)

- IPV is one form of GBV
- IPV is ongoing or past violence and abuse by an intimate partner or ex-partner, defined as a husband or wife, boyfriend or girlfriend, or lover
- It can include physical, sexual, or emotional violence, economic abuse and controlling behaviors
- Most data and research on IPV has been done with heterosexual women but this training also applies to male and sexual minority survivors

Source: WHO Clinical Handbook 2014
Photo Source: CDC NISVS

# Health care can be an entry point for violence survivors

Many individuals will have contact with health services several times during their lives



GBV is inter-related to and impacts many dimensions of an individual's health

Survivors tend to access health services more than non-survivors

Providers are trained, trusted individuals to talk to

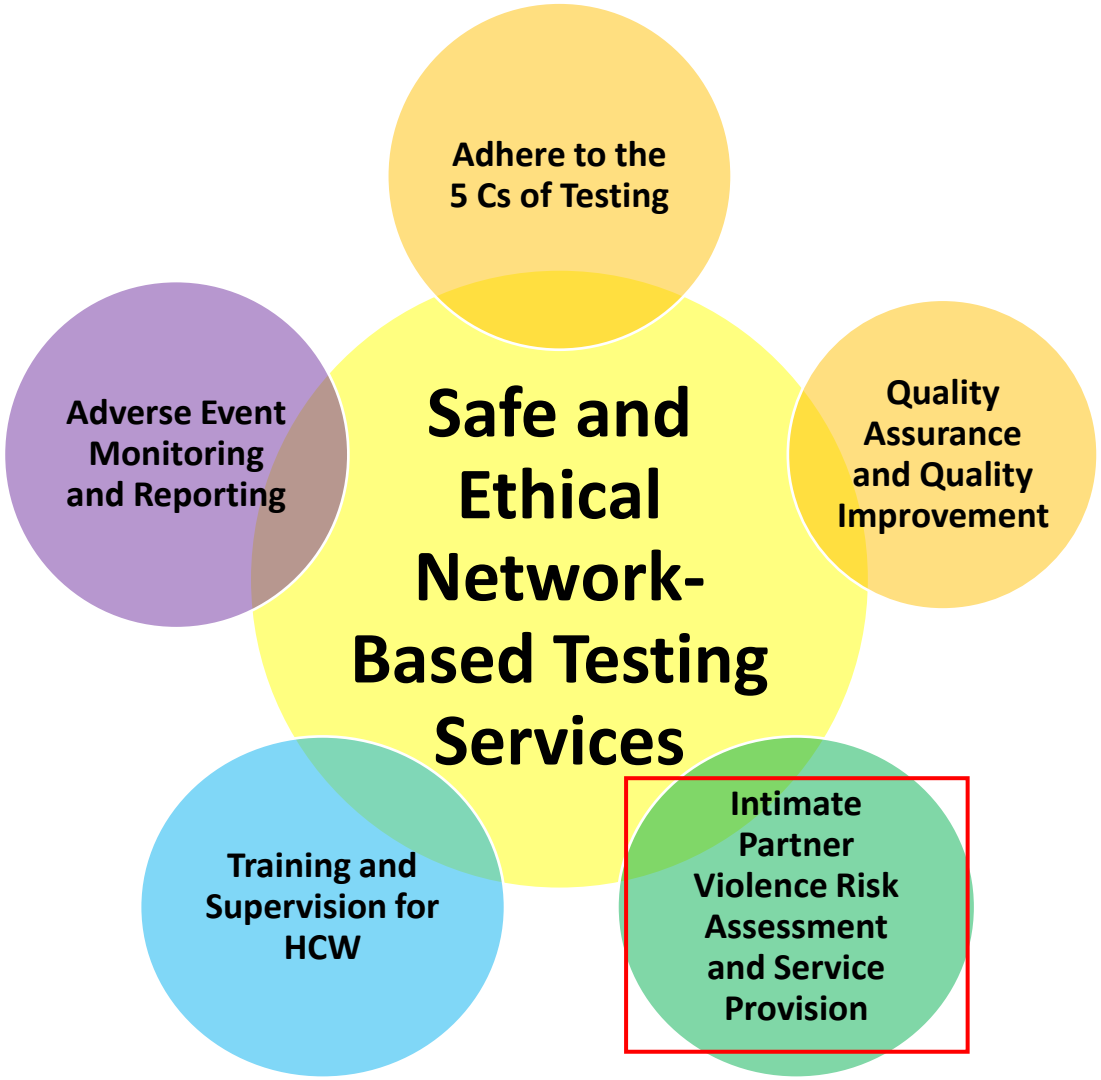
# Network-based testing and the IPV risk assessment

# What are the 10 steps of network-based testing?

1. Introduce concept of network-based testing at any visit, and determine readiness and timing
2. Offer network-based testing as a voluntary service to all clients with HIV, hepatitis B or C, or an STI, and obtain consent
3. Obtain a list of sex and injecting partners, social network contacts, biological children < 19 years old, and other household members (for HBV)
4. Conduct an intimate partner violence (IPV) risk assessment for sexual partners
5. Determine the preferred method (partner services, social network testing, or family/household testing) for each contact
6. Determine which infections each contact should be offered testing for, based on risk and epidemiology (HIV, other STIs, hepatitis)
7. Contact and offer integrated testing to partners and contacts using preferred approach, including self-test distribution
8. Record outcomes of network-based testing services
9. Link partners, contacts, children and household members to appropriate treatment and/or prevention services
10. Follow-up with client to assess for any adverse events associated with network-based testing services

# How do you ensure safe and ethical network-based testing services?

- All network-based testing services for HIV, HBV, HCV and other STIs involve some risk
- The priority is to minimize harm by implementing five key minimum standards:
  - One of these is the IPV risk assessment and service provision



# Why ask about IPV during network-based testing?

- Screening for IPV risk and offering an immediate first line response to any disclosure of violence is a **standard operating procedure** for network-based testing services
- The **primary goal of the IPV risk assessment is to ensure no harm** comes to the index client, their partner(s), or family members as a result of network-based testing services
- The IPV risk assessment also allows us to **identify and link people experiencing violence to GBV response services**. This can help improve health outcomes among these clients

# Asking about IPV can help clients understand the health impacts

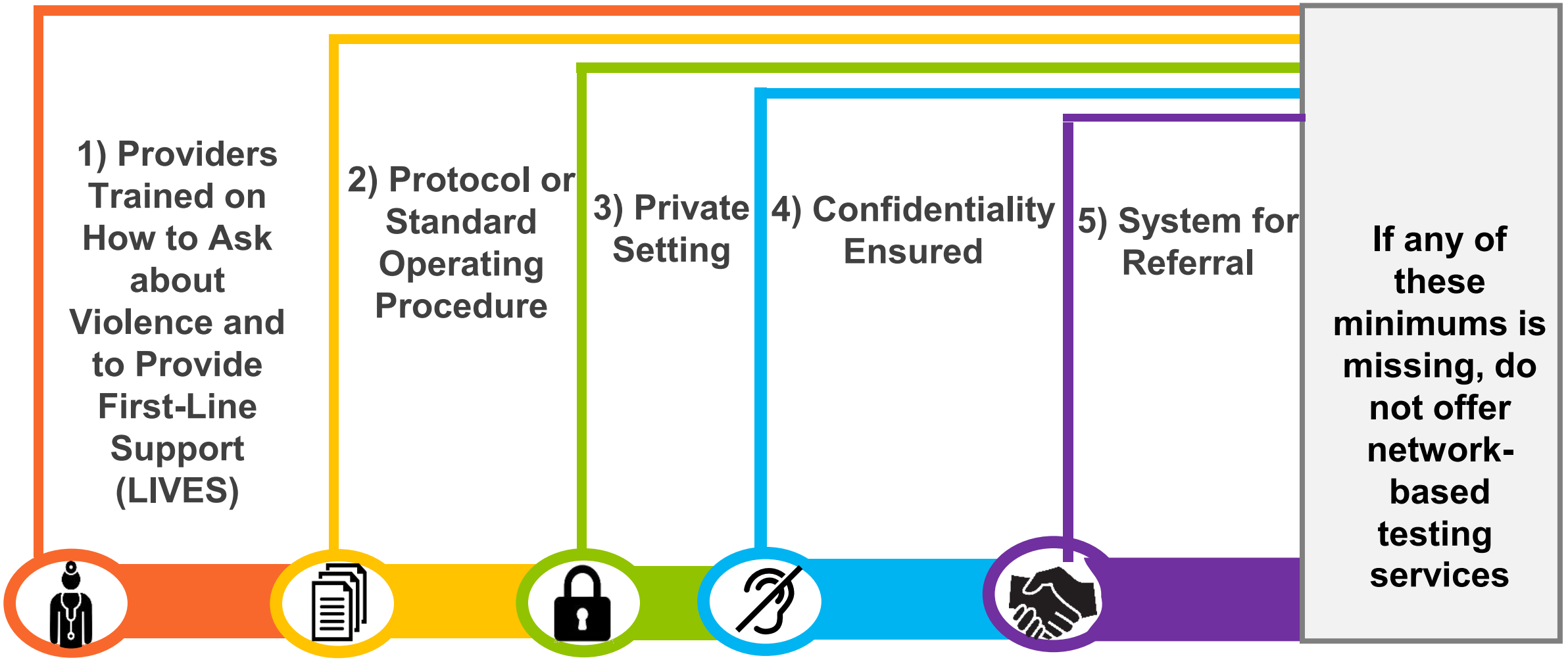
"I was dying without realizing it. When the physician told me that my health problems were related to what was happening in my house, I started to understand what was going on with me. It was as if a veil was lifted from my eyes and I started to think that I didn't deserve this."

Survivor – Dominican Republic

World Health Organization

Source: IPPF: Improving the Health Sector Response to Gender Based Violence: A Resource Manual for Health Care Professionals in Developing Countries, 2010

# Minimum requirements for the IPV risk assessment

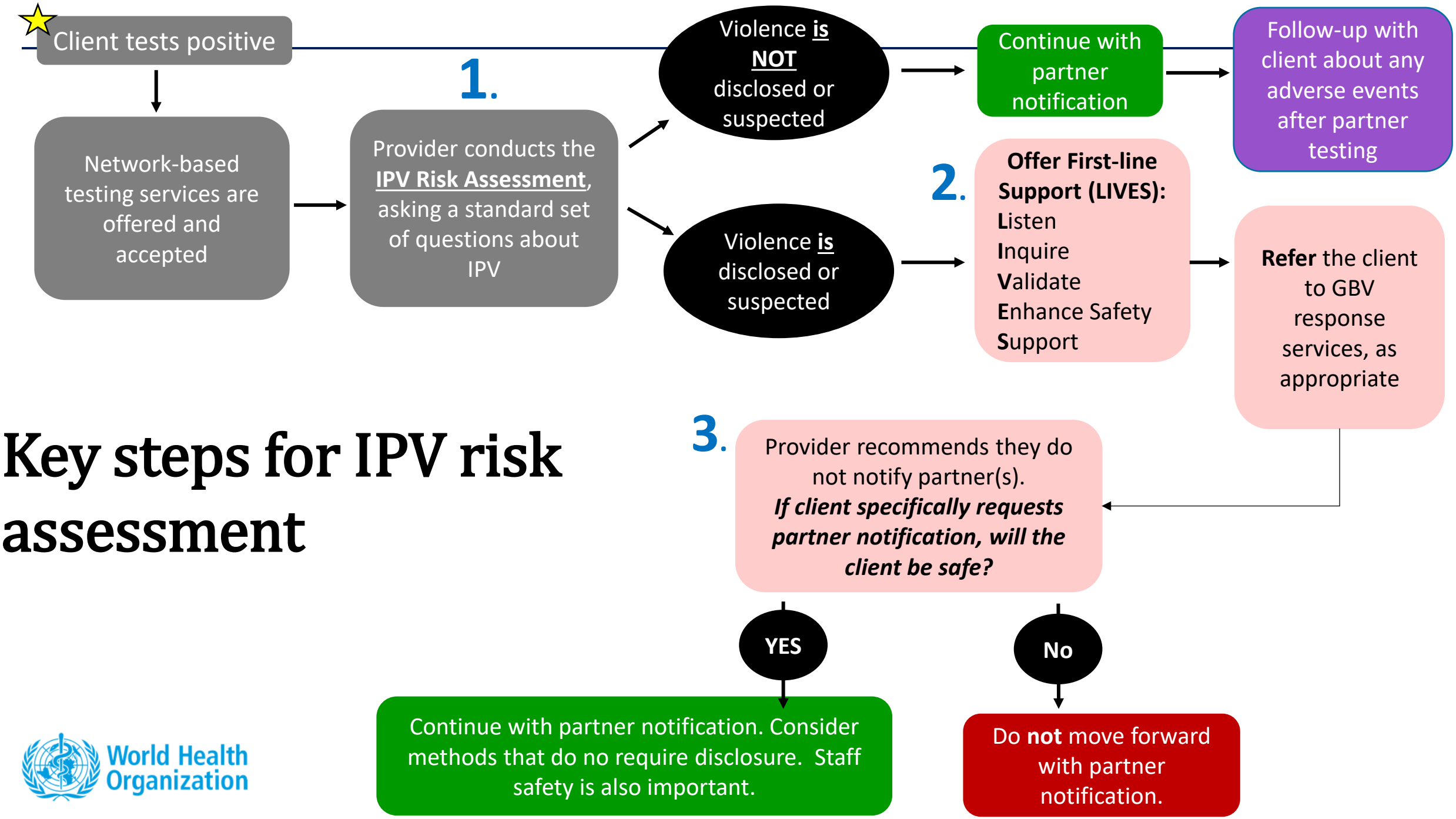


# Minimum requirements for the IPV risk assessment

Has your wife ever forced you to do something sexually that you did not want to do?

# Process for conducting the IPV risk assessment during network-based testing

# Key steps for IPV risk assessment

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# Step 1: Ask about IPV

Ask client about their experience or fear of violence from any current or past partner

- The subject of IPV should be raised sensitively. For example, using an introductory script:

> *"Many people experience problems with their spouse or partner, or someone else they live with. Sometimes these problems can lead to violence. Sharing information about a positive test can be very emotional and can lead to partners feeling upset. This can put your safety at risk. Because safety is very important to us, we ask all clients considering network-based testing the following questions."*

# Suggested IPV questions

- The provider asks about violence using a standard set of IPV screening questions.
- Countries should feel empowered to develop and validate their own IPV screening questions based on their data and context.

## SCREEN FOR INTIMATE PARTNER VIOLENCE (IPV)

Because your safety is very important to us, we ask all clients the following questions:

1. Has [partner's name] ever hit, kicked, slapped, or otherwise physically hurt you?
   ☐ Yes ☐ No
2. Has [partner's name] ever threatened to hurt you?
   ☐ Yes ☐ No
3. Has [partner's name] ever forced you to do something sexually that made you feel uncomfortable?
   ☐ Yes ☐ No

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# Strategies to preserve privacy

- Conduct the IPV risk assessment only when the client is alone and where the conversation cannot be overheard
  - No one older than age 2 years should overhear your conversation. If the client's children are present, ask a colleague to look after them while you talk
  - You may need to think of an excuse to be able to see the person alone
    - If another person is hesitant to leave, send the extra person to do an errand or fill out a form



Source: WHO 2018 VAW Curriculum

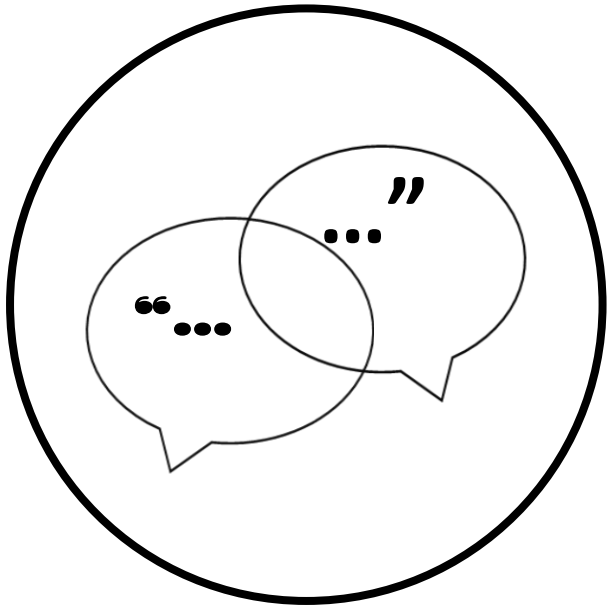
# Strategies to preserve confidentiality

- Assure the client that you will not repeat what is discussed with anyone outside of the immediate healthcare team
- Providers must be aware of national mandatory reporting guidelines. If you are required to report specific situations, you must explain to the client what you must report and to whom **prior to conducting the IPV Risk Assessment**. Furthermore, the provider needs to **re-check** with the client to determine if they feel comfortable proceeding.
- Ensure that any client files containing IPV information are stored securely and limit the number of people who have physical access to the files



Source: WHO 2018 VAW Curriculum

# Discussion




Q: What if the client doesn’t want to tell me about IPV or is resisting disclosure?

A: That is okay! Never force a client to talk about IPV or details of their experience if they do not want to. It is the client’s right to decide if they disclose, how they disclose, when they disclose, and who they disclose to. Your job is to listen if they feel ready.

# Step 2: Offer first-line support

- First-line support is a practical, survivor-centered, empathetic counseling approach
  - Responds to clients' needs (emotional, physical, safety and support) while respecting privacy
- Must be offered right after a client discloses violence
- First-line support has helped people who have been through various upsetting or stressful events
- With the right training, anyone can do it

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Source: WHO Clinical Handbook 2014

# Key Components of First-Line Support

The WHO defines “first-line support” using the acronym “LIVES”:

| | | |
|---|---|---|
| **L** | **ISTEN** | Listen closely with empathy, no judgement |
| **I** | **NQUIRE** | Assess and respond to the client’s needs and concerns – emotional, physical, social, and practical |
| **V** | **ALIDATE** | Show the client you believe and understand them |
| **E** | **NHANCE SAFETY** | Discuss how to protect the client from further harm |
| **S** | **UPPORT THROUGH REFERRALS** | Help connect the client to appropriate services, including social support. *For KP’s like sex workers or men who have sex with men, this should only include KP-friendly services* |

# Providers Using LIVES

- LIVES helps ensure respectful, sensitive communication with clients
- The client is the expert on their situation. Explore the client's options and respect his or her wishes
- Speak to the client respectfully with kindness and empathy- not blame
- Empower the client to feel able to ask for support
- Know the resource a client is being referred to – quality matters

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Source: WHO Clinical Handbook 2014

# LIVES: ***Listen*** (cont.)

- Let the client say what they want. Encourage the client to keep talking if they want by asking open-ended questions. Ask “How can we help?”
- Allow for silence. Give time to think.
- Stay focused on the client’s experience.
- Acknowledge the client’s needs and respect their wishes. Don’t push them to talk if they say they are finished.

World Health Organization

Source: WHO Clinical Handbook 2014

# How do you like to be listened to?

| Things listeners SHOULD do | Things listeners SHOULD NOT do |
|---|---|
| • Be patient and calm<br>• Let client know that they're listening (nod head, make eye contact, etc.)<br>• Acknowledge how client is feeling<br>• Let clients tell the story at their own pace<br>• Encourage client to share<br>• Give client time to think<br>• Stay focused on client<br>• Respect client's wishes | • Pressure client<br>• Look at their watch or seem distracted<br>• Judge client<br>• Rush client<br>• Assume they know best<br>• Interrupt<br>• Finish clients' thoughts for them<br>• Tell clients their own troubles or someone else's<br>• Think and act as if they can solve client's problems |



Source: LINKAGES Health Care Worker Training: Preventing and Responding to Violence against Key Populations

# Avoid blaming, shaming and judging

Do not ask questions like:

- Why were you alone?
- Why were you walking in that neighborhood?
- Why were you wearing such revealing clothes?
- What did you do to make him angry?
- If you were really afraid, why didn’t you run or scream?

# LIVES: ***Inquire*** about needs and concerns

- The purpose is to learn what is most important for the client by helping them to identify and express their needs and concerns
- Phrase your questions as invitations to speak by asking open-ended questions
- Verify your understanding by restating what the client says
- Reflect back to the client the feelings they express
  - Explore as needed and ask for clarification if you don't understand
- Summarize what they expressed

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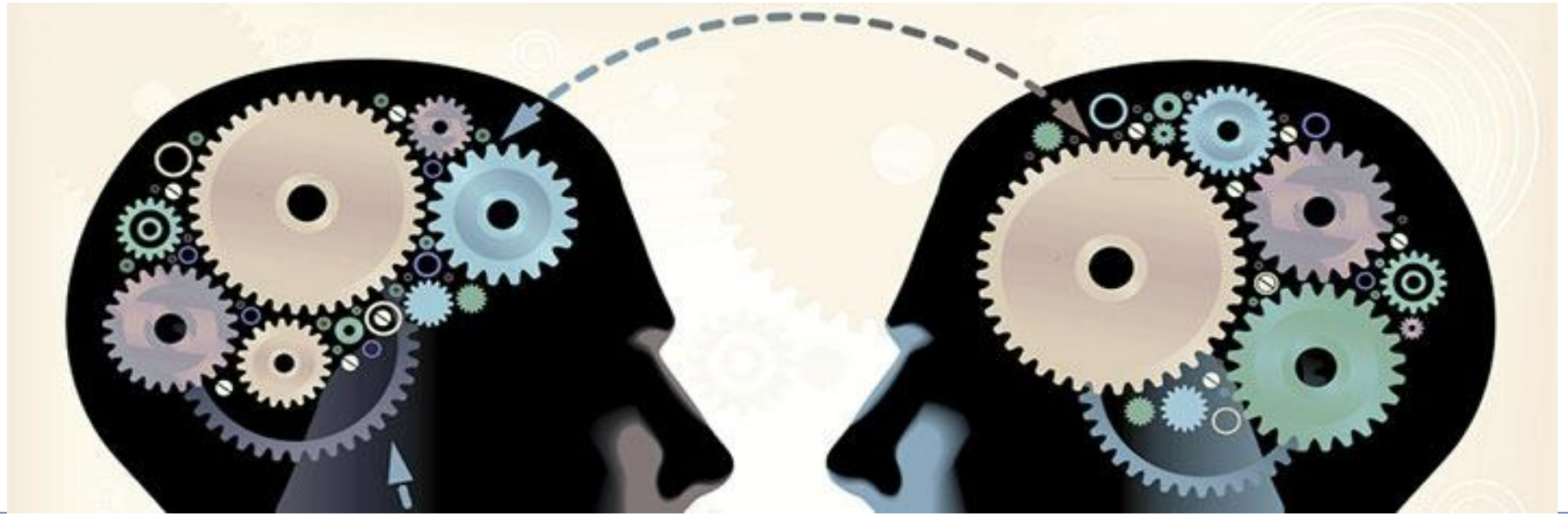
Source: WHO Clinical Handbook 2014

# LIVES: *Validate*

- The purpose is to let the client know that their feelings are normal, that it is safe to express them, and that they have a right to live without violence
- Show the client that you understand and believe them



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Source: WHO Clinical Handbook 2014

# LIVES: ***Validate*** (cont.)

Example validation statements:

- It's not your fault. You are not to blame.
- You did the most important thing you could do in that moment: you survived.
- Thank you for sharing that with me. I'm sorry that happened to you.
- No one deserves to be hurt by their partner.
- You are not alone. Unfortunately, many others face this problem.
- Your life and your health are of value.
- Everybody deserves to feel safe at home.
- You are brave to talk me about it.



Source: WHO Clinical Handbook 2014

# LIVES: ***Enhance*** safety

- Many clients who have been subjected to violence have legitimate fears about their safety
- Safety planning is an active client-led process in which you help them identify their own strengths and resources
  - Clients are the expert on their situation and may have ideas or know best on how to keep themselves safe

**Job aid**

| **Safety planning** | |
|---|---|
| Safe place to go | If you need to leave your home in a hurry, where could you go? |
| Planning for children | Would you go alone or take your children with you? |
| Transport | How will you get there? |
| Items to take with you | Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential? |
| | Can you put together items in a safe place or leave them with someone, just in case? |
| Financial | Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency? |
| Support of someone close by | Is there a neighbour you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home? |

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Source: WHO Clinical Handbook 2014

# Understand immediate safety risks

- Some clients may be at an elevated risk of being seriously harmed or killed by their partner
- **Red flags:**
  - Client says they think their partner is going to kill them
  - Involvement and access to weapons
  - Physical violence that has increased in severity or frequency
  - Strangulation or violence in pregnancy

# Sample Tool to understand immediate safety risks

*"Based on your responses to my questions about violence, I am concerned about your immediate safety. If it's ok with you, I would like to ask you a few more questions to find out if it is safe for you to go home after this visit."*

1. *Has the physical violence happened more often, or gotten worse, in the past 6 months?*
2. *Has your partner used a weapon or threatened you with a weapon or another potentially harmful object?*
3. *Has your partner ever tried to strangle you?*
4. *Do you believe your partner could kill you?*
5. *For women in a heterosexual partnership: Has your partner ever beaten you when you were pregnant?*

If the client responds yes to any of these questions, work with the client to develop a safety plan and do not continue to discuss options for getting the partner tested.

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Source: WHO Clinical Handbook 2014

# LIVES: ***Support*** (through referrals)

- The goal is to support clients to connect with other resources for their health, safety, and social support
  - Help them identify these and provide suggestions
- People who experience violence face multiple barriers to reaching out for help
  - What you have to say is important in encouraging the client to seek support
  - You can help break down some of these barriers (e.g., active listening)

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Source: WHO Clinical Handbook 2014

# Support: “Warm” or “Active” referral

- Reduces barriers to accessing services
- Actively helps clients access the referral
- Offers to make a call on their behalf
- Offers to make a call with the client
- Offers private office space for them to make the call

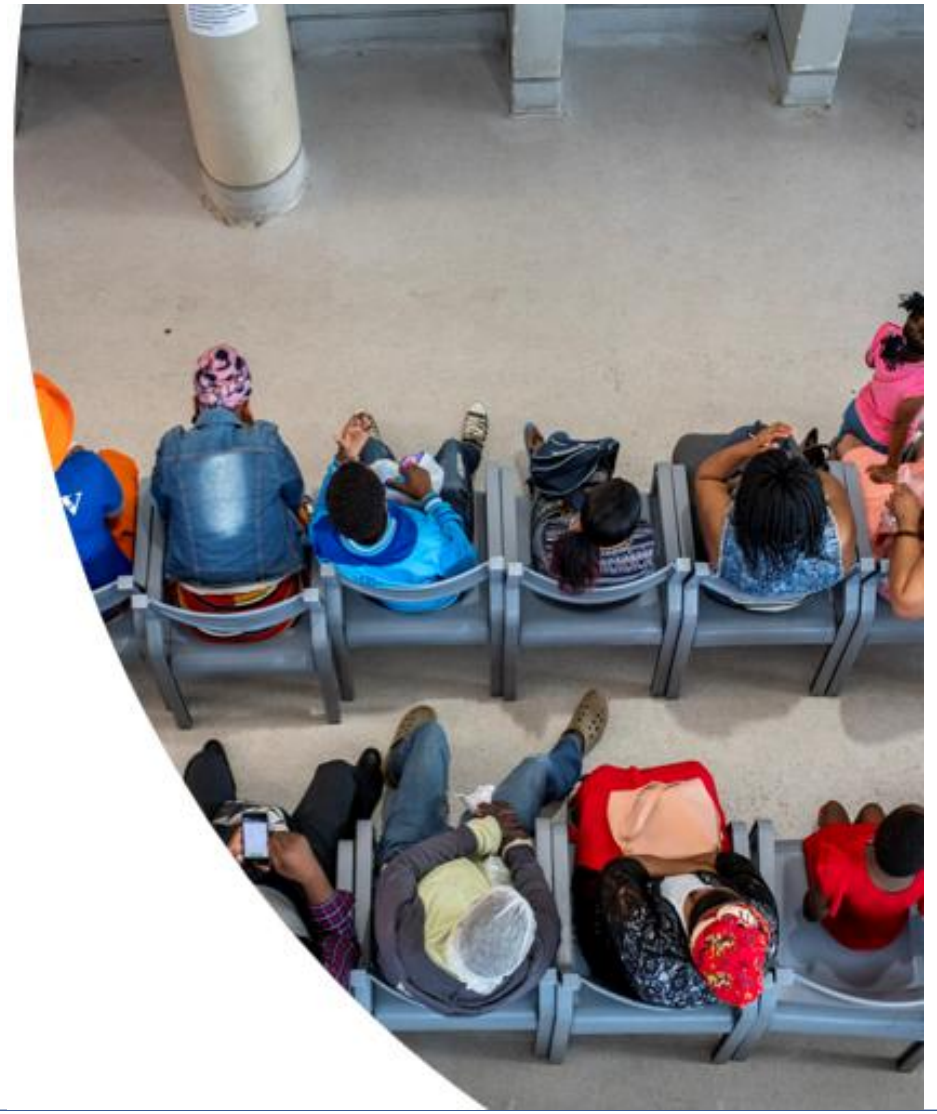
Photo: Kate Holt, MCSP Liberia

World Health Organization

Source: WHO Clinical Handbook 2014

# Support: Types of resources outside the health system

- Hotline/helpline
- Shelter/housing
- Crisis center
- Financial aid
- Legal aid
- Support groups
- Counseling
- Mental health care
- Child protection services



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Source: WHO Clinical Handbook 2014

# Step 3: Determine if network-based testing should move forward

A client's safety is the most important factor in determining if they should participate in partner services.

# How to approach network-based testing with clients experiencing IPV

- All decisions about partner services, family & household testing, or social network testing should ultimately be up to the client
- However, providers can recommend to the client that ***network-based testing services NOT proceed in cases where there is a risk of violence***
- If clients specifically requests partner notification after disclosure of violence, the provider and client should discuss if the client as well as the HCW who will be reaching out to the contact will be safe
- They should proceed only if safety can be reasonably assured

# LIVES can be fully integrated within network-based testing

- Offering LIVES does not end at the IPV risk assessment. It can be integrated throughout network-based testing services.
- For example, you can:
  - Plan for safety while assisting the client in choosing the network-based testing method that is right for them. If a client wants to bring in their partner themselves, you can help them plan to do it safely and you can come up with backup strategies if the conversation does not go as planned.
  - Allow the client to express their needs and concerns related to notifying partners, family members, and other contacts. Create a notification plan based on listening, not directing.
  - Validate fear of IPV (and other fears) as legitimate concerns – believe them.

# The role of providers in IPV risk assessment

# Role of providers in responding to IPV during network-based testing

**Providers are responsible for:**

- **Understanding IPV** and prioritizing the client's safety
- **Creating** a **safe environment**
- **Understanding how gender power differences impact access to resources and interactions with the health system**
- **Reinforce value of your client** through your words, body language, and actions
- **Respect dignity** by involving the client in decision-making
- **Know** the available local resources for all potential populations ahead of time in case a referral is needed

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Source: WHO Clinical Guidelines, 2014

# Role of providers in responding to IPV during network-based testing

**Providers should NOT:**

- Attempt to “solve” violence for the survivor
- Determine the legal aspects of the violence or assault
- Determine whether a client is telling the truth about IPV
- Mediate relationship problems between a couple
- Force a survivor to leave an abusive relationship
- Attempt to know all the answers

# Other considerations

# IPV Documentation

- How you document IPV will depend on the forms and registers commonly used in your facility or country
- After the IPV Risk Assessment, record all notes and observations in the patient file
  - Writing down as much as possible once the client has shared their story can prevent the client from having to repeat their story to someone new – which can be exhausting and traumatic
- Outcomes of the IPV risk assessment should be included in all client files to allow long term follow up
  - Note whether a referral has been offered, and to which service
- Document all key information the client says

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Source: WHO Clinical Handbook 2014

# Summary

- The IPV risk assessment is a critical and required component of network-based testing services
- The process for IPV risk assessment should be followed closely and included in any SOPs or protocols at the site
- First-line support to clients disclosing IPV should be done using LIVES
- LIVES stands for: **L**isten, **I**nquire about needs, **V**alidate, **E**nhance safety, **S**upport through referrals
- If a client discloses violence, the provider may recommend to not continue with network-based testing or partner notification
- Asking about violence can be difficult and self-care is important

# Knowledge check

During a testing session one of your clients told you her story of sexual abuse. After listening to her story, you offered to tell her about some services available to survivors like her that might be helpful (counseling, legal etc.). She said she did not want to hear about any services as she would never consider disclosing to her partner or anyone else. You let her know that you were available to provide information if she ever changed her mind and also inform her that there are always printed materials in the women's bathroom at the facility.

AGREE or DISAGREE WITH THIS APPROACH?

# Knowledge check

*This is the right approach. It is a survivor's choice to whom or if she wants to disclose her experience and when and how she seeks services*

# Knowledge check

A young client shares that her husband is sometimes physically and emotionally violent with her. As an example, she tells you a story where she did not prepare dinner appropriately and so he hit her. You sympathize with her but, as a wife yourself, you are concerned with her safety and want her to avoid this situation in the future. You decide to share advice that she should learn how to prepare food in a way her husband likes to avoid being at risk.

AGREE or DISAGREE WITH THIS APPROACH?

# Knowledge check

*Disagree with this approach. Never provide advice to a survivor about what she / he should have done or could do in the future to avoid violence. Never blame the survivor for the violence she / he has experienced. Instead listen, validate, and ask how you can help.*

# Knowledge check

A client discloses intimate partner violence and asks for your help. Normally you would provide information on resources and help her make a safety plan, but you happen to know the perpetrator of the violence and think you could help resolve things. You offer to speak with her and her husband to resolve their conflict.

AGREE or DISAGREE WITH THIS APPROACH?

# Knowledge check

*Never mediate and never speak with the partner in the cases of IPV. Validate the woman's feelings and inform her of available services if she consents offer to connect her to those services.*