**INSTRUCTIONS**

1. Before the session begins, review the slides, handouts, and resources. Participants should receive and read the Safety Planning Guide resource before the session begins.

2. Welcome participants and review objectives and agenda (slide 2). Review slides on the code of care and limitations, acknowledging that triggering content will be discussed (slides 3–4).

3. Review slides on intersectionality (slides 5–6).

4. Review definitions of intimate partner violence and facilitate discussion as described (slides 7–12).

5. Review slides on power and control, and how it intersects with HIV. Distribute handout about domestic and sexual violence and facilitate discussion as described (slides 13–15).

6. Discuss safety planning (slide 16).

7. Distribute case scenarios handout. Display scenarios on slides and facilitate discussion as described (slides 17–22).

8. Wrap up. Ask, “What can supervisors do to support CHWs in working with clients with HIV who have experienced IPV? Name one important thing to keep in mind that you learned today about the intersection of HIV and IPV?” Ask participants to relevant brainstorm resources in their area. Share resources (slides 23–24).

**OBJECTIVES**

At the end of this unit, participants will be able to:
- Understand cultural context and intersectionality
- Understand the basics of intimate partner violence (IPV)
- Understand the intersection of IPV and HIV
- Build on community knowledge about the different forms of power/control and IPV as it pertains to survivors with HIV
- Use tools and skills to support survivors

**Related C3 Roles**
Providing culturally appropriate health education and information; providing coaching and social support; advocating for individuals and communities

**Related C3 Skills**
Interpersonal and relationship-building skills; capacity building skills

**Method(s) of Instruction**
Interactive presentation, case studies

*Facilitator’s note: This session should be conducted by an experienced IPV trainer. If needed, contact an IPV agency in your area to adapt and conduct this training session.*

**Estimated time**
90–120 minutes

**Key Concepts**
Intimate partner violence, IPV, domestic violence, DV, HIV

**Materials**
- Computer with internet access and projector
- PowerPoint slides

**Handouts**
- HIV Power and Control Wheel
- HIV and IPV Case Scenarios

**Resources**

Objectives
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Code of Care

- We are speaking about triggering content
- There may be survivors participating in this training as well as individuals from all of the communities we will be speaking of.
- Speak from your own experience.
- Be careful not to mine other people’s trauma.
- Attend to impact.

Acknowledging Limitations

- Discussing the lived reality of survivors with HIV is complex. At the completion of this training, you may have more questions than answers. And that’s a good thing!
- We do not claim to know everything or be experts on the content we will cover, including: HIV, marginalized communities, intimate partner violence or intersectionality.
- We come to this conversation via the lens of our own identities and experiences. We are “professionals” in the fields of HIV, sexual health and DV/IPV.
- There is always new information. Continue to learn and grow!
Intimate Partner Violence and HIV

SLIDE 5
Review the slide and answer participant questions, if any.

SLIDE 6
Review the slide and answer participant questions, if any.

SLIDE 7
Review the slide and answer participant questions, if any.

SLIDE 8
Ask questions and take a few minutes to get feedback from participants.

Social Frameworks that Impact the Conversation
- Morality and dualism: good/bad; right/wrong
- Rape culture
- Toxic masculinity
- Hypersexualization
- Romanticized dominance
- Abstinence-only
- HIV criminalization
- Exclusionary U.S. history/laws/practices
Intimate Partner Violence and HIV

**SLIDE 9**

Review the slide.

Ask the question and take a few minutes to get feedback from participants.

**SLIDE 10**

Review the slide and answer participant questions, if any.

**SLIDE 11**

Review the slide.

**SLIDE 12**

Ask the questions and facilitate a discussion.

Remind people to not disclose client’s names and to keep confidentiality in mind so private information is not shared inadvertently with the group.
Intimate Partner Violence and HIV

SLIDE 13
Review the slide, or ask volunteers to each read aloud a section of the figure (e.g., Isolation).

SLIDE 14
Share the hand out on domestic violence and sexual assault. Ask the attendees who is left out of these stats? How does this intersect to make risk different?

SLIDE 15
Review the slide.
Distribute the HIV Power and Control Wheel handout.

SLIDE 16
Review the slide and answer participant questions, if any.
Intimate Partner Violence and HIV

**SLIDE 17**
Ask a volunteer to read the slide.
Facilitate a group discussion around the question on the slide and the questions on the next slide.

**SLIDE 18**
Ask for a volunteer to read each question.
Facilitate a group discussion.

**SLIDE 19**
Ask a volunteer to read the slide.
Facilitate a group discussion around the question on the slide and the questions on the next slide.

**SLIDE 20**
Ask for a volunteer to read each question.
Facilitate a group discussion.
SLIDE 21
Ask a volunteer to read the slide.
Facilitate a group discussion around the question on the slide and the questions on the next slide.

SLIDE 22
Ask for a volunteer to read each question.
Facilitate a group discussion.

SLIDE 23
Read each question and allow participants to respond.

SLIDE 24
Review the slide and allow time for participants to jot down some answers for themselves.
Resources

The National Network to End Domestic Violence (NNEDV) Toolkit:
https://nnedv.org/dv-hivaids-toolkit/

Safety Planning: A Guide for Transgender and Gender Non-Conforming Individuals Who Are Experiencing Intimate Partner Violence:
https://safehousingpartnerships.org/sites/default/files/2017-01/safety-planning-tool.pdf

Share the resources on the slide with participants.
**HIV and IPV Case Scenarios**

**Scenario 1:** Survivor states that they received a message from their partner that he had been living with HIV for the duration of their relationship. This is the first the IPV survivor has heard of this and is not sure if it’s the truth or another control tactic. The IPV survivor lives with their partner and had recently threatened to leave. The IPV survivor seems inclined to believe it’s a lie and doesn’t feel it’s necessary to get tested. How could a conversation be started about the survivor’s safety?

**Scenario 2:** You are working with a sex worker and IPV survivor, who hasn't been in your city for long. They disclose that while having sex with a client, the condom broke. The survivor states that they are aware that they are at risk for getting HIV but that they don't feel sick so they are probably fine. The IPV survivor states that they don't know where to get tested here, but stated that knowing for sure won’t make things any better. They say that actually, their relationship with their partner has improved recently and they have been way more calm and kind, and the IPV survivor is afraid that if they tell their partner about the condom breaking or if they test positive, that their partner will get violent again. Their partner collects and accounts for all of their money and without that money, the IPV survivor could be homeless. How could this conversation go?

**Scenario 3:** You're working with J, a client who is new to your city, accessing services in your clinic, and living with their partner. J shared with you that their partner has gotten increasingly jealous and doesn’t want them to go out to dance parties. J comes in for a regular meeting with you and mentions that their last argument ended with their partner belittling and hitting them. J stated that the violence is escalated when they are using drugs. J has a couple of friends who are concerned about their safety, aren’t connected to their partner, and do not know about J’s HIV status. How would your conversation with J go?
HIV Power and Control Wheel

Violence

Coercion & Threats
- Bullying and begging for sex at a time, place or in a way not wanted by the victim
- Threatening to faint the victim regarding HIV status
- Threatening to harm the victim or others
- Destroying property and hurting pets

Medical Abuse
- Not allowing the victim to attend medical appointments
- Interfering with medical and health routines and schedules
- Throwing away medicines
- Not allowing use of protection during sex
- Exposing victim to illnesses
- Exercising or forcing use of drugs
- Deliberately lying or not telling the victim about their (the abuser's) HIV status with the intention to infect the victim

Economic Abuse
- Refusing to pay for medical care or medication
- Using his/her (the abuser's) HIV status or other excuses to keep the victim from working (guilt)
- Not allowing access to money
- Using other things instead of the victim's health needs

Psychological
- Playing mind games
- Always changing the rules
- Bringing up past behaviors to place blame or guilt
- Blaming the violence on the victim or the abuser or the victim's own HIV status
- Giving misinformation about HIV
- Deliberately lying or not telling the victim about their (the abuser's) HIV status with the intention to infect the victim

Isolation
- Moving the victim away from friends and family
- Threatening to tell people the victim's HIV status without permission
- Not allowing the victim to attend support groups or doctor's appointments

HIV Power & Control

Using Children
- Threatening to take the children
- Threatening to use HIV status of victim with the court or DHR to try to keep victim as an unfit parent
- Using children to keep tabs on the victim

Privilege
- Using the victim's (the abuser's) HIV status to guilt the victim into staying (how could you not stay or help someone who is sick)
- Or to order the victim around and demand authority over decisions

Alabama Coalition Against Domestic Violence & Montgomery AIDS Outreach
Based on the Power and Control Wheel developed by the Domestic Abuse Intervention Project, Duluth, MN.
Acknowledgements

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (https://ciswh.org/resources/HIV-peer-training-toolkit) and the Community Capacitation Center, Multnomah County Health Department (https://multco.us/health/community-health/community-capacitation-center)

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This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30462 “Improving Access to Care: Using Community Health Workers to Improve Linkage and Retention in HIV Care” ($2,000,000 for federal funding). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Suggested Citation:

Boston University School of Social Work
Center for Innovation in Social Work & Health