

New York State Department of Health

NYSDOH Protocol – Domestic Violence Screening in Relation to HIV Counseling, Testing, Referral & Partner Notification

Screening of protected individuals (i.e., individuals who are HIV-infected) and their partners/contacts for risk of domestic violence related to HIV partner notification is a **required** component of posttest counseling for an HIV-infected individual and of notification of partners/contacts.

This screening takes place within an overall context which recognizes the intersection between risk of domestic violence and risk of HIV/AIDS. Recognition of domestic violence concerns can inform and improve HIV prevention efforts, including strategies for HIV counseling, testing, referral and partner notification/partner assistance services.

Domestic violence risk assessment is a standard of practice within counseling, testing, referral and partner notification services in New York State. The steps outlined below are intended to take place within the larger framework provided by the NYSDOH “Guidelines for Integrating Domestic Violence Screening into HIV Counseling, Testing, Referral and Partner Notification”.

Step #1:	Discuss domestic violence in posttest counseling before partner names are elicited
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- Assure that a private, safe and confidential discussion can occur.
- Remain sensitive to special needs and considerations of especially vulnerable individuals (e.g., minors, pregnant women, immigrants, seniors, individuals with disabilities, individuals who are unstably housed, individuals in residential or institutional settings, substance users in and out of treatment, and persons who are gay, lesbian, transgender or bisexual).
- Raise the issue of domestic violence risk associated with notifying partners.
- Keep questions simple and specific. Avoid jargon such as “domestic violence” and “victim”.

Suggested script:

“There are some routine questions that I ask all my patients because some of them are in relationships where they are afraid their partners may hurt them.”

Provide assurances that:

Any information provided will be kept strictly confidential and be used only to help make decisions about whether partner notification should proceed and to offer referrals for domestic violence services.

In no cases are names of HIV-infected individuals provided to partners, or others, by public health staff.

Respond to questions about the process.

Review the benefits of partner notification.

Request that the individual consider partner notification.

Step #2:	Screen for risk of domestic violence separately for each partner to be notified (i.e., on a partner-by-partner basis)
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Assess domestic violence risk to the HIV-infected individual

- Screen for risk on a partner-by-partner basis for any partners voluntarily identified and for any partners who are already known to the provider (e.g., spouse). Note: The name or other information about the infected individual is never disclosed during partner notification,
- Use simple screening questions.

Suggested script:

“What response would you anticipate from this partner if he/she were notified of possible exposure to HIV?”

Follow-up questions can be used to explore any indication of a history of domestic violence or anticipated consequences of HIV partner notification.

“Have you ever felt afraid of your partner or ex-partner?”

“Has a partner or ex-partner currently or ever:

- Pushed, grabbed, slapped, choked or kicked you?
- Forced you to have sex or made you do sexual things you didn’t want to?
- Threatened to hurt you, your children or someone close to you?
- Stalked, followed or monitored you?

“Based on what you’ve just told me, do you think that the notification of this partner will have a severe negative effect on your physical health and safety, or that of your children or someone close to you?” “Are you afraid of what might happen to you or someone close to you, for example your children, if this partner were notified?”

“Have you ever been afraid about harming your partner or someone close to you?”

- Rely on the perception, if any, of the HIV-infected individual as to whether or not notification could result in domestic violence.
- Characterize the type of domestic violence (i.e., physical, sexual, economic (e.g., withholding financial support), emotional (e.g. isolation), social and/or psychological) if any.
- Explore severity of anticipated domestic violence to the HIV-infected individual.

Assess any domestic violence risks to each partner/contact

- Elicit the infected individual’s knowledge of the partner’s current situation, if it is known, when the partner is other than the current partner.

“If you know whether our notifying a previous partner of their possible HIV exposure might put them at risk of being harmed by, or harming, someone they are currently involved with, it is important that you tell us about it.”

- Explore severity of anticipated domestic violence outcomes to the partner/contact.

Step #3:	Provide referral(s) for domestic violence services and discuss release form
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For any identified risk or potential risk of domestic violence, as broadly defined:

- Make a referral to a licensed domestic violence service provider for all cases in which a risk, threat or history of any form of domestic violence is identified. Contact the NYS Coalition Against Domestic Violence 24-hour hotlines for information on referral resources:

1-800-942-6906 (English), 1-800-942-6908 (Spanish)

- Discuss the advantages of a release form to enable communication between the provider, the domestic violence service provider and public health staff (see “Guidelines”). A signed release will enable the provider to assist the infected individual in the future by being aware of progress on domestic violence issues. Domestic violence is a medical issue, as well.
- Obtain a signed release of information form, if at all possible.

Step #4:	Make determination(s) regarding HIV partner notification
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- Defer partner notification any time a risk of behavior toward the HIV-infected individual may have a severe negative effect on the physical health and safety of the HIV-infected individual, his/her children or someone who is close to them, or to a contact if identified. In all other cases partner notification should go forward. If in doubt, speak with your PNAP/CNAP contact.

Step #5:	Discuss and implement partner notification option(s)
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Move forward with action plan for HIV partner notification

- Review options and work with the client to identify the optimal partner notification strategy for each partner.
- Report status of partner notification and any identified risk of domestic violence to the State Health Department on the Medical Provider HIV/AIDS and Partner/Contract Report Form.

If HIV partner notification is deferred based on domestic violence, as outlined in step #4, above,:

- PNAP/CNAP may contact you to discuss the nature of the domestic violence risk and steps in place to deal with it.
- Provide the HIV-infected individual for whom notification of a specific partner is deferred based on a risk of severe domestic violence with information enabling them to contact the NYS PartNer Assistance Program (PNAP) or the New York City Department of Health and Mental Hygiene (NYCDOHMH) Contact Notification Assistance Program (CNAP) at any point in the future.
- Ask the HIV-infected individual whether or not he/she would consent to follow-up contact by public health staff for purposes of ascertaining the continued deferral of partner notification and how such contact can most safely be made.
- Report information that the domestic violence screen indicates a risk of severe domestic violence (i.e. partner notification may have a severe negative effect on physical health and safety) to the State Health Department by checking the appropriate box indicating a risk of domestic violence on the Medical Provider HIV/AIDS and Partner/Contact Report Form.

Step #6:	Collaborate with public health partner notification staff
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- Provide any missing information not previously reported on the Medical Provider HIV/AIDS and Partner/Contact Report Form, specifically, whether or not a risk of domestic violence exists, to state or local health department partner notification staff when they initiate follow-up. This will ensure that public health staff do not initiate steps to notify the partner before posttest counseling and domestic violence screening is completed.
- If partner notification has been deferred based upon a risk of domestic violence, communicate with public health staff when they follow-up in 30-120 days to ascertain the current status of active partner notification plans, to review the status of deferrals.
- If partner notification has been deferred based upon a risk of domestic violence, consult with the public health officer when a decision must be made whether to proceed with partner notification when partner notification has been deferred. Local health officials, including PNAP/CNAP, must make such decisions in domestic violence service provider. Such consultation will maximize safety of the individual(s) while assessing when, or if, concerns about the safety of the HIV-infected individual are sufficiently allayed to permit partner notification to proceed.

Step #7:

Revisit partner notification and domestic violence risk throughout the continuum of care

- Routinely, throughout the provision of medical care and support services, remind individuals that HIV partner notification and assistance services and referrals to domestic violence service providers remain available and encourage their use throughout the continuum of care. This should be incorporated into ongoing discussion to reduce behavior that may transmit HIV to partners.
- Refer HIV-infected individuals to HIV case management services which assure ongoing discussion of HIV partner notification services, including those cases in which risk of domestic violence which may have a severe negative effect on the physical health and safety of the HIV-infected individual, his/her children, someone who is close to them, or to his or her contact(s).
- Help ensure that HIV partner notification assistance services are accessed in the event that the previously identified domestic violence concerns are resolved.

Physician Deferral of HIV Partner Notification Based Upon Domestic Violence Screening

