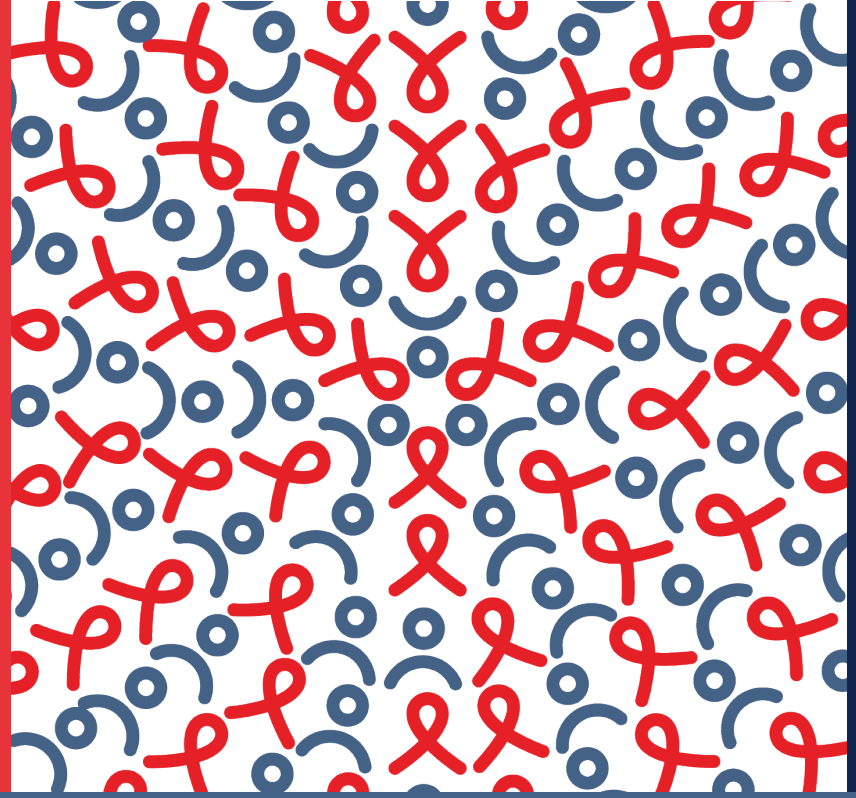
Identifying, preventing, and responding to violence in HIV programs serving key populations: Building health care workers' capacity to offer safe and ethical index testing

Virtual Training of Trainers

PEPFAR

USAID
FROM THE AMERICAN PEOPLE

EpiC
Meeting Targets and Maintaining Epidemic Control



INTRODUCTIONS

Session Objective

- Get to know one another, review training content, and understand participant expectations.

Activity A. Participant introductions

Please share your

- Name
- Country
- Something you hope to achieve during this training

Training Learning Objectives

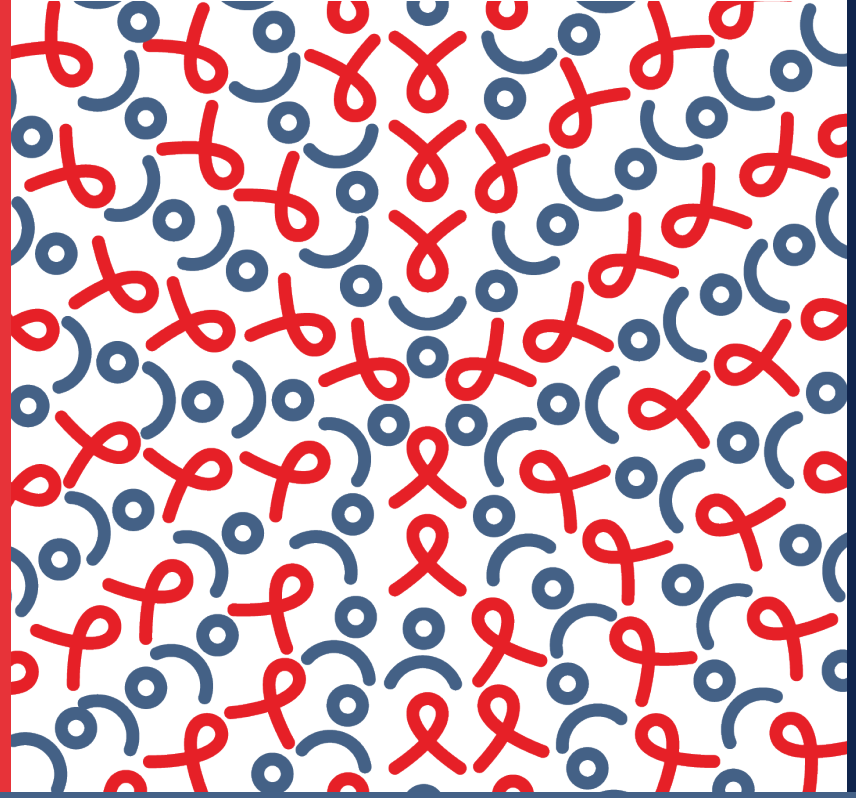
- Describe the reasons to identify violence in an HIV program
- Name and act according to the principles of violence prevention and response
- Identify and make plans to meet the PEPFAR requirements for asking about and responding to violence and monitoring adverse events, including within index testing (REDCap Survey)
- Demonstrate practical skills for asking about and responding to violence ethically (LIVES)
- Document and investigate adverse events related to index testing
- Brainstorm adaptations necessary for their program
- Be prepared to roll out the training in their program (virtually or in person)

Training of trainers participant requirements

All attendees who will go on to train others must meet the expectations below:

- Participate in all sessions for the entirety of each session
- Contribute verbally (substantively) at least twice per session
- Contribute via chat at least five times during each session
- Complete homework assignments after sessions 1 and 2
  - (1) Reflections on Thandi's story
  - (2) First-line support (LIVES) practice in groups of three
- Score 90% on the post-test
- Submit a video of yourself using LIVES skills for review or demonstrate LIVES skills via role-play (in phone call)

All attendees, throughout the training, should prioritize their mental health and well-being.



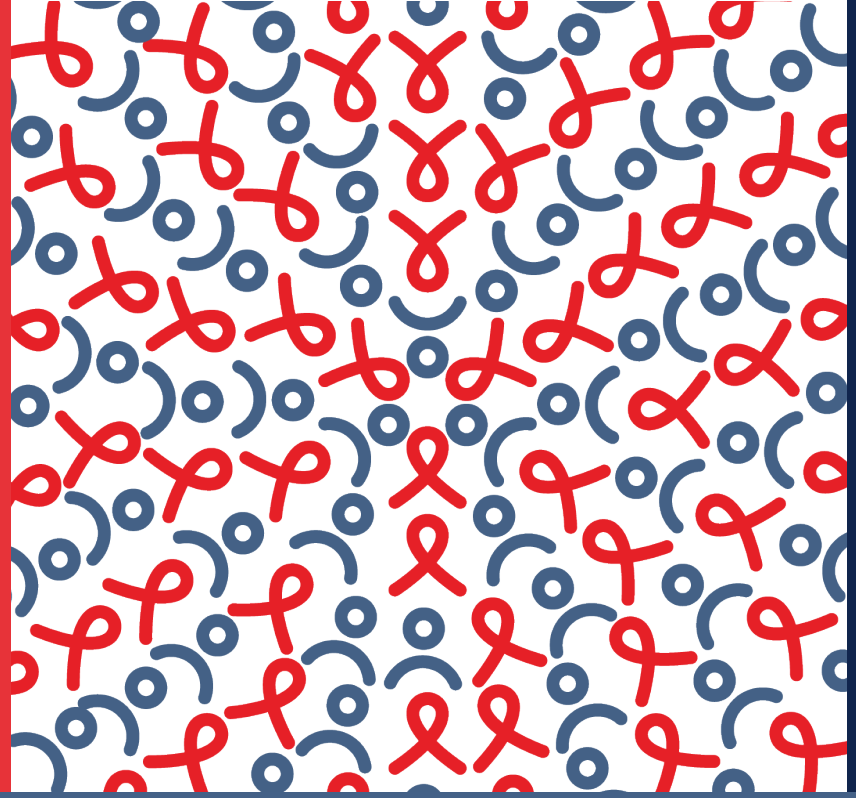
PRE-TEST

Session Objective

- Demonstrate current knowledge via pre-test.

Activity B. Pre-test

- Please follow this link to take the pre-test
  INSERT LINK HERE
- Your pre-test score will not determine whether you pass the course but will be documented and compared to your post-test score
- After you have completed the pre-test, type “done” in the chat



BACKGROUND

Session objectives

- Identify characteristics of an environment in which people feel comfortable disclosing violence.
- Describe the reasons to identify violence in an HIV program.

Activity C. How difficult is it?

Instructions: You are sitting in the waiting room at a clinic waiting for a regular health checkup. You are deciding what to tell your doctor during your appointment. How difficult, or easy, would it be to say each of these statements? If it would be difficult, what could a provider or clinic do to make it easier to share this information?

Statements:

- I think I have an allergy to milk.
- I think I have an STI.
- I can't use condoms because my partner will not let me.
- My partner controls my movement and finances, so it's hard for me to come to appointments.
- I am afraid of my partner.

What makes it easier to share, and what does this teach us?

What makes it easier to share?	So as much as possible we should...
Provider characteristics: speaks kindly to client, clearly respects confidentiality, is nonjudgmental, shows an interest in the client's well-being, makes the client feel safe	• Give beneficiaries the chance to disclose violence to someone they trust. • Train providers in the skills that make beneficiaries feel more comfortable.
When an issue is common, it's easier to bring up.	• Let people know that violence is common.
When a client sees the reason to bring up an issue, it's easier to mention it (e.g., if a provider asks why you miss appointments, it becomes relevant to say that your partner is controlling OR if the provider mentions that services are available to survivors of violence, it becomes logical to disclose abuse).	• Programs should talk about violence and the link between HIV and violence. • Providers should encourage people to share their experiences of violence, including by asking about violence when appropriate.
It is often easier for women to talk about violence because of cultural norms, including that for men it can be seen as sign of weakness (e.g., if your partner won't let you use a condom, this makes you less manly).	• Take steps to make men feel comfortable disclosing violence; they face additional barriers to disclosure.

Many of the more difficult statements describe violence/abuse

While violence is common, it can be incredibly difficult to talk about.

Gender-based violence (GBV) definition: violence that is directed at an individual based on his or her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life.

Definition adapted from: *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs*

Activity D. Brainstorm examples of GBV

- Physical
- Sexual
- Psychological/emotional
- Economic
- Other human rights violations

Activity D. Brainstorm examples of GBV

- **Physical:** kicking, hitting, choking, use of a weapon, burning, forcing someone to use drugs
- **Sexual:** forcing someone to engage in any unwanted sex act, including sex without a condom
- **Psychological/emotional:** humiliation, insults, making you feel worthless or afraid, controlling your movements, threats (including to take custody of children)
- **Economic:** using resources or access to necessities to control or punish someone, blackmail, not paying for services
- **Other human rights violations**: arbitrarily stopped, detained, arrested for carrying condoms

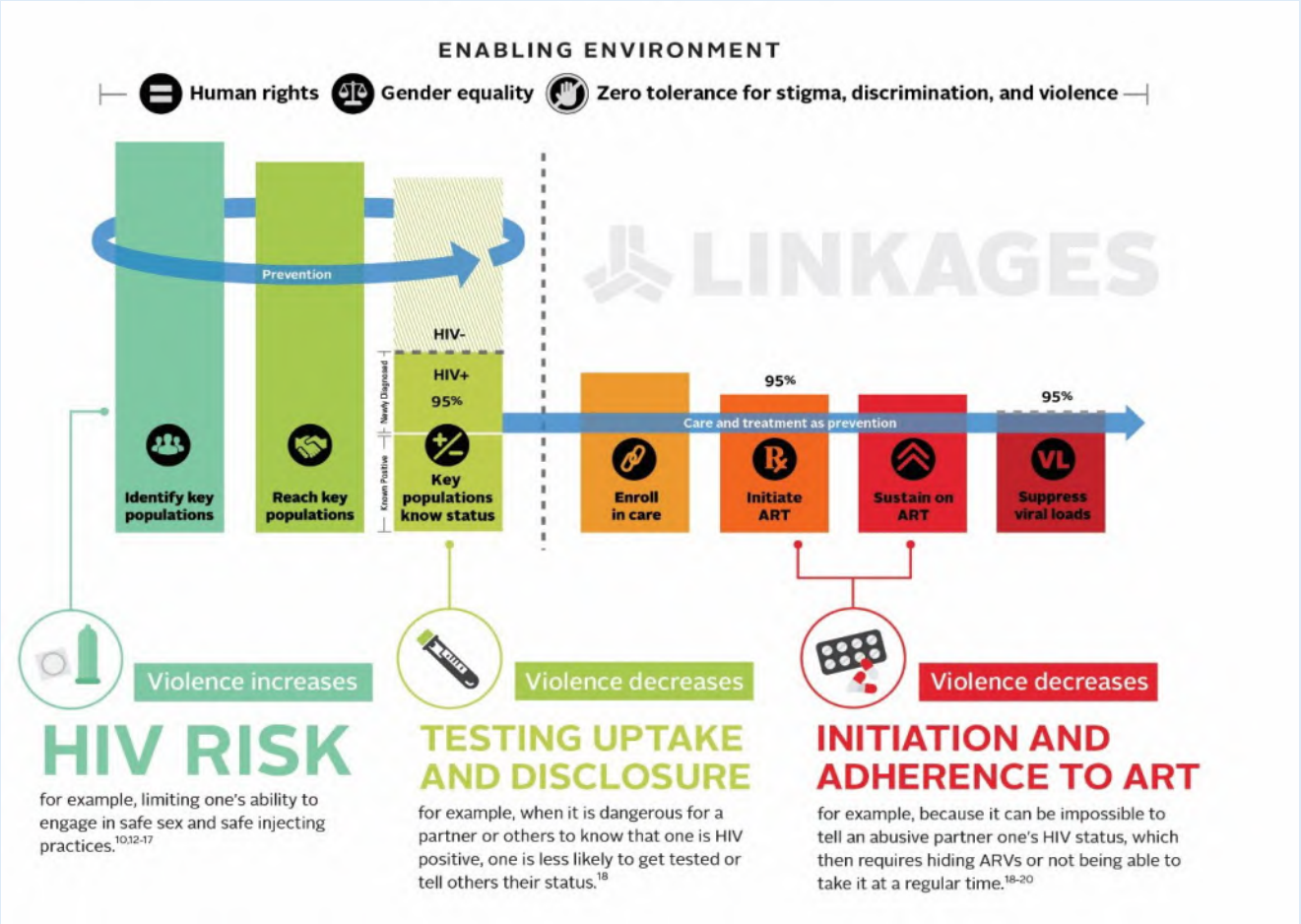
Abuse, based in power differentials (whether or not they are gender-based), can also occur within a health care facility

- Withholding treatment or other services
- Forced/unauthorized disclosure of personal information
- Failure to obtain consent for participation in index testing/partner notification
- Stigmatizing treatment from providers
- Sharing client information or information about their named partners with authorities

Violence affects the HIV epidemic

Violence:

- Increases HIV vulnerability[1-7]
- Decreases testing uptake and disclosure[8]
- Decreases adherence to ART[8-11]
- Causes a host of other health issues[12]



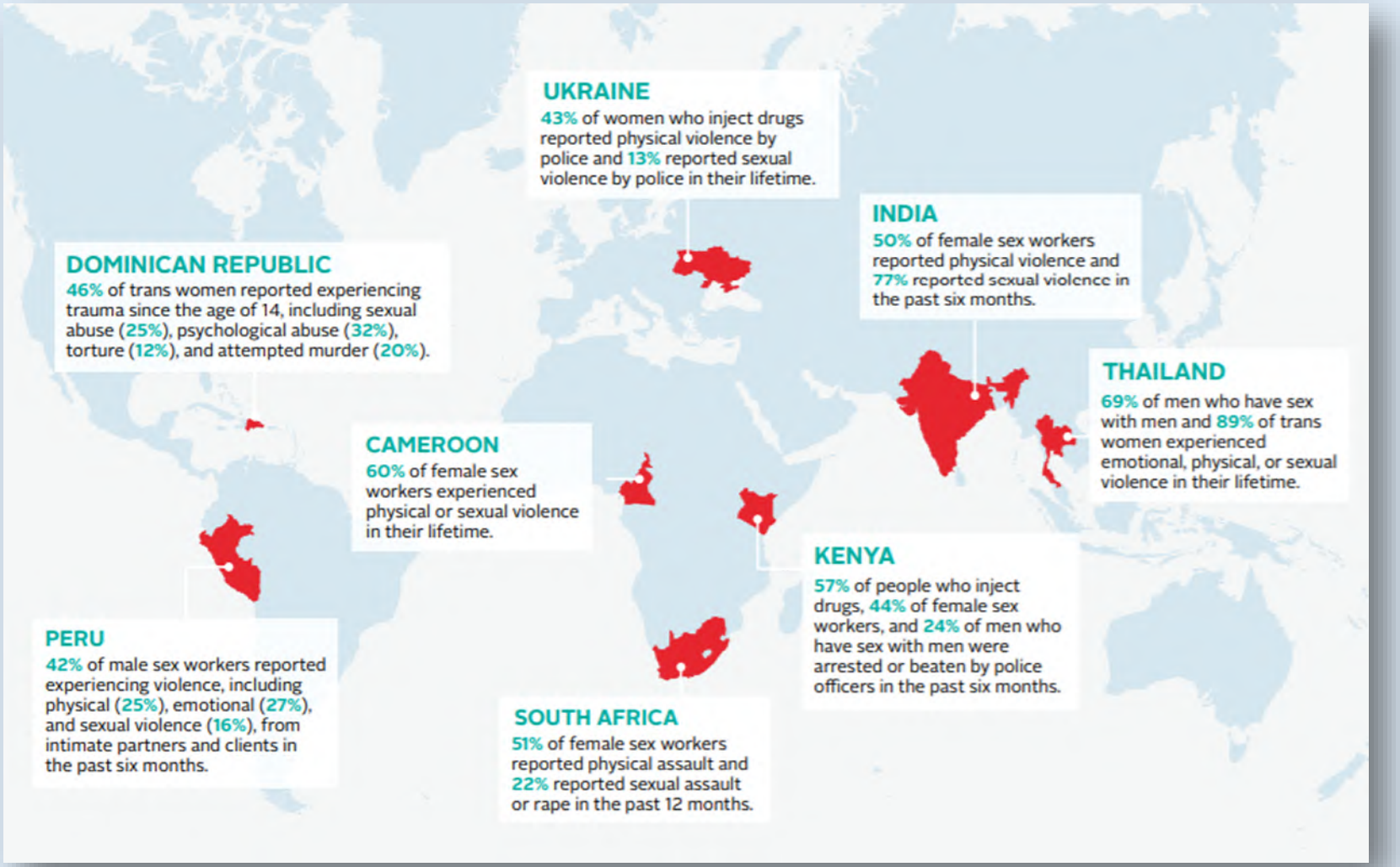
Sources: 1. Beattie et al., 2015. 2. Decker et al., 2013. 3. Decker et al., 2015. 4. Decker et al., 2016. 5. Dunkle & Decker, 2013. 6. Lunze et al., 2016. 7. Wheeler et al., 2014. 8. Schafer et al., 2012. 9. Machtinger et al., 2012. 10. Mendoza et al., 2017. 11. Zullinger et al., 2015. 12. World Health Organization (WHO), 2013.

Effects of IPV on women's ability to use pre-exposure prophylaxis (PrEP)

- Intimate partner violence is associated with:
  - Lower oral PrEP uptake[1]
  - Increased PrEP interruption[2]
  - Lower adherence to oral PrEP and vaginal ring use[3,4]
- Qualitative research
  - IPV resulted in stress and forgetting to take pills, leaving home without pills, and partners throwing pills away[4]

1. Lanham et al., 2019.
2. Cabral et al., 2018.
3. Palanee-Phillips et al, 2018.
4. Roberts et al., 2016.

Disproportionate burden of violence among key populations



Studies show that rates of IPV are similar or higher in LGBT relationships than in heterosexual relationships between cisgender partners.[1]

1. Edwards, et al., 2015.

Activity E. Quiz 1: Violence and HIV transmission

Miriam is a sex worker. Her partner tells her that she is worthless and humiliates her in public. He beats her if she does not have at least four clients a day. To find this many clients each night she must have sex with men who have forced her to have sex without a condom.

Which of these forms of violence could affect Miriam's HIV risk? (Select all that apply.)

A. Emotional violence

B. Physical violence

C. Sexual violence

Activity E. Quiz 1: Violence and HIV transmission

Miriam is a sex worker. Her partner tells her that she is worthless and humiliates her in public. He beats her if she does not have at least four clients a day. To find this many clients each night she must have sex with men who have forced her to have sex without a condom.

Which of these forms of violence could affect Miriam's HIV risk?

A. **Emotional violence** gives her low self-esteem and makes it seem unimportant to protect herself from HIV.

B. **Physical violence** forces Miriam to take on clients who are high risk.

C. **Sexual violence** carries direct risk of HIV transmission.

Activity E. Quiz 2: Violence and treatment uptake

Elizabeth is HIV positive. A health care provider asks Elizabeth to share her partners' names. She names her boyfriend and a client but says that neither can be contacted. The health care provider contacts the boyfriend without Elizabeth's permission. Elizabeth is kicked out of the house by her boyfriend.

Which of these forms of violence could affect Elizabeth's HIV service use? (Select all that apply.)

A. Forced/unauthorized disclosure of personal information

B. Economic violence

Activity E. Quiz 2: Violence and treatment uptake

Elizabeth is HIV positive. A health care provider asks Elizabeth to share her partners' names. She names her boyfriend and a client but says that neither can be contacted. The health care provider contacts the boyfriend without Elizabeth's permission. Elizabeth is kicked out of the house by her boyfriend.

Which of these forms of violence could affect Elizabeth's HIV service use?

A. Forced/unauthorized disclosure of personal information causes Elizabeth not to return to that clinic

B. Economic violence leads Elizabeth to be homeless, and she must move away from her clinic, limiting her service access.

Not only logical and ethical; it's required

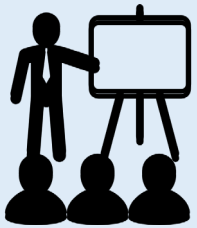
- COP '20 guidance includes the expectation of stronger links between the HIV prevention, care, and treatment cascade and GBV prevention and clinical post-violence response services.
- All those initiating PrEP or participating in index testing **MUST be asked about IPV**, and the **provider MUST respond to the violence.**
- Adverse events associated with index testing (including IPV) must be monitored adequately per PEPFAR Safe and Ethical Index Testing Guidelines (REDCap survey).
- Following GBV identification (in any form), violence-informed HIV service delivery should be used to mitigate the effects of violence on core HIV clinical outcomes.

Minimum requirements that must be in place before asking about violence

Index testing and PrEP initiation require asking about IPV. Providers cannot ask about IPV unless the following supportive elements are in place to limit the potential for harm to survivors.

Written protocol/ SOP for the provision of violence response services is in place

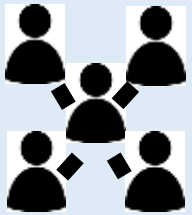
Standard set of questions are used to facilitate documentation, and safe storage mechanisms are in place



Providers are trained on how to identify, ask about, and respond to violence

Providers offer first-line support (LIVES)

Providers only ask about violence in a private setting, confidentiality ensured



System for referrals to violence response services is in place

Source: Adapted from USAID, Office of HIV/AIDS, Gender and Sexual Diversity Branch

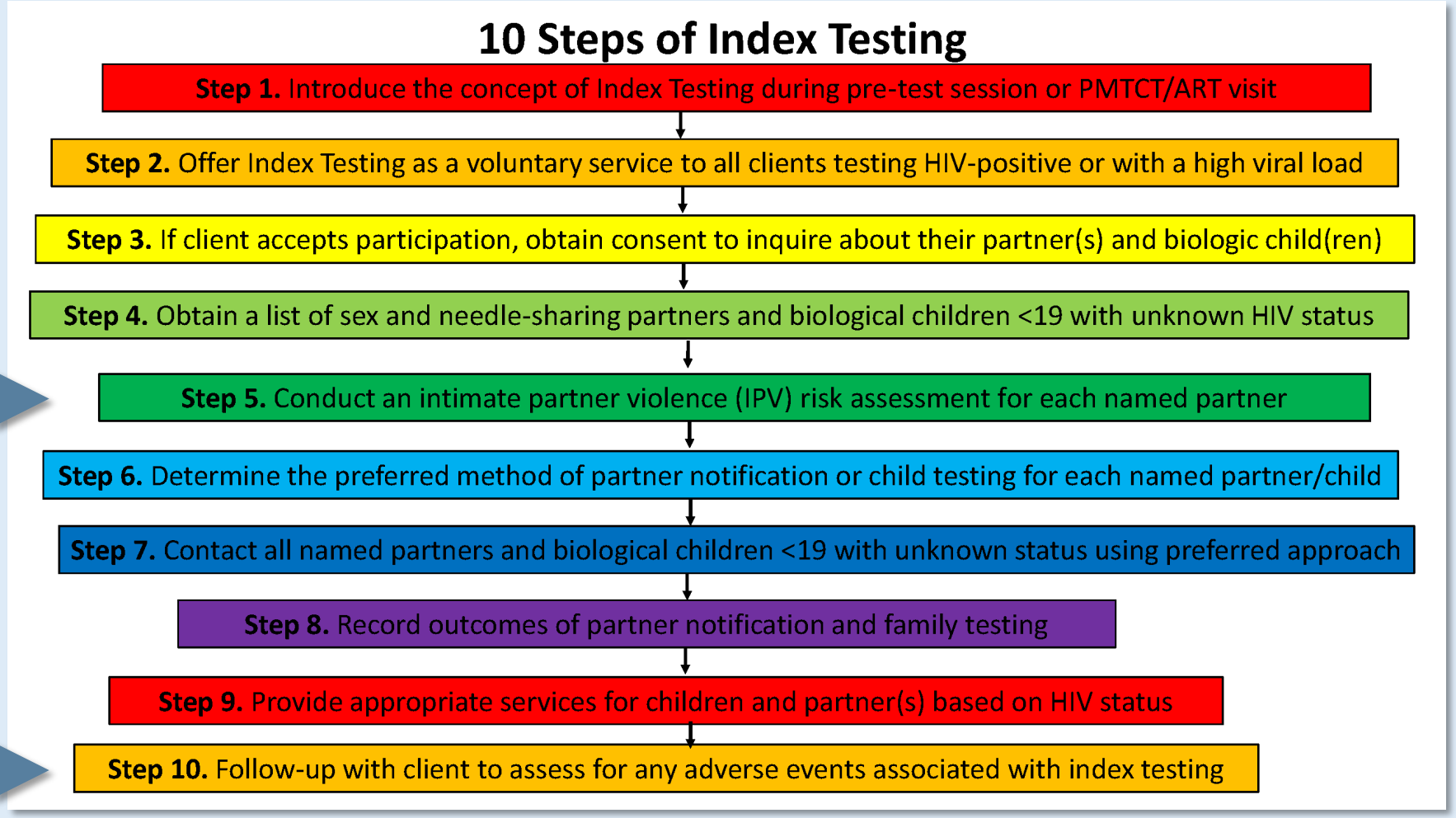
REDCap survey questions – IPV

Requirement	REDCap Survey Question
At the facility level:	
• A written SOP/protocol for the provision of violence response services at the facility	
• Providers ask about violence in a private setting, confidentiality ensured (this is a requirement related to clinic infrastructure and provider behavior)	
• A standard set of questions is used to facilitate asking about violence, and a safe storage mechanism is used to store paperwork regarding violence disclosures	18. Is an IPV risk assessment using an introductory script and standardized questions conducted for each named partner as part of the elicitation process?
• There are systems for referrals to violence response services in place	22. Do counselors have a list of supportive services for clients experiencing violence or other social harms that are PLHIV and KP friendly? 23. Is there a referral system to link clients experiencing IPV to related services that are friendly to PLHIV and KP?
• A written SOP to guide what should be done regarding index testing if violence is disclosed	20. Does the site/facility have an SOP for how to ensure the safety of clients with an identified IPV risk (based on IPV screening tool) in choosing a partner notification method that ensures their safety (which may include not notifying the partner)?
For providers:	
• Providers are trained on how to ask about and respond to violence and providers offer first-line support (LIVES) when violence is disclosed	21. Have all providers who conduct index testing services at the site or facility received training to provide first-line support (i.e., WHO's L.I.V.E.S or other similar training on responding to IPV/GBV)?
• Providers must ask about IPV with all named partners • Providers must document that they asked about IPV and the client's response for all named partners	19. Are the results of the IPV risk assessment documented for each named partner?

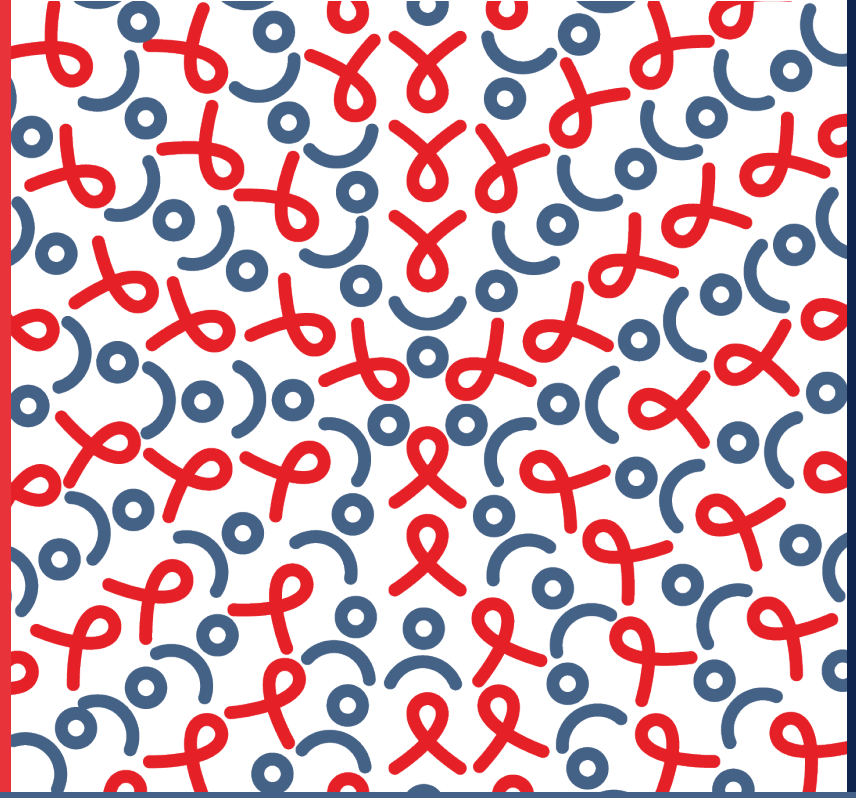
REDCap survey questions – adverse events

Requirement	REDCap Survey Question
At the facility level:	
• Patients must be aware of their rights and mechanisms to make a complaint if an adverse event occurs. These should be posted.	
• There should be multiple mechanisms to file a complaint; at least one of these mechanisms must include an anonymous option.	31. Does the site/facility have a process for allowing clients to anonymously report adverse events (e.g., a client dropbox or hotline)? 32. Are there ways for index testing providers to anonymously report their own experiences or observations of adverse events (e.g., provider abuse, arrests, breaches of confidentiality, disclosure of status)?
The facility must have an index testing register that collects: • Desire to participate and reasons to decline • Documentation regarding risk of violence per partner	
• A site level adverse event monitoring and reporting system that is described in SOPs	29. Does the site/facility have a system set up to track and investigate all reports of adverse events that are determined to be severe or serious per PEPFAR guidance? 33. Does your site/facility have an SOP for identifying, investigating, and responding to adverse events directly related to index testing?
• Forms onsite to document and investigate adverse events	
For providers:	
• Provider must routinely ask index clients if they experienced any adverse events following participation in index testing services.	30. Do providers routinely ask clients during follow-up visits/calls about any adverse events they may have experienced as a result of index testing following a partner being notified/tested?
• Providers are trained to monitor, report and respond to adverse events.	28. Have all index testing providers received training on adverse event monitoring, reporting and response?

While this training goes beyond index testing, it covers steps 5 and 10 of safe and ethical index testing



Source: PEPFAR. Guidance for Implementing Safe and Ethical Index Testing Services. July 13, 2020



FUNDAMENTAL PRINCIPLES OF VIOLENCE PREVENTION AND RESPONSE

Session objective

- Describe each of the fundamental principles of violence prevention and response for health care workers and explain their importance, particularly when working with key population members.

Fundamental principles of violence prevention and response

1. Do no harm.
2. Promote the full protection of all people's human rights.
3. Respect all people's right to self-determination and the right of all survivors of violence to the full range of recommended services.
4. Ensure privacy, confidentiality, and informed consent.

Principle 1: Do no harm

Those working with survivors of violence are ethically obligated to consider whether their actions could cause harm and actively avoid this outcome

This principle dictates:

- Act in accordance with the wishes and choices of all survivors
- Consider survivor safety in every decision

Activity F. Quiz 1: How to avoid causing harm

Robert is HIV positive and a health care worker asks him about his partners as part of index testing. Robert discloses that his boyfriend, David, has threatened to kill him in the past. **Which of the following actions by the health care worker would <u>not</u> cause harm?**

A. Requiring Robert to report David's threats to the police in order to get services

B. Sharing Robert's sexual orientation with other health care workers

C. Telling Robert that he does not deserve to be treated this way.

D. Calling David to inform him that one of his sexual partners is HIV positive

Principle 2: Promote human rights

Promoting the full protection of key population members' human rights means:

- Providing services to KP members who are survivors of violence without stigma or discrimination
- Rejecting the idea that KP members must be rescued from themselves

Activity F. Quiz 2: How to promote human rights

Mary is a sex worker. She meets a new client, negotiates a price, and goes to his hotel room. Three other men are there. They tell Mary that they will kill her if she does not have sex with all of them. They do not wear condoms. Mary goes to a clinic to seek emergency contraception and post-exposure prophylaxis (PEP). **Which of these actions by the health care worker promotes Mary's human rights?**

A. Telling Mary that it is her fault she was raped

B. Providing Mary with information on additional services for survivors of violence

C. Giving Mary emergency contraception and PEP only if she agrees to leave sex work

Principle 3: Self-determination and access to all services

- All survivors of violence, including KP members, must be able to decide which services, if any, they wish to access
- All services recommended to survivors of violence should also be available to KP members
- A survivor-centered approach allows each survivor to understand what is available and then make choices that meet their personal needs
  - Effectively supporting survivors of violence requires returning their power and control to them (not making decisions on their behalf)

Activity F. Quiz 3: How to ensure self-determination

Olivia is a transgender woman. She goes to the health facility to get injuries treated after being raped. The provider on duty listens to Olivia kindly and tells her that she must get an HIV test so that she can begin PEP as soon as possible. **Which of these actions ensures Olivia's self-determination?**

A. The provider listens to her kindly

B. The provider tells her she must get an HIV test

C. The provider tells her she must begin PEP

Principle 4: Privacy, confidentiality, and informed consent

Privacy and confidentiality must be assured before a survivor talks about violence.

- Use a private consultation space (survivor cannot be seen or heard outside the room).
- Speak to survivors alone. No one older than age 2 should overhear your conversation.
- Safely secure and store all survivor's records.
- Have clear policies on information-sharing communicated to the survivor. For example:
  - Explain what will happen to the information they share before they share it, including any limits regarding confidentiality (such as mandatory reporting)
  - Obtain informed consent before information is shared
- Train providers and staff on these procedures.

What do we mean by confidentiality?

Keeping all **information related to a survivor** secret and sharing it only with others who need to know in order to provide assistance, as **requested and agreed** to by the survivor of violence.

Activity F. Quiz 4: Privacy and confidentiality

A doctor at the drop-in center loves her job and really cares for each client. One client, Peter, tells the doctor that he has a much older sexual partner who is forcing him to have sex with others. Peter names the perpetrator. It is another client, Edgar, who has always seemed very kind. The doctor is shocked and worried. **Which of these actions by the doctor respects Peter's privacy and confidentiality?**

A. The doctor provides Peter with first-line support (such as empathetic listening) and offers referrals to other services.

B. The doctor tells other staff to be aware that Edgar is dangerous.

C. The doctor confronts Edgar the next time he comes to the drop-in center.

What do we mean by consent?

When a person agrees…

- To do something
- To participate in an activity
- For something to occur

Activity F. Quiz 5: Which of these statements would lead to informed consent?

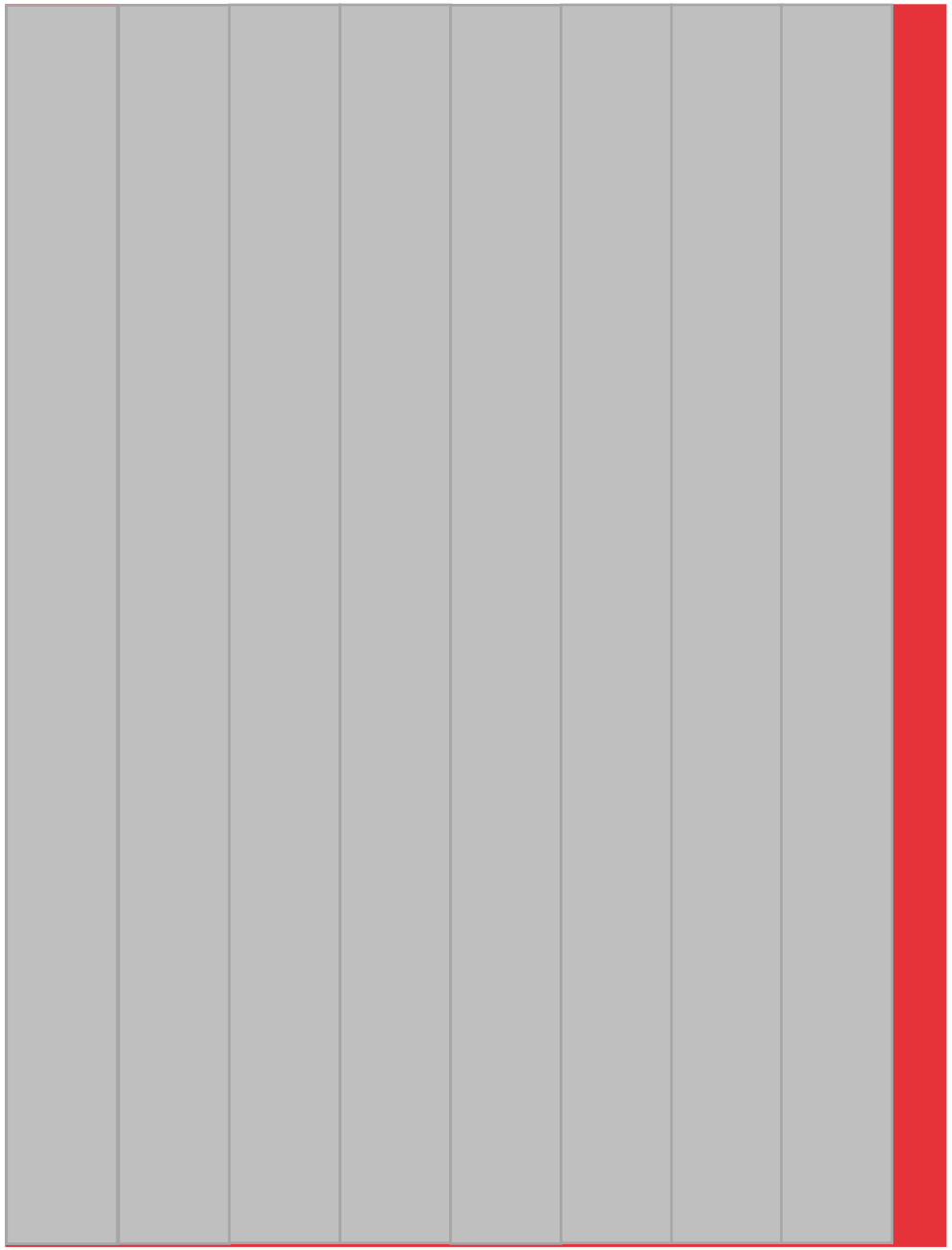
A. If you decide to take PEP, it will lower your chances of getting HIV.

B. If you decide to take PEP, it will lower your chances of getting HIV. You can experience side effects such as nausea, fatigue, and headaches.

Activity G. Case study: Thandi

Thandi is a young woman from [a local city]. She is intelligent, funny, kind, and beautiful. She has a supportive family and is good at her job. She has a lot of friends, especially colleagues from work. They respect her and know she will go on to do great things.

She meets John and they fall in love. They get married and move in together. This rectangle at right represents Thandi, her autonomy (ability to act on her own), her self-esteem, and the wide range of possibilities she feels her life holds. Watch and listen as we describe what happens between Thandi and John.



Activity G. Case study: Thandi (debrief)

1. Are stories like Thandi's common in your context?
2. How do you think Thandi feels at this point?
3. Sometimes people hear about others' experiences of IPV and say, "I would leave the first time someone was violent toward me."
   - When did John actually "become violent" in this story?
   - Why might it be difficult for Thandi to seek help by the time he used physical violence?

Activity H. Homework #1

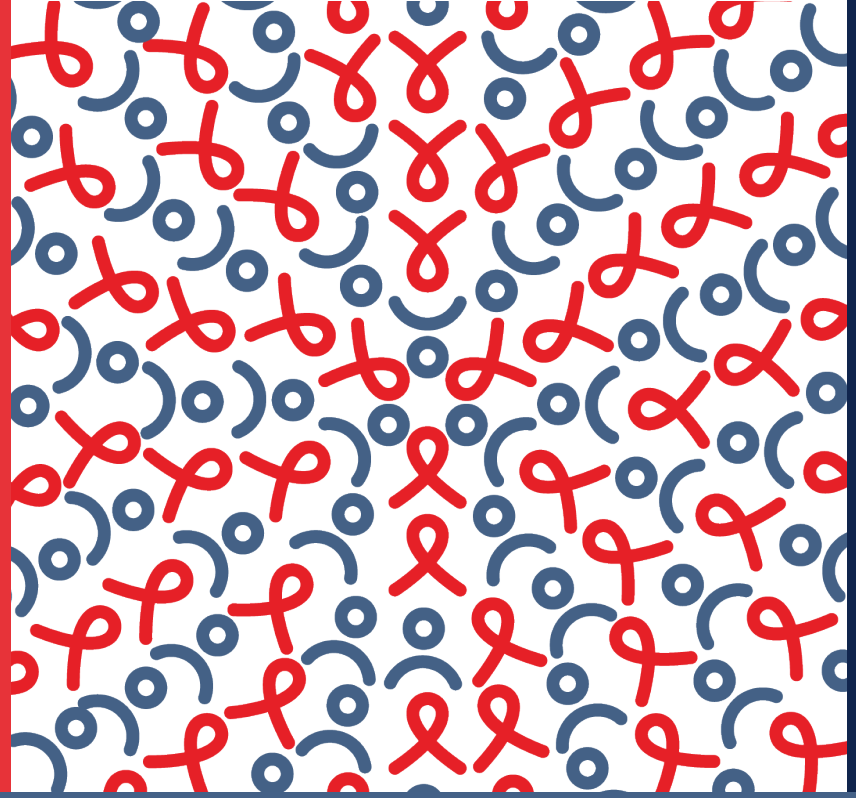
1. Imagine that Thandi comes to the clinic for an HIV test. How could a health care worker help Thandi with the issues she is facing at home?

2. Imagine that instead of working at a bank, Thandi is a sex worker in an abusive relationship. Do you think it would be easier or more difficult for her to get support to deal with the issues she faces at home? Explain your answer.

Homework: Email your answers to XXXXX before our next session.

Activity I. Evaluation: Day 1

- INSERT LINK TO THE EVALUATION HERE
- Please complete this survey.
- It is anonymous.
- We will make changes based on your feedback.



HOMEWORK REVIEW AND RECAP OF DAY 1

Activity J. Mentimeter questions from Day 1

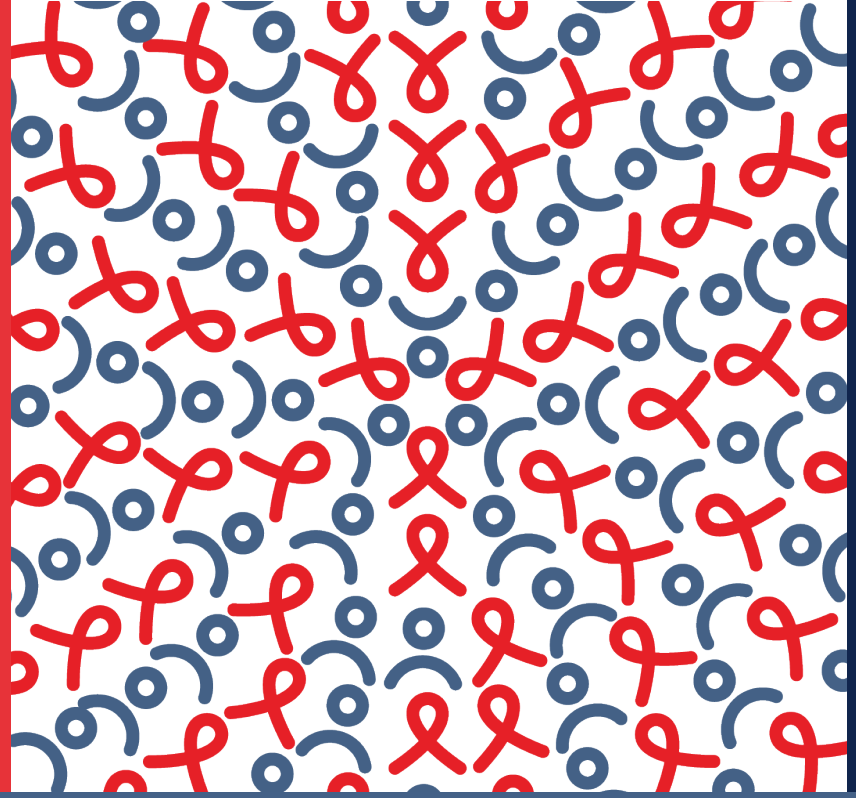
- INSERT LINK TO THE MENTIMETER QUIZ HERE

Activity K. Discussion of homework #1 (Part 1)

1. Imagine that Thandi comes to the clinic for an HIV test. How could a health care worker help Thandi with the issues she is facing at home?
   - Health care workers may be the only entry point to GBV services for someone like Thandi.
   - First the health care worker needs to find out what is happening at home. This can be done by establishing rapport and by helping create a space, including by asking explicitly about violence, where Thandi can share what is happening with John.
   - The health care worker can listen to her, validate her, and connect her to resources.

Activity K. Discussion of homework #1 (Part 2)

2. Imagine that instead of working at a bank, Thandi is a sex worker in an abusive relationship. Do you think it would be easier or more difficult for her to get support to deal with the issues she faces at home? Explain your answer.
   - IPV can be a complex and difficult issue for anyone.
   - In some ways Thandi is more likely to receive support than a member of a key population would be.
     - She began with more resources, self-esteem, and support than many members of key populations would.
     - She may be considered a “sympathetic victim” by authorities compared to a member of a key population.
     - Laws about intimate partner violence may only apply to women in heterosexual relationships or only those who are married, excluding some members of key populations, especially those assigned male at birth.



ASKING ABOUT AND RESPONDING TO VIOLENCE

Session objective

- Demonstrate practical skills for asking about and responding to violence ethically (LIVES).

Steps for asking about and responding to IPV

- Ensure that the client is alone (exception is a child under 2 years old).*
- Explain why you are asking about IPV (e.g., you care about the clients' well-being; the connection between HIV-related outcomes and violence; the desire to do index testing safely).
- In index testing, ask specific questions about each named partner.
- If violence is disclosed, provide first-line support (LIVES):
  - As a final LIVES step, support the client to connect with additional GBV response services.
- Return to the original HIV-related content and tailor to what you have learned.
  - E.g., discuss how someone experiencing violence will safely take PrEP or ARVs

* This applies to asking someone about violence when they come for other services. If a client has already disclosed violence to a peer or another person who has accompanied the client to the facility in order to get help, the client can be given the option to allow this person to stay.

Key Steps for IPV Risk Assessment and Response

Start

Client tests HIV+

Partner notification services are offered and accepted

Provider conducts the **IPV Risk Assessment**, asking a standard set of questions about IPV for each partner listed

Violence **is NOT** disclosed or suspected

Continue with partner notification

Follow-up with client about any adverse events after partner testing

Violence **is** disclosed or suspected

Offer First-line Support (LIVES):
Listen
Inquire
Validate
Enhance Safety
Support

Provider recommends they do not notify partner.
If clients specifically requests partner notification, will the client be safe?

Refer the client to GBV response services, as appropriate

YES

Continue with partner notification. Consider methods that do no require disclosure.

NO

Do **not** move forward with partner notification.

Taken from

Introducing the topic

“Many people experience problems with their spouse or partner. This may include violence. Violence from a partner can negatively affect your health and because I care about your health and well-being, I want to ask you the following questions before we talk about partner notification. I want you to know that I will keep anything you tell me between us, unless you give me permission to share it.”

Because your safety is important to me, I would like to ask you the following questions:

- Has [partner] ever hit, kicked, or slapped you?
- Has [partner] ever threatened to harm you, humiliated you, or controlled your movements?
- Has [partner] ever forced you to do anything sexual that made you feel uncomfortable?

Asking about IPV among KP members

Consider questions tailored to key populations, for example:

- Has your partner outed you or threatened to tell your family or others about your sexual orientation, gender identity, occupation (sex work), or drug use in order to harm you?
- Has your partner tried to control your transition process (in the case of transgender clients)?

If someone says “no” to all questions about violence…

- Even if you suspect that someone is experiencing violence, accept their reply.
- Let them know that you’re here for them if they remember any incidents or anything happens in the future.
- Let them know about the services available to anyone who has experienced violence.
- Many people at health facilities are not expecting questions about violence. They may not come prepared to share this information. However, after thinking about it, they may be willing to come back and describe their experiences.

If someone says, “yes” to any question about violence…

- If someone discloses violence, do not simply disqualify them from index testing or move on to discuss another partner.
- A client who discloses IPV has shared important information that can affect their treatment adherence, viral load, and overall well-being. ***It should be addressed immediately.***
- Disclosures of violence should be responded to with first-line support. Failure to do so can cause harm.

First-line support

Task	Explanation
Listen	Listen closely with empathy and no judgment
Inquire about needs and concerns	Assess and respond to various needs and concerns—emotional, physical, social, safety
Validate their experiences	Show you believe and understand, assure survivor that they are not to blame
Enhance safety	Discuss a plan to protect the survivor from further harm if violence occurs again
Support	Support the survivor to connect with additional services

1. Source for Information about LIVES: World Health Organization (WHO), 2014.

Listen closely with empathy and no judgment

Purpose

Give the survivor a chance to share their experiences in a safe and private place to a caring person who wants to help.

Activity L. Skills of a good listener

Scenario

You've had a bad day. Your sister is sick, and her children are staying with you. You are working an extra job to help with her medical costs. You are exhausted and your work has suffered. Your supervisor told you that you aren't performing well and that she will have to report your poor performance if it continues.

Discuss in the chat:

- Who would you talk to about your day?
- Why would you choose this person?

Listening do's and don'ts

The listener should	The listener should not
• Be patient and calm • Let the client know that they're listening (nod head, make eye contact, etc.) • Acknowledge how the client is feeling • Let the client tell the story at their own pace • Encourage the client to share • Give the client time to think • Stay focused on the client • **Respect the client's wishes**	• Pressure the client • Look at their watch or seem distracted • Judge the client • Rush the client • Assume they know best • Interrupt • Finish the client's thoughts • Tell the client their own troubles or someone else's • **Think and act as if they can solve the client's problems**

Inquire about needs and concerns

Purpose

Learn what is most important for the survivor.
Respect their wishes and respond to their needs.

Techniques to inquire about needs and concerns

Technique	Example
Phrase your questions as invitations to speak	What would you like to talk about?
Ask open-ended questions that encourage the survivor to talk	How do you feel about that?
Repeat or re-state what the person is saying to check your understanding.	You mentioned that you feel very frustrated.
Reflect back the feelings the survivor expresses	It sounds as if you are feeling angry about that.
Explore as needed	Could you tell me more about that?
Ask for clarification if you don't understand	Can you explain that again, please?
Help the survivor identify and express needs and concerns	Is there anything that you need or are concerned about?
Summarize what the survivor expressed	You seem to be saying that…

Activity M. Inquire about needs and concerns (1)

Client statement #1: “My boyfriend humiliates me in front of my children.”

Technique: Encourage the survivor to talk

A. Can you tell me more about that?

Options
A. Can you tell me more about that?
B. It sounds as if you are feeling angry about that.
C. Can you explain that again, please?
D. Is there anything that you need or are concerned about?
E. You seem to be saying that…

Activity M. Inquire about needs and concerns (2)

Client statement #2: “My partner has threatened to hurt me in the past. I feel so afraid.”

Technique: Check your understanding

E. It sounds like your partner’s threats are causing you to worry about your safety. Is that right?

Options
A. What would you like to talk about?
B. It sounds as if you are feeling angry about that.
C. Can you explain that again, please?
D. Is there anything that you need or are concerned about?
E. It sounds like your partner’s threats are causing you to worry about your safety. Is that right?

Activity M. Inquire about needs and concerns (3)

Client statement #3: “My partner is very unpredictable. I try to keep him happy but sometimes he just gets angry for no reason. It’s getting worse lately.”

Technique: Help the survivor identify and express immediate needs and concerns

D. What is your biggest concern right now?

Options
A. How do you feel about that?
B. You mentioned that you feel very frustrated.
C. Can you explain that again, please?
D. What is your biggest concern right now?
E. You seem to be saying that you are worried.

Validate

Purpose

Let the survivor know that their feelings are common, that it is safe to express them, and that everyone has a right to live without violence.

Validate: Messages to use

- “Thank you for sharing that with me.”
- “It’s OK to talk.”
- “You are not alone. Unfortunately, many others also face this problem.”
- “Everybody deserves to feel safe at home.”
- “I am here to support you and explain your options.”
- “It’s not your fault.”
- “What happened has no justification or excuse.”
- “Your life, your health, you are of value.”

Activity N: Practice responding

- Survivor statement #1: My partner threatens to tell my family that I am gay if I try to leave him.
- Survivor statement #2: My boyfriend refuses to use a condom, even though I know he has other partners. Whenever I try to bring it up, he threatens to force me and my children to leave.
- Survivor statement #3: A client raped me. I am afraid that he will come back to harm me again.

Validate: Messages to avoid

Avoid <u>statements</u> that

- Place blame on the survivor
- Say anything that judges what the survivor has done or will do
- Question the survivor's story (doubting) or interrogate the survivor
- Say anything that minimizes how the survivor feels
- Lecture, command, or advise
- Recommend that they change their profession, sexual orientation, or gender identity to avoid violence

Avoid <u>questions</u> that suggest fault (examples below)

- Why were you wearing such revealing clothes?
- What did you do to make the perpetrator angry?
- If you were really afraid, why didn't you run or scream?
- Why do you choose to put yourself in risky situations?

Enhance safety

Purpose

Help assess the survivor’s situation and make a plan for their future safety.

Ask about safety

- Do you have any concerns about your safety or the safety of your children (if relevant)?
- If the client feels certain there is no risk, remind them that there are steps they can take to increase their safety and that you are here to have that discussion if they ever wish to.
- If the client is unsure, or would like help thinking about the risk, see the next slide.
- If the client is worried about their safety, go directly to safety planning.

Assessing Risk

If an individual is unsure whether they are safe with their intimate partner, the following questions can help determine high risk of immediate violence.

- Has the physical violence happened more or gotten worse over the past six months?
- Has your partner ever used a weapon or threatened you with a weapon?
- Has your partner ever tried to strangle you?
- Do you believe your partner could kill you?
- Has your partner ever beaten you while you were pregnant?
- Is your partner violently or constantly jealous of you?

If risk of immediate violence is high

- If the client answers “yes” to three or more of these questions, they may be at especially high immediate risk of violence.
- You can say, “I’m concerned about your safety. Let’s discuss what to do so you won’t be harmed.”
- Depending on the client’s preferences, social network, and what is safe for that individual, contacting the police and/or helping the client find another place to stay—such as a friend or relative’s house, a shelter, or a house of worship—may be options.

Safety planning

- If the client reports that they are worried about their safety, or the safety off their children, use these questions to develop a safety plan.
- Remember not to tell the client what to do; instead, use questions to allow the client to come up with their own solutions.

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?

Activity O. Safety strategies during COVID-19

1. The provider can ask: Can you arrange for a code word that you can text or call someone with that indicates you need immediate help?
2. The provider can ask: Is there a room or place in your house where you have some privacy (like a bathroom where water could be run to cover sound)?
3. The provider can ask: Do you have a friend you could shelter-in-place with if home is not safe?
4. The provider can ask: Are there any weapons in the home that can be removed (even for the short term)?
5. The provider can share the names and contact information of organizations providing financial support for travel, emergency services, or nutrition support.
6. The provider can share updated information on the GBV services still available, even considering COVID-related curfews and restrictions on movement.

Indicate in the chat the number of each strategy you think could work in your context.

Support

Purpose

Connect survivor with other resources for their health, social, and justice/legal needs as their needs are generally beyond what can be provided in the health facility.

Activity P. Meeting survivor's needs

	Services (potentially) needed	Where available	Details
Physical and mental health services	• Emergency injury treatment • HIV and STI testing/prophylaxis/care • Emergency contraception • Rape kits/forensic examination • Relevant vaccines • Mental health screening/treatment for depression and post-traumatic stress disorder		
Social services	• Psychosocial support (support groups, crisis counseling) • Securing/replacing ID documents • Shelter • Financial aid • Child care • Educational assistance • Food assistance • Interpreters		
Legal/justice services	• Information on their rights • Information on law enforcement procedures • Support from law enforcement • Legal counsel • Ability to give a statement/document the case • Ability to seek redress when wrongly arrested • Access to ARVs even while incarcerated		

Activity Q. What would you need?

Scenario

Imagine that you are trying to get a COVID-19 vaccination. A health care worker tells you, "Go to organization A. They will help you."

- What information do you need about organization A?
  - Hours of operation
  - Contact information (and, ideally, a contact person)
  - Address
  - To know whether I am eligible to get the vaccine

Referral process in X province/district

[Country team to add information on referral process for post-violence services if one is established.]

HEALTH SERVICES	SOCIAL SERVICES	JUSTICE/LEGAL SERVICES
[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available: Populations served:	**[Name of Organization/Facility]** Hours: Location: Focal Point: Phone: Email: Services available: Populations served:	**[Name of Organization/Facility]** Hours: Location: Focal Point: Phone: Email: Services available: Populations served:
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A note about immediate clinical services

- PEP can prevent HIV infection.
  - If someone wishes to access PEP after a potential exposure to HIV (for example, through rape), they need to begin PEP within 72 hours.
- Emergency contraception prevents ovulation to prevent an unplanned pregnancy.
  - If a woman is at risk for an unplanned pregnancy (for example, due to rape), she can take EC within 72–120 hours (based on local guidelines).

[Country team to include information on the local procedure for accessing PEP and emergency contraception.]

Provide information and make referrals to available resources

When providing information and making referrals:

- Offer printed information (but remember to offer a warning in case materials could come to the attention of an abuser)
- Know specific information about referral points; do not refer somewhere that you are unfamiliar with
- Ask the survivor if they want accompaniment to resources or for you to call in advance (also called active referral), and if so, make arrangements
- Do not pressure the survivor to accept a referral or to give details about an incident
- Offer yourself as a resource if the survivor wants referrals in the future

Identify existing strengths and networks

- **Help survivors identify and use their existing strengths:**
  - "What helped you cope with hard times in the past?"
  - "What activities help you when you're feeling anxious?"
  - "How could what has helped in the past be helpful now?"
- **Help survivors explore existing support networks:**
  - "When you're not feeling well, who do you like to be with?"
  - "Who helped you in the past? Could they be helpful now?"
  - "Are there people you trust that you can talk to?"

Activity R. Seeing it all together

Scenario

An 18-year-old woman tested positive for HIV two weeks ago. Now, during a follow-up visit, the provider asks her about her sexual partners in the context of index testing.

The client discloses that her boyfriend of two years is extremely verbally abusive and has threatened her with physical violence on several occasions.

Observer Checklist

- ☐ Ask about violence
- ☐ Listen closely with empathy and no judgment
- ☐ Inquire about their needs and concerns
- ☐ Validate their experiences
- ☐ Enhance their safety
- ☐ Support them to connect with additional services

Activity S. Homework #2: Practice responding to violence

- In groups of three, rotate roles so that each person is a survivor, a health care worker, and an observer one time. Imagine that you are conducting index testing and must ask about IPV.
- During the interaction, the health care worker will use their skills to ask about IPV and provide first-line response, including making referrals as desired by the survivor.
- Once each interaction is complete, the observer provides their feedback on what skills from the checklist were used, what went well, and what could be improved.

Observer Checklist

- ☐ Ask about violence
- ☐ Listen closely with empathy and no judgment
- ☐ Inquire about their needs and concerns
- ☐ Validate their experiences
- ☐ Enhance their safety
- ☐ Support them to connect with additional services

Groups for Homework #2

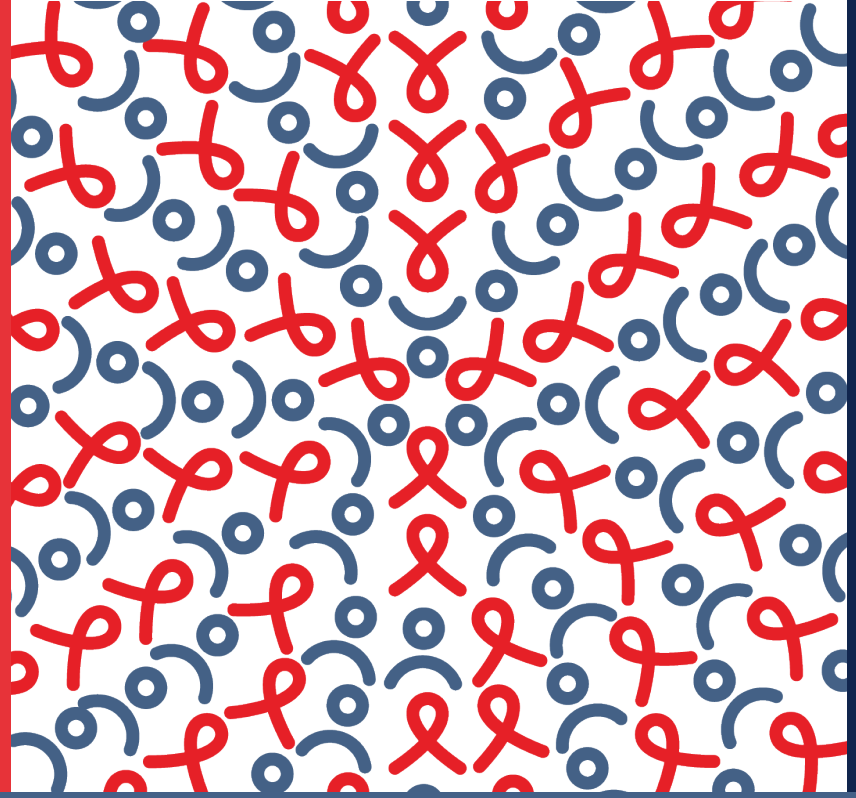
- Group A
  - Name 1
  - Name 2
  - Name 3
- Group B
  - Name 1
  - Name 2
  - Name 3
- Group C
  - Name 1
  - Name 2
  - Name 3

The first person in each of the groups should write to the other group members to set a time to practice LIVES' skills. You will need at least one hour together.

When you send an invitation to the other group members, copy the facilitator: *insert EMAIL address*. This person will not attend the meeting but will be able to note that the practice was scheduled.

Activity T. Evaluation: Day 2

- INSERT LINK TO THE EVALUATION HERE
- Please complete this survey.
- It is anonymous.
- We will make changes based on your feedback.



HOMEWORK REVIEW AND RECAP OF DAY 2

Activity U. Mentimeter questions from Day 2

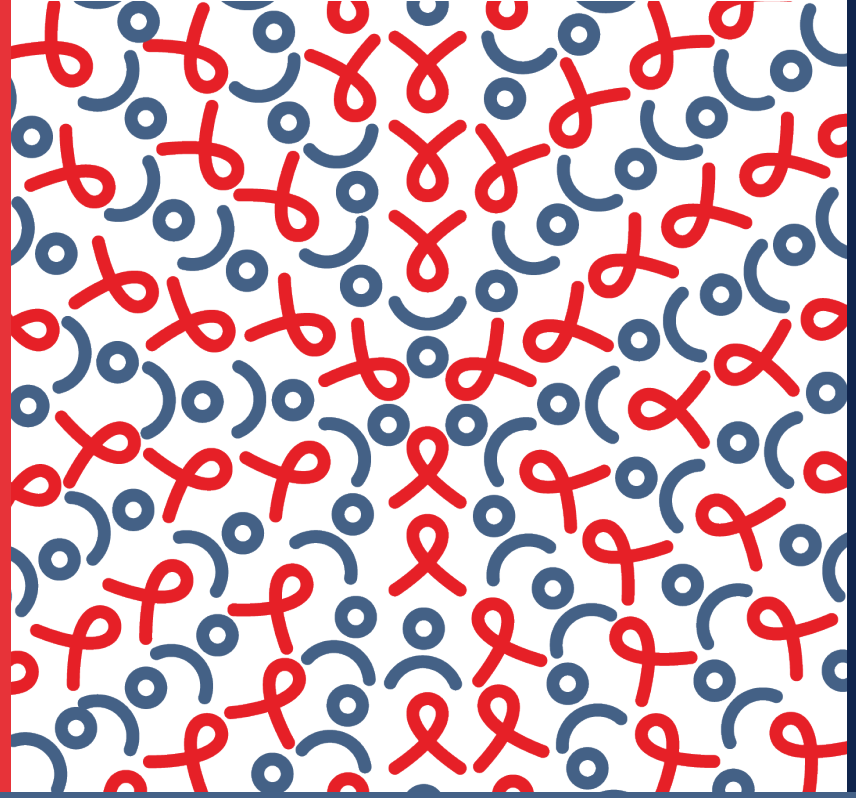
- INSERT LINK TO THE MENTIMETER QUIZ HERE

Activity V. Discussion of homework #2

- Each group shares their reflections on the use of LIVES (show groups from slide 88)
  - Describe two things that went well in your group
  - Describe two things that were difficult
- If another group has already shared an answer similar to your experience, share another thing that went well or was difficult

Observer Checklist

- ☐ Ask about violence
- ☐ Listen closely with empathy and no judgment
- ☐ Inquire about their needs and concerns
- ☐ Validate their experiences
- ☐ Enhance their safety
- ☐ Support them to connect with additional services



PRACTICAL QUESTIONS

Session objective

- Answer common questions about offering LIVES to survivors of violence.

Activity W. Frequently asked questions (FAQs)

1. What if the client says there is no violence, but I know or believe that there is violence?
2. What if the client doesn't see the abuse they experience as a problem?
3. What if the client does not want any support services?
4. What about following up with the client after they disclose violence?
5. If a client says Partner A is violent, is Partner A ineligible for partner notification?
6. What if a child discloses violence?
7. What if I am obligated to tell law enforcement about disclosures of violence?
8. How do I know what GBV services are available to the survivor?
9. How can I manage time?

As a group, review your assigned question.

Take four minutes to discuss your response.

You will have one minute to share your suggestions.

Activity W. FAQ 1

What if the client says there is no violence, but I know or believe that there is violence?

- If the client does not wish to share, do not pressure them.
- Remind them of the health harms that can come from violence (such as difficulty adhering to ARVs).
- Let them know about the services available to someone experiencing violence.
- Let them know they can come back at any time to share, for example, if they have a new experience of violence or remember something they wish to share.
- Offer a follow-up visit.

Activity W. FAQ 2

What if the client doesn't see their experience as violence?

- Sometimes people normalize the violence they experience, especially emotional violence.
- Your responses can let the client know that they deserve to be treated respectfully and to feel safe in their own home.
- Let the client know that what they are experiencing can cause harm, including health issues, and that you are concerned for their health.
- Tell them that if they want to be connected to services or talk more about the issue in the future, you will be there for them.
- Explain the services available.
- Offer to schedule a follow-up visit.

Activity W. FAQ 3

What if the client does not want any support services?

- The provider gives information and asks questions to help the client make a decision. The provider does not make the decisions. This returns power to the client.
- Pushing someone to accept services is not effective. It may mean that the client:
  - promises to go to a service and then simply does not AND/OR
  - worries that they have let you down by not going and then doesn't come back to you in the future
- If you have explained the availability and benefit of the services available and the client does not want to use those services, this is fine.
- Let the client know that you are there for them in the future, including if they decide they would like to be linked to support services.

Activity W. FAQ 4

What about following up with the client?

- If you provide post-violence clinical services such as PEP or EC, follow WHO guidelines regarding scheduled future visits.
- If you, as an HCW, refer the client to your site's counselor/psychologist and this staff person plays a case management role, you do not need to follow up regarding violence.
- If there is no one to ensure completion of referrals made, ask the client whether you can call the referral facility to make sure the client arrived.
- If you are the only person that the client has told about violence and the client does not want to be referred to any other services, offer a follow-up visit or phone call.*

** If you will connect to them by phone, ask about a safe way/time to call that will not put the client in danger.*

Activity W. FAQ 5

If a client says Partner A is violent, is Partner A ineligible for partner notification?

- Decisions about partner notification should ultimately be up to the client whenever possible
- However, providers should recommend that partner notification not proceed in cases where there is a risk of violence
- The provider can offer other ways to connect with the partner, such as door-to-door testing events in the community where the violent partner lives that do not carry the same risk to the client

Activity W. FAQ 6

What if a child discloses violence?

- The skills in this training are for adult survivors.
- Please connect children to resources or staff members who have been trained to support children who have experienced abuse.
- Provide locally relevant contact information here for child protection services.

Activity W. FAQ 7

What if I am obligated to tell law enforcement about disclosures of violence?

- If your law requires you to report violence to law enforcement, you must tell the client this before you ask them about their experiences of violence. You can say, for example, “What you tell me is confidential. That means I won’t tell anyone else about what you share with me. The only exception to this is…”
- Assure the client that, outside of this required reporting, you will not tell anyone else without the client’s permission.

Activity W. FAQ 8

How do I know what GBV services are available to the survivor?

- Each clinic should have a service directory that lists the local GBV services.
- The service directory should be updated regularly.
- Helping to connect clients to other GBV services is one of a provider's central roles so you must be familiar with referral services.

HEALTH SERVICES	SOCIAL SERVICES	JUSTICE/LEGAL SERVICES
[Name of Organization/Facility] Hours: Location: Focal Point: Phone: Email: Services available: Populations served:	**[Name of Organization/Facility]** Hours: Location: Focal Point: Phone: Email: Services available: Populations served:	**[Name of Organization/Facility]** Hours: Location: Focal Point: Phone: Email: Services available: Populations served:
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Activity W. FAQ 9

How can I manage time?

- Many providers worry that they will not have time to do all of LIVES with clients that disclose violence.
- It is unlikely that all of your clients will need LIVES support. If this is a constant issue, use the M&E data you are collecting to advocate for more staff and more services for survivors of violence at specific sites with the most need.
- Knowing your client is experiencing violence and helping them to manage violence in their lives will improve their HIV outcomes because you can support them better and help link them to other support. This is your goal as a provider!
- If you cannot complete all of LIVES, please provide L, I, V, and then, if the client agrees and another qualified person with expertise in IPV is on site, consider transferring the client to this person to provide E and S.
  - If this person is not available or the client does not wish to receive services from another person, provide all of LIVES.

Activity X. What might an untrained provider think of each of these clients? (Part 1)

- A woman who injects drugs shows up late for appointments and regularly fails to pick up her ARVs.
- A male sex worker tells his doctor that he always asks his clients to use condoms, but he tests positive for chlamydia.
- A female sex worker screams at a nurse when the nurse tells her she will have to wait one hour.
- A transgender woman comes to an appointment. The provider can smell beer on her clothing.

Activity X. What might an untrained provider think of each of these clients? (Part 2)

- A woman who injects drugs, **whose controlling partner does not allow her to go to the clinic**, shows up late for appointments and regularly fails to pick up her ARVs.
- A male sex worker tells his doctor that he always asks his clients to use condoms, but he tests positive for chlamydia **because a violent client forced him to have sex without a condom.**
- A female sex worker **who was just kicked out of her home and has not slept for two nights** screams at a nurse when the nurse tells her she will have to wait one hour.
- A transgender woman **who drinks alcohol to forget being sexually abused as a teenager** comes to an appointment. The provider can smell beer on her clothing.

ADVERSE EVENTS RELATED TO INDEX TESTING

Session objective

- Understand PEPFAR guidance on safe and ethical index testing as it relates to “adverse events.”

Implementing Safe and Ethical Index Testing Services

- There is no such thing as zero risk; all HIV testing programs involve some risk
- This level may be increased for index testing due to possibilities for accidental disclosure of confidential information regarding the client and his/her partners(s), violations of consent, and other adverse events
- All PEPFAR-supported programs should take steps to **implement safe and ethical index testing services** by:
  1. Monitoring site and provider-level **compliance with minimum standards** for index testing
  2. Obtaining **informed consent** prior to the elicitation interview and before contacting partners
  3. Conducting an **IPV risk assessment** for each named partner and providing appropriate services for clients experiencing violence
  4. Implementing a robust mechanism for detecting, monitoring, reporting, and following up on any **adverse events** associated with index testing services
  5. Utilizing **quality assurance and accountability** to remediate any gaps in the provision of index testing services

Source: PEPFAR. Guidance for Implementing Safe and Ethical Index Testing Services. July 13, 2020.

An adverse event related to index testing is an incident that results in harm to the client or others *as a result of their participation in index testing services*.

1. Threats of physical, sexual, or emotional harm to *the index client, their partner(s), or family members, or to the index testing provider*
2. Occurrences of physical, sexual, or emotional harm to the index client, their sexual or drug-injecting partner(s), or family members, or the index testing provider
3. Threats or occurrences of economic harm (e.g., loss of employment or income) to the index client, their partner(s), or family members
4. Abandonment or forced removal of children less than 19 years old from the home
5. Withholding HIV treatment or other services from the person offered index testing, their partners, or family members
6. Forced or unauthorized disclosure of client's or contact's name or personal information
7. Contacting partners without obtaining consent for participation in index testing and/or for notifying partners
8. Stigma perpetrated by health site staff (e.g., intentionally prolonging clients' wait times, discriminatory behavior) or criminalization (e.g., sharing personal information with the criminal justice system about a KP member and/or person living with HIV who is seeking care)

Activity Y. Which of these are already in place?

1. Patient rights are posted (poster, handouts, educational materials) in health facility?
2. Multiple mechanisms to file a complaint?
3. Index testing register collects needed information?
4. A system for monitoring and reporting adverse events, including a designated site manager to investigate them?
5. Forms to capture adverse events?
6. Providers ask about adverse events?
7. Providers helps when adverse events are reported?

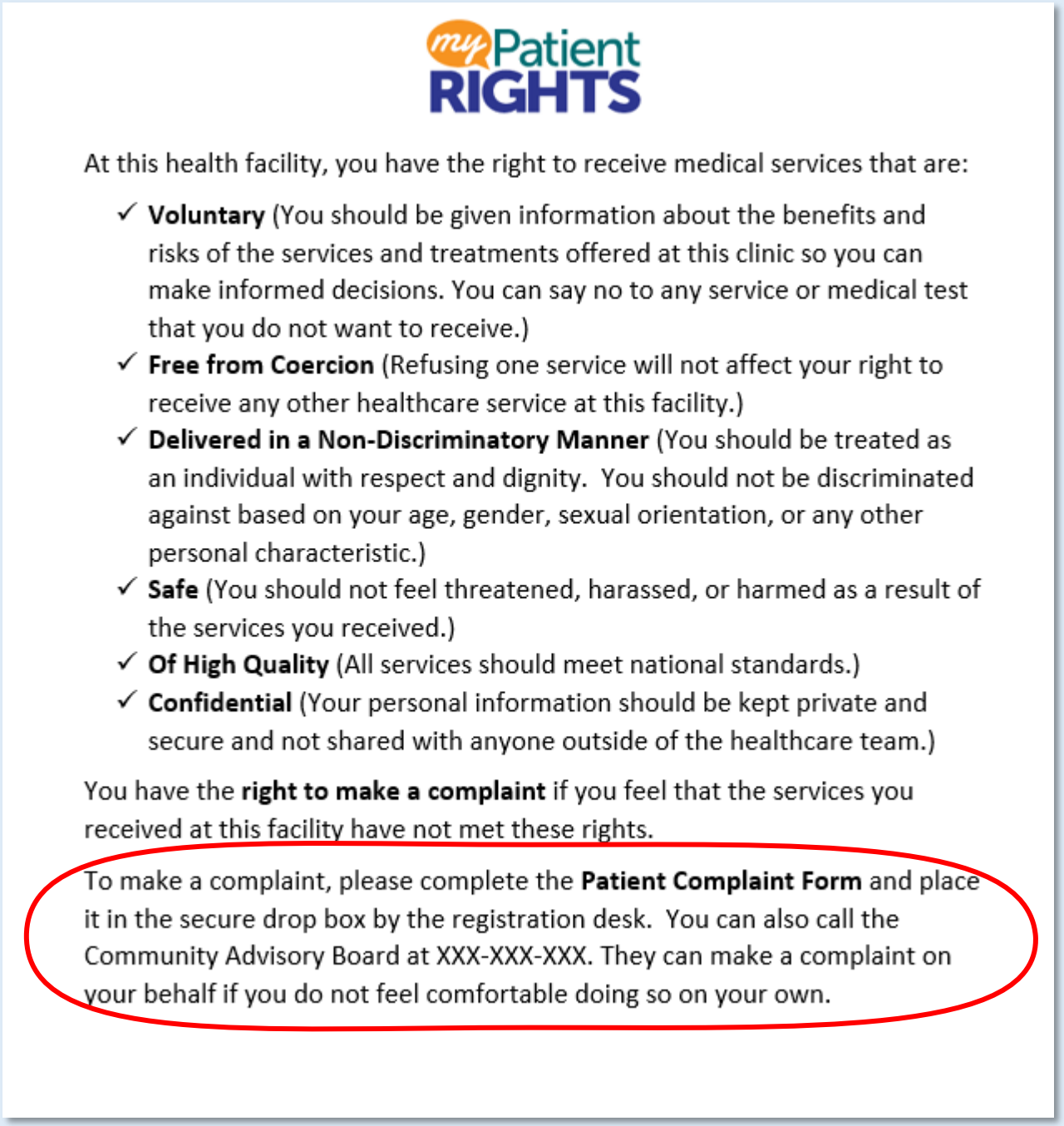
Review this summary of requirements related to adverse events.

Which do you have in place already? Type the relevant numbers into the chat now.

Clinic-level requirement (1)

- Patient rights are posted (poster, handouts, educational materials) in health facility. It should:
  - Let the client know they do not have to participate in index testing
  - Remind clients of rights such as confidentiality
  - Give the client options to file a complaint, including anonymously

Poster available: https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services?rq=index%20testing.



my Patient RIGHTS

At this health facility, you have the right to receive medical services that are:

- ✓ **Voluntary** (You should be given information about the benefits and risks of the services and treatments offered at this clinic so you can make informed decisions. You can say no to any service or medical test that you do not want to receive.)
- ✓ **Free from Coercion** (Refusing one service will not affect your right to receive any other healthcare service at this facility.)
- ✓ **Delivered in a Non-Discriminatory Manner** (You should be treated as an individual with respect and dignity. You should not be discriminated against based on your age, gender, sexual orientation, or any other personal characteristic.)
- ✓ **Safe** (You should not feel threatened, harassed, or harmed as a result of the services you received.)
- ✓ **Of High Quality** (All services should meet national standards.)
- ✓ **Confidential** (Your personal information should be kept private and secure and not shared with anyone outside of the healthcare team.)

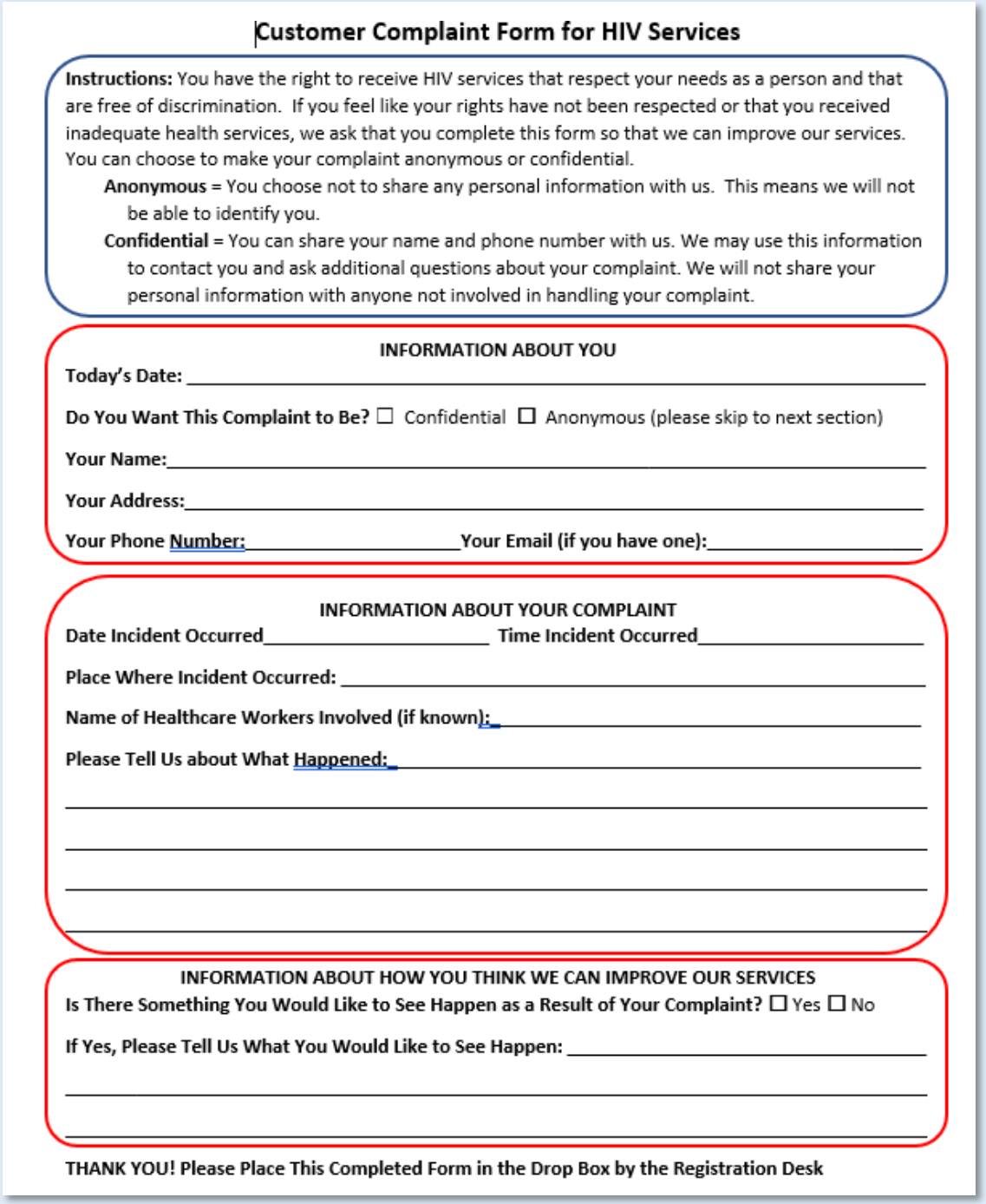
You have the **right to make a complaint** if you feel that the services you received at this facility have not met these rights.

To make a complaint, please complete the **Patient Complaint Form** and place it in the secure drop box by the registration desk. You can also call the Community Advisory Board at XXX-XXX-XXX. They can make a complaint on your behalf if you do not feel comfortable doing so on your own.

Clinic-level requirement (2)

- Multiple mechanisms to file a complaint if an adverse event occurs
  - Suggestion boxes in health facilities
  - Hotlines
  - Online submissions
  - Client surveys (LINK)
- Complaints should be able to be made anonymously by both clients and providers

Form available: https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services?rq=index%20testing.



Customer Complaint Form for HIV Services

Instructions: You have the right to receive HIV services that respect your needs as a person and that are free of discrimination. If you feel like your rights have not been respected or that you received inadequate health services, we ask that you complete this form so that we can improve our services. You can choose to make your complaint anonymous or confidential.

Anonymous = You choose not to share any personal information with us. This means we will not be able to identify you.

Confidential = You can share your name and phone number with us. We may use this information to contact you and ask additional questions about your complaint. We will not share your personal information with anyone not involved in handling your complaint.

INFORMATION ABOUT YOU

Today's Date: _____

Do You Want This Complaint to Be? ☐ Confidential ☐ Anonymous (please skip to next section)

Your Name: _____

Your Address: _____

Your Phone Number: _____ **Your Email (if you have one):** _____

INFORMATION ABOUT YOUR COMPLAINT

Date Incident Occurred _____ **Time Incident Occurred** _____

Place Where Incident Occurred: _____

Name of Healthcare Workers Involved (if known): _____

Please Tell Us about What Happened: _____

_____

_____

_____

_____

INFORMATION ABOUT HOW YOU THINK WE CAN IMPROVE OUR SERVICES

Is There Something You Would Like to See Happen as a Result of Your Complaint? ☐ Yes ☐ No

If Yes, Please Tell Us What You Would Like to See Happen: _____

_____

_____

THANK YOU! Please Place This Completed Form in the Drop Box by the Registration Desk

Clinic-level requirement (3)

Each health facility needs an index testing register that collects:

- Whether the person consented to participate in index testing (e)
- Reasons someone did not wish to engage in index testing (f)
- Whether IPV risk from each named partner was discussed (l) and the outcome of the IPV risk assessment (m)

PARTNER NOTIFICATION SERVICES TRACKING LOG																				
Index Client Information					Information about Contacts (sexual/needle sharing partner(s) and biological children)						Contact Tracing and Outcome				Contacts HIV Testing		Linkage to Treatment		
No. (a)	HTS Number (b)	Date (dd/mm/yyyy) (c)	Index Client Name (First and Last Name) (d)	Index Testing Accepted? (Y/N) (e)	Name of Contact (First and Last Name) (g) *Indicate the nick name in bracket where applicable*	Age (Years) (h)	Relationship to index client (SP/PWID/C) (j)	IPV Risk Assessment Conducted (Y/N/NA) (l)	Knowledge of HIV status [KP/Neg/Unk] (n)	Preferred PNS Approach (Contract/ Duel/Provider/Client) (p)	First Attempt	Second Attempt	Third Attempt	Contact Consented for Testing Y/N/NA (t)	Date booked for testing [dd/mm/yyyy] (u)	Tested [Y/N/D) (w)	Linked [Y/N] (y)	Facility Linked to Treatment (aa)	Comments (ac)
				If No, Please Indicate Why? (f)		Sex (M/F) (i)	Cell phone No. Primary/Alternate (k)	IPV Risk Assessment Outcome 1-Physical 2-Emotional 3-Sexual 4-No IPV 5-N/A-CHILD (m)	If KP, on treatment? Y/N Record ART Number (o)		By Phone/Physical (dd/mm/yyyy) Outcome (C/NC) (q)	By Phone/Physical (dd/mm/yyyy) Outcome (C/NC) (r)	By Phone/Physical (dd/mm/yyyy) Outcome (C/NC) (s)		Date HIV testing done (dd/mm/yyyy) (v)	HIV Test Outcome (Pos/Neg/I) (x)	Date Linked to Treatment (dd/mm/yyyy) (z)	ART Number (ab)	

Register available: https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services?rq=index%20testing.

Expectation related to monitoring of acceptance and refusal

- Flag sites with unusually high acceptance of index testing services for a supportive supervision monitoring visit to ensure index testing is being offered as a voluntary service
- Actively monitor reasons for refusing index testing services, prevalence of IPV and other adverse events (e.g., confidentiality breaches, stigmatization, coercive tactics, etc.) for improvement

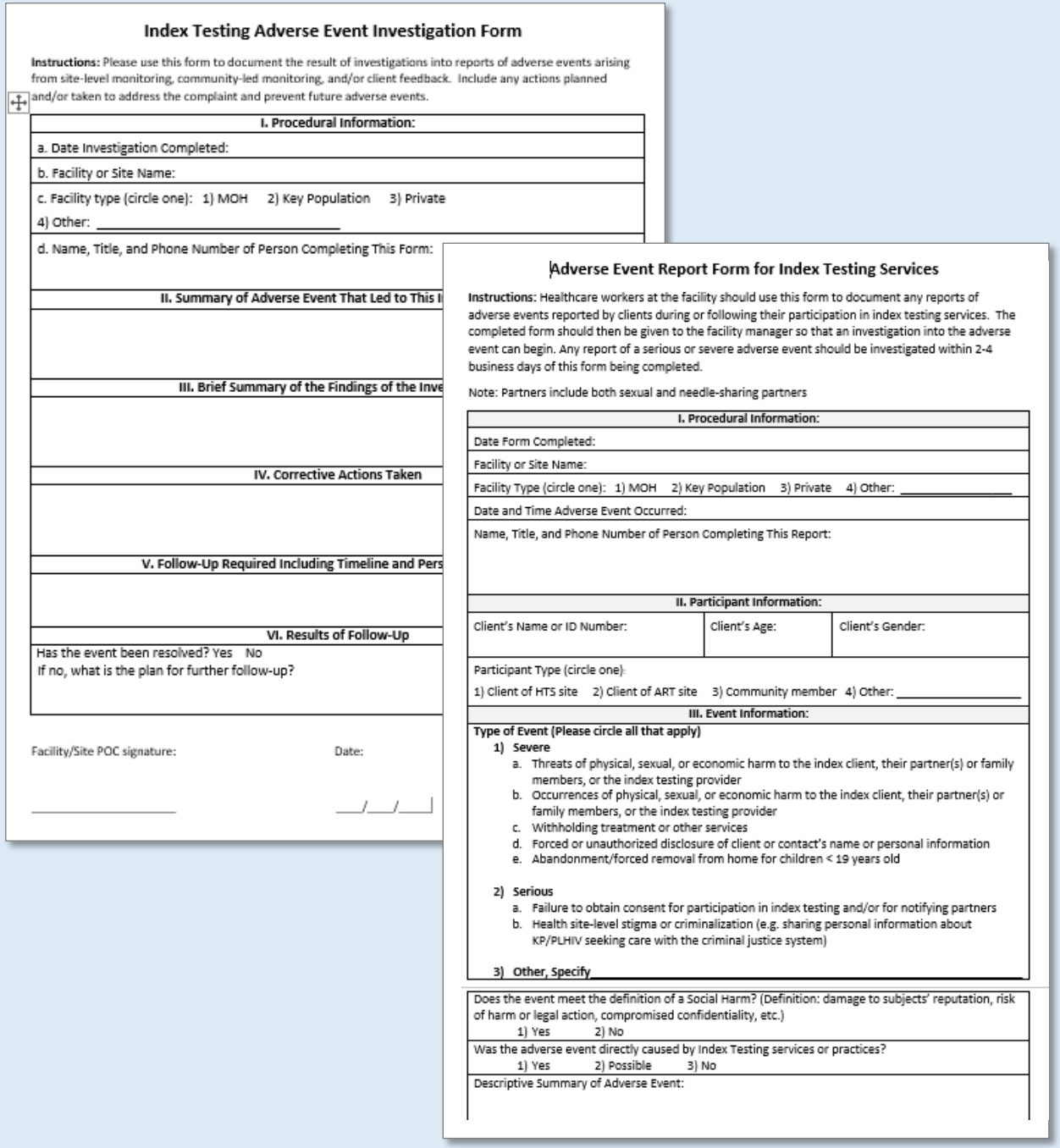
Clinic-level requirement (4)

- Each health facility must have a system for monitoring and reporting adverse events, including a designated site manager who investigates adverse events and reports them to the implementing partner, implementing agency, and MOH.
- When necessary, an investigation should occur and efforts to avoid future similar events should be captured and shared.
- A remediation plan should be shared back to the community and site.

Clinic-level requirement (5)

- Forms should be used to document adverse events and the response to those events
- PEPFAR provided the two forms shown here; all questions from the forms are included in the revised version of “Tool 12,” which can be used in place of these two forms (see slide 123)

Forms available: https://www.pepfarsolutions.org/resourcesandtools-2/2020/7/10/pepfar-guidance-on-implementing-safe-and-ethical-index-testing-services?rq=index%20testing.



Index Testing Adverse Event Investigation Form

Instructions: Please use this form to document the result of investigations into reports of adverse events arising from site-level monitoring, community-led monitoring, and/or client feedback. Include any actions planned and/or taken to address the complaint and prevent future adverse events.

I. Procedural Information:

a. Date Investigation Completed:

b. Facility or Site Name:

c. Facility type (circle one): 1) MOH 2) Key Population 3) Private 4) Other: _____

d. Name, Title, and Phone Number of Person Completing This Form:

II. Summary of Adverse Event That Led to This I

III. Brief Summary of the Findings of the Inve

IV. Corrective Actions Taken

V. Follow-Up Required Including Timeline and Pers

VI. Results of Follow-Up

Has the event been resolved? Yes No

If no, what is the plan for further follow-up?

Facility/Site POC signature: Date: ___/___/___

Adverse Event Report Form for Index Testing Services

Instructions: Healthcare workers at the facility should use this form to document any reports of adverse events reported by clients during or following their participation in index testing services. The completed form should then be given to the facility manager so that an investigation into the adverse event can begin. Any report of a serious or severe adverse event should be investigated within 2-4 business days of this form being completed.

Note: Partners include both sexual and needle-sharing partners

I. Procedural Information:

Date Form Completed:

Facility or Site Name:

Facility Type (circle one): 1) MOH 2) Key Population 3) Private 4) Other: _____

Date and Time Adverse Event Occurred:

Name, Title, and Phone Number of Person Completing This Report:

II. Participant Information:

Client's Name or ID Number: | Client's Age: | Client's Gender:

Participant Type (circle one):

1) Client of HTS site 2) Client of ART site 3) Community member 4) Other: _____

III. Event Information:

Type of Event (Please circle all that apply)

1) **Severe**
   a. Threats of physical, sexual, or economic harm to the index client, their partner(s) or family members, or the index testing provider
   b. Occurrences of physical, sexual, or economic harm to the index client, their partner(s) or family members, or the index testing provider
   c. Withholding treatment or other services
   d. Forced or unauthorized disclosure of client or contact's name or personal information
   e. Abandonment/forced removal from home for children < 19 years old

2) **Serious**
   a. Failure to obtain consent for participation in index testing and/or for notifying partners
   b. Health site-level stigma or criminalization (e.g. sharing personal information about KP/PLHIV seeking care with the criminal justice system)

3) **Other, Specify**

Does the event meet the definition of a Social Harm? (Definition: damage to subjects' reputation, risk of harm or legal action, compromised confidentiality, etc.)
1) Yes 2) No

Was the adverse event directly caused by Index Testing services or practices?
1) Yes 2) Possible 3) No

Descriptive Summary of Adverse Event:

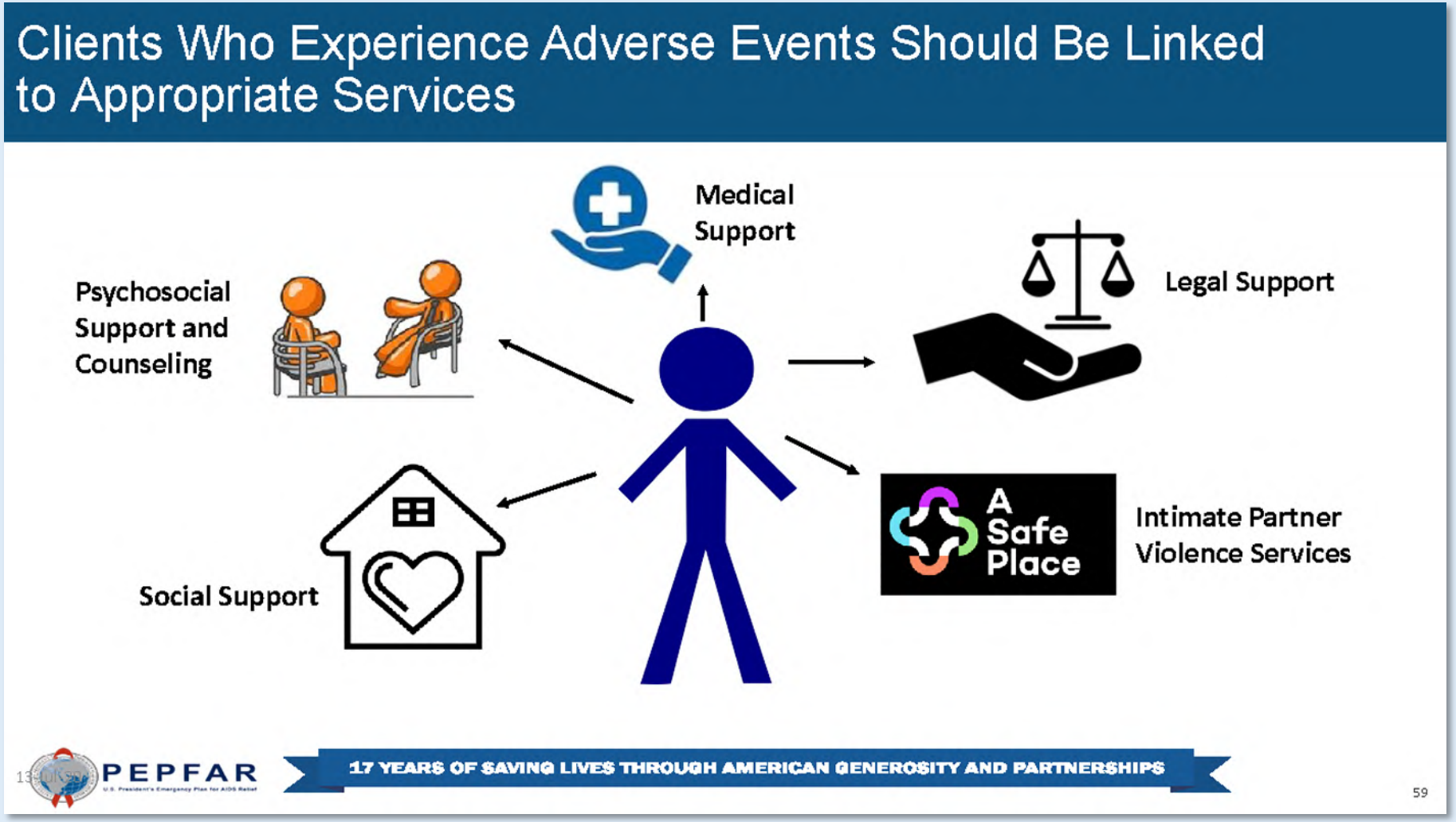
Provider requirement (1)

Check in after index testing

- Providers should routinely ask index clients if they experienced any adverse events following participation in index testing services.
- **The suggested question is:** “In the time since you participated in index testing services, did you experience any harm from your partner, health care provider, or anyone else at this facility [or site]? This includes physical, emotional, sexual, or economic harm.”
- Follow-up should be done during the client’s first two to three clinic appointments OR through follow-up (phone or otherwise) four to six weeks following testing of client’s contact(s).
- Peer navigators can also follow up to ask about adverse events following participation in index testing services.

Provider requirement (2)

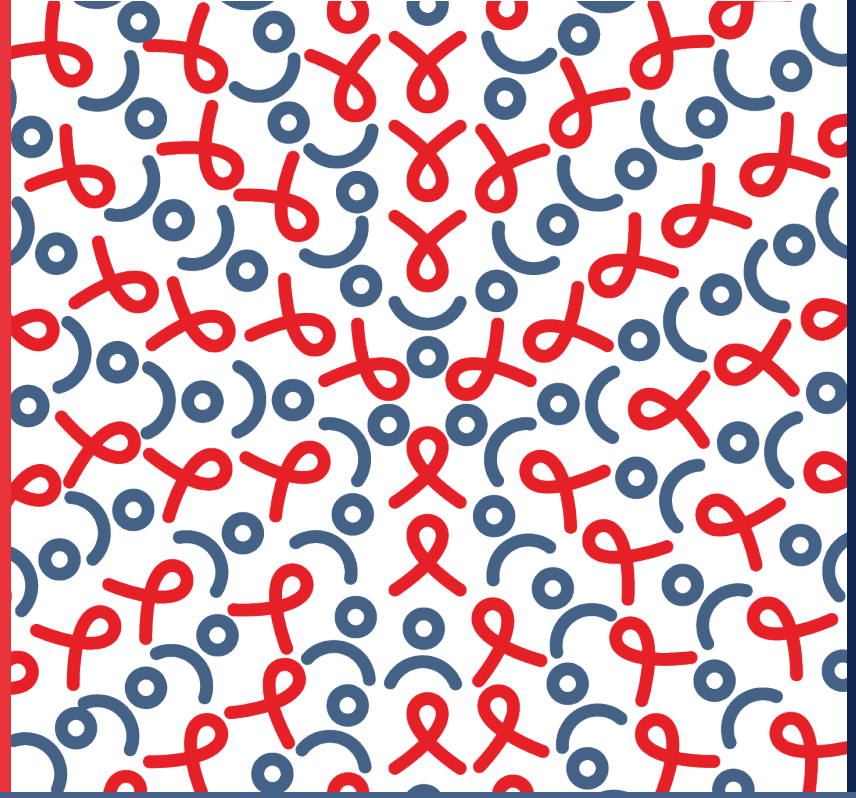
Provide services needed after an adverse event



SOPs should cover all clinic and provider requirements

- Before rolling out this training to health care workers, develop SOPs on adverse events for your program.
- EpiC developed an SOP that can be adapted.
- Replace this image and information with your own SOP in the rollout of the training.

https://www.fhi360.org/resource/adverse-event-prevention-monitoring-investigation-and-response-index-testing



MONITORING AND DOCUMENTATION

Session objective

- Review expectations for monitoring, including adverse events related to index testing.

Forms and systems to collect information on IPV and adverse events

- Beneficiary abuse disclosure and response form (Tool 12)
- Implementer security log
- Patient satisfaction systems

Revised Tool 12

Tool 12 (revised).

Beneficiary Abuse Disclosure and Response Form

Instructions: Unless otherwise specified, mark only one response field for each question.

PART 1 – Administrative Information and Information about the disclosure, the survivor, and the incident

To be completed by the individual to whom the survivor disclosed, with help from an outreach supervisor as needed (in case of peer disc
anonymous disclosure via complaint box or other format, the focal point at the facility should enter this information.

1. Date form completed (Day/Month/Year):

_____/_____/_____

2. Location/means of disclosure (select all that apply): □ Hotlin
□ Mobile app (such as WhatsApp, Vibr) □ Online □ CSO or pr
□ Public clinic □ Community □ CSO offices/DIC □ Complain
□ LINK □ Other (specify): _____

3. Was the abuse disclosed anonymously? □ Yes □ No

If yes, write or select "unknown" or "N/A" to all questions for which the information is not available.

4. Name of person filling out Part 1 of this form:

5. Job title of person to whom survivor disclosed: □ Outreach worker □ Peer educator □ Peer navigator □ Health Care Worker
□ Crisis Response Team member □ Community Advisory Board member □ N/A □ Other (specify): _____

6. UIC or program ID of survivor:

7. Age of the survivor in years:

8. Gender identity of the survivor: □ Man □ Woman □ Other □ Refuse to answer □ Unknown

9. Sex assigned at birth: □ Male □ Female □ Other □ Refuse to answer □ Unknown

10. Population type (can select multiple):
□ Sex worker □ MSM □ PWID □ Transgender □ Client of
□ PLHIV □ Adolescent girl/young woman
□ In a serodiscordant relationship □ None □ Unknown
□ Other priority populations: _____

11. Program participant type: □ HIV testing client (include self-testing) □ ART client □ PrEP client □ Outreach
□ Non-client □ Unknown □ Other: _____

12. Date of most recent reported abuse (Day/Month/Year):

13. Location of abuse (e.g., hot spot name, health facility name, o
general term such as "at home" or "online"):

14. When was the incident disclosed? □ Within 24 hours of abuse □ >24 and ≤72 hours after □ >72 and ≤1
□ >1 month and ≤3 months □ >3 months after abuse □ Unknown

15. Type of abuse that occurred (can select multiple):
□ **Physical** (includes hitting, slapping, kicking, shoving, choking, use of a weapon to physically harm someone)
□ **Sexual** (includes rape; sexual abuse that includes physical contact, regardless of penetration; forced sex without a condom)
□ **Emotional** (includes humiliation, verbal harassment, psychological torture, and threats)
□ **Economic** (includes denial of resources, blackmail, theft, being forced to leave one's home)
□ **Health facility-based human rights violation** (check all that apply):
□ Withholding treatment or other services
□ Forced/unauthorized disclosure of personal information
□ Failure to obtain consent for participation in index testing/partner notification
□ Stigmatizing treatment from providers
□ Sharing client information or information about their named partners with authorities
□ Other **human rights violation** (e.g., condom and/or lubricant confiscation, arbitrary arrest, forced removal of children under 19): _____

16. A brief description of the incident:

17. Who committed the abuse? (Select all that apply)

□ Local leader(s)
□ Law enforcement (including police and military)
□ Private security guard(s)
□ Madam(s)/Pimp(s)/bar manager(s) or owner(s)
□ Local gang(s)
□ General community
□ Family member(s)
□ Regular intimate partner or past intimate partner
□ Sex work client(s)
□ Healthcare facility staff: (Provide name if possible) _____
□ Peer/outreach worker (Provide name if possible) _____
□ Other (specify): _____
□ Unknown

18. Was the abuse directly caused by the offering or use of any of these services (select all that apply)?

□ Index testing/partner notification □ PrEP □ HIV testing
□ Community outreach □ PEP □ ART □ HIV self-test
□ Other_____ □ None □ Unknown

19. Was the abuse related to measures to prevent COVID-19 (such as curfew or lockdown)? □ Yes □ No □ Unknown

20. Response services provided at initial disclosure: □ Listened empathetically □ Inquired about survivor's needs □ Provided validating messages
□ Enhanced survivor's safety □ Provided information on available services □ Referred to services □ Accompanied to services

PART 2 – Information about service eligibility and services received after initial disclosure

To be completed by the facility/site point of contact for adverse events, the case manager, OR a health worker providing response services.

21. Job title of person who is completing Part 2: □ Outreach supervisor □ Case manager
□ HCW □ Index testing site point of contact □ Other: _____

22. Name of person filling out Part 2:

23. Name of health facility or CSO where person filling out Part 2 works:

24. When violence was disclosed, was the individual eligible for HIV post-exposure prophylaxis? □ Ye

25. When violence was disclosed, was the individual eligible for emergency contraception? □ Y

26. Note the services or referrals provided following the disclosure of abuse (mark all that apply). These can be services provided directly or via referral.

Check boxes to indicate whether the service was through referral; then show whether referral was

	Provided at a PEPFAR-supported site reporting on GEND_GBV	**Provided** at a PEPFAR supported site not reporting on GEND_G
Initial assessment to determine services that should be offered to the survivor		
Treatment of injuries		
Forensic examination ("rape kit")		
Rapid HIV testing		
Post-exposure prophylaxis (PEP)		
STI screening/treatment		
Emergency contraception (EC)		
Immediate psychosocial counseling		
Mental health evaluation		
Tetanus vaccine		
Initiation of ART		
Link to PrEP		
Longer-term psychosocial support (e.g., support group)		
Legal counsel		
Law enforcement intervention		
Child protection services for minor children of survivor		
Economic empowerment		
Temporary shelter		
Crisis response team		
Other (specify): _____		

27. Was PEP completed? □ Not applicable □ Yes □ No □ Unknown

28. For violence resulting in a risk of HIV: Did the survivor receive an HIV test 3 months post-violence?
□ Not applicable □ Not tested □ Tested negative □ Tested positive □ Unknown

29. Follow-up actions taken to support the survivor (if not noted under Q25).

PART 3 – Adverse events related to index testing

To be completed by the facility/site point of contact for adverse events related to index testing.

If the abuse was not related to index testing (question 18), leave this section blank.

30. Write the name and title of the person who will conduct the investigation:

*Recall that investigations related to IPV should focus ONLY on whether all procedures were followed (e.g., risk assessment, LIVES, appropriate referrals, etc.) to protect the safety and confidentiality of the client.

31. Summarize investigation findings:

32. What follow up steps and actions were undertaken to prevent similar events from occurring in the future?

33. Has the issue been resolved (e.g., does it seem unlikely to occur again)? □ Yes □ No

If no, please describe additional follow-up planned, including personnel and timeline:

Facility/Site POC signature: _____

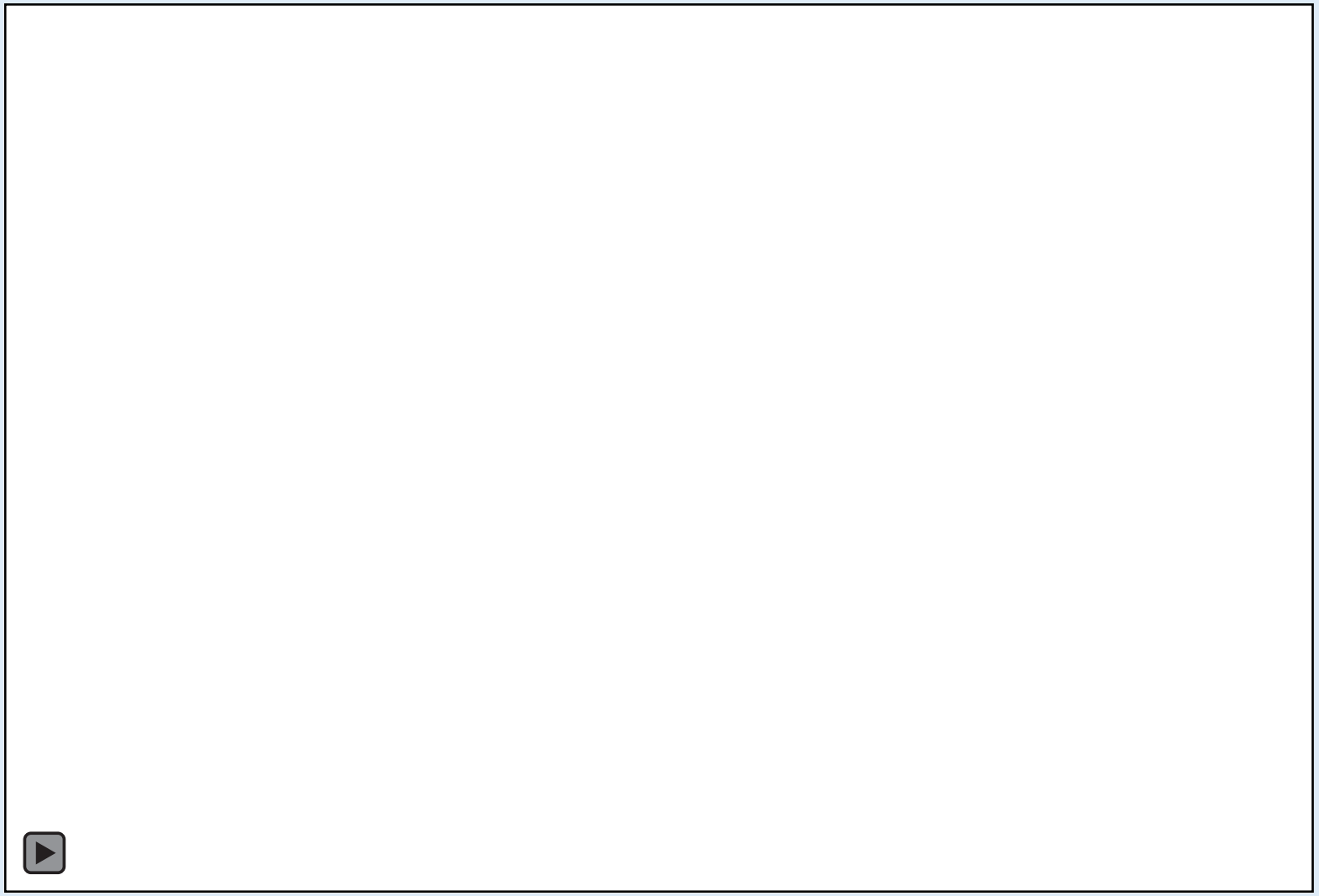
Date: ____/____/____

Implementer security log

Security Incident Log			
	Question	**How to Answer**	**Response**
1	Security incident number	Begin with number 1 and continue; the numbering allows security incidents to be linked to one another (see question #14)	
2	Date of incident	Type as YEAR-MONTH-DAY (e.g., 2019-02-17 for February 17, 2019) in order to organize this security event log by date	
3	Time of incident	Specific time of day (if known), or more general (morning, afternoon, evening, night)	
4	Perpetrator	If known and safe to list, or use a more general term such as "law enforcement officer"	
5	Affected organization	Name of HIV program implementing partner (i.e., community-based organization's name)	
6	Target	Specific person or type of staff, physical space (e.g., name of a specific hot spot), website, database, etc. Do not name individuals here unless you have their permission to do so.	
7	Where incident occurred	Physical address, online, by phone, etc.	
8	Believed motivation of aggressor (if known)	For example: intimidation, to stop programming, to deflect attention from other local issues	
9	Description of security incident	For example: Facebook posts on project page said "paste specific message here;" or peer educators were arrested without charge when distributing condoms to a group of MSM during a mobile HIV testing event	
10	Programmatic consequences of security incident	For example: implementing partner will conduct only online outreach until physical outreach is considered safe to conduct	
11	Description of actions taken to respond to security incident	For example: on YEAR-MONTH-DAY implementing partner targeted in Facebook post decided that it is not safe to conduct outreach activities for a two-week period and implementing partner filed a complaint with the police. On YEAR-MONTH-DAY local Ministry of Health officials held a meeting with power holders and local law enforcement; they discussed threats to the implementing partner and created a WhatsApp group that can be used to notify and activate allies immediately as needed. Please include dates of actions taken (and continue to update this row as actions are taken).	
12	Was the security incident related to index testing?	Select one: Yes or No or Unsure	
13	Was the security incident related to COVID-19?	Select one: Yes or No or Unsure	
14	Which other security incidents is this related to? (if any)	Note whether this incident was related to other security incidents by listing other security incident numbers here.	
15	Incident resolution (if any)	For example: on YEAR-MONTH-DAY peer educators were released from state custody and provided with mental health support.	

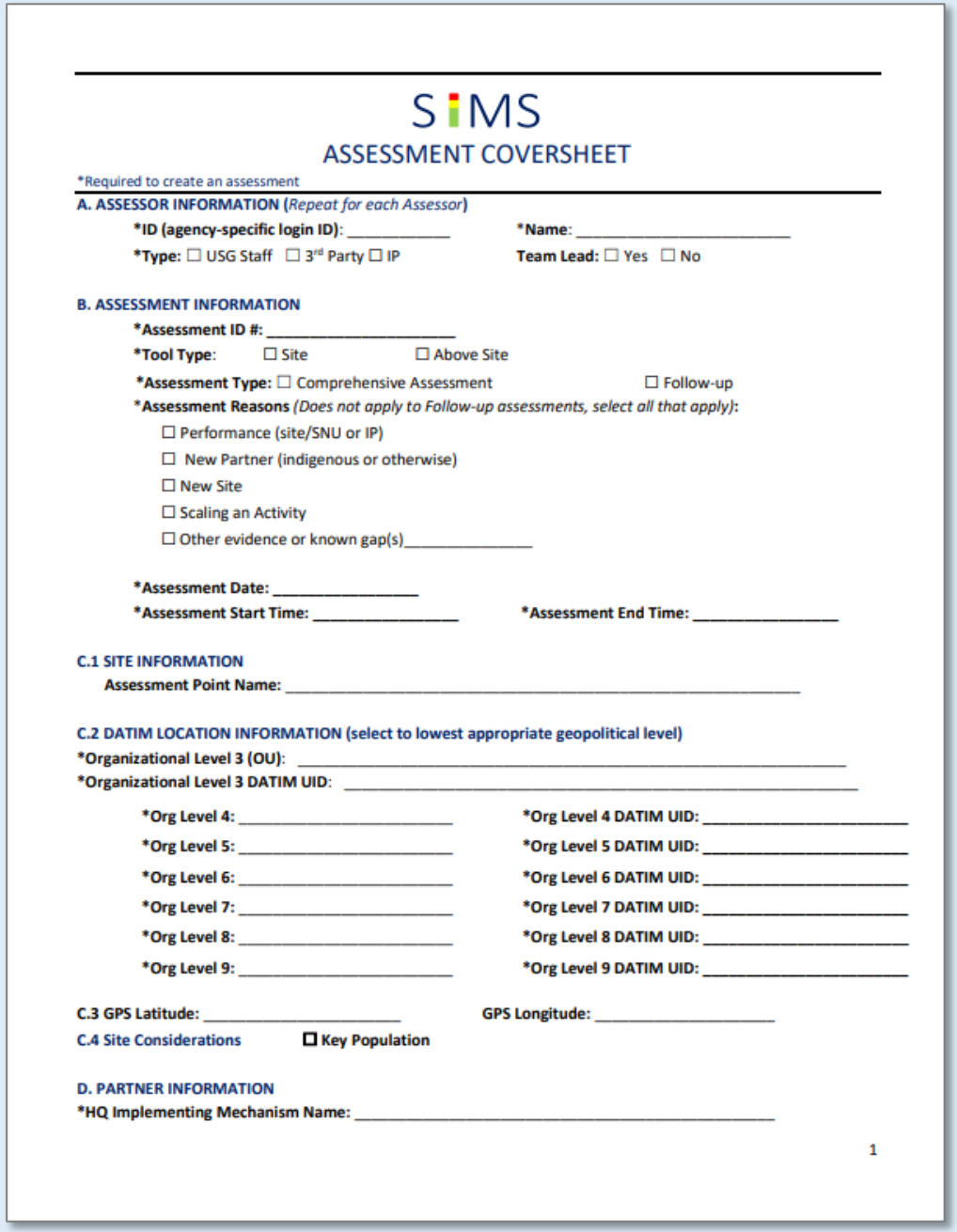
Patient satisfaction systems

LINK or other patient satisfaction surveys can be used to collect complaints, including adverse events



SIMS 4.1

- New SIMS will include modules that help facilities track their compliance with PEPFAR index testing guidance
- There are four new Core Essential Elements (CEEs) in SIMS 4.1
  - Index testing training and supportive supervision
  - Monitoring adverse events from index testing
  - Secure handling and storage of index testing data
  - Intimate partner violence risk assessment and support



SIMS

ASSESSMENT COVERSHEET

*Required to create an assessment

A. ASSESSOR INFORMATION (*Repeat for each Assessor*)

*ID (agency-specific login ID): _____ *Name: _____

*Type: ☐ USG Staff ☐ 3rd Party ☐ IP Team Lead: ☐ Yes ☐ No

B. ASSESSMENT INFORMATION

*Assessment ID #: _____

*Tool Type: ☐ Site ☐ Above Site

*Assessment Type: ☐ Comprehensive Assessment ☐ Follow-up

*Assessment Reasons (*Does not apply to Follow-up assessments, select all that apply*):

☐ Performance (site/SNU or IP)

☐ New Partner (indigenous or otherwise)

☐ New Site

☐ Scaling an Activity

☐ Other evidence or known gap(s)_____

*Assessment Date: _____

*Assessment Start Time: _____ *Assessment End Time: _____

C.1 SITE INFORMATION

Assessment Point Name: _____

C.2 DATIM LOCATION INFORMATION (select to lowest appropriate geopolitical level)

*Organizational Level 3 (OU): _____

*Organizational Level 3 DATIM UID: _____

*Org Level 4: _____ *Org Level 4 DATIM UID: _____

*Org Level 5: _____ *Org Level 5 DATIM UID: _____

*Org Level 6: _____ *Org Level 6 DATIM UID: _____

*Org Level 7: _____ *Org Level 7 DATIM UID: _____

*Org Level 8: _____ *Org Level 8 DATIM UID: _____

*Org Level 9: _____ *Org Level 9 DATIM UID: _____

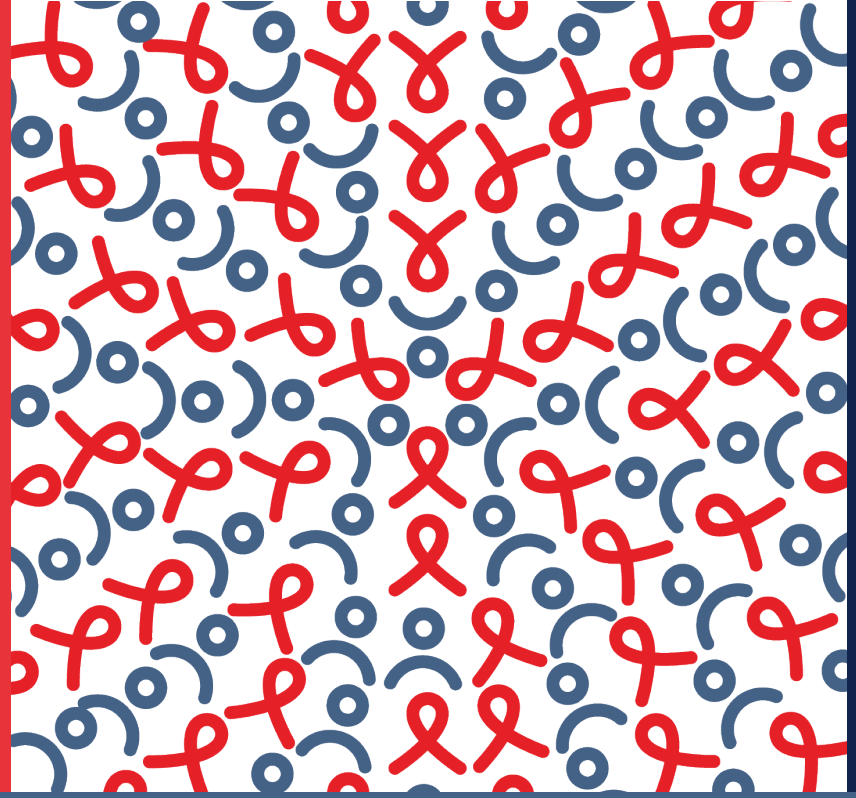
C.3 GPS Latitude: _____ GPS Longitude: _____

C.4 Site Considerations ☐ Key Population

D. PARTNER INFORMATION

*HQ Implementing Mechanism Name: _____

1



REFLECTIONS ON WHAT WE HAVE LEARNED AND HOW TO INTEGRATE IT INTO OUR WORK

Session objectives

- Identify and discuss specific “asks” of health care workers going forward and describe the support available to them.
- Plan to roll out this training in your own context.

What we're asking of each of you (TOT attendees)

1. Adapt this training to your context
   - Review what is covered here and make decisions for your program. Change the green text and delete slides as relevant.
2. Demonstrate what you have learned through score on post-test and through observed use of LIVES' skills
   - Send a video of yourself using LIVES' skills in a role-play (not with an actual client) to XXXXX by XXXXXX
   - Receive feedback and an email letting you know that you're ready to facilitate
3. Roll out the adapted training to HCWs in your project

What we are asking of each HCW

1. Ensure the clinic meets requirements for adverse events related to index testing.
2. When conducting index testing or PrEP services
   - Ask about IPV in the lives of clients
3. When a client discloses violence during IPV screening
   - Provide first-line support (LIV).
   - Engage in conversations to enhance safety.*
   - Provide/refer to post-violence health, social, and justice/legal services. Connect survivors to these other services by helping link them to someone to accompany them (including crisis response team members) as needed.*
   - Include this information in the index testing register XXXX tool.
   - Tailor continued health services to acknowledge the impact of past or present violence.
4. Post-index testing
   - Ask about any adverse events during a follow-up visit.
   - If any adverse event related to index testing is shared, use XXX to document.

*Index testing facility site manger has additional responsibilities.***

* If a counselor with extensive GBV experience is on site, that person can immediately do these services (E and S of LIVES) instead of having the health care worker do all of LIVES. Decide at the facility level based on time and space available. In each case, the client gets to decide whether they wish to see the counselor or stay with the original provider.

** These responsibilities include the investigation of adverse events, sharing remediation steps with stakeholders at the implementing partner and a community advisory board, and ensuring these steps are carried out at the facility.

How we will support you

- Verify that minimum requirements are met at each facility (per slide 26)
  - Updates to protocols/SOPs for the provision of post-violence services
  - Updates to standardized questions to facilitate documentation and safe storage mechanisms
  - With developing or strengthening a referral system for post-violence services including health, social, and justice/legal services
  - Continued training or expanded training on preventing, asking about, and responding to violence for peer navigators and crisis response teams
- Ongoing supportive supervision for health care workers during regularly scheduled supervision visits
  - Including discussions of vicarious trauma and links to support as needed
- What other support is needed?

https://www.fhi360.org/resource/adverse-event-prevention-monitoring-investigation-and-response-index-testing

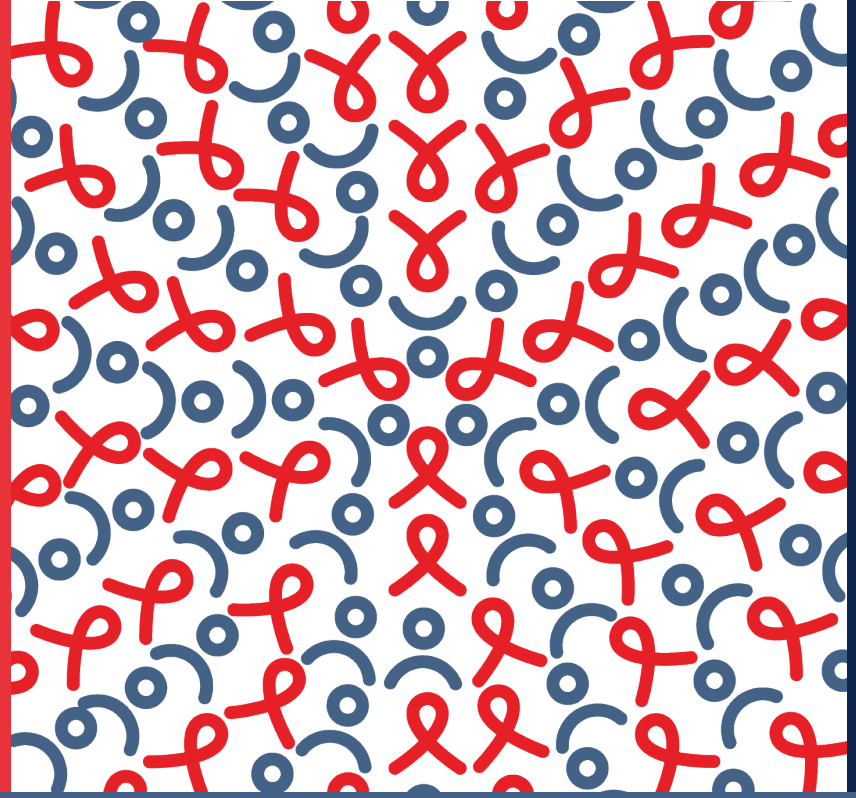
What we are asking of peer navigators/crisis response teams

- Educate community members on what constitutes an adverse event, including those related to index testing
  - Share information during outreach.
  - Peer navigators should ask specifically about adverse events when following up with people living with HIV.
- When someone discloses violence to you
  - Provide first-line support (LIV).
  - Engage in conversations to enhance safety.*
  - Provide/refer to post-violence health, social, and justice/legal services.*
  - Accompany the survivor to needed services.
  - Document the violence, including in an additional form (Tool 12) if the violence documented is an adverse event related to index testing.
- When someone discloses violence to a health care provider
  - As requested by health care providers connected to your CSO, be available to accompany a survivor to other services and/or act as a case manager for the survivor (if this is your role as a crisis team member).

* If a counselor or other crisis response team member is available, that person can immediately do these steps (E and S of LIVES) instead of having the original peer who received the disclosure do all of LIVES. Decide at the CSO. If the client prefers to remain with the peer to whom they disclosed, this peer should cover all steps.

Activity Z. Planning to roll out this training

- How you roll out this training is your decision (virtual, in person, or hybrid) and will depend on funding, programmatic needs, and COVID-19.
- You will need to review the materials, especially those related to adverse events, and adapt SOPs BEFORE rolling out this training. The rollout is the opportunity to explain your new SOPs related to index testing and to adverse event documentation and investigation.
- **What are your strategies for and concerns about rollout?**



CLOSING

Activity AA. Closing

- Each participant should share one sentence on how what they learned during this training will impact their actions going forward.
- Provide link to post-test here
- Provide link to evaluation here