

# Index testing and risk network referral

## Program implementation orientation and training

### Day 2

City, Country YEAR

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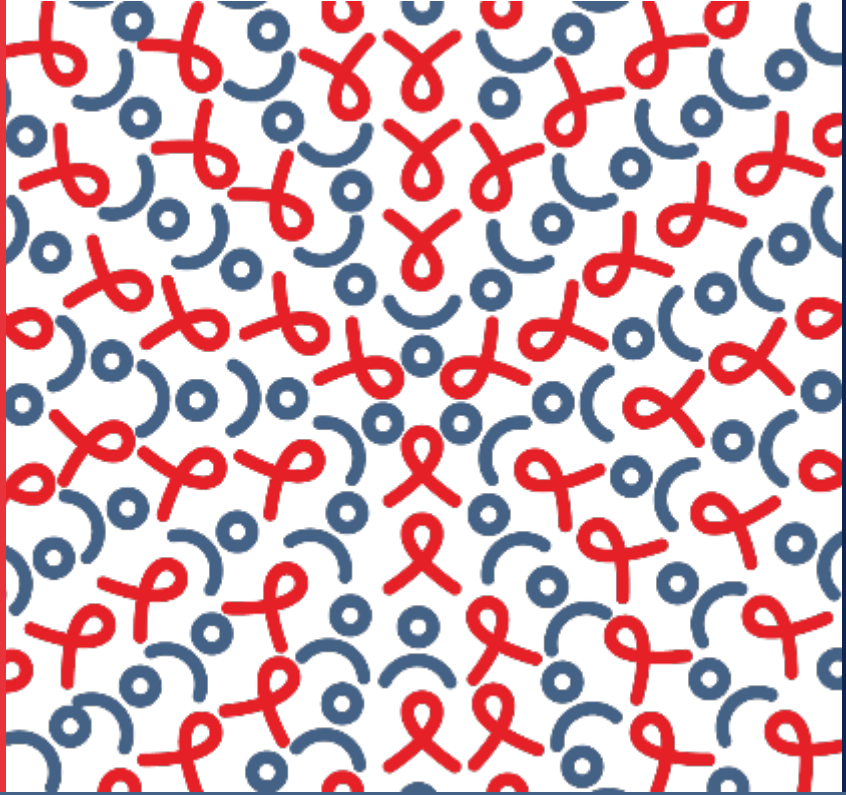




# Review of Day 1: Candy quiz!

- What are the four options for referring partners for index testing?
- What are three potential risks or barriers that a client might experience with index testing?
- Name three critical elements that must be the foundation of index testing.





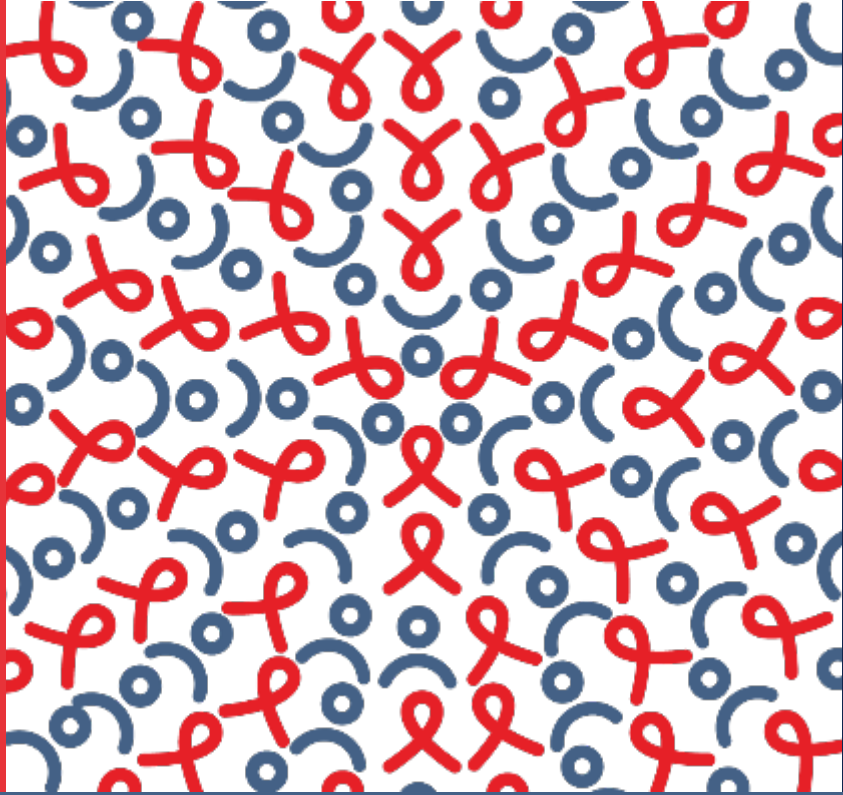
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## Session 8. Client panel



# Client panel





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## Session 9. Building a localized index testing and risk network referral approach



# Local adaptation of index testing: considerations

- **WHO** should offer index testing? What training do they need? What qualifications?
- **WHERE** should index testing and risk network referral take place?
- **WHAT** materials exist and what needs to be adapted or developed?
- **WHAT** policy changes and/or official guidance are required?





# Activity: Step-by-step design

- Break into groups of 8–10 individuals each
- Conduct small-group working sessions to:
  - Discuss key considerations/questions by step
  - Develop specific recommendations/responses based on the questions in your steps
- 75 minutes for working session
- Report back (no more than 5 minutes per group)

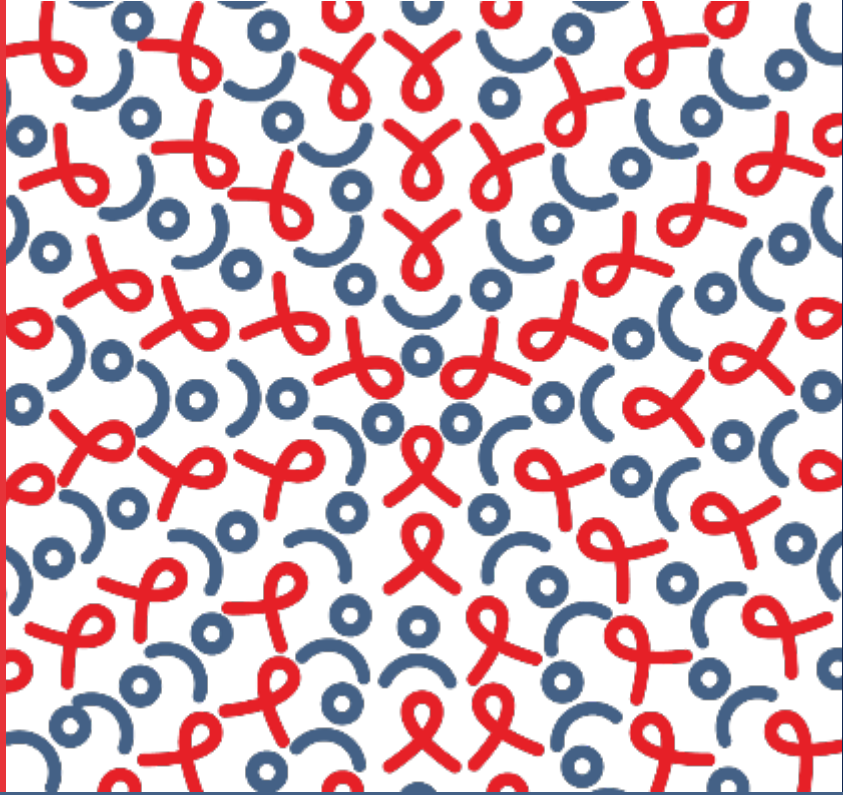




# Activity: Step-by-step design

<b>Step 1.</b> Introduce the concept of index testing and risk network referral	→	When? Where? What messages/talking points, what tools? How?
<b>Step 2.</b> Offer index testing as a voluntary service	→	When? How often? Where? What messages/talking points, what tools?
<b>Step 3.</b> Obtain consent to inquire about their partner(s) and biologic child(ren)	→	How to document consent?
<b>Step 4.</b> Obtain a list of sex and needle-sharing partners and biological children	→	What screening information is needed to guide the conversation? What documentation tools? What job aides, if any?
<b>Step 5.</b> Conduct an intimate partner violence (IPV) risk assessment for each named partner	→	What screening tool or questions are needed to ask about IPV? What SOPs or training are needed to respond to those who disclose violence? What services are available to survivors; how will providers link effectively to them and ensure they are KP-friendly?
<b>Step 6.</b> Determine the preferred method of partner notification or child testing for each named partner/child	→	What documentation tools? Key messages? Tools for the client?
<b>Step 7.</b> Contact all named partners and biological children	→	Where? When? What documentation tools? What communication tools/scripts? Messages? How to manage confidentiality? Resources required? Monitoring?
<b>Step 8.</b> Record outcomes of partner notification and family testing	→	What documentation tools? How to monitor? How to analyze?
<b>Step 9.</b> Provide appropriate services for children and partner(s) based on HIV status	→	What services are available? How to document and track service uptake? How to integrate with risk network referral? How to conduct targeted referral?
<b>Step 10.</b> Follow-up with client to assess for any adverse events associated with index testing	→	What documentation tools? How to monitor? How to analyze?





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## Session 10. Motivational counseling



## How would you respond?

You are sitting across from an FSW client who was recently diagnosed with HIV. She says she wants to refer her sexual partner, a man she has been living with along with her two children. But she does not want to refer any of the clients she has had sex with without a condom because she is worried they will out her, and she will not be able to work anywhere in the city.



# Motivational counseling

A **client-centered** communication approach to elicit and strengthen motivation for change



## Why might be...

a client-centered communication approach to elicit  
and strengthen motivation for change

...be important in index testing  
and risk network referral?



# Motivational counseling is critical

- Discussing partner referral with clients raises issues that require sensitivity, appropriate questions, and messaging:
  - Disclosure
  - Violence
  - Infidelity
  - Fears
- Remember to use motivational counseling techniques:

Reflective listening

Affirmation

Questioning

Ask-Tell-Ask
- Recognize and encourage talk about change



# Reflective listening

- Reflections = statements
- The listener tries to understand using reflective statements
- Helps gather information and builds trust
- Client is the focus:
  - *You feel like...*
  - *You're wondering if...*
  - *What I hear you saying is...*







# Activity: Group reflection

- Form a large circle





# Affirmation

- Helps:
  - Accentuate the positive
  - Acknowledge client's worth
  - Engage, support, encourage, open up
- Comment on something positive (avoid starting with "I"):
  - *You are really taking control of your health.*
  - *Even though you didn't achieve your goal this week, look how far you have come since you started treatment.*





# Activity: Affirmations

- Form groups of three
- “Clients” discuss a real-life situation
- “Providers/Counselors” practice affirming something positive about the person, their actions, intentions, traits, or skills
- Start with “You,” avoid “I”
- “Observers” take notes
- Time: 5 minutes



# Questioning

- Open-ended questions:
  - Can lead to a wide range of answers
  - Seek information; allow for surprise
  - Invite client's perspective, exploration
- Closed-ended questions
  - Establish facts (yes/no)
- Avoid leading or “why” questions:
  - *You know how to use a condom, right?*
  - *Why didn't you inform your partner like you said you would?*





## Activity: Questioning

- Turn back to your groups of three “Providers/Counselors” practice asking open- and closed-ended questions;
- “Observers” take notes
- Time: 5 minutes





# When is it the counselor/provider's turn to speak?

When...

- You think the client is misinformed
- You think the client lacks information
- You're thinking of an idea that might be useful to the client
- The client is asking for information







# Ask-tell-ask

- “Ask”: Find out what the client already knows
- “Tell”: Provide additional information as appropriate (with permission)
- “Ask”: Elicit the client’s reaction to the new information





## Ask-tell-ask script

**Client:** *I always try to be careful, but now I'm worried – what if he gave me HIV or something?*

**PE:** So you're afraid you could have been infected. [?] I wonder if I might ask what have you heard about HIV? [?]

**Client:** *I know I can get it from sex if we don't use a condom. But I thought because I don't sleep with those kinds of guys, I didn't have to worry.*

**PE:** Can you explain a bit about what you mean by “those kinds of guys?” [?]

**Client:** *Guys that sleep around. I stick with my partner – he's in really good shape and always keeps himself clean; so I thought, no problem.*

**PE:** Well, it sounds as if you already know a bit about HIV. If you'd like, I can share a bit more information with you. [?]

**Client:** Okay.

**PE:** So as you said, you can get HIV from unprotected sex, and especially if you've been having anal sex without a condom. The skin inside your anus can tear very easily, which makes it easy for the virus to pass from one person to another if one person is positive. Does that sound like your situation? [?]

**Client:** *Yeah – he's a top and I'm always on bottom. But we never use condoms.*

**PE:** Okay, you're on the bottom without condoms, but he takes good care of himself. [?] A lot of people are in that situation – I can tell you a bit more about it if you'd like? [?]

**Client:** *Ok – sure.*

**PE:** If he's having sex with you without a condom, there could be risk for HIV. Many people think that only certain kinds of people are risky, but in fact anyone could have HIV: it doesn't matter if you are gay or straight. There is no way you can tell by looking at someone if they are infected – the only way to know for sure is to get tested. Does that make sense to you? [?]

**Client:** *I guess. I know everyone says you have to get tested and know your status, but I always thought it would be better to just not know.*

**PE:** So you've been having unprotected sex, and you're worried about HIV, and you've thought about testing, but on the other hand maybe it's better just not to know – is that about right? [?]



## Avoid these...

- Pushing the client to do something when they aren't ready
- Arguing with the client
- Ordering or commanding the client to do something
- Blaming, shaming, or judging the client because you disagree with their choices



## ...try these instead

- Use open questions to probe client's knowledge, experiences, challenges
- Ask for and reinforce the client's own reasons for a decision
- Explore reasons for resistance and change focus if necessary
- Use reflective listening to address ambivalence
- Involve the client in problem solving





**When does motivating cross the line  
to coercion?**

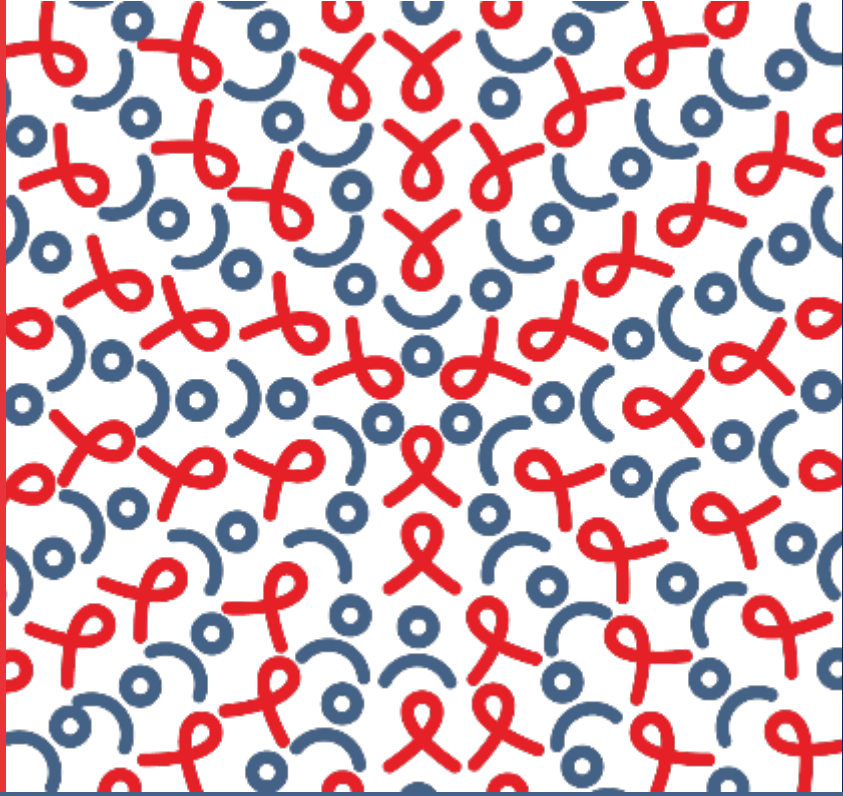


# When motivational counseling techniques are not appropriate

- If intimate partner violence (IPV) is disclosed, it is no longer appropriate to address ambivalence, explore reasons for resistance, or change focus
- Instead, the provider should transition to a set of skills called, “**First-line support**”\*

\*Discussed in the next session





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## Session 11. Asking about and responding to intimate partner violence

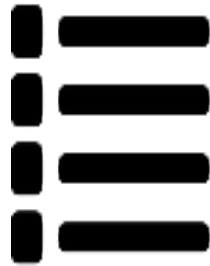
# Minimum requirements that must be in place before you ask about violence

## 3. Intimate partner violence risk assessment and service provision

**Index testing** requires asking about IPV. Providers cannot ask about IPV unless the following supportive elements are in place to limit potential harm.



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



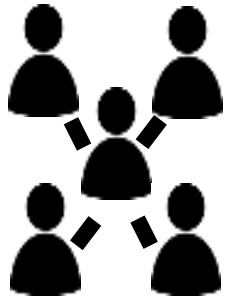
Providers are trained on how to ask about and respond to violence



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



# Bringing up IPV

- Begin by explaining that you would like to ask about violence because you:
  - Care about the client's well-being
  - Want to support them to decide whether index testing is right for them and which modality to use
- Sample script:
  - *As part of index testing, I would like to ask whether each of the people you named has ever harmed you in any way. This is important because it will help us decide together whether index testing could be safe. It is also important because I care about your well-being and can help connect you to services.*



# Asking about IPV

- Has [partner's name] ever hit, kicked, slapped, or otherwise hurt you?
- Has [partner's name] ever forced you to do something sexual that made you uncomfortable?
- Does [partner's name] try to control you, for example, not letting you have money or go out of the house?
- Does [partner's name] ever humiliate you, threaten to hurt you, or make you feel afraid?

## **Consider questions tailored to key populations, for example:**

- Has [partner's name] ever 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 [partner's name] ever tried to control your transition process?
  - (in the case of transgender clients)



# If someone says “no” to all questions on 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.
- 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 IPV screening, what do you do?

- Do not disqualify them from index testing or begin discussing another partner.
- Experience of IPV can affect treatment adherence, viral load, and overall well-being.
- Disclosures of violence should be responded to immediately 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 victim that they are not to blame
Enhance safety	Discuss a plan to protect the victim from further harm if violence occurs again
Support	Support the victim to connect with additional services

Source: WHO, 2014. Health care for women subjected to intimate partner violence or sexual violence





# 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.



# Listening do's and don'ts

The listener should	The listener should not
<ul style="list-style-type: none"><li>• Be patient and calm</li><li>• Let the client know that they're listening (nod, make eye contact, etc.)</li><li>• Acknowledge how the client is feeling</li><li>• Let the client tell the story at their own pace</li><li>• Encourage the client to share</li><li>• Give the client time to think</li><li>• Stay focused on the client</li><li>• <b>Respect the client's wishes</b></li></ul>	<ul style="list-style-type: none"><li>• Pressure the client</li><li>• Look at their watch or seem distracted</li><li>• Judge the client</li><li>• Rush the client</li><li>• Assume they know best</li><li>• Interrupt</li><li>• Finish the client's thoughts</li><li>• Tell the client their own troubles or someone else's</li><li>• <b>Think and act as if they can solve the client's problems</b></li></ul>



# 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: Inquire about needs and concerns

Survivor statement #1: *“My boyfriend has threatened to hurt me in the past.”*

**Technique: Explore as needed**

*“Can you tell me more about that?”*



## Activity: Inquire about needs and concerns

Survivor statement #2: *“My partner is very unpredictable. I try to keep him happy but sometimes he just gets angry for no reason. It’s becoming worse lately.”*

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

*“What is your biggest concern right now?”*



# 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: 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, and I am afraid that he will come back to harm me again.”*



# Validate: Messages to avoid

## Avoid statements 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 questions that suggest fault

- 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 straight 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 6 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 risk of immediate 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 church—may be options.



# Safety planning

- If the client reports that they are worried about their safety, or the safety of 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.

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?





# Explore safety strategies

- Identify emergency shelters
- Carry emergency phone numbers
- Contact international organizations that might have funds to help with relocation or other costs



# Safety strategies are even more important during COVID-19

- Can you arrange for a code word that you can text or call someone with that indicates you need immediate help?
- 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)?
- Do you have a friend you could shelter in place with if home is not safe?
- Are there any weapons in the home that can be removed (even for the short term)?
- Are any organizations providing financial support for travel, emergency services, or to stock up on food (this may also be information the program can give)?
- Do you know what local laws say about movement during curfew if movement is required to leave an abusive household (this may also be information the program can give)?



# 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.



# Discussion: Meeting victim's needs

	Services (potentially) needed	Where available	Details
Physical and mental health services	<ul style="list-style-type: none"><li>• Emergency injury treatment</li><li>• HIV and STI testing/prophylaxis/care</li><li>• Emergency contraception</li><li>• Rape kits/forensic examination</li><li>• Relevant vaccines</li><li>• Mental health screening/treatment for depression and post-traumatic stress disorder</li></ul>		
Social services	<ul style="list-style-type: none"><li>• Psychosocial support (support groups, crisis counseling)</li><li>• Securing/replacing ID documents</li><li>• Shelter<ul style="list-style-type: none"><li>• Educational assistance</li></ul></li><li>• Financial aid<ul style="list-style-type: none"><li>• Food assistance</li></ul></li><li>• Child care<ul style="list-style-type: none"><li>• Interpreters</li></ul></li></ul>		
Legal/justice services	<ul style="list-style-type: none"><li>• Information on their rights</li><li>• Information on law enforcement procedures</li><li>• Support from law enforcement</li><li>• Legal counsel</li><li>• Ability to give a statement/document the case</li><li>• Ability to seek redress when wrongly arrested</li><li>• Access to ARVs even while incarcerated</li></ul>		



# 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
<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available: Populations served:	<b>[Name of Organization/Facility]</b> Hours: Location: Focal Point: Phone: Email: Services available: Populations served:	<b>[Name of Organization/Facility]</b> 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 may have been exposed 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 (remember to offer a warning in case materials could come to the attention of an abuser)
- Know specific information about referral points
- Ask survivor if they want accompaniment to resources or for you to call in advance (active referral); if so, make arrangements
- Do not pressure 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: Practice responding to violence

- In groups of three, rotate so that each person is a survivor, a health care worker, and an observer one time
- 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

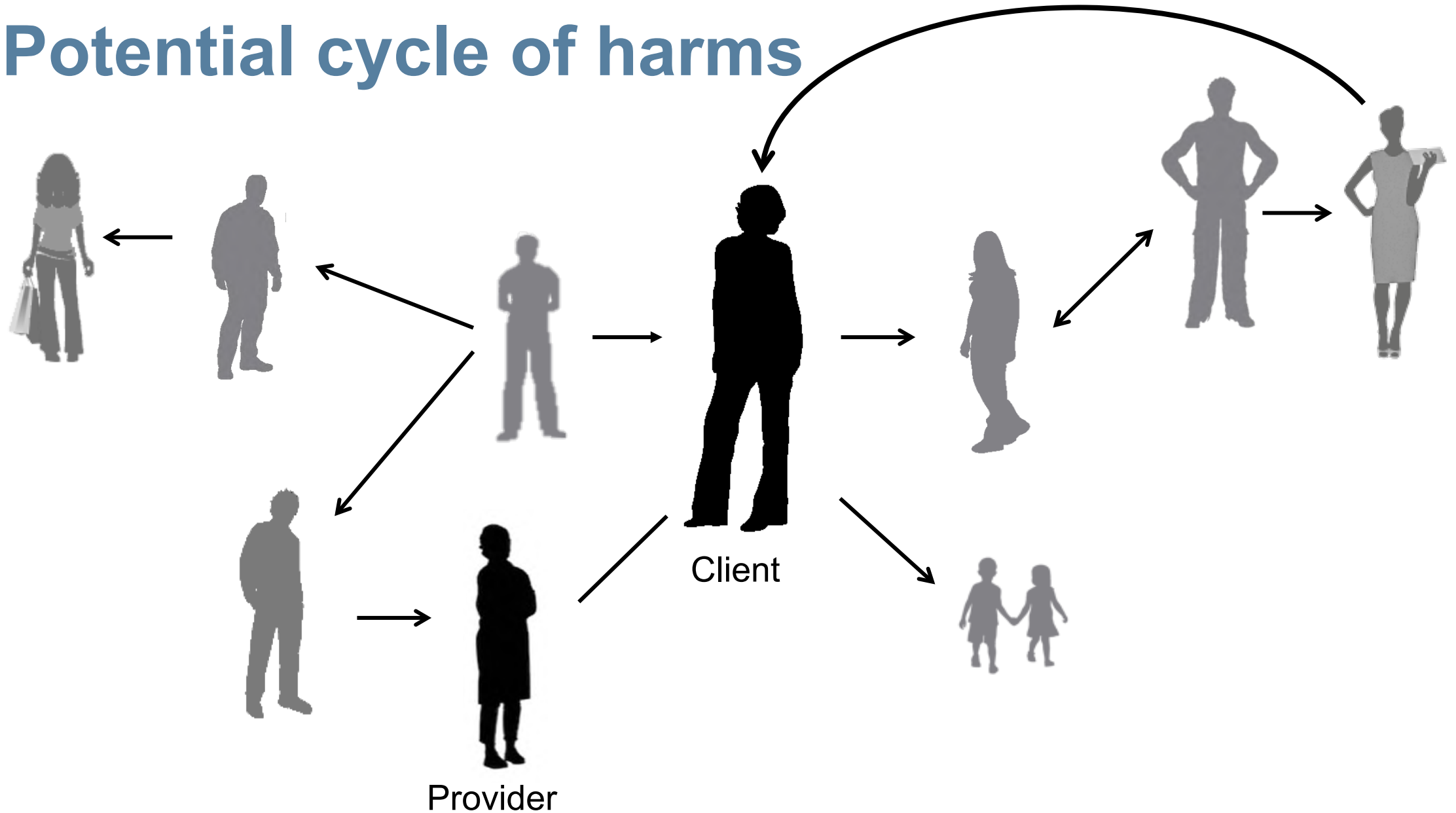
- ☐ Ask about violence
- ☐ Listen closely with empathy and no judgment
- ☐ Inquire about their needs and concerns
- ☐ Validate their experiences
- ☐ Enhance their safety
- ☐ Support them to connect with additional services



# Activity: Practice responding to and documenting violence (debrief)

- How did each of these go? Were any missed?
  - ☐ 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
- What worked well?
- What areas need improvement?

# Potential cycle of harms





**End of Day 2**