

Required Domestic Violence (DV) Screening Process for HIV Counseling, Testing, Referral and Partner Notification (PN)

Step #1: Discuss DV before eliciting partner names

- Raise DV risk associated with notifying partners.

SAMPLE INTRODUCTION:

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

Step #2: Screen for risk of DV for each partner to be notified

- Ask about DV risk involving partners already known to the provider (e.g., spouse) and any other partners named by the patient.
- Describe the nature of DV, explore severity of anticipated DV.
- Elicit information about the partner’s current situation.

SAMPLE QUESTION:

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

IF RELEVANT, SAMPLE FOLLOW-UP QUESTIONS:

- “Have you ever felt afraid of this partner?”
- “Has this partner currently or ever:
 - Pushed, grabbed, slapped, choked or kicked you?
 - Forced you to have sex or made you do sexual things you didn’t want to do?
 - Threatened to hurt you, your children or someone close to you?
 - Stalked, followed or monitored you?”
- “Based on what you’ve just told me, do you think that the notification of this partner will have a severe negative effect on your physical health and safety, or that of your children or someone close to you?”

Step #3: Provide referral(s) for DV services and discuss release form

For any identified/potential risk of DV:

- Make a referral to a licensed DV provider. Contact the NYS Domestic Violence 24-hour hotlines for information on referral resources. Phone numbers are listed at the end of this card.

Step #4: Make determination(s) regarding HIV PN

- Consider deferring PN if there is risk of physical violence or severe negative effect on physical health and safety of patient or someone close to him/her.
- In all other cases PN should go forward. If in doubt, speak with PartNer Assistance Program (PNAP) or Contact Notification Assistance Program (CNAP) staff. See PNAP/CNAP phone numbers in “Resource” section.

Step #5: Discuss and implement PN option(s)

- Report status of PN and identified risk of DV to the NYSDOH on the “Medical Provider HIV/AIDS and Partner/Contact Report Form.”

If the provider defers PN based on DV risk:

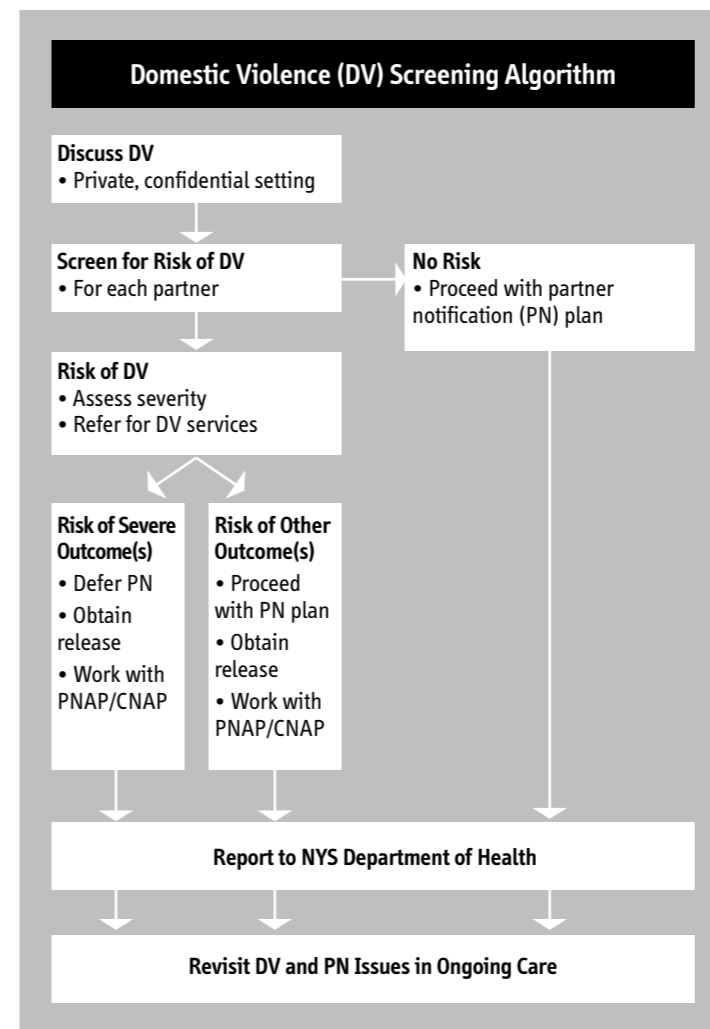
- Public health staff will contact the provider in 30 to 120 days to discuss DV risk and steps in place to deal with it.
- Give the patient information to contact public health staff on their own if DV situation changes.
- Ask the patient to sign a release form to obtain DV- related information and discuss whether the patient will agree to follow-up contact by public health staff.

Step #6: Collaborate with public health PN staff

- Provide follow-up information to PN staff subsequent to submission of DOH report form.
- In cases of deferral, the public health officer will make a final decision in consultation with the provider and pursuant to the signed release form whether or not to proceed with PN.

Step #7: Revisit PN and DV risk throughout the continuum of care

- Remind individuals that HIV PN assistance and referrals to DV services are always available.
- Encourage their use throughout the continuum of care.



Resources

PartNer Assistance Program (PNAP) - (800) 541-2437

Referrals for free, confidential help in notifying exposed partners/spouse, outside of NYC; Contact Notification Assistance Program (CNAP) - (212) 693-1419, within NYC.

NYS HIV/AIDS Hotline - (800) 541-2437

General information and referral to HIV counseling and testing, including anonymous HIV counseling and testing sites. Spanish - (800) 233-7432. TDD - (800) 369-2437.

AIDS Drug Assistance Program - (800) 542-2437

Free medications and care for uninsured HIV infected persons.

HIV Confidentiality Hotline - (800) 962-5065

General information, “Breach of Confidentiality” forms, and referrals for further assistance.

Legal Action Center - (212) 243-1313

Training and technical assistance about confidentiality issues.

NYS Division of Human Rights Office of AIDS Discrimination Issues - (800) 523-2437

NYC Commission on Human Rights - (212) 306-7500

NYS HIV/AIDS Counseling Hotline - (800) 872-2777

Phone counselors provide general information; referral to HIV counseling and testing and other services.

NYS Domestic Violence Hotline - (800) 942-6906; Spanish - (800) 942-6908

NYC Domestic Violence Hotline - (800) 621-HOPE; Hearing Impaired - (800) 810-7444

NYC Gay and Lesbian Anti-Violence Project Hotline: (212) 714-1141

Guide to HIV Pre-Test and Post-Test Counseling

All patients to be tested for HIV antibodies must be provided with pre-and post-test counseling in compliance with New York State HIV Confidentiality Law (Public Health Law Article 27-F).

HIV Pre-Test Counseling

Discuss with patient:

- prior history of HIV test counseling;
- benefits of early diagnosis and treatment;
- HIV transmission and risk reduction behaviors;
- disclosure and discrimination issues;
- anonymous and confidential testing options (see “Resources”);
- if patient tests HIV positive:

- reporting of name to NYSDOH for epidemiological and partner/spousal notification (PN) purposes only; NYSDOH keeps name strictly protected;
- the benefits of PN; patient will be asked to consider PN;
- the provider is required to report names of all partners known to him/her (e.g., spouse) to NYSDOH along with any other(s) the patient wishes to have notified;
- the provider and patient will work together to tailor PN services to meet the client’s needs; options and assistance for PN are available (see “HIV Post-Test Counseling” section, next column).

It is recommended that providers inquire about domestic violence (DV) concerns if not done at another point in patient intake or clinical care. At any point, if DV concern is raised, make referrals as appropriate (see “Resources”).

Explain to pregnant women:

- importance of HIV testing for the current pregnancy;
- benefits of HIV testing as early in pregnancy as possible to reduce perinatal transmission; treating mother and newborn;
- all newborns are tested with results reported to their mothers;
- meaning of the test results for both mother and newborn.

Informed Consent for HIV Test

- **Provide** patient with copy of consent form and review all information.
- **Consider** patient’s ability, regardless of age, to comprehend the nature and consequences of HIV testing. If the patient’s ability to understand is impaired, defer testing or discuss with person who has legal authority to consent to patient’s medical care.
- **Explain** that the HIV test is voluntary and the patient may withdraw consent at any time.
- **Obtain** written informed consent, prior to testing, from patient or person authorized to consent.

A licensed physician or other person authorized by law to order a laboratory test must sign all orders for HIV testing and certify that informed consent was obtained.

HIV Post-Test Counseling

For patients with a **NEGATIVE** test result discuss:

- meaning of the test result;
- possibility of HIV exposure during the past three months and possible need to retest;
- how to stay negative.

For patients with a **POSITIVE** test result:

- **Discuss** meaning of test result;
- **Encourage** timely access to health care, including antiretroviral therapy and OI prophylaxis; give referrals;
- **For a pregnant patient, discuss and recommend** ZDV to reduce maternal-child transmission; discuss risk of transmission through breastfeeding;
- **Discuss** requirement to report name with positive test result to NYSDOH for epidemiological and PN purposes;
- **Review** the following in relation to PN: benefits (partner at risk can learn HIV status); DV screening will be conducted before any assisted notification; patient’s name is never disclosed during PN;
- **Discuss** known partner/spouse and provider’s responsibility to report name(s) to NYSDOH;
- **Discuss** additional partners, select the best option for PN for each partner; conduct DV screening for each partner (see reverse). Note: partner name not kept by NYSDOH for more than one year after completion of PN. A common question is whether patients must name partners: PN is voluntary, there is no penalty for not naming partners;

Explain PN options:

- notification by a PNAP/CNAP counselor or provider. The patient’s name or other identifying information is never revealed.
- PNAP/CNAP or provider-assisted notification.
- self-notification (if patient chooses not to name partner).

- **Explain** that when self-notification is chosen, a confirmation plan will be worked out between the provider and PNAP/CNAP;
- **Complete** the “Medical Provider HIV/AIDS and Partner/Contact Report Form” (DOH-4189), send one copy to NYSDOH; keep one copy for patient’s record;
- **Provide** or refer patient to medical services and counseling for needed support services (e.g., education to prevent transmission to others; emotional support; legal and DV services).

For patients with **INDETERMINATE** test results:

- **Discuss** meaning of test results; encourage retesting;
- **Discuss** availability of appropriate medical follow-up;
- **Reinforce** personal risk reduction strategies.

For **ALL** patients:

- **Document** the provision of post-test counseling, including the test results, results of DV screening and arrangements for PN, if applicable.

