Risks/ Concerns for Disclosing Sexually Transmitted Infection or HIV/AIDS Status

Disclosure of STI or HIV status to the abuser or others may increase risk - and fear - of IPV and domestic violence. Although the percentage of HIV-positive women who disclose their status is the same regardless of whether the woman has been a target of domestic violence or not (Vlahov et al., 1998), 29% of women report being afraid of disclosure-related violence and up to 6% of HIV-positive women are met with violence when disclosing their status to a partner (Koenig et al., 2000; Gielen et al., 1997 & 2000). Two anecdotal cases exist in which women were shot by their partners as a result of disclosure (North and Rothenberg, 1993). Additionally, 25% of HIV-positive women who disclosed their status reported rejection, abandonment, verbal abuse, or physical assault as a direct result of their disclosure (Gielen et al., 1997).

Violence directed against HIV-positive women as a result of their disclosure is not necessarily immediate. In one study, 45% of HIV-positive women reported emotional, physical, and/or sexual abuse at some time after disclosure of HIV infection (Gielen et al., 2000). In another study, HIV-positive survivors claim that 45% of incidences of intimate partner violence in their life were related to their disclosure of an HIV positive status (Zierler et al., 2000). For all sex workers, especially gay male and bisexual sex workers, it may be difficult to speak with healthcare providers about their HIV status or HIV transmission risks as a result of possible internalized stigma and fears of disclosing their occupation.

Regardless of history of experiencing IPV and domestic violence, the decision to disclose one’s HIV or STI status can be complicated. Therefore, providers should encourage survivors to be mindful about disclosures. HIV positive survivors should decide in advance who they want to tell, why they want to tell, how much they want to tell, if they want to tell, and what some of the possible outcomes and safety concerns may be.

Due to the complexities and potential consequences of disclosure, providers should help survivors prepare to make an informed and planned disclosure, when it is the right time. Below are some questions that IPV providers can consider during this discussion:

- **Who** does the survivor want to tell? - What does s/he know about this person?
- **What** sort of a relationship or history do they have?
- **Why** does the survivor want to tell this person?- What are the benefits? What are the drawbacks? - Benefits may include getting emotional support, being able to talk openly about fears and concerns, or giving a partner the opportunity to get tested. Drawbacks could include a negative reaction that could have consequences on the survivor’s quality of life. In the case of domestic violence survivors, disclosing to the abuser may significantly increase their risk for further harm.
- **What** does the survivor want to tell this person? - Disclosure of one’s HIV status can lead to disclosure of many other aspects of one’s life including risky behaviors, which one’s
Addressing the Link between Violence against Women and Increased Risk for HIV: A Skills Enhancement Guide

partners' may be HIV positive, and how the person may or may not have gotten HIV. How much of this other information is this survivor ready and willing to share?

- **How** might this person react to the news?- What is the best reaction to hope for? The worst reaction to have to deal with? The most likely reaction? - Anticipating reactions (best, worst, most likely) allows for the survivor to prepare for all of these situations. It also allows for an honest conversation about possible consequences of disclosure – do the benefits outweigh the possible consequences?

- **When, where and how** is the best time or way to tell this person? - There are many options for disclosure. Survivors may decide to tell the person individually, may ask that someone else (a friend or provider) be present, or ask someone else to do it (such as a disease intervention specialist). What matters most is that the when, where and how of disclosure is the most appropriate one for the situation given the relationship between the survivor and this person and that this decision is directed by the survivor.

Survivors should not feel pressured to disclose or not disclose their HIV status to someone else. Depending on the state law, a person with HIV may or may not be required to disclose his/her status to anyone. However, providers may never disclose a survivor's HIV status to a third party without first obtaining a survivor's written informed consent.

If a survivor expresses a fear of violence or retaliation as a result of disclosing to another person, the provider should have a more in-depth conversation with the survivor regarding the reasons why s/he may be in danger or has these fears, and whether or not right now is the ideal time to disclose to this person. Client and survivor safety is priority # 1. HIV providers should also be prepared to provide supported referral information to appropriate IPV or domestic violence services.

**Reference:**


