Addressing the Link Between Violence and Increased HIV Infection: A Skills Enhancement Guide

Module IV
Using a Client-Centered Approach to Service Delivery
Remember

• While violence against women happens before or at birth, this training focuses on understanding violence that occurs to women during adulthood -- violence perpetrated by intimate or domestic partners.

• Any data on IPV is under-reported since many victims do not report incidents.

• There are many health consequences of IPV including physical, emotional, and psychological impacts.
Remember

- Leaving violent relationship is a process that involves many factors, some or all of which need to be dealt with when providing support to women.
- HIV can have debilitating effects on women including her HIV positive status being used as a weapon of coercion.
- Clients need to be tested in order to know their HIV status. CDC guidelines generally advise routine HIV screening of adults, adolescents, and pregnant women in health care settings in the U.S. The guidelines also recommend reducing barriers to HIV testing.
Remember

• Counselors role in their work setting is to identify risk behaviors for HIV risk and support clients while connecting them to appropriate services.
• Federal and state laws are in place to protect women from violence. All states can arrest someone they suspect has committed a domestic assault, but arrest policies differ by jurisdiction, even within the same state.
Remember

• HIV risk behavior reduction for women with IPV is different than what is commonly expected for women with HIV, emphasizing safety first and reducing HIV risk whenever possible.

• HIV/IPV counselors will need to learn about IPV and HIV resources in the community and develop partnerships to connect women with local services.
What you will learn

• Integrated IPV and HIV services;
• Principles of client-centered service;
• Characteristics of client-centered service;
• Client-centered communication and referral;
• Barriers and enablers of client-centered service; and
• Role of HIV/IPV counselors in client-centered approach.
Integrated service: Defining the term

An integrated service is a network of service providers and agencies, which provides or arranges to provide a coordinated continuum of services to a defined population and is willing to be accountable for the health status of the population served.
Principle of integrated service

Principle of integrated IPV and HIV service is “…to make as many of the needed services as possible conveniently available to women without unnecessary delays or multiple visits. When women are in danger, providing array of essential services as quickly as possible at one place –including counseling for HIV risk reduction and safety planning -- can be a matter of life and death.”
Reasons for integration

• *HIV/AIDS and IPV* counselors are increasingly recognized as playing a role in helping to identify, support and refer women to HIV/AIDS, IPV and other related services.

• Programs can make a difference by trying to ensure that women’s experiences are validated and that women are not judged or blamed for their HIV risk behavior or for the IPV they report.

• Women who have experienced or are currently experiencing IPV are at greater risk for HIV and may benefit from appropriately tailored HIV prevention.
Models of integrated service

• Selective provider and/or facility-level integration (same site):
  o A few selected services are integrated in a single agency.
• Comprehensive provider and/or facility-level integration (same site):
  o Comprehensive services are integrated in a single agency.
• Systems-level integration (multi-site linkages):
  o Facility-level integration;
  o Coordinate services with other agencies; and
  o Establish referral systems.
How to integrate IPV/HIV services

• Provide basic HIV/IPV information.
• Identify IPV and HIV risks.
• Planning for HIV risk reduction and IPV safety counseling.
• Connecting women to HIV or IPV and other needed services.
## Common counseling threads

### Violence counseling:
- **Empowerment**
- Information
- Support
- Options
- Trust
- Advocacy
- Confidentiality
- Referrals
- Safety

### HIV/AIDS counseling:
- **Client-centered counseling**
- Information
- Support
- Options
- Trust
- Advocacy
- Confidentiality
- Referrals
- Safety
Client-center approach: Defining the term

- Is a philosophical approach to service delivery that ensures IPV/HIV service systems are developed in partnership with clients.
- Evidenced in day-to-day practice that ensures that women and their service providers are partnered in decision making regarding the women’s care.
- Developed at an HIV or IPV agency level or at a service level (client-provider level).
- With consistent and persistent change to practice, it becomes agencies and service providers’ culture.
Principles of client-centered counseling

- Approaches each client as an individual;
- Establishes a dialog with the client using open-ended questions and active listening skills;
- Maintains a caring, nonjudgmental attitude;
- Offers options, not directives;
- Counsels rather than interviewing or educating;
- Refers to appropriate services; and
- Recognizes that responsibility to decide and to act rests with the client.
Characteristics of client-centered approach

- **Empathy:**
  - Counselors accurately understands the client’s thoughts and feelings from the client’s own perspective.

- **Acceptance or unconditional positive regard:**
  - Counselors accept clients without conditions or judgment.

- **Genuineness:**
  - The counselors are “there” for clients.
Counselors’ skills central to client-centered approach

- Active and empathic listening;
- Reflection of content and feelings;
- Genuineness which may include appropriate self-disclosure;
- Encourage body language;
- Good tone;
- Open-ended and closed ended questions;
- Paraphrasing; and
- Summarizing.
Guidelines for appropriate self-disclosure.

• Be direct;
• Be sensitive;
• Be relevant;
• Be non-possessive;
• Be reasonably brief;
• Do not do it more often; and
• But do it!
Communication in client-centered approach

- Establish rapport.
- Focus on the individual.
- Communicate information clearly.
- Give client choices.
- Plan next steps.
Active listening

- Attentive
- Accepting
- Alert
- Respectful
- Encouraging
Cultural competence at client-provider level

- Differences in perceptions of and approaches to wellness, illness and healing, sexuality and gender relationships.
- Clients’ previous personal experiences of bias and stereotyping in health care;
- The underrepresentation of providers from culturally diverse groups in health services; and
- Legislative and regulatory mandates for ensuring cultural and linguistic access to care.
Client-centered referral

- Find services that will be accessible to the individual client:
  - Physically;
  - Financially;
  - Geographically;
  - Practically; and
  - Culturally.

- Remove the barriers the client may face in accessing the service (for example, fear).
Enablers of client-centered service

- Staff with good communication skills.
- Opportunity to Involve community members in the care of clients.
- Opportunity to reflect values, beliefs and express concerns.
- Agency support for client-centered service.
- Staff training and feedback from clients.
- Physically and emotionally enriched service environment.
What client-centered collaboration looks like

Collaboration is:

• A *mutually beneficial and well-defined relationship* entered into by two or more organizations to achieve common goals.

• Creating a *new process* for providing support for women with IPV and HIV.

• Anchored in the pursuit of *specific results*.

• All partners *sharing a stake* in both the process and outcome of the collaborative relationship.