

Letter to the Editor

Domestic Violence and HIV/AIDS

Recent articles have highlighted the intersection of domestic violence and HIV/AIDS and the devastating consequences that can ensue.^{1,2,3} Despite longstanding recommendations for the routine incorporation of domestic violence screening into primary and preventive care, studies show that widespread implementation of such screening must remain an urgent priority.⁴

In particular, routine domestic violence assessment is an important adjunct for effective prevention of HIV infection. Recognition of domestic violence concerns can inform HIV prevention efforts, including strategies for HIV counseling, testing, referral, and partner notification.⁵ Risks of domestic violence related to partner notification have prompted policy recommendations.⁶ Despite inherent challenges, opportunities for assessing, identifying, and referring victims of domestic violence exist and can be used to help assure that individuals at risk for domestic violence or HIV are able to obtain life-saving services and support.⁷

Legislation in the state of New York which requires HIV reporting with an active link to partner notification, recognizes domestic violence screening as a necessary component of posttest counseling.⁸ The state is taking steps to advance integration of domestic violence screening and HIV prevention services across settings, including primary care and public health clinics.⁹

Domestic violence screening is recommended during pretest counseling and, effective June 1, 2000, is required by New York regulation in posttest counseling for HIV-infected individuals. The issue of domestic violence is raised by the provider before partner names are elicited. Screening occurs on a partner-by-partner basis for partners voluntarily identified and for any partners, including spouse(s), known to the provider. A referral for domestic

violence services is made when any risk of domestic violence is identified.

A provider may defer notification when risk of domestic violence would adversely affect the health and well-being of the HIV-infected individual, his or her children, someone close to him or her, or a named partner. The local public health official, in consultation with the provider, can determine whether referrals for domestic violence services and other steps, such as development of a safety plan, are sufficient to allow notification to proceed. Use of a signed release to obtain domestic violence service information can assist public health staff to ascertain when, if ever, notification may safely proceed.

Within HIV counseling and testing, primary care and public health providers are uniquely poised to identify and address domestic violence and HIV prevention issues. These providers can, and should, offer critical and potentially life-saving support to individuals at high risk for domestic violence and HIV. □

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