SEXUAL ASSAULT, DOMESTIC ABUSE & HIV/AIDS

SERVICES, SAFETY, AND RESOURCES

A GUIDE FOR PROVIDERS
2021

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The Massachusetts Coalition
Against Sexual Assault and Domestic Violence

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INTRODUCTION

The fear and risk of HIV and AIDS are very real for survivors of sexual assault and domestic abuse, though there are many myths that promote misinformation about these issues. In order to best serve survivors, sexual assault and domestic abuse advocates/counselors should be familiar with the facts about HIV transmission, testing, counseling, and treatment options. HIV providers should be familiar with the impact of trauma on mind, body, and spirit. All providers should be aware of the structural barriers to service for survivors of sexual assault and domestic abuse. Collaboration between sexual assault/domestic abuse advocates/counselors and HIV providers with other healthcare providers can be an effective way to support survivor health and safety. Developing strong collaboration and partnerships in local communities across Massachusetts will increase opportunities for primary prevention, as well as compassionate, survivor-led options for healing and well-being.

This guide is intended as an informational, training, and collaboration resource to be used throughout Massachusetts by sexual assault, domestic abuse programs, HIV counseling and testing and prevention education providers, and other professionals who commonly see survivors of multiple kinds of violence, abuse, and trauma amongst the populations they service.

THE GOALS OF THIS GUIDE ARE TO:

- Encourage collaboration with sexual assault/domestic abuse advocate/counselors and HIV providers;
- Promote education about the relationship between sexual assault/domestic abuse and HIV;
- Educate providers on the needs and concerns of sexual assault and domestic abuse survivors regarding HIV;
- Increase understanding about the roles and goals of sexual assault/domestic violence advocate/counselors and HIV providers;
- Provide information about the dynamics and design of successful collaboration; and
- Support training, outreach, and collaboration development.

While there was little online information about violence, abuse, trauma, or HIV when this manual was first authored in 2006, there is now an abundance of such information. The authors do not intend to recreate that information here, but rather that readers will avail themselves of such resources. Credible resources are listed in the appendices.

THE GUIDE ASSUMES:

- **A working understanding of the concepts of sexual orientation and gender identity.** A refresher on the basics of sexual orientation and gender identity, you may find the following brief information helpful from Planned Parenthood, The LGBT Center in New York City, and perhaps most notably the LGBT Health Education Center of The Fenway Institute, which has a wealth of online training materials offering information about health conditions impacting sexual and gender minority communities. If concepts around sexual orientation and gender identity are completely new to you and your organization, the authors would urge you to contact Fenway Health and/or The Network/La Red to seek appropriate training and/or referrals to appropriate trainers.
- **A working understanding of safer sex and protective methods.** If you need an orientation or a refresher on safer sex and protective methods, you may find information from Planned Parenthood, The Well Project, and Health Line useful.
- **A working understanding power and control dynamics as the basis of abuse and assault.** If domestic abuse is new to you, Simmons University has an excellent training about domestic abuse and sexual assault that is available online, free of charge. In addition, many sexual and domestic violence programs across Massachusetts hold their own comprehensive training. Visit Jane Doe Inc. to find your local program, and inquire with them if, when, and where they might offer training.

- **A working understanding of the basics of HIV/AIDS.** If the dynamics of HIV transmission is new to you, or you would like more information, please consult AIDS Info and/or The Centers for Disease Control and Prevention.
- **Grounding in trauma-informed practices.** If the concept of trauma-informed care is new to you, or you would like more information, Jane Doe Inc. has a website, Healing Trauma, specifically "designed to offer information, materials, and tools [to] assist advocates, human service providers, community organizers, policy makers, and others to address the impact of trauma on individuals, organizations, and systems."

HIV RISK BEHAVIORS OF PEOPLE WHO ASSAULT OR ABUSE OTHER PEOPLE

PEOPLE WHO ABUSE OR ASSAULT OTHER PEOPLE OFTEN

- Have multiple sexual partners. In circumstances of partner abuse, this sexual activity is often done in secret and without the knowledge or consent of the survivor.[1]
- Fail to use condoms, or even refuse to use condoms, during vaginal or anal sex[2]
- Engage in anal sex[3]
- *While anal sex is obviously not in and of itself a sign of abuse, it is considered a high-risk activity for HIV transmission, especially if condoms are not used.*
- Have difficulty with substances, including intravenous (IV) drugs[4]
- *While many people might use substance to cope, it should be noted that IV drug use is a particularly high-risk activity for HIV transmission.*
- Engage in unprotected sexual activity with people who are IV drug users[5]
- Buy sex or engage in transactional sex[6]

While much of our knowledge about the HIV-risk behaviors of people who abuse other people was built by researching cisgender men who abuse women, there is reason to believe that these same dynamics apply to gay and bisexual men who abuse their partners.[7] Indeed, HIV is such a potent weapon in gay and bisexual men's communities that within the gay and bisexual men's scale to measure intimate partner abuse, there is a specific subsection to measure HIV-related abuse.[8] Gay and bisexual men have disclosed that their partners lied to them about his HIV status, failed to tell them that he had HIV before having sex with them, and intentionally transmitted HIV to them. We have little to no research on the HIV-risk behaviors of women who abuse or assault other people.

OPPORTUNITIES:

- Build relationships with your local Intimate Partner Abuser Education Program.
- Build relationships with professionals who do sex offender treatment work, including those at the Massachusetts Association for the Treatment of Sexual Abusers.

ADDITIONAL RESOURCES:

Massachusetts HIV/AIDS Service and Resource Guide**:** This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse

The San Francisco AIDS Foundation**:** The resources tab of the foundation's website provides an abundance of sexual health and harm reduction resources

Occupational Health and Safety Handbook by St. James Infirmary**:** Designed by self-identified sex workers and the staff of a health care clinic that specializes in serving sex workers, this manual contains practical guidance for maximizing safety and reducing substance use as well as sexual and legal harm

HIV-RELATED ABUSE

Even if you are familiar with the dynamics of sexual and domestic violence, it is important to note the ways in which HIV/AIDS may create new points of structural vulnerability. People who use assaultive and abusive behaviors may use their own HIV status or that of a partner as a weapon. Hence, it is not simply the risks of HIV-transmission that is of concern to survivors, particularly survivors of partner abuse or chronic sexual violence, but also the ways in which HIV status (their own or the HIV status of the person doing them harm) can be used as a tool of coercion by the abusive party.

PEOPLE WHO ABUSE OR ASSAULT OTHERS MAY:

- Respond to a partner's disclosure of HIV with physical or other forms abuse[9]
- Utilize their partner's HIV status as a weapon, threatening to "out" them to friends, family members, faith leaders, employers, and others who may have judgments about people with HIV/AIDS
- Seek to prevent or interfere with their partner's HIV-related medical care, including preventing medical appointments and throwing away prescription medications
- Refuse to provide resources for insurance premiums, co-pays, or other health-related needs
- Isolate the HIV+ survivor from support groups or online sources of HIV/AIDS information
- Threaten to use the survivor's HIV status as a weapon with the Department of Children and Families or the Probate and Family Courts. This tactic may be particularly effective in communities where judgments about HIV/AIDS is high, and knowledge of Probate and Family Courts is low.
- Use faith or spiritual practices to shame a survivor for their sexual or gender expression, experiences of assault, and/or HIV status
- Tell the survivor that they do not deserve love, safety, or well-being as a result of their HIV status

PEOPLE WHO ARE HIV+ AND WHO ARE ABUSING A PARTNER OR ASSAULTING OTHERS MAY:

- Fail to reveal their HIV status to their partner before sex[10]
- Intentionally transmit HIV[11]
- Utilize someone's HIV status as a pretext to commit and assault or escalate an existing abuse dynamic[12]

"It is not simply the risks of HIV-transmission, but also the ways in which HIV status can be used as a tool of coercion."

HIV STATUS DISCLOSURE AND STRATEGIZING FOR HIV+ SURVIVOR SAFETY

With HIV-related abuse in mind, providers of many kinds may want to be mindful of the potential complexities and 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 advocates/counselors and providers can consider during this discussion:

WHO DOES THE SURVIVOR WANT TO TELL?

What do they 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. Especially important for sexual assault and domestic abuse survivors, is the need to consider that 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 risk behaviors, who one's partners may be, 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 to not disclose their HIV status to someone else. Massachusetts state law does not require a person with HIV to disclose their status to anyone. 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 they may be in danger or has these fears, and whether or not right now is the ideal time to disclose to this person. Survivor safety should always be the first priority.

HIV providers should also be prepared to provide supported referral information to appropriate sexual assault or domestic violence services.

INTERSECTIONS

Racism, ableism, xenophobia, transphobia, and housing instability, indeed all forms of trauma, can serve as pathways for HIV. In this section, this guide explores the complex interplay of structural oppression, trauma, survivor coping while offering issue-specific opportunities for empowerment and support. In addition, each subsection offers issue specific resources relevant to survivors.

WOMEN, ABUSE, TRAUMA, AND HIV

Women make up 19% of newly diagnosed HIV cases.[13] **The majority of those cases occur as a result of heterosexual contact** (87%). Although everyone is at risk, **Black women make up the majority of these new cases**.[14] Of the women living with HIV, approximately **one in eight do not know that they are infected**.[15]

Forced sex occurs in approximately 40% to 45% of physically violent intimate relationships, and such sexual assaults are often persistent.[16] Partner abuse, including forced sex, increases a woman's risk for sexually transmitted infections (STIs) by two to 10 times that of physical abuse alone.[17] Notably, **women frequently fail to connect their HIV-risk to the levels of violence and abuse they experience**.[18]

THE INTERSECTION OF HIV AND ABUSE

In the context of partner abuse, women are more likely to experience:

- Lack of knowledge about their partner's HIV status or exposure to other STIs[19]
- Lack of knowledge about their partner's sexual activity outside the relationship
- Lack of knowledge about their partner's injection drug use (if any)
- Inability to negotiate condom or dental dam use as a result of threats or intimidation by an abusive partner[20]
- Genital or anal injuries as a result of sexual assault. Injuries to these areas of the body facilitate STI transmission, including the transmission of HIV.[21]
- Inability to seek testing or healthcare services due to financial abuse, or fear of their partner escalating[22]
- Lack of knowledge of their own or their partner's exposure to STIs. This is important, as a sore or inflammation from an STI (such as gonorrhea,[23] syphilis,[24] or herpes[25]) may increase the risk of HIV transmission.

HIV-SPECIFIC FORMS OF ABUSE

People who abuse their partners may:

- Refuse to disclose known HIV status to the survivor
- Coerce injection drug use to control or endanger the survivor
- Deliberately infect the survivor with HIV[26]
- Escalate abuse following disclosure of HIV-positive status

THE IMPACT OF ABUSE ON HIV CONTINUUM OF CARE

Survivors of abuse may:

- Be less likely to get tested[27]
- Take longer to be linked to care after diagnosis
- Be more likely to fall out of care[28]

- Be less likely to take appropriate medication[29]
- Be more likely to experience treatment failure[30]

Among all women living with HIV in 2016, 89% had received a diagnosis, 65% received HIV medical care, 51% were retained in HIV care, and 51% had a suppressed viral load.[31]

WOMEN WHO HAVE HIV ARE MORE LIKELY EXPERIENCE ABUSE

- 55% experience intimate partner violence (IPV)—two times the national rate[32]
- 61% have been sexually abused—five times the national rate[33]
- 30% have post-traumatic stress disorder (PTSD)—five times the national rate

OPPORTUNITIES

- Learn about harm reduction techniques. Share them with the person you are serving.
- If the person you are serving has chronic risk factors for HIV, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently Exposed to HIV" on page 38 of this manual and on the Massachusetts Department of Public Health website.
- Build an organization that relies heavily on trauma-informed policies, protocols, and practices.
- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.

ADDITIONAL RESOURCES

- HIV Prevention Toolkit: A Gender-Responsive Approach by the Office on Women's Health
- Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations by the National Center on Domestic Violence, Trauma, and Mental Health
- Domestic Violence & HIV/AIDS Toolkit by The National Network to End Domestic Violence
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse.[34]

BLACK WOMEN SURVIVORS OF ASSAULT AND ABUSE AND HIV

In Massachusetts, **Black women** are **23 times** more likely to be living with an HIV diagnosis than white women.

Latinx women are 10x more likely to be living with an HIV diagnosis than white women.

AIDSVu, 2019

Black Americans have been disproportionately impacted by the HIV epidemic since it began. Structural forces including racism, unemployment, disproportionate rates of incarceration, poverty, and lack of culturally appropriate and accessible healthcare have all combined in different ways to deepen the epidemic in Black communities.[35] Some Black communities have been further impacted by homophobia (biphobia, transphobia), anti-immigrant policies, and language barriers, all of which have served as barriers to HIV education, prevention, and treatment.

Heterosexual and bisexual African American women are at particular structural risk for a variety of reasons. Since people of African descent were first enslaved by Europeans, Black women have been treated as property, sexually assaulted by white men, forced to reproduce, and later deemed deviant and aggressive when they resisted assaults on their families or their bodies. In this way, Black women were framed as animals, insensitive to pain, hypersexual and—in essence—"unrapeable."[36] Indigenous women experienced a similarly crushing form of gendered and racialized sexual violence under colonialism.[37]

This legacy has traveled across time. Black women are still disproportionately targeted for multiple kinds of violence and abuse, including sexual and partner abuse.[38] Black transwomen are at particular structural risk.[39]

The combination of interpersonal and structural violence has merged in such a way that Black women are uniquely exposed to HIV and less likely to be protected.[40] In 2016, 4,560 Black women were diagnosed with HIV, representing 61% of HIV diagnoses among all women in the United States that year, despite accounting for less than 14% of women in the United States.[41] Recent statistics indicate that in Massachusetts, Black women who were born outside the United States are perhaps uniquely at risk for HIV.[42]

The Good News:
Rates of HIV are falling for Black women.

AIDSVu, 2019

THE IMPACT OF STRUCTURAL INEQUALITY ON BLACK WOMEN SURVIVORS

Many of the ideas providers might have about how and why Black women are exposed to HIV are misplaced.[43] Black women are most likely to contract HIV through heterosexual sexual contact,[44] and yet Black women are no more likely than white women to engage in most HIV-risk sexual behaviors.[45] Indeed, Black women have approximately the same number of sexual partners as white women, and both Black and Latinx women are more likely to use condoms when engaging in vaginal or anal sex than their white counterparts.[46] What differs for Black women, however, **are rates of poverty, homeless, and mass incarceration for Black male partners**.[47] These experiences may explain why Black women are more likely than white women to engage in a small number of HIV-risk behaviors, for example, survival sex.[48]

CHALLENGES TO GETTING AND STAYING IN HIV CARE FOR BLACK WOMEN

It is important to note that Black women, especially Black transwomen, have significant historical reasons to mistrust healthcare providers. Since slavery, Black women's bodies have been used as the subject of experimentation.[49] Despite significant efforts, this history continues to inhabit healthcare cultures in unwelcome ways. Research has shown that doctors spent less time with Black patients, leading to, among other things, less effective care.[50] Less effective care collides with racism and other forms of structural oppression to create health disparities for Black women, including disparities in breast cancer, heart disease, stroke, maternal and infant health outcomes, and of course HIV.[51]

Although Black women are more likely at every age and in almost every part of the country to seek out HIV testing,[52] they are less likely to be linked to HIV medical care, interviewed for HIV notification and testing services for their sexual partner(s), or referred to risk reduction services, such as mental health or housing programs. As a result, fewer Black women achieve viral suppression.[53]

HIV-related stigma, lack of transportation, housing and childcare, poor employment opportunities, and lack of culturally-appropriate mental health care have all been shown to be barrier to Black women getting and staying in care.[54] Please take note—Black women who have an understanding of the way that racism impacts their health and well-being have been shown to have higher levels of resilience—and lower viral loads—than their counterparts who do not have a similar analysis of oppression.[55]

OPPORTUNITIES

- If the person you are serving has chronic risk factors for HIV, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently Exposed to HIV" on page 38 of this manual and on the [Massachusetts Department of Public Health website](#).
- Nurture and sustain relationships with culturally-specific organizations that are led by Black women, and in particular Black women's health and anti-violence organizations. Take leadership from those organizations. (See Appendix B for a full list.)
- Hire Black women to serve and lead in your organization.
- Connect with culturally-knowledgeable therapists and mental health workers who

understand the impact of institutional racism, sexism, xenophobia, and other forms of interlocking oppression.

- Connect with culturally-knowledgeable, or at least culturally-humble, health care providers. Educate those providers, if you can, about the health disparities (including violence, abuse, trauma, and HIV) facing Black women.
- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.

ADDITIONAL RESOURCES

- Black Church and HIV, The Social Justice Imperative
- Black Women and PReP brochure from Black AIDS Institute
- Expanding the Frame: Deepening Our Demands for Safety and Healing for Black Survivors of Sexual Violence by Andrea Ritchie from the National Black Women's Justice Institute
- Sister to Sister: Sister to Sister is a brief (20 minute), one-on-one, skill-based HIV/sexually transmitted disease (STD) risk reduction behavioral intervention for sexually active African American women 18 to 45 years old, delivered during the course of a routine medical visit
- Black Women's Health Imperative
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse.

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GAY, BISEXUAL, AND SAME-GENDER LOVING MEN OF COLOR SURVIVING ASSAULT, ABUSE, AND HIV

In the United States, **gay, bisexual,** and other men who have sex with **men are the most impacted by HIV**. As a result of a toxic mix of racism, xenophobia, poverty, over-policing, and other forms of oppression, **African American and Latinx gay, bisexual, and same-gender loving men are the most directly affected.**[56]

Gay, bisexual, and same-gender loving men are also more likely to be affected by abuse, including childhood sexual abuse, commercial sexual exploitation in adolescence, adult sexual assault, sexual assault in detention settings, and partner abuse.[57] Although more research is needed, Black and Latinx gay, and in particular bisexual men likely experience disproportionate rates of such violence and abuse.[58]

INTERSECTIONS OF TRAUMA, SURVIVAL COPING, AND STIs (INCLUDING HIV)

Gay and bisexual men of color who experience these and other forms of trauma may engage in coping or survival behaviors that allow them to reduce the harm of a chronic abuse dynamic, increase safety in the short term, or help themselves to feel better in their bodies. However, these coping or survival behaviors may also increase the risk of HIV exposure. These behaviors include:

- Sexual activity with multiple partners[59]
- Engaging in survival or transactional sex[60]
- Unprotected anal intercourse[61]
- Substance use (especially use of multiple substances or substance use associated with sexual activity)[62]

"Young black men feel abandoned and need someone they can believe in who believes in them."

Sturdevant, employee of My Brother's Keeper, and HIV+ Black gay man who now counsels other HIV+ men of color, whom he calls "family."

THE ROLE OF STRUCTURAL OPPRESSION

It is important to note that Black and Latinx gay and bisexual men do not likely have higher HIV-risk behaviors than their white peers.[63] **Indeed, evidence indicates that they engage in fewer HIV-risk behaviors.**[64] However, many experience more violence, abuse, and trauma, combined with greater barriers to prevention, testing, and treatment services.[65]

Black and Latinx gay and bisexual men may have an **historically-grounded fear of healthcare**. The health sciences, and in particular the practices of medicine and psychiatry, have historically been used to stigmatize, pathologize, and at times even detain LGBQT peoples, people of color, immigrants, and people with disabilities. Indeed, metaphors of disease and disability have long been imposed on historically marginalized people in the United States,

serving as the foundation of enslavement, eugenics, medical experimentation, exclusionary immigration practices, and forcible "treatment."[66]

Medical mistrust among Black and Latinx gay and bisexual men can serve as a barrier to routine engagement with healthcare providers, HIV testing and harm reduction counseling, and use of use of PrEP, which is medication taken daily to prevention HIV transmission.[67]

MULTIPLE SOURCES OF STRENGTH

Multiple experiences of marginalization can create toxic stress that impacts well-being. However, multiple intersecting identities can also be a source of strength. Gay and bisexual Black and Latinx men often have skills, sometimes acquired early in life, for weathering instances of exclusion, segregation, and stigma.[68] By contrast, white gay and bisexual men tend to be more accustomed to privilege than their counterparts of color. As a result, they may experience instances of stigma and segregation as being more impactful, even when they are "less severe [and] stable."[69] In addition, Black and Latinx gay and bisexual men may feel that their multiple identities support one another, allowing them to feel empowered in every aspect of their identity.[70] Simultaneously, gay and bisexual Black and Latinx men may benefit from having connections in both communities of color and in LGBQ/T communities, as well as participation in LGBQT people of color spaces, providing multiple places of sanctuary.[71]

> **"When new infections among young black gay men increase by nearly 50% in three years, we need to do more than show them that their lives matter."**
>
> President Barack Obama, World AIDS Day, 2011

OPPORTUNITIES

- If the person you are serving has chronic risk factors for HIV, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently Exposed to HIV" on page 38 of this manual and on the Massachusetts Department of Public Health website.
- Ensure your staff has undergone training on the needs of transgender and gender-expansive individuals and communities.
- Ensure your organization has policies, procedures, and practices that affirm people in their sexual orientation, gender identity, and racial/ethnic inheritance. Connect with LGBQ/T and Black and Latinx organizations for guidance.
- Nurture and sustain relationships with culturally-specific organizations that are led by Black and Latinx gay and bisexual men, including transmen and gay and bisexual men with disabilities. Take leadership from those organizations.
- Hire Black and Latinx gay, bisexual, and same-gender loving individuals to serve and lead in your organization.

- Connect with culturally competent therapists and mental health workers who understand the impact of institutional racism, sexism, xenophobia, and other forms of interlocking oppression.
- Connect with culturally competent, or at least culturally humble, health care providers. Educate those providers if you can about the health disparities (including violence, abuse, trauma, and HIV) facing gay, bisexual men of color, and same-gender loving men.
- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.

ADDITIONAL RESOURCES

- Balm in Gilead
- Black AIDS Institute
- Black Youth 100 Project
- Latino Commission on AIDS
- Coming Out Guide for African Americans
- Brave Spaces: Perspectives on Faith and LGBT Justice
- Testing Makes Us Stronger: Testing Makes Us Stronger is a national HIV prevention campaign designed to encourage African American gay and bisexual men to get tested for HIV.
- Reasons/Razones: Reasons/Razones is the CDC's first national bilingual campaign to promote HIV testing among Latinx gay and bisexual men.
- Partnering and Communicating Together (PACT) to Act Against AIDS: A 5-year partnership with organizations such as the National Black Justice Coalition, the National Urban League, and the Black Men's Xchange, is raising awareness about testing, prevention, and retention in care among populations disproportionately affected by HIV, including African American gay and bisexual men
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse

TRANSGENDER INDIVIDUALS, ABUSE, TRAUMA, AND HIV

Violence, Abuse, and Oppression in the Lives of Transgender Individuals

Many transgender people face **stigma, discrimination, rejection, and abuse from partners, family members, strangers, law enforcement, and even healthcare providers**.[72] Racism, xenophobia, and **other experiences of oppression compound and often aggravate these experiences of violence and abuse**.[73] It is now widely acknowledged at the practice level that experiences of **multiple traumas are the norm rather than the exception for transgender and gender-expansive survivors of violence and abuse, especially for transgender women of color**.[74]

INTERSECTIONS OF TRAUMA, SURVIVAL COPING, AND HIV

Transgender survivors who experiences multiple forms of trauma may engage in coping or survival behaviors that allow them to reduce the harm of a chronic abuse dynamic, increase safety in the short-term, or help them to feel calmer in their bodies. However, these coping or survival behaviors may also increase the risk of HIV exposure. These behaviors include:

- Sex as a means of validating gender identity[75]
- Survival sex (trading sex for housing, food, or drugs)[76]
- Receptive anal sex without a condom[77]
- Substance use (particularly use of multiple substances)[78]
- Sex with multiple partners[79]
- Sharing needles (to inject drugs, hormones, or silicone)[80]

> **"Nearly half (47%) of transgender individuals have been sexually assaulted at some point in their lifetime. Trans people who were homeless, trans people of color, and trans people with disabilities were disproportionately likely to be targeted for such assaults. "**
>
> 2015 US Transgender Survey

These HIV-risk behaviors often coincide with high rates of other sexually transmitted infections (STIs), such as syphilis and herpes, in transgender communities.[81] Such STIs make people more vulnerable to contracting HIV. Transgender women who have sex with men may be at particular risk.[82] However, transgender men who have sex with men may also have unique concerns around HIV.[83]

It is important to recognize that transgender and gender-expansive survivors often face discrimination in education, housing, and employment—things which make it harder for them to escape abuse or assault, and may push them toward survival strategies that increase HIV risk.[84] In addition, in some places, transgender individuals face unwarranted policing, arrest and incarceration—factors which can all lead to increased rates of HIV in complex ways.[85]

CHALLENGES TO GETTING AND STAYING IN CARE FOR HIV+ TRANSGENDER INDIVIDUALS

Lack of trust in providers and mistreatment in healthcare settings are primary barriers to transgender survivors of violence and abuse.[86] In a survey of over 27,000 transgender and gender non-conforming people nationally, the National Center for Transgender Equality found that 1/3 had **had negative experiences in healthcare related to their gender identity**, including denial of service and verbal harassment.[87] An additional one in four reported having had difficulty with their insurer as a result of their gender identity. A Fenway Health study in Massachusetts found that nearly one-quarter of transgender Massachusetts residents had experienced discrimination in a healthcare-related setting.[88] Most healthcare institutions do not have openly transgender or gender-expansive staff, something which may make transgender individuals feel unwelcome. It is worth noting that **poverty, lack of access to transportation, unemployment, or employment in the "underground economy" may all present additional barriers in the more traditional structure of most healthcare institutions**.[89] Current best practices seek to ensure testing, diagnosis, linkages to appropriate HIV care, retention in care, consistent use of necessary HIV medications, and finally, viral suppression. On all these fronts, transgender women, and in particular, transgender women of color, are likely behind.[90]

> **"I would just like to say that I am a health care professional. Despite knowing what I know (i.e., when I should seek medical care), I still put it off out of fear of discrimination and how I might be treated by the provider of the care and/or the staff."**
>
> Fenway Health Study, 2014

BREAKING DOWN ISOLATION AND GROWING POSSIBLE SOURCES OF STRENGTH

Despite sitting at the intersection of multiple forms of marginalization, transgender individuals are often able to transform these same challenges into sources of strength. For example, transgender people who are connected to transgender community often report leaning on **"families of choice"** in the absence of biological family or community affirmation—providing **resources, peer connections, intergenerational support, and specialized knowledge about how to navigate intimate relationships, work, as well as legal and medical spaces**.[91] Notably these families of choice can also provide a **buffer against transphobia,**

> **"We have learned to defend ourselves and to fight for respect together. "**
>
> Transgender woman

racism, and HIV stigma, and ensure that transwomen have **peers to advocate for them** where necessary.[92] Such communal support even provides a **foundation for collective political action**.[93] Survivors of violence and abuse, however, may be profoundly isolated. Advocates, counselors, and others working in support of transgender survivors should focus on connection to community as a possible support for transgender survivors in particular.

OPPORTUNITIES

- If the person you are serving has chronic risk factors for HIV, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently Exposed to HIV" on page 38 of this manual and on the Massachusetts Department of Public Health website.
- Ensure your staff has undergone training on the needs of transgender individuals and communities.
- Ensure your organization has gender-affirming policies, procedures, and practices. Connect with LGBQ/T-specific organizations for guidance.
- Ensure involvement of LGBQ/T community members in your organization's advisory council. Be sure to nurture and maintain relationships with LGBQ/T communities of color and LGBQ/T immigrant communities.
- Hire transgender and gender non-binary staff to serve and lead in your organization.
- Connect with transgender-competent healthcare providers.
- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.
- Take a strengths-based approach. Transgender communities have enormous strengths.

ADDITIONAL RESOURCES

- Safer Sex for Trans Bodies by The Human Rights Campaign and Whitman Walker Health Center (in English and in Spanish)
- Trans Empowered (video): JoAnne Keatley in Conversation with Five Women about HIV and Transgender Health
- Behavioral Health Care for Transgender Adults (archived webinar) from Fenway Health
- Fenway Violence Recovery Program
- The Network/La Red
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse.

IMMIGRANTS, REFUGEES, TRAUMA, AND HIV

Immigrants and refugees in Massachusetts come from countries all over the world. China, India, Brazil, Portugal, Haiti, Cape Verde, the Dominican Republic, Vietnam, and El Salvador have all contributed heavily to the population of the Commonwealth.[94] Amongst the immigrants who call Massachusetts home are a number of undocumented families and individuals, including people from Brazil, Guatemala, China, and the Dominican Republic.[95] While it is arguably dangerous to make generalizations about people from such diverse countries, cultures, and faiths, there are some things that many immigrant communities in Massachusetts often experience in common.

LACK OF KNOWLEDGE REGARDING HIV TRANSMISSION AND PREVENTION

Education about sexuality, including sexually transmitted infections, is often lacking in many of the countries listed above, just as it is in the United States. What exists in the United States that may not exist, or exist as robustly, in other countries is a public health infrastructure that works to ensure that neutral, medically-accurate information is distributed across communities and languages. As a result of inadequate public funding in many countries for public health activities (itself arguably a legacy of colonialism), a greater number of immigrants and refugees have **misconceptions about HIV transmission and prevention**.[96] Conversely, some immigrants and refugees may have more than sufficient knowledge of HIV transmission and prevention practices, such as condom use, HIV testing, and harm reduction counseling for both themselves and their partner, but feel ambivalent about the ways in which public health guidance might conflict with the cultural or faith norms in their community.[97]

> **"Getting an HIV test brings shame to the person who got tested and to one's family; it implies one is engaging in immoral behavior. "**
>
> Immigrant from Africa

LACK OF KNOWLEDGE REGARDING HIV TRANSMISSION AND PREVENTION

Cultural and faith norms that alternately sustain and isolate people living with HIV/AIDS often result in deep shame and self-blame for immigrants living with HIV.[98]

Inaccurate understanding about the modes of HIV transmission, prejudice about same-gender relationships, judgment about IV drug use, and a general perception that people with HIV have somehow violated faith or cultural norms all collide to create extraordinary stigma, in the United States, and perhaps more strongly in certain settings abroad.[99] It is worth noting that **homophobia, biphobia, and transphobia outside the U.S. have often been aggravated if not actively encouraged both by the actions of Western governments under colonialism**, and by the actions of present-day fervently Orthodox Christians from the U.S who travel outside the U.S. spreading intolerance.[100]

STRUCTURAL BARRIERS TO HIV PREVENTION AND CARE

Structural barriers that prevent immigrants and refugees from accessing appropriate healthcare

services may have a greater impact than cultural norms which may discourage public and even familial discussions of "taboo" topics such as sexuality, substance use, or HIV. Such structural barriers loom particularly large for undocumented immigrants. Amongst the barriers that immigrants have cited are the **lack of linguistically-accessible and culturally-appropriate services.**[101] Indeed, **even when interpretation services are available**, people who speak languages other than English have commented on the **poor quality** of those services, and their fear—particularly around HIV counseling and testing—that their **confidentiality** will not be observed by an interpreter who may be part of their community.[102] A discussion of language and cultural barriers assumes that healthcare, however culturally inaccessible, is even an option.

> **"I help my mother, and I help my brothers. And I'm still paying back the loan my friend gave me to come here. So, that sets me behind in some things… I still don't have funds or resources saved… So that's why right now I still can't be missing work."**
>
> Spanish-speaking immigrant,
> on why he couldn't take off work to make medical appointments

Lack of employment, lack of insurance, and lack of transportation have all surfaced as barriers to care for immigrants' families and communities. While these same barriers may exist for native-born Americans, immigrant and refugee Americans, particularly those who are undocumented, often face higher hurdles on these fronts. For example, **immigrant families in Massachusetts are more likely to live below, at or near the poverty line** than their U.S.-born counterparts.[103] **Specifically forbidden under the Affordable Care Act from accessing health insurance through the health insurance exchanges**, undocumented immigrants with limited work options and limited resources may feel like they have to make difficult choices between food, housing, their responsibilities to their families in the U.S. and abroad on the one hand, and their own healthcare on the other.[104]

Perhaps most notably, **fear of deportation** serves as a barrier to care, both for undocumented immigrants, and their documented family members.[105] **Immigrants and refugees have commented on how "chronically insecure" they feel in the United States, and how, perversely, the fear and anxiety such insecurity creates both negatively impacts their health and well-being, while simultaneously causing them to avoid healthcare institutions and providers.**[106]

> **"The fear is causing stress and depression. People are afraid of police, afraid to go out, afraid to walk on the street. You don't want people to be scared of you, to call the police on you. How could you not have stress? I'm young. All my hair is falling out. "**
>
> Haitian Creole-speaking immigrant on their fear of being deported

"I was always afraid to go to the hospital, but I forced myself when my son got sick. I got Masshealth, but as soon as I heard about the New Bedford incident [in which ICE raided a workplace in an attempt to identify undocumented workers], I called Masshealth and told them I was moving to another state so they can cancel it. I wanted to minimize the risk of getting caught. "

Arabic-speaking Immigrant

"I was never helped by anyone to… understand the papers I was signing. I felt lost because I did not have someone to give me information in Spanish. I felt like when I was diagnosed I had no guidance as to other services, and I did not get a clear understanding of what medications to take and what the side effects were."

Spanish-speaking immigrant

EXPERIENCES OF TRAUMA, VIOLENCE, ABUSE, AND OPPRESSION

Immigrants experience a wide array of toxic stressors (separation from family and perhaps faith community, social, linguistic, and cultural isolation, discrimination based on race or immigration status) even absent experiences of violence and abuse. **Such stressors are intimately interwoven with structural oppression and undoubtedly create opportunities for people who use abusive behaviors to target immigrant families and individuals**, especially young people, and immigrants at the intersections of faith, disability, sexual orientation, and gender identity. While there is insufficient research, it is clear that **immigrants and refugees (particularly undocumented immigrants or immigrants whose status may be uncertain) are uniquely unprotected, especially in the current political climate**. Immigrants and refugees may be fleeing violence in their country of origin (partner and sexual abuse, gang violence, political violence, war), they may experience violence on their immigration journey (including sexual violence), and they often experience more violence once they are in the United States (for example, hate crimes, sexual abuse in detention settings, and partner abuse.)[107] Notably, institutional discrimination, language barriers, poverty, and lack of knowledge about possible sources of support have all been identified as things that empower abusive people to escalate the type and severity of the partner abuse they inflict on immigrants, particularly undocumented or marginally documented immigrants.[108]

"He say sometimes like, 'I'm an American citizen!' He can do whatever he want to do. 'I'm American citizen.' "

Sierra Leonean immigrant woman, on her experience of intimate partner abuse

THE NEXUS OF VIOLENCE, ABUSE, TRAUMA, AND HIV IN IMMIGRANT COMMUNITIES

Despite the multiple forms of trauma and discrimination experienced by immigrants and refugees, **immigrant status is not associated with higher HIV risk** in general.[109] However, structural barriers often mean that **immigrants are diagnosed later, and enter HIV/AIDS care with more advanced and severe symptoms**, at times unaware that they were even HIV-positive.[110] This suggests that the prevalence of HIV in immigrant communities may be underestimated. Certainly, there is insufficient linguistically and culturally-specific HIV outreach in immigrant communities.

OPPORTUNITIES

- If the person you are serving has chronic risk factors for HIV, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently Exposed to HIV" on page 38 of this manual and on the Massachusetts Department of Public Health website.
- Nurture and sustain relationships with diverse immigrant organizations. Take leadership from those organizations.
- Hire immigrants and refugees to serve and lead in your organization.
- Connect with culturally and linguistically competent therapists and mental health workers who understand the impact of institutional racism, sexism, xenophobia, and other forms of interlocking oppression.
- Connect with culturally competent, or at least culturally humble, health care providers who understand immigration experiences. Be aware that immigrant experiences are diverse and this will require relationship-building with multiple providers, not just one. Educate those providers if you can about the health disparities (including violence, abuse, trauma, and HIV) facing immigrant communities.
- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.

ADDITIONAL RESOURCES

- ACLU Immigrant Protection Project: The ACLU of Massachusetts' Immigrant Protection Project (IPP) is a coordinated regional effort by attorneys and organizations to provide immigrants in Western Massachusetts with referrals for legal assistance and connections to other services.
- Afab-Kafanm: Haitian Women's Association in Boston: The Association of Haitian Women in Boston is a community-based grassroots organization dedicated to empowering low-income Haitian women and their children. They believe that everyone, regardless of race or sex, should have equal rights, and that women should have unlimited opportunity to develop as individuals, unhampered by social traditions.
- Asian Task Force Against Domestic Violence: The Asian Task Force Against Domestic Violence (ATASK) is a nonprofit, community organization serving Pan-Asian survivors of domestic and intimate partner violence. They provide services in Greater Boston and Greater Lowell and offer limited assistance in other cities throughout Massachusetts and New England. They currently provide services in 18 Asian languages and dialects.
- Berkshire Immigrant Center: Berkshire Immigrant Center assists individuals and families in making the economic, psychological, and cultural adjustment to a new land. The Center offers comprehensive services for individuals from more than 80 countries.
- Brazilian Women's Center: The Brazilian Women's Center seeks to discuss the role of Brazilian immigrant women in society, support Brazilian families in Greater Boston, provide information, and help the community in their search for solutions to community problems. The Center provides immigration clinics, ESL classes, community education classes on how to protect yourself against ICE, and workshops, seminars and debates about domestic violence, health, and sexual harassment.
- Center for HIV Law and Policy: The Center for HIV Law and Policy challenges barriers to the rights and health of people affected by HIV through legal advocacy and high impact policy initiatives. See the subsection on immigration specifically.
- Immigration Equality: Immigration Equality is the nation's leading LGBQ/T Immigration rights organization. They represent and advocate for people from around the world fleeing violence, abuse, and persecution because of their sexual orientation, gender identity, or HIV status.
- International Institute: The International Institute creates opportunities for refugees and immigrants to succeed through resettlement, education, career advancement, and pathways to citizenship.
- MAP for Health: Originally founded to address HIV/AIDS in API communities, Massachusetts Asian + Pacific Islanders (MAP) for Health focuses on health issues that disproportionately affect APIs but remain unaddressed due to cultural stigmas.
- Massachusetts Alliance of Portuguese Speakers: The Massachusetts Alliance of Portuguese Speakers (MAPS) is a multi-issue organization, providing domestic and sexual violence services, HIV services, citizenship assistance, and immigrant integration services, amongst others.

- Refugee and Immigrant Assistance Center (RIAC): RIAC is a community-based, non-profit, grassroots human service agency that provides comprehensive services to refugees, asylees, and immigrants. Their services include refugee resettlement, asylee case management, counseling, outreach and education, and other social services.
- Saheli: Saheli is a community-based organization founded with the mission to empower South Asian women and their families to live safe and healthy lives. Saheli is uniquely focused on the needs of South Asians (from Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka). Saheli staff and volunteers speak several South Asian languages, including Hindi, Urdu, Bengali, Gujarati, Punjabi, and others. The organization offers survivors of domestic violence a variety of free services.
- Somali Development Center: The Somali Development Center is a resettlement hub for Somalis and other Africans that provides housing search assistance, advocacy, and interpretation. Amongst their programs is Somali Women Rising. The **Somali Women Rising Program** (SWR) is designed to empower Somali and other East African refugee women to live successfully in their American community, and encourage self-sufficiency. SWR provides domestic violence counseling amongst other services.
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse.

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PEOPLE WITH DISABILITIES AND HIV[111]

There are as many different types of disabilities as there are disabled people in the world. Disabilities may be cognitive, developmental, intellectual, mental, physical, and/or sensory. Over 12% of Americans will be disabled at some point in their lifetime.[112] **Many historically oppressed people, including Black and Native individuals, and LGBQT/Two Spirit people are more likely to have one or multiple disabilities, as a result of the toxic stress of oppression, discrimination in healthcare, and poverty.**[113] It would be dangerous to attempt to generalize about disability communities. Yet there are some experiences that many people with disabilities share when it comes to HIV/AIDS.

LITTLE OUTREACH, EVEN LESS ACCESSIBLE EDUCATION

Disabled people often find that their needs are invisible in outreach and education programming, if that programming is even accessible to them at all. Depending on the type of disability, **people with disabilities are often presumed (or wished) to be asexual**, and ignored in sex education and reproductive health classes.[114] In addition, they are often **overlooked in HIV prevention, testing, and treatment services.**[115] Disabled people are also **frequently ignored in violence prevention and intervention education**.[116]

> **“There is a growing body of evidence that disabled people are more structurally at risk of HIV than non-disabled people. ”**
>
> Vera Institute of Justice, Center on Victimization and Safety

DISPROPORTIONATE EXPERIENCES OF VIOLENCE AND ABUSE

People with disabilities are structurally vulnerable to multiple kinds of violence and abuse at the hands of family members, partners, helping professionals, strangers, and the police.[117] Notably, people with disabilities are **disproportionately likely to be targeted for sexual violence**.[118] For example, people with intellectual disabilities are four times more likely than their non-disabled counterparts to experience sexual abuse.[119] Some people with intellectual disabilities may be unclear what is happening to them. That does not mean that there is not traumatic impact. Other disabled people may require the assistance of others and be used to having other people invade their privacy or their space, factors which may make it more difficult for them to discern when a situation is inappropriate or dangerous.[120]

STRUCTURAL BARRIERS TO HEALTHCARE

Disabled people encounter **multiple barriers to competent and accessible healthcare**, including the following:

- **Transportation**, especially for people with visual or cognitive disabilities.
- **Communication barriers** may take numerous forms, including:
  - written materials that use small font or dense, technical language
  - videos that don’t include captioning

    - oral communications without accompanying interpretation that are inaccessible to people who are Hard of Hearing or Deaf

- **Physical barriers** exist even in healthcare institutions. These barriers might take the form of inaccessible architecture, including exam rooms that are too small to accommodate a wheel chair, and diagnostic equipment that requires patients to be able to stand (e.g. mammography machine).

In addition, providers' attitudes and skills can have an impact on survivors with disabilities. **Stigma, prejudice, and discrimination persist in both individual healthcare providers and in institution policies.**[121]

HIV CAN CAUSE DISABILITY

Disability can emerge as a result of the progression of HIV, or to a much lesser extent as a result of HIV treatment medications. Amongst the HIV-related disabilities that emerge in the United States are "HIV-associated dementia," which can produce cognitive and speech challenges, as well as behavioral changes. Much like other forms of dementia, "HIV-associated dementia" can render people more vulnerable to abuse.[122] Another disability that may emerge as a result of HIV is "HIV-associated peripheral neuropathy," which often includes pain and numbness in the extremities, such as the hands and feet.

OPPORTUNITIES

- Lack of information about sex is one of the highest risk factors for sexual abuse of disabled people.[123] Provided your client has the intellectual capacity to consent to sex, be sure to provide sex education and information about protective methods.
- If the person you are serving has chronic risk factors for HIV, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently Exposed to HIV" on page 38 of this manual and on the Massachusetts Department of Public Health website.
- Proactively ensure that your organization has an architecture, policies, procedures, and practices that affirm people with different abilities and ensure access for everyone. Connect with disability justice organizations for guidance.
- Nurture and sustain relationships with disability justice organizations that are led by disabled people and people with disabilities. Take leadership from those organizations.
- Hire disabled individuals and people with disabilities to serve and lead in your organization.
- Connect with culturally and linguistically competent therapists and mental health workers who understand the impact of institutional racism, sexism, xenophobia, and other forms of interlocking oppression.
- Connect with culturally competent, or at least culturally humble, health care providers who understand immigration experiences. Be aware that immigrant experiences are diverse and this will require relationship-building with multiple providers, not

just one. Educate those providers if you can about the health disparities (including violence, abuse, trauma, and HIV) facing immigrant communities.

- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.

ADDITIONAL RESOURCES

- DPPC's Sexual Assault Response Unit: The mission of the Peer Support Leaders is to promote **empowerment, self-determination, education**, and **accessibility** for sexual assault survivors with disabilities through peer support leadership.
- Access is Love: Access Is Love aims to help build a world where accessibility is understood as an act of love. The project has a number of valuable intersectional resources.
- Vera Institute's Center for Victimization and Safety, Accessing Safety Initiative: The Vera Institute's Center on Victimization and Safety (CVS) works with government and nonprofit organizations to enhance efforts to prevent and address interpersonal violence and related crimes, including domestic violence and sexual assault. Within the CVS is a subsection that focuses on people with disabilities. The CVS contains a wealth of resources including but not limited to End Abuse of People with Disabilities website, Blueprint for Change: Toward a National Strategy to End Abuse of Children with Disabilities, Empowering Communities of Color with Disabilities, Measuring Capacity to Serve Survivors with Disabilities.
- Disability and Abuse Project: The Disability and Abuse Project seeks to disseminate information how to reduce the risk of abuse to people with developmental or intellectual disabilities, promote healing for victims, and seek justice for those who have been victimized.
- Disability and Intersectionality Summit: The Disability and Intersectionality Summit (DIS) is a biennial one-day conference that centers the experiences and knowledge of multiply marginalized disabled people such as, queer disabled people of color, undocumented transgender disabled people, or formerly incarcerated disabled people among others. This conference serves as a platform to highlight the multiple oppressions that shape the lived experiences of disabled individuals, as told by disabled people, in a setting organized by disabled activists. The DIS has historically been held at MIT and was last held in October of 2019.
- Disability Law Center: The mission of the Disability Law Center is to provide legal advocacy on disability issues that promote the fundamental rights of all people with disabilities to participate fully and equally in the social and economic life of Massachusetts.
- Equal Access to Safety Initiative: The Equal Access to Safety is a collaboration between the YWCA of Western Massachusetts and Goodwill Industries of Pioneer Valley. The YWCA of Western Massachusetts is the oldest and largest membership organization for women in the region and one of the oldest YWCAs in the country. Goodwill Industries of Pioneer Valley is one the largest providers of rehabilitation services in the region, providing vocational rehabilitation services, residential and family support services, a day service option for adults with developmental disabilities, and a full

range of workforce development services designed to help individuals access barrier-free employment. These two organizations came together with the vision of creating an inclusive services delivery system that provides a safe, accessible, and respectful environment for survivors with disabilities and Deaf survivors.

- IMPACT: IMPACT believes everyone has the right to be safe and the ability to protect themselves. Their self-defense programs give people the skills to stay calm and focused in unsafe situations. Their abuse prevention programs give schools, disability service organizations, and communities the tools to develop policies and expectations that keep everyone safe.
- Massachusetts Department of Developmental Services: The mission of the Massachusetts Department of Development Services is to create, in partnership with others, innovative and genuine opportunities for individuals with intellectual and developmental disabilities to participate fully and meaningfully in, and contribute to, their communities as valued members.
- Mental Health Legal Advisors Committee: The Mental Health Legal Advisors Committee works to protect and advance the rights of persons with mental health concerns in key areas most closely related to their ability to live full and independent live free of discrimination.
- Movement for Access, Safety, and Survivors: Movement for Access, Safety and Survivors (The MASS Collaboration) is a collaboration between the Boston Area Rape Crisis Center, Boston Center for Independent Living, Massachusetts Bay Transportation Authority (MBTA), and Massachusetts Bay Transportation Authority Transit Police. Their collaboration strives to create sustainable systemic change within and between the member organizations so that survivors/victims of sexual violence with disabilities in the Boston area have access to quality services that promote safety, empowerment, and healing.
- Sins Invalid: Sins Invalid is a performance project that incubates and celebrates artists with disabilities, centralizing artists of color, and queer and gender-variant artists as communities who have been historically marginalized. Amongst Sins Invalid offerings is a disability justice primer entitled: Skin, Tooth, and Bone—The Basis of Movement is Our People. An e-copy of Skin, Tooth, and Bone is available for purchase.
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse.

RURAL COMMUNITIES, ABUSE, AND HIV

While fewer people in rural areas are exposed to or contract HIV, it is important to note that even **small numbers can have big impact in communities that are so sparsely populated**. Notably, people living in rural environments are less likely to receive free condoms, less likely to receive testing for STIs, and **less likely to receive HIV prevention counseling, despite having similar HIV-risk behaviors as their urban counterparts.**[124] While same-gender sexual contact among men is a significant part of HIV transmission in both rural and urban areas, heterosexual contact and drug use likely account for a higher percentage of new cases of HIV in rural areas than they do in urban areas.[125] **Injection drug use may be of particular note in Massachusetts**, as rural counties have some of the highest prevalence rates of opioid use disorders in the state.[126]

> **"Everybody knows everybody here. At the hospital, they know my mom and my brother and my grandmother."**
>
> Jordan, HIV+ man who lives in a rural environment

Concerns about privacy and confidentiality in close-knit rural communities, long distances to providers, lack of public transportation, lack of specialized providers, lack of broadband internet service, a higher reliance on publicly-funded services, and a lack of rural-specific framing and information in services and information campaigns may all contribute to reduced levels of HIV awareness, testing, and diagnosis in rural contexts.[127] This may be compounded for lesbian, gay, bisexual and transgender survivors in some parts of the state who may face intolerance of LGBQ/T individuals or partnerships.[128]

Many of these same characteristics present barriers to help-seeking for survivors of violence and abuse in rural communities.[129] This is important in part because **rates of sexual and partner abuse may be greater in rural environments**, it appears that such abuse takes place more frequently, and it is often more severe than that experienced by survivors in urban contexts.[130] Of note given the prevalence of guns in many rural environments, cisgender women experiencing abuse are more likely to die of intimate partner homicide than their urban counterparts.[131]

Ironically, some of the things that look like challenges to HIV, substance use, and violence prevention in rural communities may also be strengths. **The very familial and social relationships that may cause survivors exposed to HIV to worry about confidentiality and anonymity, may also serve as sources of strength**, providing emotional, financial, and logistical support in the face of a crisis.

OPPORTUNITIES

- If the person you are serving has chronic risk factors for HIV, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently

Exposed to HIV" on page 38 of this manual and on the Massachusetts Department of Public Health website.

- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.

ADDITIONAL RESOURCES

- Hearts and Hands: Training Model for Building Partnerships with Faith Leaders to Support Rural Victims of Sexual and Domestic Violence by Safe Havens Interfaith Partnership
- Rural Prevention and Treatment of Substance Use Disorder Toolkit by Rural Health Info Hub
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse.

SUBSTANCE USE, TRAUMA, AND HIV

Some survivors **may use substances, either to deal with the aftermath of an assault or to mitigate the physical and emotional pain of a chronic abuse dynamic**. This is more likely if the survivor has had multiple experiences of violence, abuse, or oppression in their lives, or if they continue to be fearful for children, pets, or elders who may still be trapped in an abuse dynamic. You may want to pay particular attention to survivors who have a history of traumatic experiences in childhood.[132] You may also want to pay closer attention to survivors who use multiple substances.

Be aware that some survivors may not be using substances willingly, but as a result of coercion from an abusive partner. Many survivors are seeking to reduce or eliminate their substance use, but are manipulated or undermined by abusive partners who may seek to chip away at their sobriety. People who use abusive behaviors may intentionally keep substances in the home, withhold money needed to obtain treatment, manipulate the survivor into using alcohol or other drugs, and even sexually assault the survivor when they are under the influence or passed out. In addition, people who used abusive behaviors will often threaten to use the survivor's substance use as a weapon, telling family and friends, employers, child protective services, law enforcement, and the courts, that the survivor is using substances. Abusive partners will at times make up a substance use history, even if the survivor has never used substances or has ceased using substances. This pattern of behaviors is known as "**substance use coercion**." More information about substance use coercion can be found at the National Center on Domestic Violence, Trauma, and Mental Health.

Use of substances, while perhaps helpful in calming bodily common responses to trauma, can also create new safety concerns, especially when it comes to HIV. Below is a list of common substances, and the ways in which their use might aggravate the risk of HIV transmission.

- **Alcohol**. Excessive alcohol consumption, especially binge drinking, can be an important risk factor for HIV. Excessive drinking is linked to HIV-risk behaviors including exchange of sex for money or drugs, injection drug use, and anal sex without a condom.[133]
- **Opioids**. Opioids are drugs such as heroin, fentanyl, oxycodone, Vicodin, codeine, and morphine that reduce pain. While drugs such as heroin (which can be smoked or snorted, but is often injected) are associated with needle-sharing, it is important to note that heroin and drugs such as oxycodone (which is less often injected) share HIV-risk behaviors such as unprotected intercourse, sex with strangers, and transactional sex.[134]
- **Methamphetamine**. "Meth" is a stimulant that has been linked to several HIV-risk behaviors including having multiple sexual partners, engaging in sexual activity with anonymous partners, engaging in anal sex, having a sexual partner who was HIV positive, and having a partner who injected drugs.[135] In addition, methamphetamines can be injected, which raises concerns around needle-sharing. Notably, evidence shows that methamphetamine use may decrease the effectiveness of HIV treatment.
- **Cocaine**. Cocaine is a stimulant that can cause anxiety and paranoia. Longer-term use can create a tolerance, meaning that larger doses have to be taken to achieve a similar high. Cocaine may be of particular concern if it is injected. Cocaine has been

associated with HIV-risk behaviors including anal sex without a condom with HIV positive partners, or with partners who status is unknown, having multiple partners, and exchanging money or drugs for sex.[136] Evidence indicates that cocaine harms the body's immune response, increases the rate at which HIV reproduces in the body, and increases the effect that the virus has on different parts of the body including the brain.[137]

- **Inhalants**. There are a broad range of chemicals that might be considered inhalants. What they have in common is that when they are inhaled they have a mind-altering effect. Volatile solvents, aerosols, gases, and nitrites are all considered inhalants. One of the more common, especially in gay and bisexual men's circles, is amyl nitrite, also known as "poppers." Poppers are associated with HIV-risk behaviors such as having sex with casual partners, greater number of casual partners, and anal sex with casual partners.[138]

OPPORTUNITIES

- Learn about harm reduction techniques. Share them with the person you are serving.
- If the person you are serving has a substance use disorder, strongly consider referring them for Pre-Exposure Prophylaxis, or "PrEP." PrEP is medication taken regularly which can reduce the risk of HIV transmission. More info about PrEP can be found in the section titled "I Am Concerned About a Survivor Who is Persistently Exposed to HIV" on page 38 of this manual and on the Massachusetts Department of Public Health website.
- Ensure that your organization's staff and the people you serve are educated about Naloxone, also known as Narcan. Narcan is a drug which counteracts the effects of an opioid overdose. It is available without prescription at pharmacies across Massachusetts.
- Learn about medication-assisted treatment for people experiencing opioid use disorders. Medication assisted treatment combines medications and behavior therapies, and tends to be much more effective than behavioral interventions alone. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has a locator tool that can assist you and the people you serve in finding the nearest medical provider licensed to provide medication-assisted treatment.
- Ensure that your organization's staff is educated about harm reduction strategies. Harm reduction is a set of policies and practices that aims to minimize the negatives health consequences of substance use and other coping strategies.
- Build relationships with abuse-aware, trauma-informed substance use services providers.
- Educate providers where necessary, about the impact of violence, abuse, and trauma on survivors' ability to maintain sobriety or engage in treatment.
- Build relationships with your local sexual and domestic violence organizations. Visit Jane Doe Inc. to find your local program.

ADDITIONAL RESOURCES

- Real Tools—Responding to Multi-Abuse Trauma: A Toolkit to Help Advocates and Community Partners Better Serve People with Multiple Issues by The Alaska Network on Domestic Violence and Sexual Assault
- Coercion Related to Mental Health and Substance Use in the Context of Intimate Partner Violence—A Toolkit for Screening, Assessing and Brief Counseling in Primary Care and Behavioral Health Settings by The National Center on Domestic Violence, Trauma, and Mental Health
- Harm Reduction Coalition: The Harm Reduction Coalition (HRC) is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. Its efforts advance harm reduction policies, practices, and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. Recognizing that social inequality and injustice magnify drug-related harm and limit the voice of our most vulnerable communities, the HRC works to uphold every individual's right to health and well-being and their competence to participate in the public policy dialogue.
- Occupational Health and Safety Handbook by St. James Infirmary: Designed by self-identified sex workers and the staff of a health care clinic that specializes in serving sex workers, this manual contains practical guidance for maximizing safety and reducing substance use, sexual and legal harm.
- The Massachusetts Substance Use Helpline: (800) 327-5050
- North American Syringe Exchange Network
- Massachusetts HIV/AIDS Service and Resource Guide: This guide was created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse.

HOUSING INSTABILITY AND HIV/AIDS

Structural factors such as access to safe, stable housing can have an enormous impact on an individual's ability to protect themselves from HIV risk. Homeless is too often a ripple effect of violence and abuse.[139] In addition, people who are homeless are subjected to disproportionate rates of violence and abuse, at the hands of family members, partners, community members, and law enforcement.[140]

"People who are homeless or unstably housed have HIV infection rates as much as 16 times higher than people who have a stable place to live."[147]

Bhunu, 2015

Homelessness and housing insecurity may contribute to HIV risk for survivors of violence and abuse in multiple ways. First, abuse compounded by housing instability often contribute to social instability, separating survivors from social support networks that might otherwise help them through difficult circumstances.[141] Separation from support networks can increase the likelihood of HIV risk behaviors such as increased likelihood of recent drug use, sexual activity with multiple partners, and transactional sex.[142] It may be important to note that housing instability and homelessness for Native survivors, survivors of color, LGBQ/T survivors, and disabled survivors may all be aggravated by mass incarceration, which disproportionately affects historically marginalized communities in the United States.[143]

Amongst the people most likely to sit at the intersection of trauma, HIV, and homelessness, as but one example, are injection drug users. Living on the streets can prevent access to HIV prevention tools such as clean water or bleach.[144] Amongst injection drug users in particular, homelessness and unstable housing appears to increase rates of needle-sharing, grow length of time to remission, and decrease time to relapse, all of which can increase HIV risk.[145] Evidence indicates that improvements in housing status can impact risk behaviors, reducing needle use, needle sharing, and unprotected sex.[146]

RESOURCES

Knowing what resources are available—for professionals, community members, and for survivors of abuse—is crucial to the prevention of HIV transmission, the well-being of people who are HIV+. In this section, this guide discusses financial resources for survivors acutely and more persistently exposed to HIV, information about SANE services, as well as Crime Victims Compensation.

I Am Concerned About A Survivor Who Is Persistently Exposed to HIV.
WHAT RESOURCES ARE AVAILABLE?

In Massachusetts, funds from the Department of Public Health are used to prevent the spread of HIV. **People who are chronically exposed to HIV—as a result of violence, abuse, transactional sex, injection drug use, sexual activity with multiple partners, or other circumstances—may benefit from what is known as Pre-Exposure Prophylaxis or PrEP. PrEP is medication (Truvada) taken regularly which can reduce the risk of becoming infected with HIV.** The Massachusetts Department of Public Health has a program called PrEPDAP—the PrEP Drug Assistance Program—to ensure that no one at risk of HIV should go without PrEP for lack of ability pay out-of-pocket costs.

WHO IS ELIGIBLE FOR PREPDAP?

- Massachusetts residents
- Individuals with a gross annual income of up to 500% FPL ($62,450 in 2019)
    - plus allowance of $4,420 more per dependent
- US citizenship/documented immigration status **NOT** required

WHAT DOES PREPDAP COVER?

- Out-of-pocket costs for Truvada
- Drug copays, coinsurance, deductible, full cost

PrEPDAP does not cover medical visit copays or lab costs.

WHAT DOES PREPDAP COVER (BY INSURANCE TYPE)

MassHealth or HSN

- PrEPDAP will pay $3.65 copay for Truvada
- Be mindful that survivors who cannot afford $3.65 may not feel comfortable saying this to a provider. Survivors who cannot afford their drug costs may skip dose or fail to fill their prescription

Medicare

- PrEPDAP will pay all out-of-pocket costs for Truvada, including during the ‘donut hole’

Private insurance

- Includes work insurance, COBRA, ConnectorCare, other plans purchased through the HealthConnector, ‘non-group’ plans
- PrEPDAP can pay the survivor’s copay
- PrEPDAP can pay survivor coinsurance (% of drug full cost)
- PrEPDAP can pay up to full cost of Truvada for survivors with a pharmacy deductible

For uninsured survivors

- PrEPDAP will pay for the full cost of Truvada for uninsured survivors
- PrEPDAP expects that eligible survivors will make efforts (with assistance) to enroll in affordable health insurance
- PrEPDAP will continue to cover survivors as they gain access to insurance of any type
- PrEPDAP will continue to cover the full cost of Truvada for survivors who are unable to access health insurance

PrEPDAP can also cover survivors through insurance transitions

Please note PrEPDAP is only accepted at a limited pharmacy network. That network now includes all Walgreens in Massachusetts.

Application materials for PrEPDAP can be found on the Community Research Initiative website.

If the survivor you are serving has safety concerns around billing, please consult the Health Care for All website about how patients can protect themselves.

In addition, you can call the PrEPDAP Program Coordinator at the Community Research Initiative: (617) 502-1737.

Mass.gov maintains a list of PrEP providers across the Commonwealth.

I Am Serving a Survivor Who May Have Been Exposed to HIV Within the Past Few Days.

WHAT RESOURCES ARE AVAILABLE?

In Massachusetts, funds from the Department of Public Health are used to prevent the spread of HIV. This program is known as the HIV Drug Assistance Program (HDAP).

Survivors of assault or abuse may be exposed to sexually transmitted infections, including HIV, in multiple ways: as a result of the assault itself, as a result of consensual sexual activity without a condom or dental dam, or as a result of sharing needles to inject drugs. This is known as non-occupational exposure.

Survivors who may have been exposed to HIV within the last 72 hours can take post-exposure prophylaxis (PEP) medication to reduce their risk of becoming infected with HIV. HDAP runs a program specifically to ensure that everyone is able to access PEP medications. This program is known as the non-occupational post-exposure prophylaxis program, or nPEP.

WHO IS ELIGIBLE FOR NPEP?

- Massachusetts residents
- No income restriction
- US citizenship/documented immigration status **NOT** required
- Survivors must lack health insurance or be underinsured

WHAT COSTS DOES NPEP COVER?

The nPEP Program covers out-of-pocket costs for a course of non-occupational PEP:

- Full cost of drugs
    - for uninsured clients
    - for insured clients facing the full cost for each of the drugs in the nPEP regimen due to a pharmacy deductible
    - for clients whose health insurance does not cover antiretrovirals for nPEP
- Reimbursement of partial cost of drugs for insured clients is determined on a *case-by-case* basis
- Copays and coinsurance
- *Partial* payments towards a pharmacy deductible

WHAT IS REQUIRED?

- After an appropriate exam, the survivor will receive a prescription from the physician.
- The survivor should take that prescription and a completed Pharmacy Reimbursement Form to any pharmacy.

SPECIAL CIRCUMSTANCES

The nPEP Program may be able to approve reimbursement on a case-by-case basis for:

- Insured survivors facing high copays or partial deductibles
- Insured survivors who do not wish to access insurance due to confidentiality or safety concerns
- Clients not living in Massachusetts who had a potential exposure to HIV in Massachusetts

Please call nPEP Program immediately in these cases: (617) 502-1737.

- After hours please follow menu prompts to reach on-call staff from the Community Research Initiative which administers the state-wide nPEP Program.

Please be aware that nPEP is a "payer of last resort" and should be utilized only if someone is not eligible for Crime Victims' Compensation. For example, a survivor of sexual assault who had chosen to undergo a SANE exam would be eligible for Crime Victims' Compensation, and would not likely need nPEP, except under unusual circumstances. Please see "What is Crime Victims' Compensation, and How Can It Help Someone Exposed to HIV?" on page 44 of this manual for additional information.

ADDITIONAL RESOURCES

- **Designated SANE site hospitals can be found online at** https://www.mass.gov/info-details/designated-sane-site-hospitals**.**

WHAT IS THE MASSACHUSETTS SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM

and How Can It Help Someone Who Is Concerned About Exposure to HIV as a Result of Sexual Assault?

The Massachusetts Sexual Assault Nurse Examiner (SANE) Program recruits, trains, and supervises a group of specially-trained forensic nurse who respond 24 hours a day to a limited number of hospitals across the state. In those hospitals, SANE partners with emergency room personnel and sexual assault advocates to provide trauma-informed evidence collection, toxicology screening, and medications to prevent pregnancy and sexually transmitted infections (including HIV). SANE services are available to adult and adolescent survivors within 120 hours (5 days) of the time of the assault. Services are available to children under the age of 12 up to 72 hours (3 days).

The partnerships between SANE and local rape crisis centers are particularly important, as medical advocates from rape crisis centers offer a warm bridge to a host of free and confidential services including counseling, support groups, legal advocacy, emergency financial assistance (especially around prevention medications, which are known as post-exposure prophylaxis medications, or PEP), and billing suppression in cases where billing might endanger survivor safety.

All evidence collected remains completely anonymous unless the survivor decides otherwise. SANEs services are free as are the services of every rape crisis center across the state. Hospital services, including medications and lab fees, may not be however. Resources are available from the Massachusetts Office of the Attorney General, Victim Compensation and Assistance Division, in order to cover these charges in many instances. Survivors concerned about hospital fees being charged to their insurance or a bill being sent home should alert patient services personnel at intake that they have a safety concern.

Survivors under the age of 18 or over the age of 60 should be aware that all providers who respond to sexual assault, including medical and SANE providers, are mandated reporters. If a survivor of sexual assault has questions about what a mandated reporter is and what that might mean for them, they can call their local rape crisis center's 24-hour hotline.

ADDITIONAL RESOURCES

- While all hospitals across the Commonwealth are required to provide evidence collection and post-exposure prophylaxis medications, SANE cannot respond to every hospital across the state. A full list of SANE-participating hospitals can be found on Mass.gov.
- List of rape crisis centers in Massachusetts
- Information on services for children experiencing both acute and chronic sexual assault and abuse
- The Forensics for Survivors website by the Boston Area Rape Crisis Center provides information regarding forensics for survivors, family and friends, and professionals. This website is available in multiple languages.
- Information about pool of money to assist with hospital fees and potentially other ripple effects of sexual assault can be found on page 42 of this manual and on the MA Office of the Attorney General's Victims of Violence Crime Compensation website.

WHAT IS CRIME VICTIMS' COMPENSATION

and How Can It Help Someone Exposed to HIV?

In Massachusetts, as in every state, there are funds available to assist people who are survivors of domestic abuse, sexual assault, commercial sexual exploitation, community violence, and other types of crimes. In the Commonwealth, these funds can be used to pay for fees associated with a sexual assault exam, uninsured medical costs and dental work, mental health counseling, and income due to lost ability to work, in addition to other expenses. Survivors (including children indirectly exposed to violence and abuse) are eligible for up to $25,000 per crime. In general crimes need to be reported to the police within 5 days unless there is good cause for delay, in order for survivors to be eligible to receive these funds.

OPPORTUNITIES

- These funds are regularly utilized by survivors of sexual assault to cover hospital fees. They are also used to pay for medications to prevent pregnancy (where relevant) and HIV. HIV prevention medications in particular can be expensive in the absence of insurance that is safe for the survivor to use. Survivors of sexual assault need not report to the police to access funds to cover a hospital fees for an exam, or prevention medications. All they have to do is agree to whatever portion of an evidence collection exam with which they feel comfortable.

ADDITIONAL RESOURCES

- Additional information about Crime Victims' Compensation
- Applications for Crime Victims Compensation are available in both English and Spanish. While the applications are user-friendly, advocates and case managers in rape crisis centers across the Commonwealth can assist survivors of sexual assault in filling them out where support is required. A list of rape crisis centers across the state can be found at Jane Doe Inc.
- The statewide Sexual Assault Nurse Examiner (SANE) Program, including SANE-designated hospitals

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COLLABORATIONS

COLLABORATION TO INCREASE OPPORTUNITIES FOR SAFETY AND HEALTH

The interconnections between sexual assault, domestic abuse, and HIV/AIDS are often profound and complex. The health consequences of such interrelated forms of violence, abuse, and trauma demonstrate the need for collaborative, multidisciplinary, survivor-centered, empowering, trauma-informed care across Massachusetts.

Survivors of violence and abuse on the one hand and people who are HIV+ on the other share many experiences in common, including shame, fear, stigma, lack of access to trauma-sensitive and culturally humble care, and for far too many multiple experiences of marginalization and oppression. For survivors of violence and abuse, these experiences too often contribute to on-going isolation, and may increase risk for exposure to HIV. Collaboration between anti-violence advocates and HIV providers can be an effective, powerful tool to promote safety and health for survivors.

GOALS AND PRINCIPLES OF EACH FIELD

At the heart of their counseling work, sexual and domestic violence advocates and HIV/AIDS service providers have a number of principles in common.

Sexual Assault/Domestic Violence

- Empowerment
- Information
- Support
- Options
- Trust
- Advocacy
- Confidentiality
- Referrals
- Safety

HIV/AIDS

- Client-centered care
- Information
- Support
- Options
- Trust
- Advocacy
- Confidentiality
- Referrals
- Safety

Each counseling model prioritizes **information, support, options, trust, advocacy, confidentiality, referral, and safety**. These shared principles provide a foundation for working together towards common goals to ensure that survivors know their options and receive support in a compassionate way.

It is necessary to acknowledge the differences in approaches as well. Specifically, the concept of risk/harm reduction and behavior change as an approach for counseling within the context of HIV issues may be of concern for sexual assault and domestic violence survivors. While the language of empowerment and client-centered care are different, the outcome is essentially the same. Providers in both service areas support survivors to feel empowered and make informed decisions about what steps they want to take next. For HIV/AIDS service providers, "client-centered" means that the client is the expert on their own life, is able to prioritize their areas of concern, and that conversations are tailored to the unique needs and life circumstances of the individual. The provider's role is to assist the survivor to maximize safety and reduce harm in ways that can realistically be incorporated into her/his life. This approach is very similar

to the empowerment approach utilized by sexual assault and domestic violence advocates/counselors. However, HIV providers should be mindful of the reality for survivors of both sexual and domestic violence. For the survivor, the violence was perpetrated against them by someone else and they bear no responsibility for the abuse they have suffered. It is this violence that has increased their risk for HIV. Therefore, it should never be implied or inferred that a survivor's behavior needs to be changed in order to reduce the risk of HIV related to the violence perpetrated against them. When working with someone who has disclosed that they are a survivor of sexual assault or domestic violence, it is recommended that HIV counseling providers use language that is more focused on safety, options, and support, rather than on what behaviors the survivor can change to decrease risk of exposure to HIV.

Within this framework, a collaborative survivor-centered approach to HIV counseling that incorporates a "harm-reduction" goal will include:

- Assisting individuals in considering a range of options
- Supporting survivors throughout their decision-making process
- Supporting without judgment
- Making appropriate supported referrals to sexual assault and domestic violence services

It is recommended that providers work together to provide comprehensive support and solutions for survivors. What does working together mean? What does collaboration actually look like? How will collaboration benefit not only the survivors but providers as well? In order to begin to contemplate true collaboration, a shared understanding must be reached—there are common issues for survivors seeking services across disciplines, such as:

- Fear of stigmatization
- Fear of telling the truth
- Fear of disclosing
- Lack of services and accessibility
- Insecurity or inability to trust others
- Lack of information
- Fear of health issues
- Anxiety about unknowns
- Safety concerns

If sexual assault and domestic violence advocates/counselors and HIV providers view these issues as common needs to which they can each respond, collaboration can be successfully achieved.

WHAT IS COLLABORATION?[148]

For some providers and programs, collaboration is an ongoing practice. For many, collaboration across these disciplines is either a new endeavor or needs enhancement. In order to improve a program's and a provider's capacity to collaborate, collaboration must be defined.

Collaboration is a mutually beneficial and well-defined relationship entered into by two or more organizations (or individuals) to achieve common goals. The relationship includes a commitment to: mutual relationships and goals; a jointly developed structure and shared responsibility; mutual authority and accountability for success; and sharing of resources and rewards. Collaboration of sexual assault and domestic violence advocate/counselors with HIV providers is not about agreement—it is about creating a new process for providing support for survivors with concerns about HIV. Unlike communication, it is not about exchanging information but rather, it is about using information to create something new. Unlike coordination, collaboration seeks divergent insight and spontaneity. Unlike cooperation, collaboration thrives on differences and requires the sparks of dissent. Collaboration is anchored not in the process or relationships, but in the pursuit of a specific result—developing linkages, ensuring safety, increasing access to services, providing options, increasing knowledge and providing support for survivors. All partners in the collaboration share a stake in both the process and outcome of the collaborative relationship.

KEY FACTORS INFLUENCING SUCCESSFUL COLLABORATION

For any collaboration not only to begin, but also to succeed, it is critical to have mutual respect, understanding, and trust across disciplines and providers. There must be a clear understanding across disciplines of the shared vision of providing **information, support, options, trust, advocacy, confidentiality, referrals,** and **safety** for survivors of sexual assault and domestic violence. Ongoing communication will help in developing trust and improving services. Clear goals and objectives and clear provider roles will allow for a strong collaborative base.

To achieve this, programs may consider cross-training activities or joint staff meetings to learn more about what partnering agencies and individuals do in their communities.

The Massachusetts Department of Public Health supports a wide variety of training for HIV/AIDS providers. Sexual assault and domestic violence counselors may find these cross-training opportunities useful in better understanding the goals, objectives, and roles of HIVIAIDS providers.

Collaboration can be a fluid process—one that must be flexible and adaptable in response to survivor and provider needs. It also must allow for all partners to participate in decision-making for a true partnership to exist. There are several strategies to embrace when embarking on collaboration:

- Develop a shared mission
- Build trust
- Support cross-disciplinary staff positions
- Assume that survivors are present in the collaboration team
- Develop a clear and concise policy to make appropriate referrals to better serve each community
- Respect each others' ways of working
- Be willing to learn new ways of working and cultivate open communication

These strategies are critical to developing a strong, reliable, and responsive collaboration. Of course, there are challenges we face when developing or strengthening our collaborations. We

may fear the new information and learning we will need in order to provide better services. We may not be comfortable discussing sexual assault/domestic violence or HIV risk issues. There are ways to deal with these challenges through crosstraining, building cohesion through support, reviewing services and process and making changes when needed, and finally, keeping communication open and ongoing across partners.

It is also important for providers to remember to stay within their scope and role. HIV/AIDS providers are not expected to be sexual assault and domestic violence advocates/counselors, and in return, sexual assault or domestic violence advocates/counselors are not expected to provide HIV counseling and testing and other services. Providers should acknowledge their appropriate roles, professional qualifications, and funded scope of service. This is where linkages and collaboration are so critical. Providers can empower survivors with choices, options, and information by being informed about the services provided by collaborative partners in their community.

To develop collaboration with local community providers, it is necessary to consider developing a protocol that would outline how the collaboration would function between both agencies. It is important to have a clear understanding of each partner's role and what services are provided in the collaboration. As already discussed, cross-training is critical to understanding what services each partner can provide so that the most informed referrals can be offered to survivors. There should also be specific guidelines for making referrals to each other, which may include a decision about whether providers will accompany, provide on-site services/or transportation, or simply refer clients to each other's agency. Another consideration might be conducting a needs assessment to clarify the community need for such collaboration. In addition, organizations may choose to sign a formal inter-agency agreement (see Appendices for a sample memorandum of agreement or "MOA''). With training and a process for referrals, engaging in a multidisciplinary approach to the work may expand services for survivors and may create options and a space for increasing safety.

AN INTEGRATED OPERATIONAL MODEL

An integrated operational model for a strong collaboration between sexual assault/domestic violence advocates/counselors and HIV counseling and testing providers will likely contain the following key components:

1. Develop concrete goals and objectives for the collaboration
2. Ensure all services are survivor-centered
3. Provide ongoing cross-training across disciplines
4. Share and provide resources and support
5. Trust community partners in the collaboration
6. Understand testing and trauma issues across disciplines
7. Know at least one contact person at each organization
8. Know additional resources in the community and elsewhere outside of the collaboration
9. Maintain privacy and confidentiality across organizations
10. Create a memorandum of agreement

11. Ensure counseling messages include:
    - "No one deserves to be abused"
    - "You are not alone. Help is available"
    - Testing window period
    - Testing when survivor is ready
    - Importance of linkages to care and support services
    - Importance of advocacy
    - Importance of support and non-judgment
    - Communication
    - **Survivor safety is priority #1**

It is critical to encourage HIV testing when, and only when, the survivor is ready to do so. With communication and information sharing across organizations, a supportive and informed response to the survivor's needs is possible.

CASE SCENARIOS

In working to develop collaborations, the following case scenarios and role plays may be useful. By working through these cases, providers may be able to begin to design what a collaborative protocol/process may look like. Providers also may be able to identify where cross-training needs exist, what policies need adjusting or development, who else in each organization or community need to be invited to the collaboration, and what survivors may need. Providers are also encouraged to utilize their experiences in working with survivors to create their own scenarios for cross-training.

SCENARIO #1

Maria is an advocate in a domestic violence shelter. She has been working at the shelter for three years and is comfortable working with the women and children. She is doing an intake with a new resident named Sandra. During the intake, Sandra discloses a long history of coercive sexual activity at the hands of her abusive husband and a recent history of intravenous drug use. Maria asks if Sandra would like an HIV test. Sandra says no, explaining, "He cheated but only with clean girls" or he would have used a condom and that their drug use ended almost six months ago.

QUESTIONS FOR DISCUSSION

- What are Sandra's concerns?
- What has Sandra prioritized as her immediate need?
- How can Maria encourage Sandra to consider an HIV test, at some point?
- How can Maria reconcile her desire to empower Sandra and her need to address Sandra's risk?

ROLE PLAY #1

COUNSELOR

You work on a rape crisis hotline and receive a call from a woman who was raped by a coworker last night. She is distraught that she did not go to the police right away and that she may have HIV. She wants to know how long it will take for HIV to show up in her blood.

SURVIVOR (WOMAN)

You were working late last night and on your way out of your office building you were attacked and raped by a coworker on staff. He threatened to kill you if you told anyone. You were afraid to go to the police last night. Instead, you went home and took a shower. You are unable to sleep and have been up all night. No condom was used and you are terrified you have contracted HIV. It was a vaginal rape and there was tearing. The bleeding has stopped, and you think you are okay physically, but you want to know what to do. You are very scared and regret not going immediately to the police station. You want to know, if you get tested today, how long it will be before you know your HIV status.

QUESTIONS TO CONSIDER AFTER ROLE PLAY

- What did you observe that was positive?
- Did the client leave the interaction with additional resources and information?
- Were both sexual assault and HIV services offered?
- What additional things could have been said or offered?

ROLE PLAY #2

COUNSELOR

A man in his 20s comes in for an anonymous HIV test. He has not had many sexual partners and says that he has always negotiated safe sex. He is wary about giving you too much information. What he is describing sounds like rape. You are afraid he will be upset if you term what happened to him as "rape" or "sexual violence," but you want to give him information and support around what he is going through.

SURVIVOR

You are a gay man and have been "out" for about three years. You have been dating someone for the past two months. You met at a club and really hit it off. He had pressured you earlier on to have anal sex and you told him that you needed to wait. You were sexually active with him, but he seemed very focused on getting you to allow him to have anal sex with you. Last week he came over for dinner and got drunk and became very angry that you were "holding out on him". You ended up having anal sex with him and really regret it. He refused to use a condom, and although he says he's HIV negative, you are concerned. You are still dating each other, but his drinking is escalating and so are his sexual demands. You think you need to break up with him.

QUESTIONS TO CONSIDER AFTER ROLE PLAY

- What did you observe that was positive?
- How was intimate partner sexual abuse addressed? Did you feel comfortable with the language used?
- Did the client leave the call with additional resources and information? Options for follow-up counseling?

TEMPLATE

MEMORANDUM OF AGREEMENT

Interagency Collaboration

Accompaniment of a Rape Crisis/Domestic Violence Counselor with a Survivor to an HIV Counseling and Testing Site

Date

Recognizing the need for sensitive treatment of survivors of sexual assault and domestic violence and their significant others when they are dealing with the possibility of HIV infection, [Name of the Rape Crisis Center or Domestic Violence Organization] and [Name of the HIV Counseling and Testing Site] have collaborated to provide coordinated HIV testing services to those affected by sexual assault. HIV testing will be offered at the [Name of the HIV Counseling and Testing Site] by a trained HIV counselor or other medical provider.

The [Name of the HIV Counseling and Testing Site] provides phlebotomy services by a trained HIV counselor as well as individual counseling, group counseling, medical advocacy and legal advocacy for their clients. Referrals may be made by an HIV counselor to provide continued or specialized support.

The [Name of the Rape Crisis Center or Domestic Violence Organization] provides free 24-hour hotline counseling, short-term counseling services, and legal and medical advocacy for survivors [#] years old and up. With client consent, counselors from the [Name of the Rape Crisis Center or Domestic Violence Organization] may accompany survivors to the [Name of the HIV Counseling and Testing Site] to provide additional support during the testing procedure. To ensure client confidentiality, rape crisis and domestic violence organizations staff cannot be present during testing sessions, but may provide support before or after sessions and/or be present in the waiting room. All rape crisis center and/or domestic violence program staff and volunteers are trained with regard to the connection between HIV, sexual assault, and domestic violence as well as the basics of the counseling process and testing procedures.

[Name of the Rape Crisis Center or Domestic Violence Organization] and the [Name of the HIV Counseling and Testing Site] will continue to work together to ensure that all services are available and easily accessible for all clients. This agreement will continue in effect unless modified or terminated by either party. Such modification or termination require 30 days written notification.

______________________________	______________________________
Officer and Date Rape Crisis or Domestic Violence Program	Officer and Date HIV Counseling and Testing Site

Appendix A: HIV/AIDS RESOURCES

BASIC RESOURCES

Getting to Zero Massachusetts

The Massachusetts Getting to Zero coalition was established to revitalize and redefine the HIV/AIDS agenda for advocates in the Commonwealth. This website has an interactive tool to allow you to locate HIV testing and care providers throughout the state.

AIDS Source

The National Institutes of Health maintains a wealth of information about HIV/AIDS. Amongst those pages are basic resources on HIV/AIDS, information on HIV prevention and treatment, and population-specific sites that include Adolescents, African Americans, Aging Adults, Asian Pacific Islanders, Latin@s, LGBQ/T individuals, people with substance use challenges, and women who are pregnant. Many of these resources are available in multiple languages.

Centers for Disease Control and Prevention: Sexually Transmitted Diseases

The Centers for Disease Control and Prevention provides fact sheets on a number of different sexually transmitted infections, including chlamydia, gonorrhea, herpes, and the human papillomavirus (HPV), amongst others. Many of these fact sheets are available in multiple languages.

Fenway Health

Fenway Health is a world-renowned provider of HIV/AIDS Care and the largest HIV care provider in New England. Both the AIDS Action, which specializes in eliminating health disparities associated with HIV/AIDS, and Sidney Borum Jr. Health Center, which focuses on young people ages 12-29, are under the Fenway Health umbrella.

Harm Reduction Coalition

The Harm Reduction Coalition (HRC) is a national advocacy and capacity-building organization that promotes the health and dignity of individuals and communities impacted by drug use. Its efforts to advance harm reduction policies, practices, and programs that address the adverse effects of drug use including overdose, HIV, hepatitis C, addiction, and incarceration. Recognizing that social inequality and injustice magnify drug-related harm and limit the voice of our most vulnerable communities, the HRC works to uphold every individual’s right to health and well-being and their competence to participate in the public policy dialogue.

Massachusetts HIV/AIDS Service and Resource Guide (September 2017)

This Service and Resource Guide includes listings for HIV/AIDS services funded through the Massachusetts Department of Public Health (MDPH), the Boston Public Health Commission (BPHC), the Centers for Disease Control (CDC), and the Health Resources and Services Administration (HRSA). It has been created to assist providers in making appropriate referrals for individuals in need of HIV prevention, testing, treatment, medical case management, and

other health and social services. It also includes resources for related topics including sexual assault, viral hepatitis, sexually transmitted infections, and substance abuse. Please contact the individual programs and agencies listed for more information about their available services, languages spoken, hours of operation, and eligibility requirements.

The National HIV Curriculum

The National HIV Curriculum is a free educational web site from the AIDS Education and Training Center Program National Coordinating Resource Center and the University of Washington. This project is funded by a grant from the Health Resources and Services Administration (HRSA).

It is the goal of the National HIV Curriculum to provide ongoing, up-to-date information needed to meet the core competency knowledge for HIV prevention, screening, diagnosis, and ongoing treatment and care to healthcare providers in the United States.

National Network to End Domestic Violence: DV & HIV/AIDS Toolkit

This toolkit aims to provide domestic violence and HIV/AIDS service providers with information and resources to enhance services for persons exposed to HIV/AIDS and domestic violence. The information provided in the toolkit addresses frequently asked questions, common challenges, best practices, templates for adaptation, and resources for additional information and assistance.

HIV/AIDS RESOURCES FOR HISTORICALLY MARGINALIZED AND OPPRESSED COMMUNITIES

Black AIDS Institute

The Black AIDS Institute (BAI) is the only national HIV/AIDS think tank focused exclusively on Black people. The Institute's mission is to stop the AIDS pandemic in Black communities by engaging and mobilizing Black leaders, institutions, and individuals, in efforts to confront HIV.

Black Women's Health Imperative

The only national organization dedicated solely to improving the health and wellness of our nation's 21 million Black women and girls, BWHI leads the effort to solve the most pressing health issues that affect Black women and girls in the U.S. Through investments in evidence-based strategies, it delivers bold new programs and advocates health-promoting policies.

The Balm in Gilead

The mission of The Balm in Gilead is to prevent diseases and to improve the health status of people of the African Diaspora by providing support to faith institutions in areas of program design, implementation, and evaluation which strengthens their capacity to deliver programs and services that contribute to the elimination of health disparities. They work towards the elimination of HIV/AIDS and redressing other health disparities.

GLBTQ Legal Advocates and Defenders

Through strategic litigation, public policy advocacy, and education, GLBTQ Legal Advocates and Defenders (GLAD) works in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation.

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His Health

His Health is a united community of healthcare providers and advocates who are passionately committed to raising the standard of care for Black gay men.

Latino Commission on AIDS

The Commission realizes its mission by spearheading health advocacy for Latinos, promoting HIV education, developing model prevention programs for high-risk communities, and by building capacity in community organizations. Through its extensive network of partner organizations and community leaders, the Commission works to mobilize an effective community response to meet the health challenges and address the impact of HIV/AIDS, Hepatitis and STIs in communities nationwide. The Latino Commission on AIDS has proudly served the Latinx LGBQ/T population and is committed in creating and promoting a safe space. The Commission is the founder of the Hispanic Health Network, and is dedicated to eradicating health disparities in Latinx LGBQ/T communities.

MAP for Health

Massachusetts Asian + Pacific Islanders (MAP) for Health was founded in 1993 as the Massachusetts Asian AIDS Prevention Project by members of the Asian Pacific Islander (API) community who were concerned with the lack of culturally and linguistically appropriate HIV/AIDS prevention and health services in the Boston area. In 2000, as part of a collaborative, strategic planning process between the organization and community stakeholders, it expanded its mission to embrace other important health issues that disproportionately affect APIs but remain unaddressed due to cultural stigmas prevalent in our communities. As a result, the Massachusetts Asian AIDS Prevention Project was re-branded as MAP for Health to reflect our broader mission of promoting health and well-being for all APIs.

Mashpee Wampanoag Health Services Unit

The mission of Mashpee Wampanoag Service Unit is to provide quality, comprehensive health care to Native American members and their families in a culturally sensitive manner promoting good health, safe-lifestyles, well-being, and harmony. The Mashpee Wampanoag Service Unit is committed to the elimination of health disparities. It strives to be progressive in the development and expansion of family-focused medicine and traditional practice. It promotes physical, mental and emotional wellness that strengthens and empowers our native community, while honoring the Creator, Mother Earth, our Elders, and our Children.

National Black Justice Coalition

NBJC envisions a world where all people are fully-empowered to participate safely, openly and honestly in family, faith, and community, regardless of race, class, disability, gender identity, or sexual orientation. For the Black LGBQ/T/SGL community, this vision is far from ensured. NBJC's work includes protecting and expanding critical investments in resources for the prevention and treatment of HIV/AIDS and advancing studies of health disparities like cancer that impact Black LGBQ/T/SGL people disproportionately.

National Black Leadership Commission on AIDS

Founded in 1987, The National Black Leadership Commission on AIDS, Inc. (NBLCA) is the

oldest non-profit organization of its kind in the United States. Our mission is to educate, mobilize, and empower black leaders to meet the challenge of fighting HIV/AIDS and other health disparities in their local communities. Working with a broad spectrum of community leaders, including clergy, public officials, medical practitioners, and those in business, civic, social policy, and the media, NBLCA achieves its mission through capacity-building training; technical assistance; education; policy and advocacy; screening, testing, and referrals; research and evaluation; resource development; and leadership development.

National Minority AIDS Council

The National Minority AIDS Council seeks to normalize discussion about race within the HIV movement, bend the curve of new HIV infections, and retain people of color living with HIV in care.

Native American Lifelines of Boston

Native American Lifelines of Boston is dedicated to providing Substance Abuse, HIV/AIDS, and Hepatitis prevention and treatment services to the American Indian community through a comprehensive continuum of care that is patient-centered, culturally sensitive and optimal for personal growth.

Positive Women's Network

The Positive Women's Network a nationwide community of women living with HIV. Its mission is to prepare and involve all women living with HIV, in all our diversity, including gender identity and sexual expression, in all levels of policy and decision-making.

Rural Health Information Hub

The Rural Health Information Hub (RHIB), supported by the federal Health Resources and Services Administration, shares guidance with providers on multiple topics related to HIV. For an overview, see the Rural HIV/AIDS Prevention and Treatment Toolkit. Also of interest, the RHIB's webpage on Violence and Abuse in Rural America.

Sister Love

SisterLove Inc. is on a mission to eradicate the adverse impact of HIV/AIDS and other reproductive justice health challenges impacting women and their families through education, prevention, support, and human rights advocacy in the United States and around the world.

Transgender Gender Variant Intersex Justice Project

TGI Justice Project is a group of transgender, gender variant and intersex people—inside and outside of prisons, jails, and detention centers—creating a united family in the struggle for survival and freedom.

The TGI Justice Project works in collaboration with others to forge a culture of resistance and resilience to strengthen us for the fight against human rights abuses, imprisonment, police violence, racism, poverty, and societal pressures. They seek to create a world rooted in self-determination, freedom of expression, and gender justice.

The Transgender Law Center

The Transgender Law Center changes law, policy, and attitudes so that all people can live safely, authentically, and free from discrimination regardless of their gender identity or expression.

Transgender Law Center (TLC) is the largest national trans-led organization advocating self-determination for all people. Grounded in legal expertise and committed to racial justice, TLC employs a variety of community-driven strategies to keep transgender and gender nonconforming people alive, thriving, and fighting for liberation.

The Well Project

The Well Project is a non-profit organization, the mission of which is to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls.

Well Versed

Well Versed is a community that bridges the communication gap between patients and providers by connecting Black gay and other MSM and healthcare providers.

Women with a Vision

Women with A Vision, Inc. (WWAV) is a community-based non-profit, founded in 1989 by a grassroots collective of African-American women in response to the spread of HIV/AIDS in communities of color.

Created by and for women of color, WWAV is a social justice non-profit that addresses issues faced by women within our community and region. Major areas of focus include Sex Worker Rights, Drug Policy Reform, HIV-Positive Women’s Advocacy, and Reproductive Justice outreach.

Appendix B:

VIOLENCE AND ABUSE RESOURCES

BASIC RESOURCES

Jane Doe, Inc., The Massachusetts Coalition Against Sexual and Domestic Violence

Jane Doe Inc. (JDI) is a coalition of sexual and domestic violence services providers in Massachusetts. Amongst their many other functions, JDI maintains an interactive locator tool that allows survivors, family and friends, and providers to locate the nearest sexual and/or domestic abuse organization.

Sexual Assault Nurse Examiner Program (SANE)

The Massachusetts SANE Program provide trauma-informed, expert forensic nursing care to survivors of acute sexual assault across the lifespan at numerous hospitals across the Commonwealth, and defines best practice for every Emergency Department in Massachusetts.

24-HOUR HOTLINES

Boston Area Rape Crisis Center: (800) 841-8371

- Deaf/Hard of Hearing survivors can utilize the Mass Relay at (800) 439-2370
- Online Chat: 9am-11pm everyday

National Domestic Violence Hotline: (800) 799-7233

- TTY: (800) 787-3224
- Online Chat

Safelink, The Massachusetts Statewide Domestic Abuse Hotline: (877) 785-2020

- TTY number at (877) 521-2601

MASSACHUSETTS MANDATED REPORTING HOTLINES

- Department of Children and Families: (800) 792-5200
- Child at Risk Hotline: (800) 792-5000
- Elder Abuse Hotline: (800) 922-2275
- Disabled Persons Protection Commission: (800) 426-9009
- Department of Public Health (to report abuse of a person in a nursing home or hospital): (800) 462-5540

RESOURCES ON VIOLENCE AND ABUSE IN HISTORICALLY MARGINALIZED AND OPPRESSED COMMUNITIES

Afab-Kafanm: Haitian Women's Association in Boston

The Association of Haitian Women in Boston is a community-based grassroots organization dedicated to empowering low-income Haitian women and their children. They believe that everyone, regardless of race or sex, should have equal rights, and that women should have unlimited opportunity to develop as individuals, unhampered by social traditions.

Alianza de Campesinas

Alianza de Campesinas is the first national farmworker women's organization in the United States. The organization's mission is to unify and promote farmworker women's leadership on issues including domestic violence, sexual harassment, employment rights, healthcare, education, housing, and immigration.

The Anti-Violence Project

AVP empowers lesbian, gay, bisexual, transgender, queer, and HIV-affected communities and allies to end all forms of violence through organizing and education, and supports survivors through counseling and advocacy.

Asian Task Force Against Domestic Violence

The Asian Task Force Against Domestic Violence (ATASK) is a nonprofit, community organization serving Pan-Asian survivors of domestic and intimate partner violence. They provide services in Greater Boston and Greater Lowell and offer limited assistance in other cities throughout Massachusetts and New England. They currently provide services in 18 Asian languages and dialects. Their mission is to prevent domestic and intimate partner violence in Asian families and communities and to provide hope to survivors. ATASK embraces and represents all ages, cultures, abilities, gender identities, and sexual orientations.

ASISTA (Advanced Special Immigrant Survivors Technical Assistance)

ASISTA provides technical assistance on complex questions arising in immigration cases for domestic violence and sexual assault survivors. This assistance is offered exclusively to grantees of the Office on Violence Against Women, including recipients of state STOP grants.

Asian Pacific Islander Institute on Gender-Based Violence

The Asian Pacific Institute on Gender-Based Violence is a national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian and Pacific Islander communities. It analyzes critical issues affecting Asian and Pacific Islander survivors; provides training, technical assistance, and policy analysis; and maintains a clearinghouse of information on gender violence, current research, and culturally-specific models of intervention and community engagement. The Institute serves a national network of advocates, community-based service programs, federal agencies, national and state organizations, legal, health, and mental health professionals, researchers, policy advocates, and activists from social justice organizations working to eliminate violence against women.

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Bay Area Transformative Justice Collective

Bay Area Transformative Justice Collective builds transformative justice responses to child sexual abuse.

Black and Pink

Black and Pink is an open family of LGBQ/T prisoners and "free world" allies who support each other. Their work toward the abolition of the prison industrial complex is rooted in the experience of currently and formerly incarcerated people. They focus on the specific violence of the prison industrial complex against LGBQ/T people, and respond through advocacy, education, direct service, and organizing.

Black Women's Blueprint

Black Women's Blueprint envisions a world where women and girls of African Descent are fully empowered and gender, race and other disparities are erased. They work to place Black women and girls' lives, as well as their particular struggles, squarely within the context of racial justice and are committed to building movement with where gender matters.

Black Youth Project 100

BYP100 is a national, member-based organization of Black, 18-35 year old activists and organizers, dedicated to creating justice and freedom for all Black people. BYP 100 does this through building a network focused on transformative leadership development, direct action organizing, advocacy, and political education using a Black queer feminist lens.

Creative Interventions

Embracing the values of social justice and liberation, Creative Intervention is a space to re/envision solution to domestic or intimate partner, sexual, family, and other forms of interpersonal violence. Creative Interventions assumes that the relationships, families, and communities in which violence occurs are also the very locations for long-term change and transformation. It assumes that those most impacted by violence are the most motivated to challenge violence. It assumes that friends, family, and community know most intimately the condition that lead to violence as well as the values and strengths which can lead to its transformation.

Disability and Abuse Project

The Disability and Abuse Project seeks to disseminate information on how to reduce the risk of abuse, promote healing for victims, and seek justice for those who have been victimized. Their focus is the physical, sexual, and emotional abuse of people with developmental or intellectual disabilities.

Fenway Violence Recovery Program

Fenway Health's Violence Recovery Program (VRP) provides free counseling, support groups, advocacy, and referral services to survivors of domestic violence, sexual assault, and anti-LGBQ/T hate violence. VRP staff have specialized training and experience in working with

lesbian, gay, bisexual, transgender, and queer (LGBQ/T) individuals.

FORGE

FORGE is a national transgender anti-violence organization, founded in 1994. Since 2011, FORGE has served as the only transgender-focused organization federally funded to provide training and technical assistance to providers around the country who work with transgender survivors of sexual assault, domestic and dating violence, and stalking.

Girls for Gender Equality

Since 2002, Girls for Gender Equity has offered Black girls and young trans, gender non-conforming and nonbinary people a safe space to heal and organize through its Sisters in Strength Program, a 2-year youth organizing program for 15 young women of color entering 10th or 11th grade. Programming is shaped both by the unique needs and interests of the SIS youth organizers, and by Girls for Gender Equity's (GGE) vision, mission, and goals. SIS does community organizing around gender-based violence and confronts the multiple layers of individual and institutional discrimination that threaten the safety of girls and women. While the program has always created space for survivors of sexual violence, sexual assault survivors will be more explicitly supported and centered in Sisters in Strength programming through "me too" youth survivor circles.

Incite!

Incite! is a network of feminists of color organizing to end state violence and violence in people's homes and communities.

Journey to Safety, The Domestic Abuse Program at Jewish Family & Children's Services (JF&CS)

Journey to Safety (JTS) is the JF&CS response to domestic abuse. They specialize in providing culturally competent and religiously sensitive services for Jewish and Russian-speaking survivors while offering free and confidential assistance to all who contact us for help, regardless of their religion, culture, or country of origin. JTS is also dedicated to preventing domestic abuse and teen dating abuse through education and awareness-raising in the Jewish community and beyond.

Just Practice Collaborative

Just Practice Collaborative exists to build communities' capacity to effectively and empathically respond to intimate partner violence and sexual assault without relying primarily on police or other state-based systems. They provide training, resources, and structures of support for facilitators of restorative and transformative processes.

Love with Accountability

Created by child sexual abuse and adult rape survivor, award-winning filmmaker/ cultural worker, Aishah Shahidah Simmons, #LoveWITHAccountability examines how the silence around child sexual abuse in the familial institution plays a direct role in creating a culture of sexual violence in all other institutions—religious, academic, activist, political, and

professional.

Massachusetts Alliance of Portuguese Speakers

The Massachusetts Alliance of Portuguese Speakers (MAPS) offers crisis intervention, safety planning, information, guided referrals, medical and legal advocacy, supportive listening, and related services around domestic violence and sexual assault. MAPS also conducts outreach and education in the community.

National Clearinghouse on Abuse in Later Life

The National Clearinghouse on Abuse in Later Life (NCALL) is a project of End Domestic Abuse Wisconsin: The Wisconsin Coalition Against Domestic Violence. NCALL is committed to creating a world that respects the dignity of older adults and enhances the safety and quality of life of older victims and survivors of abuse.

National Immigration Law Center

The National Immigration Law Center (NILC) is a national support center whose mission is to protect and promote the rights and opportunities of low-income immigrants and their family members. NILC staff specialize in immigration law, and the employment and public benefits rights of immigrants. The Center conducts policy analysis and impact litigation and provides publications, technical advice, and trainings to a broad constituency of legal aid agencies, community groups, and pro bono attorneys.

National Immigrant Women's Advocacy Project

The National Immigrant Women's Advocacy Project (NIWAP) envisions a world with equitable access to justice that ensures a safe, supportive environment for immigrant survivors of abuse and their children to health and thrive. NIWAP's experts support advocates, attorneys, law enforcement, and judges who serve immigrants through trainings, strategic consultations, and policy advocacy.

National Indigenous Women's Resource Center

The National Indigenous Women's Resource Center, Inc. (NIWRC) is a Native nonprofit organization that was created specifically to serve as the National Indian Resource Center (NIRC) Addressing Domestic Violence and Safety for Indian Women.

National Latin@ Network for Healthy Families and Communities

The National Latin@ Network for Healthy Families and Communities is the national institute on domestic violence focusing on Latin@ communities. They produce practical publications and tools for the field, disseminate relevant, up-to-date information, and facilitate an online learning community that supports practitioners, policy makers, and researchers who are working to end domestic violence.

National Organization of Sisters of Color Ending Sexual Assault

The National Organization of Sisters of Color Ending Sexual Assault works to support and advocate for women or color and organizations by and for communities of color. To accomplish this, they employ a multi-strategy approach of supporting and enhancing the leadership of

women or col, training and technical assistance, and policy advocacy.

The Network/La Red

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, transgender, SM, polyamorous, and queer communities. Rooted in anti-oppression principles, the organization's work aims to create a world where all people are free from oppression. The Network/La Red strengthens their communities through organizing, education, and the provision of support services.

The NW Network

The NW Network of Bisexual, Trans, Lesbian, and Gay Survivors of Abuse works to end violence and abuse by building loving and equitable relationships in our community and across the country.

Organization of Asians and Pacific Islanders Ending Sexual Assault

The National Organization of Asians and Pacific Islanders Ending Sexual Violence (NAPIESV) is a national organization established by anti-sexual assault advocates to five voice to the experiences of Asian and Pacific Islanders women and girls who are victims of sexual assault. NAPIESV's goal is to provide technical assistance to culturally and linguistically-specific organizations that are currently serving or attempting to serve victims of sexual assault in Asian and Pacific Islander communities.

Our Deaf Survivors Center

Our Deaf Survivors Center provides services and resources related to sexual and domestic violence to Deaf victims/survivors in the state of Massachusetts.

Saheli

Saheli is a community-based organization in Massachusetts with the mission to empower South Asian women and their families to live safe and healthy lives. Saheli is uniquely focused on the needs of South Asians (from Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka). Saheli staff and volunteers speak several South Asian languages, including Hindi, Urdu, Bengali, Gujarati, Punjabi, and others. The organization offers survivors of domestic violence a variety of free services. They support people of all religions, ethnicities, ages, genders, and sexual orientations. All clients' information is kept strictly confidential.

Survived and Punished

Survived and Punished (S&P) is a national coalition that includes survivors, organizers, victim advocates, legal advocates and attorneys, policy experts, scholars, and currently and formerly incarcerated people. S&P organizes to de-criminalize efforts to survive domestic and sexual violence, support and free criminalized survivors, and abolish gender violence, policing, prisons, and deportations.

Somali Development Center

The Somali Development Center is a resettlement hub for Somalis and other Africans that provides housing search assistance, advocacy and interpretation. Amongst their programs

is Somali Women Rising. The Somali Women Rising Program (SWR) is designed to empower Somali and other East African refugee women to live successfully in their American community, and encourage self-sufficiency. SWR provides domestic violence counseling amongst other services.

Stalking Prevention, Awareness, and Resource Center

The Stalking Prevention, Awareness, and Resource Center (SPARC) ensures first responders and other allied professionals have the specialized knowledge to identify and respond to the crime of stalking.

The Stalking Resource Center

The Stalking Resource Center is no longer active. However, the archived website still provides valuable resources for professionals and survivors about the prevalence and dynamics of stalking.

Transform Harm

TransformHarm.org is a resource hub about ending violence. It offers an introduction to transformative justice. Created by Mariame Kaba and designed by Joseph Lublink, the site includes selected articles, audio-visual resources, curricula, and more.

Ujima: The National Center on Violence Against Women in the Black Community

The mission of the National Center on Violence Against Women in the Black Community is to mobilize the community to respond to and end domestic, sexual and community violence in the Black community. Ujima actualizes this mission through research, public awareness and community engagement, and resource development.

Vera Institute of Justice Center on Victimization and Safety

The Vera Institute's Center on Victimization and Safety (CVS) works with government and nonprofit organizations to enhance efforts to prevent and address interpersonal violence and related crimes, including domestic violence and sexual assault. The center specializes in fostering cross-disciplinary collaboration and promoting policies and practices that hold abusers accountable, prioritize safety, and also help survivors heal. Amongst the Center's project are several that address the structural concerns of people with disabilities and Deaf/Hard of Hearing communities.

Visioning B.E.A.R. Intertribal Coalition

The mission of Visioning Bear Intertribal Coalition is to prevent domestic and sexual violence in the intertribal communities of the Northeast which includes Massachusetts, New Hampshire, Vermont, Maine, Connecticut, Rhode Island, and New York.

Women of Color Network, Inc.

The mission of WOCN, Inc. is to eliminate violence against ALL women and their communities by centralizing the voices and promoting the leadership of women of color across the Sovereign Nations, the United States, and U.S. Territories.

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111. This TIP sheet reflects the current understanding that "people first" language is strongly encouraged for people with intellectual and developmental disabilities, but "disabled people" is often preferred term by people with cognitive, mental, physical, and sensory disabilities. People first language is intended to emphasize the humanity of the person in question. "Disabled people," on the other hand, is intended to signify that the disability is intrinsic to who an individual is in the world. As disability justice advocate Lydia X.Y. Brown says of their experience of being autistic in the world, "In the Autism community, many self-advocates prefer terminology such as 'Autistic,' or 'Autistic individual' because we understood autism to be an inherent part of an individual's identity—the same way one refers to 'Muslims,' 'African-Americans,' 'Lesbian/Gay/Bisexual/Transgender/Queer,' 'Chinese,' 'gifted' 'athletic,' or 'Jewish.'" In an effort to honor and be inclusive, this TIP sheet will use the terms "people with disabilities" and "disabled people" in context, and at times interchangeably when they apply to multiple different kinds of disabilities.

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