

OUR STORIES, OUR SAFETY

A COMMUNITY PERSPECTIVE ON HIV DISCLOSURE & INTIMATE PARTNER VIOLENCE

For those of us living with HIV—especially those of us who are also survivors of intimate partner violence (IPV)—navigating disclosure is not just a personal decision. It's a survival strategy. It's an act shaped by our histories, our safety, our traumas, and the systems that too often fail to protect us. We carry the weight of stigma, criminalization, misogyny, transphobia, racism, and poverty—not in theory, but **in our bodies, our relationships, and our communities.**

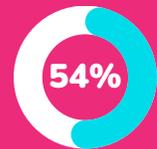
Disclosure is not always empowering. Sometimes, it is terrifying. It can open doors, but it can also close them. It can bring support, but it can also bring violence. Many of us know what it's like to be punished for being honest—whether that means losing housing, being assaulted, getting arrested, or being cut off from family and care.

>50%

OF WOMEN LIVING WITH HIV EXPERIENCE IPV



NEARLY 1 IN 4 WOMEN LIVING WITH HIV EXPERIENCE VIOLENCE AS A DIRECT RESULT OF DISCLOSURE



OF TRANS & GENDER DIVERSE PEOPLE EXPERIENCE IPV

THESE ARE NOT JUST DATA POINTS—THEY ARE REAL LIVES, REAL CHOICES, REAL CONSEQUENCES.

This is even more true for people in our communities who face multiple, overlapping forms of oppression. For Black women, for Indigenous women, for trans women—especially Black and Brown trans women—for gender diverse folks, immigrants, sex workers, disabled people, and those of us navigating housing insecurity or criminal legal systems. **Disclosure is never neutral, it is complicated.** It's not just a conversation, it's a calculation of risk. It's about safety, survival, and staying in control of our own story.

We need people to understand: trauma isn't just something that happened in the past. It's something many of us are still living with—daily, silently. The effects of trauma show up in the way we relate to care, to providers, to institutions. They show up when we hesitate to trust, when we ask too many questions, when we ghost appointments, when we don't open up right away. These are not signs of resistance—they're signs of self-protection. Of wisdom. Of survival.

That's why disclosure can't be treated like a requirement, a moral obligation, or a public health checkbox. It must be treated as a deeply personal and potentially life-altering decision that only we can make, in our own time, in our own way. Disclosure may help some of us feel empowered.

But for others, it may mean danger, control, or loss.

And that choice belongs to us—not to providers, not to systems, not to anyone else.



⚡ **HERE'S WHAT WE ASK FROM YOU** ⚡

- **Know the law in your state.** Before encouraging disclosure, make sure you understand the local HIV criminalization statutes. Partner with organizations like the Center for HIV Law and Policy, Positive Women's Network-USA, or the SERO Project to learn more.
- **Prioritize our safety, always.** Don't ask about disclosure without first asking whether we feel safe. Don't push for action - give us control over when & how to talk about these things.
- **Recognize our trauma without pathologizing us.** If we seem shut down, distracted, or angry—ask what we need, not what's wrong with us. Understand that we might be carrying memories of harm caused not just by partners, but by clinics, religious organizations, police, families, shelters, friends, and courts. Meet us with patience, not judgment.
- **Speak truthfully about risks—especially legal ones.** Many of us don't know how HIV criminalization laws affect us. We need access to honest, accurate information, not fear tactics.
- **Let us lead. Offer tools, not directions.** If we're thinking about disclosure, help us map out the possibilities. What would a safe disclosure look like? Who do we trust? What backup do we need? Let us explore without pressure.
- **Stay with us.** Don't disappear if we decide not to disclose. Don't pull back when the conversation gets messy or nonlinear. Consistent, judgment-free care matters more than any advice.
- **Make space for our full selves.** We're not just patients or survivors. We are artists, parents, organizers, sex workers, elders, healers. Honor our identities. Use our pronouns. Learn our cultures. Support our communities.
- **Stop framing disclosure as a moral obligation.** Framing disclosure as “the right thing to do” ignores the very real dangers many of us face. Safety must come before ideals. Our humanity matters more than a checklist.
- **Support decriminalization. Speak out. Advocate.** Join movements calling for an end to HIV criminalization laws that harm us. These laws don't protect people—they punish people. They don't prevent transmission—they prevent care, honesty, and connection.
- **Invest in collective healing.** Build clinics and spaces where we don't have to hide. Where we are not punished for protecting ourselves. Where disclosure is an option, not a requirement. Where we can access housing, hormones, legal support, childcare, mental health care, and HIV care all in one place. Where we are not just cared for, but valued.

Our ask is simple, but urgent: walk with us. Understand the risks we carry. Believe in our expertise. Center our safety. And work alongside us to dismantle the legal and systemic violence that keeps us from living freely, openly, and safely.

This isn't just about disclosure, it's about dignity. It's about justice. It's about affirming that our lives are worthy of care, of choice, of safety. We should have the right to decide what that looks like for ourselves, especially with those supporting and providing services for us.

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