



# **Intersection of Intimate Partner Violence and HIV**

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# Gender-Based Violence, Health, and HIV Intersections and Implications for HIV Care Providers

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# Learning Objectives

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**As a result of this activity, learners will be better able to:**

- Explain the intersection of IPV incidence and HIV risk, particularly for marginalized communities.
- Utilize interventions for clients who are at risk for IPV and HIV.
- Improve outcomes for women in HIV care by addressing violence and trauma.

# Making the Connection: Gender-Based Violence and HIV



# What is gender-based violence?

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*“Gender-based violence (GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two [sic] genders, within the context of a specific society.”*

*(Bloom 2008).*



# Gender-based violence is widespread and pervasive

- More than **1 in 4 women and 1 in 10 men** in the U.S have experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **61%-72% of bisexual women** and **37% of bisexual men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **44% of lesbian women** and **26% of gay men** experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime.
- **Of transgender individuals, 34.6%** reported lifetime physical abuse by a partner and between **50 and 64%** reported experiencing sexual assault.

(Breiding et al, 2011; Landers & Gilsanz, 2009; The TaskForce; FORGE)



# Health Consequences Associated with GBV

- Alcoholism, tobacco use, and substance abuse
- Arthritis
- Asthma
- Bladder infections
- Chronic somatic disorder
- Depressed immune function
- Depression, anxiety disorders and suicide
- Eating disorders
- Exacerbation of chronic medical conditions
- Genitourinary problems
- Headaches /Migraines
- Heart disease
- High cholesterol
- Insomnia/Sleep problems
- Irritable bowel syndrome
- Memory loss
- Non-adherence with medical treatment
- Obesity
- Pelvic inflammatory disease
- Pelvic pain
- Physical injury or death
- Pregnancy and childbirth complications
- Post-traumatic stress disorder (PTSD)
- Sexual dysfunction
- Social isolation
- STIs and HIV
- Stroke
- Vaginal and anal tearing

(Breiding et al, 2011; Bailey, 2010; Black & Breiding, 2008; Elsberg et al, 2008; Bonomi et al, 2007; Lesserman et al, 2007; Kaysen et al, 2007; Sato-DiLorenzo & Sharps, 2007; Weinsheimer et al, 2005; Kendall-Tackett et al, 2003; Ackard et al, 2003; Campbell et al, 2002; Coker et al, 2002; Lemon et al, 2002; Coker et al, 2000; Constantino et al, 2000; Dienemann et al, 2000; Kernic et al, 2000; Letourneau et al, 1999; Campbell & Lewandowski, 1997; Plichta, 1996; Cohen et al, 1995; Drossman et al, 1995; Stark & Flitcraft, 1995; Wagner et al, 1995; Talley et al, 1994; Conway et al, 1993; Cacardi et al, 1992; Bergman & Brismar, 1991; Follingstad, 1991; Bergman & Brismar, 1991; Drossman et al, 1990; Plichta, 1992; Campbell & Alford, 1989; Chapman JD, 1989; Miller et al, 1989; Domino & Haber, 1987)

“ Research shows us that violence is both a significant cause and a significant consequence of HIV infection among women.”

Judy Auerbach  
American Foundation for AIDS Research (AmfAR)

# Understanding the Problem

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- Gender-based violence increases the chance of becoming infected with HIV.
- Women are 2-5 times more likely than men to contract HIV from heterosexual sexual intercourse.

Can anyone tell me why?

Type your responses in the Chat box

# Victims of GBV are More Likely to be Infected

- Women and girls who are victims of GBV are **4 times** more likely to become infected with STIs including HIV.
- Women who were beaten or dominated by their partners were **48% more likely** to become infected with HIV than women in non-violent relationships.

(Decker et al, 2009; Gielen et al, 2007; Decker et al, 2005; Wingood et al, 2000; Campbell & Soeken, 1999)

# Spectrum of Control

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Women disclosing

**physical abuse**

were

**3 TIMES**

more likely to  
experience an STI.

Women disclosing

**psychological abuse**

were

**2 TIMES**

more likely to  
experience an STI.

(Coker et al, 2000)

# Men and Health Impact of IPV

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- Men who have sex with men (MSM) are at higher risk for experiencing both HIV and intimate partner violence.
- Among men who had experienced intimate partner violence, there were higher rates of depression.

# GBV and HIV Status Disclosure

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**24%** of female patients experienced physical abuse after disclosing their HIV status and **45%** feared such a reaction.

(Rothenberg K.H. et al, 1995)

## Quote

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Over half of women living with HIV have experienced GBV, considerably higher than the national prevalence among women overall (55% vs. 36%).

(Machtiger, 2012; Black, 2011)



# HIV AND GBV

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Among women who are experiencing GBV, women who are HIV-positive experience **more severe violence** and **more frequent abuse** compared to HIV-negative women.

Review study by Gielen et al, 2007

## Among a sample of HIV-positive men:

- 39% reported physical intimate partner violence by a primary sexual partner
- 17% reported physical intimate partner violence by a casual sexual partner

Shelton et al, 2005

# Why do we talk about co-occurrence of HIV and GBV?

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HIV is a social disease with clinical implications

- The infection moves primarily through social and sexual networks
- Communities that are most marginalized by stigma and discrimination are also most vulnerable to HIV
- Clinical outcomes also reflect the prevailing inequities and health disparities (It's not just viral load!)

# Trauma and Women Living with HIV

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In addition to gender based physical and sexual violence, Trauma and PTSD impact HIV-positive women at disproportionate rates when compared to the general population of women

- Rate of recent PTSD is **30%** (5X rate recent PTSD in general population)
- Childhood sexual abuse occurs at an estimated rate of **39.3%** and childhood physical abuse at an estimated rate of **42.7%** (2X the national rate among women)

*Lifetime trauma rate 71.8%.*

Machtinger et al., 2012

How does gender-based violence increase the risk for HIV and vice versa?

# GBV and Compromised Sex Negotiation

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HIV-positive men and women who experienced GBV were more likely to engage in **unprotected sex**.

Bogart et al, 2005

# Knowledge Isn't Enough

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Women with high STI knowledge who were fearful of abuse were  
**less likely to consistently use condoms**  
than nonfearful women with low STI knowledge.

(Raiford et al, 2009)

# Sexual Coercion

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**A range of behaviors that a partner may use to pressure or coerce a person to have sex without using physical force.**

- Pressuring a partner to have sex when the partner does not want to
- Forced or coerced non-condom use or not allowing other prophylaxis use
- Intentionally exposing a partner to an STI or HIV
- Threatening to tell friends or loved ones about HIV diagnosis
- Threatening retaliation if notified of a positive HIV result



# Anal Intercourse and HIV

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Data show that where GBV is present, there is a higher rate of unprotected anal sex.

Anal sex can be a part of a healthy sexual relationship, but it can also be used to degrade an individual particularly if they are not consenting to sexual activity.

# Perpetrator HIV risk

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## **Abuse perpetrators are more likely to engage in greater HIV risk behaviors:**

- Condom non-use, including coercive condom non-use
- Sexual infidelity/concurrent partnerships
- More likely to have multiple sexual partners
- Injection drug use
- Unprotected anal intercourse

(Decker et al., 2009, Silverman et al., 2007; Dunkle et al., 2006)

# RISK

REDUCING RISK REQUIRES  
INDIVIDUAL BEHAVIORAL CHANGE

VS.

# VULNERABILITY

REDUCING VULNERABILITY REQUIRES  
STRUCTURAL SOCIAL CHANGE

# Vulnerable Population: Sex Workers

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Women involved in the sex industry, including those trafficked for sexual exploitation, suffer a high burden of HIV.

- Sex work, transactional sex or economically motivated sex is not inherently a form of GBV
- The power dynamic implicit in the exchange of sex for money, drugs or necessities creates disproportionate vulnerability to GBV
- GBV and violence from other perpetrators are common among women involved in the sex industry, including sexual exploitation and economically motivated sex

# Violence, Injecting Drug Use and Sex work

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- Significant overlap between women who engage in injecting drug use and sex work behaviors, particularly street-level sex work
- Many female IDU are engaged in sex work regularly or occasionally, which increases HIV transmission risk
- Transactional sex: female IDU have reported providing sex in exchange for housing, food and protection

# GBV, HIV and Men

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- Recent studies have suggested that men who have sex with men (MSM) who experience GBV are more likely to be HIV positive than those not experiencing violence, and are more likely to: (Buller, 2014)
  - engage in substance use
  - engage in unprotected anal sex
- An Alabama study found that MSM who experience GBV also report feeling unable to negotiate condom use (Finneran)

# Trauma and Transgender PLWHA

- Transgender people are infected with HIV at over four times the national average (2.64% vs .6%)
  - Rate of HIV for transgender people who have been sexually assaulted due to bias 10.13%
  - Rate of HIV for transgender people who have experienced domestic violence 5.5%
- Transgender women are impacted by HIV at disproportionate rates 27.7%
- Physical abuse 42.9%
- Violence at home 57.9%
- Forced sex 20.6%

GBV is an

## UNDER-RECOGNIZED BARRIER

to women's ability to  
obtain regular medical care  
for HIV/AIDS.

Lichtenstein, 2006



# Access to care

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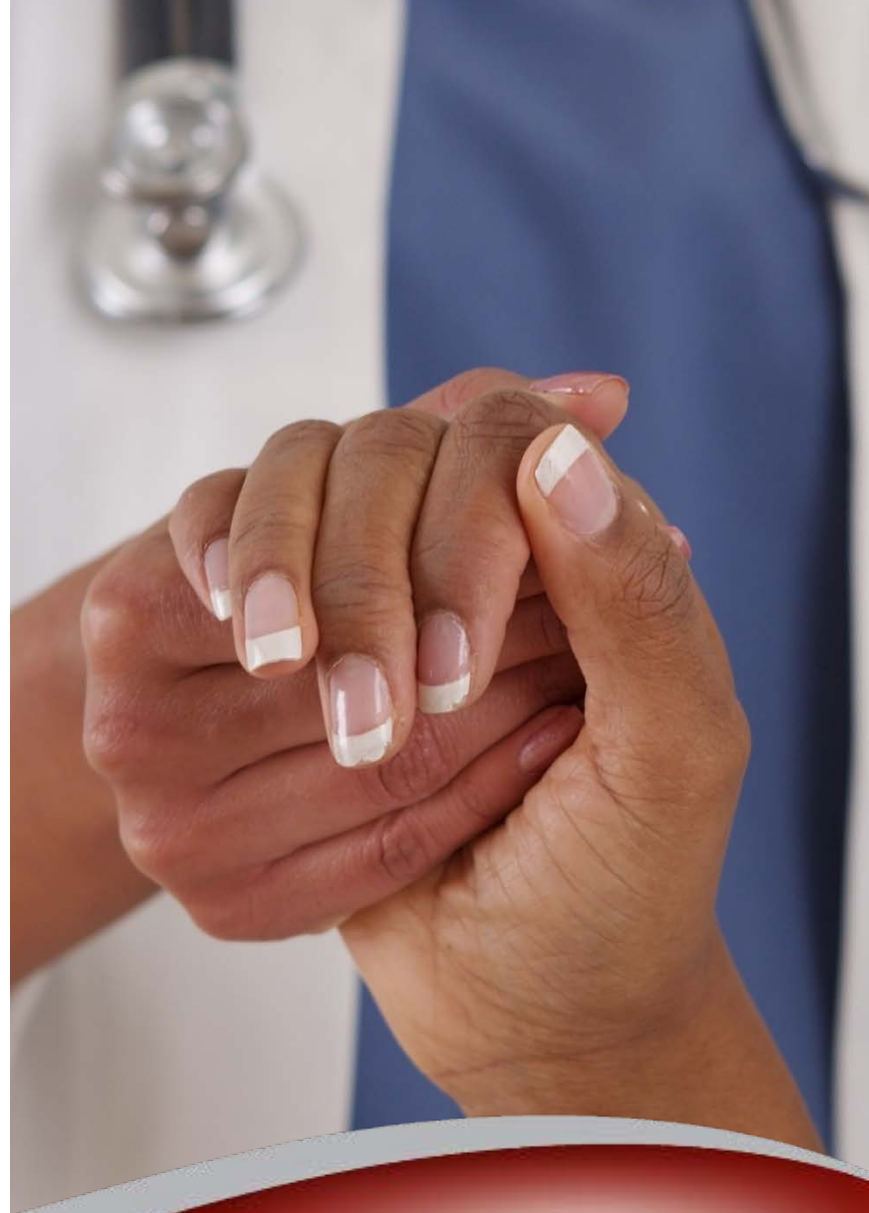
- Fear of violence as a result of disclosure can prevent women from seeking care
- Abusive partners can use HIV as a method for control:
  - Threaten to reveal HIV status to family, friends, employer, custody judges
  - Humiliate or degrade for being HIV positive
  - Using HIV status as an excuse for violence or abuse
- Consistent medication adherence can be a challenge for people in violent relationships
  - Medication interference by partners through threats of violence, Isolation, Stalking and destruction of medicine.
  - Difficulty with consistently taking medication given competing priorities
  - PTSD and depression are associated with low medication adherence

# Violence and trauma are barriers to viral suppression

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- Violence can compromise ART uptake and adherence, and is linked to poor treatment response
- Violence, trauma and related stresses can accelerate HIV disease progression, likely due to compromising the immune system

Practice implications  
for HIV testing and  
counseling services



**Universal Education provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors**

Women who talked to their health care provider about the abuse were:

**~4 times more likely**

to use an intervention

**2.6 times more likely**

to exit the abusive relationship

McCloskey et al, 2006

# Your Role is Important - DOABLE

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- Providers do not have to be GBV experts to recognize and help patients experiencing GBV
- Ability to partner with local domestic and sexual violence agencies to support your work
- HIV testing and counseling offers a confidential, private and unique opportunity for education, early identification, risk reduction and intervention

# Redefining Screening

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- NOT a checklist, something that gets filled out and goes in the chart
- IS a conversation
- IS how a clinic is set up
- IS how providers are trained

*Move away from screening questions to universal education, assessment and brief counseling.*

# Patient-Centered Approach

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- Patients want providers to talk to them about GBV
- Concerns about how information will be used (health records, reporting, etc)
- Empower patients with information, regardless of screen
- Be aware of mistrust of health care that people may have because of legacy of discrimination and inequitable care.

*The “perfect” screening question will not necessarily increase disclosure rates*



# Patient-Centered Approach

## *universal education, intervention and support*

- Limits to **Confidentiality**
- **Universal Education** Start a conversation about healthy relationships and how unhealthy relationships can affect ones' health and risk for HIV.
- **Direct Assessment** Ask directly about how the patient's relationship(s) are going.
- **Support** And Harm Reduction- Validate, offer harm reduction strategies
- Make a warm referral.

# Getting Started: DO NO HARM

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- Assessing for GBV can put your client in danger— always assess patients alone and not within earshot of a partner or family member
- Always disclose the limits of confidentiality before beginning any assessment
- Never use a family member or friend as an interpreter—use professional interpreters
- You violate HIPAA reporting laws if you report something not mandated by law

# Getting Started: DO NO HARM

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## Provider Tips

- Be sensitive to the fact that individuals who are LGBT who are requesting HIV testing may be in an abusive relationship
- Use gender neutral terminology when referring to partners
- Recognize that individuals who are LGBT may not identify or disclose as such
- Be aware of LGBT community resources

# Getting Started: Confidentiality

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**Sample script to disclose the limits of confidentiality before asking about GBV:**

**“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening unless you tell me that you are being hurt physically or sexually by someone or planning to hurt yourself.”**

This safety card is an evidence-based intervention and can take seconds to share with a patient.



- A conversation starter/guide and patient education resource
- Help survivors of violence and sexual coercion learn about safety planning, harm reduction strategies and support services.
- Plant seeds for those who are experiencing abuse but not yet ready to disclose.
- Provide primary prevention for patients who have not been in this kind of relationship—so they can identify signs of an unhealthy relationship and ideally avoid them.

# Universal Education

**Although most reported victims of GBV are women, clinicians should have this conversation with all clients regardless of gender, age or other demographic characteristics**

- **Connect to the visit:** “Because violence in relationships is so common, and can have serious health impacts, I aim to talk to every patient about experiences they might have had.”
- **Introduce Safety Card:** (Unfold card and show it) "It's kind of like a magazine or online quiz. It talks about respect, sex and how those things are connected to STDs and HIV.“
- **Make the Connection:** “Unhealthy relationships can affect people’s health and put people at higher risk for HIV. There options and resources in our community for people who need them”

# Universal Education: Connecting to the visit

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## [example safety card content]

### Why get tested?

#### People get tested for all sorts of reasons

- Accidents happen – condoms break once in a while!
- Fun sex can make you forget about condoms.
- You've never been tested and you're curious about your status
- Maybe you have a new partner and you just want to make sure are ok before you have sex with them.

If those are the kinds of reasons you're getting tested today, it sounds like you get to make decisions about sex – and that's what everyone deserves.

# Direct Assessment: How is your relationship?

**Ask simple questions to assess for violence and sexual coercion, such as:**

- “Does your partner ever make you feel afraid or threatened?”
- “Has your partner ever forced you to have sex, or made you do sexual things you didn’t want to do?”
- “Do you ever feel afraid asking your partner to use condoms?”



# Direct Assessment: Sexual Autonomy

[example safety card content]

## Sex: How often is it about you?

Everyone deserves to have partners listen to what they want and need.

Ask yourself:

### Do my partners ever

- Make me have sex or do sexual things when I don't want to?
- Make me do sexual things with or for other people?
- Make me afraid to ask to use condoms?

If you answered YES to any of these questions, you are not alone. Lot of people experience this. see the back of the card for hotline numbers to get more information without being judged.

# Direct Assessment: Risk from Partners and Coping

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[example safety card content]

## Sex, drugs ... and risk

Ask yourself, how often:

- Have my partner(s) had unprotected sex with other people?
- Have my partner(s) used needles? Shared needles or works?
- Have I used needles or shared works?

Your partners' actions may be putting you at risk for HIV and other STDs. It is not your fault, but your actions too might be risky. Using drugs to numb pain is common – there are people who understand this and programs that can support you. See the back of this card for more information.

# Opportunities to Introduce Discussion of GBV

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- At Intake/Pre-test Counseling
- During Risk Assessment
- During Sexual History Taking
- During Discussion of How Individual Might React to Testing HIV Positive Whenever Partners are Discussed
- During Safer Sex Discussions At Post-test Counseling

# Recommended Practice: Integrating GBV assessment into HIV pre-test counseling

Providers are encouraged to begin discussions of violence issues in pre-test counseling, as part of an overall discussion of support systems and what the client might anticipate if the test result is positive.

# Scripts: Integrating GBV assessment into HIV pre- test counseling

- “Being tested for HIV raises a number of important issues for you personally, for other people in your life, or for people close to you. I ask all my clients about how a positive result would affect them and others.”
- "If your test comes back positive, we will talk more about letting your partners know they have been exposed. We will take time to discuss steps that you and I may need to take. We will need to safeguard your privacy, your well-being, the well-being of your partner and contacts. We will talk about whether it is safe for you and for your contacts if we notify them that they may have been exposed to HIV.”
- "What do you imagine the response would be from your partner(s) or others living in your household if they knew you tested positive?"

# Pre-Test Counseling

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## **Integrating GBV assessment into HIV pre-test counseling will:**

- Allow the client to consider consequences of positive result
- Enable providers to anticipate need for support
- Offer opportunity to intervene in GBV, even if test is negative.
- Make space for GBV discussion not at the same time as learning of a positive HIV status.

# Post-Test Counseling: Opportunity for Assessment

- Post-test counseling provides an additional opportunity to talk about GBV issues, regardless of the test result.
- GBV screening can take place during post-test counseling, when you discuss partner notification—but should take place before partner names are elicited.
- "It is important to let your partners know they have been exposed to HIV so they can learn their own status and we hope you will help with this. First, however, I want to make sure that notifying your partners won't put you at risk. Nothing will happen to you if you decide it is not safe for us to notify this person."
- "A next step would be to try to let your partner and other contacts know that they may have been exposed to HIV. Of course, it is very important to try to stop the spread of HIV and help people get health care as quickly as possible. When we make a notification, we do not tell them who may have exposed them or even anything about the type of exposure."

# Post-Test Counseling: Opportunity for Assessment

- Assessment takes place on a partner-by-partner basis for any partners voluntarily identified and for any additional partners or spouses known to the provider:
  - "What response would you anticipate from this partner/ex-partner if he/she were notified of possible exposure to HIV?"
- Follow-up questions to explore a history GBV and anticipated consequences of HIV partner notification:
  - "Have you ever felt afraid of your partner or ex-partner?"
  - "Based on what you've just told me, do you think that the notification of this partner will have a severe negative effect on your physical health and safety, or that of your children or someone close to you?"
  - "Are you afraid of what might happen to you or someone close to you if this partner were notified?"



**REMEMBER:**

**Disclosure is not  
the goal, **and**,  
Disclosures  
Happen!**

# Support Survivors: Listen and Validate

**When a patient discloses that they are experiencing GBV, sexual coercion, or is afraid to ask their partner to use condoms, first validate their experience.**

- Thank them for sharing this with you and convey empathy
- Validate that GBV and sexual coercion are health issues that you can help with
- Let them know you will support them unconditionally and without judgment

What are some validating statements you can use? Type them into the chat box.

# Validating Statements:

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- “I’m glad you told me about this. I’m so sorry this is happening. No one deserves this.”
- “You’re not alone.”
- “Help is available.”
- “I’m concerned for your safety.”

Your recognition and validation of the situation are invaluable.

# Support Survivors: What NOT to say

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- “you should call the police and make a report”
- “You are definitely in an abusive relationship”
- “That does not sound like rape to me...”
- “Your partner is crazy, you need to break up with them”
- “So what happened after that, and what happened after that?”

# Harm Reduction: Safer Partner Notification

## [example safety card content]

### Talking about positive test results

Letting your partners know if they may have been exposed to HIV or other STDs is very important—in some cases it's even the law. If you are afraid or worried, there are options that might keep you safer.

- Request partner notification from the public health department anonymously, without using your name.
- Use online partner notification services without using your name at <http://www.inspot.org>. For other STDs, use <http://www.sotheycanknow.org>.

Take time to figure out what notification plan works best for you—look at the resources on the back of this card for support.

# Harm Reduction: Safer Partner Notification

**If patient has a positive test result, discuss strategies to promote safety around partner HIV notification**

- Although no previous incidents of severe violence, HIV exposure notification may spark abusive reaction
- Other outcomes may occur: loss of housing, withdrawal of financial support, custody retaliation or withholding access to health care or medications
  - Know your state's specific laws regarding partner notification

# Harm Reduction

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## **Deferral of HIV Partner Notification**

Partner notification should be deferred if there is risk of behavior toward the HIV-infected individual which may affect their physical health and safety, his/her children, or someone who is close to them or to a partner/contact.

# Harm Reduction: Confidentiality

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## **HIV-infected individuals should always be assured that:**

- The information provided will be kept strictly confidential
- The confidentiality of HIV-related GBV information is protected by law and regulations
- That such protected information will be used only to help make decisions about whether partner notification should proceed and to offer referrals for domestic violence services
- In no cases are names of HIV-infected individuals provided to partners by public health staff



# Providing a “Warm” Referral

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**When you can connect to a local program it makes all the difference.**

“If you would like, I can put you on the phone right now with [name of local advocate], and we can come up with a plan for you to protect your safety.”

# Providing a “Warm” Referral

## Review the Resources Panel

“On the back of the card are some phone numbers and websites, in case you or a friend ever needs information or support.”

**National hotlines can connect you to local resources and provide support 24/7 via phone or online chat:**

**National Domestic Violence Hotline**  
1-800-799-7233 | 1-800-787-3224 (TTY)  
[www.thehotline.org](http://www.thehotline.org)

**National Sexual Assault Hotline**  
1-800-656-4673 | [www.rainn.org](http://www.rainn.org)

**SAMHSA National Helpline**  
For drug use and mental health  
1-800-662-4357



[FuturesWithoutViolence.org](http://FuturesWithoutViolence.org)

**The Body complete HIV/AIDS resource**  
[www.thebody.com](http://www.thebody.com)

**AIDS.org HIV/AIDS prevention, FAQs and news** | [www.aids.org](http://www.aids.org)

**Planned Parenthood**  
HIV/STI testing and other info  
[www.plannedparenthood.org](http://www.plannedparenthood.org)

**Centers for Disease Control and Prevention** HIV transmission prevention (PrEP) info | [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

**Positive Women’s Network**  
support and action network  
[www.pwnusa.wordpress.com](http://www.pwnusa.wordpress.com)

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# IPV Pilot Project

## ***Improving Health Outcomes Through Violence Prevention: Phase II to Identify and Provide Brief Counseling on Intimate Partner Violence (IPV) in Health Centers***

- Goal: Improve the health outcomes for women through the identification and response to intimate partner violence (IPV)
- Participating are seven community health centers and seven domestic/sexual violence (D/SV) programs from across the U.S.

Supported through a collaboration of U.S. Department of Health and Human Services partners including, the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care; the HRSA Office of Women's Health; and the Administration for Children and Families' (ACF) Family and Youth Services Bureau.

# Phase II Participating Sites and Learning Community

1. Brockton Neighborhood Health Center and Family and Community Resources **(Brockton, MA)**
2. CommuniCare Health Center and Empower Yolo **(Davis, CA)**
3. Eastern Iowa Health Center and AMANI **(Cedar Rapids, IA)**
4. La Comunidad Hispana and Domestic Violence Center of Chester County **(Kennet Square, PA)**
5. Mariposa Community Health Center and Catholic Community Services **(Nogales, AZ)**
6. Thundermist Health Center and Sojourner House **(Woonsocket, RI)**



# Thank you!

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CME Evaluation: <https://www.surveymonkey.com/r/DFMPF9V>

Get more information at:

<http://www.healthcaresaboutipv.org>

Offers policy memos, patient and provider educational tools and resources.

Would you like to receive materials?

Kate Vander Tuig: [kvandertuig@futureswithoutviolence.org](mailto:kvandertuig@futureswithoutviolence.org)



Thank you for participating in this Webinar. We hope that you are able to find the information provided useful as you continue your P4C project. We ask that you take a few moments to complete the feedback survey you will receive when you close out of this webinar.

**Thank you for participating in today's webinar**

If you have any additional questions, please email us:  
[P4CHIVTAC@mayatech.com](mailto:P4CHIVTAC@mayatech.com)