

# Addressing Violence & Trauma in HIV Prevention and Care

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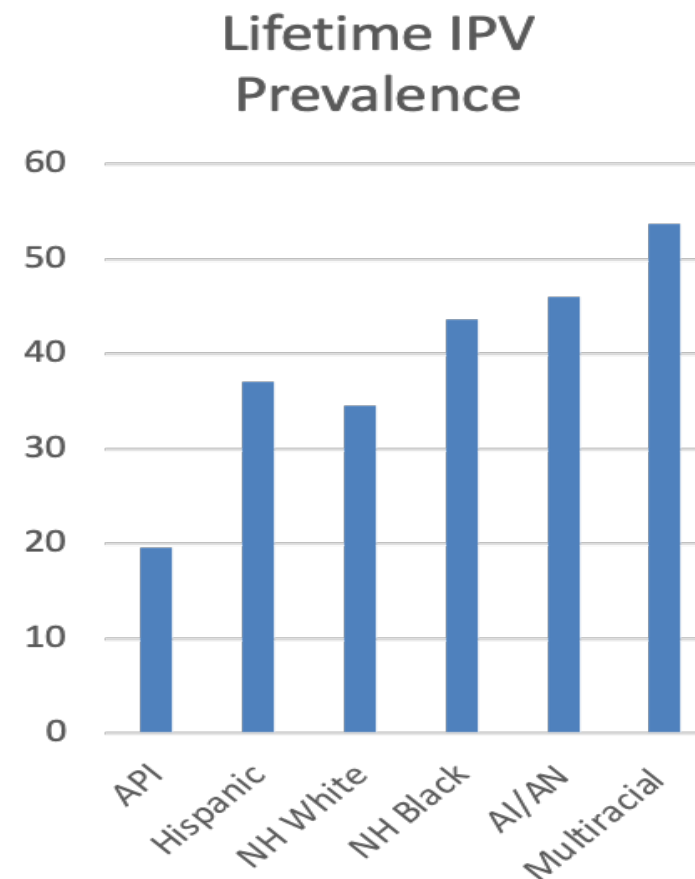
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# Intimate partner violence & HIV among women & girls

- Approximately **one in three women** in the US experience physical or sexual intimate partner violence (IPV) (CDC, 2015)
- Extensive evidence links IPV with STI/HIV risk and infection
  - Prospective research links IPV with *incident* STI, including HIV
- IPV is more frequent and severe among HIV positive women



Data source: CDC NISVS; 2010

Hess et al., 2012; Maman et al, 2000; Gielen et al, 2007; Campbell et al, 2008; Wu et al, 2003; Sareen et al, 2009; Weiss et al., 2008; Allsworth et al., 2009; Jewkes et al., 2010; Kouyoumdjian et al., 2013; O'Leary et al., 2015; Gielen et al, 2002; McDonnell et al, 2003; Wyatt et al, 2002; Machtinger et al., 2012

## Why the links? IPV and HIV

- Limited control over sex with a high-risk partner
- Compromised sexual & condom negotiation
- Coerced and forced sex
  - often unprotected
  - may result in physical trauma and facilitate transmission
- Greater risk introduced by male violence perpetrators
  - engage in greater sexual risk behavior
  - more likely to be living with HIV
- Diagnosis and partner notification a context for fear and abuse



# IPV and other trauma can impede HIV-related care

- Abusive partners can use HIV status as tactic of abuse and control
  - can directly interfere in access to care and medication adherence
- PTSD and depression associated with low adherence
- Abused women less likely to use ART
- Violence and other stressful life events linked with
  - non-adherence
  - poorer immune function
  - poor viral response

*“Cause that's the last thing that's on my mind, is taking medicine. 'Cause, I got to deal with this, this knucklehead, he want to be putting his hands on me, and, um, I don't have nowhere to stay, I'm staying in a shelter, uh. You know, you can't do everything in a shelter. You got to be real, you got to keep your stuff close to you, and all this and all that.”*




*--Baltimore participant living with HIV and IPV*



## ACTIONS AT-A-GLANCE COMPARISON

# INTERSECTION OF HIV/AIDS, VIOLENCE AGAINST WOMEN AND GIRLS, AND GENDER-RELATED HEALTH DISPARITIES

In 2012 a Federal Interagency Working Group was established as part of a Presidential Memorandum that committed the Administration to improving efforts to understand and address the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities. This group developed five recommendations that were core objectives for action. Those recommendations have been incorporated into the Update, as shown in the table below.

FEDERAL INTERAGENCY WORKING GROUP RECOMMENDATIONS (2013)	AS INTEGRATED INTO THE UPDATED NATIONAL HIV/AIDS STRATEGY
<b>1</b> Improve health and wellness for women by screening for intimate partner violence (IPV) and HIV.	 <b>1.B.2</b> Support and strengthen integrated and patient-centered HIV and related screening (STIs, substance use, mental health, IPV, viral hepatitis infections) and linkage to basic services (housing, education, employment).*
<b>2</b> Improve outcomes for women in HIV care by addressing violence and trauma.	 <b>2.C.2</b> Improve outcomes for women in HIV care by addressing violence and trauma, and factors that increase risk of violence for women and girls living with HIV.
<b>3</b> Address certain contributing factors that increase the risk of violence for women and girls living with HIV.	 <b>2.C.1</b> Address policies to promote access to housing and other basic needs and other supportive services for people living with HIV. → <i>Federal efforts should be enhanced to address HIV and IPV among homeless and marginally housed women and girls.</i>

**NATIONAL HIV/AIDS STRATEGY**  
for the **UNITED STATES:**

UPDATED TO 2020

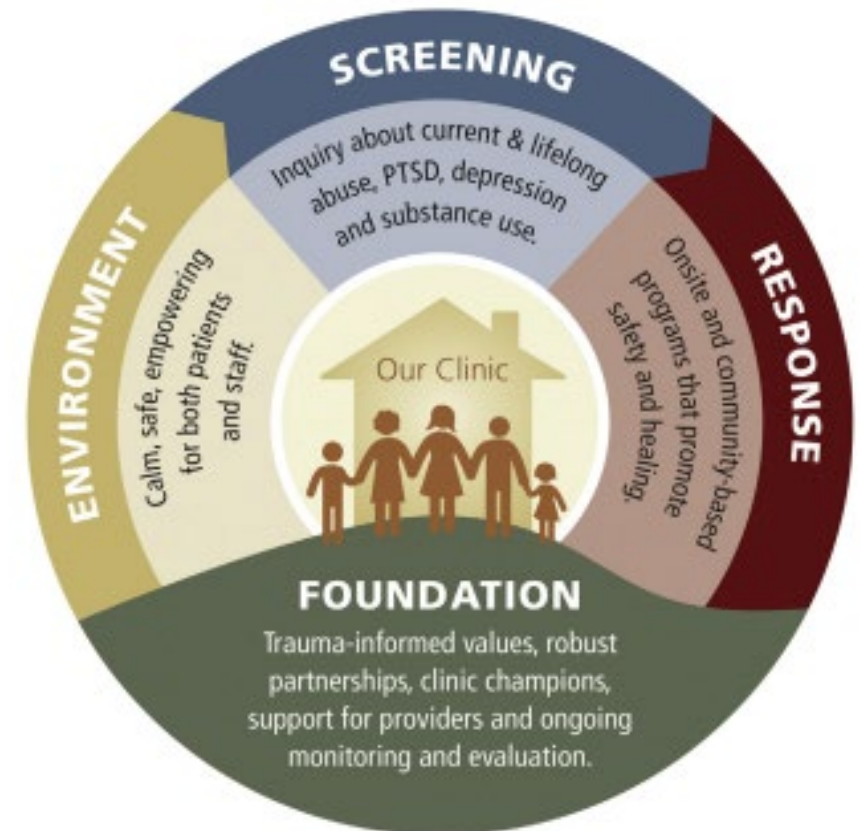
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# Trauma-informed care

- Realizes, recognizes and responds to the possibility of trauma
- IPV Screening & Response
  - is conducted sensitively and privately
  - is accompanied by links to support services that providers are familiar with
  - recognizes barriers to disclosure
    - Does not make access to resources contingent on disclosure
    - Does provide flyers/resources in discreet locations like bathrooms
  - builds on best practices
  - links survivors to care and does not attempt to advise or resolve the situation

## Trauma-informed Primary Care



Machtinger, E. L., Cuca, Y. P., Khanna, N., Dawson Rose, C., & Kimberg, L. S. (2015). From Treatment to Healing: The Promise of Trauma-Informed Primary Care. *Women's Health Issues, 25*(3).

**Figure 1.** A framework for trauma-informed primary care.

# Resources on violence and trauma at: Futures Without Violence (National Health Resource Center on Domestic Violence)

- HIV/IPV factsheet
  - <http://www.futureswithoutviolence.org/the-facts-on-violence-against-women-with-hivaids/>
- Patient and provider resources for addressing violence, trauma and HIV
  - [www.futureswithoutviolence.org/health/hiv](http://www.futureswithoutviolence.org/health/hiv)
  - toolkit, safety card, and provider training slides for screening and response

