Interventions that Address Intimate Partner Violence and HIV among Women: A Systematic Review

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

National Center for Injury Prevention and Control

Division of Violence Prevention

Presentation Overview

- Background
- Intersecting Conditions
- Methods
- Results
- Conclusion/Limitations/Implications

BACKGROUND

Definitions

- Intimate partner violence (IPV) includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner).
- Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse. It includes:
 - Forced or alcohol/drug facilitated penetration of a victim;
 - Forced or alcohol/drug facilitated incidents in which the victim was made to penetrate a perpetrator or someone else;
 - Non-physically pressured unwanted penetration;
 - Intentional sexual touching; or non-contact acts of a sexual nature.

Basile KC, Smith SG, Breiding MJ, Black MC, Mahendra RR. Sexual Violence Surveillance: Uniform Definitions and Recommended Data Elements, Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2014.

Breiding MJ, Basile KC, Smith SG, Black MC, Mahendra RR. Intimate partner violence surveillance: Uniform definitions and recommended data elements, Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; in press.

Intimate Partner Violence (IPV)

United States

 Over one-third (35.6%; 42 million) of women report experiencing rape, physical violence, or stalking by an intimate partner in their lifetime.

Globally

 Almost one-third (30%) of all women report experiencing physical and/or sexual violence by an intimate partner.

Breiding, M.J., Chen J., & Black, M.C. (2014). Intimate Partner Violence in the United States — 2010. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

World Health Organization (WHO, 2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.

HIV

 The main route of transmission of HIV among women is sex (vaginal and anal) without a condom with a male partner.

United States

• 1.2 million people are living with HIV and one in four are women

Globally

 Approximately 35 million people are living with HIV and half (approximately 18 million) are women

CDC. (2014). HIV Among Women. Retrieved from http://www.cdc.gov/hiv/pdf/risk_women.pdf

CDC. (2014). Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas—2012. <u>HIV Surveillance Supplemental Report</u> 2014;19(No.3). Joint United Nations Programme on HIV/AIDS (UNAIDS, 2013). Core Slides: Global Summary of the AIDS Epidemic. Retrieved from http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2013/gr2013/201309 epi core en.pdf

The Henry J. Kaiser Family Foundation. (2013). The Global HIV/AIDS Epidemic. Retrieved from http://kff.org/global-health-policy/fact-sheet/the-global-hivaids-epidemic/

Interagency Federal Working Group: HIV/AIDS, Violence Against Women and Girls, and Gender–Related Health Disparities

- <u>Objective 5</u>: Support research to better understand the scope of the intersection of HIV/AIDS and violence against women and girls and develop effective interventions.
- <u>Recommended Action 5.1</u>: Improve our understanding of how to most effectively address the intersection of HIV and violence against women and girls by analyzing data from existing studies and programs.
 - CDC will conduct a systematic review to identify interventions that address the intersection of HIV/AIDS and IPV among women.

The White House. (September 2013). Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. Interagency Federal Working Group Report. Retrieved from <u>http://www.whitehouse.gov/sites/default/files/docs/vaw-hiv_working_group_report_final - 9-6--2013.pdf</u>

INTERSECTING CONDITIONS

IPV and HIV

 Research suggests a synergistic relationship between violence and HIV that results in health outcomes worse than either condition alone, referred to as a "syndemic" relationship.

For women living in the United States:

- Women with a history of IPV are more likely to report HIV risk factors (e.g., unprotected sex, injection drug use and alcohol abuse) compared to women who have not experienced violence.
- Women who are living with HIV experience IPV more than the national prevalence of all women (55% vs. 36%).

Additional citations can be found at: The White House. (September 2013). Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. Interagency Federal Working Group Report. Retrieved from http://www.whitehouse.gov/sites/default/files/docs/vaw-hiv working group report final - 9-6--2013.pdf

Systematic Review of Behavioral Interventions

- Purpose: To describe the content and efficacy of three types of behavioral interventions:
 - 1. Preventive interventions that address IPV and HIV among women,
 - 2. HIV prevention interventions for IPV survivors, and
 - **3.** IPV prevention interventions for women at risk for HIV

METHODS

Search & Inclusion Criteria

Databases

• EMBASE, PubMed, PsyINFO, Medline, and Sociological Abstracts

Inclusion Criteria*

- **1.** Addressed IPV and HIV prevention
- Enrolled an adult sample of women (≥18 years old) or an adult sample stratified by gender
- **3.** Used an experimental or quasi-experimental design
- 4. Included outcome data (biologic and/or behavioral)
- 5. Published between 2008 and 2012 in a peer-reviewed journal
- 6. Written in English

Outcomes of Interest

1. Primary Outcomes (behavioral or biologic)

 sexual, physical, psychological violence, IPV composite (at least two forms of violence), unprotected sex (UPS), condom use, number of sex partners, incident sexually transmitted infection (STI)

2. Secondary Outcomes

• HIV knowledge, behavioral intentions, self-efficacy, safer sex peer norms, etc.

Intervention Core Content Components (n=23)

Prevention Focus	Intervention Core Content Component
	Assessing danger
	Awareness
IPV Prevention	Effects of trauma (e.g., PTSD, anxiety)
	Power and control
	Safety planning (skills)
	Attitude (e.g., towards safe sex, condom use)
	Correct condom use (skills)
	Culturally/linguistically appropriate materials and information
	Decision-making (skills)
	Gender norms/roles
	Goal setting
	Motivation/intention
HIV Prevention	Negotiation about safer sex/condom use (skills)
	Normative influence (e.g., changing peer/social norms)
	Other skills (e.g., communication, disclosure, stress)
	Personal risk/vulnerability
	Personalized risk reduction plan
	Protecting family/significant others
	Self-efficacy
	Women's sexuality (having a positive view)
IPV and HIV Prevention	Knowledge/information
	Empowerment (e.g., knowing a woman's sexual rights)
	Social support

Intimate Partner Violence and HIV Systematic Review Flow Chart

Citations identified through systematic search (title and abstract) N = 490

> Screened articles based on eligibility criteria (full text) N = 82

Studies included in the analysis N = 8 (N = 10 interventions)

Excluded citations N = 408

Based on title and abstract, 408 were excluded because they did not meet the criteria (e.g., childhood sexual abuse only, focused exclusively on men, published before 2008).

Excluded articles N = 74

Reasons for exclusion: 1. Not focused on both IPV and HIV/AIDS (n=13) 2. Not focused on adult women or stratified (\geq 18) by women (n=5) 3. Not an experimental or quasi-experimental design (n=44) 4. Not published in a peer-reviewed journal (n=4) 5. Articles that were based on a publication from 2006 (included in previous reviews; n=5)

6. No outcome data, only baseline (n=3)

RESULTS

Author, year	Location	Sample Size (BL)	Intervention Focus
Carlson, 2012*	Mongolia, East & Central Asia	166	To decrease the risk for women who exchange sex and use alcohol through an HIV/STI risk reduction intervention
Davila, 2008**	Detroit, MI	31	To test a theory, gender, and culturally specific intervention for Spanish-Speaking Latinas that addressed HIV and IPV risk reduction
Enriquez, 2010**	Kansas City, Missouri	31	To test the feasibility of an intervention that addressed IPV and HIV prevention among low-income mothers
Laughon, 2011**	Central Virginia	19	To test the feasibility and acceptability of an intervention for rural battered women to prevent IPV and STIs
Peragallo, 2012	Miami-Dade & Broward Counties, FL	548	To examine an HIV risk reduction intervention that is culturally-specific for Hispanic women
Sikkema, 2010	Johannesburg, South Africa	93	To test the feasibility of incorporating HIV prevention with services being received by abused women
Wechsberg, 2011	Pretoria, South Africa	583	To examine the effectiveness of an intervention that focuses on HIV, substance abuse, and gender-based violence among sex and non-sex workers
Weir, 2009	Portland, OR	530	To decrease the risk for HIV and IPV or HIV among women with criminal justice involvement
*two intervention arms;	**1-group studies		

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	Gender norms/roles
	Goal setting
	Motivation/intention
HIV Prevention	Negotiation about safer sex/condom use (skills)
	Normative influence (e.g., changing peer/social norms)
	Other skills (e.g., communication, disclosure, stress)
	Personal risk/vulnerability
	Personalized risk reduction plan
	Protecting family/significant others
	Self-efficacy
	Women's sexuality (having a positive view)
IPV and HIV Prevention	Knowledge/information
	Empowerment (e.g., knowing a woman's sexual rights)
	Social support

Intervention Core Content Components

Prevention Focus	Intervention Core Content Component	Included in the Intervention Content (N=10)
	Assessing danger	
	Awareness	
IPV Prevention	Effects of trauma (e.g., PTSD, anxiety)	
	Power and control	
	Safety planning (skills)	
	Attitude (e.g., towards safe sex, condom use)	
	Correct condom use (skills)	
	Culturally/linguistically appropriate materials and information	
	Decision-making (skills)	
	Gender norms/roles	
	Goal setting	
	Motivation/intention	
HIV Prevention	Negotiation about safer sex/condom use (skills)	6 (60%)
	Normative influence (e.g., changing peer/social norms)	
	Other skills (e.g., communication, disclosure, stress)	9 (90%)
	Personal risk/vulnerability	
	Personalized risk reduction plan	
	Protecting family/significant others	
	Self-efficacy	
	Women's sexuality (having a positive view)	
IPV and HIV	Knowledge/information	8 (80%)
	Empowerment (e.g., knowing a woman's sexual rights)	
Prevention	Social support	

Intervention Outcomes

Author, year location	Statistically Significant (p<.05) Positive Primary Outcome	Specific outcome (follow-up time)
Carlson, 2012* Mongolia, East & Central Asia	Did not report outcome data by intervention and comparison arms	NA
Peragallo, 2012 Miami-Dade & Broward Counties, FL	Yes, primary HIV outcome No, primary IPV outcome	Condom use (12 months)
Sikkema, 2010 Johannesburg, South Africa	No, primary HIV outcome Did not measure IPV (abused women)	NA
Wechsberg, 2011 Pretoria, South Africa	Yes, primary HIV outcome Yes, primary IPV outcome	Physical violence (6 months), Sexual violence (6 months), and Condom use (6 months)
Weir, 2009 Portland, OR	Yes, primary HIV outcome No, primary IPV outcome	Unprotected sex (immediately after the intervention, 3 months & 6 months post intervention)
*two intervention arms		

Statistically Significant Outcome - HIV

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Peragallo, 2012 Miami-Dade & Broward Counties, FL	Yes, primary HIV outcome No, primary IPV outcome	Condom use (12 months)
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Statistically Significant Outcomes – IPV and HIV

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No Statistically Significant Outcomes

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CONCLUSION/LIMITATIONS/IMPLICATIONS

Conclusion

- This systematic review addressed one of the Federal Workgroup's objectives of supporting research to understand the intersection of HIV and violence against women and girls by describing the content and efficacy of three types of behavioral interventions.
 - 1. preventive interventions that address IPV and HIV among women,
 - 2. HIV prevention interventions for IPV survivors, and
 - **3.** IPV prevention interventions for women at risk for HIV

Conclusion

- Additional/improved integrated interventions and evaluation research are needed.
- More attention needs to be focused on core components of intervention development and implementation. The following core components were not included in any of the interventions: normative influence and protecting family/significant others.



Conclusion

- Issues to consider when developing and implementing new prevention interventions that address IPV and HIV include
 - Critical, cross-cutting content regarding shared risk and protective factors between IPV and HIV infection (e.g., substance use, mental health)
 - Consistent recall periods for IPV (past three months, past 12 months, lifetime)

Limitations

- Gray literature, non-peer-reviewed publications, and qualitative studies were not included in this review.
- There were differences in the way IPV-related factors were measured.
- The intervention manuals were not reviewed, which may have provided more detailed information regarding core content components.

Implications

More attention is need in research and practice focused on:

- Factors that can enhance the well-being of women who are at-risk for IPV and HIV
 - Prevention efforts that address the joint risks of IPV victimization and HIV
 - Developing and identifying more evidence-based interventions that address the co-occurrence of HIV infection and IPV
 - Four of the interventions included in this review are available for implementation from Effective Interventions: HIV Prevention that Works website

(https://www.effectiveinterventions.org/en/ HighImpactPrevention/Interventions.aspx).



Questions?

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333 Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348 Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info



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