



STRATEGIC PARTNERSHIPS: LESSONS LEARNED FROM INTEGRATING IPV SCREENING INTO REPRODUCTIVE HEALTH CARE SETTINGS AND REPRODUCTIVE HEALTH ISSUES INTO DV SETTINGS

Background

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FUTURES with the support of the Office of Women's Health has been working with States to implement a brief intervention in reproductive health settings, which includes:

- Universal education on healthy relationships
- Targeted assessment for reproductive coercion
- Warm referral to domestic violence resource



Project Connect

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- Provider education and evaluation of provider behavior change
- Policy and protocol change to institutionalize best practices
- Capacity building of DV programs to address health issues and provide onsite services

Implementation: Readiness

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- ✓ Data-informed planning and implementation
- ✓ Shared vision and commitment
- ✓ Establish/deepen relationships
- ✓ Clear understanding of organizational structure of partners

Implementation: Preparing the Workforce

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- ✓ Staff and board training on the relationship between IPV and negative health outcomes
- ✓ Basic and advanced trauma training
- ✓ On-site, regional, statewide training
- ✓ Identify champions
- ✓ Model partnerships by co-facilitating

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Implementation: Evaluation and Dissemination

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- ✓ Continuous quality improvement
- ✓ Share results both internally and externally
- ✓ Disseminate widely
- ✓ The power of stories AND numbers

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Policy: Clinic Setting Conditions

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- ✓ Management buy-in
- ✓ Updating and integrating forms, procedures, EHRs, practice guidelines
- ✓ Ongoing training “built in”
- ✓ Sharing success

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Policy: Cross Pollinating Across Systems

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- ✓ Interdisciplinary IPV Task Force/ Workgroup
- ✓ Cross-system education and awareness building
 - Maryland: (substance use toolkit, human trafficking, home visiting),
 - Oregon: Title X Clinic Manual
- ✓ Strong clinic to domestic violence program relationships

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Policy: Structuring Systems for Success

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- ✓ Organizational partnerships
- ✓ New funding connections
- ✓ Legislative policy development
- ✓ Medical standards incorporate IPV assessment best practice

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DV programs - Implementation

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- ✓ Education sessions at shelter
- ✓ “Doctor Days” – consultations with medical residents
- ✓ Onsite gynecological exams



Implementation Considerations

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- ✓ Education for staff and board members to ensure readiness
 - ✓ Reproductive coercion, birth control options, emergency contraception
- ✓ How and where clinical services are provided
 - ✓ Priority appointments for shelter residents
- ✓ Modify charting system for EHR inputting
- ✓ Data Tracking



Considerations, cont'd

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- ✓ Outline deliverables and expectations and establish confidentiality guidelines
 - ✓ MOUs and other cooperative agreements
 - ✓ Cross training
 - ✓ Screening protocols at intake and outtake



Policy Changes Needed

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- ✓ Address Changing Needs as They Arise
 - ✓ “Fax Back” referral
 - ✓ Bringing in support groups and hotlines
- ✓ Logistics
 - ✓ Add to liability insurance
 - ✓ Availability of Emergency Contraception
 - ✓ Transportation devices for labs, charts, and supplies
- ✓ Tracking patients, statistics and successes

Sustainability

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- ✓ Capacity of DV Program to enroll clients in state medical services – so clinic can bill for services
- ✓ Project Connect has solidified the partnership with official policy changes at shelter and clinic
 - ✓ Components easily incorporated into existing services
- ✓ Longstanding and growing partnerships between and among partners increase effectiveness and engagement
- ✓ Continued education and outreach beyond original partners

Strategic Partnerships

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- ✓ All agencies, departments, providers can integrate the message into their work
- ✓ Helping them see it as THEIR issue is our task
- ✓ Find the champions and help them make the connections



Gender Based Violence and HIV: Research Update

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HIV among women & girls in the US

- Women and girls account for 23% of adults living with an HIV diagnosis, and 20% of new HIV infections
- Approximately 300,000 women were living with HIV in 2013
- Youth and young adults
 - Half of new STIs, one in four new HIV cases
- Women and girls also risk sexually transmitted infections (STIs)
 - Chlamydia, gonorrhea, syphilis, hepatitis B, trichomoniasis, HSV 2, HPV
 - 60 million women affected by new and existing STIs in 2013

CDC, 2010; 2013

Racial/Ethnic Disparities in Violence

Table 4.3

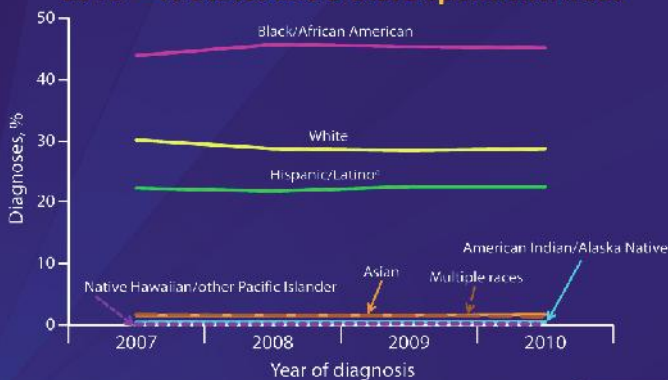
Lifetime Prevalence of Rape, Physical Violence, and/or Stalking by an Intimate Partner, by Race/Ethnicity¹ — U.S. Women, NISVS 2010

		Non-Hispanic					
		Hispanic	Black	White	Asian or Pacific Islander	American Indian or Alaska Native	Multiracial
Rape	Weighted %	8.4	12.2	9.2	*	*	20.1
	Estimated Number of Victims ²	1,273,000	1,768,000	7,475,000			273,000
Physical violence	Weighted %	35.2	40.9	31.7	*	45.9	50.4
	Estimated Number of Victims ²	5,317,000	5,955,000	25,746,000		399,000	683,000
Stalking	Weighted %	10.6	14.6	10.4	*	*	18.9
	Estimated Number of Victims ²	1,599,000	2,123,000	8,402,000			256,000
Rape, physical violence, and/or stalking	Weighted %	37.1	43.7	34.6	19.6	46.0	53.8
	Estimated Number of Victims ²	5,596,000	6,349,000	28,053,000	1,110,000	400,000	729,000

¹Race/ethnicity was self-identified. The American Indian or Alaska Native designation does not indicate being enrolled or affiliated with a tribe. Rounding to the nearest thousand.

²Estimate is not reported; relative standard error >30% or cell size <20.

Percentages of Diagnoses of HIV Infection among Adults and Adolescents, by Race/Ethnicity, 2007–2010—46 States and 5 U.S. Dependent Areas

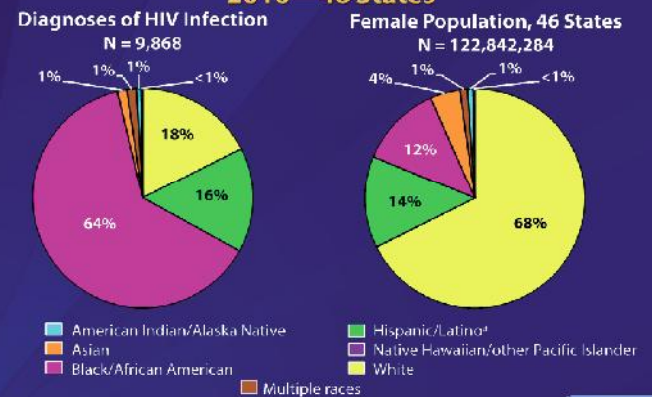


Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease or diagnosis date. All values are percentages. Data have been statistically adjusted to account for reporting delays, but not for incomplete reporting.

* Hispanic/Latino can be of any race.



Diagnoses of HIV Infection and Population among Adult and Adolescent Females, by Race/Ethnicity, 2010—46 States

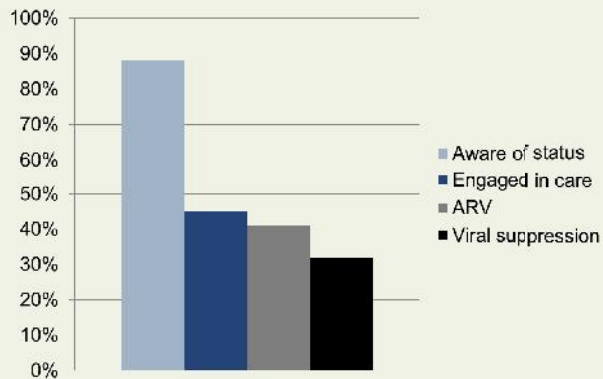


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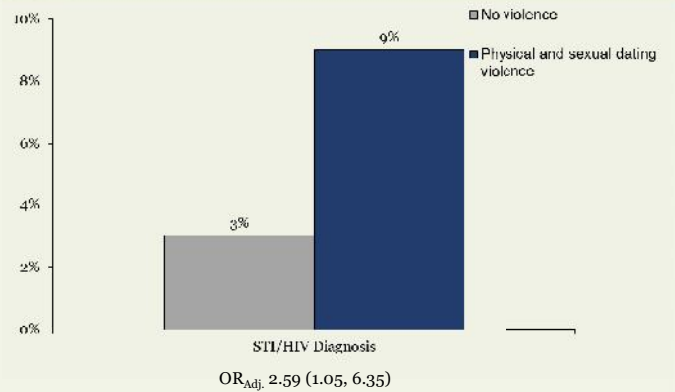


HIV Care Continuum Among Women & Girls



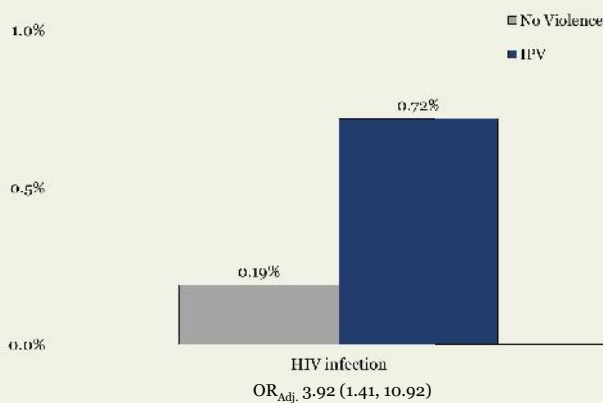
(from CDC <http://www.cdc.gov/features/womengirlshivaid/>)

Dating Violence & STI/HIV: MA YRBS



(Decker et al., 2005; *Pediatrics.*)

IPV & HIV among Indian women: DHS



(Silverman, Decker et al., 2008, *JAMA*)

IPV and STI/HIV

- Growing evidence links IPV with STI/HIV risk and infection (e.g., Hess et al., 2012; Maman et al, 2000; Gielen et al, 2007; Campbell et al, 2008; Wu et al, 2003; Sareen et al, 2009)
- Increasingly, prospective research links IPV with *incident* STI, including HIV (Weiss et al., 2008; Allsworth et al., 2009; Jewkes et al., 2010; Kouyoumdjian et al., 2013; O'Leary et al., 2015)
- More frequent and severe IPV among HIV positive women (Gielen et al, 2002; McDonnell et al, 2003; Wyatt et al, 2002)

Perpetrator Condom Refusal Leading to STD

"I told him to put a condom on, he didn't. ...I went to a clinic, and they were like, "Oh, he gave you Chlamydia." [H]e said it was me messin' around with some other guy, and that's not true, 'cause I was like, "You were the only guy I was with." And he's like, "Oh, that's you, you're messin' around," he's like, "fuck you, I thought you loved me."

Miller, Silverman, Decker et al.
Qualitative interviews with adolescent perpetrators and victims of dating violence, Boston MA

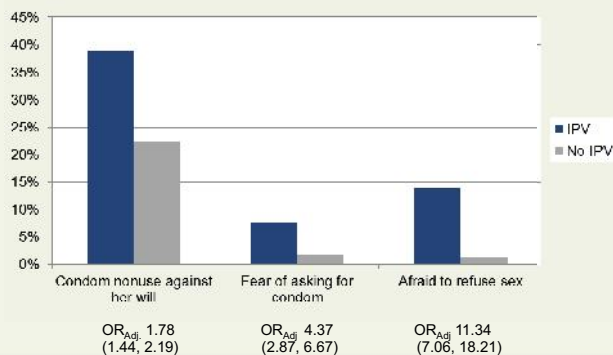
Perpetrator Condom Refusal Leading to Pregnancy and STD

" He would never listen. ... I'm like, don't you think you should wear condoms you know I might get pregnant. And he's like, next time. I'm scared of him. I'm really scared. Like I feel like he's going to hurt me. I feel it."

Miller, Silverman, Decker et al.
Qualitative interviews with adolescent perpetrators and victims of dating violence, Boston MA

Recent IPV and coercive sexual risk

n=3539 women ages 16-29 in family planning clinics



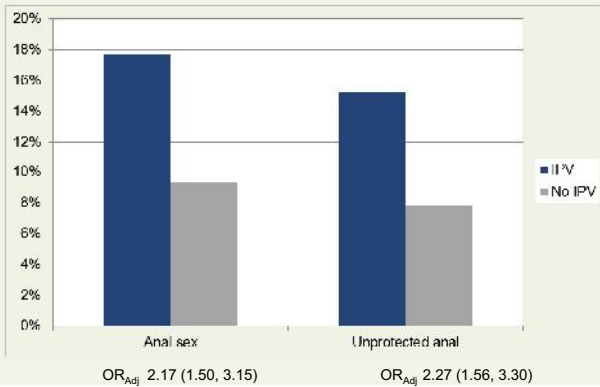
Decker, Miller, Silverman et al. 2013

Anal Intercourse and HIV

- An underappreciated HIV risk factor for women & girls
- Highly efficient for HIV transmission
 - ~16 fold greater risk relative to vaginal intercourse
- IPV linked with anal intercourse, often unprotected (Silverman et al., 2011; Stockman et al., 2012; Hess et al.; Decker et al., 2013)
- Abrasions and lacerations that accompany unwanted sex may facilitate transmission

Recent IPV and recent anal sex

n= 3539 women ages 16-29 in family planning clinics



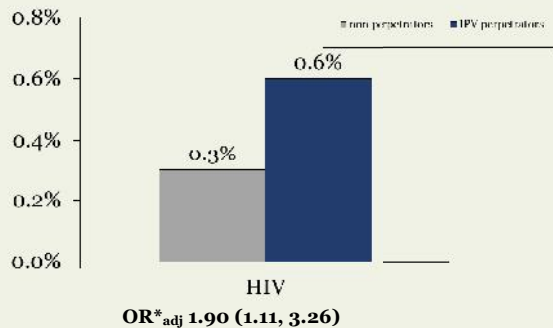
Decker, Miller, Silverman et al. 2013

What about the perpetrators?

- Male IPV perpetrators engage in greater HIV risk
 - Sexual infidelity/concurrent partnerships
 - Injection drug use
 - Anal intercourse
 - Condom non-use, including coercive condom non-use
- Abuse perpetrators are more likely to be STI and HIV infected!

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

IPV Perpetration & Husband's HIV: Husband-wife Dyads in India



Decker et al., 2009

Why the links? IPV and HIV

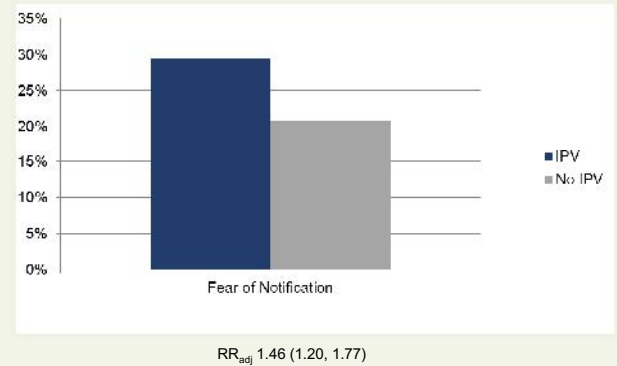
- Limited control over sex with a high risk partner
- Compromised sexual & condom negotiation
 - inability to refuse sex, or certain kinds of sex
 - lack of control over condom negotiation
 - perpetrator condom refusal and condom removal
- Coerced and forced sex
 - usually unprotected
 - may result in physical trauma and facilitate transmission
- Greater risk introduced by male violence perpetrators
 - engage in greater sexual risk behavior
 - more likely to be infected
- Diagnosis and partner notification a context for fear and abuse

Violence and HIV status disclosure

- IPV a barrier to safe, effective partner notification
- Violence can result from disclosure of HIV status
- Important for STI as well
 - Partner-expedited therapy

IPV and Fear of Partner STI Notification

Women ages 16-29 (n=1319) in FP clinics in Northern California;



(Decker, Miller, Silverman et al., 2011)

HIV status as a tool of abuse

- Abusers can use HIV status as a tactic of abuse and coercion
 - Threats to reveal HIV status to family, friends, employer
 - Threats to use HIV status to influence parental custody decisions
 - Humiliation or degradation for being HIV positive
 - Using HIV status as an excuse for violence or abuse

Violence and access to HIV care

- IPV can be a barrier for HIV-positive women to access health care
- Fear of IPV as a result of disclosure can prevent women from seeking care
- Abusive partners can prevent women from accessing care
 - Threats of violence
 - Isolation
 - Stalking

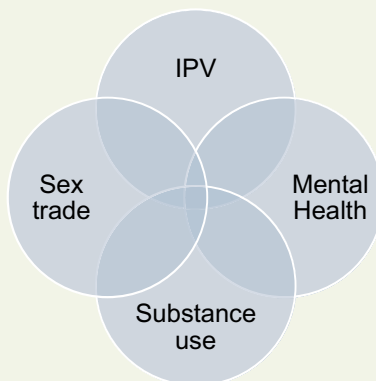
IPV and interference in medication adherence

- HIV medication regimens can be complex and adherence is critical
- Consistent medication adherence can be a challenge in violent relationships
 - Medication interference by partners
 - Difficulty with consistently taking medication given competing priorities
 - PTSD and depression associated with low medication adherence

Violence & HIV treatment outcomes

- Violence and trauma constrains the success of treatment
 - Abused women less likely to use ART (Cohen et al., 2004)
 - Violence and other stressful life events linked with
 - Non-adherence
 - Poor viral response (Schafer et al., 2012; Mugavero et al 2009; Mugavero et al., 2006; Espino 2015)

Constellations of Risk



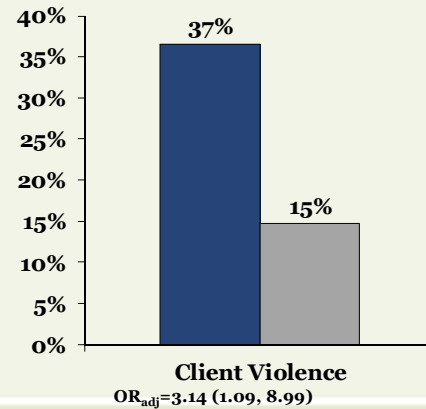
Sex trade

- Historically, public health focus on female sex workers (FSWs) from infectious disease standpoint
 - FSWs suffer disproportionate HIV burden
 - ~11 times that of women of reproductive age (Baral et al., 2012)
- Growing recognition of GBV against women in sex work, often with significant STI/HIV implications
 - Trafficking or exploitation
 - Forced/coerced sex, and condom-related coercion once involved
- WHO convened first meeting on best practices in responding to GBV (2013)

IPV and sex work, sexual exploitation and economically motivated sex

- IPV and violence from other perpetrators are common among women involved in sex work/sex trade, including sexual exploitation, and economically motivated sex
 - Abusive partners can pressure women into sex trade as a means of control or obtaining scarce resources
 - Sex trade as a means of escaping abusive relationships
 - Women who trade sex experience abuse from clients, police and pimps

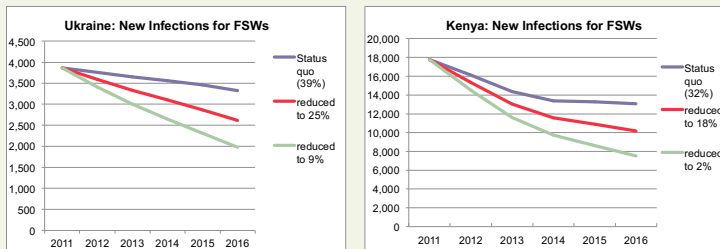
Violence & STI/HIV among FSWs



Decker et al., 2012; Moscow FSWs

HIV epidemic impact of reducing violence against FSWs?

- Epidemiological modeling in two settings
 - Ukraine (concentrated epidemic) and Kenya (generalized epidemic)



- ~25% reduction in new infections for FSWs; even assuming ART scale-up
- Infections averted among FSWs over five years: ~4,500 in Ukraine; ~18,000 in Kenya

Decker et al., 2013

Moving Forward!

- Integrated HIV and IPV prevention interventions show promise!
 - SHARE (Rakai Uganda; Wagman et al., Saturday 11:25am)
 - Stepping Stones (South Africa; Jewkes et al)

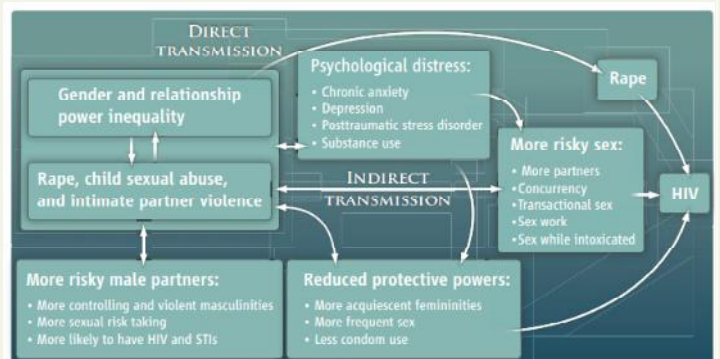
Key Messages

- Gender-based violence undermines successful HIV prevention and treatment
 - In the general population
 - Among women who trade sex
- Trauma-informed care should acknowledge risks beyond patient's control

- Critical to address the intersections of GBV and HIV
- HIV Risk
 - Anal intercourse
 - Context of sex work or trade
- Access to care and successful treatment once infected

Thank you!

- Need a reference? Check out our factsheet at Futures
 - <http://www.futureswithoutviolence.org/the-facts-on-violence-against-women-with-hiv-aids/>
- Questions?
- mdecker@jhu.edu



A conceptual model showing intersections of gender-based violence and gender inequity for women.

Jewkes, 2010, Science

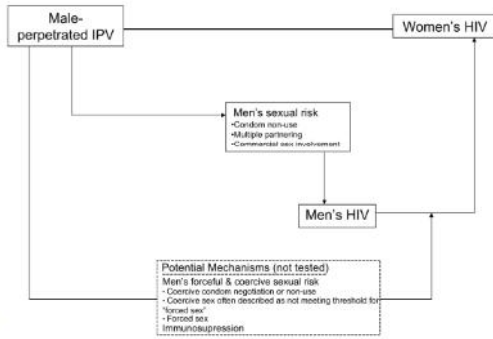


FIGURE 1. Conceptualization of mechanisms by which male-perpetrated IPV relates to women's HIV.

Further Reading/Resources

- Decker MR, Seage GR, Hemenway D, Gupta J, Raj A, Silverman JG. Intimate partner violence perpetration, standard and gendered STI/HIV risk behaviour, and STI/HIV diagnosis among a clinic-based sample of men. *Sexually transmitted infections*. Dec 2009;85(7):555-560.
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- Maman S, Campbell J, Sweat MD, Gielen AC. The intersections of HIV and violence: directions for future research and interventions. *Social science & medicine*. Feb 2000;50(4):459-478.

Further Reading/Resources

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- Sexual Violence and HIV special issue: <http://onlinelibrary.wiley.com/doi/10.1111/aji.2013.69.issue-s1/issue-toc>
- Silverman JG, Decker MR, Kapur NA, Gupta J, Raj A. Violence against wives, sexual risk and sexually transmitted infection among Bangladeshi men. *Sexually transmitted infections*. Jun 2007;83(3):211-215.
- Weiss HA, Patel V, West B, Peeling RW, Kirkwood BR, Mabey D. Spousal sexual violence and poverty are risk factors for sexually transmitted infections in women: a longitudinal study of women in Goa, India. *Sexually transmitted infections*. Apr 2008;84(2):133-139.

INTERVENTIONS ADDRESSING HIV RISK & HIV CARE - IN VIOLENT RELATIONSHIPS & AMONG TRAUMATIZED WOMEN

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Funding by CERC (Caribbean Exploratory Research Center)

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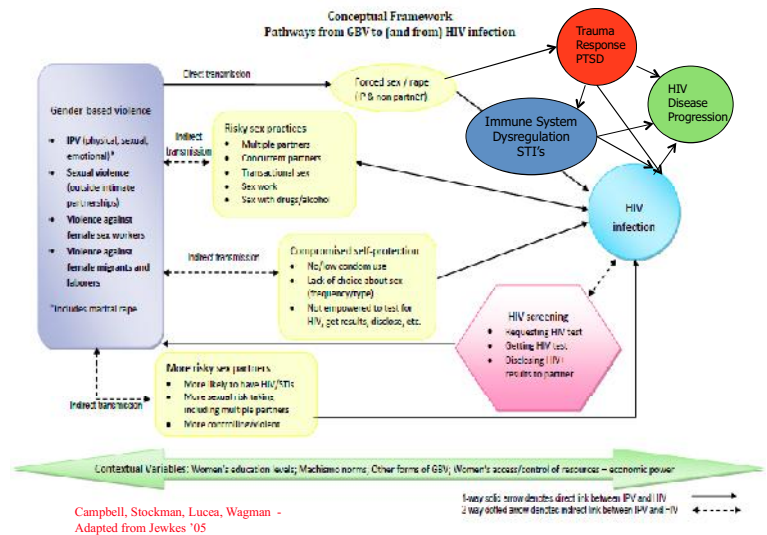


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HIV/IPV CONNECTIONS - ETIOLOGY (MAMAN ET. AL. '99 & SINCE)

- Impossible to negotiate safe sex if IPV - well substantiated - multiple studies
- Women accused of infidelity if ask for safe sex
- Males with other partners unknown to women (WHO'04)
- Fear of being beaten for being tested; notifying partner of positive status; delay in treatment
- Substance abuse (increased substance abuse w/ IPV)
- Immune system depression with stress
 - 2010 - immune system alteration with stress of IPV, PTSD
- Genital trauma-increased transmission; anal sex
 - More severe forced sex, multiple forced sex
- Increased STD's & untreated STD's - increased transmission through vaginal wall - activated immune system



MULTIPLE US SAMPLES

- 35-45% of physically abused women also physically forced into sex
- If asked, majority say multiple - many times
- If asked, a substantial proportion (up to 1/2) of forced sex was anal sex

FORCED FIRST SEX/SEXUAL INITIATION

- Forced first sex (sexual initiation) as a result of IPV ("dating violence") (Stockman et al, 2012)
- Forced first sex 21% of sexual initiation for girls in the US whose sexual debut < 14 yo (Stockman et al '09)
- First sexual violence in an ongoing violent relationship?
- In US - anal sex not considered "sexual intercourse" (or "real sex") by many adolescents - therefore "safe sex" practices not necessary & can remain "abstinent" even if anal sex
 - Abusive young men exploit these myths
 - "He'll either hit me or quit me" (Sweet-Jemmott '05)

ACAAVS STUDY - CASE CONTROL - WOMEN EXPERIENCING PARTNER ABUSE COMPARED TO THOSE NEVER ABUSED IN BALTIMORE & USVI (FUNDING BY CERC - CARIBBEAN EXPLORATORY RESEARCH CENTER #P20MD002286 NIH/NIMHD G. CALLWOOD, PI.)

- Of 422 African American and African Caribbean women who experienced physical abuse:
 - 157 (37%) reported an experience of forced sex -by partner - majority said forced sex repeated (many times)
 - 31 of 123 (23%) of those experiencing forced sex (who responded to question) reported forced anal sex -

FINDINGS

- In Baltimore - Recent IPV significantly associated with inconsistent condom use
 - (AOR =.24 (0.080.72)
 - Forced sex associated w/inconsistent condom use - Anal Sex
- Less than half women, abused or not, engage in risky sex behaviors - less than 25% USVI women - significantly less likely than women in Baltimore
- Most of increased risk related to STI's and partner having other partners
- Few demographics independently related to exchange sex or other woman's risk behaviors -
- Recent IPV & past year drug use both independently associated with exchange sex

IMMUNE SYSTEM EFFECTS

- HPA axis - hypothalamic - pituitary - adrenal gland interactions
- Stress of abuse, multiplied by poverty, racism for women of color, other stressors - but even separate from other stressors -activates HPA & produces corticosteroids & catecholamines
- Suppresses Th1 cell cytokine (fights bacteria & viruses) production
- Depression has same effects on immune system
- May result in lowered immunity to HIV - Immune system dysfunction also includes activation
- May contribute to faster decrease in CD4 count, more development of complications of AIDS, more death
 - Stress/PTSD/depression leads to decreased CD4 counts in HIV+ women - Ickovics, '01; Leserman '03, '08

PHYSIOLOGICAL EFFECTS OF IPV ON IMMUNE SYSTEM NOT TOTALLY CLEAR

- PTSD & co-morbidity differential effects (Woods '04)?
- Immune system dysfunction is both suppression AND activation
- Inflammation markers C-reactive protein (CRP) and interleukin-6 (IL-6) increase w/IPV - Newton '11; Granger, S. Woods - '11
- Multiple physical injuries - e.g. strangulation, TBI, also leads to immune system effects
- CSA/CAN - stress response & immune system - early alterations more profound? Compounded with adult IPV? (both independent effects - S. Woods) (Swartz et al 2014)
- Immune system activation leads to decreased vaginal wall barrier to HIV virus - immune system activated with STI's also - IPV associated with increased STI's