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Intimate Partner Violence Institute: Session 101: Exploring the Intersection Between Intimate Partner Violence and HIV

2020 National Ryan White Conference on HIV Care and Treatment

August 11, 2020

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HIV/AIDS Bureau (HAB)

Vision: Healthy Communities, Healthy People

AGENDA

- Introduction from HRSA HAB

- Presentation from Tami Sullivan, Ph.D., Associate Professor of Psychiatry
  Yale School of Medicine
  "The Intersection of Intimate Partner Violence and HIV: Detection, Disclosure, and Implications for Treatment Adherence"


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I have no disclosures


Learning Objectives

1) Understand the intersection between IPV and HIV and its impact on viral suppression and retention in care.
2) Explore best practices in how to utilize the RWHAP to address IPV
3) Understand how to leverage the RWHAP framework to address IPV in the process of making continued progress along the HIV Care Continuum.

How to Claim Continuing Education Credits

If you would like to receive continuing education credit for this session, please visit: ryanwhite.cds.pesgce.com

Health Resources and Services Administration (HRSA) Overview

- Supports more than 90 programs that provide health care to people who are geographically isolated, economically or medically vulnerable through grants and cooperative agreements to more than 3,000 awardees, including community and faith-based organizations, colleges and universities, hospitals, state, local, and tribal governments, and private entities

- Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access quality health care

HRSA's HIV/AIDS Bureau (HAB) Vision and Mission

Vision

Optimal HIV/AIDS care and treatment for all.

Mission

Provide leadership and resources to assure access to and retention in high quality, integrated care, and treatment services for vulnerable people with HIV/AIDS and their families.

HRSA's Ryan White HIV/AIDS Program

- Provides comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV
  - More than half of people with diagnosed HIV in the United States – nearly 519,000 people – receive care through the Ryan White HIV/AIDS Program (RWHAP)
- Funds grants to states, cities/counties, and local community based organizations
  - Recipients determine service delivery and funding priorities based on local needs and planning process
- Payor of last resort statutory provision: RWHAP funds may not be used for services if another state or federal payer is available
- 87.1% of Ryan White HIV/AIDS Program clients were virally suppressed in 2018, exceeding national average of 62.7%

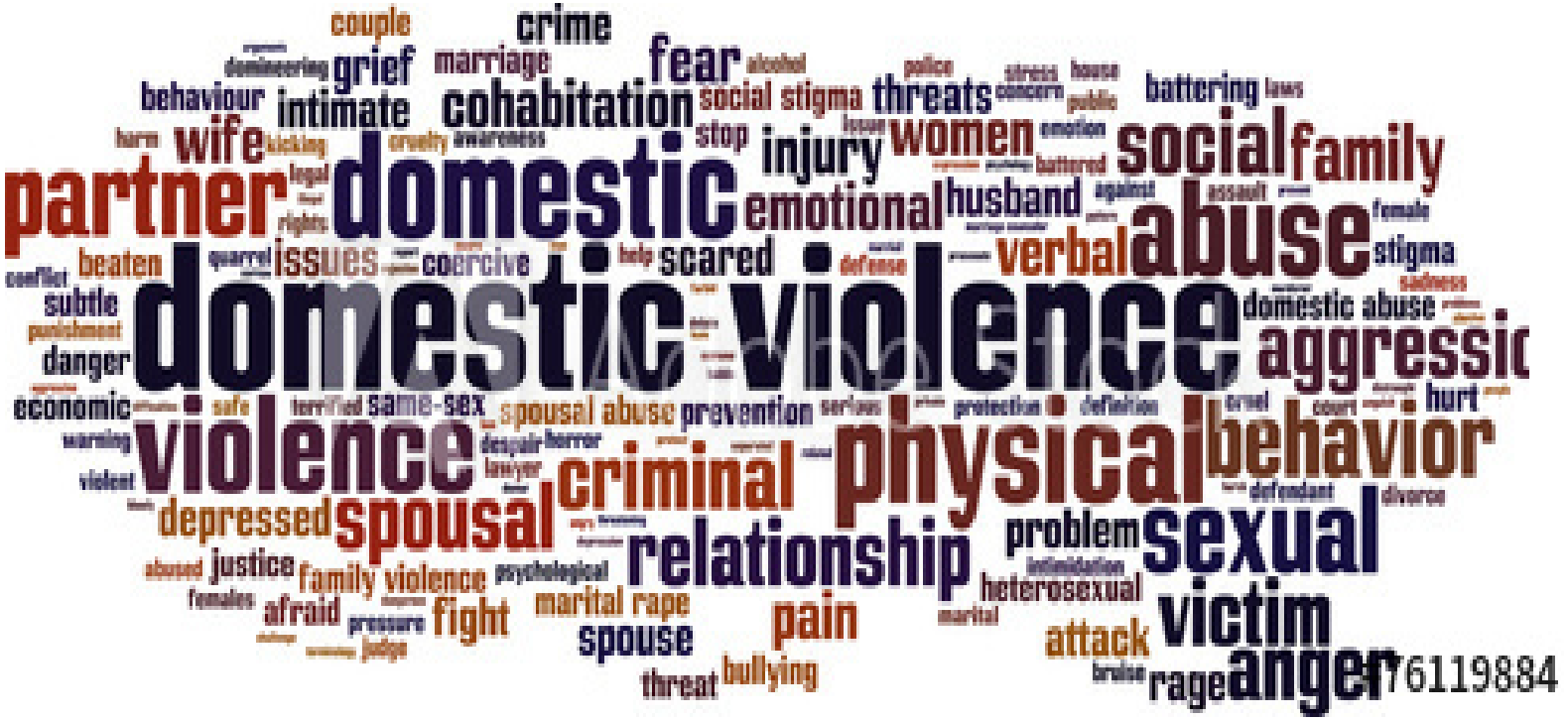
Source: HRSA. Ryan White HIV/AIDS Program Annual Client-Level Data Report 2018; CDC. HIV Surveillance Supplemental Report 2018;21(No. 4)

HRSA Ryan White HIV/AIDS Program

Institute Overview

- Session 101: Exploring the Intersection Between Intimate Partner Violence and HIV
- Session 201: Leveraging RWHAP Funding Streams in Trauma-Informed Systems of Care
- Session 301: Cultural Competency and Organizational Readiness in Addressing Intimate Partner Violence

What is Intimate Partner Violence?



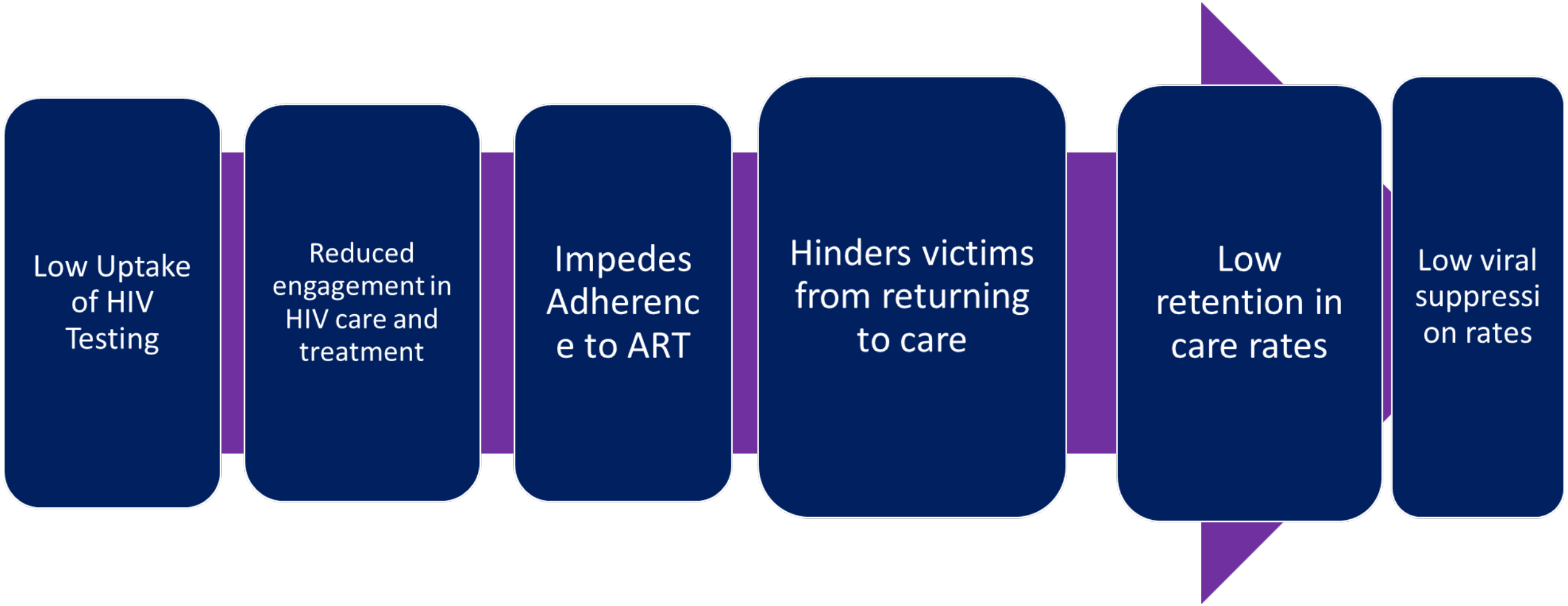
IPV Key Facts

People with HIV

- **More than half (55%)** of HIV-positive women have experienced IPV, compared to a third of HIV-negative women
- Risk of acquiring sexually transmitted infections, including HIV, is **four times** greater among women in violent relationships, compared to those in non-violent relationships
- Research suggests a **strong association** between IPV and HIV-positive status among men who have sex with men (MSM).
- For both men and women with HIV, IPV is associated with lower rates of engagement in HIV care, higher viral loads, poor treatment outcomes, and greater transmission through increased engagement in risky behaviors.

HRSA Ryan White HIV/AIDS Program

Intimate Partner Violence as a Barrier to HIV Care and Treatment



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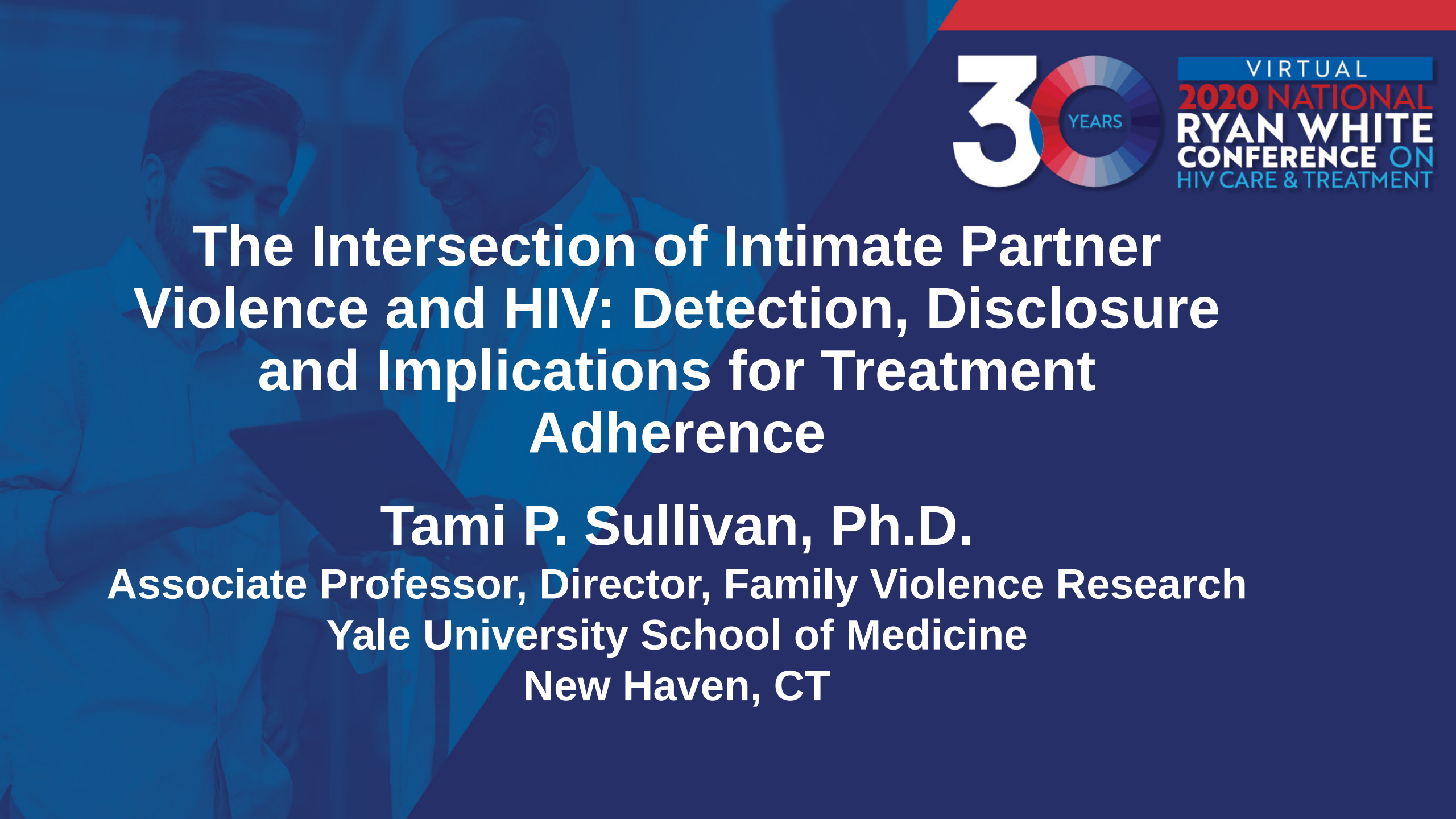


VIRTUAL 2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

The Intersection of Intimate Partner Violence and HIV: Detection, Disclosure and Implications for Treatment Adherence

Tami P. Sullivan, Ph.D.

Associate Professor, Director, Family Violence Research

Yale University School of Medicine

New Haven, CT

Financial Relationships With Commercial Entities

- No financial affiliations.
- No disclosures.

Learning Objectives

After attending this presentation, learners will be able to:

- Identify signs of various types of intimate partner violence (IPV)
- Describe the extent to which IPV may impact patients' abilities to engage in care and follow through with treatment recommendations
- Create a context/environment that supports the engagement of victims of IPV and fosters positive wellbeing

Myths? Misconceptions? Misunderstandings?

- Victims are fragile, helpless women who have been abused by angry, mean, psychopathic men who could easily be identified in one interaction with them.

- Victims are severely physically abused, have extremely low self esteem, and fear for their lives on a daily basis.

Intimate Partner Violence (IPV)

The use or attempted use of physical, sexual, verbal, emotional, economic, or other forms of abusive behavior with the intent to harm, threaten, intimidate, control, isolate, restrain or monitor another person.

- Physical
  - Grabbing, pushing, hitting, punching, choking/arm against neck
- Sexual
  - Experiencing unwanted sexual behaviors (verbal coercion through use of force)
- Psychological
  - Belittling remarks, put downs, threats, monitoring where someone goes, who they see, what they wear

Daily Experiences of Intimate Partner Violence

Question 1

You're a woman in a relationship with a male partner who has physically abused you. Over a 3-month period, what percentage of your days are characterized by the occurrence of some form of IPV?

1. 90%
2. 38%
3. 12%
4. 62%

Daily Co-occurrence of IPV Over 2, 778 days

Category of (co)-occurrence	Freq of days	%
No IPV	1,724	62.1
Psychological IPV only	754	27.1
Psychological and Physical	177	6.3
Psychological, Physical and Sexual	64	2.3
Psychological and Sexual	33	1.2
Sexual IPV only	18	0.6
Physical IPV only	8	0.3
Physical and Sexual	0	0.0

Implications

- The finding that, **on most days, no IPV occurred** may help to explain the ambivalence some (women) experience about ending their relationships.

- **The "breaks" in between incidents of IPV contribute to minimizing problems** in the relationship and instilling hope that partners will change their abusive behavior.

Implications

- Findings are in contrast to presentations of IPV in popular culture media that most often depict **severely physically abused women**.

- Such presentations **do not accurately represent all (women) who experience IPV** and may do a disservice to the range of women, men, children and families who could benefit from or are in need of assistance.

- **Findings underscore the importance of attending to psychological IPV.**

IPV and HIV – What's the Connection?

Question 2

What percentage of female IPV victims live with HIV?

1. 45%
2. 38%
3. 10%
4. 65%

Intersection – Prevalence

Women who experience IPV are more likely to become infected with HIV than women not in abusive relationships.

- Victims are 48% more likely to be infected with HIV than non-victims.

~ 10% of women currently experiencing IPV are living with HIV.

- That's almost 10 times the prevalence among women in the general population.

Abusive partners can increase HIV risk for women

- For example, partners are HIV positive, engaging in risky sexual behavior, injecting drugs, and/or forcing victims to have sex without protection.

Question 3

What percentage of women living with HIV experience IPV?

1. 82%
2. 05%
3. 15%
4. 55%

Intersection – Prevalence

- About 55% of women living with HIV experience IPV
  - That's double the IPV prevalence among women in the general population.

- **Women with HIV have been beaten** and killed by their partners **upon disclosure of** their **HIV** status
  - 24% of female patients experienced abuse by their partners after disclosing their HIV status

DOES IPV MATTER TO HIV TREATMENT PLANNING AND ADHERENCE?

Specialty-Specific Example: What do you screen for?

Obstetricians: Do you routinely screen for gestational diabetes or preeclampsia?

- Abuse is more common for pregnant women than gestational diabetes or preeclampsia.

Associated Health Problems

Women's Own Words: 4 Themes about How IPV Affects Care

(1) Partners **actively interfere** in HIV care:

- *"He used to fight with me and make me not take my medicines…"*
- *"Well it got to a point where you don't want me to go nowhere, you know…"*

(2) Partners **passively interfere** in HIV care:

- "*Sometimes he would get mad at me and not take me to my appointments."*
- *"…he'll forget… Well, he says he forgets."*

Women's Own Words Theme 3

(3) Women's **self worth is so affected** by IPV that they don't engage in self care:

- *"When I was with my ex-boyfriend, I didn't take good care of myself. But as soon as I got out of that relationship, it's like everything fell in place. I started dressing more, taking care of my health."*

- *"No, I wanted to stop myself [from taking the HIV medications] so, like, that I could die. That's how bad my nerves were. What I was going through, I just wanted to like die slowly."*

- *"I got hooked into him. I stopped taking care of me and started taking care of him."*

Women's Own Words Theme 4

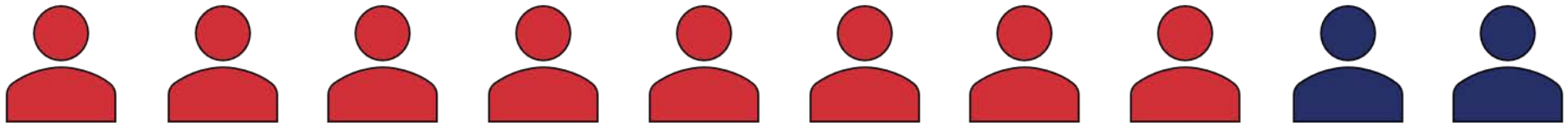
(4) **Physical harm may impact relationships** with service providers:

- *"Sometimes, it was always, I was bruised. And then, I like I said, I didn't want anyone to see that. And I had refused to call the police. So I guess I was dodging the doctor, the police, and everything."*

Barriers to disclosure of IPV

- Shame/Stigma (concealable)
- Fear (blame, social disconnection, children)
- Gender/race/sexual orientation
- Previous disclosure experiences
- Invested in the relationship
- “Not serious enough”
- Potential mismatch of goals
- Don’t need the kind of help you can provide
- Media influence

Do victim/survivors want you to screen?



Approximately 8 out of 10 victims said they would like their healthcare providers to ask them privately about IPV

Victims who talked to their health care provider…

- Were 4 times more likely to use an intervention
- Were 2.6 times more likely to exit the abusive relationship

Health Care Providers Make a Difference!

SHOULD YOU SCREEN FOR IPV?

- Screen for current/past IPV, **only when you are prepared to respond.**

- The **goal doesn't have to be detection**/the victim's disclosure:
  - therefore, options other than direct screening exist.

Screening Approaches

- Direct screening, through H.I.T.S. or other checklist or open-ended assessment
  - Goal is detection
- Indirect screening, through conversation
  - Goal is to make topic of IPV okay to talk about, and possibly, detection
- Not screening but introducing the idea of healthy relationships and talking about how unhealthy relationships affect health
  - Detection/disclosure is not necessary for patient to benefit
  - Goal is to inform patient about impacts of healthy/unhealthy relationships on overall health, to normalize topic and to share resources that can support victims

Direct Screening

U.S. Preventive Services Task Force (2018) recommends screening and referral to ongoing support services.

- **Direct screening** with an instrument such as:
  - Humiliation, Afraid, Rape, Kick (HARK);
  - Hurt, Insult, Threaten, Scream (HITS);
  - Extended Hurt, Insult, Threaten, Scream (E-HITS);
  - Partner Violence Screen (PVS);
  - Woman Abuse Screening Tool (WAST)

- Evidence was for women of child-bearing age; no evidence for elders or men.

Screening Tool

The HITS Screening Tool for Domestic Violence.*

How Often Does Your Partner	Never	Rarely	Sometimes	Fairly Often	Frequently
Physically hurt you	1	2	3	4	5
Insult or talk down to you	1	2	3	4	5
Threaten you with harm	1	2	3	4	5
Scream or curse at you	1	2	3	4	5

* A total score of more than 10 is suggestive of intimate partner violence. This information, called R3, is available as a free Android or iPhone app. From Sherin et al.[5]

Indirect Screening - Discussion

- Normalize the topic and ask nonjudgmentally:
  - "Since I am your doctor, we need to have a good partnership. I can better understand your health if you would answer some questions about your relationship history."
  - "I ask all of my patients this question because it is important for me to know what has gone on in their lives."
  - "Everyone argues at home. What happens when you and your partner disagree?"

Not Screening - Imparting Information Detection/Disclosure Isn't the Goal

National Network to End Domestic Violence

IPVhealthpartners.org – Futures Without Violence

CUES

C: Confidentiality

- Always see the patient alone for part of the visit and disclose your limits of confidentiality before discussing IPV.

UE: Universal Education + Empowerment

- Use safety cards to talk with all patients about healthy and unhealthy relationships and the health effects of violence. Give at least 2 cards to each patient so that they can share with friends and family.

S: Support

- Disclosure is not the goal, but it will happen. Discuss a patient-centered care plan to encourage harm reduction. Make a warm referral to your DV partner and document the disclosure in order to follow up at the next visit.

www.IPVhealthpartners.org

Safety Card approach

"We've started talking to all our patients about partner violence so they know how to get help for themselves and so they can help others."

"I've started giving two of these cards to all of my patients—in case it's ever an issue for you because relationships can change and also for you to have the information so you can help a friend or family member if its an issue for them."

- **Open the card and do a quick review*:***

"It talks about healthy and safe relationships, ones that aren’t and how they can affect your health.”

How's It Going?

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

- ✔ Is my partner or the person I am seeing kind to me and respectful of my choices?
- ✔ Is my partner willing to talk openly when there are problems?
- ✔ Does my partner give me space to spend time with other people?

If you answered YES to these questions, it sounds like you have a supportive and caring partner. Studies show that being cared for by the person you are with leads to better health, a longer life, and helps your kids.

Are There Times…

My partner or the person I'm seeing:

- ✗ Shames or humiliates me, makes me feel bad about myself, or controls where I go and how I spend my money?
- ✗ Ever hurts or scares me with their words or actions?
- ✗ Makes me have sex when I don't want to?
- ✗ Keeps me from seeing my doctor or taking my medicine?

These experiences are common. 1 in 4 women is hurt by a partner in her lifetime. If something like this is happening to you or a friend, call or text the hotlines on this card.

"On the back of the card there is a safety plan and 24/7 hotlines that have folks who really understand complicated relationships."

If Someone Discloses

- “I am sorry this is happening. It is not okay, but it is common. You are not alone.”

- “What you’re telling me makes me worried about your safety and health.”

Evaluate the patient and circumstances

- If your patient discloses,
  - Evaluate current level of danger, violence, substance use, and general well-being.

Support the patient, but avoid acting as a therapist.

- “Do you have someone to talk to for support?”
- “Would you like me to explain options and resources that survivors are often interested in hearing about?”
- “Some survivors find talking to an advocate or counselor to be helpful.”
- “What else can I do to be helpful? Is there another way I can be helpful?”

*In most states, mandatory reporting requirements do not apply to IPV victims unless they are children, elders or vulnerable.

- If your patient does not disclose or says, “no”
  - Offer education and prevention information.
  - Ask/assess again at future visits.

Clinic Model

1. Support staff
2. Connect IPV to health
3. Safety card intervention (Futures Without Violence.org)
4. Have a protocol for warm referral and support

Call 911 if you are in immediate danger.

FUTURES WITHOUT VIOLENCE®

FuturesWithoutViolence.org

The National Domestic Violence Hotline is confidential, open 24/7, and has staff who are kind and can help you with a plan to be safer.

The Hotline
1-800-799-SAFE (1-800-799-7233)
TTY 1-800-787-3224 www.thehotline.org

Text trained counselors about anything that's on your mind:

Crisis Text Line
www.crisistextline.org
Text "START" to 741741

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Question-and-Answer