Exploring the Critical Intersection:
Women, Violence, & HIV

Congressional Briefing

October 14, 2014

Exploring the Critical Intersection:
Women, Violence, & HIV

Vignetta Charles, PhD,

Senior Vice President, AIDS United

Linda Scruggs, Plenary Session,
XIX International AIDS Conference

AIDS United Technical Summit on Women, Violence and HIV
Washington, DC, February 13-14, 2014

Exploring the Critical Intersection:
Women, Violence, & HIV

Gina Brown, MD

Office of AIDS Research, National Institutes of Health

NIH OFFICE OF AIDS RESEARCH (OAR)
U.S. Department of Health and Human Services

Intimate Partner Violence and HIV Risk in Women

Congressional Staff Briefing

Gina M. Brown, M.D.
Coordinator, Microbicides and Women and Girls HIV Research
OAR, NIH

Defining Intimate Partner Violence

NISVS CDC 2014

Violence perpetrated by a current or former boyfriend, cohabiting partner, husband, or date

- **Physical violence**
- **Sexual violence**
- **Stalking**
- **Control of reproductive or sexual health**
- **Aggressive/coercive tactics**
- **Emotional abuse**

Defining the terms used to discuss sexual violence

- **Rape: complete or unwanted vaginal, oral, or anal penetration through the use of physical force, threats, or intoxication**
  - **Completed forced penetration**
  - **Attempted forced penetration**
  - **Completed alcohol or drug facilitated penetration**
- **Being made to penetrate someone else**
- **Sexual coercion pressured in a non-physical way, bullying**
- **Unwanted sexual contact: touching, kissing in a sexual way, fondling**
- **Non-contact unwanted sexual experience: doesn't involve touching or penetration**

Why do we use the term "intimate partner" violence?

- **VAW - 64% by intimate partner**
- **Rape 51.1% by intimate partner**

  40.8% by an acquaintance

  91.9% known to victim

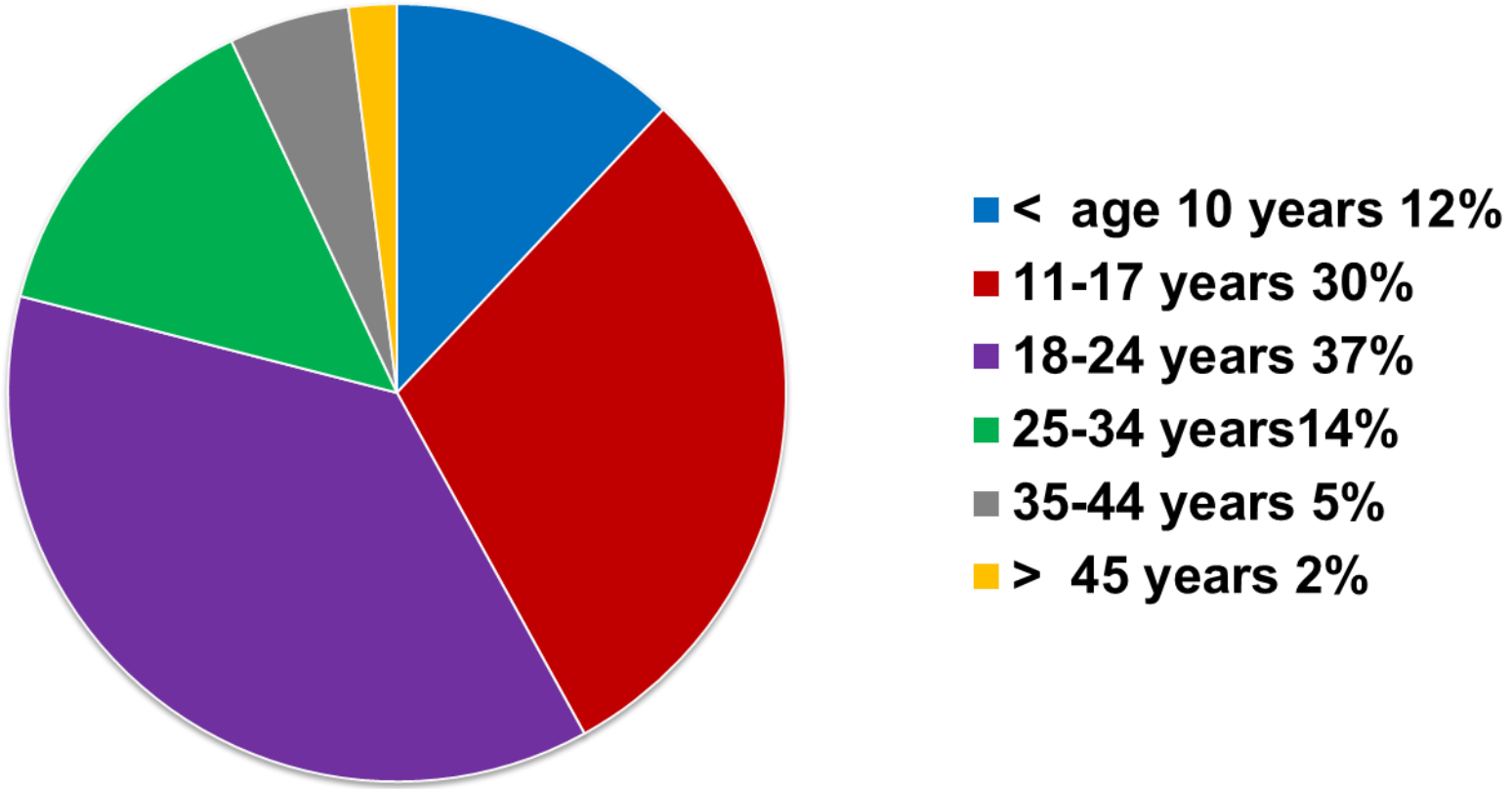
NISVS CDC 2014

National Intimate Partner Violence Survey (NISVS CDC, 2014)

- **1.3 million women raped in year preceding survey**
- **1/5 women raped in their lifetime (1/71 men)**
- **1/6 women stalked (1/19 men)**
- **1/4 women experience severe physical violence by intimate partner (1/7 men)**
- **81% women who experience rape, stalking, physical violence report significant long and short term effects (35% of men)**
- **1/3 injured women who experience SV seek treatment**
- **1/5 black and white women, 1/7 Hispanic women raped in lifetime**

Age at victim's completed first rape

NISVS CDC, 2014



~ 80% Women experience first rape by age 25 (42% by age 18)

DHHS/NIH/OAR

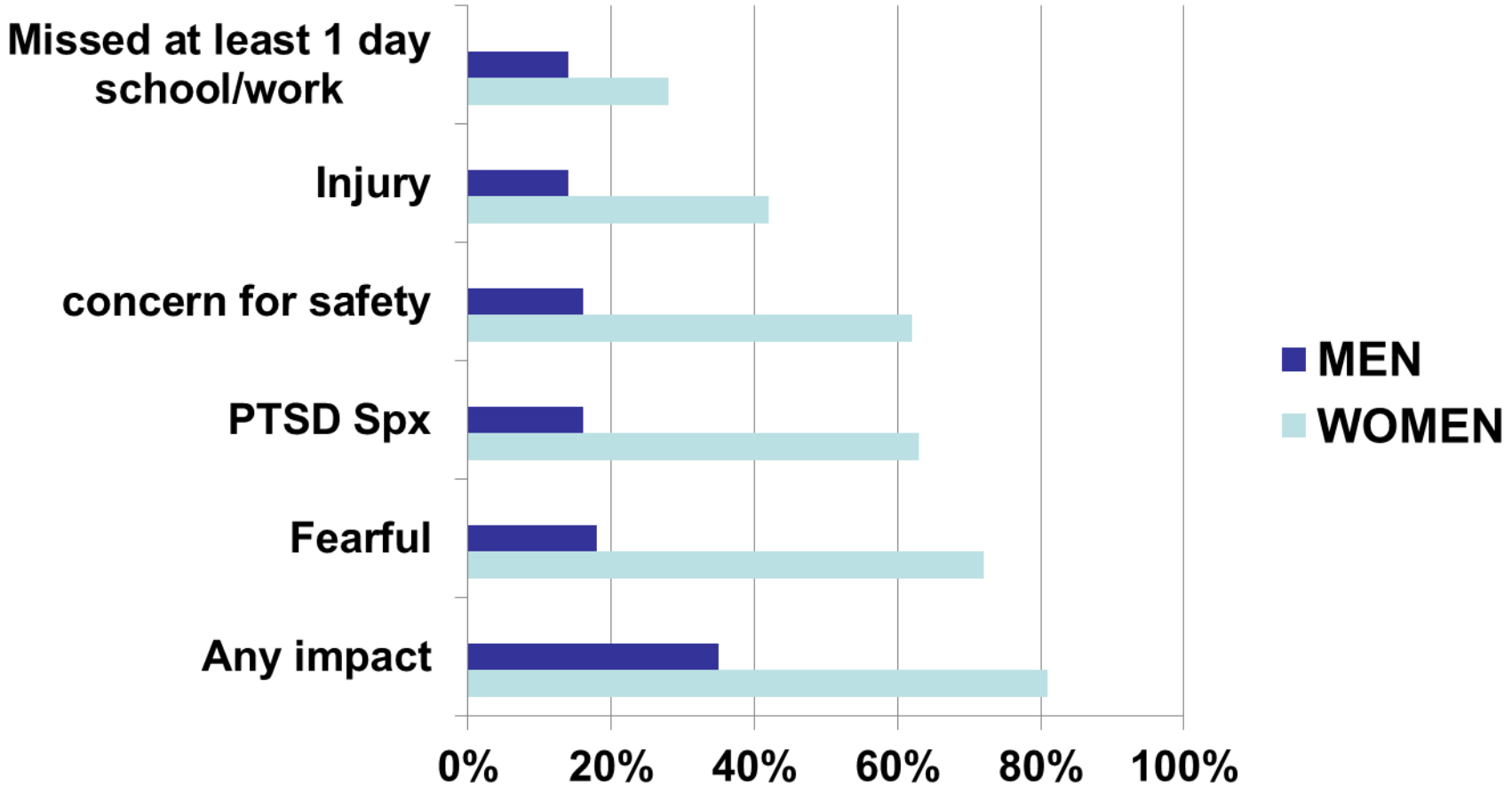
Intersection of IPV and HIV

- ≥ 2X national average
  - 55% of HIV-infected women experienced IPV
  - 39% experienced childhood sexual abuse
  - 42% experienced childhood physical abuse
- 0.5-4% of women experience violence with disclosure of HIV serostatus
- 4X risk of ARV failure in women with recent abuse

Geilen 2007, Machtinger 2012

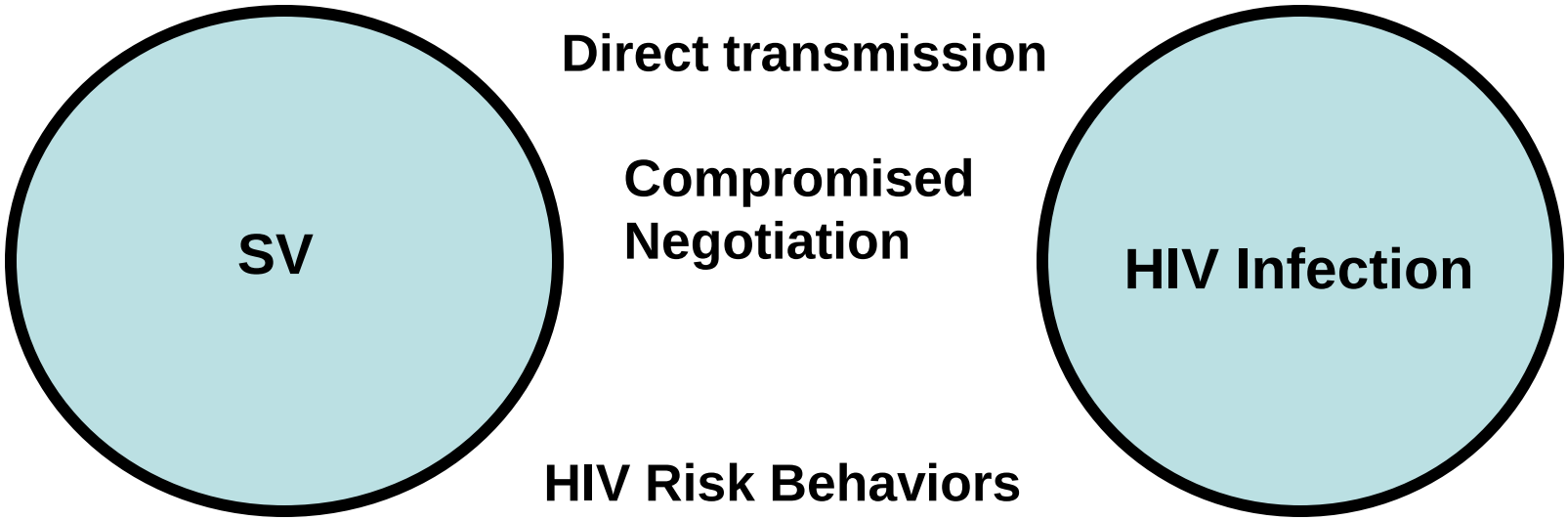
Ramifications of intimate partner violence

NISVS CDC 2014



DHHS/NIH/OAR

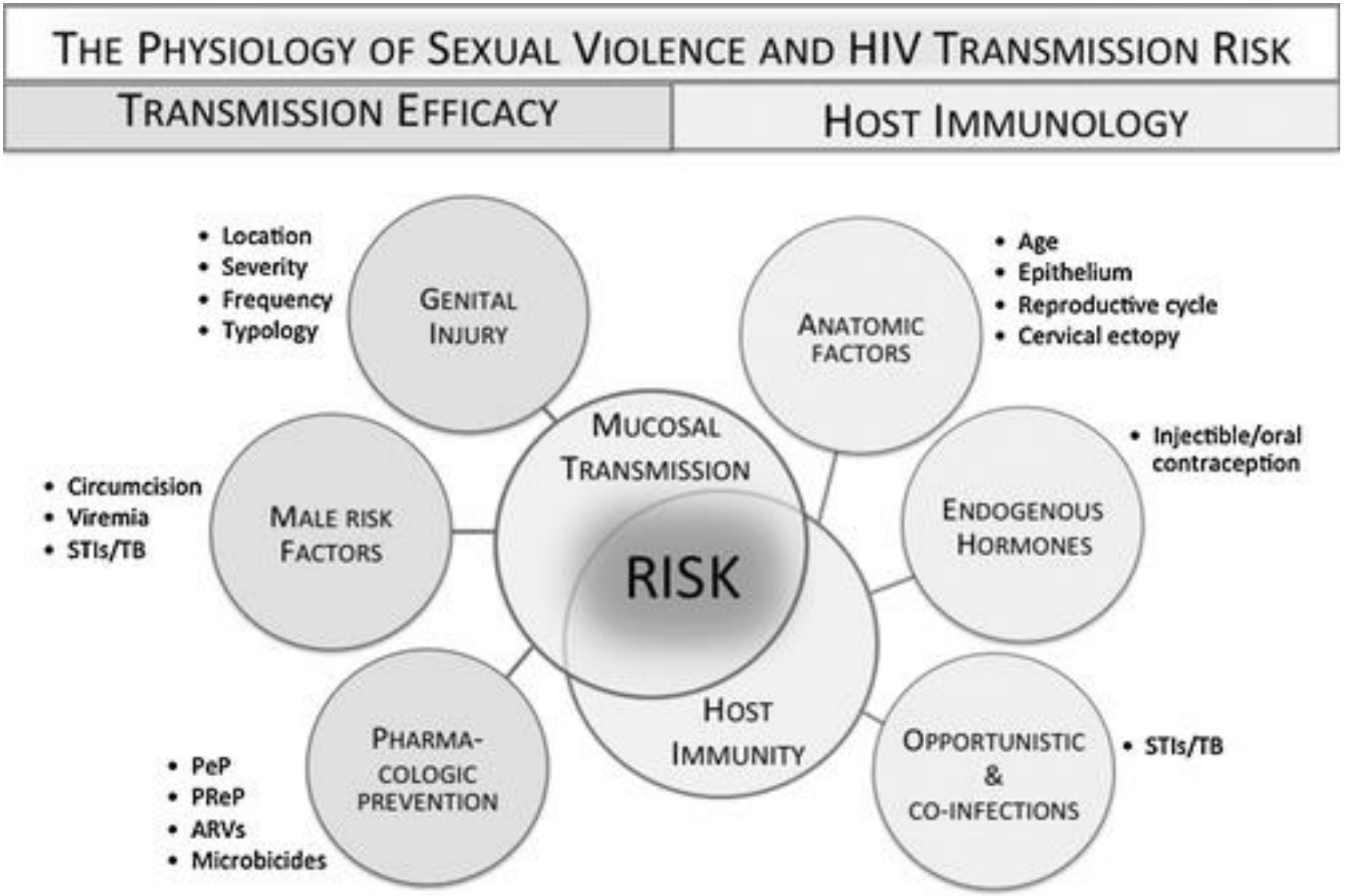
Relationship between SV and HIV in women



Analyzing sexual violence and HIV risk in women:
historical approach

- **Behavioral analysis**
  - **Low self esteem**
  - **Increased partners**
  - **Increased risky sexual acts**
  - **Unbalanced sexual power dynamic**
  - **Increased risk for repeat sexual violence**
- **Programmatic response**
  - **Societal programming**
  - **Women's education and empowerment**
  - **Men's education**
  - **Legal intervention**

Sexual Violence, Genitoanal Injury and HIV



Greentree, AJRI 2012

Sexual Violence (SV) and HIV risk in women tipping point

1. **Office of AIDS Research Advisory Council: HIV and women's risk (April 2009)**
   - **Biomedical, behavioral, social sciences and HIV risk**
   - **Guidance for future HIV research**
2. **Social Science Research Council, UNAIDS, OAR**
   - **Informal then formal discussions (2010, 2011)**
3. **White House Women and Girls HIV/AIDS Awareness day: Sexual violence and HIV in women and girls (March 2012)**
4. **Sexual violence and HIV risk Greentree meeting (April, 2012)**
   - **Outlining and modeling biomedical risk**
   - **Defining a research agenda**
5. **IPV and HIV Trans governmental working group**

Analyzing sexual violence and HIV risk:
broadening the conversation to include biomedical risk

- **Biomedical considerations (Greentree meeting NY 4/2012)**
  - **Tissue damage**
    - **Violent sexual encounter**
    - **Unwanted sex act**
    - **Female genital cutting (FGC)**
- **Future research**
  - **How does SV at the time and repeated episodes affect genital tract immunology, microbiome?**
  - **How do these alterations impact women and girls' risk?**
    - **During the event**
    - **Over a lifetime**
  - **How to model SV in HIV risk and prevention research?**
- **Priority in Trans-NIH Plan for HIV-related Research**
- **Research supplements for pilot data on biological relationship**
- **RFAs to understand genital tract immunology**
- **Interventions in girls and boys**

Understanding the HIV risk and SV connection influences current research

- **Defining the scope of the problem**
  - **Collecting the numbers**
    - **Data on sex ≠ data on sexual violence**
  - **Linking biomedical research with behavioral and social sciences research**
- **Multi-disciplinary HIV prevention research**
  - **Understanding the impact biomedical and behavioral causes**
  - **Testing integrated prevention approaches**
- **Multidisciplinary HIV prevention interventions**
  - **Preventing sexual violence and preventing the *IMPACT* of sexual violence**

Exploring the Critical Intersection:
Women, Violence, & HIV

Lynn Rosenthal

White House Advisor

on Violence Against Women,

Office of the Vice President

Interagency Federal Working Group Report objectives, 2013

- Increase IPV screening and HIV testing for girls and women and encourage concurrent screening.
- Improve outcomes for women in HIV care by addressing violence and trauma.
- Address certain contributing factors that increase the risk of violence for women and girls living with HIV.
- Expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls.
- Support research to better understand the scope of the intersection of HIV/AIDS and violence against women and girls and develop effective interventions.

Accessible at http://www.whitehouse.gov/sites/default/files/docs/vaw-hiv_working_group_report_final_-_9-6--2013.pdf

Exploring the Critical Intersection:
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Maggie Czarnogorski, MD, MPH

Senior Policy Advisor

Office of National AIDS Policy

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Exploring the Critical Intersection:
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Professor

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Forced Sex and HIV Risk- in Violent Relationships

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Funding by CERC (Caribbean Exploratory Research Center
#P20MD002286 NIH/NIMHD Gloria Callwood. PhD. RN. PI.

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CARIBBEAN EXPLORATORY NIMHD RESEARCH CENTER
University of the Virgin Islands, School of Nursing

HIV/IPV Connections – Etiology (Maman et. al. '99 & since) >0-3.7%

- 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

Kouyoumdjian, Findlay, Schwandt, Calzavara (2013) Systematic Review of the Relationships between Intimate Partner Violence and HIV/AIDS. PLoS ONE 8(11): e81044.

- 101 articles - Experiencing IPV & HIV associated in unadjusted analysis in most & in adjusted analyses in many studies
  - Clear that abused women more likely to have HIV and experience various HIV risk behaviors
  - However, causality not yet shown and causal mechanisms not yet well documented
- Findings of qualitative & quantitative studies assessing potential mechanisms linking IPV and HIV were variable.
- Few interventions have been assessed, but two identified in this review were promising in terms of preventing IPV, though not HIV infection

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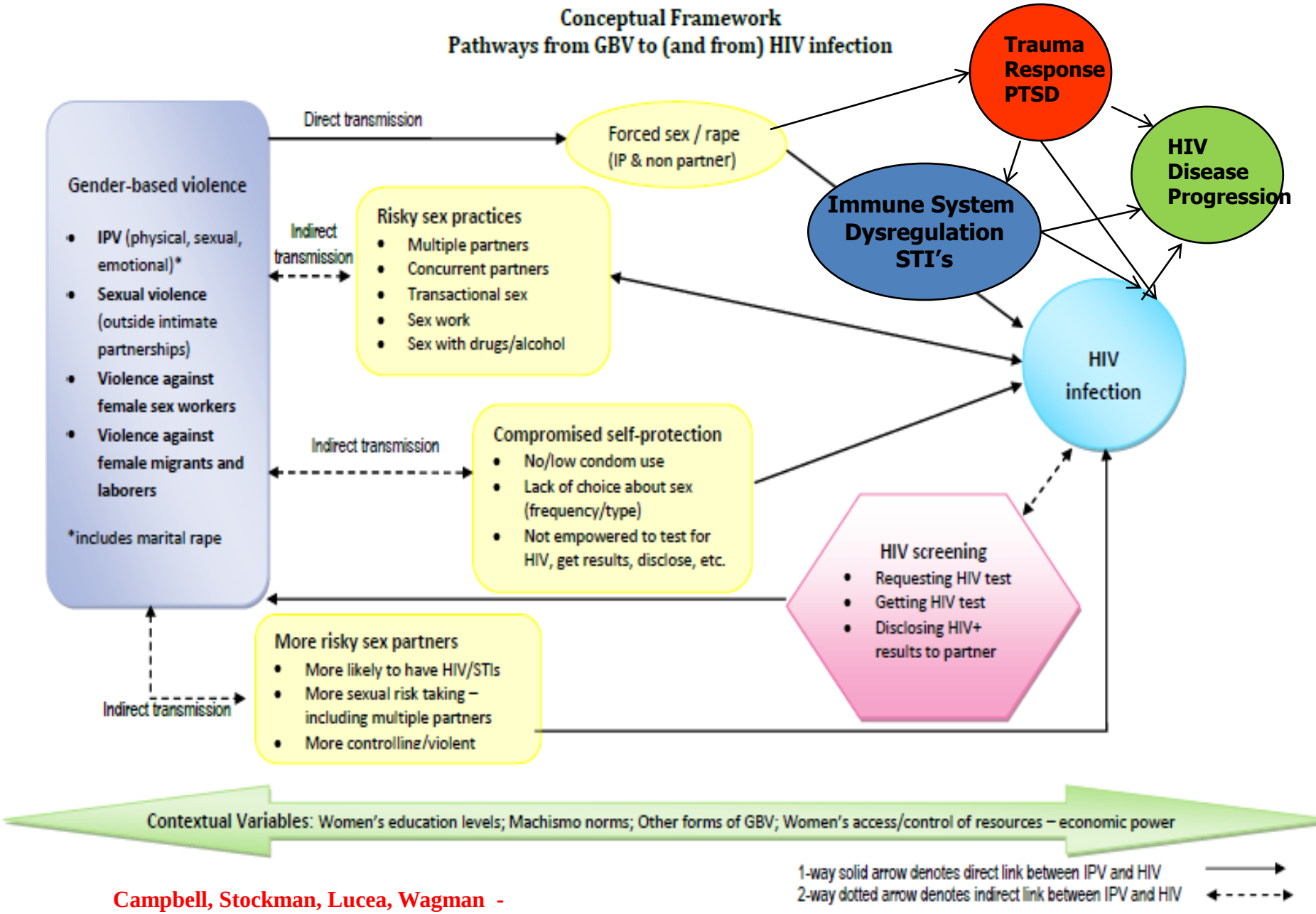

Campbell, Stockman, Lucea, Wagman -
Adapted from Jewkes '05

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 ½) 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)

Globally – women dying in 3:1 ratios from AIDS & majority of new cases – young women especially

- In the US:
  - 48,000 new HIV infections ‘09 – women majority (Prejean et al., 2011)
  - African American women - 66% new dx among women in ‘09 (CDC, ‘11)
  - AIDS a leading cause of death for African American women (CDC 2010)
  - #7 age 15-24
  - #5 age 25-34
  - #4 age 35-44
  - #6 age 45-54
  - African American women disproportionately affected by IPV (CDC 2011)
  - 87% of new dx among women -heterosexual contact (CDC, 2011).

ACAAWS Study Baltimore & USVI

- One of aims to determine to what extent a history of IPV is a risk factor for physical and mental health conditions including **STD's/HIV and associated risk behaviors**
  - Baltimore and USVI both have among highest rates of HIV/AIDS among women
  - N = 440 cases & 340 controls (never abused)

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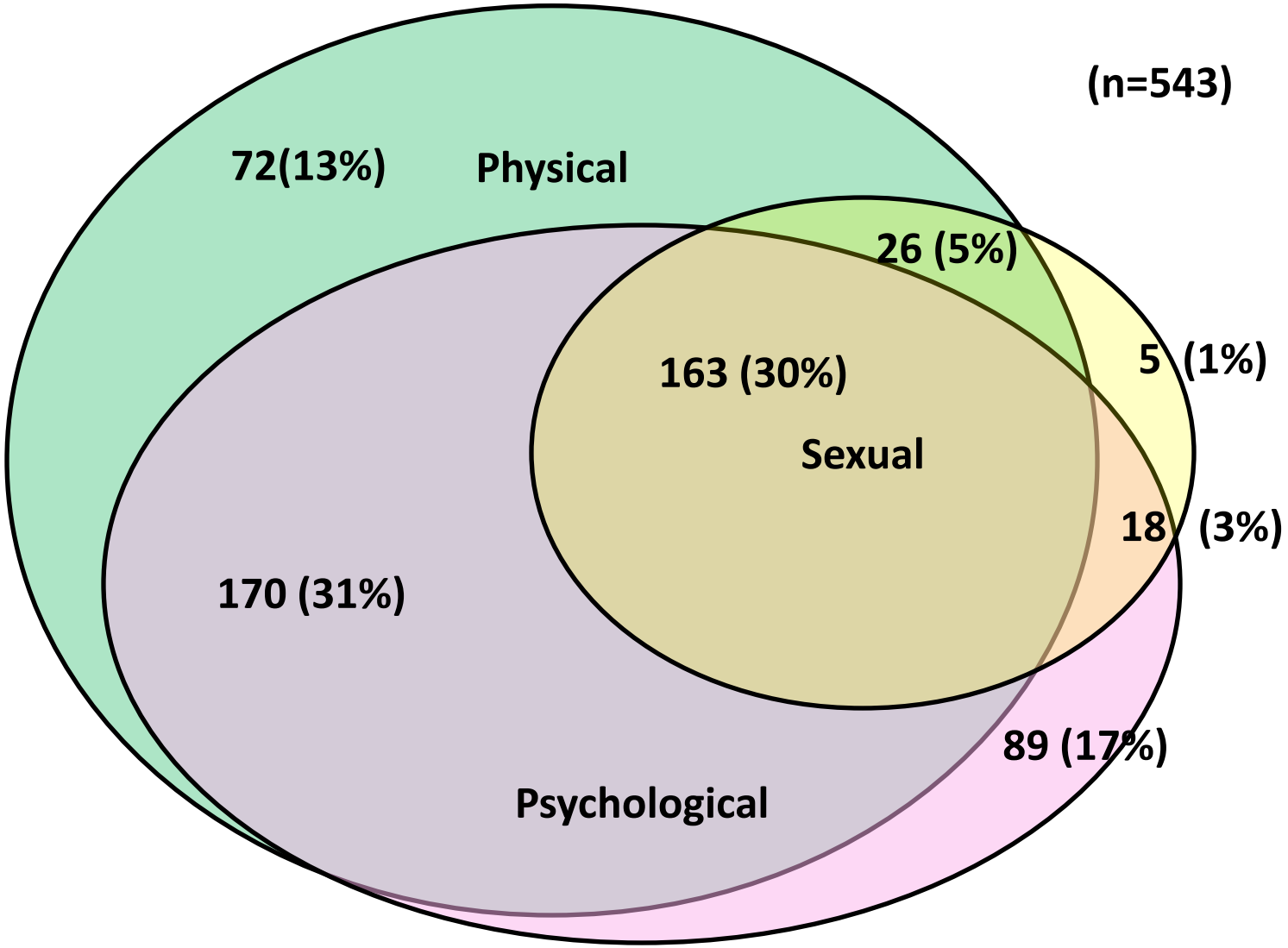
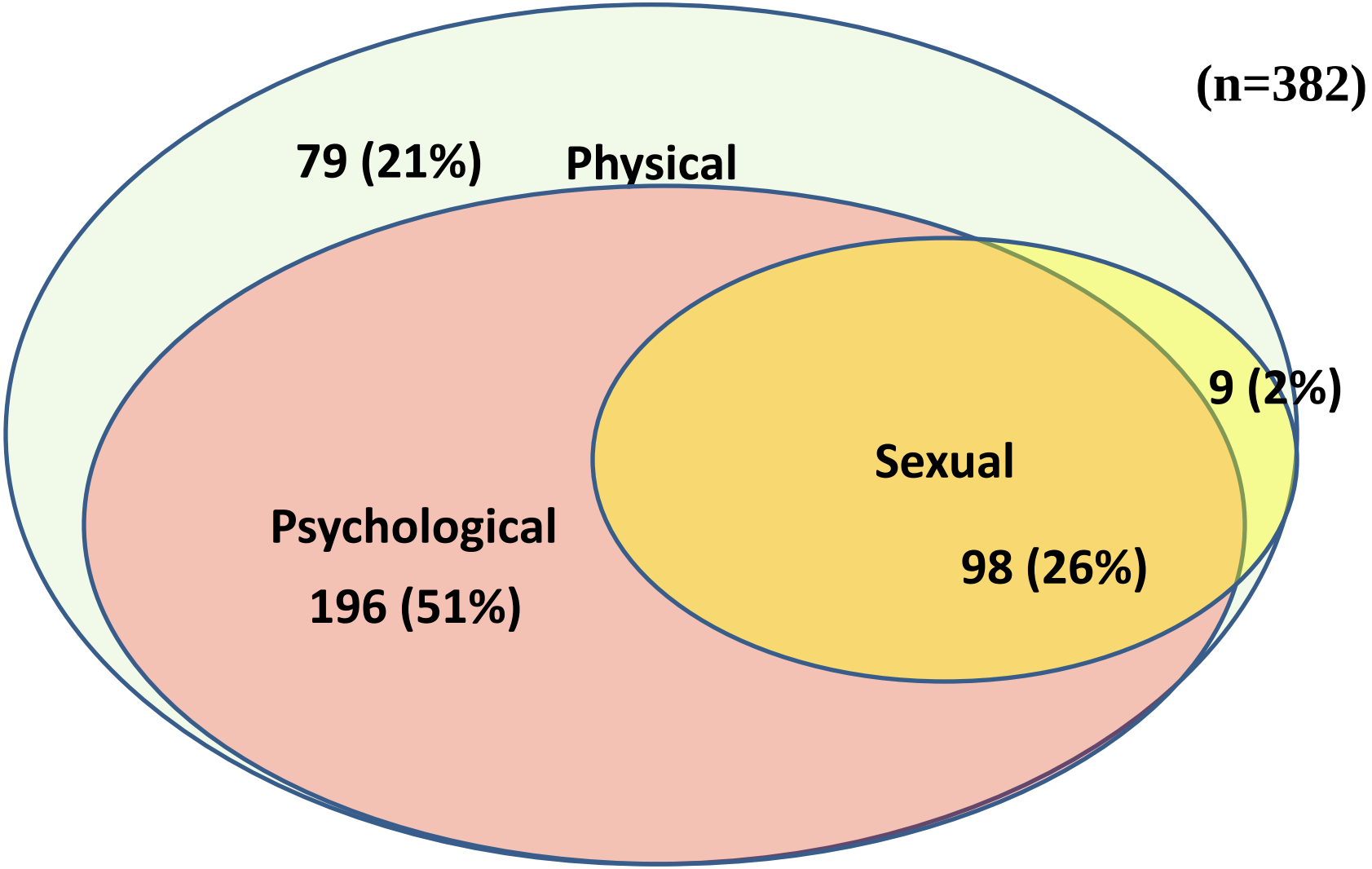
ACAAWS

Lifetime IPA (cases)



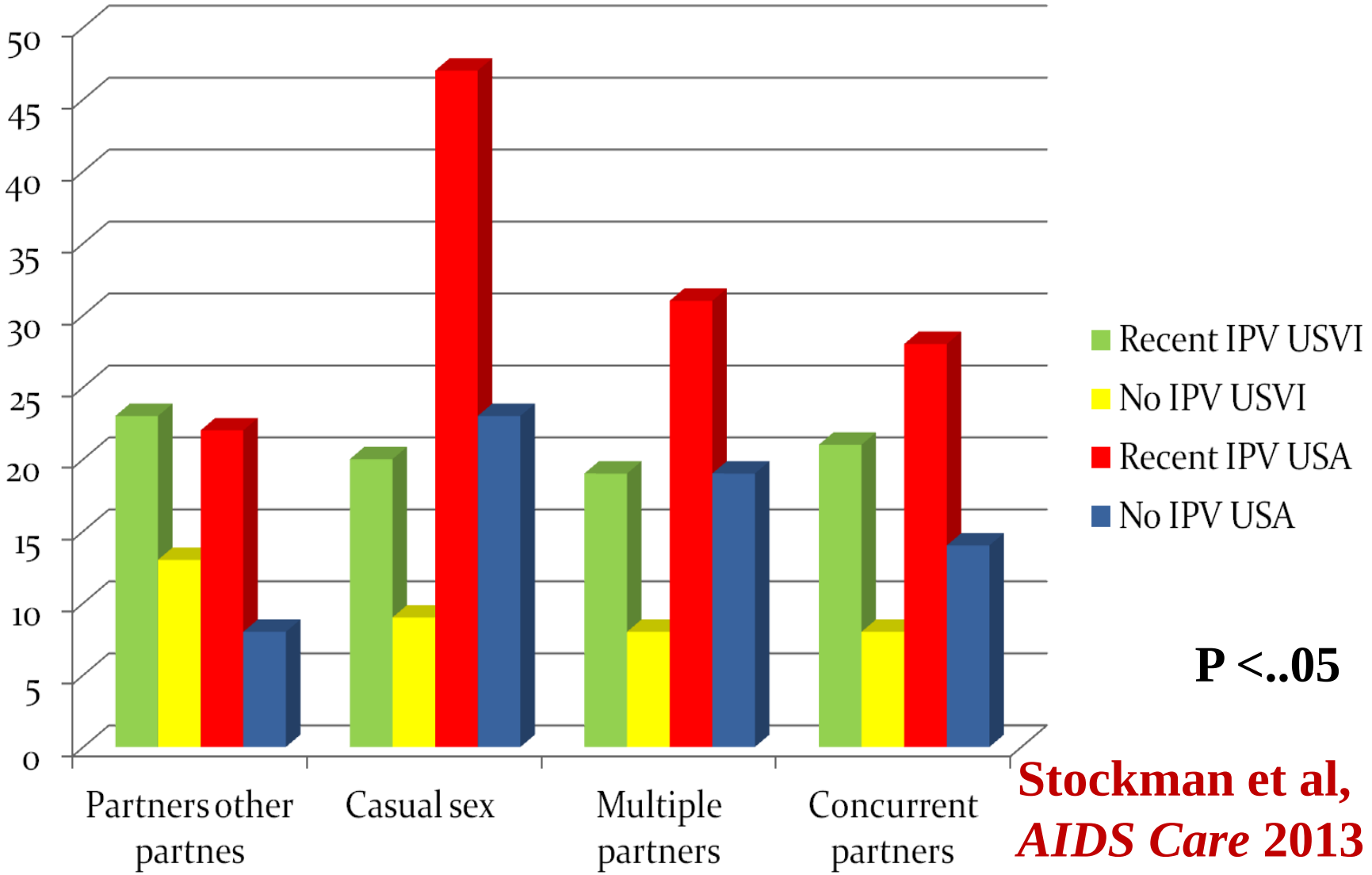
Recent (past 2 Year) IPV



Results – ACAAWS 2012

- 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 -**

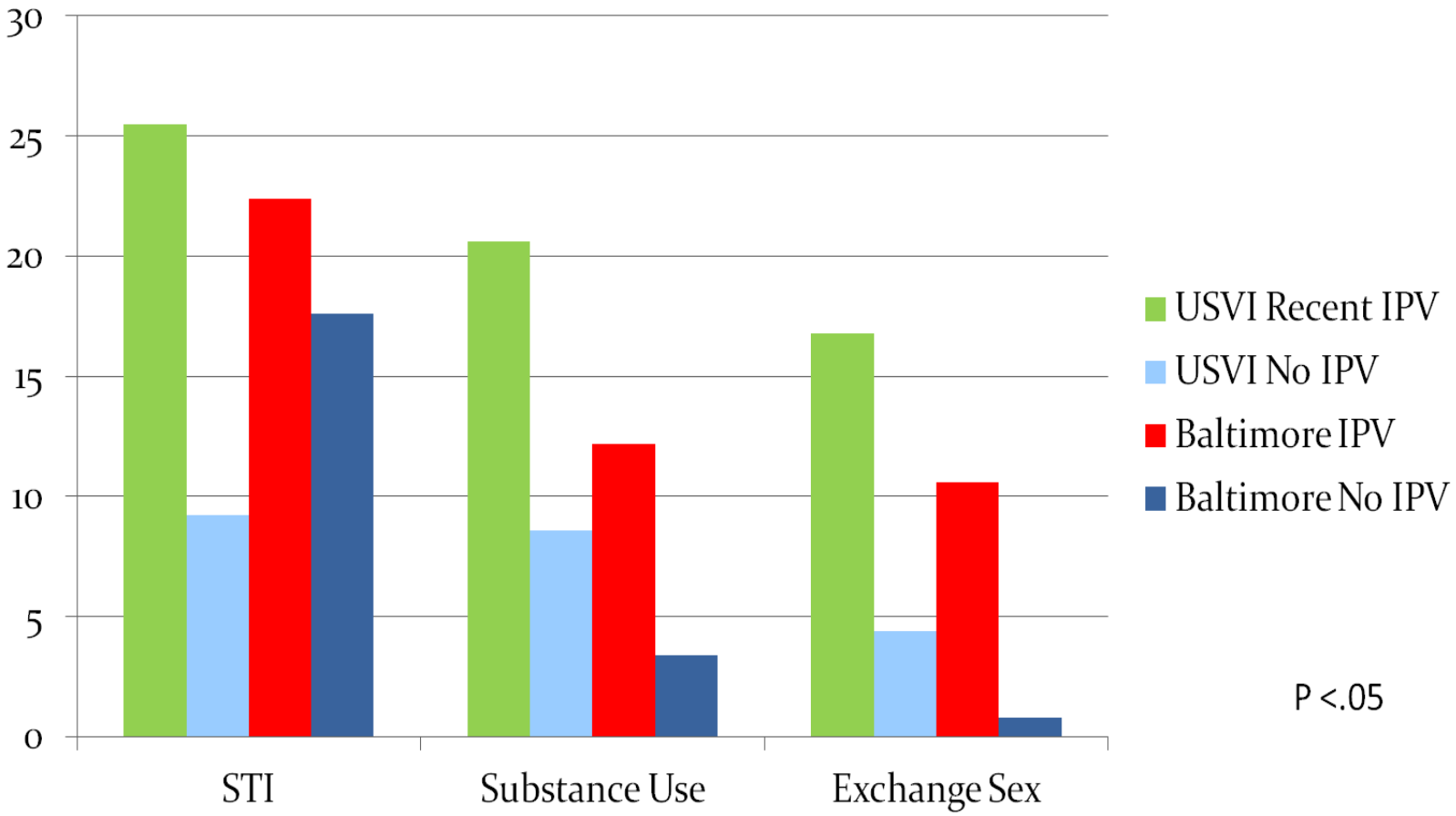
% with High Risk Behaviors - HIV



P <..05

Stockman et al, *AIDS Care* 2013

% with HIV Risk Factors



Stockman et al, *AIDS Care* 2

Discussion of Findings

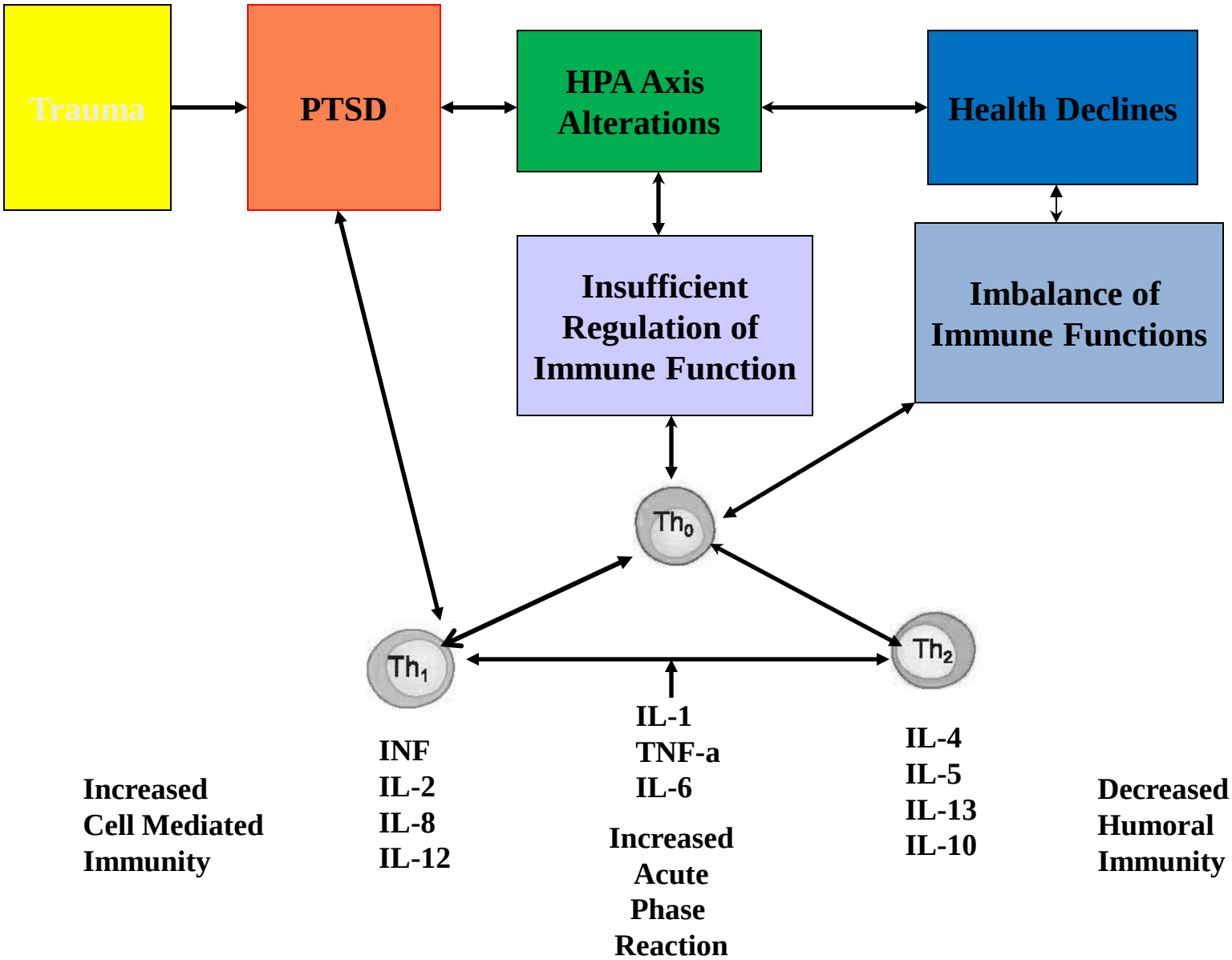
- In Baltimore – Recent IPV significantly associated with inconsistent condom use AOR =.24 (0.080.72)
  - Forced sex associated with inconsistent condom use - Anal Sex
- Less than half women, abused or not, engage in risky sex behaviors – less than 25% USVI women – significantly less likely than women in Baltimore
- 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 – hypothalmic – 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**
- **May contribute to faster decrease in CD4 count, more development of complications of AIDS, more death**
  - Stress/PTSD/depression leads to decreased CD4

PTSD Immune System Alteration

Gill '07



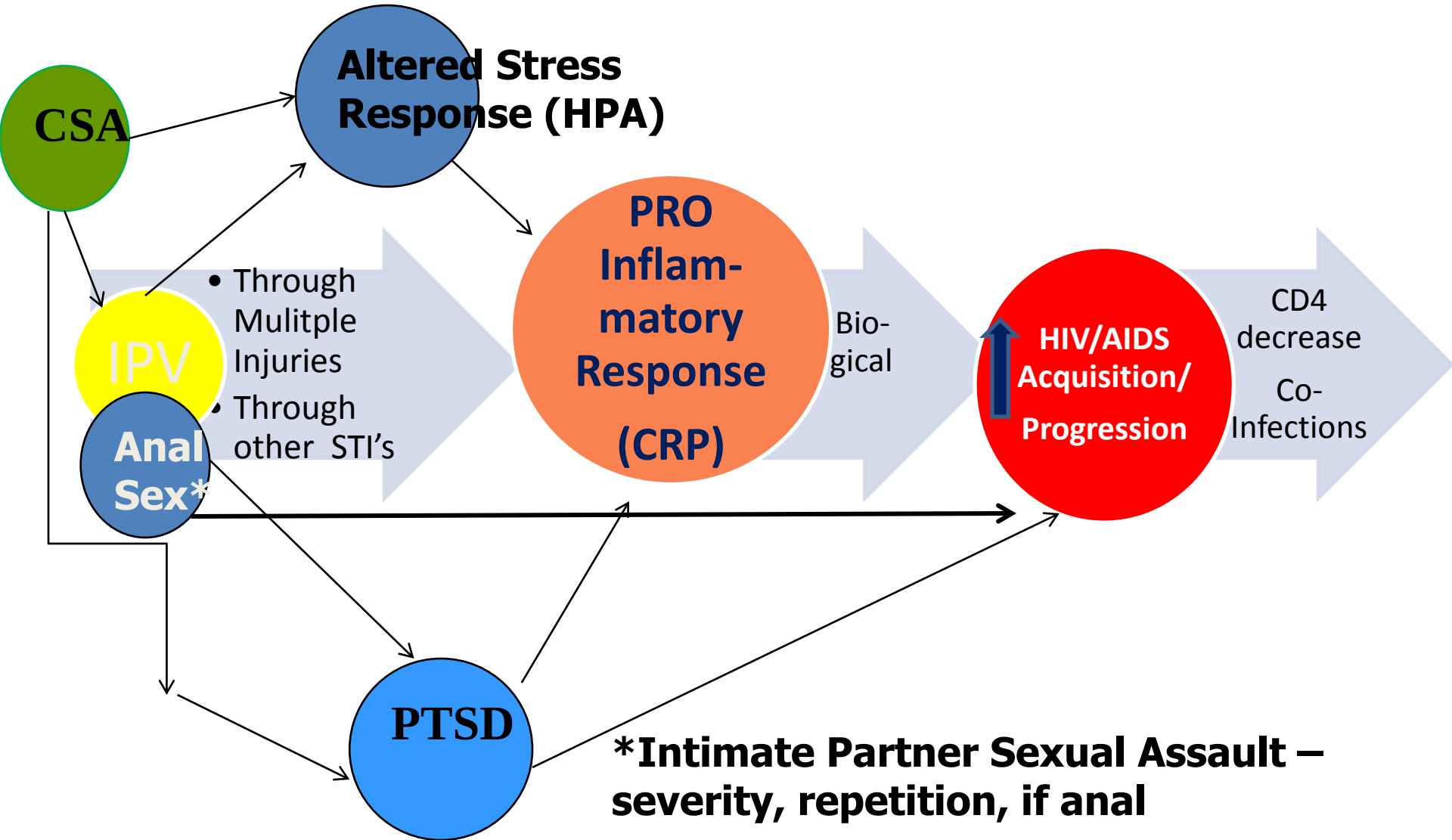
Physiological Effects of IPV on Immune System Not totally clear

- 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)
- 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

Need More Answers

- STI interactions – repeated, multiple, untreated, affecting immune system –inflammation significantly increased acquisition of HIV – multiple immunology studies
- Issues of menstrual cycle, young age
- Friability of urinary & vaginal tissue – increased by inflammation?
- Interactions with chronic pain
- How to measure, when to measure –
- How much of sex & racial differences in HIV (transmission, progression, mortality) related to ongoing SV (IPV)
- How to fully capture complexity of female humans – physiological as well as psychosocial effects of trauma

Physiological Model For IPV-HIV Acquisition/Progression (Campbell et al in press)



Interventions that work

- DOVE intervention in home visitation – decreases IPV among pregnant women (Sharps et al 2014); Tiwari (Hong Kong); Keily (USA) interventions in prenatal care
- Testing combination of Sister to Sister (Sweet-Jemmott) & DOVE in USVI
- IMAGE trial in South Africa – microfinance and community based interventions – decreased IPV among women
- Stepping Stones (Jewkes 2012) in South Africa – decreases IPV perpetration but not HIV
- SASA Trial –Uganda – Abramsky… Michau, Watts et al. BMC Medicine 2014, 12:122 – community based activism – Raising Voices – significantly less concurrent sex by male partners, more ability to refuse sex by women, less community acceptance of IPV; also 52% less IPV but not significant.
- SHARE Trial – Wagman 2014 – clinical trial in Uganda – reduced IPV and HIV – combination of community and work with individual women
- Maman trials in Tanzania – addressing IPV in HIV testing and counseling – promising preliminary results

SASA – “now” - Start, Awareness, Support and Action – involves community members, leaders & institutions to build critical mass

Once women (and men) HIV+

- Need for HIV care providers of women and men – screen for HIV, collaborate with DV advocacy organizations, connect the dots for them in terms of interference with medications etc
- Need to start incorporating physiological considerations into monitoring & treatment
- Need for shelters/DV advocacy organizations be comfortable with HIV prevention AND care
- HIV testing and counseling – needs to take into account IPV – routine screening for IPV
- HIV/IPV Inter-agency Task Force Report 2013
- Suicide and homicide risk

Moving Forward

- Exciting New Collaborative interdisciplinary research teams of basic sciences, physiology, epidemiologists, behavioral & clinical scientists – e.g. ESSENCE study; J. Anderson F31
- Official and increasing recognition of full complexity of interfaces by UN, US State Dept, USAID, WHO, CDC, DHHS, NIH. SAMHSA, US Congressional "BrainTrust" – Trauma Informed Care
- Need for more research – how much of racial/ethnic inequities in HIV prevalence & deaths related to IPV & testing combined interventions
- But enough evidence to fully include IPV in HIV Tx & Prevention programs – e.g. discordant couple counseling - trauma informed
  - Screening for IPV & HIV in pregnant women
  - Screening for IPV & HIV risk behaviors in all women
- National strategies - include measurable GBV/HIV outcomes
- Work with medicaid & HRSA to implement screening & brief counseling for IPV into ALL primary and ongoing services care for women – include measurable outcomes related to gender & health inequities

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Eddy Machtinger, MD

Director, Women's HIV Program,
University of California, San Francisco

Women, Violence and HIV

Experiences from the clinical frontline

Congressional Briefing
October 14, 2014

Edward Machtinger, MD
Professor of Medicine
Director, Women's HIV Program
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WHP
WOMEN'S HIV PROGRAM AT UCSF

Recent Deaths at WHP

1.	Rose	murder
2.	Shelly	murder
3.	Ladonna	suicide
4.	Ella	suicide
5.	Vela	suicide
6.	Dorothy	addiction/overdose
7.	Mary	addiction/lung failure
8.	Paula	addiction/multi-organ failure
9.	Lilly	Pancreatic cancer
10.	Pebbles	non-adherence/OI

+

WHP
WOMEN'S HIV PROGRAM
AT UCSF

Rates of trauma and PTSD in WLHIV are much higher

Meta-analysis of all studies among US WLHIV

Categories	Number of Studies	Pooled *n*	Prevalence (%)	95% Confidence Interval	Reference Prevalence
Intimate Partner Violence	8	2285	**55.3**	36.1 - 73.8	**24.8**
Childhood Sexual Abuse	7	3013	**39.3**	33.9 - 44.8	**16.2**
Childhood Physical Abuse	6	1582	**42.7**	31.5 - 54.4	**22.9**
Childhood Abuse Unspecified	2	232	**58.2**	36.0 - 78.8	**31.9**
Lifetime Sexual Abuse	8	1182	**61.1**	47.7 - 73.8	**12.0**
Lifetime Abuse Unspecified	6	1065	**71.6**	61.0 - 81.1	**39.0**
Recent PTSD	6	499	**30.0**	18.8 - 42.7	**5.2**

29 studies met our inclusion criteria, resulting in a sample of 5,930 individuals.

Machtinger EL, Wilson T, Haberer J, Weiss, D. **Psychological trauma in HIV-positive women: a meta-analysis.** AIDS and Behavior. January 17, 2012

WHP Women's HIV Program at UCSF

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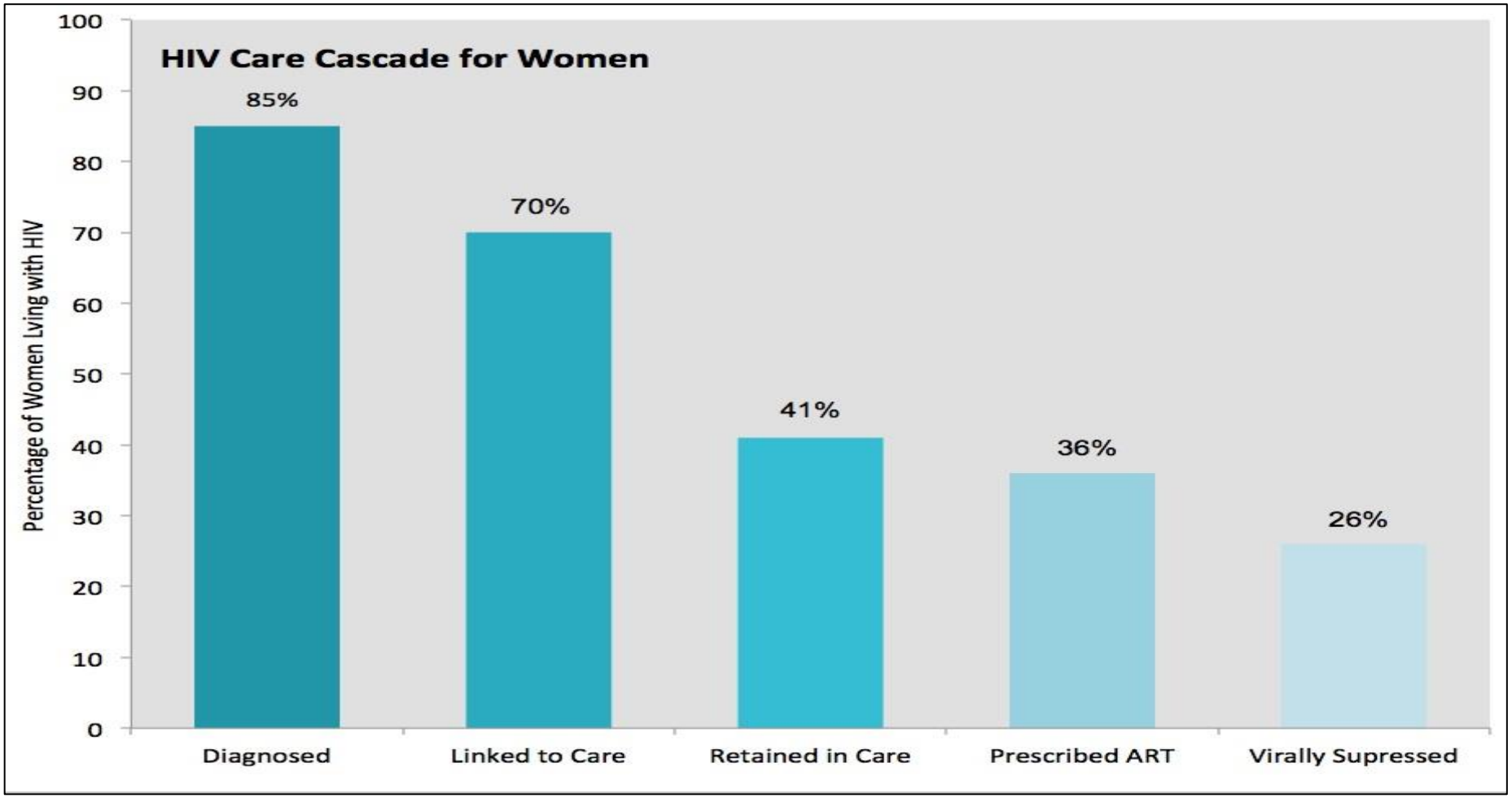
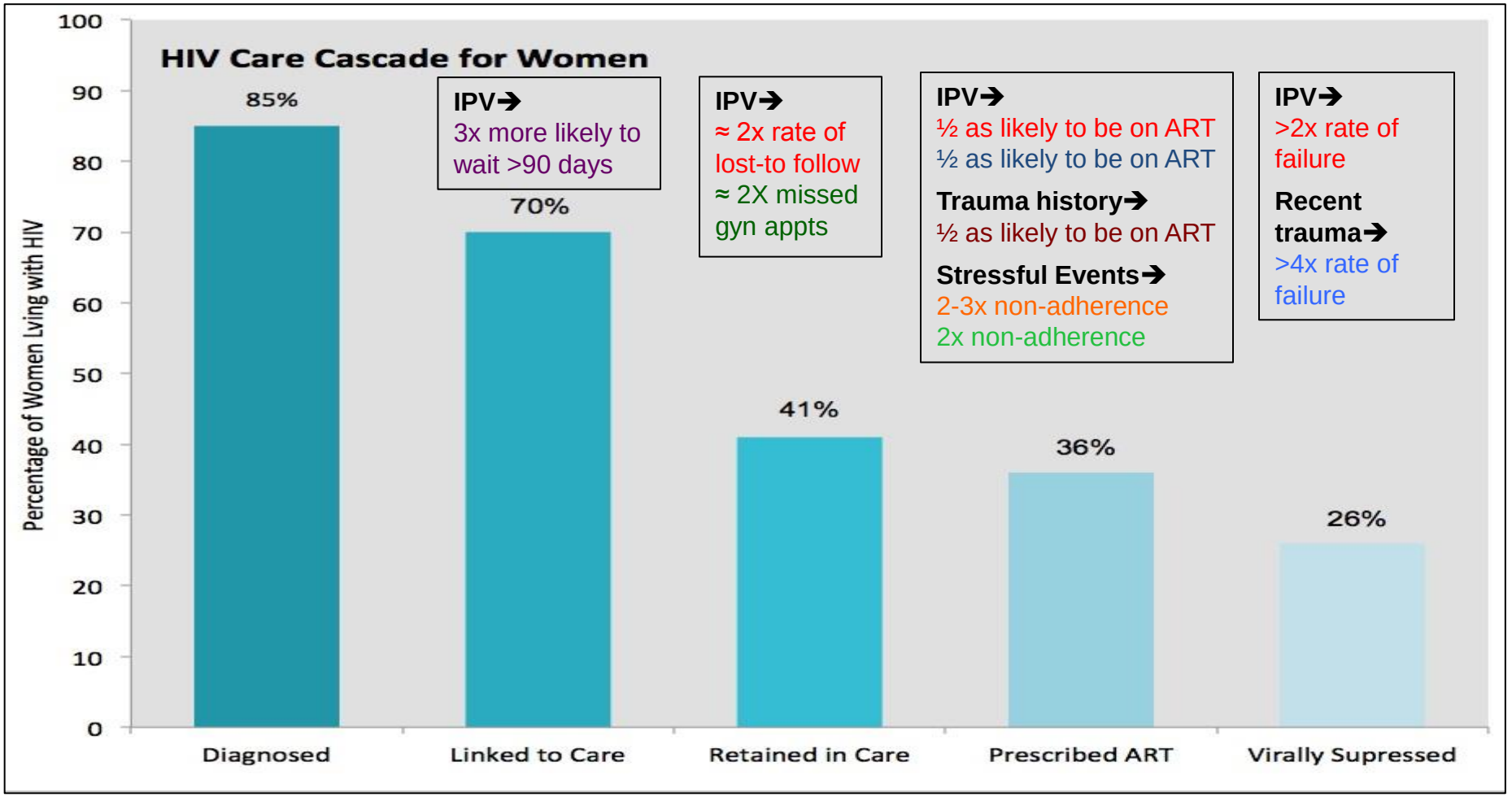


CDC, 2012. http://aids.gov/federal-resources/policies/care-continuum/

WOMEN'S HIV PROGRAM AT UCSF



CDC, 2012. http://aids.gov/federal-resources/policies/care-continuum/

Siemieniuk RA, et al. AIDS Patient Care STDs. 2010

Siemieniuk,RA, et al. J Acquir Immune Defic Syndr. 2013

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Kalokhe, A.S., et al. *AIDS Patient Care and STDs*. 2012

Cohen, M.H., et al. *American Journal of Public Health*. 2004

Lesserman, J. et al. AIDS PATIENT CARE and STDs. 2008

Mugavero, MJ, et al. Psychsomatic Medicine. 2009.

Machtinger EL, et al. AIDS and Behavior. 2012

WOMEN'S HIV PROGRAM AT UCSF

Evidence-based interventions exist

Screening tools are accurate: fifteen studies evaluated 13 screening instruments, and six instruments were highly accurate;

Interventions can reduce IPV: four fair- and good-quality RCTs reported reduced IPV and improved birth outcomes for pregnant women, reduced IPV for new mothers, and reduced pregnancy coercion and unsafe relationships for women in family-planning clinics;

Screening for IPV is safe: fourteen studies indicated minimal adverse effects with screening

Screening alone without an intervention does not appear to be better than usual care

National Registry of Evidence-Based Program and Practices (US):

24 interventions for various types of trauma
14 interventions for PTSD

Examples Include:
Seeking Safety
Trauma Recovery and Empowerment Model (TREM)
Living in the Face of Trauma (LIFT)
Eye Movement and Desensitization and Reprocessing
Prolonged Exposure Therapy for PTSD

Many other evidence-based interventions
Skills Training in Affective & Interpersonal Regulation (STAIR)
Enhanced Sexual Health Intervention (ESHI)
International: Stepping Stones, IMAGE

National Calls to Action

Annals of Internal Medicine

REVIEW

Screening Women for Intimate Partner Violence

A Systematic Review to Update the 2004 U.S. Preventive Services Task Force Recommendation

Heidi D. Nelson, MD, MPH; Christina Bougatsos, MPH; and Ian Blazina, MPH

Background: In 2004, the U.S. Preventive Services Task Force determined that evidence was insufficient to support screening women for intimate partner violence (IPV).

Purpose: To review new evidence on the effectiveness of screening and interventions for women in health care settings in reducing IPV and related health outcomes, the diagnostic accuracy of screening instruments, and adverse effects of screening and interventions.

Data Sources: MEDLINE and PsycINFO (January 2002 to January 2012), Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews (through fourth quarter 2011), Scopus, and reference lists.

Study Selection: English-language trials of the effectiveness of screening and interventions, diagnostic accuracy studies of screening instruments, and studies of any design about adverse effects.

Data Extraction: Investigators extracted data about study populations, designs, and outcomes, and rated study quality by using established criteria.

Data Synthesis: A large fair-quality trial of screening versus usual care indicated improved IPV and health outcomes for both groups, but no statistically significant differences between groups. Fifteen fair- and good-quality studies evaluated 13 screening instruments, and six instruments were highly accurate. Four fair- and good-quality trials of counseling reported reduced IPV and improved birth outcomes for pregnant women, reduced IPV for new mothers, and reduced pregnancy coercion and unsafe relationships for women in family-planning clinics. Fourteen studies indicated minimal adverse effects with screening, but some women experienced discomfort, loss of privacy, emotional distress, and concerns about further abuse.

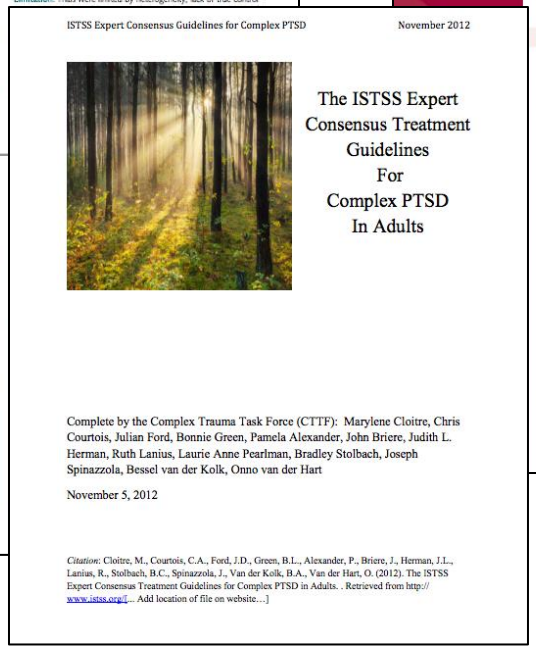
Limitation: Trials were limited by heterogeneity, lack of true control

This review is an update for the U.S. Preventive Services Task Force (USPSTF) recommendation on screening women for intimate partner violence (IPV). In 2004, the USPSTF found that evidence was insufficient to support a screening recommendation (1–3). This update focuses on IPV against women and includes studies published since the previous recommendation related to the effectiveness and adverse effects of screening and interventions and the diagnostic accuracy of screening instruments.

Intimate partner violence includes a range of abusive behaviors perpetrated by someone who is or was involved in an intimate relationship with the victim. Although IPV affects both men and women as victims and perpetrators (4), more women experience IPV and most studies about screening and interventions for IPV enroll women. Approximately 1.3 to 5.3 million women in the United States experience IPV each year (5, 6). Lifetime estimates range from 22% to 39% (7, 8). The National Intimate Partner and Sexual Violence Survey indicated that 30% of women experience physical violence, 9% rape, 17% sexual violence other than rape, and 48% psychological aggression from their intimate partners over their lifetimes (4). Costs related to IPV are estimated to be between $2 and $7 billion each year (9).

Intimate partner violence has immediate health effects, such as injuries (10) and death (11) from physical and sexual assault; sexually transmitted infections, including HIV (12); pelvic inflammatory disease (13); unintended

www.annals.org



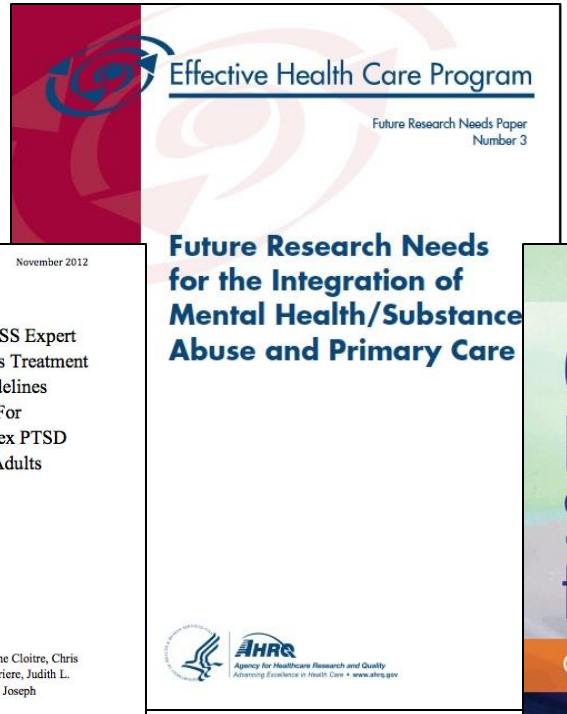
ISTSS Expert Consensus Guidelines for Complex PTSD November 2012

The ISTSS Expert Consensus Treatment Guidelines For Complex PTSD In Adults

Complete by the Complex Trauma Task Force (CTTF): Marylene Cloitre, Chris Courtois, Julian Ford, Bonnie Green, Pamela Alexander, John Briere, Judith L. Herman, Ruth Lanius, Laurie Anne Pearlman, Bradley Stolbach, Joseph Spinazzola, Bessel van der Kolk, Onno van der Hart

November 5, 2012

Citation: Cloitre, M., Courtois, C.A., Ford, J.D., Green, B.L., Alexander, P., Briere, J., Herman, J.L., Lanius, R., Stolbach, B.C., Spinazzola, J., Van der Kolk, B.A., Van der Hart, O. (2012). The ISTSS Expert Consensus Treatment Guidelines for Complex PTSD in Adults. . Retrieved from http://www.istss.org/[... Add location of file on website…]

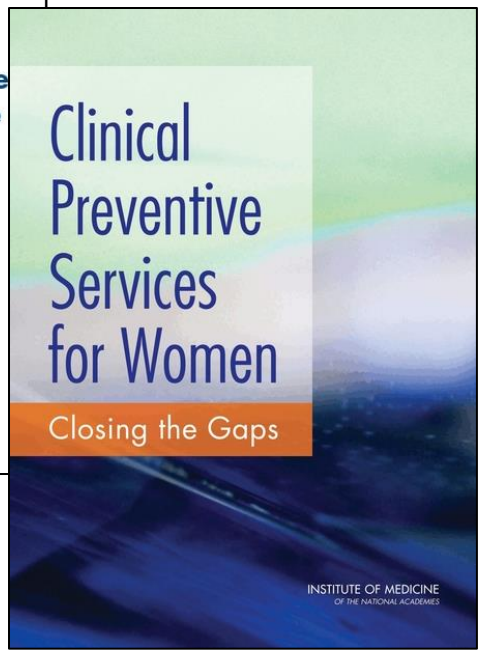


Effective Health Care Program

Future Research Needs Paper Number 3

Future Research Needs for the Integration of Mental Health/Substance Abuse and Primary Care

AHRQ Agency for Healthcare Research and Quality



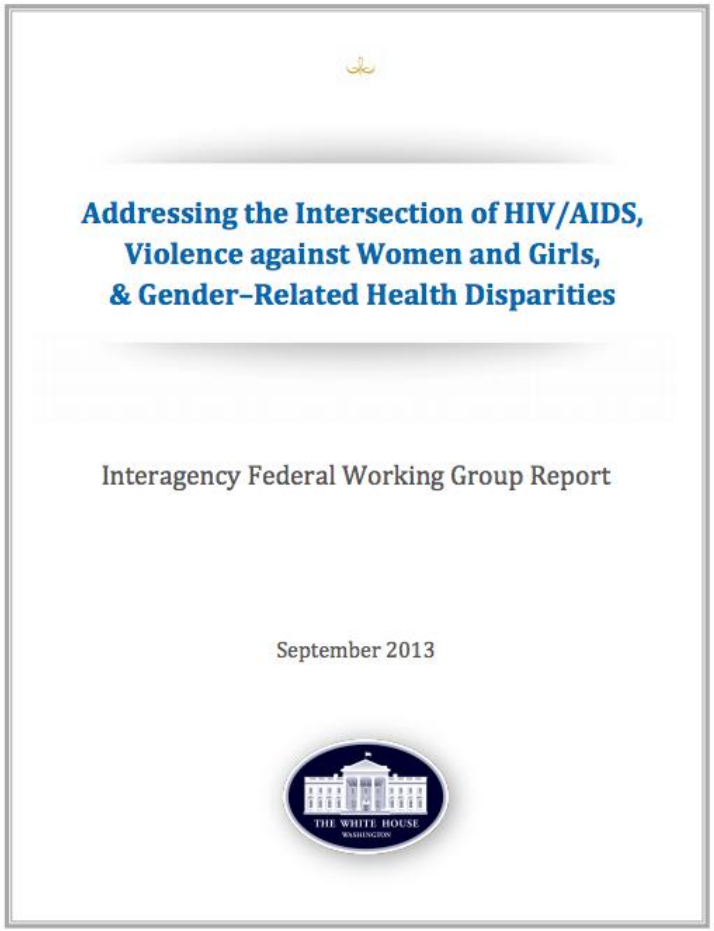
Clinical Preventive Services for Women

Closing the Gaps

INSTITUTE OF MEDICINE OF THE NATIONAL ACADEMIES

WHP WOMEN'S HIV PROGRAM AT UCSF

Now specifically recognized in WLHIV



Recommended Action 2.2:

"Develop, implement, and evaluate models that integrate trauma-informed care into services for women living with HIV".

WHP
WOMEN'S HIV PROGRAM
AT UCSF

For us, an incredible epiphany

- Unaddressed trauma explains so much…
- We are not using exisiting effective interventions to address trauma and complex PTSD that underlie so much illness and suffering
- Surprisingly, there is scant guidance about models to address to trauma

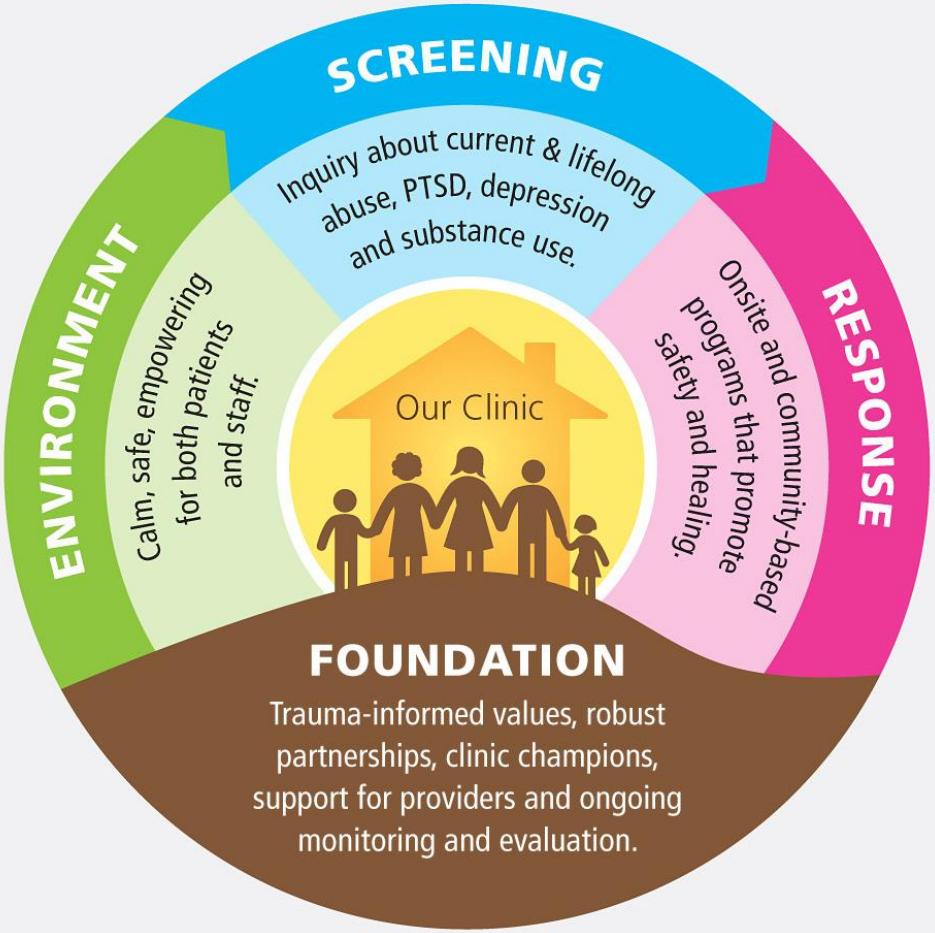
An evidence-based pragmatic model

- Partnered with PWN-USA
- To develop a model of TIPC for women living with HIV
- Literature review
- Expert meeting
- Follow-up consultations

POSITIVE WOMEN'S NETWORK USA

WHP WOMEN'S HIV PROGRAM AT UCSF

Trauma-informed Primary Care



POSITIVE WOMEN'S NETWORK USA

WHP WOMEN'S HIV PROGRAM AT UCSF

Next Steps

- Implement and evaluate trauma-informed primary care for WLHIV
- Scale-up effective and pragmatic interventions
- Require data about violence and PTSD to be collected and evaluated
- Raise the bar for our expectations about health outcomes for WLHIV
- To have an AIDS Free generation, we need to start caring more effectively for WLHIV
- To seriously address DV and child abuse, clinics for WLHIV offer the ideal milieu to develop effective interventions

Thank you!

Exploring the Critical Intersection:
Women, Violence, & HIV

Naina Khanna

Executive Director

Positive Women's Network USA

WHP
WOMEN'S HIV PROGRAM AT UCSF

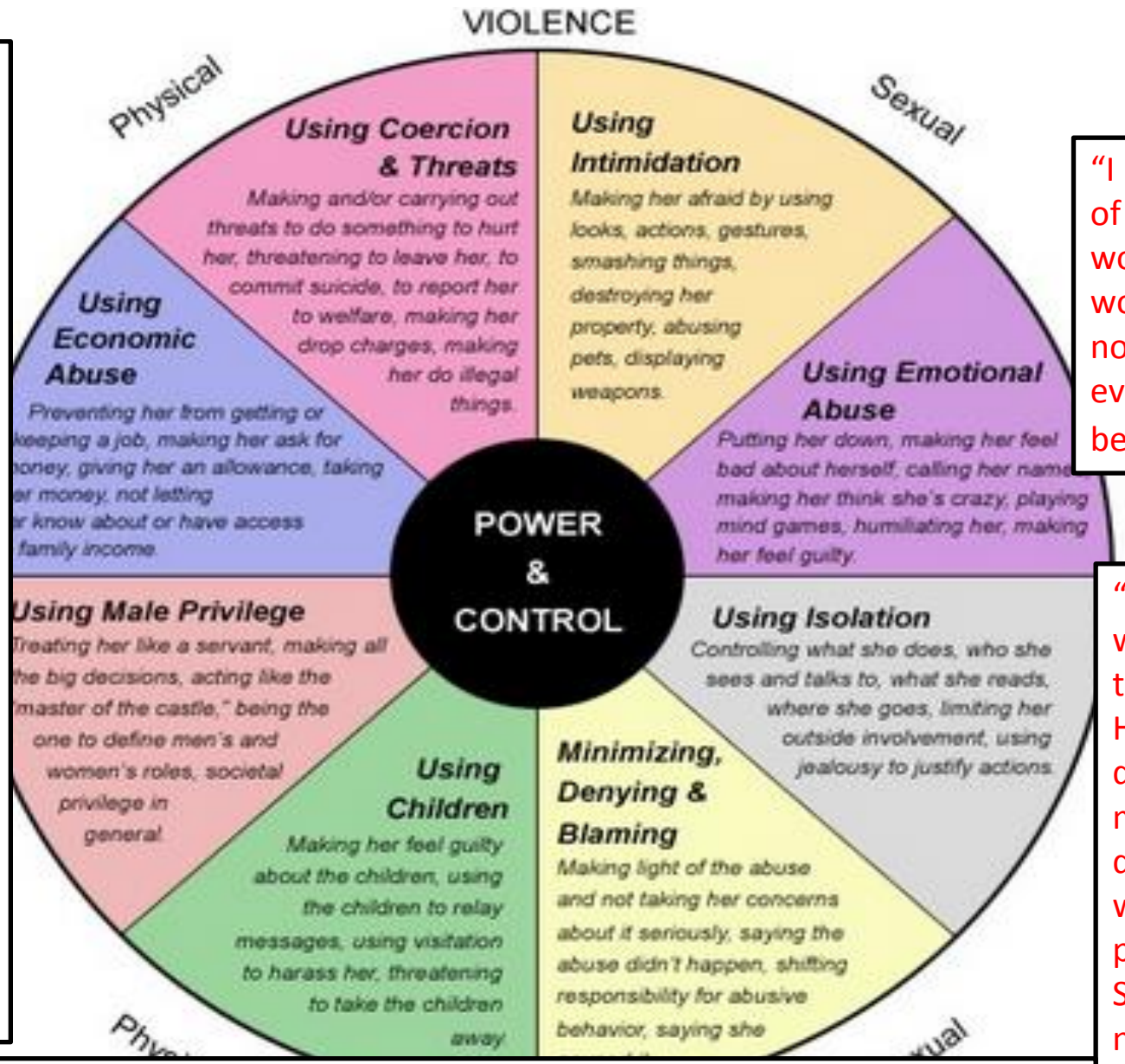
Addressing Violence & Trauma to Improve Health Outcomes: the Critical Role of Women Living with HIV

Naina Khanna

Executive Director

Positive Women's Network - USA

"I dated a guy who knew my HIV status, but when his family found out, he acted like he didn't know and pressed charges [on] me. I almost lost everything. It has taken me a long time to disclose to anyone since."



"I have felt ashamed of my body and worthless. My ex would tell me that nobody else would ever want me, because of my HIV"

"My partner didn't want anyone else to know about my HIV status. He didn't even allow me to see my HIV doctor, because he was afraid of people finding out. So I basically had no support and was not getting care."

I was in an abusive relationship for 4 years. When I attempted to leave, he threatened to come after me under HIV criminalization laws because I didn't disclose to him when we first got involved. He also threatened to have my kids taken away."

WLHIV are uniquely vulnerable to violence and abuse

"There is a big black X from head to toe. I am diseased and unworthy of feeling good about my body again."

"I feel dirty and ashamed."

"It caused me to loose [sic] all hope as a woman where I felt ugly and that I had to settle for whatever man wanted to date me."

"I have had a guy tell me that I should have told him before kissing him that I was positive. He was convinced HIV is transmitted through saliva. He even threw in that he could prosecute me for murder. Apparently there is grave misunderstanding about disclosure laws amongst the general public."

… these and other factors (*housing instability, economic insecurity*) may complicate leaving an abusive relationship

NEWS

Man arrested in San Antonio suspected of killing woman because she had HIV

BY ALIA MALIK, SAN ANTONIO EXPRE
7:41pm

dallasnews NEWS

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Home > News > Crime > Crime Headlines

Man who admitted killing HIV-positive girlfriend: 'I wanted to make her pay'

CRIME

'She Killed Me, So I Killed Her': Man Allegedly Stabs Girlfriend to Death after She Tells Him She's HIV Positive

Cicely Bolden's children discovered their mother's body after she was allegedly killed by a boyfriend, angered after she told him she had the virus.

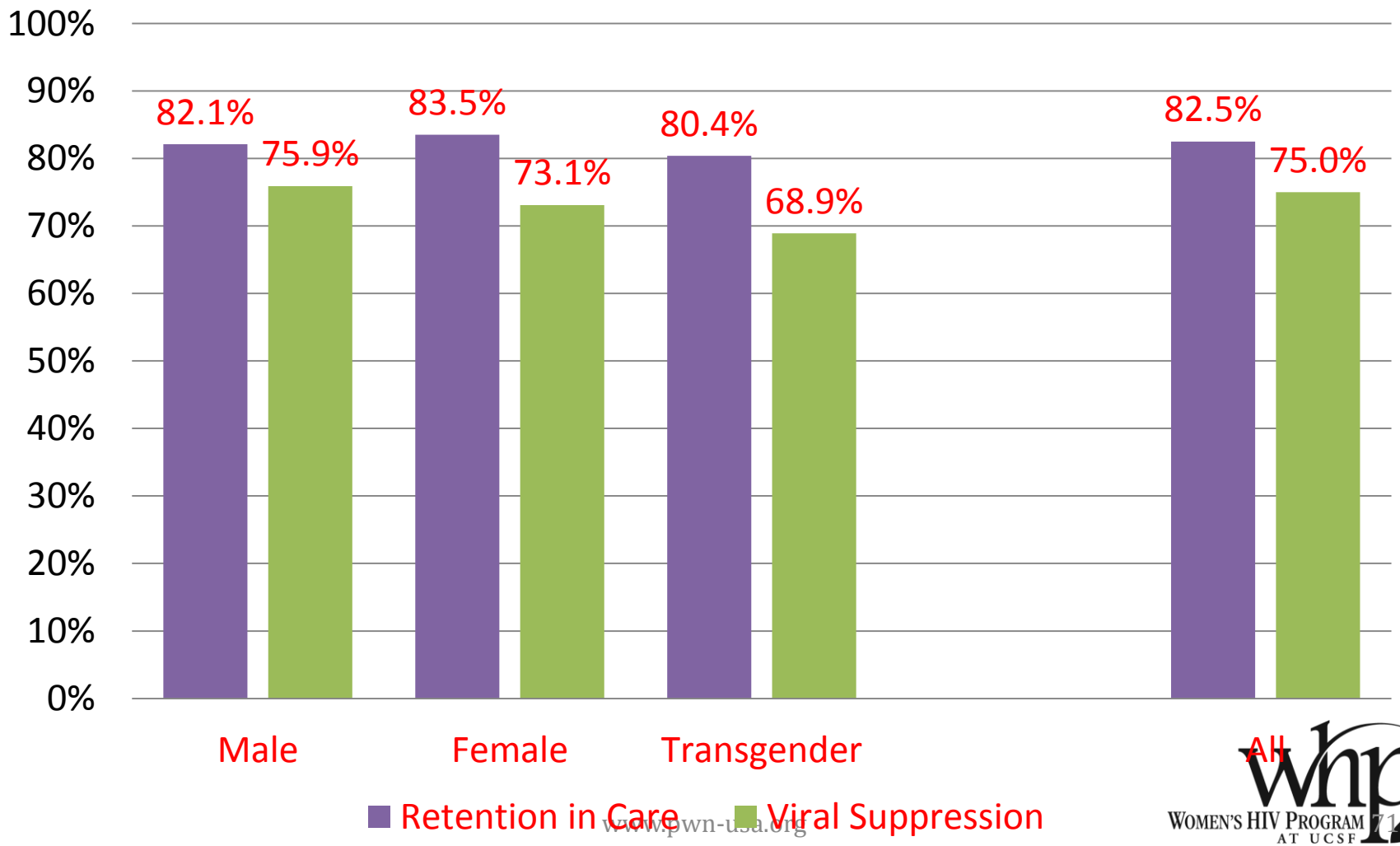
By Madison Gray @madisonjgray | Sept. 12, 2012 | 32 Comments

Violence disproportionately impacts transgender women of color

- Almost three-quarters of LGBTQ homicide victims in 2013 were transgender women. 67% were transgender women of color
- Transgender women were 6 times more likely to experience physical violence when interacting with the police than other LGBTQ survivors of violence
- Transgender people of color were 1.8 times more likely to experience violence in shelters than other LGBTQ survivors of violence

- National Coalition of Anti-Violence Programs (NCAVP) Annual Report, 2014

Retention in Care and Viral Load Suppression by Gender – RSR 2012 data



"Interestingly, while women had higher levels of retention [in the Ryan White program] than men, their viral suppression was lower, *suggesting that there may be a significant gap in ART use and/or adherence*." – Doshi et al

High Rates of Retention and Viral Suppression in United States HIV Safety Net System: HIV Care Continuum in the Ryan White HIV/AIDS Program, 2011

Clinical Infectious Diseases Advance Access published September 15, 2014

Partnerships are Crucial

"[p]eople living with HIV have unique experiences that should be valued and relied upon as a critical source of input in setting policy" and "[g]overnments and other institutions… should work with people with AIDS coalitions, HIV services organizations, and other institutions to actively promote public leadership by people living with HIV."

The Office of National AIDS Policy. **The National HIV/AIDS Strategy for the United States**. July 2010. p 57. Available at www.WhiteHouse.gov/ONAP.

WHP establishes a formal partnership with Positive Women's Network-USA (PWN-USA), the largest membership and advocacy group of HIV-positive women in the United States

WHP and Positive Women's Network-USA (PWN-USA) have established a formal partnership to realize a new model of trauma informed primary care for US women living with HIV.

- **Partnership between research clinic and community-based organization**
- **Consultative and advisory**
- **Inform & advise on best practices**
- **Engage WLHIV as leaders and partners in crafting programmatic response within clinic (leads on program, involvement in community advisory board) and on policy advocacy priorities**

www.pwn-usa.org

Solutions

- Integrate trauma-informed services into Ryan White care system
  - Screening, interventions, provider training
- Ensure focus on trauma & violence-related metrics in National HIV/AIDS Strategy implementation update and future iterations of the strategy
- Ensure consistent, high-quality and non-stigmatizing sexual & reproductive health services for women living with HIV

Thank you

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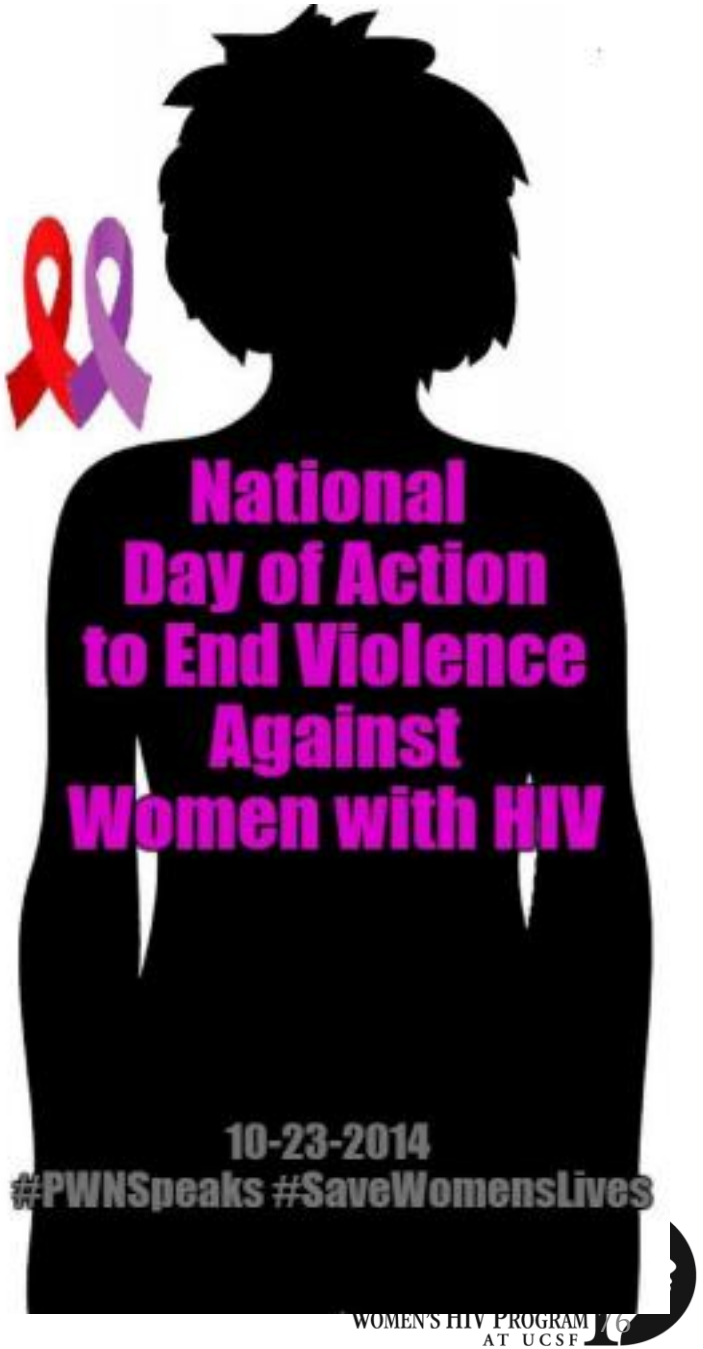

Exploring the Critical Intersection:
Women, Violence, & HIV

Questions?

Exploring the Critical Intersection:
Women, Violence, & HIV

Thanks for attending for more information.

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