Addressing the Link Between Violence and Increased Risk for HIV: A Skills Enhancement Guide

Module III – Part 1
Understanding Intimate Partner Violence
Remember

- Violence against women can be seen as both a risk and consequence of HIV.
- Health, social and economic consequence of the intersection of violence against women and increase risk in HIV.
- Warning signs of presence of violence and HIV in a woman’s life.
- Barriers to providing integrated HIV/violence services to women.
What you will learn in this training

Understanding intimate partner violence (IPV):
- Basic information about IPV, including current data and definitions
- Consequences of IPV.
- Highlights of laws around IPV.
- Confidentiality and privacy
- Addressing IPV in HIV/AIDS services.
- Linking women to services.
“A pattern of assaultive and coercive behaviors that may include inflicted physical injury, psychological abuse, sexual assault, progressive social isolation, stalking, deprivation, intimation and threats. These behaviors are perpetrated by someone who is, was, or wishes to be involved in an intimate or dating relationship with an adult or adolescent, and are aimed at establishing control by one partner over the other (FVPV, 1999).”
Power and control wheel
Immigrant women and IPV

At increased risk for IPV than US citizens:

• Come from cultures that accept domestic violence.
• A derivative visa to the US that force them to depend on their partners for their legal immigration status.
• May not have access to bilingual and bicultural shelters, legal system, or other social services.
• Lack of knowledge of the US penalties and protection of the U.S. legal system.
Reproductive coercion

Male partner trying to control partner’s birth control options and decisions around pregnancy through:

• Verbal pressure and/or threats to become pregnant.
• Interference with access to birth control/health care.
• Controlling pregnancy outcomes – either forcing to keep pregnancy or to have an abortion.
IPV is a serious public health problem

- Heterosexual women are five to eight times more likely than heterosexual men to be victimized by an intimate partner.
- Nearly 3 in 10 women in the US have experienced rape, physical violence, and/or stalking by a partner.
- 1 in 4 women have been the victim of severe physical violence by an intimate partner.
IPV is a serious public health problem

- Female victims of IPV experienced multiple forms of violence (physical, emotional/psychological, or sexual).
- IPV resulted in 2,340 deaths in 2007. Of these deaths, 70% were females.
- The medical care, mental health services and time away from work cost of IPV was approximately 8.3 billion US dollars in 2003.
## Risk factors for IPV

- Lower level of education
- Exposure to child maltreatment
- Witnessing parental violence
- Harmful use of alcohol
- Attitudes that are accepting of violence
- History of violence as a victim
- Marital discord and dissatisfaction
Health effects of IPV

- Physical injury or death.
- Mental health problems (depression, anxiety disorders, suicide, and eating disorders).
- Gynecologic problems, including complication of pregnancy and childbirth.
- Non-adherence with medical treatment
- Alcoholism and substance abuse
- Sexually transmitted diseases/Human immunodeficiency virus
- Exacerbation of chronic medical conditions
<table>
<thead>
<tr>
<th>How IPV influences HIV risk</th>
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</thead>
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<tr>
<td>• Biological factors</td>
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<td>• Psychological factors</td>
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<td>• Economic factors</td>
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<td>• Cultural factors</td>
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Reasons for staying

- Safety
- Survival strategy
- Social isolation
- Access to resources
- Shame or guilt
- Love
- Economic reasons
- Self-esteem
Federal laws regarding violence

At the federal level, there are laws that address violence against women:

- VAWA recognizes that violence against women is a crime.
- Gun Control Act to include domestic violence-related crimes.
- Provide federal tools to prosecute intimate partner violence offenders.
- Ensures services are provided to all victims of intimate partner violence, including sexual violence.
State laws regarding violence

- States differ on the type of relationship that qualifies under domestic violence laws.
- Most states require the perpetrator and victim to be current or former spouses, living together, or have a child in common.
- A significant number of states include current or former dating relationships in domestic violence laws.
- Delaware, Montana and South Carolina specifically exclude same-sex relationships in their domestic violence laws.
Confidentiality and informed consent

• VAWA requires programs to maintain the confidentiality of personally identifying victim information without the woman’s informed, written and reasonably time-limited consent.

• Statutory or court mandates are the only exceptions to the VAWA confidentiality provision and the statute or court order must specifically address confidentiality in order to constitute an exception.
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<tr>
<th>Warning signs of IPV</th>
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<td>• General warning signs</td>
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<td>• Warning signs of physical violence</td>
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<td>• Warning signs of isolation</td>
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<td>• Psychological warning signs</td>
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Barriers to seeking IPV-related services

• Might consider violence normal or not serious.
• Fear of further violence, losing their children or bringing shame to the family.
• Perception of not being believed.
• Shame.
• Stigma.
• Limited available services.
Limitations to providing IPV services

• Providers might not recognize the importance of identifying for IPV.
• Providers might not feel comfortable to talk about IPV with their clients.
• Addressing IPV might compete with other work priorities.
What HIV/AIDS providers can do

- Train staff to:
  - Ask women about IPV;
  - Identify signs of IPV;
  - Provide information about resources; and
  - Connect women to appropriate IPV related services.

- Advocate for better services.

- Increase availability of IPV-related information within HIV program/agency.

- Increase collaboration with IPV and other agencies.
Opportunities to address IPV in HIV/AIDS settings

• At intake/pretest counseling
• Initial risk assessments
• As sexual history is taken
• During discussion of how client might react to testing positive for HIV
• Whenever partners are discussed
• During safer sex conversations
• At post-test counseling
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<th>Addressing IPV through the RADAR Technique</th>
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<td>• <strong>R</strong>outinely screen female clients</td>
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<td>• <strong>A</strong>sk direct questions</td>
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<td>• <strong>D</strong>ocument your findings</td>
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<td>• <strong>A</strong>ssess patient safety</td>
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<td>• <strong>R</strong>eview options and referrals</td>
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Asking direct questions

- Is there anyone who has physically or sexually hurt or frightened you?
- Have you ever been hit, kicked, or punched by your partner?
- Does your partner try to control your activities or your money?
- I notice you have a number of bruises; did someone do this to you?
Ways to express support and concern

- Encourage client to talk about abuse.
- Listen non-judgmentally.
- Validate her experience:
  - “You are not alone.”
  - “You do not deserve to be treated this way.”
  - “You are not to blame.”
  - “What happened to you is a crime.”
  - “Help is available to you.”
  - “The violence is likely to get worse, and I am worried about you.”
Document your findings

- Use the patient’s own words.
- Use the abusers name and relationship to patient.
- Use the term “patient states” and avoid the term “patient alleges.”
- Include such statements as “I thought I was going to die.”
- Legibly document all injuries – use body map.
- Take photographs of injuries with patient’s permission.
- Document your opinion if the injuries were inconsistent with your client’s explanation.
Assess client safety

Before client leaves your agency:

• Find out:
  o If client is afraid to go home;
  o If there is an increase in frequency or severity of violence;
  o If there have been threats of homicide or suicide;
  o If there have been threats to children or pets;
  o If there is a gun or other weapon at home.
Respond, review options, and refer

• If patient is in imminent danger find out if she has a place to stay or if she needs shelter support.
• Provide information and phone to connect women to services.
• If not in immediate danger, offer information about hotlines and resources in the community, help to develop safety plan if client is interested.
• Respect your client’s wish whatever it may be.
• Make a follow-up appointment to see your client.
Integrating safety planning and HIV risk reduction plan

- The primary (though not the only) goal of an intervention with women in IPV situations is safety, not leaving.
- The safety plan should be the client’s plan, not the providers.
- Seek assistance from a local violence provider for safety and shelter resources.
Goals of safety planning for IPV

Three goals of safety planning:

- Prevention;
- Avoidance; and
- Emergency preparedness.
Helpful questions to prevent IPV

• You said that your partner _______ (risk behavior):
  o Can you ever predict this coming?
  o When you react or protect yourself, what happens?
  o Has anything ever helped in safely avoiding this?
• Are you willing make a plan for each risk (name them)?
• What can be done if the plans do not work?
• Are there safe alternative back-up safety measures?
• What would be a sign that you might need to leave, or get help?
• What is the worst thing that can happen if you use the plan?
Avoiding violence

• Is planning ahead possible?
  o Is there a way to avoid the risk?
  o Can avoidance be safe?

• Avoidance can be individualized for a situation.
  o Manipulation is the core of avoidance.

• You can help the client be prepared for surprises by talking through options.
Emergency preparedness

- How can you get help if you need it?
- Is there a best route for leaving if you have to?
- Where can you go?
- What/who to take with you if you do leave?
- How to get to where you need to go?
- Who can support you?
### Prepare for disclosure

- **Who do you want to tell?**
- **What sort of relationship or history do you have?**
- **Why do you want to tell this person?**
  - Benefits and drawbacks?
- **What do you want to say?**
- **How might this person react to your news?**
- **When, where, and how is the best time?**
Advocating for clients

• Conduct interviews in a safe, uninterrupted location.
• Ensure confidentiality and privacy.
• Use empowerment-based participation (voluntary, not forced/coerced or conditional).
• Create rapport for talking about violence issues.
• Educate about violence *individually* based on needs, level of comprehension, level of trauma, etc.
• Link to services.
• Support female violence victim/survivor.
Make information available in-house

• Posters, brochures, handouts, palm cards.
• Tailor information as needed to culture, age, religious contexts etc.
• Use bulletin boards.
• Post Helpline numbers and website addresses.
• Make a computer available that clients can use on site to find more information.
Linking women with services

Linking women to services means knowing:

• Available local resources, including helpline numbers.
• Names/contact information of local service providers.
• Confidentiality and reporting rules so that client is informed.
• Making available transportation and other support services for women seeking services.
• Linking women with services and providing follow-up, if able.
## Network and partner

- To ensure effective referrals and client support.
- To continue cross-training, information sharing.
- To resolve ineffective processes.
- To enhance interagency relationships.
- To create mutually-beneficial problem solving venues.
- To share/create appropriate resources, lists, etc.
### Common areas of concern for HIV and IPV counselors

- Medical and legal advocacy.
- Advocacy with insurance companies, human resources staff or benefits officers.
- Advocacy for children.
- Need for housing, transportation, and other supports.
- Continued counseling, testing, and safety.
Core elements of advocacy

• Without coercion, power, control, or having a stake in a woman’s behavior or choices.
• Assisting a person to identify key problems, obstacles, or issues as well as potential or permanent relief/solutions.
• Assist to narrow a client’s own priorities and options, not the advocates’.
• Non-judgmental, non-blaming, and emotionally sensitive and empathetic.
• Validate women’s IPV experience:
  o “that’s not o.k.”
• Provide support for their decisions.
• Help them build on their strengths as they make safety plans.