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

Module III – Part 2
Understanding HIV/AIDS: A Gendered Perspective
Remember

• Violence increases a woman’s risk of HIV and HIV can increase a woman’s risk of violence.
• There are many ways violence and HIV interact and all are detrimental to women.
• Along with the impact of violence and HIV infection risk, women suffer many other potential health and social consequences.
What you will learn

• Epidemiologic overview (statistics).
• Definitions of HIV and AIDS.
• HIV transmission.
• HIV status disclosure and vulnerability for women.
• HIV prevention.
• Addressing HIV in IPV settings.
Definitions of HIV and AIDS

• HIV stands for Human Immunodeficiency Virus (HIV).
• HIV reduces the body’s protection against infection and other diseases.
• HIV primarily targets CD4+ T-cells, type of white blood cells.
• AIDS stands for acquired immunity deficiency syndrome.
## Phases of HIV/AIDS

- **Primary HIV infection:**
  - Window period; and
  - HIV seroconversion.
- **Asymptomatic phase.**
- **Symptomatic HIV infection.**
  - Opportunistic infections; and
  - Antiretroviral drugs.
- **Progression from HIV to AIDS:**
  - AIDS defining disease.
Points to ponder about HIV/AIDS

• HIV is a sexually transmitted infection (STI).
• HIV leads to acquired immune deficiency syndrome (AIDS), a chronic and potentially life-threatening condition.
• AIDS is characterized by the emergence of opportunistic infections in body systems.
• There is no cure for HIV/AIDS, but medications can slow the progress of the disease.
Treatment for HIV/AIDS

- The drugs are often referred as antiretrovirals, ARVs or anti-HIV or anti-AIDS drugs.
- Taking two or more antiretroviral drugs at a time is called combination therapy.
- Taking a combination of three or more anti-HIV drugs is referred to Highly Active Antiretroviral Therapy (HAART).
- Taking two or more treatments at the same time reduces treatment resistance.
HIV/AIDS in the United States: An overview

- Number of people living with HIV (prevalence) is higher.
- Annual new HIV infections (incidence) has remained relatively stable since the 1990s.
- Most people living with HIV infection do not transmit HIV to others.
- More people with HIV know of their HIV infection.
- HIV disproportionately affects certain populations.
  - Men having sex with men (MSM)
  - Blacks/African Americans
- People are still dying from AIDS.
HIV infection among women in the US

- Women represented 23% of all HIV diagnoses in 2009.
- Of an estimated 11,200 new HIV infections among women in 2009, 57% occurred in blacks/African Americans.
- HIV diagnosis in 2009:
  - Nearly 15 times higher in black women than whites.
  - Over three times higher in black women than Latina women.
HIV transmission

- Having unprotected vaginal, anal, and oral sex.
- Injecting drugs, either now or in the past.
- Having sex, now or in the past, with someone who has HIV, is bisexual, or injects drugs.
- Having sex with someone to get money or drugs in return.
- Having sex with someone who has traded sex for money or drugs.
- Having another sexually transmitted infection (STI).
HIV symptoms

- Early symptoms
- Late symptoms
- Additional symptoms for HIV+ for women:
  - Frequent vaginal yeast infections;
  - Pap smears that indicate cervical dysplasia;
  - Other vaginal infections –vaginal warts, pelvic inflammatory disease (PID), severe herpes infection; and
  - Not having periods.
HIV Re-infection

• Different strains of HIV exist within the same HIV type.
• It is possible to be re-infected with a different strain.
• When re-infection occurs, the immune system weakens more rapidly.
• Re-infection can hasten the progression of the disease.
Increased HIV risk

- Physical/biological difference.
- HIV is transmitted easily from men to women.
- Gender inequalities.
- Social and economic inequalities.
- More STIs burden on women than men.
- Reproductive illness.
HIV risk and gender inequalities

- Gender norms related to masculinity.
- Gender norms related to femininity.
- Violence against women.
- Women assume the major share of caregiving.
- Lack of education and economic security.
Health consequences of HIV/AIDS

- Nearly 594,500 people with an AIDS diagnosis in the U.S. have died since 2008.
- Worldwide it’s estimated that 1.8 million people died from AIDS in 2010; this includes 250,000 children.
- Opportunistic infections include:
  - Tuberculosis (lung disease)
  - Candidiasis (oral thrush)
  - Kaposi’s Sarcoma (a form of cancer)
  - Pneumocystic Carinii Pneumonia (lung infection)
Preventing HIV transmission

• The only certain way to avoid HIV is to abstain from all sexual activities.
• Being faithful, also known as practicing monogamy with a mutually faithful and monogamous partner.
• Correct and consistent condom use.

Women in violent relationships are unable to negotiate condom use. Safety should always be the priority in address HIV risk behaviors in IPV setting.
Testing for HIV

- Antibody tests:
  - Enzyme immunoassay (EIA) tests use blood, oral fluid, or urine to detect HIV antibodies (e.g. ELISA).
  - Rapid HIV antibody tests also use blood, oral fluid, or urine to detect HIV antibodies. Results for these tests can take 10-20 minutes.

- Antigen tests:
  - Used to diagnose HIV infection from 1-3 weeks after someone is infected with HIV. It requires a blood sample.

- PCR tests (polymerase chain reaction test):
  - Detects the genetic material of HIV itself and can identify HIV in blood within 2-3 weeks of infection.
National guidelines

• CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings:
  www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

• Fundamental principles to guide the implementation of voluntary HIV testing:
  www.hivlawandpolicy.org/resourceCategories/view/10
State and local laws

- State and county health department have laws and regulations concerning HIV/AIDS:
  - Testing requirements including whether written permission is required.
  - Confidentiality rights and even possible legal ramifications for non-compliance.
  - Specific protections for women with IPV/DV.
  - Guidelines on partner notification.
  - Recommendations for post-test follow up and counseling.

- Find laws in your state through this portal:
  [www.nccc.ucsf.edu/consultation_library/state_hiv_testing_laws](http://www.nccc.ucsf.edu/consultation_library/state_hiv_testing_laws)
Confidentiality and informed consent

- 48 states provide anonymous (no name taken) and confidential (name is taken, but protected) HIV/AIDS testing.
- HIV tests are done with informed consent (oral or written).
- The Health Information Portability and Accountability Act (HIPAA) provides protection of client health information.
- HIV+ status is confidential unless the HIV+ individual consents to disclose HIV status voluntarily.
- Confidentiality is not absolute, and there are situations where it is not maintained.
Challenges to seeking HIV services

• They don’t feel at risk for HIV.
• Do not have information on HIV/AIDS.
• Denial (and susceptibility of batterer’s denial).
• Cultural barriers based on previous experience with ill-prepared or prejudiced system.
• Difficulty establishing a trusting, confidential relationships, especially around sexual matters.
• Being stereotyped (even by helpers).
• Embarrassment.
## Challenges to addressing HIV risks

- Inexperience or discomfort asking questions.
- Inexperience or discomfort responding to issues that arise.
- Limited or no understanding of sexual behavior and risk.
- Incorrect assumptions about sexual health behavior and risk.
- Limited time.
Why address HIV risk behaviors

- **IPV advocate perspective:**
  - Opportunity to provide information about HIV/AIDS;
  - Provides direction for risk reduction plan or to connect women to services.

- **Client perspective:**
  - Opportunity to ask questions;
  - May affect self-motivation for behavior change; and
  - Clients want to have these discussions yet often will not initiate on their own.
Addressing HIV risk behaviors

- Identify specific questions to ask all patients.
- Learn skills to enhance competence.
- Develop policy for risk screening and integration into IPV services (when and where).
- Develop a plan to respond to HIV information that might surface.
- Determine ways to overcome stigma.
Ask, Screen, and Intervene (ASI) Approach

- Developed by the National Network of STD/HIV Prevention Training Centers
- Skills-building approach to:
  - Identify behavioral HIV-transmission risks;
  - Deliver universal HIV prevention interventions; and
  - Connect clients to appropriate HIV/AIDS and related services.
Techniques to identify HIV risk behaviors

- Broaching the topic/open conversation:
  - Use a phrase that works for you.
- Begin with open-ended questions.
- Follow by closed-ended questions.
- Encourage patients to talk when needed – permission giving statements.
General guidelines in identifying HIV risk behaviors

- Always done on one-to-one basis.
- Confidentiality should be assured to every client.
- HIV risk information should be kept in a separate “confidential” part of the client’s file.
- The client has the right to choose not to answer any questions.
- It should be on-going process not a one time event.
- The advocate needs to be non-judgmental about the experience of clients.
- The advocate needs to be direct with clients’ HIV risk behaviors.
Questions to ask

- Medical history
  - Hepatitis
  - Sexually transmitted diseases
- HIV testing history
- Sexual history
- Drug use history
- Other risks
  - Body art (tattooing, piercing), self-mutilation
As you ask about HIV risk behaviors

- Reinforce confidentiality.
- Establish rapport.
- Be tactful.
- Be clear.
- Check your assumptions.
- Be non-judgmental.
Discuss HIV transmission

HIV/AIDS can be spread through infectious body fluids:
- Blood;
- Semen;
- Vaginal fluids; and
- Breast milk.

Routes of transmission:
- Unprotected sexual intercourse (oral, vaginal, and anal);
- Exchange of blood or blood products (e.g., needle sharing, body piercing, tattoos); and
- Perinatal transmission during pregnancy/delivery or after birth through breast feeding.
Identifying risks: General Questions

• Determine whether the patient has been having sex...
  o Open-conversation: “To provide the best service, I ask all my clients about their sexual activity. Tell me about your sex life.”

• Statements about sex practices and drug-related behaviors might need clarifications...
  o Open-ended: “I don’t know what you mean. Could you explain...?”
  o Close-ended: “What about unprotected anal sex?”
Identifying risks: Who?

- Determine number and gender of partners, current and past...
  - Open-ended: “Tell me about your partners.”
- Ask about HIV status of sex/and or injection partners...
  - Open-ended: “Talk to me about the HIV status of your partners.”
Identifying risks: What, where?

• Ask about various types of sexual activity...
  o Open-ended: “Tell me about how you have sex.”

• Determine where patient meets sex/and or injection partners...
  o Open-ended: “Where do you meet your partners?”
Identifying risks: Prevention methods

• Ask about condom/barrier...
  o Open-ended: “What is your experience been with condom use?”

• Ask about drug-injection equipment...
  o Open-ended: “How do you know your works are clean?”
One of your clients, who is 54 years of age, comes to your agency with a sick child and a bruise on her arm. During agency intake process, she confides in you that she is not feeling well and she is always tired. She tells you she is afraid, confused and had been worrying about her health for a while. How do you go about identifying her HIV risk behaviors?
Skills practice: Instructions

• Divide into sets of two.
• Client-advocate roles will be assigned.
• Read your character’s description.
• Interact (Identifying HIV risk behaviors).
Skills practice: Instructions

- Divide into sets of two.
- Client-provider roles will be assigned.
- Read your character's description.
- Identify HIV risk behavior.
- Time allocated: Three minutes per role play.
Skills practice: Gather information/interact

• Form an opening statement.
• Use open-ended questions to initiate a conversation about sexual or injection HIV risk behavior.
• Use close-ended questions to gather more information.
• Use permission statements to normalize risk.
Skills practice: Debriefing

• What opening question do you use?
• What was the most challenging about this skills practice?
• What could have the advocate asked or done to get more honest answers?
• What could have the advocate asked or done to get more complete answers?
• What would you change in your practice?
Connect for HIV testing

- Know where to connect clients for services.
- Provide clients with what they need to know (location, hours, costs, etc.)
- Explain the “window period” and the meaning of results.
- Discuss what clients can do for support if they have to wait 2 or more weeks for test results.
Plan for follow-up

• Explain when and how results will be given:
  o Your test results will be ready...
  o You will need to go back in person to get your results.
  o Do you have any concerns or questions?

• Reassure clients and let them know they can call you if something comes up before the next visit.
HIV risk behavior reduction

• Assess and enhance client’s perception of risk by asking:
  o What can you tell me about how HIV is transmitted?
    • Follow up this question with appropriate risk and prevalence information.
  o Has anything happened that you think might have put you at risk for HIV infection?
  o Do you have any concerns about your sexual/injection drug use behavior?
HIV risk behavior reduction

- Talk about IPV and increased HIV risk.
- Ask the client “What would you like to do to protect yourself from HIV and any other sexually transmitted diseases?”
Negotiating HIV risk reduction plan

After talking with the client, ask:

- How would you most like to reduce your risk?
- Can you think of some small step you could complete in the next week to help you come closer to reducing your risk?
- Tell me how you could go about making this happen?
- What could make it more difficult for you to complete this step?

- Support women as they put together HIV risk behavior reduction plans.
- Support any positive efforts!
Integrating HIV risk reduction into safety plan

- Having an HIV supplement to ongoing safety plans may improve a women’s ability to avoid:
  - Exposure to HIV and other sexually transmitted diseases; and
  - Re-infection (multiple strains) if already HIV+.
- Having a plan might also help increase physical safety when clients use tactics to avoid HIV exposure.
Prepare for disclosure

- Who do you want to tell?
- What sort of relationship or history do you have?
- Why do you want 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.
Planning for safe disclosure

• Discuss disclosure to partners, family, and friends.
  o Who can you safely share your results with?
  o We can talk about a plan for how and when you might tell them.

• Discuss need for continued risk reduction:
  o It’s important to avoid re-infection and other illnesses.
    What are some things you can do to protect yourself?

• Recommend follow-up medical care.
  o Next step is to assess your health and decide how to manage your HIV.
Universal precautions

- Regard all blood, body fluids, and objects as contaminated and infected
- Follow same cleanliness precautions and hygiene as for other viruses
- Hand washing
- Gloves or other protections
- Handling sharp instruments (if clients are taking medications while at your agency)
- Maintaining a clean environment
## Advocating for clients

- Conduct interviews confidentially and privately.
- Create rapport for talking about violence, sexual issues, risks for IPV and HIV, and HIV.
- Develop HIV risk reduction and safety plan based on your client’s need.
- Provide useful information and effective referrals.
Make information available

- 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

• Effective referral means knowing:
  o Available resources (i.e., helpline numbers);
  o If transportation, children, and other solutions are needed by client;
  o Intake procedures and possible timeline for pre/post-counseling processes;
  o Names/contact information for treatment facilities; and
  o Confidentiality and reporting rules so that client is informed."
Network and collaborate

- To ensure effective referrals and client support
- Continued cross-training, information sharing
- Resolve ineffective processes
- Enhance interagency relationships
- Create mutually-beneficial problem solving venues
- Share/create appropriate resources, lists, etc.
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<th>Common areas of concern</th>
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<tr>
<td>• Medical and legal advocacy</td>
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<tr>
<td>• Advocacy with insurance companies, human resources staff or benefits officers</td>
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<tr>
<td>• Advocacy for children</td>
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<td>• Need for housing, transportation, and other supports</td>
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<td>• Continued counseling, testing, and safety</td>
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Core elements of advocacy

1. **Pro-active** – Being active and pro-active on behalf of clients. This means repeatedly initiating contact and presenting chances to talk, get information, discuss options.

2. **Creative** – Needed to navigate the complex issues of both violence victims and those at risk for or already HIV+

3. **Empowering** and supportive.