



# Supporting Survivors Living with or at Risk for HIV

Ashley Slye, National Network to End Domestic Violence

# Positively Safe Project

Began in 2010

- Funded by MAC AIDS Fund

Advisory Committee

- Curriculum Development, Trainings

Toolkit

- Discussion Guides, Safety Planning Resource, Linkage to Care, etc.

Funding Office on Violence Against Women


- Webinars: HOPWA Grantees, OVV TH Grantees

Gilead Sciences Funding

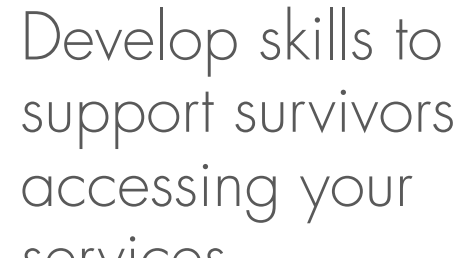
# Objectives



Enhance understanding of the HIV/AIDS



Realize the HIV risks for domestic violence victims & how it impacts their decisions



Develop skills to support survivors accessing your services

# Icebreaker

Name

Organization

Role

One Word for a Sexual Body Part or Act



# Language Matters

- Risk
- Sex positive
- Person living with HIV

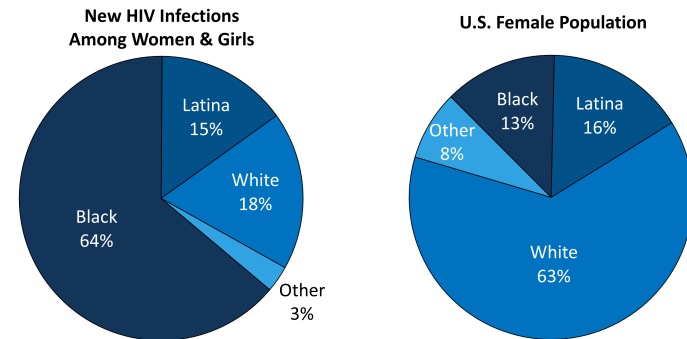
# HIV in the United States

In 2016

- Women made up 19% of new diagnoses.
- Among all women who received an HIV diagnosis, 61% were African American, 19% were white, 16% were Hispanic/Latina, and 5% were other.
- Heterosexual contact accounted for 87% of HIV diagnoses among women.
- Women make up 23% of all those living with HIV.

(CDC, 2018.)

**New HIV Infections Among Women & Girls and U.S. Female Population, by Race/Ethnicity, 2010**

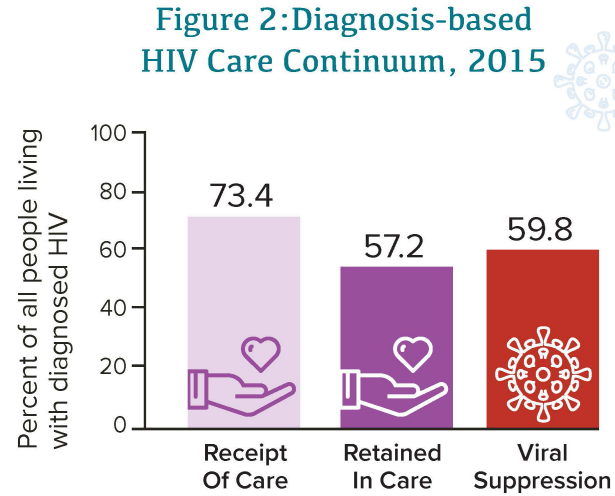
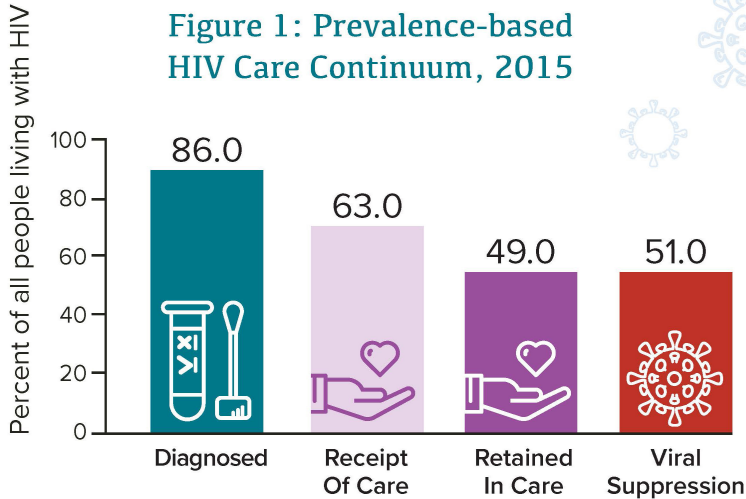


NOTES: Data are estimates among those ages 13 and older and do not include U.S. dependent areas.  
SOURCES: CDC, HIV Surveillance Supplemental Report, Vol. 17, No. 4; December 2012. U.S. Census Bureau, 2010 Population Estimates.

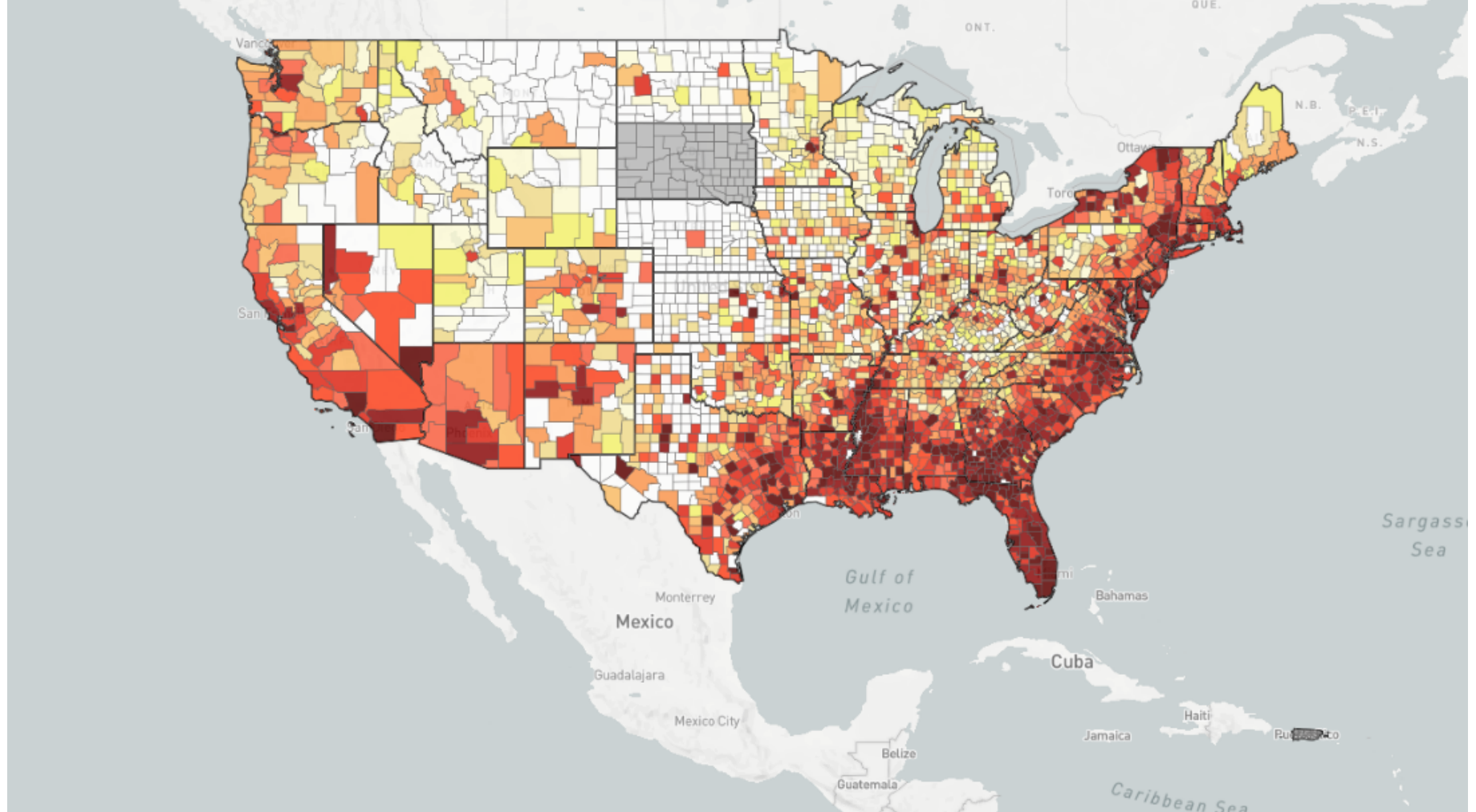


# HIV in the United States

**The difference is in the denominators** • All people living with HIV (includes persons with diagnosed and undiagnosed infection) is used as the denominator for the prevalence-based continuum. People living with **diagnosed** HIV is the denominator used for the diagnosis-based continuum.

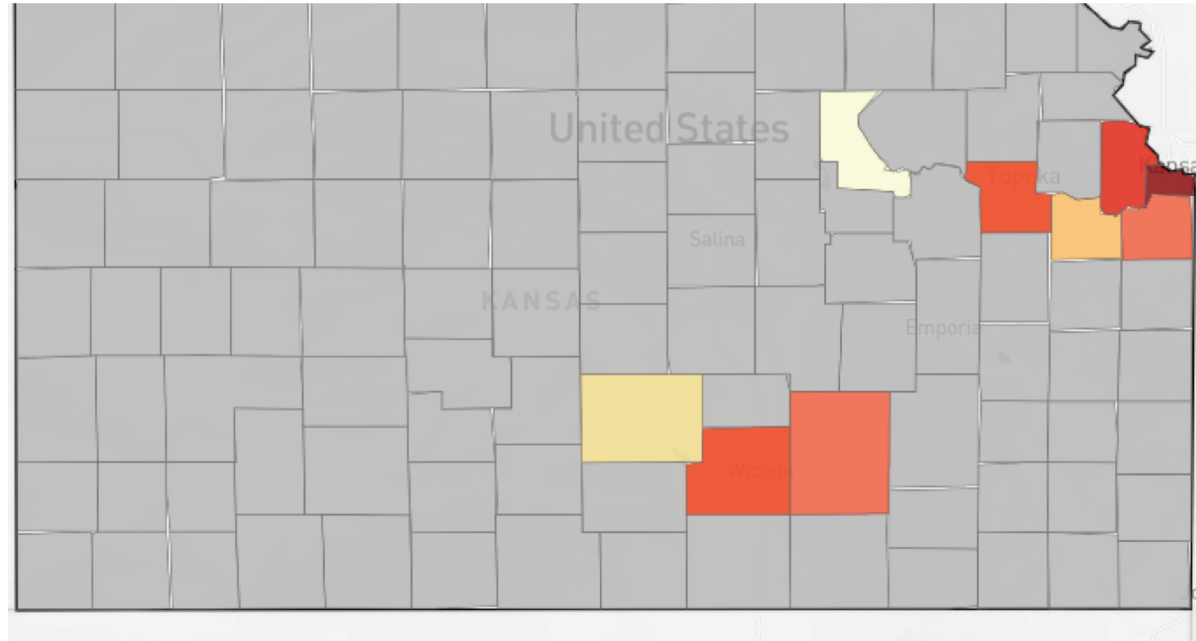


(CDC, 2014)



# Cases per 100,000 individuals

Reno – 61  
Sedgwick – 186  
Butler – 148  
Riley – 28  
Shawnee – 155  
Douglas – 84  
Leavenworth – 219  
Johnson – 128  
Wyandotte – 292



*\*Counties not listed did not report to AIDSvu.org due to privacy*

# Kansas Facts

- 2,926 people living with HIV, 2016
- Percent by Race/Ethnicity, 2016
  - 25% Black
  - 51% Latinx/Hispanic
  - 17.2% White
- Percent by sex, 2016
  - 80.8% male
  - 19.2% female

# OVER HALF OF WOMEN LIVING WITH HIV EXPERIENCED IPV,



CONSIDERABLY HIGHER THAN THE  
NATIONAL PREVALENCE AMONG  
WOMEN OVERALL

Live healthier, live safer.

[nnedv.org](http://nnedv.org)  [#positivelysafe](https://twitter.com/positivelysafe)

Source: Machtinger, 2012; Black, 2011





THE RISK OF  
**HIV**  
INFECTION IS AT LEAST

**2x**

GREATER  
FOR WOMEN EXPERIENCING  
**DOMESTIC VIOLENCE**

Don't let the conversation end here.  
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# Understanding the Basics of HIV/AIDS

HIV

H Human

I Immunodeficiency

V Virus

## **Acquired**

A person acquires or gets HIV from another person who is infected with HIV.

## **Immune**

The virus attacks and destroys key cells necessary for the immune system's ability to work effectively.

## **Deficiency**

The immune system becomes compromised or weakened.

## **Syndrome**

A collection of symptoms that indicate a disease.

# Transmission of HIV



Sexual  
Contact



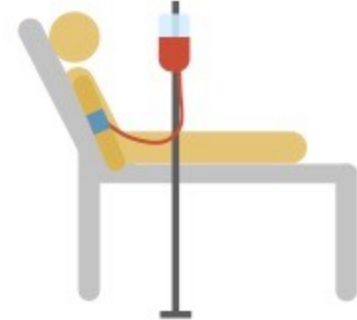
Pregnancy, Childbirth  
& Breast Feeding



Injection  
Drug Use



Occupational  
Exposure



Blood Transfusion  
or Organ Transplant

# HIV/AIDS Risk Reduction

- Pre-exposure Prophylaxis (PrEP)
- Condom Use & Distribution
- Needle exchange programs
- Post-exposure Prophylaxis (PEP)
- Interactive Counseling & Safety Planning
- HIV Testing
- Linkage to and Adherence Care - ART

# Testing

- Antibody Screening Test
- Antibody/Antigen Testing
- Nucleic Acid Testing
- Home Testing



# Linkage to Care

- Connected to and receiving medical support
  - Counseling
  - Medication/adherence to treatment
  - Support and supportive services
  - Alternative therapies
- Barriers to Care

# Antiretroviral Therapy (ART)

- Suppression of HIV
  - Reduce transmission
- High Costs
- PrEP
- PEP
- Medication Storage

MORE THAN 1 IN 4 WOMEN  
LIVING WITH HIV  
**HAVE NOT**  
BEEN LINKED TO  
HEALTHCARE OR MEDICATION



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# HIV and Domestic Violence

# An Increased Risk

- Domestic Violence victims have a 4x greater risk of contracting STIs (Campbell JC, Soeken K. 1999)
- Women who were beaten by their boyfriends or husbands were 48% more likely to be infected. (Dunkle, Kristin L. et al., 2004)
- Women who have a history of both sexual and physical abuse by intimate partners are 2.7 times more likely to worry about acquiring HIV. (Wingood et al., 2000)

# Risk in the MSM Community

- One study that used a representative sample estimated that 26.9% of gay men had experienced IPV in their lifetimes and 12.1% had experienced IPV in the past year (Goldberg et al, 2013)
- Small study in urban clinic
  - 56 individuals under MSM
  - found that 73% reported lifetime IPV
  - 85% of abuse reported was physical
  - 29% of those abused believed it was related to their HIV status

# DV and Transgender Individuals

## National Transgender Discrimination Survey

- For transgender individuals, domestic violence by a family member was strongly linked to double the HIV rate
- Overall, more than half (54%) of all respondents experienced some form of intimate partner violence in their lifetime.
- Over three-quarters (77%) of respondents who have done sex work and nearly three-quarters (72%) of those who have been homeless experienced intimate partner violence.



# DV & Substance Use

## Mental Health and Substance Use Coercion Surveys

- 66.5% of callers to hotline reported that their partner forced or pressured them to use alcohol or drugs, or made them use more than they wanted
- 60.1% of callers who reported having tried to get help for substance use also reported that their partner prevented or discouraged them from getting help

# A Barrier to Care

- 24% of female patients experienced physical abuse after disclosing their HIV status and 45% feared such a reaction. (Rothenberg K.H. et al, 1995)
- Victims of domestic violence have higher rates of antiretroviral failure (Machtiger, et al. 2012)

OVER 1 IN 5 WOMEN LIVING  
WITH HIV EXPERIENCED  
**PHYSICAL ABUSE**  
SINCE THEIR HIV DIAGNOSIS



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# HIV/AIDS Power & Control

- Coercion and threats
- Privilege
- Emotional
- Medical
- Isolation
- Economic
- Psychological
- Using children
- Sexual/reproductive
- Spiritual
- Technology

# PHYSICAL VIOLENCE

## Coercion & Threats

Badgering and begging for sex at an unwanted time, in an unwanted place or in a way not wanted by the victim. Threatening to “out” the victim’s HIV status. Threatening to harm the victim, harm pets, or destroy property.

## Psychological

Playing mind games. Always changing the “rules.” Bringing up past behaviors to place blame or guilt. Blaming the violence on the victim of the abuser’s own HIV status. Giving misinformation about HIV: telling victim that they infect plates, silverware, toilets, etc.

## Technology Abuse

Monitoring internet activities. Restricting or prohibiting use of technology to seek information or services. Harassing, manipulating or threatening victim over social media in regards to HIV status.

## Economic Abuse

Refusing to pay for medical care or medication. Using his/her (the abuser’s) HIV status or other excuses to keep the victim from working. Not allowing access to money. Using disability money for other things instead of the victim’s health needs.

## Medical Abuse

Not allowing the victim to attend medical appointments. Interfering with medication and health routines/schedules. Withholding or disposing medicine. Not allowing the use of protection during sex. Coercing or forcing use of drugs.

# HIV POWER & CONTROL

## Isolation

Moving the victim away from friends and family. Threatening to tell people the victim’s HIV status without permission. Not allowing the victim to attend support groups, doctor’s appointments, or use social media.

## Emotional Abuse

Using degrading names and humiliating the victim in public. Not keeping an HIV positive status confidential. Shaming the victim because of HIV status. Telling the victim that nobody else will want them because of an HIV+ status. Perpetuating the idea that an abusive relationship is the best they (victims) can do.

## Using Children

Threatening to take the children. Threatening to use HIV status of victim with the court or CPS to try show victim as an unfit parent. Using children to keep tabs on the victim. Blaming victim for child’s potential HIV+ status.

## Spiritual Abuse

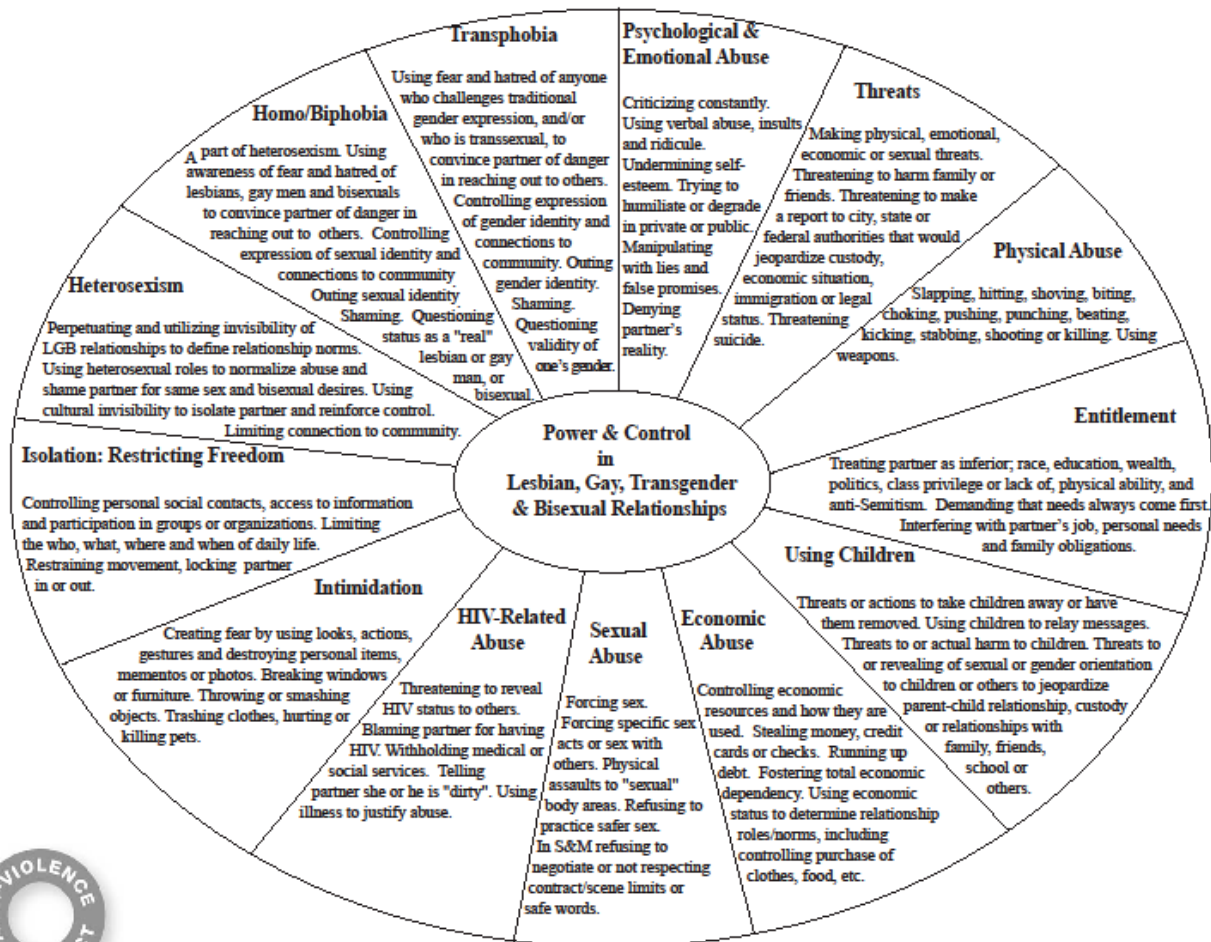
Use of scripture (of any faith) as a control tactic. Imposing shame and stigma with respect to sexual behaviors/HIV status. Using the identity of an entire religion as a tool of abuse: “if you contact the police, you’re exposing our entire community.”

## Privilege

Using their (the abuser’s) health status to guilt the victim into staying (how could you not stay or help someone who is sick) or to order the victim around and claim authority over decisions. (You’re sick, I’ll take care of this.)

# SEXUAL VIOLENCE

# HIV Power & Control Wheel



# Safety Planning Around HIV



# Discuss

- What concerns do you have when working with HIV+ survivors?
- What are some promising practices from your community on this intersection?
  - Shelter practices?
  - Testing?
  - Documentation?

# Create a Safe Environment for Discussion

- Normalize discussions
- On-going discussions of testing, testing days, and venues
- Posters, brochures
- Partnerships

# Discussing HIV Risk & Testing

- Discussion should be conversational NOT a checklist
- Consider the language you are using
- Shame, guilt, stigma
- Be supportive
- Reassure them

# Talking about HIV

- Identify your own beliefs, biases, and assumptions regarding HIV and domestic violence
- Honor their autonomy
  - Do not recreate the power and control dynamics of an abuser
- Validate their experience
- Know your state laws

# Talking about HIV

- Everyone should be informed
- Never require disclosure
- Talk with everyone! Regardless of age, gender, sexual orientation, etc.

# Handling Disclosure of HIV

- Documentation is not necessary
- Ask them how you can support them
- Offer a **warm** referral
- Provide safety planning alternatives

# Sexual & Drug Use Safety Planning

- Sexual safety is one of the hardest things to plan for
  - Discuss PrEP (if HIV-)
  - PEP
  - Condom use and negotiation
  - Sexual assault support groups
- Drug use safety
  - Forced by an abuser or coping mechanism for dealing with trauma
  - Info on needle/syringe exchanges

# Disclosure to Partners

- Disclose in a safe open and semi-public space
- Documenting disclosure to avoid criminal charges
- It's all about what the survivor needs and wants



# Safety Planning in the Shelter

- Confidentiality/documentation
- Should not impact services
- You do not need to be an HIV expert
- Universal precautions

# Documentation

When documenting information, consider the following:

- Document as little as possible
- Consider how information may be misused if a perpetrator received it
- If the survivor saw the content of their file, would they be comfortable with it?
  - If HIV status is disclosed, it does not need to be in the file

# Collaborating for Safety

**COME**

**TOGETHER**

# Benefits of Collaboration

When working with HIV Community Based Organizations & the Health Care World:

- Helps build knowledge base
- Results in appropriate referrals
- Is a holistic approach to meeting client needs
- Saves time and resources
- They are the experts on this topic and are better equipped to handle it

# What is Needed for a Successful Collaboration?

- Defining a target community
- Finding a common ground
- Developing a shared vision
- Providing cross-learning opportunities
- Sharing decision making
- Understanding each agency's culture
- Committing to the long run

# What is Needed for a Successful Collaboration?

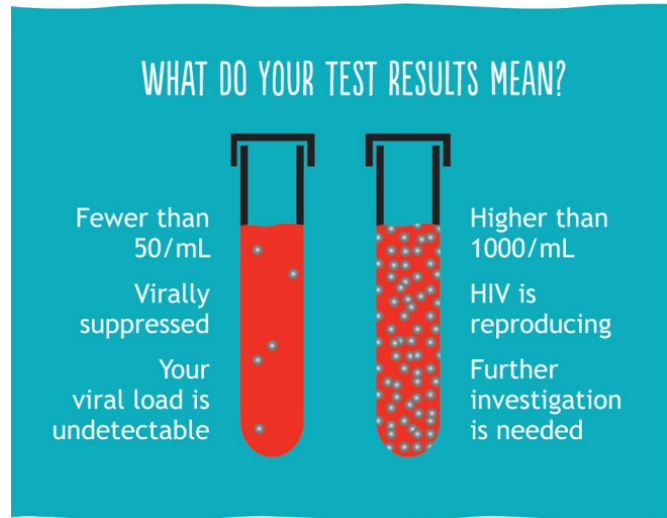
- Being willing to ask for information, resources, skills
- Supporting each other and giving each other credit
- Being open to and accepting change and adjustment
- Acknowledging and sharing in risk-taking
- Trusting each other
- Engaging in open, honest, and ethical communication

# DV, HIV, and Housing

- Trauma
- Short term rental assistance
- Long term supportive housing
- HOPWA – formula funds (determined by qualified states and large cities – HIV cases and poverty. Not every state gets it).
  - Competitive funds- 10% - special issue populations, special projects, 3 year awards
- High medication costs

# Housing and Viral Load

- Individuals that are housed are more adherent to medications.
  - Therefore, have a lower viral load





# Positively Safe Toolkit

- Fact Sheets
- Brochure
- Poster
- Handouts
  - Safety Planning, Medication, Risk Reduction, Etc.
- Service Provider Templates
- <http://nnedv.org/resources/dv-hiv-aids-toolkit.html>

# Questions?

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