

ADDRESSING THE INTERSECTION OF DOMESTIC VIOLENCE & HIV

Presented by:

Ashley Slye, National Network to
End Domestic Violence

OBJECTIVES

Realize how HIV impacts domestic violence victims and why partnerships are needed

Develop an understanding on what is needed for a strong partnership

Gather info on how survivors and individuals living with HIV can be involved in developing these relationships

NATIONAL NETWORK TO END DOMESTIC VIOLENCE



CELEBRATING 30 YEARS!

Public Policy, Capacity Building, Technology Safety, Economic Justice, Housing, WomensLaw.org, and Positively Safe

What grounds us:

- Trauma-informed, Survivor-centered, Informed by Victims/Survivors, Empowering, Intersectionality

2010 – Original funding MAC AIDS Fund

- DV & HIV Advisory Committee
- Training Curriculum
- DV & HIV Toolkit

2013 – Funding from OVW

- Webinars for OVW TH Grantees & HUD HOPWA Grantees

2019 – Funding from Gilead Sciences

- Trainings to organizations in 56 US states/territories
- New materials for use by DV & HIV organizations
- Individualized technical assistance



POSITIVELY SAFE

Addressing the Intersection of Domestic Violence
& HIV

10 YEAR ANNIVERSARY!!!



Why address the intersection of domestic violence & hiv?

FOUNDATION

It is impossible to talk about HIV without talking about domestic and sexual violence.

55% of women living with
HIV have experienced
domestic violence.

- Edward Machtinger, UCSF

Cis and transgender women living with HIV experiencing DV have higher rates of ART failure (Machtiger, 2012)

Women experiencing domestic violence are three times more likely to report HIV/AIDS diagnosis. (Futures Without Violence)

One study showed that 45% of women living with HIV experienced physical abuse as a direct consequence of disclosing their HIV status. (AIDS United, 2014)

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.

National Transgender Discrimination Survey

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)

A study of gay men living with HIV found that 23.5% reported forcing their partner(s) to have sex without using a condom and 27.5% of them reported being forced to have sex without a condom (Craft & Serovich, 2005)

WOMEN AND TRANS FOLKS LIVING WITH HIV

- Suffer lifetime sexual assault at **five times** the rate of the general population
- Are **twice as likely** to have experienced intimate partner violence
- Experience post-traumatic stress disorder (PTSD) at **six times** the rate of the general population
- 53% of trans women of color report having been sexually assaulted in their lifetime, and 10% within the past year, 54% reported experiencing some form of intimate partner violence (2015 data)

LINKING HIV AND VIOLENCE

- The majority of WLHIV are survivors of multiple forms of violence. Rates of post-traumatic stress disorder (PTSD), sexual abuse as a child, and experience of intimate partner violence (IPV) among WLHIV are particularly high.
- Experiences of violence can increase the risk of acquiring HIV.
- HIV and its disclosure can be a risk of intimate partner, community and structural violence.
- An HIV diagnosis can also be used as a tool for control and coercion by an intimate partner.

THE RISK OF DISCLOSURE

U.S. Positive Women's Network devastated by murder of HIV-positive woman in Dallas

By [admin](#) on September 14, 2012

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The U.S. Positive Women's Network (PWN), a national membership body of women living with HIV, is devastated to hear the tragic news that a young woman living with HIV in Dallas, Texas, was murdered for disclosing her HIV status to a partner. PWN calls for immediate action to eliminate HIV stigma and violence against women living with HIV.

On Thursday, September 6th, 28-year old [Ciocely Bolden](#) was brutally stabbed to death after disclosing her HIV status to a sexual partner. Bolden's body was found by her two young children later that day when they came home from school.

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the **feminist**wire
We Accept Your Donations Securely through PayPal

CATEGORIES AND TOPICS

Categories and Topics

We Grieve for Elisha and Fight to End Violence Against Women With HIV

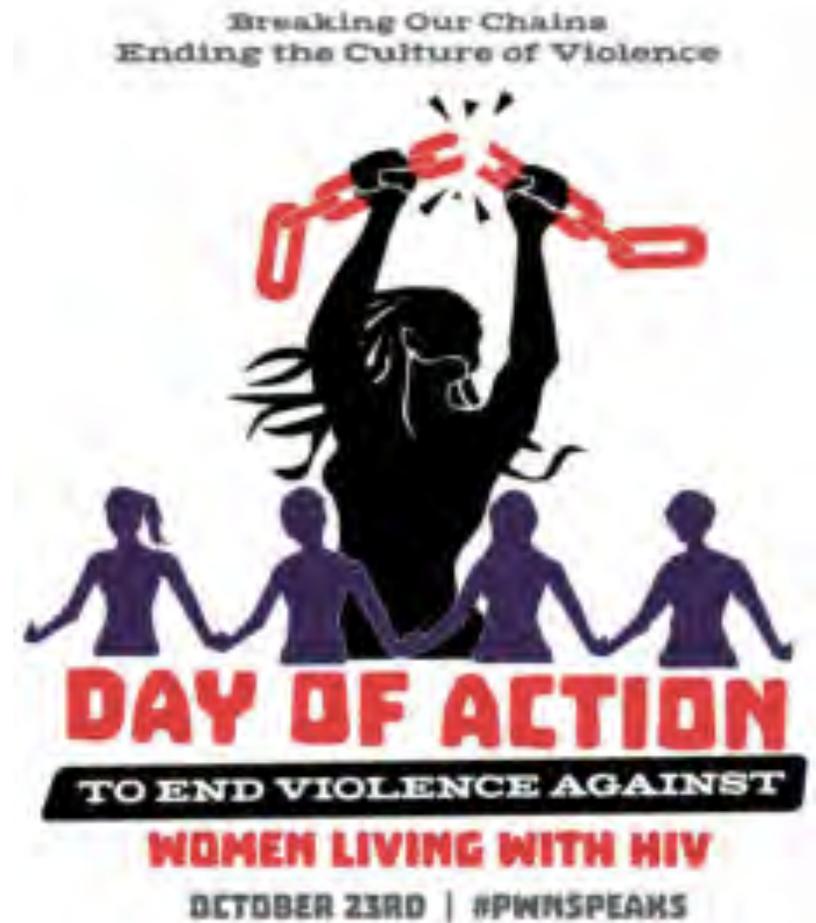
[← Previous](#) [Next →](#)

Positive Women's Network - USA Mourns and Condemns the HIV-Related Murder of a Texas Woman

Contact: [Olivia Ford](#), PWN-USA - Brooklyn, NY - oford.pwnusa@gmail.com - 347.553.5174

[Venita Ray](#) - Houston, TX - venita_ray@yahoo.com - 713.299.6123

[Marsha Jones](#), The Afya Center - Dallas, TX - marsha@theafyacenter.org - 214.753.3777 June 18, 2014 - Positive Women's Network - USA (PWN-USA), a national membership body of women living with HIV, is shocked and horrified to learn of media reports that a young woman in Texas was brutally murdered, allegedly as a result of her HIV status. According to [media coverage](#), Justin Welch strangled 30-year-old Elisha Henson "when he learned she had HIV after she gave him oral sex." "This news is sickening, devastating, and heartbreaking to women living with HIV," says PWN-USA Executive Director Naina Khanna. "Not only does it reveal the lack of value placed on the lives of women



FROM PWN-USA.ORG

SETTING THE FOUNDATION



DOMESTIC VIOLENCE

- Also known as intimate partner violence and dating violence
- Occurs in intimate relationships
- Intentional pattern of coercive acts and behaviors to control the intimate partner
- Includes sexual violence or intimate partner sexual violence as a tactic

INTIMATE PARTNER SEXUAL VIOLENCE

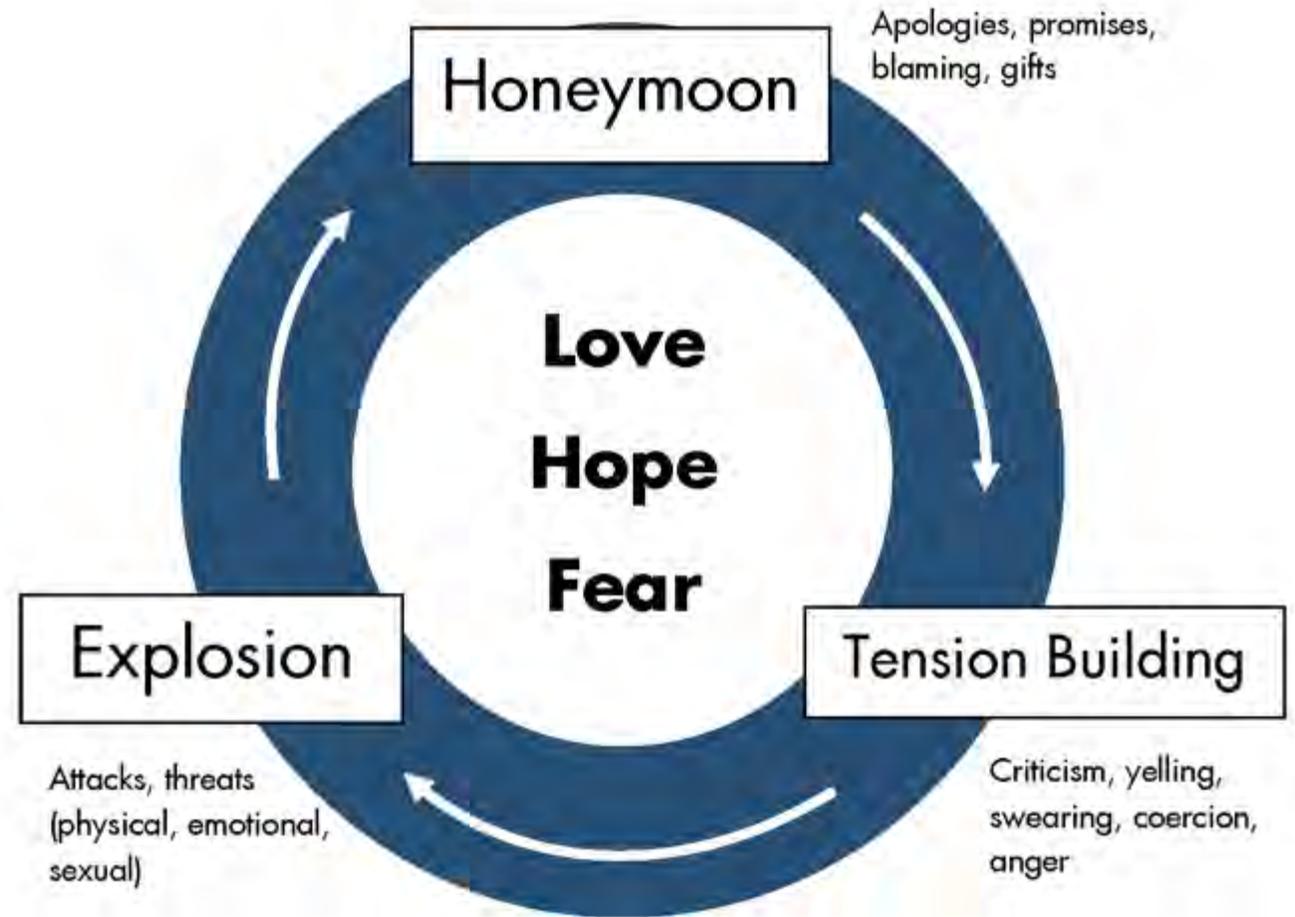
- Intimate Partner Sexual Violence (IPSV) can be defined as any unwanted sexual contact or activity by an intimate partner with the purpose of controlling an individual through fear, threats or violence.

INTIMATE PARTNER SEXUAL VIOLENCE

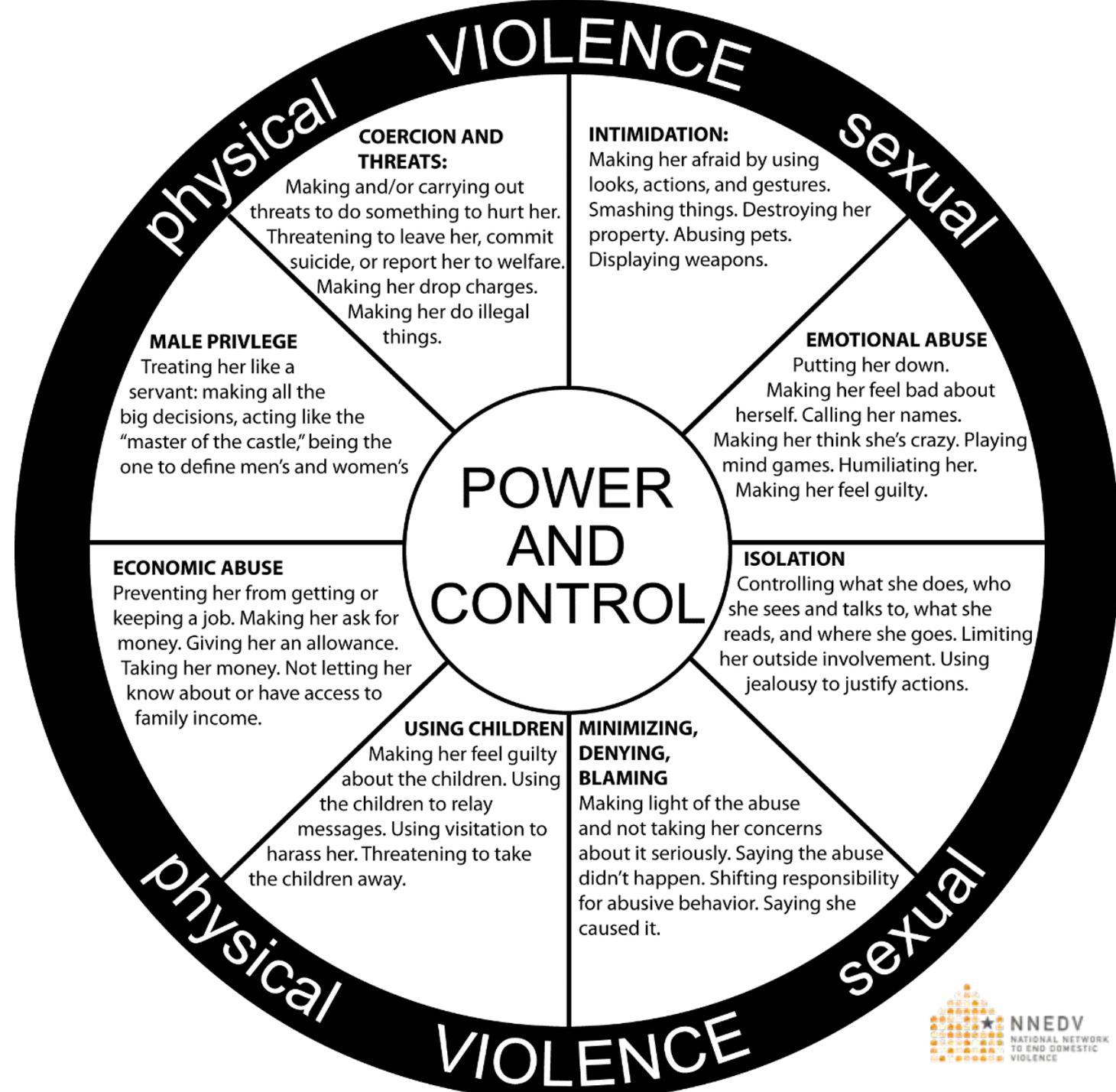
- IPSV leaves survivors at high risk for STIs and HIV/AIDS.
- Increases the risk of HIV through forced sex, restricting access to condoms, intentional condom sabotage, stealthing, forcing pregnancy, and denying victims access to healthcare.
- More than half (51.1%) of female victims of rape reported being raped by an intimate partner.

CYCLE OF VIOLENCE

- No longer used
- May initially look like this but evolves
 - Other tactics are probably underlying
- Abuse is not cyclical



DV POWER & CONTROL WHEEL



FACTORS IN LEAVING

FEELINGS FOR ABUSER

FAULT

FAITH

FANTASY

TRAUMA

FAILURE OF RELATIONSHIP

FEAR

FINANCIAL

FAMILY

FRIENDS

WHAT IS TRAUMA?

- Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster. (American Psychological Association, 2016)
- Trauma is the unique individual experience of an event or enduring conditions, in which:
 - The individual's ability to integrate his/her emotional experience is overwhelmed, or
 - The individual experiences (subjectively) a threat to life, bodily integrity, or sanity. (Pearlman & Saakvitne, 1995, p. 60)

TRAUMA & DOMESTIC VIOLENCE

- All tactics of power and control can lead to trauma
- Trauma of DV may be compounded by other traumatic experiences
 - Child Abuse
 - Child Sexual Abuse
 - Sexual Assault
 - Gun Violence
- Emergency shelter can be traumatic for some survivors
 - Be aware of the power that advocates have
 - Don't recreate an abusive environment

TRAUMA & HIV

- Childhood and adult trauma are key drivers of acquiring HIV and poor health outcomes among women and trans folks living with HIV
- Women living with HIV who report recent trauma had more than **four times the odds** of experiencing virologic failure
 - Leads to HIV-related illnesses, complications and antiretroviral resistance
 - Increased inability to safely negotiate safe sex, condom use
- Compounding issues of substance use, mental health needs

TRAUMA & HIV

- Receiving an HIV diagnosis is traumatic
- Experiencing chronic illness and its impact on quality of life is traumatic
- The situation surrounding an HIV diagnosis may be linked to traumatic life events, including violence
- HIV-related stigma is traumatic

TRAUMA & HIV

- Discrimination and stigmatization by service providers creates and triggers trauma
 - Transphobia, homophobia, immigration status, HIV status, substance use, engagement in sex work, racism etc.
- Long-term trauma impacts the immune system, BMI, and the neurobiology of the brain in addition to other psychological changes

IMPACT OF TRAUMA ON THE BODY

- Long-term stress can effect the bodies ability to thrive
 - Blood flow away from extremities to major muscles and organs for survivors
 - Difficulties sleeping
 - Headaches, joint pains
 - Gastrointestinal, respiratory, cardio-vascular issues
 - Chronic pain
 - Manifestation as other physical symptoms, complications and conditions
- Trauma effects each individual differently

IMPACT OF TRAUMA ON MENTAL HEALTH

Severe depression

Anxiety

Guilt

Flashbacks and nightmares

Difficulty sleeping

Memory problems

Lack of interest in things that they have usually enjoyed

Changes in mood

Post-traumatic stress disorder

Coping through substance use

RESPONSES TO TRAUMA

There are typically three ways our bodies respond to trauma:

- Hyperarousal
- Avoidance
- Intrusion

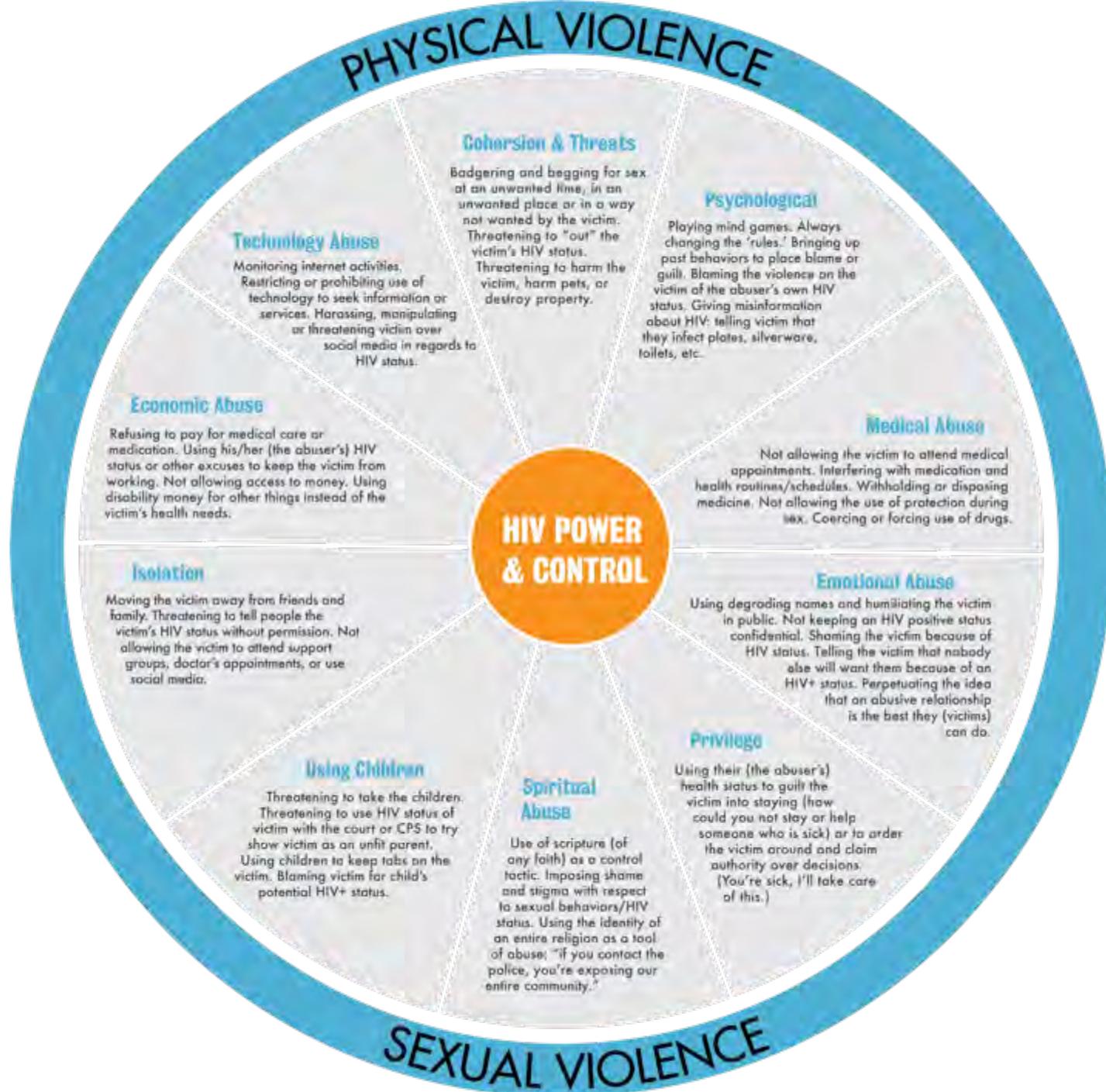
DV IMPACT ON WOMEN LIVING W/ HIV

Women living with HIV who experienced recent abuse or threat of abuse are:

- 3x likely not to be linked to care within 90 days
- Twice as likely to be lost to follow-up
- Half as likely to be on anti-retroviral therapy
- 2-3x more likely to experience non-adherence to anti-retroviral therapy
- 2-4x more likely to experience inability to achieve viral suppression

<https://pwnusa.files.wordpress.com/2015/10/day-of-action-fact-sheet-2015-final1.pdf>

HIV POWER & CONTROL WHEEL



ACCESS TO SERVICES



STIGMA, GUILT, & SHAME

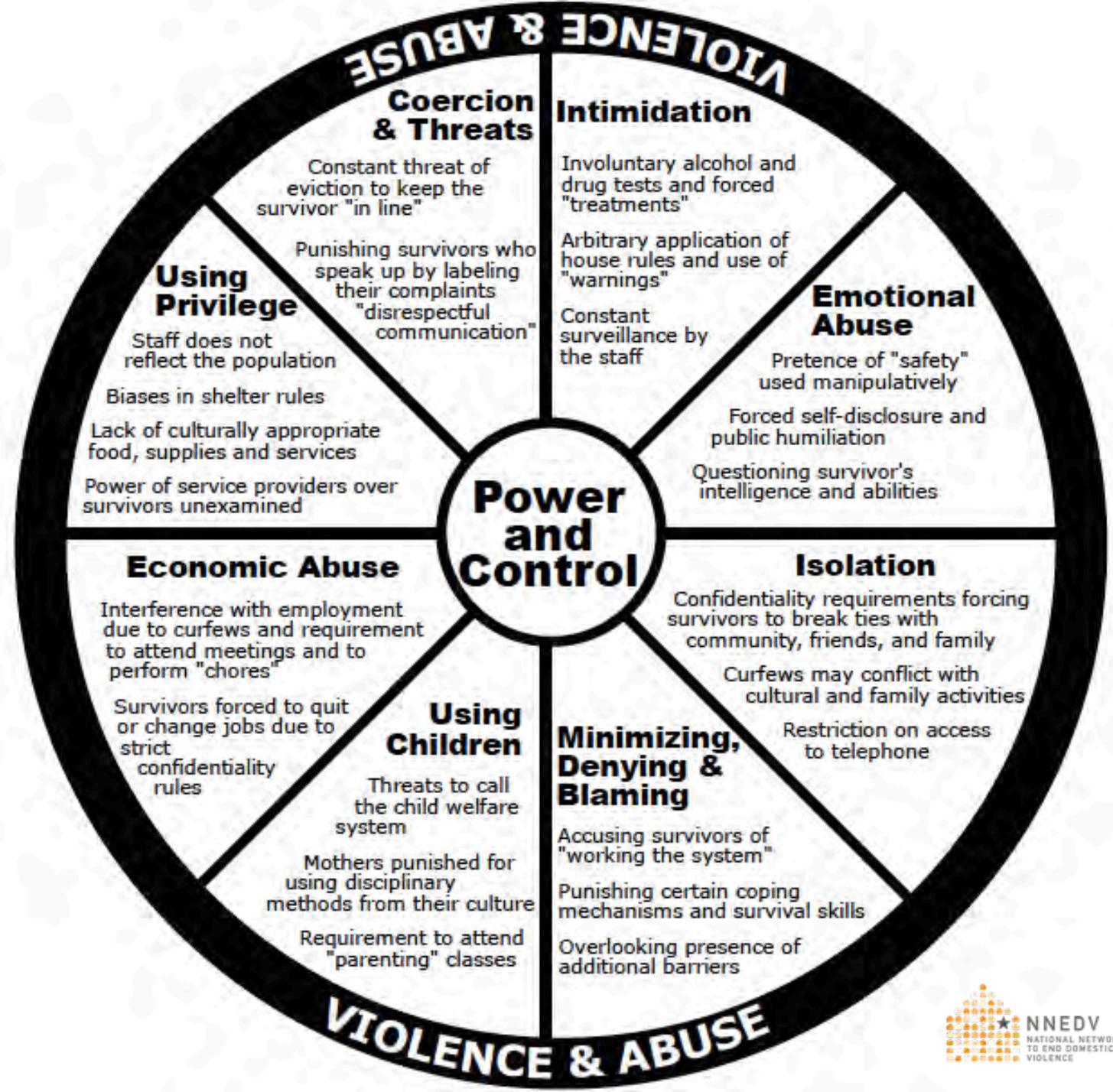
- Stigma: a mark of disgrace or reproach
- Guilt: feeling of remorse for some offense
- Shame: painful feeling by an act done by oneself or another

All three can create barriers for victims seeking help.

SOME OBSTACLES TO ACCESSING HIV AND DV SERVICES

- Fear of HIV-related criminalization for selves or partners; concerns of wellbeing of children/dependents
- Fear of break in confidentiality of HIV status → negative consequences
- Fear of victim-blaming service provider attitudes related to experiences of violence and/or HIV status
- Stigma
- Lack of access to technology, transportation
- Services are not trans-inclusive, affirming, harm reduction-focused, trauma-informed etc.

POWER & CONTROL BY ADVOCATES



© 2002 Emi Koyama & Lauren Martin

***Don't recreate an abusive environment**

PROMISING PRACTICES PRINCIPLES

- Service will be non-mandatory-totally voluntary
- Strength-based
- Client-centered
- Trauma-informed
- Informed decision making—
all options available
- Confidentiality or privacy of information
- Based on experiences in the field
- Respect and honor diversity and uniqueness of each individual

HOW YOU CAN HELP

DISCUSS

- Normalize discussions
- On-going discussions of services
- Should be conversational – not a checklist
- Never require disclosure
- Talk with everyone!

SHARE

PARTNER

CREATE A SAFE ENVIRONMENT FOR DISCUSSION

- Normalize discussions
- On-going discussions of supportive services
- Posters, brochures
- Partnerships

TALKING ABOUT DV & 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 DV & HIV

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

TALKING ABOUT DV & HIV

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

STARTING A DISCUSSION

EXAMPLE 1

Individual brings up current or past sexual abuse

EXAMPLE 2

Notice red flags of domestic violence in conversation

EXAMPLE 3

Individual expresses concerns about being able to adhere to ART

“One of the things we know is that many people are involved in relationships that are abusive or controlling or even violent. There is a connection between a violent relationship and the risk of HIV infection. The fear of violence can hinder risk reduction attempts, so we ask everyone some questions about their relationships.”

Everyone should be informed as to why they are being asked these questions, what will happen to the information, and that they have the right to refuse to disclose any information.

HOW YOU CAN HELP

DISCUSS

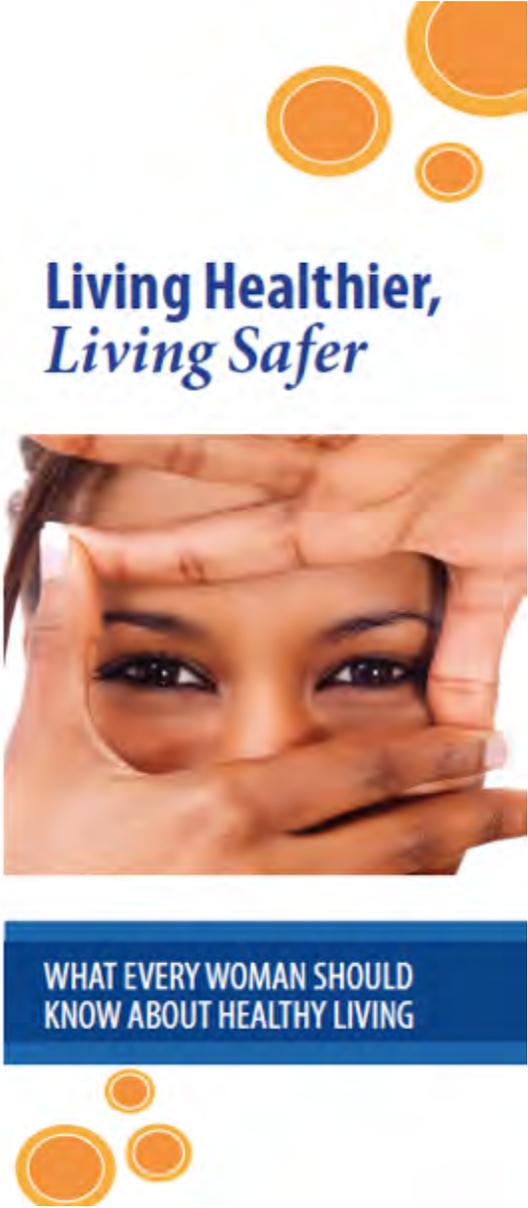
SHARE

- Resources
 - Posters
 - Brochures
- Access to condoms
- Access to PrEP

PARTNER

BROCHURES

New version coming soon!



**Living Healthier,
*Living Safer***

WHAT EVERY WOMAN SHOULD
KNOW ABOUT HEALTHY LIVING



**Una Vida Más Saludable,
*Una Vida Más Segura***

LO QUE CADA MUJER DEBE SABER
SOBRE UNA VIDA SALUDABLES

POSTERS

**HIV/AIDS IS A SERIOUS
HEALTH CONCERN FOR
VICTIMS OF DOMESTIC
VIOLENCE.**

**VICTIMS OF DOMESTIC
VIOLENCE HAVE A FOUR
TIMES GREATER RISK OF
CONTRACTING A SEXUALLY
TRANSMITTED INFECTION,
INCLUDING HIV.**

**LEARN MORE AT
[NNEDV.ORG/POSITIVELYSAFE](https://nnedv.org/positivelysafe)**

This project was supported by Grant No. 2015-1A-AX-E008 awarded by the Office on Violence Against Women, U.S. Department of Justice. The opinions, findings, conclusions, and recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women.



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AT **DOUBLE THE NATIONAL RATE,
55%
OF HIV-POSITIVE WOMEN HAVE
EXPERIENCED DOMESTIC
VIOLENCE.**

**THE STATISTICS SAY ENOUGH.
WE MUST ADDRESS THE INTERSECTION OF
DOMESTIC VIOLENCE AND HIV.**

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CREATING STRONG PARTNERSHIPS





VIOLENCE
AGAINST WOMEN
IS NOT JUST A
CAUSE OF THE
AIDS EPIDEMIC,
IT CAN ALSO BE A
CONSEQUENCE
OF IT. -PETER PIOT, UNAIDS

HOW YOU CAN HELP

DISCUSS

SHARE

PARTNER

- Create Partnership with local DV/SA organization(s)
- Other organizations that this intersection may impact
 - Homeless Orgs
 - Health Centers
 - Trafficking Orgs
 - LGBTQ Orgs
 - Sexual Health/Repro Orgs

COLLABORATION

Community based collaboration is a process that involves sharing information and resources to accomplish a shared vision.

BENEFITS OF COLLABORATION

Collaboration between HIV Community Based Organizations & Domestic Violence Organizations:

- Helps build knowledge base
- Results in appropriate referrals
- Is a holistic approach to meeting client needs
- Saves time and resources
- Respects the expertise of the other field on these topic as they are better equipped to handle their respective topic

FINDING COMMON GROUND

What values, missions, community groups, services do we have in common that could lay the foundation for collective work?

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



Positively Safe:

THE INTERSECTION OF DOMESTIC VIOLENCE & HIV/AIDS

COLLABORATION ACTION PLAN

Rarely does one program have the capacity to provide specific inclusive services to meet all the varied needs of clients. Building community and statewide collaborations is necessary if those in need are to be best served. Before completing this guide, it might be helpful to reference the DV and HIV/AIDS service provider **Tip Sheets** as well as the **Successful Collaborations Guide** in the *Positively Safe Toolkit* to get information on best practices in collaborative partnerships. Once you complete this guide, your organizations might also consider signing a Memorandum of Understanding for formalize your partnership further. You can find a **MOU Template** in the *Positively Safe Toolkit*.

This Action Plan is a guide for building collaborative partnerships to implement promising practices on the intersection of domestic violence and HIV/AIDS. This plan is your organizational commitment to build a successful collaboration. Together, please take a few minutes to complete the following.

In the next _____ days we will take the following steps towards a collaborative partnership.

_____ (Organization 1 Name)

_____ (Organization 1 Point of Contact)

_____ (Organization 2 Name)

_____ (Organization 2 Point of Contact)

THE ISSUE WE WILL ADDRESS

This will help to focus your mission, goals, and action steps.

Issue: _____



Positively Safe:

THE INTERSECTION OF DOMESTIC VIOLENCE & HIV/AIDS

MISSION STATEMENT

The Mission (or Vision) Statement aims to be a broad and concise description of your purpose for creating an action plan to address the problem. It does not establish specific tasks that the organization will accomplish, but rather what the problem is and generally how it will be addressed.

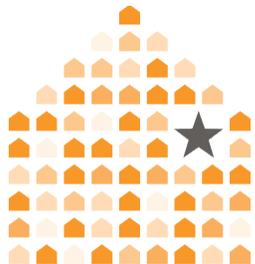
GOALS

Goals explain exactly what the intended tasks will be in order to fulfill the mission. Keep in mind that effective goals are: (1) Clear (i.e., who, what, where, by when), (2) Action-oriented, and (3) Directly related to the problem.

ACTION STEPS

Action steps are a realistic list of solutions and activities that will address the challenge, thus fulfilling the goals and working to achieve the mission. To develop the action steps, you must first brainstorm a list of possible solutions.

PARTNERSHIPS THAT ARE IMPACTFUL



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WAYS TO COLLABORATE

- Presentations to staff and clients on the respective topics
- Conduct staff site visits to gain a better understanding of the organizations and their services
- Join forces and visit other organizations working on anti-violence issues or health issues
- Go to schools together to talk about HIV and domestic violence. This will help strengthen your whole community.
- Memorandums of Understanding (MOUs) - helpful at outlining the partnership

MORE WAYS TO COLLABORATE

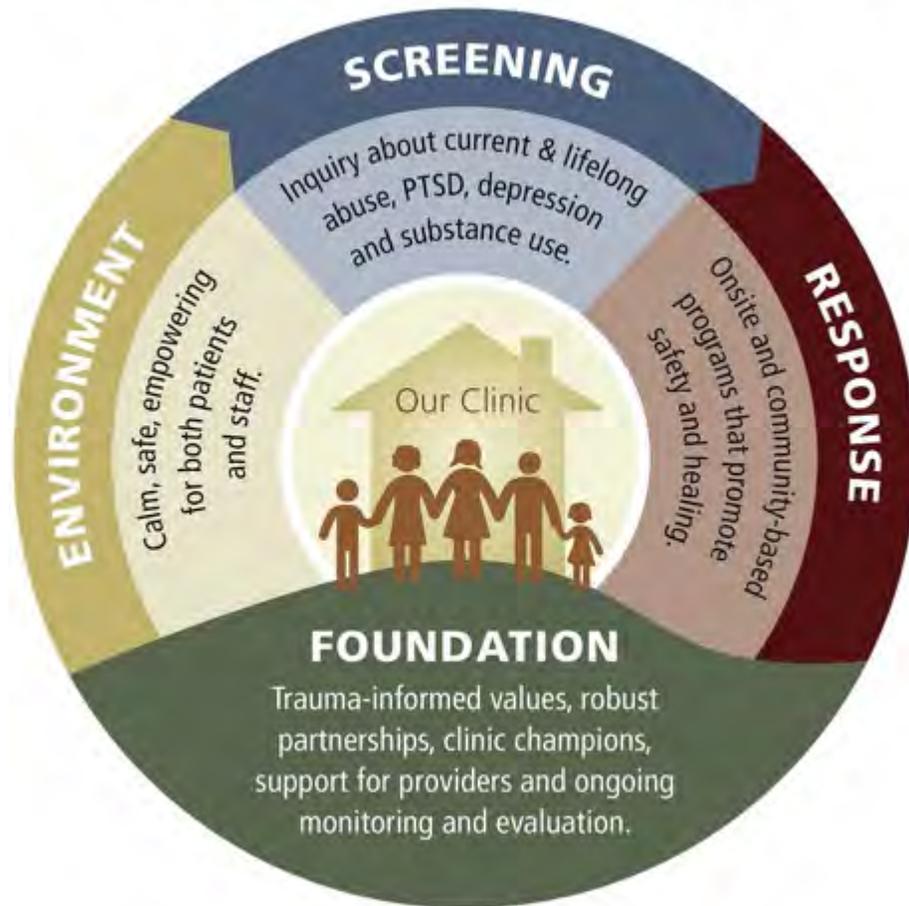
- Share posters and other materials with each other
- Have information about sexual and reproductive health and supplies (condoms, female condoms, lube) openly available and accessible in programs
- DV organizations that have coordinated community response teams could include HIV service providers as partners.
- Include HIV education as part of a domestic violence self-assessment tool.

MORE WAYS TO COLLABORATE

- On-site HIV testing
- DV advocate on-site at the HIV organization weekly/bi-weekly
- Identify resources that can help survivors and individuals living with HIV be able to access to others services
 - Ex. transportation costs, childcare

TRAUMA-INFORMED PRIMARY CARE, IPV SCREENING AND STRENGTHENED REFERRALS

Trauma-informed Primary Care



UCSF Women's HIV Program – Screening Protocol

Screening Protocol for IPV and Consequences of Past Trauma

Purpose: To screen for Intimate Partner Violence (IPV) and consequences of past trauma including depression, anxiety, suicidality, Post-Traumatic Stress Disorder (PTSD), Alcohol and other Substance Use

ACCESS TO PrEP

- PrEP = Pre-Exposure Prophylaxis
 - Taken daily as preventative measure
- Federal program called “Ready, Set, PrEP”
 - Free PrEP for 200k uninsured a year

HIV organizations will have more information on accessing PrEP

Eligibility? Signing up?

Potential participants must meet three criteria:

- They must test negative for HIV, the virus that causes AIDS.
- They need a prescription for the drug from a medical provider.
- They must be uninsured or have health insurance that does not cover prescription drugs.

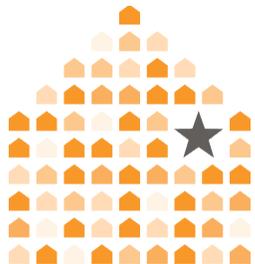
DV, HIV, AND HOUSING

- Trauma
- Short term rental assistance
- Long term supportive housing
- Transitional Housing
- HOPWA

COLLABORATION IS KEY!

ENGAGING

SURVIVORS & PEOPLE
LIVING WITH HIV



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VIOLENCE

INCLUDING SURVIVORS AND FOLKS LIVING WITH HIV

- Be intentional
- Cultivate their leadership and development
- Encourage them to speak their truth and narratives
- Empower towards positions of leadership
- Recognize nuance
- Uplift sex workers, people who use drugs

FEEDBACK

Invite and accept honest feedback from individuals utilizing your services

- Anonymously – paper evaluations, QR code/link they can complete online
- Groups – survivor/PLWHIV advisory group
- Directly – check-in regularly in person

ADVISORY COMMITTEES

- Role – provide feedback on services, identify areas for improvement, identify missing services/support
- Voluntary participation
- Term limits
 - 6 months, 1 year...
 - Ask participants what works for them
- Structure
 - Meets monthly or bi-monthly? In-person via phone? Location?
- Make sure you have a diverse group of participants that accurately reflect the individuals in your community and those being served

PEER SUPPORT & REDUCING ISOLATION

- Creating peer support networks to connect survivors and individuals living with HIV
- Can help ease anxiety around the issues and accessing new services
- Provided survivors and individuals living with HIV another outlet to discuss their needs

PEER ADVOCACY

- Model developed by HIV space
- Peer advocacy, peer navigators and community health workers
 - Support people living with HIV
 - Bridge service delivery for health care and social work/case management
- Resource: AIDS United, Best Practices for Integrating Peer Navigators into HIV Models of Care
https://www.aidsunited.org/data/files/Site_18/PeerNav_v8.pdf



THANK YOU!

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NNEDV Toolkit:
[NNEDV.org/dv-hivaids-toolkit](https://nnedv.org/dv-hivaids-toolkit)