



IPV & HIV

- \bullet 68-95% of clinical samples in resource-rich settings have experienced IPV I n their lifetime
- IPV risk and consequence of HIV
- \bullet IPV is associated with $\underline{\text{high risk behavior}}$
 - Substance use
 - $\bullet \ \, \text{Multiple sex partners}$
 - Exchange sex
 - Coercive sex
 - Challenges negotiating safe sex
 - Sex with HIV positive men and those with increased risk (injection drug use)

IPV & HIV

- 68-95% of clinical samples in resource-rich settings have experienced IPV I n their lifetime
- IPV risk and consequence of HIV
- IPV is associated with poor health outcomes
 - Poorer physical health
 - Poorer mental health
 - Poorer HIV outcomes as well (high no-show, ART failure, detectable viral loads, low CD4 counts, higher OIs,)

IPV Screening Methodology

 $\bullet\,$ Need to deploy a variety of kinds of questions and tools over time to most fully screen for IPV

Study 78 African American HIV positive Women who were engaged in an						
intervention aimed at newly diagnosed, new to care, sporadically engaged or lost to care women						
22-63 yrs of age (m 48 Yrs)	78% Single	60% renting house or apartment remaining unstable housed	96% heterosexual	63% HS/GED	Majority unemployed or under- employed	88% living with \$1000 or less a month in income

Prevalence of Violence Concerns

- WEB

- Screening questions:
 Have you ever been emotionally or physically abused by your partner or someone important to you?
 Are you afraid of a past or current partner?
 Has anyone forced you to have sexual activities?
 Barrier to HIV care "Thought that Partner might hurt you" ("a great deal" and "somewhat")
- HIV Infection through Sexual Assault ("Most likely" and "Somewhat likely"
- Report of past or current concerns of safety on acuity measure
- Identified individually between 12-40% of sample as having concerns with violence
- Composite measure identified 68%

Viral Suppression (< 200copies/mL)

- Overall high rate of suppression (80%)
- Responses to individual tools were not identified with suppression concerns
- Those identified using composite measure were more likely to not be virally suppressed ($\chi^{2}\left(1\right)$ = 6.15. $p \leq$ 0.05)

	Violence Concerns	No identified Violence Concerns
Suppressed	71.7%	96.0%
Not Suppressed	28.3%	4.0%

Support/Cli	nical Guidelines			
Healthy Diversity				
Wellness T Value Jupport & Community Indian Same Same Same Same Same Same Same Same	Identification & Care of IPV Survivors Clinical Care for Survivors of Sexual Assault			
Advocate	Training of Healthcare Providers on IPV & Sexual Violence			
	Health-care Policy & Provision			
	Mandatory Reporting of IPV IPV Screening for Women of Childbearing Age & Referral to Services for those who test positive			
	Incorporate a Trauma-Informed Primary Care Framework			
	Integrate Primary & Secondary Gender-based Violence Prevention Program for Pregnant Women		-	
Organization, 2015. Machinese EL. Caca, YP. Khanna, N. Rose CD. Kimbere, LS. From Treatme	nson: WHO clinical and policy guidelines. Geneva, Switzerland: Department of Gender and Women's nt to Healing: The Promise of Trauma-Informed Primary Care. Women's Health Imms. 2015;25(5): ulterable adults: US Preventive Services Tark Force recommendation statement. Annals of internal me-	91-7.		
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