THE INTERSECTION OF INTIMATE PARTNER VIOLENCE AND HIV ON COLLEGE CAMPUSES

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

I have served as a consultant to Gilead Sciences, Inc.

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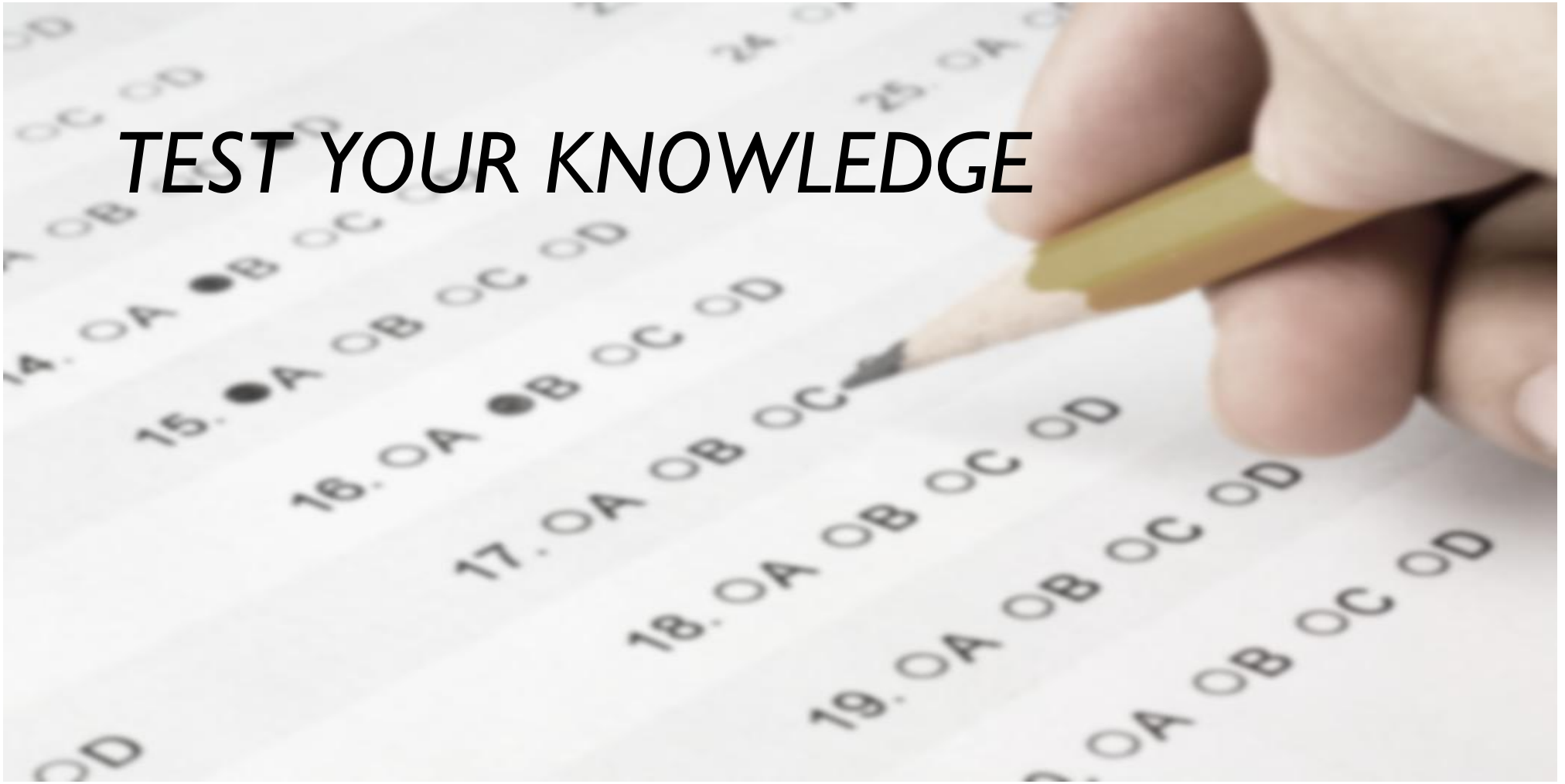
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TEST YOUR KNOWLEDGE

TEST YOUR KNOWLEDGE
QUESTION #1

Intimate partner violence can occur between current but NOT former spouses, boyfriends or girlfriends, dating partners, or sexual partners:

A. True
B. False

TEST YOUR KNOWLEDGE
QUESTION # 2

Intimate partner violence includes all but which of the following:

A. Physical or sexual violence
B. Stalking or psychological aggression
C. Coercive acts by a former intimate partner
D. All of the Above
E. None of the above

TEST YOUR KNOWLEDGE
QUESTION # 3

For Intimate Partner Violence to occur between heterosexual or same-sex couples, it requires sexual intimacy:

A. True

B. False

TEST YOUR KNOWLEDGE
QUESTION # 4

Which age group of women experience the highest rate of Intimate partner violence (BJS)?

A. 12 – 15
B. 18 – 24
C. 25 – 40
D. 41 – 60
E. > 60

LEARNING OBJECTIVES

1. Describe the epidemiology of HIV in college age students
2. Describe the incidence of intimate partner violence on college campuses
3. Describe the intersection of the two – IPV and HIV
4. Identify protocols that can be used by healthcare providers or counselors on campuses
5. List best practices for creating a safe campus environment
6. State resources that are available to assist and support HBCU's and other campuses

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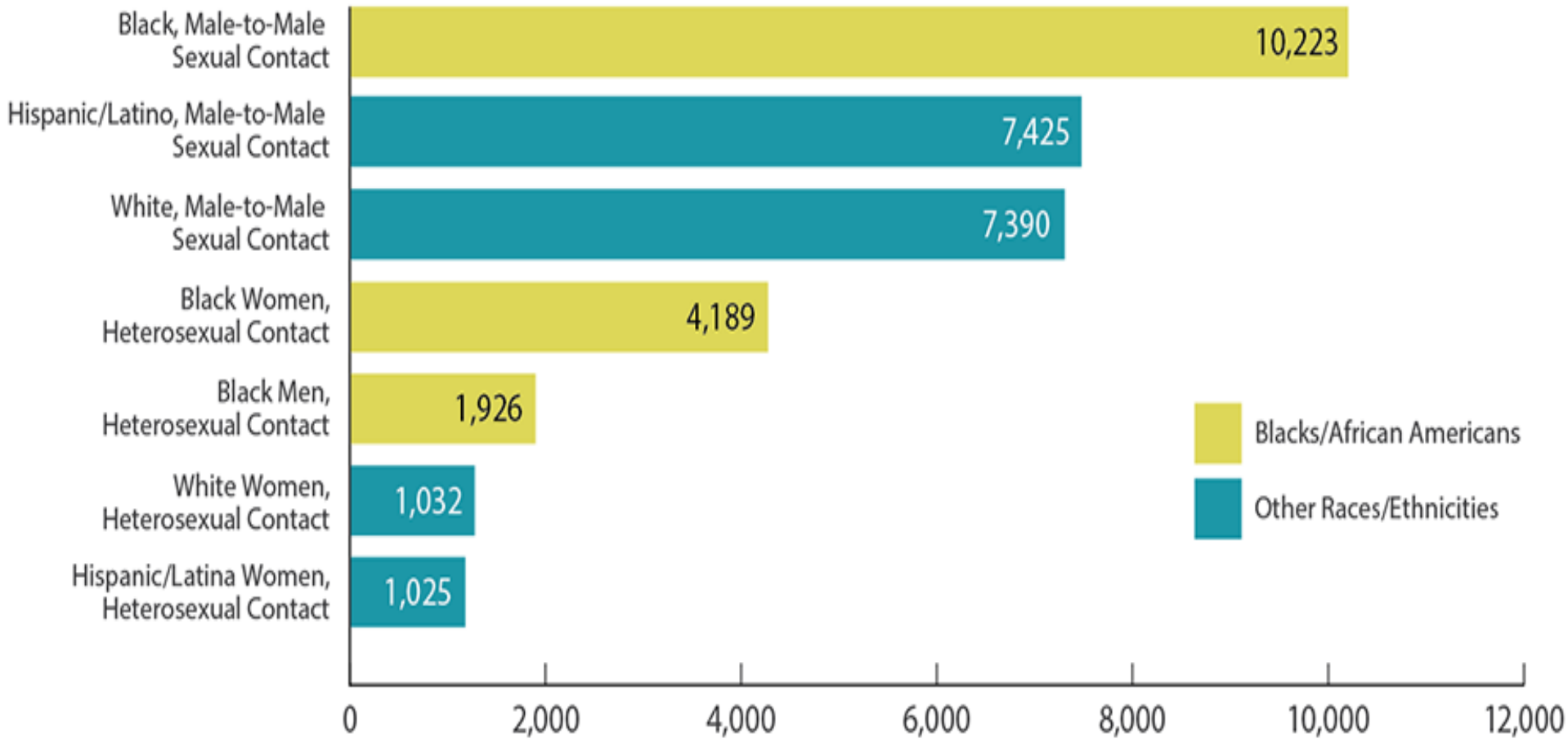
EPIDEMIOLOGY OF HIV IN COLLEGE AGE STUDENTS

- More than 1.2 million people in the U.S. are living with HIV, and 1 in 8 of them don't know it

- African Americans account for almost half of new infections, and have more HIV related deaths than any other racial or ethnic group in the U.S.

https://www.cdc.gov/hiv/statistics/overview/ataglance.html

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Black, Male-to-Male Sexual Contact
10,223
Hispanic/Latino, Male-to-Male Sexual Contact
7,425
White, Male-to-Male Sexual Contact
7,390
Black Women, Heterosexual Contact
4,189
Black Men, Heterosexual Contact
1,926
White Women, Heterosexual Contact
1,032
Hispanic/Latina Women, Heterosexual Contact
1,025
Blacks/African Americans
Other Races/Ethnicities
0
2,000
4,000
6,000
8,000
10,000
12,000

HIV IN THE COLLEGE AGE GROUP -2015

- -37% of new HIV diagnoses were between 20 and 29 y.o
  - 22% between 13 and 24 y.o.

- Black 13-24 y.o. represented more than ½ new infections
  - 80% were 20-24
  - 81% in gay and bisexual males

- More than half of HIV infections are in the South
  - More than half new diagnoses and living with HIV in South are African American
  - Most HBCU's are in the South

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INCIDENCE OF INTIMATE PARTNER VIOLENCE ON COLLEGE CAMPUSES

WHAT IS INTIMATE PARTNERS VIOLENCE (IPV)?

Intimate partner violence (IPV) is a serious, preventable public health problem that affects millions of Americans. The term "**intimate partner violence**" describes physical **violence**, sexual **violence**, stalking and psychological aggression (including coercive acts) by a current or former **intimate partner**

https://www.cdc.gov/violenceprevention/intimatepartnerviolence/

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WHAT SURVEYS ARE SHOWING

- According to a 2016 study by BJS , 21% of undergraduate women in 9 schools experienced sexual assault since entering college.
- Also that nearly 50% of women reported experiencing their first incidence of IPV between 18 -24 y. o.
- 1 in 5 college women are raped during their college years
- One study reported that 51% of college males admitted to perpetrating one or more sexual assaults during college
- The majority of rape incidents of college students are unreported by victims – in a 2016 BJS study only 7% reported the incident to campus officials

IPV IN A SAMPLE OF LGBTQ+ COLLEGE STUDENTS

- Overall 43% of LGBTQ+ students reported that their current relationships were characterized by intimate partner violence
- Nearly 1/3 reported perpetrating violence against another and physical aggression was the most common form
- Only 9% disclosed the abuse to formal supports such as counselors or medical personnel

Carsey Institute, 2014

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CASE STUDY (PART 1)

Monique, a 19-year-old African American college sophomore from a small community in North Carolina, recently transferred to a large University in Chicago. This is Monique's first experience being away from a rural town in North Carolina, and her overly protective family. She is enjoying college life and the freedom that she has. On the weekends, she, her roommate Maya and other students from the dorm attend off campus parties. Sometimes these parties can be very rowdy with lots of drinking and marijuana smoking.

She tried smoking marijuana once she did not like it. However, she has acquired a taste for **different types** of alcohol and particularly enjoys attending the beer bong parties at the fraternity houses on campus. Monique met Chris a 22 year old senior and **star** point guard for the basketball team at one of these parties. They have been dating for 6 weeks. Monique feels like a celebrity and still cannot believe that Chris has chosen her over all the girls on campus.

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CONSIDER….

What risk factors if any, put Monique at risk for IPV?

What are some legal implications that the University may face?

THE INTERSECTION OF IPV AND HIV

IPV AND HIV

- IPV can be a risk factor for HIV and a consequence of HIV infection:
  - Risk factor for unprotected sex among men and women who are HIV-positive
  - Risk factor for not disclosing HIV status
  - Risk factor for compromised health and prevention practices for women living with HIV

Bogart, et al, 2005; Gielen et al, 2000; Zierler et al, 2000

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IPV AND RISK FOR CHRONIC DISEASE

- Women who performed monthly self-breast exams were 53% less likely to experience IPV as those who rarely examined themselves

- Women who have HIV or are unsure of their status and those who rarely perform self-breast exams are at increased risk of IPV

- Compared with women who are HIV-negative, those who are HIV positive were 5 times more likely to suffer IPV and women who were not sure of their HIV status were 9 times more likely to experience IPV

Relationship of Intimate Partner Violence to Health Status, Chronic Disease, and Screening Behaviors; Journal of Interpersonal Violence
http://journals.sagepub.com/doi/abs/10.1177/0886260513497312

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IPV AND RISK FOR HIV: CHILDHOOD SEXUAL ABUSE

- A history of childhood sexual abuse and forced sexual initiation in adolescence is associated with the following HIV risk behaviors in adult women:
  - Sex with multiple partners, unfamiliar partners and /or older partners
  - Alcohol-related risky sex
  - Anal sex; Lower rates of condom use

Wyatt, 2002; Vlahov 1998; Cohen et al, 2000; Koenig et al, 2002; Koenig et al, 2006.

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IPV AND RISK FOR HIV INFECTION

- Women who experience physical and sexual violence are more likely to report having:
  - A recent STI
  - Alcohol use as a coping behavior
  - Being threatened when negotiating condom use

Wingood, G.M., R.J. DiClemente, and A. Raj. (2000b). Identifying the prevalence and correlates of STDs among women residing in rural domestic violence shelters. Woman and Health 30 (4): 15-26.

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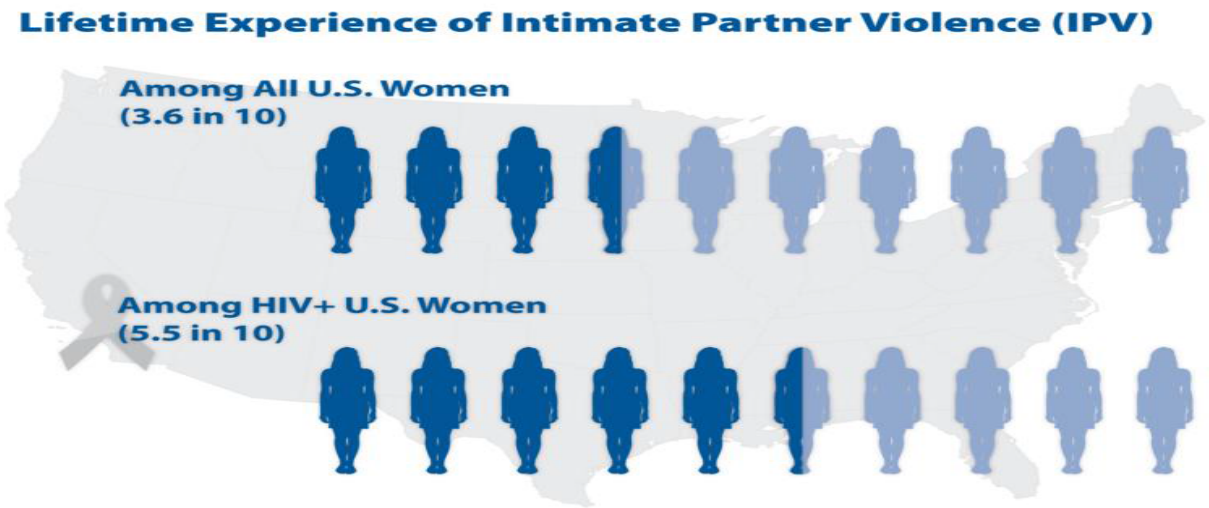
IPV AND WOMEN LIVING WITH HIV

- Women living with HIV report experiencing higher rates of IPV than the general population
  - 55% IPV (2x National Average)
  - 39% Childhood Sexual Abuse
  - 42% Childhood Physical Abuse

Gielen at al, 2007; Machtinger et al, 2012 a

Figure 1

Experience of Intimate Partner Violence and Women, Overall and with HIV



Source: Matthew J. Breiding, Jieru Chen, and Michele C. Black. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. The National Intimate Partner and Sexual Violence Survey: Intimate Partner Violence in the United States — 2010. Atlanta, GA, 2014.; Machtinger, E.L., et al. (2012) Psychological Trauma and PTSD in HIV-Positive Women: A Meta-Analysis. *AIDS and Behavior.* 16(8): 2091-2100.

THE HENRY J. KAISER FAMILY FOUNDATION

HISTORY OF VIOLENCE AMONG WOMEN LIVING WITH HIV

- A history of violence among women living with HIV is associated with:
  - Antiretroviral therapy failure
  - Fear of negotiating condom use
  - Unsafe sex
  - Fear of disclosure of HIV status
  - Decreased engagement in HIV care, and poorer health outcomes

Basile & Smith, 2011; Campbell, 2002; Brokaw, 2002; Constantino, 2000; Boarts, 2006; Delahanty, 2004; Sledjeski Et al, 2005; Ickovics et al, 2001

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OBSTACLES FACING COLLEGE STUDENTS IN AN ABUSIVE RELATIONSHIP

- They may sometimes feel trapped by their social networks
- Or isolated from their personal support networks
- Administrators may not understand the scope of the problem
- They may fear that their parents will find out
- They may not see their experience as abuse
- They may fear their assailant
- They may not feel they are able to afford supportive services

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CASE STUDY PART 2

After celebrating her birthday partying and drinking heavily with Chris at the new club near campus. Monique awakes the next morning with a black eye and bruises on shoulders and thighs; she has little memory of what took place. She confides to her best friend Maya that something "bad" must have happened but she does not know what and is afraid to ask Chris. Maya uses makeup to help her cover up the bruises on her face, she has not seen the bruises on her Monique's shoulders and thighs.

After two weeks she began complaining of night sweats and an inability to concentrate; she thinks that she may even be pregnant. Maya suggests that Monique visit the campus health center.

Monique has had sex with Chris about six times during their relationship and he has never used a condom. She has avoided Chris since her birthday because she wants the bruises on her face to heal properly so she can continue to look beautiful for him.

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CONSIDER….

Monique's risk factors for IPV

Monique's ability to negotiate condom use

Monique's self esteem

PROTOCOLS THAT CAN BE USED BY HEALTHCARE PROVIDERS OR COUNSELORS ON CAMPUSES

IDENTIFYING AND ADDRESSING INTIMATE PARTNER VIOLENCE

- Physicians and other health care providers have a unique opportunity to screen their patients—both female and male—for intimate partner violence or abuse

- Create an environment that encourages patients to discuss what is happening to them

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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IDENTIFYING AND ADDRESSING INTIMATE PARTNER VIOLENCE

Create a Climate of Confidentiality

- Convey to every patient that the medical office or clinic is a safe place to talk confidentially about any issue, including intimate partner abuse

- Publicize that IPV is a health issue and that patients should feel free to talk about any violence affecting their lives

- Clinic staff should also assure patients that privacy and confidentiality are priorities

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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IDENTIFYING AND ADDRESSING INTIMATE PARTNER VIOLENCE

Be Alert to Students with Certain Histories:

- *Prior sexual or other childhood abuse*
- *History of or current STD*
- *Excessive alcohol intake*
- *History of sexual assault before College*
- *Depression*

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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ADAPTATIONS TO PRACTICE

- We are concerned about the health effects of intimate partner violence, so we ask a few questions of all our patients
- Because abuse and violence have become so common in our culture, we've started to routinely assess all of our patients about these problems
- I don't know if this is a problem for you, but because so many patients we see are living in or recovering from an abusive relationship, we've started to ask all of our patients about it routinely
- Intimate partner violence is a problem for many women. Because it affects their health and well-being, we ask all of our patients about it

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http://www.nejm.org/doi/full/10.1056/NEJMp1204278

ADAPTATIONS TO PRACTICE

Once you introduce the subject of IPV, you should ask direct questions:

1. Have you felt coerced into certain behavior, drinking, sex, or experienced undue control by your partner
2. Are you able to negotiate condom use?
3. Have you been hit, slapped, kicked, punched, or otherwise hurt by someone within the past year? If yes, by whom?
4. Do you feel safe in your current relationship?
5. Is there a partner from a previous relationship who is making you feel unsafe now?

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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ADAPTATIONS TO PRACTICE

If a patient discloses abuse, follow up with these questions:

- Where will you go after you leave my office?
- Is there a friend, roommate, or family member you can call?
- Do you need immediate shelter - is this happening in your dormitory?

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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ADAPTATIONS TO PRACTICE

- **DO NOT give the patient written information that the abuser may find when he/she returns home; you may be endangering the victim if her partner suspects or discovers she has talked with you about the abuse**

- Consider writing a contact number on a small piece of paper that she/he can insert in her/his shoe, where she/he can access it later

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ADAPTATIONS TO PRACTICE

Time is critical!

- Early effective intervention by a health care provider can interrupt the cycle of violence, prevent more serious injuries and symptoms, prevent long-term mental and psychiatric symptoms, and ultimately prevent more abuse
- Ask the patient if he or she would like to be connected to IPV advocacy services
- If a patient screens negative for IPV, but the provider suspect that he/she is experiencing abuse, it is important that the provider not force disclosure

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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ADAPTATIONS TO PRACTICE

Contact Police Only with Permission

- Physician and other provider groups including the American College of Emergency Physicians oppose mandatory reporting of intimate partner violence to the criminal justice system

- Interference with the confidential nature of the provider-patient relationship, infringe on privacy issues, and undermine the patient's trust

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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ADAPTATIONS TO PRACTICE

Remember….You do not have to solve the patient's problems

- Resist the impulse for a quick fix
- Your job is primarily to screen and identify, provide support and medical treatment, document in the medical record, propose a safety plan, and discuss resources,
- Leave the door open

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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ADAPTATIONS TO PRACTICE

In addition, convey these messages:

- You do not deserve to be abused
- You are not responsible for the abuse
- You did not cause the abuse
- What has happened to you is a crime
- What has happened to you is against the law
- Help is available

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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ADAPTATIONS TO PRACTICE

- Providers should refrain from telling patients who are experiencing IPV what they must do (e.g., "you need to leave")
- Only trained experts in IPV advocacy are qualified to help victims determine their own best course to safety
- There is a potential for lethal and injurious harm, particularly when one partner attempts to leave the relationship
- For this reason, actively ensuring that the link between the patient and an IPV advocacy agency is made successfully is the best practice

http://www.nejm.org/doi/full/10.1056/NEJMp1204278

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CASE STUDY PART 3

Monique has confided to Maya that Chris is her first sexual partner and has coerced and has even forced her into having sex. He stated that they are in an exclusive relationship and if she loves him she can prove it by not asking him to wear a condom. She does not want to say no since she is afraid that he will end the relationship, and she really likes him.

Maya continues to encourage her to go the student health center and get a pregnancy test. When she finally arrives at the health center she signed in but the wait was estimated to be over two hours so Monique left without being seen. She decided to get a pregnancy test home kit. The test comes back negative and she is very relieved. Maya warns her that she should be careful with Chris since he has been known to be popular with the girls on campus.

In November when Monique went home for Thanksgiving her mother remarked that she looked a little pale and took her to the clinic. They did a battery of tests including, HIV (ELISA), and pregnancy and found that she was both pregnant & HIV positive. Monique wants to kill herself.

CONSIDER….

Monique's mental health status

Chris' (other partners) HIV status and

Legal implications, if any for the University

CREATING A SAFE CAMPUS ENVIRONMENT

The focus has to be on prevention and creating an informed, engaged and safe campus environment

CDC STRATEGIES: INTIMATE PARTNER VIOLENCE

- Gather information to assess and understand the program

- Develop, evaluate and identify effective interventions
  - Ways to change/shape social and gender norms
  - Engage and train individuals - students/faculty/staff to be active bystanders
  - Foster/build healthy social-emotional relationship skills to decrease risk behaviors
  - Develop, and test HIV prevention strategies

- Implement and disseminate the effective strategies

https://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf

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THE SIX PRIMARY ELEMENTS OF A COMPREHENSIVE CAMPUS PLAN PLUS ONE

- A coordinated campus and community response – a stakeholder task force
- Prevention and education
- Policy development and implementation
- Reporting options and advocacy
- Climate surveys, performance measures and evaluation
- Established relationships with support services
- Transparency – Clery disclosure is required

White House Task force to protect students from sexual assault

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THE JEANNE CLERY DISCLOSURE OF CAMPUS SECURITY AND CRIME STATISICS ACT

- Requires colleges and universities that receive federal financial aid programs to maintain and disclose campus crime statistics and security information
- Under Title IX a college or university that receives federal funds can beheld legally responsible when it ignores sexual harassment or assault and does not file its report

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OTHER POLICY RECOMMENDATIONS

- Expand cultural competency training for students, staff and law enforcement on LGBTQ+ concerns and issues
- Increase efforts to reduce stigma of victimization as well as sexual orientation

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OPPORTUNITIES FOR HBCU'S

- National Institute of Justice , DOJ – grants
  - www.justice.gov/ovw
- CDC – technical; assistance and training
  - Through APHA
  - www.cdc.gov/violenceprevention/
- White House Task Force to Protect Students from sexual assault
  - www.changingourcampus.org
  - Beginning shortly the Task Force will be conducting a survey of 9 HBCU campuses

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When college presidents and chancellors truly commit to ending the scourge of sexual violence in institutions of higher education, they set the highest example of what we expect from students, faculty and administration. And so I send this message to our college and university leaders: your leadership matters. And your actions reverberate across the nation, indeed the world.

Vice President Joe Biden, 2016

TEST YOUR KNOWLEDGE
QUESTION #5

Intimate partner violence can occur between current but NOT former spouses, boyfriends or girlfriends, dating partners, or sexual partners:

A. True
B. False

TEST YOUR KNOWLEDGE
QUESTION # 6

Intimate partner violence includes all but which of the following:

A. Physical or sexual violence
B. Stalking or psychological aggression
C. Coercive acts by a former intimate partner
D. All of the above
E. None of the above

TEST YOUR KNOWLEDGE
QUESTION # 7

For Intimate Partner Violence to occur between heterosexual or same-sex couples, it requires sexual intimacy:

A. True

B. False

TEST YOUR KNOWLEDGE
QUESTION # 8

Which age group of women experience the highest rate of Intimate partner violence?

A. 12 – 15
B. 18 – 24
C. 25 – 40
D. 41 – 60
E. > 60

RESOURCES & REFERENCES

1. PARTNER VIOLENCE SURVEILLANCE UNIFORM DEFINITIONS AND RECOMMENDED DATA ELEMENTS

https://www.cdc.gov/violenceprevention/pdf/ipv/intimatepartnerviolence.pdf

2. Understanding Intimate Partner Violence, 2014 (CDC)

https://www.cdc.gov/violenceprevention/pdf/ipv-factsheet.pdf

3. Intimate Partner Violence (National Institute of Justice) 2017

https://www.nij.gov/topics/crime/intimate-partner-violence/Pages/welcome.aspx



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