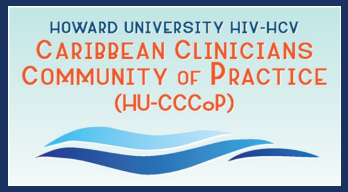
INTIMATE PARTNER VIOLENCE & HIV: WHAT CLINICIANS NEED TO KNOW

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CME Disclosures:
Planning Committee And Speaker

Speaker: The following speaker has nothing to disclose in relation to this activity: Abby Charles, MPH

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Goulda A. Downer, PHD, RD, LN, CNS – Principal Investigator/Project Director

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Goulda A. Downer, PhD, RD, LN, CNS
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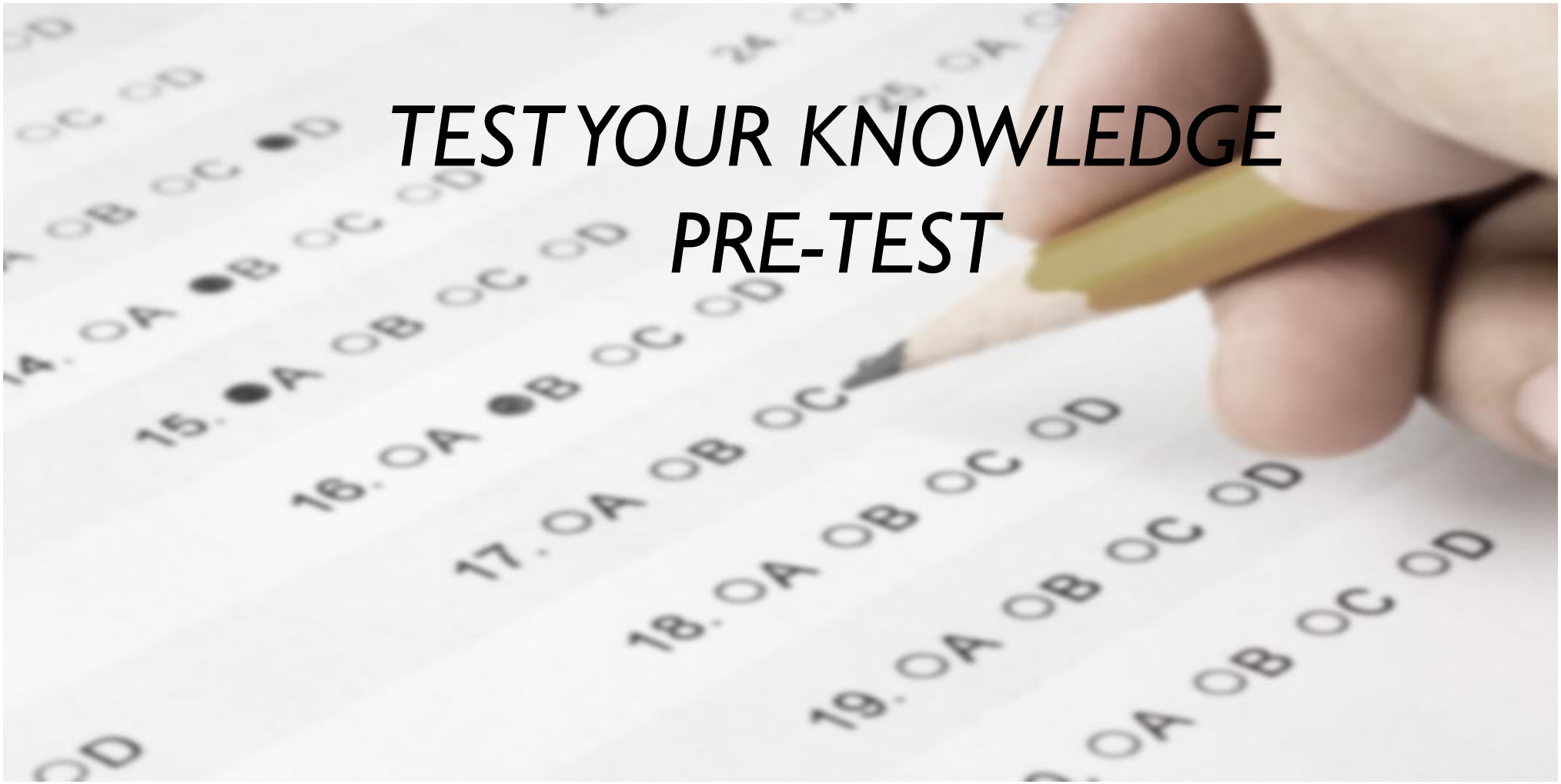
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TEST YOUR KNOWLEDGE
PRE-TEST

Test Your Knowledge
Question #1

Which one of the following is true of Intimate Partner Violence (IPV)

A. The Caribbean Region has one of the lowest rates of IPV
B. The incidence of IPV between same sex couples worldwide is insignificant
C. Approximately 10% of women currently experiencing IPV are infected with HIV
D. IPV only affects women and does not occur among same sex partners

Test Your Knowledge
Question #2

Which of the following is true?

A. Physical IPV, is the most frequently occurring form of abusive behavior

B. Rough sex is sometimes normal and should never be considered as IPV

C. As a clinician you should always see the patient alone for part of the visit and discuss the limits of confidentiality before discussing IPV

D. You should not discuss a safety plan with a patient who does not want to leave a situation of IPV

Test Your Knowledge
Question #3

Which of the following is true for the Caribbean Population?

A. The number of HIV infections reported in 2021 were increasing
B. The number of HIV infections reported in 2021 were decreasing
C. The intersection of HIV and IPV in men is well understood in the Caribbean
D. During 2021, there were approximately 100 new HIV infections every week in the Caribbean

Test Your Knowledge
Question #4

The incidence of Intimate Partner Violence (IPV) in the Caribbean is.

A. 9 - 12%

B. 15 - 20%

C. 31 – 35.7%

D. 36 - 55%

INTIMATE PARTNER VIOLENCE & HIV: WHAT CLINICIANS NEED TO KNOW

LEARNING OBJECTIVES

At the end of this presentation, participants will be able to:

1. Describe the incidence and prevalence of Intimate Partner Violence (IPV) in the Caribbean region
2. Describe the link between IPV and HIV
3. Identify strategies to address IPV in clinical settings
4. Utilize screening for IPV in your clinical settings

WHAT IS IPV?

Forms of Intimate Partner Violence

IPV refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Examples of types of behaviour are listed below.

Acts of physical violence, such as slapping, hitting, kicking and beating.

Sexual violence, including forced sexual intercourse and other forms of sexual coercion.

Emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation (e.g. destroying things), threats of harm, threats to take away children.

Controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care.

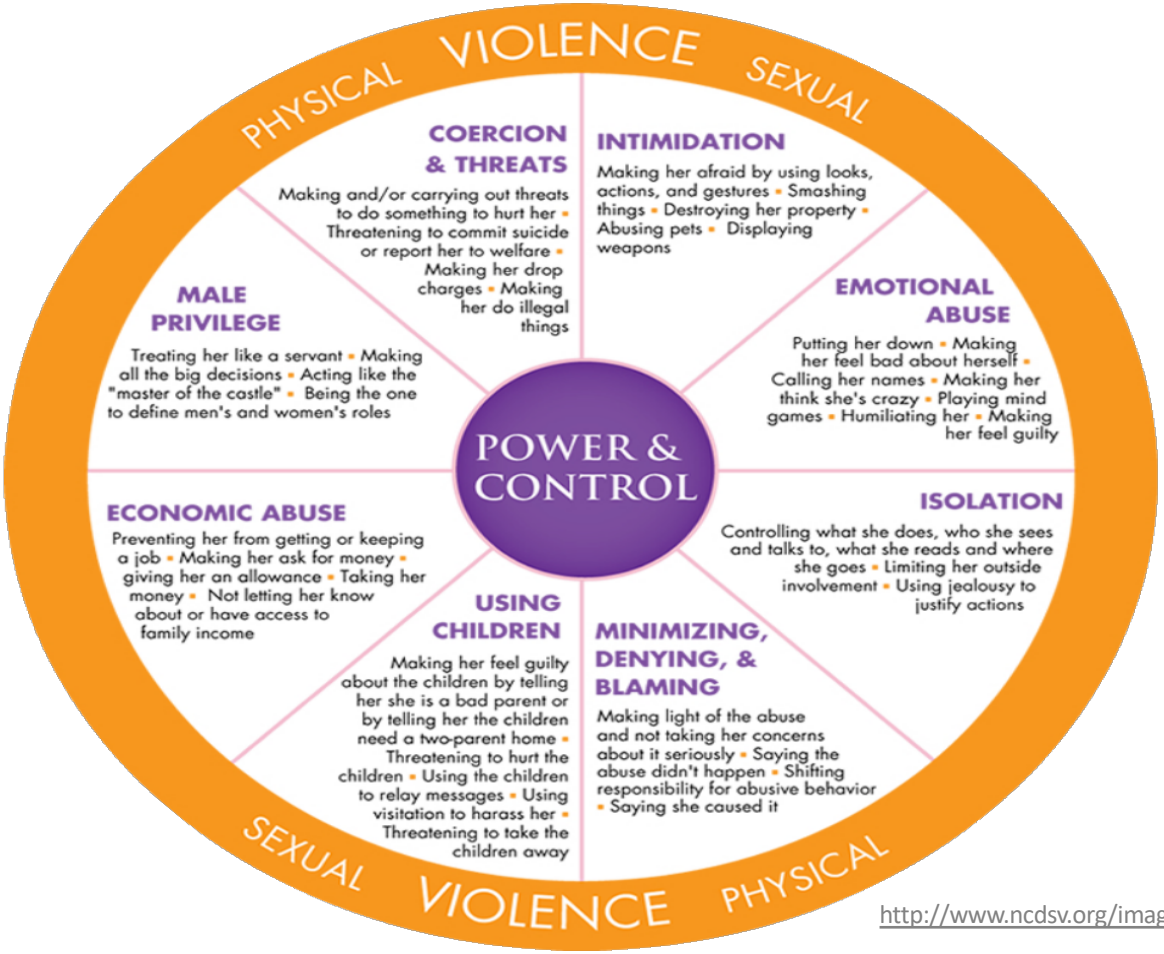
[1] The term **'domestic violence'** is used in many countries to refer to partner violence but the term can also encompass child or elder abuse, or abuse by any member of a household. 'Battering' refers to a severe and escalating form of partner violence characterized by multiple forms of abuse, terrorization and threats, and increasingly possessive and controlling behaviour on the part of the abuser.

World Health Organization

Pan American Health Organization
Regional Office of the

DROP IN THE CHAT:

What are terms we use in the Caribbean for intimate partner Violence?



http://www.ncdsv.org/images/PowerControlwheelNOSHADING.pdf

DROP IN THE CHAT

What are some challenges you face addressing IPV and HIV?

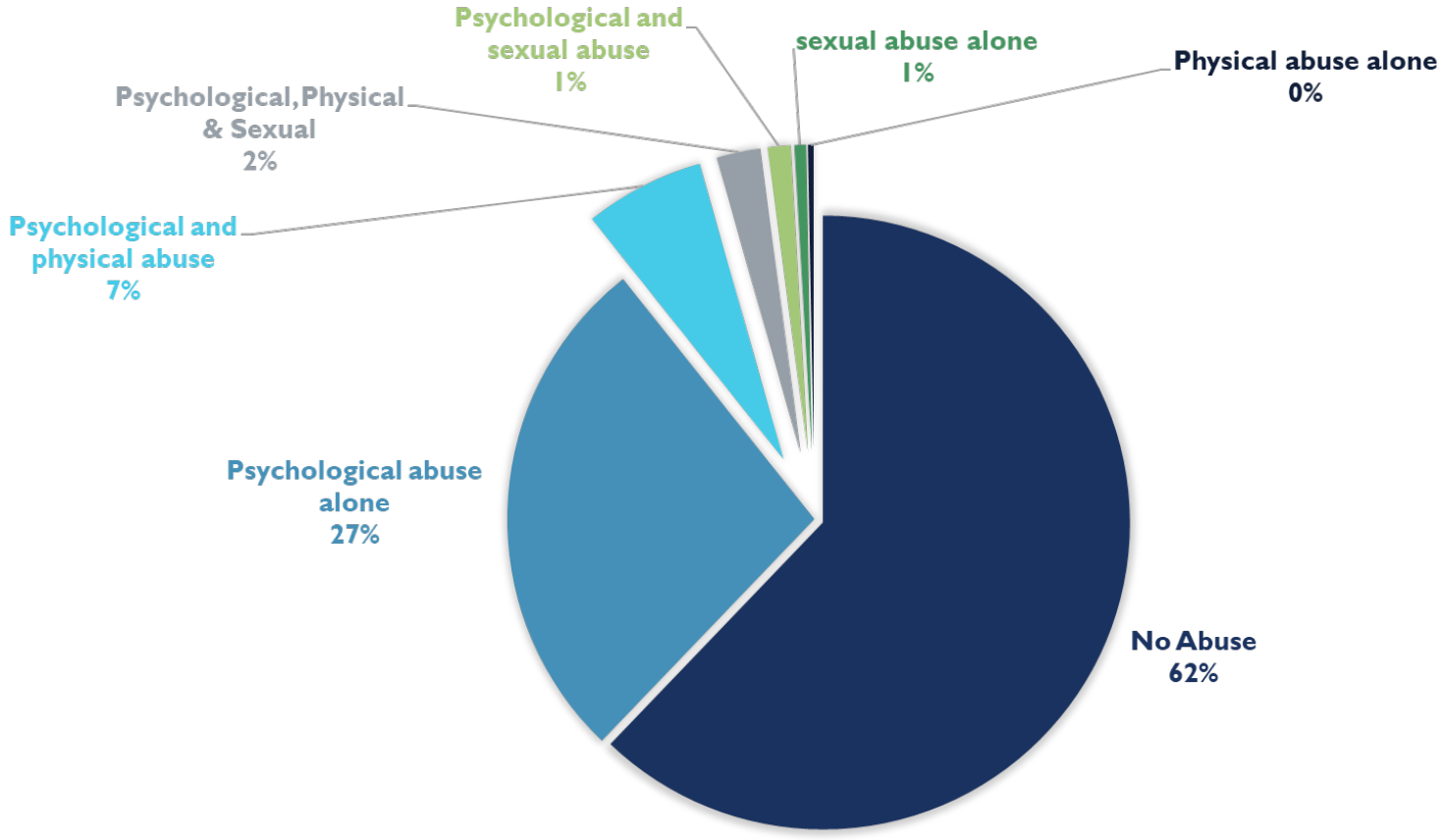
POLL

Which population experiences intimate partner violence in the Caribbean?

Which population experiences intimate partner violence in the Caribbean?

Women
Men
Teen boys
Pregnant women
Teen girls
Older adult males
Older adult females
Transgender individuals of all ages
All of the above could be true

RECOGNIZING IPV



PATTERNS OF ABUSE OVER 2778 DAYS

IMPLICATIONS OF THE DATA

- On most days no IPV occurred
  - may help to explain the ambivalence that some individuals experience about ending an abusive relationship.
- Extended time between incidents of IPV
  - may minimize problems in the relationship and instill hope that abusive partners will change their abusive behavior.
- Presentations of IPV in media often depict women undergoing frequent and severe physical abuse.
  - Such presentations do not accurately represent the range of individuals who experience IPV and may do a disservice to the range of adults, children, and families who could benefit from or are in need of assistance.
- This underscores the importance of addressing psychological IPV, given that it is the most frequently occurring form of abusive behavior.

UNDERSTANDING THE INTERSECTIONS: HIV & IPV

Let's talk statistics

- Prevalence of Violence Against Women and Girls (VAWG) in the Caribbean is among the highest in the world
- According to the UN, 1 in 3 women in the Caribbean will experience domestic violence
- Over one-third of the region's women report incidents of intimate or sexual violence
- 40% of women across the Caribbean experience IPV

Let's talk statistics

- Kolbe and Buttner(2020) found a prevalence rate of 3.4 to 20.3% for male victims of IPV who experienced physical abuse IPV in men is severely underreported
- In 2021, 20% of Domestic Violence (DV) cases were reported by men in Trinidad and Tobago (TT Newsday, 2022)
- Approximately 10% of women currently experiencing IPV are infected with HIV, a prevalence that is almost 10 times that of women in the general population.
- Available data indicate that 55% of women and 20% of men living with HIV experience IPV.

UN Women (2019). Ending violence against women and girls data hub. Caribbean Women Count

HIV IN THE CARIBBEAN

- There were an estimated 330 000 people living with HIV in the Caribbean in 2021
- From 2010 to 2021, AIDS-related deaths in the region declined by half (50%)
- There were 5 700 deaths in 2021
- New HIV infections decreased by 28% since 2010
- An estimated 14 000 people contracted HIV during 2021, translating into 270 new HIV infections every week in the Caribbean

UNAIDS 2022 Report – In Danger. Accessed: https://pancap.org/pancap-documents/global-aids-update-2022-in-danger

CONNECTIONS BETWEEN IPV AND HIV

- Abusive partners can actively or passively interfere in HIV care
- A person's self-worth can be so affected by IPV that they do not engage in self-care
- Women who experienced IPV were two to three times more likely to engage in transactional sex than women who did not
- Physical harm may impact relationships with health care practitioners

IPV AND RISK FOR HIV INFECTION

- Women who experience physical and sexual violence are more likely to report having:
  - Alcohol use as a surviving behavior
  - A recent STI
  - 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.

CONNECTIONS BETWEEN HIV & IPV

- Individuals who experience IPV are more likely to become infected with HIV
  - One study has shown that persons who experience IPV are 48% more likely to be infected with HIV than those who do not.
- Intimate partner violence (IPV) can impact an individual's ability to engage in HIV care and adhere to treatment recommendations.
- Future prevention: IPV is intergenerational and those that witnessed or experienced IPV in their homes as children are more likely to experience IPV in their relationships as adults

ADDRESSING IPV

BARRIERS TO DISCLOSURE OF IPV

- Shame or stigma
- Fear
- Gender, race, or sexual orientation
- Previous negative disclosure experiences
- Investment in the abusive relationship
- The belief that the abuse is not serious enough
- Potential mismatch of goals (i.e., the reasons that a health care worker might want to screen for IPV might not be the same reasons an individual wants to disclose IPV)
- A victim's belief that the health care practitioner cannot help them
- Media portrayals of victims

SOME CHALLENGES IN ADDRESSING IPV IN THE CARIBBEAN

- CODE of Silence
- Patriarchal ideologies are difficult to change, and attitudes deeply ingrained in culture
  - A study of IPV in Trinidad and Tobago asked if a man is justified in beating his partner and over 50% questioned said yes (Pemberton & Joseph (2018)
- Wide and persistent gaps persist between the "law on the books" and the "law in action'
- Lack of specialized interventions
- A "culture of reconciliation" which hold that family stability is important & that private troubles are private
- Lack of adequate data
- Gender inequities

Source: Violence against Women in the Caribbean Janice Joseph, Stockton University, , Pemberton, Cecile & Joseph, Joel. (2018) National Women's Health Survey for Trinidad & Tobago: Final Report

CASE STUDY #1

CASE #1 - SARAH

Sarah is a nurse early in her 20's, recently married and pregnant: her parents and in-laws spent a lot of money on a lavish church wedding and honeymoon.

On her wedding day, Sarah was hesitant, feeling she was making the wrong decision in marrying this man but currently saw no escape; few narratives had shown her a life other than marriage to a man and children. Although her partner had never been physical with her, they had a few instances where his temper had led to dangerous situations. He once threatened to drive their car off a cliff during an argument and a few times sex was forced when Sarah did not consent.

Sarah got married despite a sense of dread, to please her family. Shortly after her wedding, she became pregnant, and her husband also started being physically abusive. Feeling an overwhelming instinct to protect her child, Sarah did everything in her power to placate her husband, including enabling his drinking to the point he would pass out and would no longer be a threat.

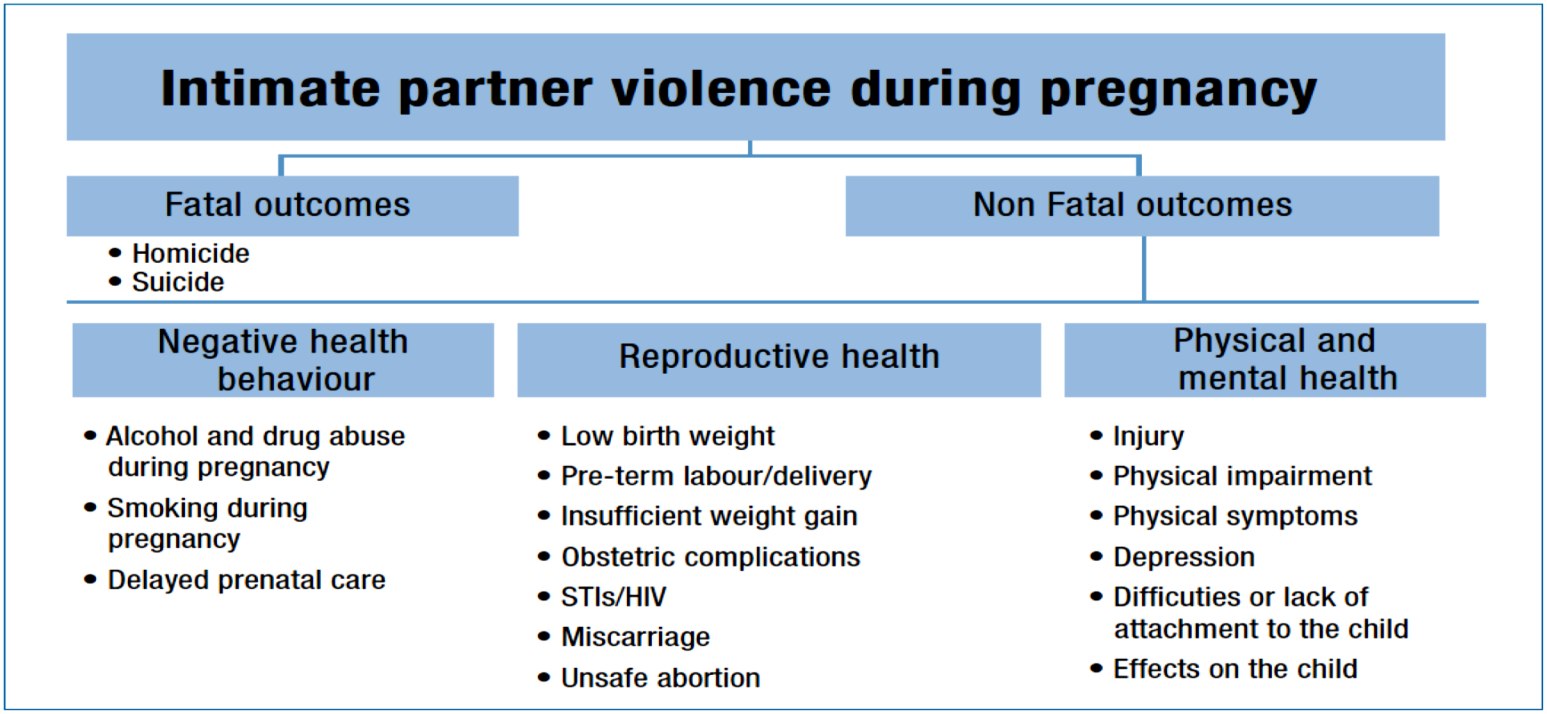
Throughout her pregnancy, her husband became increasingly violent, though he avoided causing visible evidence. He was obsessed with the idea this wasn't his child, and that Sarah had cheated on him.

You wouldn't know this when you initially meet Sarah. However, you may notice is that she has a slight bruise around her wrist, and her husband hasn't attended any clinic appointments: a fact that Sarah defends with vigor. You begin to suspect she might not be safe and are also concerned for what may transpire when the baby comes.

CONSIDER

1. What are your immediate concerns if any about Sarah?
2. What are your immediate concerns about her husband?
3. Suggest some medical management approaches to supporting Sarah safely through her pregnancy and labor with care?

HEALTH OUTCOMES OF INTIMATE PARTNER VIOLENCE DURING PREGNANCY



Reference: World Health Organization (WHO). Intimate Partners Violence During Pregnancy Information Sheet: https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf

Things to consider when working with individuals in IPV situations

- Clients with abusive partners may experience the most abuse during the pregnancy and postpartum periods (Moore 1999)
- Often, abusive partners maintain control through emotional and psychological violence, making it less visible
- Direct confrontation – saying "you need to leave right now," for instance – can potentially increase danger
- Depending on the situation, some abusers exert control by requiring their partners to report every interaction with every person they encounter
- Leaving a violent relationship is not simple, and a safety plan needs to be in place before someone may decide leaving is better than staying (Macy et al. 2009)
- Violence often leads to chronic health problems, which can impede the ability of carry out a safety plan. (Macy et al. 2009)
- Those in situations of violence are not passive victims, but are often weighing their options carefully

Case Study: Intimate Partner Violence – Comprehensive Midwifery: The role of the midwife in health care practice, education, and research (pressbooks.pub)

"ONLY SCREEN IF YOU ARE PREPARED TO ADEQUATELY RESPOND"

What do you think about this.?

What Can You Do as a Clinician?

UNIVERSAL SCREENING

- Screening for violence should be universal; that is, all clients can be given information on resources and safety – this also needs to be done apart from partner
- Refer all patients who screen positive for IPV to resources (but meet the patient where they are!!!)
- Prioritize the patient's privacy and security – protecting confidentiality is paramount
- Use alternative methods of communication as needed

PROVIDE TRAINING FOR ALL STAFF IN YOUR PRACTICE

- Provide ongoing training to all staff on IPV and implicit bias

WHAT CAN YOU DO AS A CLINICIAN OR HEALTH PRACTICE?

- Build partnerships between health centers and local IPV programs
- Prepare your practice by implementing a new or updated IPV policy to identify and respond to survivors in partnership with community based IPV programs and promote prevention
- Adopt the simple evidence-based intervention to educate all patients about the connection between IPV and HIV and their health and engage them in strategies to promote wellness and safety
- Train providers and all staff on the impact of IPV on health outcomes, and how to assess and respond in collaboration with community based IPV programs
- Evaluate and sustain your progress as part of continuous quality improvement

https://ipvhealthpartners.org/wp-content/uploads/2020/10/Health-Partners-Toolkit_Oct-2020_final.pdf

SCREENING TOOLS FOR IPV

- CDC has compiled a comprehensive list of screening instruments that have been tested on various patient populations
- IPV AND SV SCREENING TOOLS

- Studies have shown that **patient self–administered or computerized screenings are as effective as clinician interviewing** in terms of disclosure, comfort, and time spent screening.

Assessment of Immediate Safety Screening Questions

1. Are you in immediate danger?
2. Is your partner at the health facility now?
3. Do you want to (or have to) go home with your partner?
4. Do you have somewhere safe to go?
5. Have there been threats of direct abuse of the children (if s/he has children)?
6. Are you afraid your life may be in danger?
7. Has the violence gotten worse or is it getting scarier? Is it happening more often?
8. Has your partner used weapons, alcohol, or drugs?
9. Has your partner ever held you or your children against your will?
10 Does your partner ever watch you closely, follow you or stalk you?
11. Has your partner ever threatened to kill you, him/herself or your children?

Reprinted with permission from Family Violence Prevention Fund.

Produced by
The Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
(415) 252-8900
TTY (800) 595-4889
First Printing: September, 2002
Updated: February, 2004

Universal Violence Prevention Screening Protocol - Adapted

Have you been in a relationship with a partner in the past year? (Yes/No)

If yes, within the past year has a partner:

(a) Slapped, kicked, pushed, choked, or punched you? (Yes/No)

(b) Forced or coerced you to have sex? (Yes/No)

(c) Threatened you with a knife or gun to scare or hurt you? (Yes/No)

(d) Made you afraid that you could be physically hurt? (Yes/No)

(e) Repeatedly used words, yelled, or screamed in a way that frightened you, threatened you, put you down, or made you feel rejected? (Yes/No)

Reprinted from *Annals of Emergency Medicine*, 42, Heron SL, Thompson MP, Jackson E, Kaslow NJ, Do responses to an intimate partner violence screen predict scores on a comprehensive measure of intimate partner violence in low-income black women? 483-91, Copyright (2003), with permission from American College of Emergency Physicians.

Developer: Sheryl Heron, Martie P. Thompson, Emily Jackson, and Nadine Kaslow

Publication vear: 2003

WHAT CAN YOU DO AS A CLINICIAN?

PROVIDE INFORMATION ANONYMOUSLY

- Posters in offices, bathrooms, exam rooms, and brochures given directly to all patients
- Provide 'safety cards' throughout the clinic

- Providing information for leaving an abusive relationship
  - how to develop a safety plan,
  - signs of violence,
  - expectations of what a healthy relationship looks like,
  - resources available (like shelters, financial and legal aid)) are discreet and carry useful information about resources.

WHAT CAN YOU DO AS A CLINICIAN?

Confidentiality, Universal Education and Empowerment, and Support (CUES) Intervention

- C: Confidentiality
  - Always see the patient alone for part of the visit and discuss the limits of confidentiality before discussing intimate partner violence (IPV)
- UE: Universal Education + Empowerment
  - Use safety cards to talk with all patients about healthy and unhealthy relationships and the health effects of violence. Give at least 2 cards to each patient so that they can share with friends and family
- S: Support
  - Disclosure of IPV is not the goal, but it will sometimes happen. When it does, devise a patient-centered care plan to encourage harm reduction. Refer the individual to an affiliated domestic violence service provider or in-clinic social worker, document the disclosure, and follow up with the patient at the next visit

https://ipvhealthpartners.org/wp-content/uploads/2020/10/Health-Partners-Toolkit_Oct-2020_final.pdf

WHAT CAN YOU DO AS A CLINICIAN?

- FOSTER A SENSE OF COMMUNITY PRACTICE
  - When leaving a violent situation, many clients need the support of a variety of services
  - Familiarize yourself with the services available
    - counselling, legal and financial aid, medical services beyond birth care, housing, etc
  - Hire a Counselor or social worker as part of your practice or organization with training and expertise in IPV and the resources to address IPV

- Provide support in a non-judgmental setting & Meet Patients where they are
  - Offer a relationship built on trust and support
  - build patients up and emphasize the positive aspects of what they are doing in relation to their health
  - Meet patients at their stage of readiness "When you're ready, here are some resources and supports that you can access in order to help you leave"
  - Services geared toward males should allow for safe spaces for men to disclose their issues and process their feelings that are deemed incongruent with their gender roles

YOUR ROLE

- Health experts caution not to report IPV to authorities without expressed consent of the patient/victim
- 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,

SAMPLE SAFETY CARDS





MODIFIED APPROACHES TO PROTECT THE PATIENT

- **DO NOT give the patient written information that the abuser may find; you may be endangering the victim if her partner suspects or discovers she has talked about the abuse**
- Write a contact number on a small piece of paper that she/he can insert in her/his shoe (for example), where she/he can access it later
- Code words (or hand sign – if video phone) that may be used during call to indicate need for help.

CASE STUDY #2

CASE# 2 - JALISA & PETER

Jalisa is a19-year-old high school graduate with interests in pursuing law. She is in the process of applying to law schools, but does not have the money to pay for the schooling she is interested in. She recently met and started dating an older man (50), Peter, who is the father of one of her schoolmates (her schoolmate does not know that she is going out with him). She enjoys their nights out as he pays for everything. He's also offered to pay for her law program. Peter does not like when Jalisa goes out with her friends though. Even though they are a couple months in their relationship, he has already accused her of flirting with other men and calls her phone multiple times on evenings when she is in her exercise class or out with friends. When she answers he has a temper. Jalisa has also seen Peter parked outside her home when they did not have anything planned together.

Peter, is one of your patients. He has been diagnosed with HIV for at least 7 years and has had some challenges with adherence. While having dinner one night, you see peter out at dinner with a younger woman and notice them arguing. Peter grabs the young woman's wrist roughly then pulls her behind him toward his car. Unknowingly to you this is Jalisa. A week later, Peter has an appointment at your clinic. He is excited to let you know that he is has a new woman. He shares that he has not disclosed his status to her as yet and he is taking his medications but is not 100% adherent.

USING THE IPV INFORMATION FROM THE WEBINAR INDICATE THE FACTORS AFFECTING JALISA.

- List the varying types of IPV Jalisa may be facing
- What are the difficulties faced by Jalisa as she tries to pursue her education
- What if anything would you say to Peter about what you saw at the restaurant
- What are your thoughts on discussing IPV with Peter?
- Which resources may be available for Jalisa or Peter to utilize to address the IPV in the relationship

IPV AND GENDER COMBINATIONS

We have dealt with IPV from a female victim heterosexual view point

BUT

- IPV occurs in both gender homosexual and transgender relationships, often in a more violent format.
- IPV occurs in heterosexual relationships where one of the couple may be much older or disabled (established "sideman or side-chick")
- The relationship was a "marriage of convenience" which has "expired" but as yet is untied…

Intimate Partner Violence in LBTQ Relationships in Jamaica
https://rave.ohiolink.edu › etdc › view

SUMMARY

- Appreciate the statistics of the prevalence and incidence of IPV
- Recognize the Causes, Types and evolution of IPV
- Recognize the subtleness of IPV presentations and that it occurs throughout the spectrum of relationships
- Identify solutions to resolving IPV – note the unintended effects of the solutions
- Be able to screen for IPV and plan for resolution
- Ensure a safety-first approach for children and victims

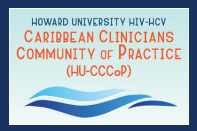


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- Complete the form and submit your request within 24- hours of this presentation.
- Certificates will be issued within 30 days of receiving the request.

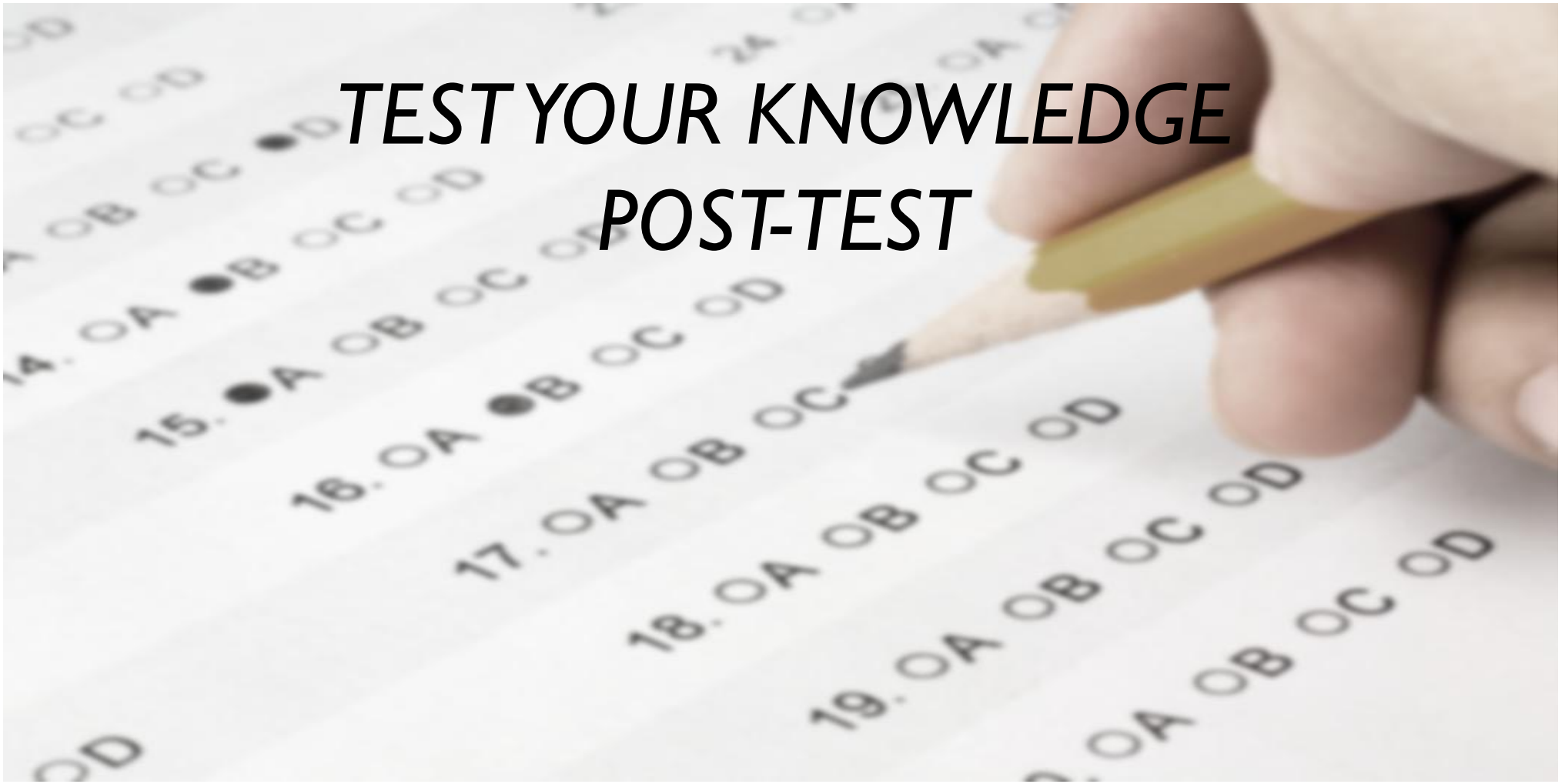
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QUESTION & ANSWER SESSION



Thank You

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CARIBBEAN CLINICIANS
COMMUNITY OF PRACTICE
(HU-CCCoP)


TEST YOUR KNOWLEDGE
POST-TEST

Test Your Knowledge
Question #5

Which one of the following is true of Intimate Partner Violence (IPV)

A. The Caribbean Region has one of the lowest rates of IPV
B. The incidence of IPV between same sex couples worldwide is insignificant.
C. Approximately 10% of women currently experiencing IPV are infected with HIV
D. IPV only affects women and does not occur among same sex partners

Test Your Knowledge
Question #6

Which of the following is true?

A. Physical IPV, is the most frequently occurring form of abusive behavior

B. Rough sex is sometimes normal and should never be considered as IPV

C. As a clinician you should always see the patient alone for part of the visit and discuss the limits of confidentiality before discussing IPV

D. You should not discuss a safety plan with a patient who does not want to leave a situation of IPV

Test Your Knowledge
Question #7

Which of the following is true for the Caribbean Population?

A. The number of HIV infections reported in 2021 were increasing
B. The number of HIV infections reported in 2021 were decreasing
C. The intersection of HIV and IPV in men is well understood in the Caribbean
D. During 2021, there were approximately 100 new HIV infections every week in the Caribbean.

Test Your Knowledge
Question #8

The incidence of Intimate Partner Violence (IPV) in the Caribbean is.

A. 9 - 12%

B. 15 - 20%

C. 31 – 35.7%

D. 36 - 55%

RESOURCES AND REFERENCES

- Please consult the HU-CCCoP website archives for **2023 - Intimate Partner Violence - References**
- The Intersection of Intimate Partner Violence and HIV: Detection, Disclosure, Discussion, and Implications for Treatment Adherence, Tami Sullivan, PhD https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6550354/
- Understanding and addressing violence against women, World Health Organizaton, https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf
- file:///C:/Users/AbbyCharles/Downloads/Repro-Card-English-Updated-2022%20(1).pdf
- Research Brief - Intimate Partner Violence in Five CARICOM Countries: Findings from National Prevalence Surveys on Violence Against Women, Robin Haar https://caribbean.unwomen.org/en/materials/publications/2021/7/research-brief---intimate-partner-violence-in-five-caricom-countries
- Global AIDS Update 2022: "In Danger" https://pancap.org/pancap-documents/global-aids-update-2022-in-danger/
- Prevent, Assess, and Respond: A Domestic Violence and Human Trafficking Toolkit for Health Centers & Domestic Violence Programs https://ipvhealthpartners.org/wp-content/uploads/2020/10/Health-Partners-Toolkit_Oct-2020_final.pdf
- Intimate Partner Violence and Sexual Violence Victimization Assessment Instruments for Use in Healthcare Settings 06_105344_IPV_SVBooklet_knuth.indd (cdc.gov)

AVAILABLE LEGAL SUPPORT

At the legislative and policy level there are several Acts that inform the support available to victims of domestic violence. These are as follows:

- **A ratification of the United Nations For the Convention on the Elimination of All Forms of Discrimination**
- **The Sexual Offences Act**
- **The Offenses Against the Person Act**
- **The Domestic Violence Act**
- **The Child Care and Protection Act**
- **The National Strategic Plan to Eliminate Gender-Based Violence (2017-2027)**