
RECOGNIZING AND RESPONDING TO HIV, COVID-19, AND INTIMATE PARTNER VIOLENCE: WHAT CLINICIANS NEED TO KNOW

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HOWARD UNIVERSITY HIV-HCV
CARIBBEAN CLINICIANS
COMMUNITY OF PRACTICE
(HU-CCCOP)





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**Speaker: The following speaker has nothing to disclose in
relation to this activity: Donna Christensen, MD**

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

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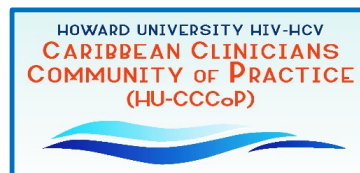
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LEARNING OBJECTIVES

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. Identify determinants that make women who experience IPV more vulnerable to HIV and COVID-19
3. Describe the link between IPV, HIV & COVID-19
4. Utilize appropriate screening tools for IPV in clinical settings

INTIMATE PARTNER VIOLENCE (IPV)

“A serious, preventable, public health problem that affects millions of spouses.”

The term “**Intimate Partner Violence**” describes physical **violence**, sexual **violence**, stalking, and psychological **aggression** (including coercive acts) by a current or former **intimate partner**



Figure 1: Wheel of Power, Control

VIOLENCE AGAINST WOMEN IN THE CARIBBEAN

- 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
- According to the United Nations Office on Drugs and Crime, every one of the Caribbean islands has a sexual violence rate that is higher than the world average

Source: A Violence Against Women in the Caribbean: A Critical Analysis by Janice Joseph, Stockton University





CASE STUDY #1

CASE STUDY: LELE

On March 1, 2021, while Lele was holding her 11 month old daughter, her husband Sim, began to beat her with a highchair. She is not sure how many times he hit her. Eventually, she says one of her legs lost feeling and she fell to the ground still holding the baby in he arms.

A photograph she took after the incident shows the highchair lying on the floor in pieces, two of its metal legs snapped off – evidence of the force with which her husband wielded it against her. Another image documented Lele’s injuries. Nearly every inch of her legs were covered with bruises, a huge hematoma on her left calf.

“During the pandemic, we were unable to go outside, and our conflicts just grew bigger and bigger and more frequent,” she said. “Everything was exposed.”

CASE STUDY #1, CONTINUED

After her husband attacked her, Lele limped to the next room and called the police. When they arrived, however, they only documented the attack, then took no further action.

Next, she hired a lawyer and filed for divorce – only to find that the pandemic had cut off that avenue of escape too. Her divorce proceeding was postponed until late April. She is still waiting for the court's decision.

Finding a new home during the outbreak proved difficult, forcing her and her daughter to live with her abuser for weeks.

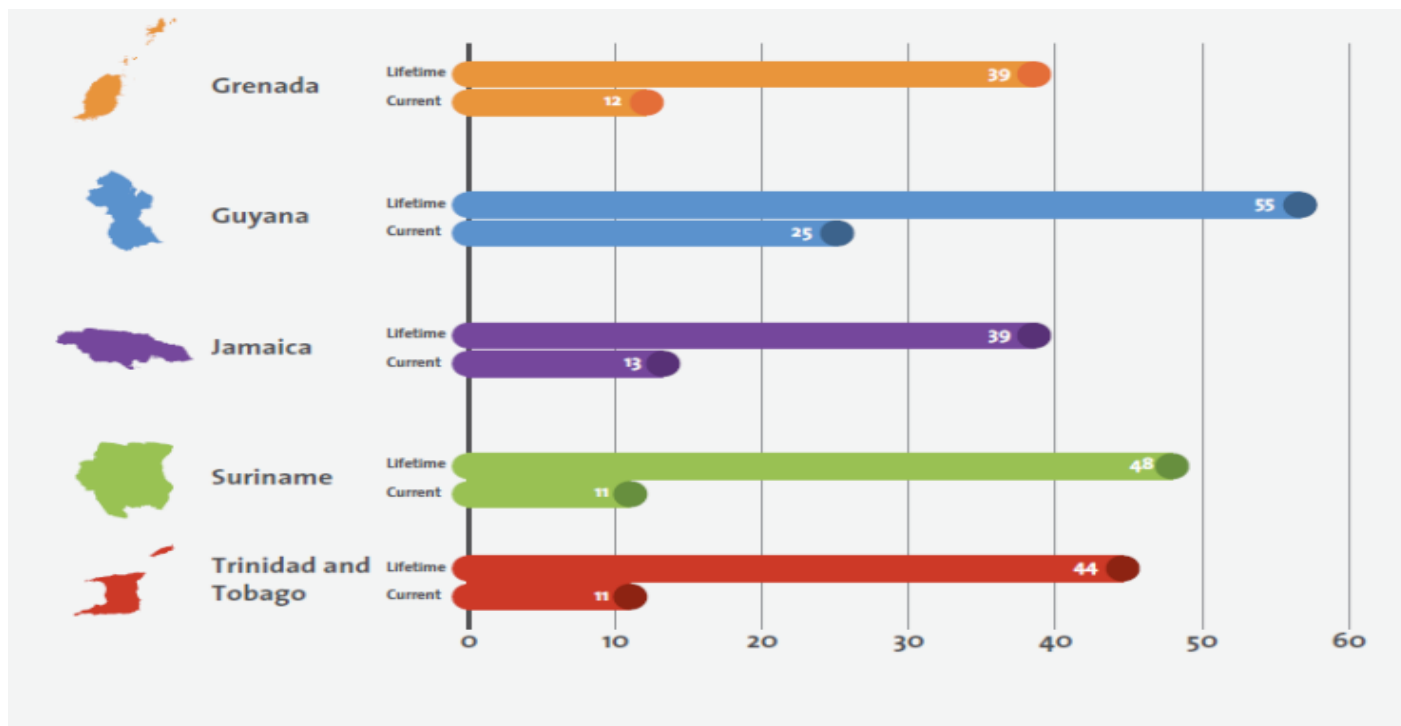
DISCUSSION

- What are your immediate concerns?
- What is your professional duty to Lele and her baby?
- Do you have a duty to Sim?
- Was the police response appropriate?
- Is there mandatory reporting for IPV in your country?
- Are there adequate social services, temporary safety housing, the possibility of court orders?



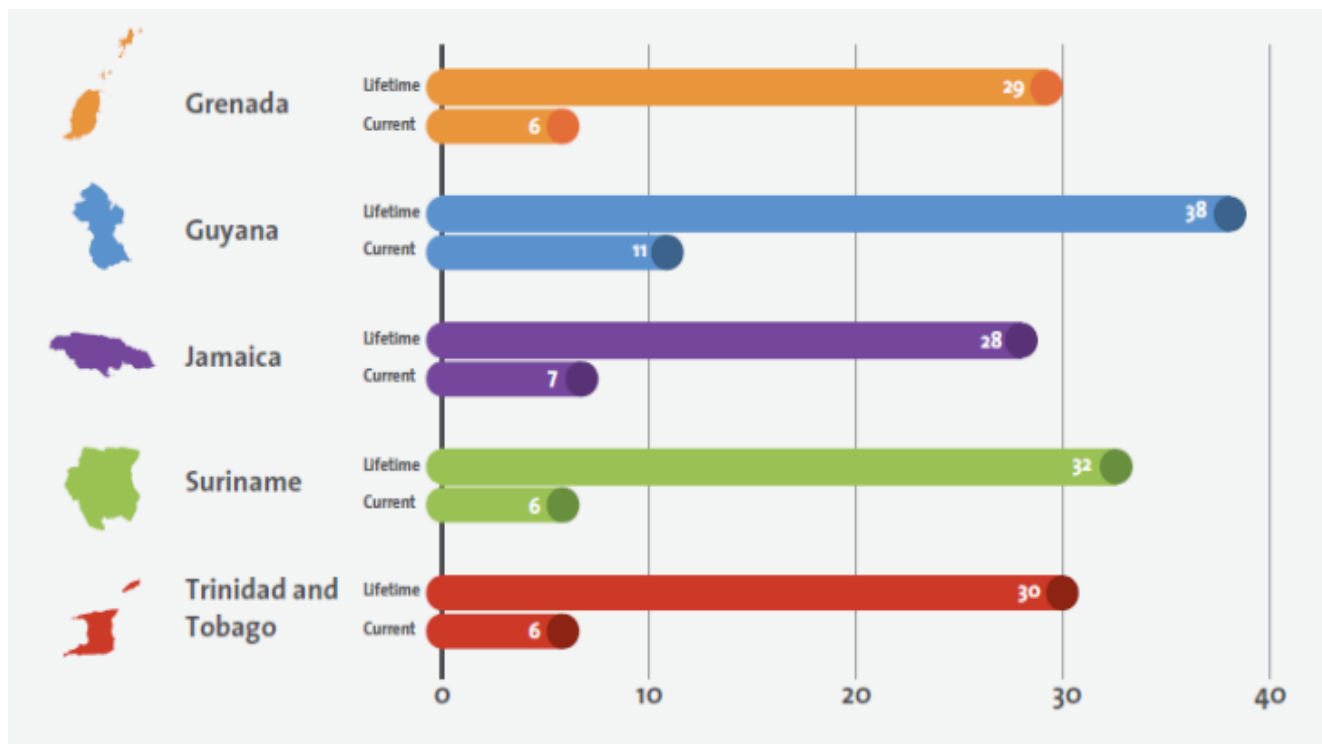
DATA ON IPV IN SELECTED ISLAND STATES

Lifetime and Current Rates of Any Kind of IPV



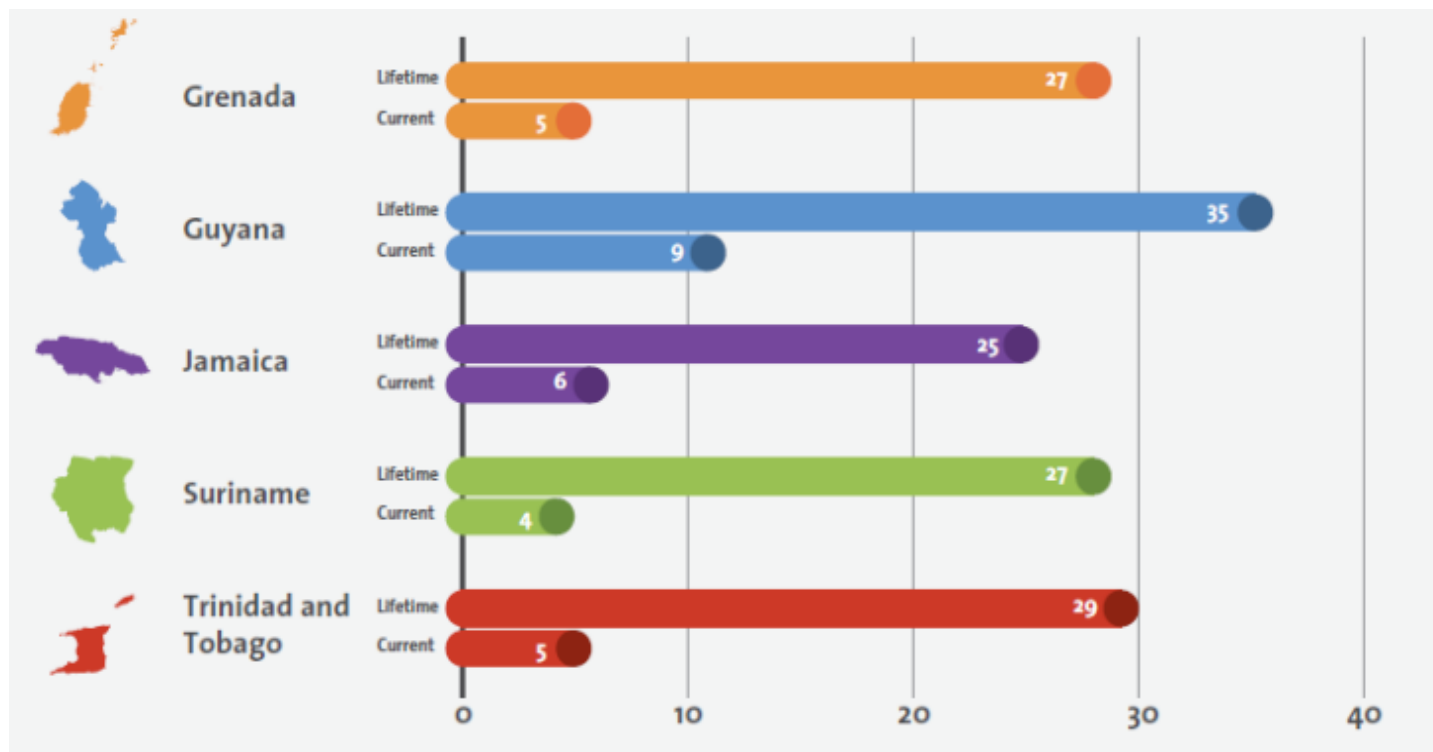
Haarr, R. (2021). Research Brief - Intimate Partner Violence in Five CARICOM Countries: Findings from National Prevalence Surveys on Violence Against Women. Retrieved 1 December 2021, from <https://www2.unwomen.org/-/media/field%20office%20caribbean/attachments/publications/2021/20201009%20caricom%20research%20brief%205.pdf?la=en&vs=3817>.

Lifetime and Current Physical and/or Sexual IPV



Haarr, R. (2021). Research Brief - Intimate Partner Violence in Five CARICOM Countries: Findings from National Prevalence Surveys on Violence Against Women. Retrieved 1 December 2021, from <https://www2.unwomen.org/-/media/field%20office%20caribbean/attachments/publications/2021/20201009%20caricom%20research%20brief%205.pdf?la=en&vs=3817>.

Lifetime and Current Physical IPV



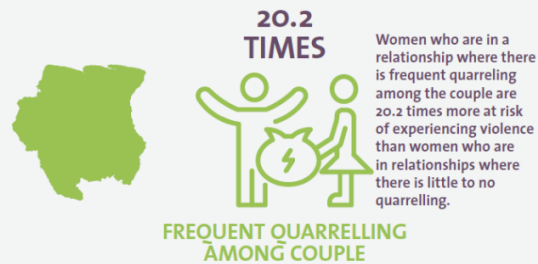
Haarr, R. (2021). Research Brief - Intimate Partner Violence in Five CARICOM Countries: Findings from National Prevalence Surveys on Violence Against Women. Retrieved 1 December 2021, from <https://www2.unwomen.org/-/media/field%20office%20caribbean/attachments/publications/2021/20201009%20caricom%20research%20brief%205.pdf?la=en&vs=3817>.

Country-Specific Risk Factors

Trinidad & Tobago



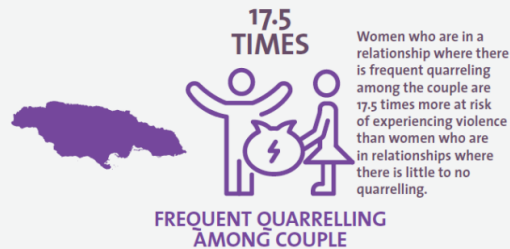
Suriname



Guyana



Jamaica



Grenada





HIV IN THE CARIBBEAN REGION

HIV AND AIDS IN LATIN AMERICA THE CARIBBEAN REGIONAL OVERVIEW



Caribbean (2019)

330,000 people living with HIV

1.1% adult HIV prevalence (ages 15-49)

13,000 new HIV infections

6,900 AIDS-related deaths

63% adults on antiretroviral treatment*

44% children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2020

THE MOST CURRENT CARIBBEAN DATA

- The Caribbean has the highest incidence rate of reported AIDS cases in the Americas (350,000 and 590,000 Caribbean people living with HIV/AIDS)
- Caribbean region - adult HIV prevalence rate is 1.9% - 3.1%, (second only to Africa 7.5% and 8.5%)
- Caribbean prevalence rates of at least 1% in the 12 most populated countries
- HIV prevalence among pregnant women reaching or exceeding 2% in 8 countries: The Bahamas, Belize, Dominican Republic, Haiti, St. Lucia, Suriname, and Trinidad and Tobago



CONTRIBUTING FACTORS TO THE HIV EPIDEMIC

In the Caribbean, the HIV Epidemic is fueled by many underlying factors:

- Socio-cultural and religious taboos
- Bio-medical deficiencies - lack of comprehensive management of PLWHA include ARV treatment
- Lifestyle issues - substance abuse, influences from external media, culture (tourism) with a growing brand name culture and modern information technology
- Lack of individual skills - negotiation, creation and maintenance of healthy human relationships, sex education, and protective behaviors
- Economic factors – disparities in income distribution within and between countries, economic hardship within a consumption market





COVID-19

THE CARIBBEAN: COVID-19 UPDATE 4-6 DECEMBER 2021

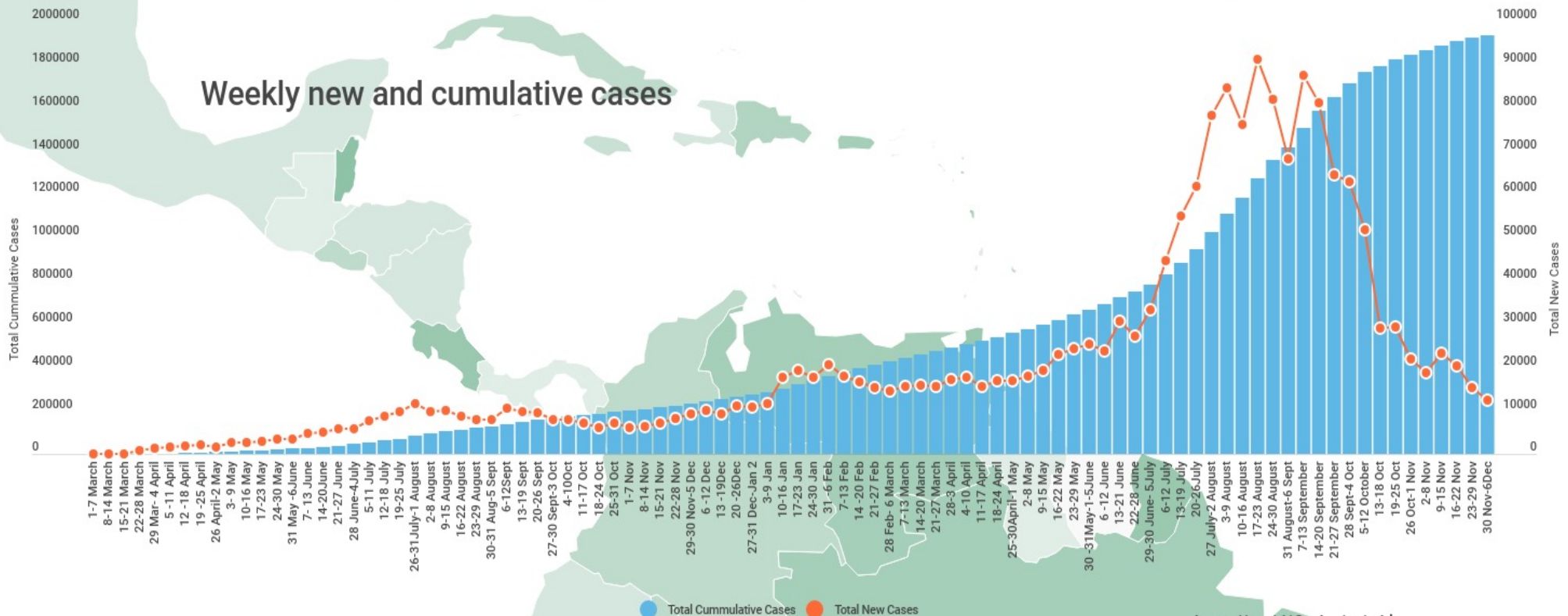


TOTAL CASES
1937534

NEW CASES
5504

TOTAL DEATHS
24559

NEW DEATHS
109



Download data

THE CARIBBEAN: COVID-19 UPDATE 4-6 DECEMBER 2021



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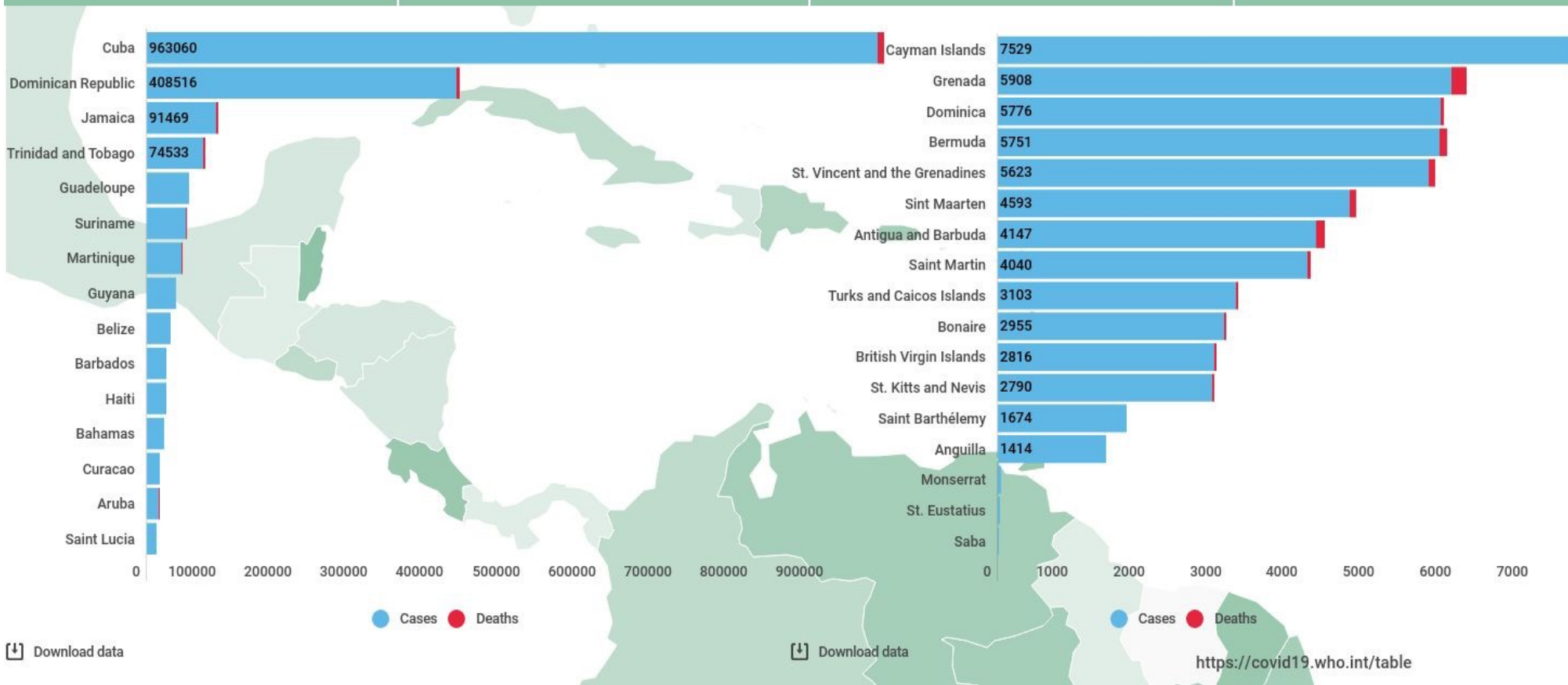
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Download data

Download data

<https://covid19.who.int/table>

EFFECT OF COVID – 19 ON THE AVAILABILITY OF HIV SERVICE & CARE

- ***COVID-19 poses a clear challenge to HIV prevention, testing, treatment, and health care services***
- ***Slowing down in provision of these services will leave many vulnerable populations at greater risk of HIV infection and AIDS-related death! ”***

Cesar Nuñez, Regional Director for UNAIDS. "



RECOMMENDATIONS FOR ADDRESSING PATIENTS WITH HIV/AIDS DURING THE COVID-19 PANDEMIC

1. Include access to HIV testing where COVID testing is being done.
2. Make self testing available.
3. Utilize injectable long-term medication if indicated.
4. Dispense multiple months of medication and/or mail them.
5. Utilize and encourage telemedicine.



THE RELATIONSHIP BETWEEN INTIMATE PARTNER VIOLENCE AND COVID



The Shadow Pandemic

Violence against women during COVID-19

[Campaign](#) | [Fast facts](#) | [Learn and share](#) | [Take action](#) | [Our work](#) | [Resources](#)

“Even before the pandemic, violence against women was one of the most widespread violations of human rights. Since lockdown restrictions, domestic violence has multiplied, spreading across the world in a shadow pandemic.

Phumzile Mlambo-Ngcuka, z Executive Director UN Women

THE LINK BETWEEN IPV AND COVID-19

- Evidence suggests that stress of confinement causes a high likelihood of relationship violence
- In financially-constrained settings due to loss of income by COVID, women are more likely to report psychological abuse and violence from a partner
- Suppressed use of the phone as this could be interpreted as “an external affair” – isolation – depression
- Fear of contracting COVID leads women to avoid contact and emotional support from others (relatives, parents, confidants) which in turn has a significant impact on mental health
 - When women are fearful of violence from their partners, they may be more likely to default on medications or may have other health priorities, such as physical safety, which trump adherence

Leaving does not mean the abuse ends. It is in fact the most dangerous time for a victim or a survivor

[Colin Jordan, Domestic Violence, Gender-based violence in the workplace project,](#)
[Minister of Labour and Social Partnership Relations,](#)
[Tonni Brodber, UN Women](#)



HISTORY OF INCREASED VIOLENCE AGAINST WOMEN DURING COVID PANDEMIC

- In total, 56%, 32%, and 12% perceived increased DV in their communities during COVID-19 in Kenya, Bangladesh, and Haiti, respectively. This included violence against both intimate partners and children.
- 80% of 28 countries with available data reported increased calls to helplines/hotlines in April, shortly after pandemic-related lockdowns began.
- Research has shown that violence against women and children (VAWC) - particularly intimate partner violence (IPV) and severe punishment of children - tend to increase during times of stress and restriction of movements, such as during epidemics - as was reported in China (Covid-19), Haiti (2010 earthquake), RDC (Ebola).

Journal of Global Health Reports. 2021;5:e2021063. [doi:10.29392/001c.24944](https://doi.org/10.29392/001c.24944)

The Caribbean and Coronavirus: Family Violence



INCREASE IN REPORTS OF INTIMATE PARTNER VIOLENCE DURING COVID19 PANDEMIC

Increases reported in 2020:

- >50% in the U.S.
- 24% in U.S. Virgin Islands
- 38% in Barbados
- 140% Trinidad & Tobago

[Domestic Violence Increased With COVID-19 | GIS \(gisbarbados.gov.bb\)](#)

[PAHO Trinidad and Tobago builds capacity to respond to gender-based violence under the Spotlight Initiative - PAHO/WHO | Pan American Health Organization](#)

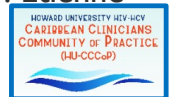
[Understanding the Impact of COVID-19 on Domestic Violence | BU Today | Boston University](#)



EFFECT OF COVID-19 ON WOMEN'S INDEPENDENCE

- Many women have been forced to leave their jobs to care for their families during this pandemic
- Impacts both their income and their well-being
- Ongoing stay-at-home measures, coupled with the added economic strains, causes forced dependence
- Domestic violence - For too many women, home is not a safe space

PAHO Director Carissa F. Etienne



WHY WOMEN SUFFERING IPV ARE MORE SUSCEPTIBLE TO COVID

- Incidence of IPV has increased during the COVID-19 pandemic due to restrictive measures (e.g., the need to stay at home often with a perpetrator in the same household)
- Due to coercion – Told not to take the vaccine, threatened about taking the vaccine
- Reduced social contacts, - no emotional support, isolated, increased IPV
- Increased Mental Health problems related to confinement augmented by IPV
- Unable to seek help – fear of contracting COVID or bringing COVID home from the healthcare facility
- Economic strain – reduced earnings, no overtime
- Dependent on “Information over internet or phone” – forced conspiracy theories

https://www.washingtonpost.com/local/domestic-violence-will-increase-during-coronavirus-quarantines-and-stay-at-home-orders-experts-warn/2020/03/26/04e63d6a-6d37-11ea-b148-e4ce3fbd85b5_story.html



Women who experience violence are:

- Twice as likely to experience depression
- Almost twice as likely to have alcohol use disorders
- 16 percent more likely to have low birth-weight babies
- 1.5 times more likely to acquire HIV and 1.5 times likely to contract syphilis infections, chlamydia, and gonorrhea

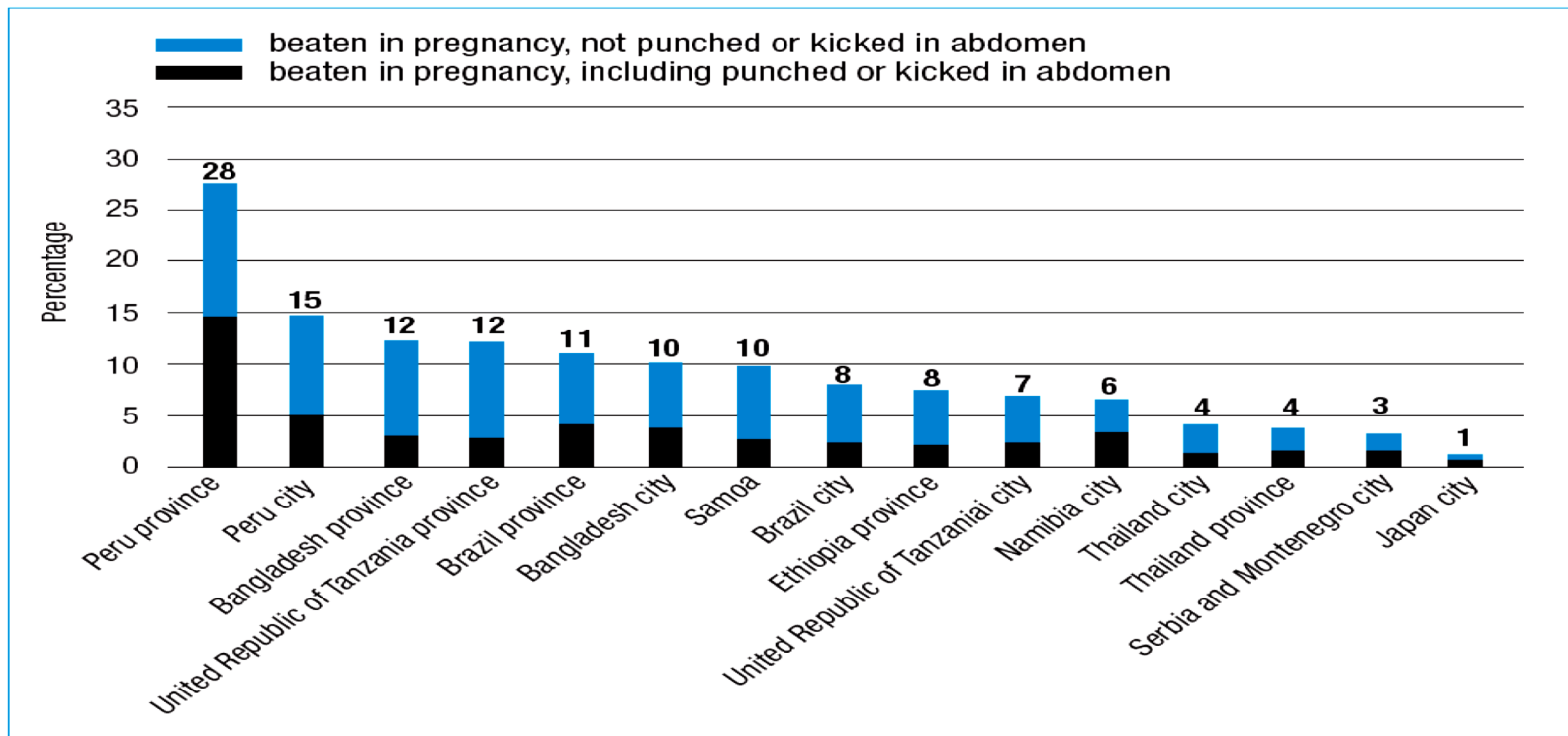
Reference: World Health Organization. Global and Regional estimates of violence against women: prevalence and health effects of intimate partner violence and non- partner sexual violence. 2013





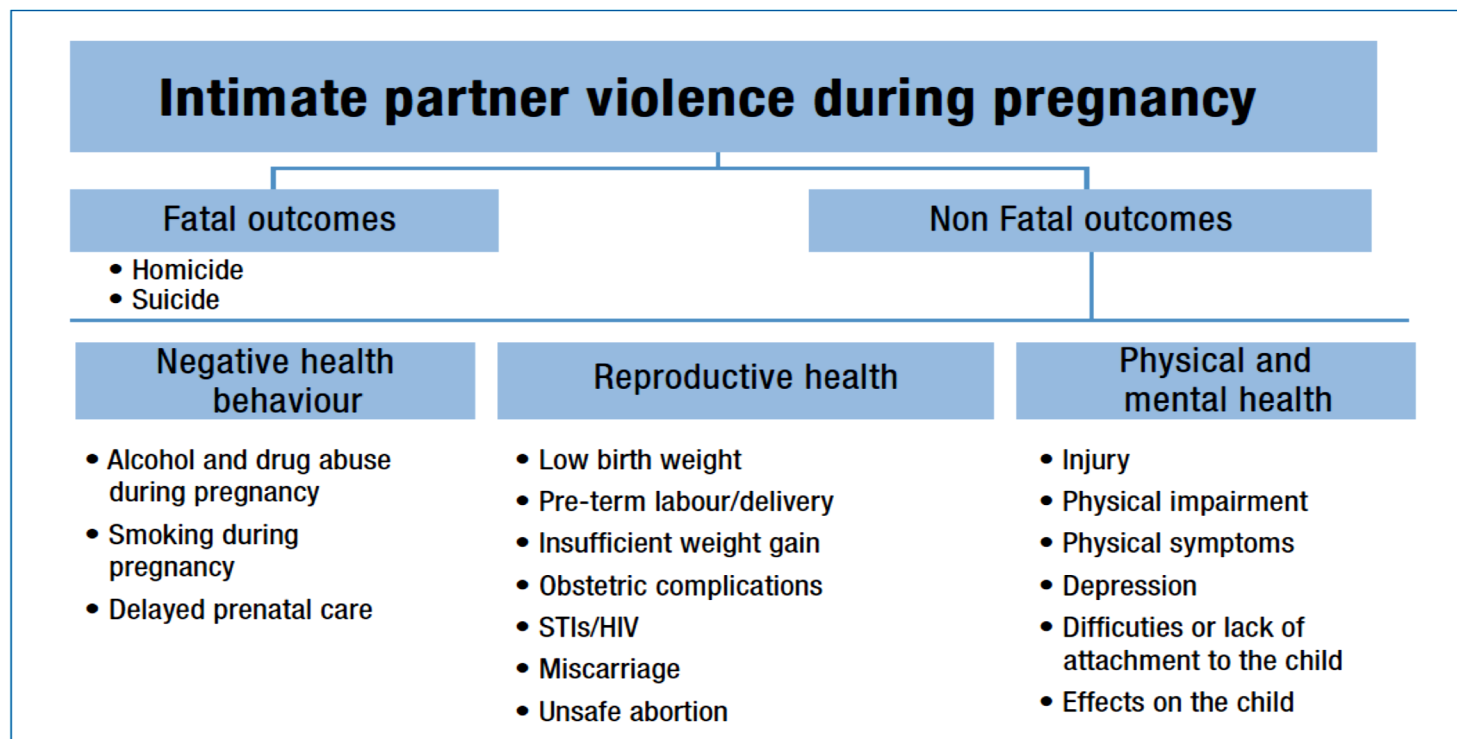
IPV AND PREGNANCY

Prevalence of Intimate Partner Violence During Pregnancy



Source: WHO multi-country study on women's health and domestic violence against women.

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



MEN AND IPV

MEN AND IPV

According to the CDC:

- 1 in 7 men will experience physical violence by their intimate partner at some point during their lifetimes;
COMPARED TO: 1 in 4 women and
- Nearly 1 in 6 men experience some form of sexual violence during their lifetimes;
COMPARED TO About 1 in 3 women
- 1 in 19 men have experienced stalking during their lifetimes. The majority are stalked by someone they know;
COMPARED TO: 1 in 6 women An intimate partner stalks about 6 in 10 female victims and 4 in 10 male victims
- 1 in 10 men 18 years of age or older experience domestic violence;
COMPARED TO: Approximately 1 in 3 women and
- Domestic and family violence can be difficult to identify. Many cases are not reported to health professionals or legal authorities.
- Although women are the most common victims of domestic violence, healthcare professionals should remember that men may also be victims and should be evaluated if there are indications present.

Source: [Domestic Violence - StatPearls - NCBI Bookshelf \(nih.gov\)](#)





SCREENING FOR IPV

ADDRESSING DOMESTIC VIOLENCE IN THE CONTEXT OF COVID-19

As people are asked to stay at home, reports of partner and domestic violence are on the rise. Women and children are at particular risk of violence in their homes. Preventing and responding to violence is an important component of the COVID-19 response, and health workers play a critical role.



10 THINGS YOU CAN DO TO PREVENT AND RESPOND TO DOMESTIC VIOLENCE

1. **Include domestic violence** when designing, implementing and monitoring health emergency preparedness and response plans.
2. **Deliver and resource** the prevention of and response to violence as essential services in the context of COVID-19.
3. **Strengthen access** to online services such as hotlines, mHealth and telehealth.
4. **Innovate** ways to provide information and support, e.g., through pharmacies, supermarkets, etc.
5. **Train health sector staff** on how to identify survivors and how to provide first-line support.
6. **Provide guidance** to shelters, care homes and other institutions to facilitate ongoing support to survivors.
7. **Prevent harm to children** – e.g., by supporting parents, preventing long-term child-family separation, and establishing safe and acceptable alternative care arrangements in case of illness or death of a caregiver.
8. **Share information** on available support with survivors and communities and engage them in developing responses.
9. **Mobilize communities** to promote gender equality and zero tolerance for violence.
10. **Coordinate with other sectors** to address the risk factors of violence (e.g., harmful use of alcohol) and to protect women and children in the context of COVID-19.



THERE IS NEVER ANY EXCUSE FOR VIOLENCE.




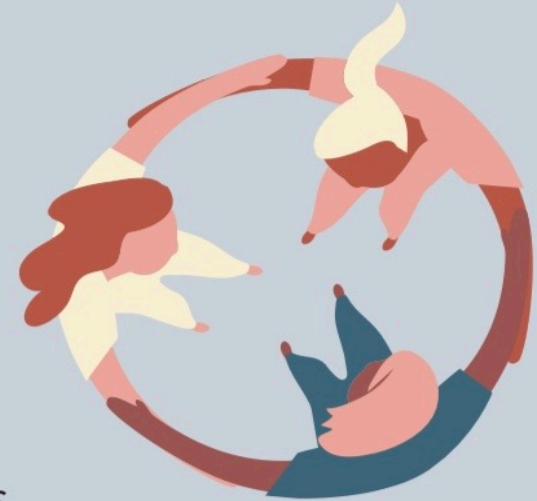
[infographic-domestic-violence-covid-policymakers-page-en.pdf](#)



FIRST-LINE SUPPORT!

Apply LIVES:

- **Listen** to survivors without judgement.
- **Inquire** about and respond to their needs.
- **Validate.** Believe survivors and show them that they are not to blame.
- **Enhance** their safety.
- **Support** and connect them to other services.



First-line support is often the most important care you can provide. Even if this is all you can do, you will have greatly helped the survivor.



THERE IS NEVER ANY EXCUSE FOR VIOLENCE.



WHAT CAN HEALTH WORKERS DO?

Be aware of the increased risk of domestic violence in the context of COVID-19.

Recognize the signs and know when and how to ask about violence.

Provide timely care for physical, sexual, reproductive and mental health.

Provide first-line support to survivors.

Share information about available support and establish referrals to other essential services.



CLINICAL SCREENING TOOLS

- [HITS](#) (Hurt, Insult, Threaten, Scream)
- [OVAT](#) (Ingoing Violence Assessment Tool)]
- [STaT](#) (Slapped, Things and Threaten)
- [HARK](#) (Humiliation, Afraid, Rape, Kick)
- CTQ–SF (Modified Childhood Trauma Questionnaire–Short Form)
- [WAST](#) (Woman Abuse Screen Tool)

CLINICAL SCREENING TOOLS

- Other screening tools for pregnant women include 4 Ps and the [Abuse Assessment Screen](#)
- CDC has compiled a [comprehensive list of screening instruments](#) that have been tested on various patient populations
- [06_I05344_IPV_SVBooklet_knuth.indd \(cdc.gov\)](#)
- 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

SUMMARY OF POINTS FOR HEALTHCARE PROVIDERS

- Screen every patient for IPV
- Prioritize the patient's privacy and security – protecting confidentiality is paramount
- Use alternative methods of communication as needed
- Refer patients who screen positive for IPV to community resources

SOME CHALLENGES IN ADDRESSING VIOLENCE AGAINST WOMEN IN THE CARIBBEAN

- Patriarchal ideologies are difficult to change
- 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: A paper by Janice Joseph, Stockton University





CASE STUDY #2

CASE STUDY #2

Dr. Stephenson, the chief cardiologist at LaMeda Hospital, complained of a debilitating migraine headache and was unable to do rounds today. She stopped by your office to ask you to cover for her. When queried, she shared that the large dark shades she wore today was to block out the bright sunlight and the nausea she typically experiences when “these migraine headaches pop up.”

As her colleague, you notice that over the past two months she has been complaining of these “headaches” more often, and typically does so on a Monday morning. She does not work on the weekends. You suggest that she consult with the neurologist, Dr. Smith, who just happened to stop by your office to share her famous codfish fritters with you.

CASE STUDY #2 - CONTINUED

You begin eating the fritters and then mentioned Dr. Stephenson's frequent bouts with migraine to Dr. Smith. You then notice that Dr. Stephenson is crying and that her tears have begun to cause her makeup to stain her white lab coat. You hand her a wad of tissues to wipe her face and gently remove her glasses. You then realize that she has two black eyes.

Momentarily frozen in shock you then gather your thoughts and asked, "were you in an accident? what happened to you?" Dr Stephenson said that she drank too much over the weekend and walked into a wall. Dr. Smith looked quizzically at you and pointed out that bruises were also visible along Dr. Stephenson's neck and jaw.

CASE STUDY # 2 - CONTINUED

You begin to dial Police Commissioner Stephenson, her husband, to inform him of the situation. Before he could answer, Dr. Stephenson, grabs the phone and flings it across the room. “He is the one who did this to me!” she shouted. She then doubles over in pain, collapses to the floor and groans, “Oh God! I think I am losing my baby.”

HOW DO YOU APPROACH MANAGING THIS CASE?

- As a provider what are key considerations that should you do for your colleague who is experiencing IPV?
- What are the legal implications, if any, as a consequence of her miscarriage?
- Will the problem end if she divorces her husband?
- What will or should happen to the husband?

To overcome this pandemic, countries must recognize and respond to the gender dynamics of this outbreak.

This starts with ensuring that women and girls can access the health services they need – especially during this time of crisis.

This includes gender violence hotlines and sexual and reproductive health services, which are essential services.”

PAHO Director Dr. Carissa F. Etienne





QUESTION & ANSWER SESSION



THANK YOU



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