BACKGROUND

• Women who experience domestic violence (DV) (also referred to as intimate partner violence/IPV) have higher rates of HIV, and are more likely to engage in risky sexual behavior and to be assaulted than women without a history of DV.1

• The intersection between domestic violence and HIV has not been robustly addressed in current research. 2 Studies need to look more in depth at this public health issue.

• With HIV counseling and testing skills, trauma-informed providers can offer critical and potentially life-saving support to individuals at high risk for domestic violence and HIV.

• A place of possible intervention is domestic violence shelters and outreach offices. These organizations have trauma-informed service providers who can offer a unique opportunities to identify and assist women at risk for violence and to identify women who may be at high risk for HIV.4

• Diversity – Highlights domestic violence as a critical public health issue that affects people across all aspects of life including socio-economic status, age, race, ethnicity, nationality, culture, sexual orientation, etc.

• Cultural Competency – Can successfully increase provider perceived knowledge and comfort in administering services to DV-affected clients with HIV.

• Inclusion – Provides women affected by DV and HIV with a place of refuge where they are able to access competent resources and support from service providers who understand the dynamics and factors relating to the concurrence of DV and HIV.

• Health Disparities – Facilitates changes in HIV risk perception of DV/HIV survivors among service providers.

• Community Outreach – Offers critical and potentially life-saving support to individuals at high risk for domestic violence and HIV.

METHODS

• Information on HIV in Florida, and specific data on HIV among DV survivors was presented to a group of DV service providers.

• Information was also provided on HIV testing certification through the Florida Department of Health.

• Following the presentation, a co-learning discussion on advantages of trauma-informed care in the testing process, and implications of HIV testing on safety planning and other services was facilitated.

• Diversity – Allowed for a collaborative effort between domestic violence service providers and the local health department to engage in a co-learning discussion on advantages of trauma-informed care in the HIV testing process.

• Cultural Competency – Provided better understanding of provider perceptions of HIV risks among populations affected by domestic violence.

• Health Literacy – Allowed for assessment of whether tools such as DV survivor-specific HIV and HIV testing training were valuable to the providers.

• Health Disparities – Set the stage to better understand provider perceptions of HIV risks among DV populations and provider perceptions of HIV testing certification and the impact on quality of care and services provided.

• Community Outreach – Spread awareness and created monitoring tools for those most likely to encounter DV and HIV concurrently.

Sample of presentation given at Peaceful Paths Domestic Abuse Network

OUTCOMES

• Following the presentation on HIV prevalence and risk among DV survivors, information on the process of becoming individually certified to provide HIV testing and counseling was given to service providers.

• Presenters worked closely with Peaceful Paths Domestic Abuse Network administration and Alachua County Health Department’s Early Intervention Consultant, Cynthia Heard, to make Peaceful Paths Domestic Abuse Network a future HIV testing site.

• As a result of the presentation and conversation with service providers, three providers became certified 500/501 HIV test counselors, and several others are planning to become certified in early 2016.

IMPLICATIONS FOR DIVERSITY AND CULTURAL COMPETENCE

• Immediate Implications: Service providers at Peaceful Paths Domestic Abuse Network are now able to provide HIV education, testing and counseling in a trauma-informed setting and better able to incorporate status and prevention into safety planning with clients.

• Long-term Implications: This is a first look into provider-level interventions at DV shelters, and can serve as a template for other provider-level HIV interventions in DV/IPV settings. There is still a great deal to be learned from providers and survivors on how to more effectively communicate and discuss risk, as well as the effectiveness of this intervention in reducing HIV burden among DV survivors.

• This intervention is relatively simple, but has broad scope and may prove to be very effective in disseminating information and testing to a vulnerable population through providers who already have training and experience. Giving providers the tools and information needed to incorporate HIV testing into existing services helps provide more targeted interventions with comparatively little training on the part of the provider.

REFERENCES


