



THE INTERSECTION OF VIOLENCE AND TRAUMA WITH HIV AMONG WOMEN

ISSUE BRIEF

Women's Research Initiative on HIV/AIDS (WRI) | JUNE 2014

HIGHLIGHTS

- In April 2014, the WRI convened a meeting focused on the ways in which violence and trauma may affect everything from acquisition of HIV infection to viral suppression and overall health once infected. The WRI is an interdisciplinary and intersectoral group established to elevate, enhance, and expedite HIV treatment and prevention research on women and girls.
- Women experience violence and trauma in many ways, including intimate partner violence (IPV), sexual violence, and many other types of trauma, such as sex selective abortion, child sexual abuse, differential access to food and medical care, child and forced marriage, trafficking, rape as a weapon of war, and criminalizing consensual sexual expression.
- Research has shown that trauma is strongly linked to the leading causes of morbidity, mortality, and disability in the United States, including heart, lung and liver disease, obesity, diabetes, depression, anxiety and post-traumatic stress disorder (PTSD), substance abuse, and HIV/AIDS.¹
- Trauma is more common among women living with HIV than other women, is clearly associated with the risk of HIV acquisition, and is linked to poor health outcomes at most stages of the HIV Continuum of Care.^{2,3}
- There exists a small, but growing body of evidence-based interventions that improve clinical care for survivors of recent trauma as well as long-term abuse.
- In 2012, President Obama established the President's Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. Its recent report calls for the development, implementation, and evaluation of "models that integrate trauma-informed care into services for women living with HIV."
- Despite clear links of trauma to poor health outcomes, existing evidence-based interventions, and national calls to action, guidance is lacking on the core components of a holistic and practical model of trauma-informed primary care.

DEFINITIONS

TRAUMA: an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or threatening with lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being⁴

VIOLENCE AGAINST WOMEN: includes gender-based violence, intimate partner violence (IPV), sexual violence, rape

INTIMATE PARTNER VIOLENCE: physical, sexual, or psychological harm by a current or former partner or spouse⁵

BACKGROUND

The World Health Organization estimates that 35 percent of women worldwide have experienced either IPV or non-partner sexual violence in their lifetime⁶. In the United States, 35.6 percent of adult women report IPV (including rape, violence or stalking) and 18.3 percent have been raped in their lifetime.⁷

There is an increasing scientific body of evidence that links gender-based violence with HIV serostatus globally. Women who reported IPV were twice as likely as women who did not report IPV to test positive for HIV in a cross-sectional study of voluntary counseling and testing in Tanzania. Similarly, a cross-sectional study of married women in India found that women experiencing IPV were nearly four times as likely to test positive for HIV as women who did not experience IPV. Regardless of geography, there are often overlapping physiological, psychological, and social aspects to violence and trauma and HIV among women.

HIV ACQUISITION

Trauma and forced sex can alter the immune system in the female reproductive tract (FRT) and increase susceptibility to HIV. Research has demonstrated that IPV has important physiological consequences, which could impair health by increasing the likelihood of viral reactivation and reducing the body's ability to suppress virus proliferation. Research has also shown that inflammation is a driver of HIV acquisition/ transmission and trauma can cause inflammatory and anti-inflammatory immune responses. The inflammation, abrasions, and injury associated with sex (especially in forced sex) may increase a woman's susceptibility to HIV as target cells are drawn to the site of injury and the integrity of the mucosal barrier is violated.⁸ Beyond this, little is known about the impact of trauma and violence on other biological factors that modulate HIV susceptibility.

There are also a number of non-physiological factors involved in HIV acquisition. A history of violence, sexual violence, and trauma can have a significant impact on a woman's awareness, ability, desire, and willingness to protect herself from possible HIV exposure in multiple aspects of her daily life (see Psycho-Social Factors below).

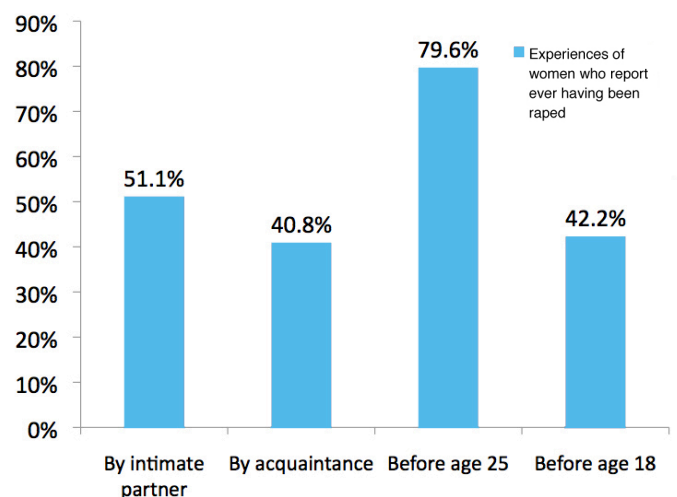
THE CLINICAL SETTING

While there exist evidence-based interventions into each domain of trauma, a practical model of trauma-informed primary care that addresses both recent and lifelong abuse has not been assembled. Without such a model, it is challenging to diagnose violence and trauma in the clinical setting. Notably, screening alone without any intervention may not be better than usual care⁹.

Data demonstrate that trauma and violence can have a significant impact on HIV-positive women's experience along the entire continuum of care. Compared to HIV-positive women who have not experienced IPV, HIV-positive women who have experienced IPV are:

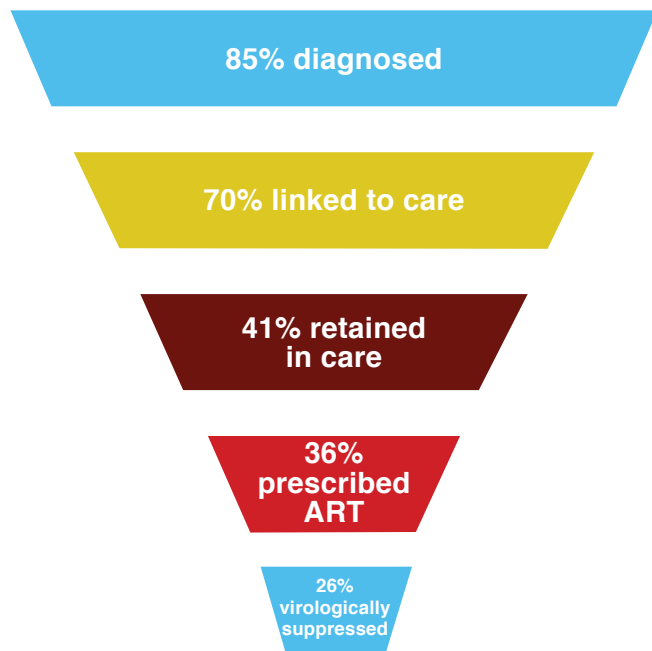
- Three times more likely to wait more than 90 days after being diagnosed to be linked into care¹⁰
- Twice as likely to be lost to follow up¹¹
- Twice as likely to miss appointments with gynecologists¹²
- Half as likely to be on antiretroviral therapy (ART)^{13,14}
- Twice as likely to experience treatment failure¹⁵

18.3 PERCENT OF U.S. ADULT WOMEN HAVE BEEN RAPED



US National Intimate Partner and Sexual Violence Survey (2010): http://www.cdc.gov/violenceprevention/pdf/nisvs_executive_summary-a.pdf

WOMEN WITH HIV ACROSS THE CARE CONTINUUM



Data adapted from CDC, Fact Sheet — HIV in the United States: The Stages of Care; July 2012

Women with a history of trauma are half as likely to be on ART¹⁶ and women who have documented stressful events (a broad range of events or experiences,¹⁷ including living with HIV) are two to three times more likely to be non-adherent to their medication regimen, compared to women who have not reported these events specifically.¹⁸

PSYCHO-SOCIAL FACTORS

A variety of psycho-social issues related to trauma and violence affect the health and well-being of women living with HIV or at risk for HIV infection, such as:

- High levels of stress, fright, and terror
- Fears of being victimized again (which can cause dissociative reactions such as amnesia, fugues, sleepwalking, dream states, and heightened vigilance)
- Inability to deal with or address the traumatic experience, which can trigger heightened stress and maladaptive methods of coping (substance abuse, suicidality, depression, and interactions with risky sex, people, or circumstances)
- Avoidance of health maintenance or preventive care, including reproductive healthcare
- Inability to regulate emotional responses
- Difficulty disclosing occurrence or details of violent or traumatic events or seeking help

SOCIAL AND STRUCTURAL FACTORS

A number of additional issues further complicate the effective management of HIV and violence and trauma among women. These include gender and sexuality bias, lack of screening in health care settings, complexities in adjudicating violence in criminal justice systems, and lack of education about violence and trauma in medical and nursing school, to name a few.

RESEARCH, POLICY AND EDUCATION RECOMMENDATIONS

The WRI has identified a number of research, policy, and education opportunities to improve understanding of the intersection of violence and trauma with HIV and how to care for HIV-positive and at-risk women affected by violence and trauma:

RESEARCHERS

- Conduct secondary data analysis of research:
 - ◊ Adherence literature for data on the impact of violence, trauma, PTSD, and depression
 - ◊ Inflammation and immune activation studies for inclusion of the impact of trauma and violence
 - ◊ Assessments of trauma in the Women's Interagency HIV Study (WIHS)
- Examine the potential impact that addressing violence, trauma, and PTSD could have on the gaps in the continuum of care and improving outcomes
- Ensure that research addresses the role of perpetrators and potential perpetrators of violence at each of the following levels: societal, structural, community, individual
- Examine the impact of violence and trauma during puberty on HIV susceptibility and acquisition

- Identify and leverage interventions that have successfully enabled women to escape and recover from their experiences with trauma and violence; tailor for use among HIV-positive women
- Include questions about trauma in data collection for HIV clinical trials and other studies

POLICYMAKERS

- Ensure that the role and impact of trauma and violence among HIV-positive women, as well as strategies to address these issues, are incorporated into any updates of the National HIV/AIDS Strategy
- Support an implementation plan for the recommendations of the President's Federal Interagency Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities
- Develop Special Project of National Significance (SPNS) focused on the role of violence and trauma in HIV acquisition, linkage to care, and successful disease management

PROGRAM IMPLEMENTERS

- Incorporate trauma-informed care into training curricula for healthcare providers, as well as CME programs for providers already in practice
- Expand partnerships with non HIV-focused organizations to collaborate and leverage experience, knowledge, and existing resources on trauma and violence
- Develop materials targeting women affected by violence and trauma that describe the prevalence and interaction between violence/trauma and HIV in culturally relevant and appropriate language
- Develop, implement, and evaluate appropriate models of trauma-informed care in clinical and other service settings
- Expand violence prevention interventions among HIV-positive men (consider adapting from interventions designed for more generalized populations)
- Evaluate interventions to ensure they are community-driven and contextually and culturally appropriate

CONCLUSION

The intersection of violence and trauma experienced by women living with and at risk for HIV is well-documented; thus HIV prevention and care must be informed by the existing research about mitigating the effects of violence and trauma. There are many opportunities to influence research, policy, and education to improve outcomes for women and all people living with and at risk for HIV disease.

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