Professor Charlotte Watts

London School of Hygiene and Tropical Medicine

COMPETING INTEREST OF FINANCIAL VALUE ≥ £1,000:	
Speaker Name	**Statement**
Charlotte Watts	None
Date	**22 September 2012**

Intimate partner violence & HIV

Prof. Charlotte Watts Ph.D.
Research Director, STRIVE Research Programme Consortium
Head, Social and Mathematical Epidemiology Group
Department of Global Health and Development
London School of Hygiene & Tropical Medicine

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Overview of talk

- What is intimate partner violence and how common is it globally?
- Is IPV a risk factor for HIV infection?
- Does IPV undermine treatment programmes?
- What can we do to respond to and prevent intimate partner violence?

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

What is intimate partner violence?

" actual or threatened physical or sexual violence or psychological and emotional abuse directed towards a spouse, ex-spouse, current or former boyfriend or girlfriend, or current or former dating partner."

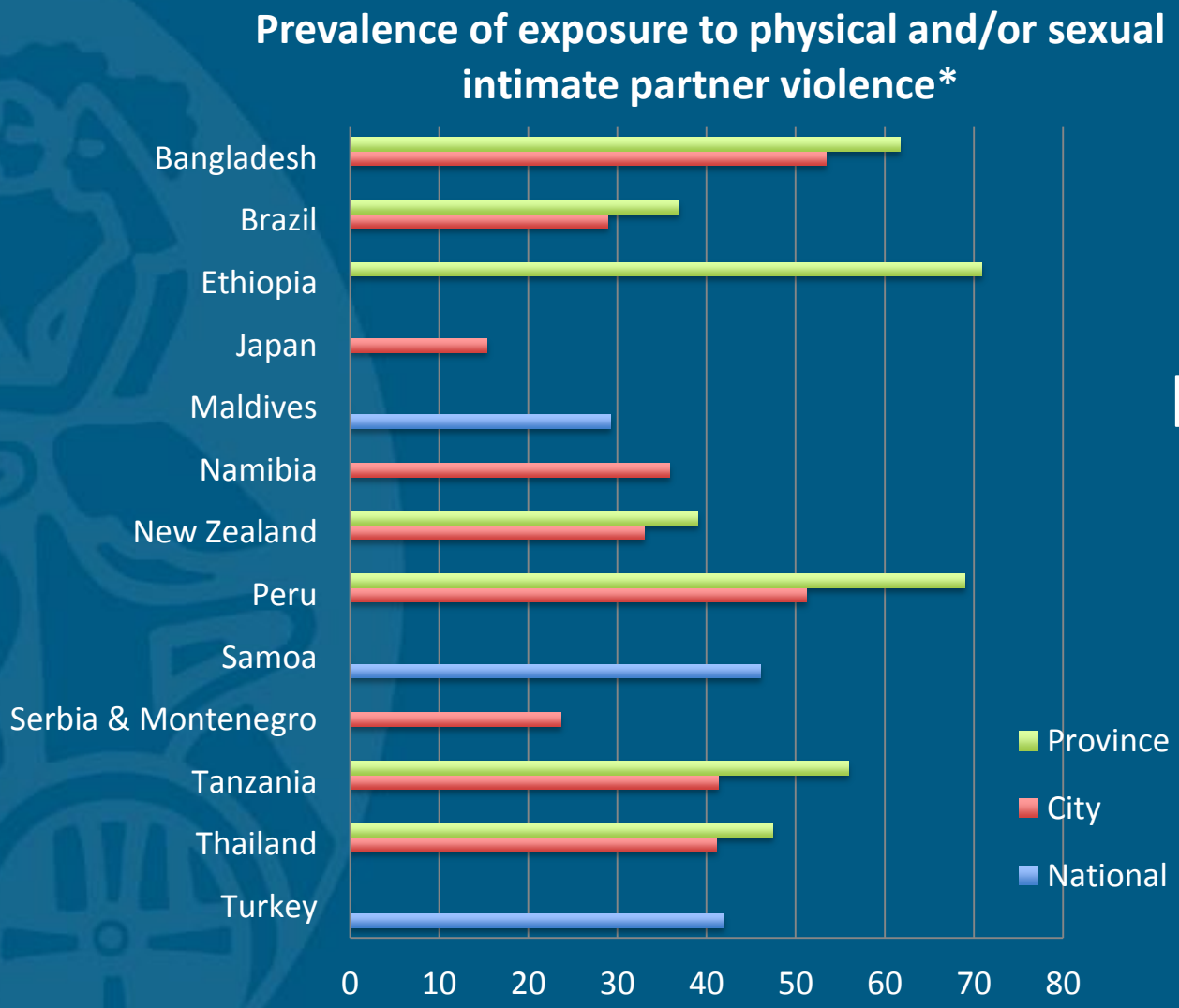
Examples

Physical	*slapping, kicking, burning, strangulation*
Sexual	*coerced sex through force, threats, intimidation etc.*
Psychological	*isolation, verbal aggression, humiliation, stalking, withholding funds, controlling victim's access to health care or employment*

Saltzman, et al. 1999

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE



WHO global study finds IPV common globally

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Evidence from the UK

- 30% women & 17% men have experienced domestic abuse since age 16
- 19% women & 2% men have experienced sexual assault since age 16 (Smith et al British Crime Survey 2010/11)

- 29% gay men and 22% lesbian women experienced IPV (Henderson 2003)
- 40% females and 35.2% males experienced violence in same sex relationships (COHSAR survey)

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Debate globally about whether responses to violence important part of HIV programming

- **Several large GBV-HIV initiatives**
  - UNAIDS Pillar for HIV prevention on addressing GBV
  - Large PEPFAR funding in Sub-Saharan Africa

- **Important for HIV programmes if:**
  - IPV an important risk factor for HIV infection
  - HIV diagnosis puts people at increased risk of violence
  - Violence undermines the effectiveness of proven interventions, including ART treatment

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Is violence a risk factor for HIV infection?

Aim of systematic review

- Compile existing epidemiological evidence on the association between exposure to intimate partner violence (IPV) and HIV/STI infection

Methods

- Searches of Pubmed, Embase, Cinahl, other databases until Dec 1 2010
- > 3,000 abstracts screened
- Inclusion: any population, any definition of IPV, HIV/STI
- Analysis stratified by study quality

Found 35 papers, describing 41 datasets with 121,479 participants, reporting 115 estimates

- 5 prospective datasets
  - 3 large studies with biological outcomes
    - 2 HIV, 1 STI
- 3 case-control datasets
- 35 cross-sectional datasets

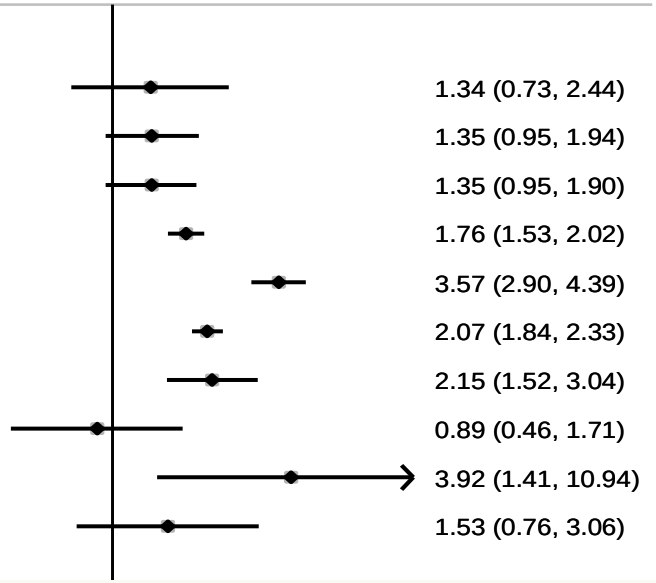
STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

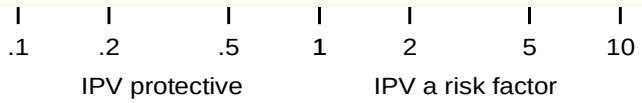
Prospective studies find associations

Study	Sample	Intimate partner violence measure	HIV/STI measure	Estimate
Jewkes et al	1099 women, vocational schools in rural Eastern Cape, South Africa, 2002	More than one episode of physical and/or sexual violence, WHO	**Incident HIV, biologically confirmed**, adjusted for HSV-2	**aIRR=1.51 (1.04-2.21)**
Weiss et al	1991 non-pregnant women aged 18-45, population registers of primary care centre Goa, India, 2001-2003	Physical violence, not further defined Sexual violence, 'the husband or partner forcing sex against the woman's wishes.'	**Incident CT/GC/TV, biologically confirmed**	aOR=1.40 (0.70-3.00) **aOR=3.00 (1.20-7.50)**
Zablotska et al.	3422 women aged 15-24, population-based Rakai, Uganda, 2001-2003	Sexual violence, "Sexual partner physically forced you to have sex when you did not want to.'	**Incident HIV, biologically confirmed**	1.6/ 100py in IPSV-, Alcohol– 2.2/ 100py in Alcohol+ **2.3/ 100py in IPSV+**

Author, Year	Violence	Outcome	Outcome measure	Odds Ratio (95% CI)
NATIONAL FAMILY HEALTH SURVEY INDIA 2005				
HARLING 2010	IPPV and IPSV	HIV	Biological data	1.34 (0.73, 2.44)
HARLING 2010	IPSV	HIV	Biological data	1.35 (0.95, 1.94)
HARLING 2010	IPV	HIV	Biological data	1.35 (0.95, 1.90)
KISHOR 2009	IPPV	ANY	Self-report	1.76 (1.53, 2.02)
KISHOR 2009	IPPV and IPSV	ANY	Self-report	3.57 (2.90, 4.39)
KISHOR 2009	IPV	ANY	Self-report	2.07 (1.84, 2.33)
KISHOR 2009	IPSV	ANY	Self-report	2.15 (1.52, 3.04)
SILVERMAN 2008	IPPV	HIV	Biological data	0.89 (0.46, 1.71)
SILVERMAN 2008	IPPV and IPSV	HIV	Biological data	3.92 (1.41, 10.94)
SILVERMAN 2008	IPPV	HIV	Biological data	1.53 (0.76, 3.06)



Different analyses of same cross-sectional data have different findings



Globally cross-sectional findings more mixed (HIV outcome)

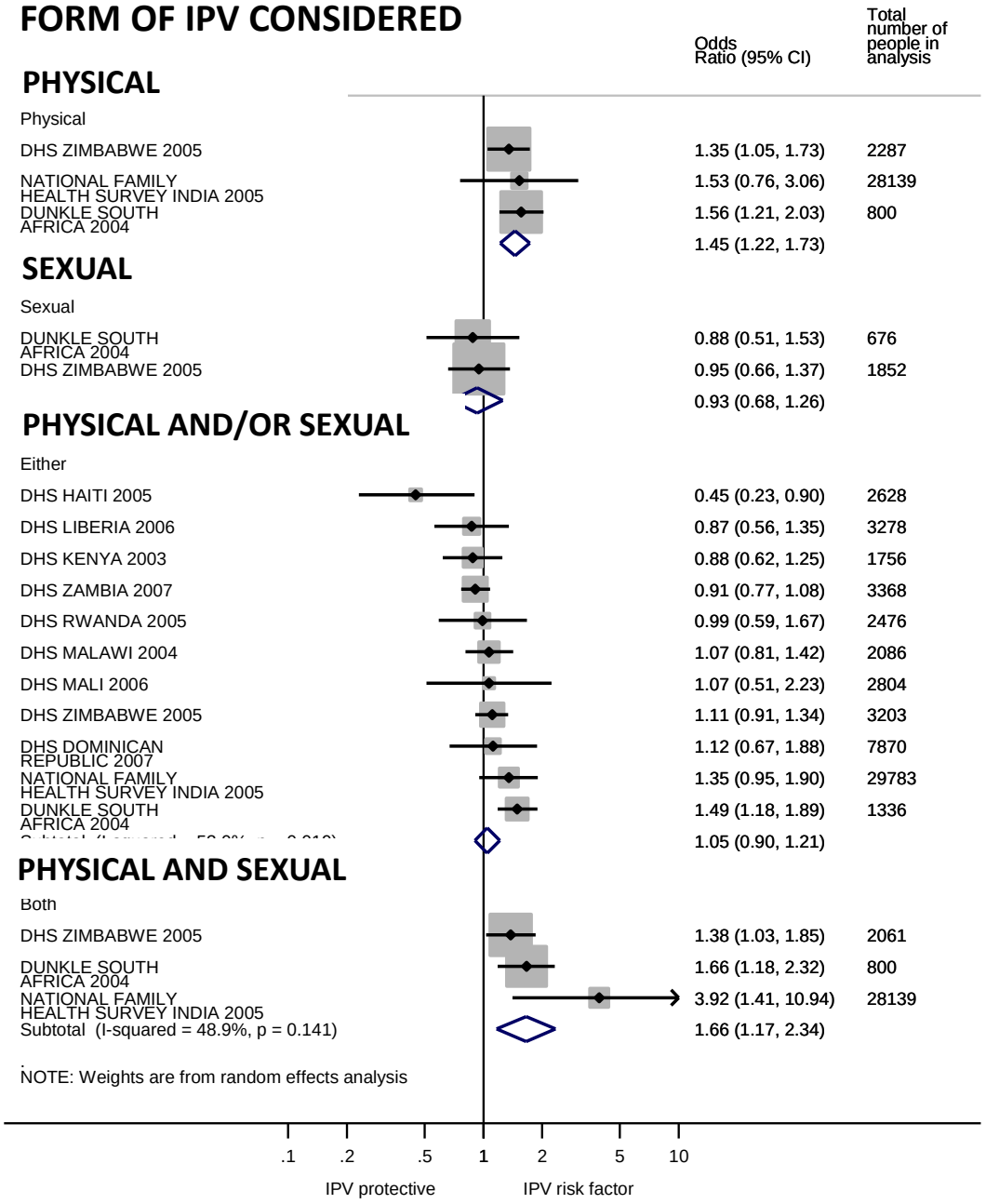


Figure:. Cross-sectional studies. Pooled OR, biological data only, HIV outcome, where reference group is no physical or sexual violence

Growing evidence that have a clustering of risk behaviours

- Men who are abusive to their partners are also more likely to have:
  - Concurrent sexual partners
  - A sexually transmitted infection
  - Problematic use of alcohol
  - Refuse to use a condom
- Clustering of risk linked to common underlying risk factors, such as childhood exposures to violence, constructions of masculinity & heavy alcohol use

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

HIV/STI diagnosis & IPV

- Violence following HIV/STI diagnosis:

  Maman: Women attending VCT, Tanzania

  - aOR 1.56 (0.59 – 4.13)

  El Bassel: Women on methadone maintenance, NY:

  - aOR = 2.0 (1.1 – 3.6) violence following STI diagnosis
  - No significant association with HIV diagnosis
- WHO review concludes much violence following diagnosis continuation of prior violence –exacerbated by diagnosis
- SOPHIA forum report highlights range of forms of abuse HIV positive women may experience – including by health service providers

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Review suggests:

- Pathways between IPV & HIV complex
- Violence likely to be both a cause and consequence of HIV infection
- Prospective studies find association between physical and/or sexual IPV and incident HIV in South Africa
- Prospective data also find association between sexual IPV & HIV in Uganda and sexual violence & STI in India
- Cross-sectional data analysis find less consistent findings
  - Many methodological factors make interpretation of existing evidence difficult
  - Consistent association between more severe IPV and HIV risk

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

DOES IPV UNDERMINE TREATMENT PROGRAMMES?

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

IPV common among women attending HIV services in London

- Cross-sectional study on IPV prevalence among women attending inner London HIV clinic, 2011
- Over half (99/191, 52%) reported experiencing IPV in their lifetime
- 27/191 (14.1%) reporting IPV within the past year
- Associations between IPV and mental health problems, younger age and being African-born black

Dhairyawan et al 2012

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Evidence from US that violence undermines HIV effectiveness

- Cross-sectional study of 1,400 women in publicly funded HIV speciality clinic in los Angeles, USA
- Clients largely Black non-Hispanic & Hispanic
- Women with HIV who report physical or sexual IPV in past 12 months had:
  - Significantly lower CD4 counts than women with no IPV in past year
  - More opportunistic infections than women with no violence in past year

Nava, Trimble & McFarlane, 2007

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

WHAT CAN WE DO TO RESPOND TO AND PREVENT IPV?

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Many challenges

- Silence and invisibility
  - Social norms that accept and condone IPV
  - Stigmatisation of issue / seen as a private
- Majority of women do not seek help from formal services - some women will have limited entitlements
- Lack of awareness/skills among professionals in various sectors (health, police, others)
  - Attitudes may reflect broad social norms
  - Challenges of time, inter-sectoral working...
- Limited evidence of what works, particularly to stop violence in the first place

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

UK national consultation: what women and children said

- They weren't listened to
- They weren't believed
- They felt blamed
- They had no-one to turn to
- Women with no recourse to public funds feel particularly disadvantaged
- Staff weren't equipped to help them
- Services aren't accessible enough

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Growing body of intervention experience

- Integration of short training programmes into youth sexual health / lifeskills curriculum
- Participatory gender training for boys / men and girls / women
- Community mobilization interventions to address women's vulnerability to IPV and HIV
- Ongoing debate in violence field about how health sector can best intervene
  - Routine enquiry
  - Enquiry following identification of potential risk factors (eg poor mental health, low adherence, injury etc
- Screening of women attending FP, ante-natal services
- One stop multi-agency crisis centres at tertiary level hospitals
- Integration of issues of gender and violence into HIV programmes
- Media strategies – including Zero Tolerance, Soul City, Women Won't Wait, One Man Can….

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Lessons from health sector interventions

- Change in practise or behaviour occurs through a process of engagement
- Need to adopt a “systems” approach to institutional change – develop policies and protocols
- Staff training
  - Confront underlying attitudes and beliefs that may minimise, stigmatise or judge
  - How to ask, record disclosures, what say, who refer to
  - Prioritise women’s safety & give her control over options
- Monitoring and supervision are critical
- Develop links with agencies that can support victims
  - local multi-agency DV forums, voluntary and statutory services
  - HIV support & counseling services
- Have named people that women can be referred to

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

The Intervention with Microfinance for AIDS & Gender Equity (IMAGE Study)

Intervention combined micro-finance with participatory training on gender, violence & HIV

Significant impacts on violence and HIV behaviours over 2 years

Among participants:

- Past year experience of IPV reduced by 55%
- Households less poor
- Improved HIV communication

Among younger women:

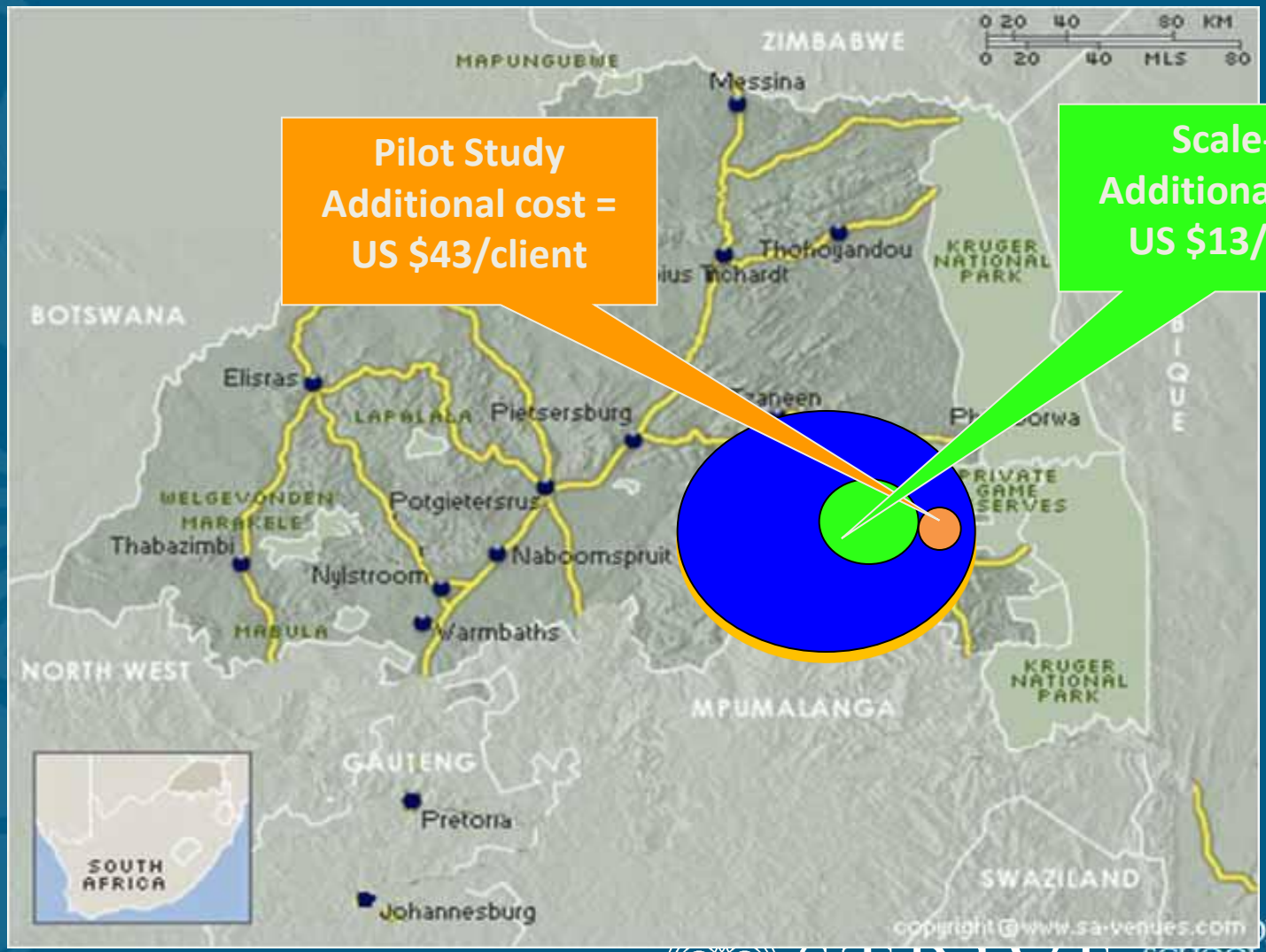
- 64% higher uptake HIV testing
- 25% less unprotected sex

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Pronyk et al. *The Lancet Dec.* 2006 , Pronyk et al AIDS 2008

Scaling up IMAGE in South Africa



2001-2004
430 households

2005-2007
4500 households

2008-2010
15 000 households

STRIVE
Tackling the structural drivers of HIV

SCHOOL of HYGIENE &TROPICAL MEDICINE

CONCLUSIONS

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

IPV likely be both a cause & consequence of HIV & may undermine ART access & adherence

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Still many evidence gaps

- In UK need more information about prevalence, risk factors & impact on ART uptake & adherence in different groups & settings
- Potential for sexual health programming to include more explicit discussions re consent, coercion & violence
- Unclear how best to integrate IPV into HIV treatment service provision
  - Routine enquiry?
  - Selectively ask people who may be at high risk (eg mental health, problems with compliance)?
  - Integration into HIV related support & counselling services
- Need to share lessons & evaluate promising intervention models

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Acknowledgements

Collaborators

Claudia-Garcia Moreno – WHO
WHO multi-country study partners & participants

SAME staff, LSHTM
Lori Heise
Karen Devries
Loraine Bacchus
Joelle Mak

Donors

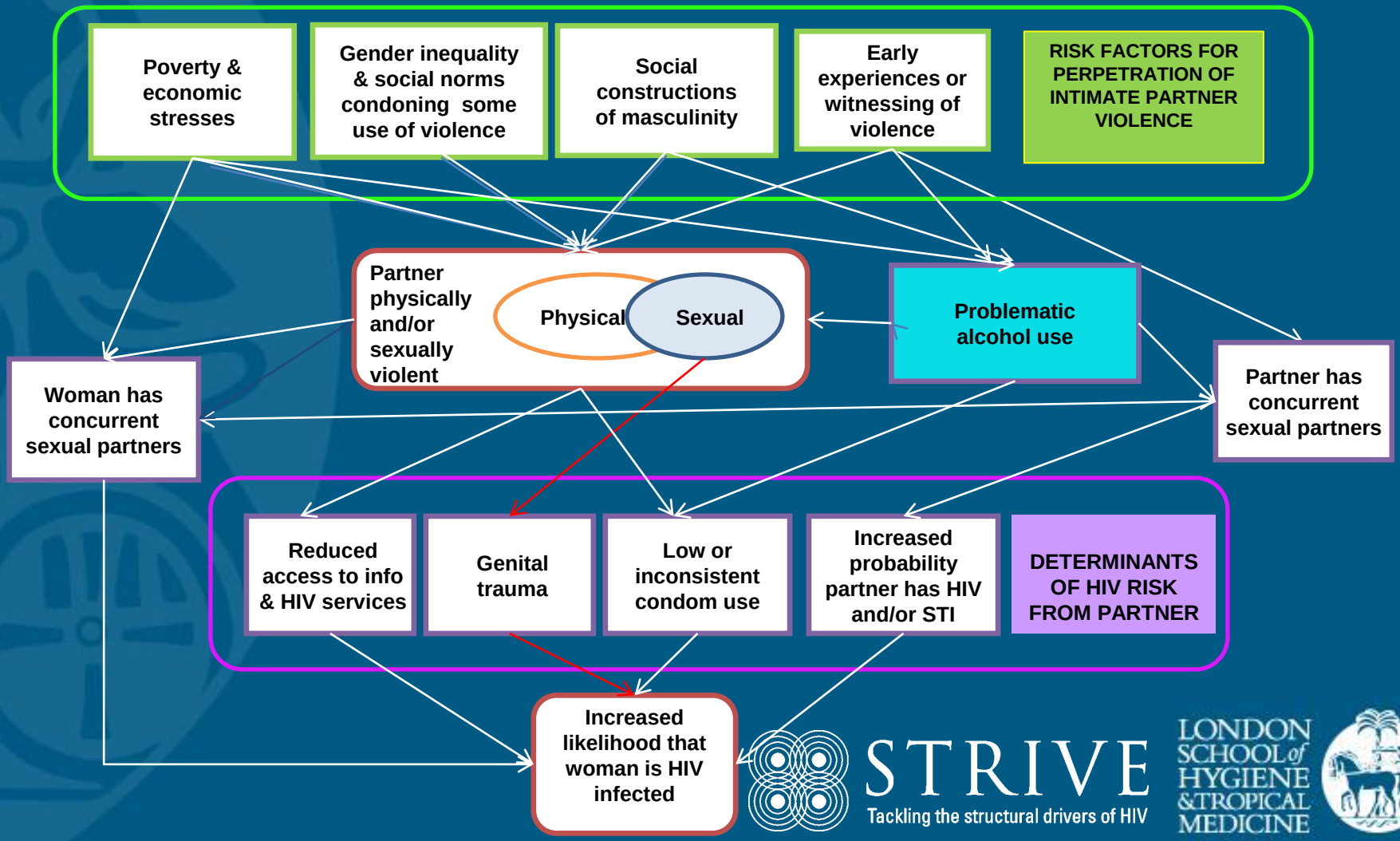
WHO, ESRC, Sigrid Rausing Trust

STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

www.same.lshtm.ac.uk

Potential pathways of association between IPV & women's risk of HIV



STRIVE
Tackling the structural drivers of HIV

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE