


Interventions to Reduce Intimate Partner Violence Among Populations at Risk of HIV

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A person is standing in a foggy field, looking towards the camera. The person is wearing a dark jacket and a hat. The background is a misty, open landscape with some grass visible in the foreground.

According to the World Health Organization, intimate partner violence (“IPV”) is “behaviour within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours” (1). IPV can frequently occur over a span of years and has been described as an emerging public health priority (2). Victims are often without any social supports and the violence can have both immediate and long-term consequences (2).

The relationship between IPV and HIV

There is strong evidence of an association between IPV and HIV (3). For example, in one study of over 28,000 married women in India, those who had experienced both physical and sexual IPV were three times more likely to be HIV-positive than those who had not reported experiencing IPV (4).

The link between IPV and HIV is complex and multi-faceted (4). IPV can lead to HIV through sexual assault (5), increased sexual risk taking and decreased self-efficacy among survivors (4;5), and exposure to perpetrators who engage in higher risk sexual behaviours (4). HIV can also lead to IPV either directly (3) or by creating a state of vulnerability where a victim is afraid of being “outed” or shunned as HIV-positive (2). Finally, IPV and HIV may share common risk factors, including poverty, unemployment and substance use (6).

Among people living with HIV, IPV can lead to mental health problems such as depression, anxiety and post-traumatic stress disorder (PTSD) (6). It can also reduce adherence to antiretroviral medication (6) and increase the risk of falling out of care (2). Research has also shown that people with HIV who are victims of IPV are twice as likely to progress to AIDS (7), possibly due to interruptions in their care (7).

Rates of IPV

According to the U.S. National Intimate Partner and Sexual Violence Survey (formerly the National Violence Against Women Survey), 21% of men and 20% of women cohabitating with a male partner had experienced physical abuse (7). At the Southern Alberta HIV Clinic, 40% of female patients and 22% of male patients with HIV reported having experienced IPV during their lifetime (8). Indigenous men living with HIV in Canada report higher rates of IPV than Caucasian men (42% to 21%), possibly because of their disadvantaged socioeconomic status (7).

IPV interventions

A 2014 systematic review of 31 studies involving IPV and HIV-positive women and HIV-positive and negative men found a dearth of studies focusing on preventing IPV (6). The authors noted that, although many of the risk factors for IPV increase the risk of HIV, there has been little research on the ways in which the epidemics overlap (6).

Similarly, a 2014 review of the U.S. Centers for Disease Control's (CDC) best-evidence HIV risk reduction interventions found that, of 44 interventions, only five directly address the issue of violence and, of these, only two mention IPV specifically (9). According to the authors, the limited focus on IPV may hinder HIV prevention efforts and the significant link between IPV and HIV needs to be included more clearly and thoroughly in HIV intervention research (9).

In our review, we found few published IPV interventions overall, and no interventions for people living with HIV or people who inject drugs. We did find six interventions addressing IPV among other priority populations, including Indigenous populations, gay men and people from African, Caribbean or Black communities.

Interventions for Indigenous populations

Talkstory (Hawaii, U.S., 2015) (10)

More than 70% of women murdered in Hawaii as a result of IPV are Filipino or Native Hawaiian. A consortium was formed to assist Native Hawaiian and Filipino women in preventing and addressing abuse in their intimate relationships and strengthen community support. Community members, health and social service providers, and investigators from the University of Hawaii formed a community-based partnership that focused on assessing community needs and assets, and identifying strategies that would aid in preventing IPV.

An assessment identified the importance of “talkstory” – informal gatherings that involve laid-back conversations and a “reciprocal exchange of thoughts, ideas and feelings about self and other issues.” The intervention consisted of three talkstory sessions focused on IPV, followed by one session three months later and a final session six months after that. During the sessions, the facilitators and community participants discussed: understanding domestic violence; healthy relationships; the effects of domestic violence; strategies and skills to create safe environments; and IPV resources in the community.

Twelve people participated in the Native Hawaiian arm of the pilot study. Participants included five men, one transgender person and six women, with a mean age of 49 years. As a result of the intervention, their perception of their own awareness and knowledge and confidence to address IPV increased: 41% identified themselves at a “beginning level” at baseline while 60% considered themselves “accomplished” at the end of the pilot study. Nine people participated in the Filipino arm of pilot study (six women and three men; mean age of 41). Participants’ assessment of their ability to work with others to address IPV increased from 11% before to 50% after the intervention.

Traditional Healing Elders (Saskatchewan, Canada, 2010) (11)

This initiative, created by an Indigenous psychiatrist (Lewis Mehl-Madrona) seeking to reduce domestic violence rates among Indigenous people in Saskatchewan, involved including traditional healing elders in the clinical care of 113 Indigenous people referred for domestic violence related consultations (as either victims or perpetrators). Of the 113 people referred, 69 met with an elder.

The care provided by elders differed from mainstream care in several ways: the elders typically began with prayer and with hearing the story of the person's life and their experience of violence. In almost all situations, elders invited the perpetrator of the violence to join in the discussion about the violence. Sweat lodge ceremonies were frequently used along with spiritual healing, pipe ceremonies and circle type discussions.

Of the 69 people who met with an elder, 49 reported dramatic reductions in domestic violence. For 29 people, the violence had virtually disappeared. Nine people reported no change in violence and 11 people reported an escalation in violence or were lost to follow-up.

The authors concluded that including elders in the care of people who are victims of domestic violence is effective. They speculated that the elders' care helps by providing traditional stories about relationships and roles that do not include violence, and that spiritual approaches within Indigenous communities may be more effective than more secular, clinical approaches.

Ma Mawi / Stony Mountain project (Manitoba, Canada, 2003) (12)

The domestic violence program at Stony Mountain Correctional Institution in Manitoba was the first within the federal correction system in North America sensitive to the needs and values of Indigenous men. The program, funded by the Correctional Service of Canada and operated by a community agency, Ma Mawi Wi Chi Itata Centre ("Ma Mawi"), combined contemporary therapy methods with traditional Indigenous teachings, and incorporated education, counselling, healing and prevention.

The program, which involved 29 structured group sessions over four months, included the cycle of violence, emotions, substance use, spiritual teachings, colonization, parenting and sharing circles. The groups were led by a male and female facilitator; a group format was chosen to decrease men's sense of isolation, provide support, and assist men in taking responsibility for their behaviours. Individual counseling was available as a supplement when necessary.

The first group was completed in September 1993. Between 1993 and 1996, seven groups and numerous individual counseling sessions were held. After the program had been operating for three years, it was fully evaluated. Most participants were under 30 years old (range 20 to 41), were convicted for a violent offense, and had an average sentence length of five years (range two to 25 years). Although many had been incarcerated for violence committed against strangers, the majority had a criminal history of violent offenses against their partners.

Outcomes of the program were positive for both correctional staff and participants. The majority of men participated because they wanted to get help and learn about violence. The men had high expectations that the program would help them with violence, and they indicated that their expectations were met. Most men believed the program helped them understand and control their violence, and assisted them in other areas of their lives, such as communication. The evaluators concluded that it was a valuable program that met its objectives.

Interventions for men who have sex with men

Case study - Alcohol treatment (Tennessee, U.S., 2008) (13)

Only one intervention was specifically found for men who have sex with men. This single-case study of a gay male couple in Tennessee assessed whether treatment for alcohol dependence would lead to reduced alcohol consumption and fewer instances of physical aggression. Since treatment for alcohol dependence has been associated with reduced IPV among heterosexual couples, the study authors wanted to assess whether the same result would apply to this couple. While there is a clear link between

alcohol use and IPV, the direction of causation is less clear in same-sex couples.

Study participants were a 45 year old male (the patient) and a 59 year old male. The patient was recruited from a drug and alcohol treatment program. At baseline, the patient was diagnosed with alcohol dependence and had perpetrated seven acts of physical aggression towards his partner in the previous six months and had sustained one injury from his partner. By the six and 12 month follow-ups, there was a substantial decrease in alcohol use, with the patient engaging in no acts of physical aggression and receiving no injuries.

The authors concluded that treating the patient for alcohol dependence eliminated acts of physical aggression and led to less psychological aggression. Although the authors note that their findings are limited by the single case design, their results are consistent with results for alcohol treatment that have been found among heterosexual couples, and they support the notion that alcohol treatment could be associated with reductions in IPV among men who have sex with men.

Interventions for African, Caribbean and Black communities

Intervention to reduce IPV recurrence during pregnancy and postpartum (Washington D.C., U.S., 2010) (14)

The goal of this study was to explore the effectiveness of an intervention in reducing the recurrence of IPV during pregnancy and postpartum and improving birth outcomes (especially low birth weight and preterm birth) among African American women.

The study was a randomized trial of 336 women recruited from community-based pre-natal clinics who had reported IPV in the previous year: 169 were enrolled in the intervention and 167 in a standard care group. The intervention involved eight sessions and two post-partum booster sessions, and was delivered during routine pre-natal care visits at the clinic. It provided information about different types of abuse, the cycle of violence, a danger assessment to assess risk, and preventive options women might consider as well as the development of a safety plan.

The trial showed efficacy in reducing IPV victimization and improving pregnancy outcomes. Women categorized with minor IPV were significantly less likely to experience further episodes of violence at all follow-up points. Women categorized with severe IPV showed significantly reduced incidence of IPV postpartum. Women experiencing physical (but not sexual) IPV were significantly less likely to experience IPV at first follow-up or postpartum interviews. Women randomized to the intervention also had significantly fewer pre-term infants and more infants of mean gestational age.

Building a Lasting Love (Alabama, U.S., 2012) (15)

This study examined the efficacy of a four-session IPV prevention program (Building a Lasting Love or "BALL") among pregnant African American teens. Thirty-nine girls (average age 17) were randomized to the intervention condition, and 33 to a waitlist control group.

BALL targeted communication skills, emotional regulation difficulties, high-stress coping skills, and knowing the signs of a healthy relationship. BALL was designed to be brief: four one-hour sessions delivered over the course of a month pending the birth of participants' babies.

Study findings indicate that BALL had some impact on IPV. By the end of BALL, a lower percentage of teens in the intervention condition reported being severely victimized by the baby's father compared to wait list teens (8% vs. 36%). There were also non-significant but small-to-medium effects for experiencing less mild physical victimization (13% vs. 26%). The findings support the contention that brief IPV prevention programs can be targeted to select groups of high-risk adolescents.

Conclusion

Although there is evidence of a complex relationship between IPV and HIV (4) as well as high rates of IPV among HIV-positive individuals in Canada (8), there are few published interventions that address these overlapping issues. As a result, findings in this review are not necessary generalizable. Funders should continue to support work on the intersection of IPV and HIV, and researchers should continue to collect data on IPV among diverse populations.

There is also a need for interventions to be piloted in order to reduce rates of IPV and its negative health outcomes among people with or at risk of HIV.

What we did

We searched Medline and PsycInfo using “Intimate Partner Violence” or “Spouse Abuse” or “Domestic Violence” (MeSH terms) or “Intimate partner violence” (text term) in combination with one of the following: [gay or men who have sex or homosexual or bisexual or transgender or MSM or Black or African-American or Caribbean or African or (inject* adj3 drug*) or Native American* or Aboriginal or First Nation* or Metis or Inuit or indigenous] (text terms) or [Gay or Homosexuality, Male or Transgender or Male Homosexuality or Homosexuality (Attitudes Toward) or Bisexuality or Homosexuality or African-American or Blacks or Substance Abuse, Intravenous or Drug Abuse or Intravenous Drug Usage or Drug Usage or Harm Reduction or Indigenous Populations or American Indians or Indians, North American] (MeSH terms). The search was conducted on July 17, 2015. Articles were limited to those published in English since 2002. We only included studies from high-income countries. Reference lists of identified studies were also reviewed.

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