

# Intimate Partner Violence & HIV

**NYS Office for the Prevention of Domestic Violence  
Health Care Program**

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# Outline

- 1) Statistics
- 2) Intersections
- 3) Screening Recommendations
- 4) Legal Requirements

# Statistics

# Statistics

- Domestic violence doubles the risk of death for HIV-positive women. (*Whitehorn, 2012*)
- Gender-based violence increases the risk of both acquiring and transmitting HIV. And having HIV may increase the risk of abuse. (*WIHS, 1993 to present*)
- 24-78% of women with or at risk of HIV report a history of gender-based violence. (*WIHS*)
- 78% of infected women in the study reported a lifetime experience of abuse, and 36% had a recent experience of abuse. (*WIHS*)

# Intersections

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- Domestic violence plays a direct role in harming women's health, especially since consistent health care is key for the well-being of people with the virus. *(WIHS)*
- IPV has been closely linked to HIV risk and HIV infection for women and men, both as victims and perpetrators of violence. *(Baty, 2006)*

# Intersections

- Abuse at any point in a woman's life hurts her ability to begin HIV treatment, counseling, and to take her medications as needed.
- Consequences of trauma, such as depression, substance abuse and unemployment, are also associated with poor ARV adherence and other predictors of illness for people living with HIV.

# Intersections

- Violence and fear of violence can impede an abused partner's ability to negotiate safe sex practices such as negotiating condom use or refusing sex.
- IPV can also be a precursor to engaging in sexually risky behaviors which in turn increases the risk of HIV infection for men and women.



# Screening Recommendations

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- Given the overlap of the two epidemics, cross-training on IPV and HIV assessment and resources is needed.
- Health care practitioners must be aware of the signs of potential overlap between HIV and IPV.

# Screening Recommendations

- It has been recommended that health care providers screen HIV patients for IPV and treat their female patients for the effects of gender-based violence.
- Health systems need to develop interventions and integrate tools and support to help women living with HIV and trauma.

# Screening Recommendations

- Providers working in reproductive health should routinely assess for IPV as well as IPV risk.
- Those working in areas where HIV-related services are offered such as VCT, prenatal and postnatal care, and general HIV treatment, should incorporate violence screening and resource referrals into usual care for all.

# Screening Recommendations

- There is an urgent need for interventions that address both HIV and IPV simultaneously.
- Action needs to be taken to acknowledge the overlap in practice and in policy.

# Legal Requirements

- Of the state laws regarding HIV screening, only 7 states made allowances regarding the intersection between IPV and HIV.
- The NYS law is the most extensive concerning the overlap of IPV and HIV because it provides guidelines for practitioners. *(National HIV/AIDS Clinicians' Consultation Center, 2008)*

# Legal Requirements

- In NY, persons who test positive for HIV are to be screened for IPV during their post-test counseling per the protocol developed by the NY Health Commissioner. For all health care practitioners and others who are required to report HIV test results, documentation of IPV screening must be included.

# Legal Requirements

NYS HIV Reporting and Partner Notification Law

IPV Exception:

*The legislation requires that a domestic or intimate partner violence screen be applied to each identified partner, with notification being deferred in cases where a risk of violence exists.*



# Thank You

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