



Understanding the Intersection of HIV & Domestic Violence

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Positively Safe Project
National Network to End Domestic Violence

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About NNEDV

National Network to End Domestic Violence

Founded in 1990 as DV COPP

Originally a policy house

Projects

Public Policy

Capacity Building

Safety Net

Housing

WomensLaw.org

Economic Justice

Independence Project

Annual Domestic
Violence Counts

Positively Safe

Objectives

1

Understand

How HIV and domestic violence intersect and create new sets of barriers for survivors.

2

Explore

Best practices when creating programming and working with survivors living with HIV.

Domestic Violence

What is Domestic Violence?

- A pattern of power and control where one partner chooses to misuse power to control the other partner.
- Ongoing (not a one-time thing).
- Is not limited to race, class, or socio-economic background.
- Perpetrators can be anyone – there isn't a profile.





Statistics

1 in 4 women and 1 in 10 men experience domestic violence.

Over half of female homicide victims in the US are killed by a current or former male intimate partner.

(CDC.gov)



The Gendered Dynamic

Most domestic and sexual violence is perpetrated by men

Does not mean DV/SA doesn't occur across the gender spectrum

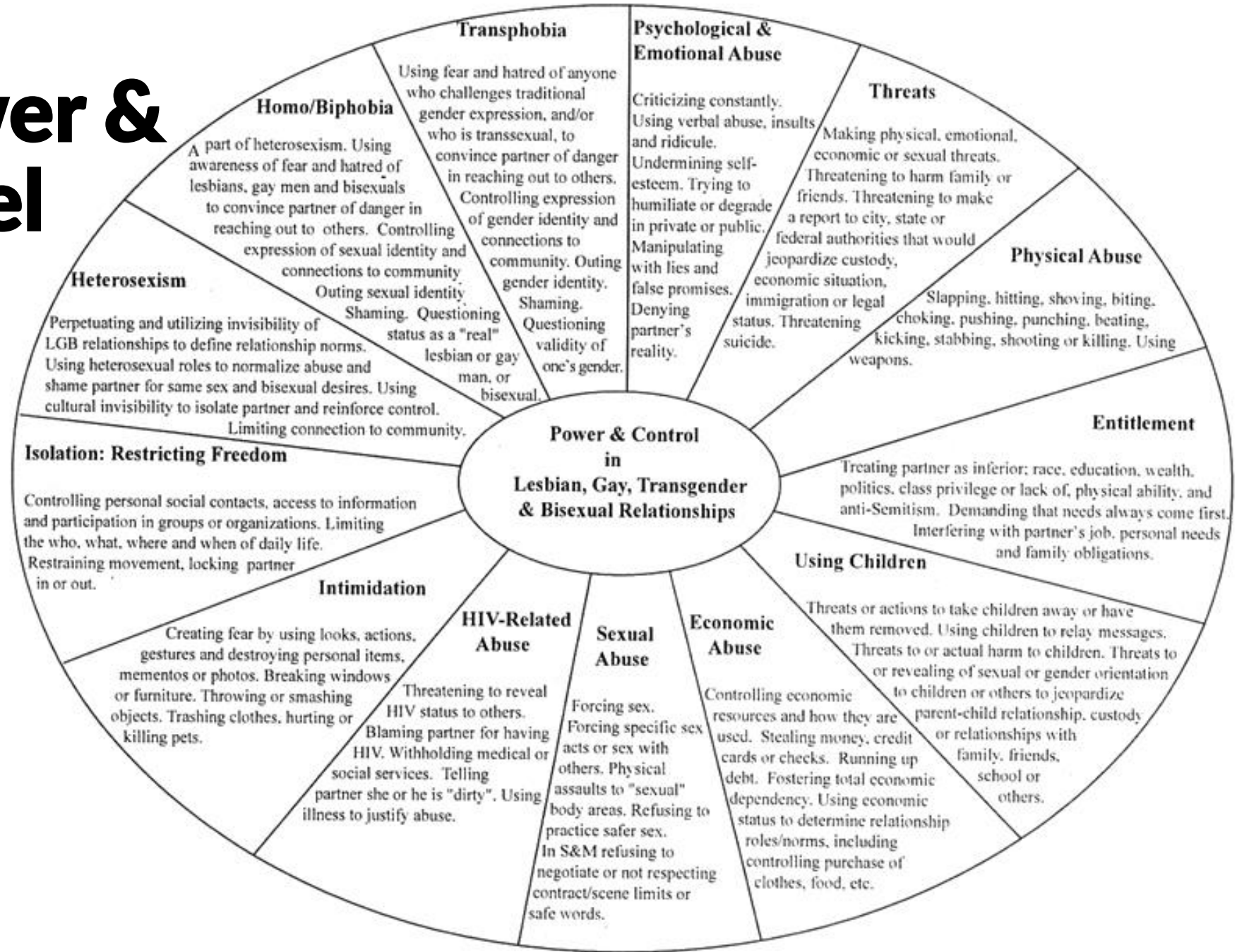
Governments, laws, policies, institutions contribute to the devaluation of women/girls

Ex. last states to do away with marital rape – OK and NC in 1993

Power & Control



LGBTQ+ Power & Control Wheel





Why don't they leave?

- Feelings for abusive partner
- Feeling Guilt
- Faith
- Fantasy
- Trauma
- Failure of relationship
- Fear
- Financial
- Family
- Friends
- Others barriers?

Trauma of DV

Trauma is the unique individual experience of an event or enduring conditions, in which:

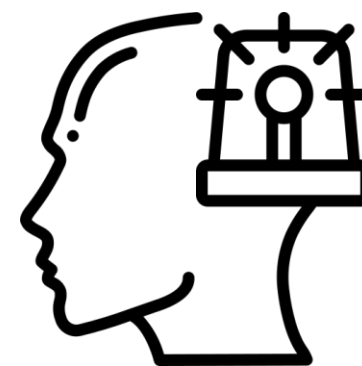
- The individual's ability to integrate his/her emotional experience is overwhelmed, or
- The individual experiences (subjectively) a threat to life, bodily integrity, or sanity.
 - (Pearlman & Saakvitne, 1995, p. 60)



Trauma of DV



Severe
Depression

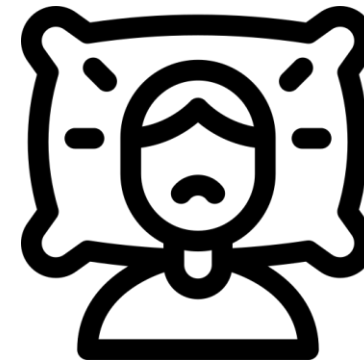


Anxiety

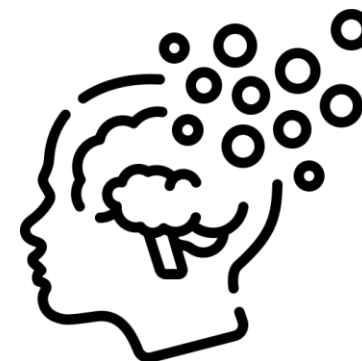


Guilt

Flashbacks
&
Nightmares



Difficulty
Sleeping

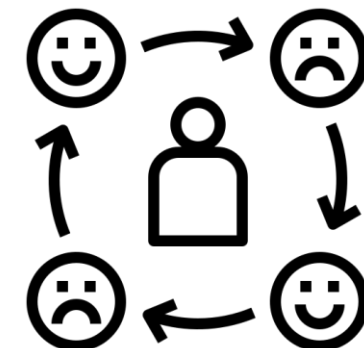


Memory
Problems

Lack of
Interest



Mood
Swings



Trauma & the Body

A photograph of two young women sitting on a stone ledge. The woman on the left has long brown hair and is wearing a dark blue top with white vertical stripes. The woman on the right has dark curly hair and is wearing a blue and white striped top. Both women have their hands resting on their chins and are looking directly at the camera with serious expressions. The background is a warm, out-of-focus wooden structure.

Affects the bodies ability to thrive

Blood flows away from extremities to major muscles and organs

Headaches, Joint Pains

Studies have shown that trauma and chronic pain are connected.

(Beck JG and Clapp JD, 2011; Wuest J, et al, 2010)

Gastrointestinal, Respiratory, Cardiovascular

IBS, acid reflux, asthma, heart attacks, stroke

(Treatment Improvement Protocol, SAMHSA, 2014)

Responses to Trauma

There are typically three ways our bodies respond to trauma



Hyperarousal

Body/brain respond to perceived danger – heightened arousal to environment



Avoidance

Avoiding situations that could be retraumatizing



Intrusion

Memories, flashbacks, and nightmares of trauma intruding on life

Ways We Cope

Substance Use
Sexual Release
Self-harm
Eating Disorders

Avoidance
Dissociation
Others?



Intersection of Domestic Violence & HIV



A photograph of two young women swinging happily on a playground swing set. The woman on the left has blonde hair in a ponytail and is wearing a white tank top and blue jeans. The woman on the right has long dark hair and is wearing a green top and black pants. They are both smiling and looking at each other. The background shows trees and a clear sky. The text is overlaid in the center of the image.

**It's impossible to talk about
HIV without talking about
domestic and sexual violence**

The Problem

The need to address this intersection is great for both sides

55%

of **women living with HIV** have experienced domestic violence
(Machtinger, 2012)

4x

greater risk of acquiring STIs, including HIV, as compared to women not experiencing DV
(Gielen AC et al, 2007)

45%

of women living with HIV experienced physical abuse as a direct **consequence of disclosing** their HIV status. (AIDS United, 2014)



rates of **ART failure** for cisgender and transgender women experiencing DV
(Machtinger, 2012)



Linking HIV and Violence

Majority of women living with HIV (WLHIV) are survivors of multiple forms of violence. (Machtinger, et al. 2012)

HIV and its disclosure can be risks for intimate partner, community, and structural violence.

Experiences of violence can increase the risk of acquiring HIV. (Gielen AC et al, 2007)

The Risk of Disclosure

U.S. Positive Women's Network devastated by murder of HIV-positive woman in Dallas

By [admin](#) on September 14, 2012

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The U.S. Positive Women's Network (PWN), a national membership body of women living with HIV, is devastated to hear the tragic news that a young woman living with HIV in Dallas, Texas, was murdered for disclosing her HIV status to a partner. PWN calls for immediate action to eliminate HIV stigma and violence against women living with HIV.

On Thursday, September 6th, 28-year old **Cicely Bolden** was brutally stabbed to death after disclosing her HIV status to a sexual partner. Bolden's body was found by her two young children later that day when they came home from school.

Help Support
the **feminist**wire
We Accept Your Donations Securely through PayPal

CATEGORIES AND TOPICS

Categories and Topics

We Grieve for Elisha and Fight to End Violence Against Women With HIV

[< Previous](#) [Next >](#)

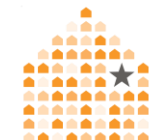
Positive Women's Network – USA Mourns and Condemns the HIV-Related Murder of a Texas Woman

Contact: Olivia Ford, PWN-USA – Brooklyn, NY – oford.pwnusa@gmail.com – 347.553.5174

Venita Ray – Houston, TX – venita_ray@yahoo.com – 713.299.6123

Marsha Jones, The Afiya Center – Dallas, TX – marsha@theafiyacenter.org – 214.753.3777 June 18, 2014 – Positive Women's Network – USA (PWN-USA), a national membership body of women living with HIV, is shocked and horrified to learn of media reports that a young woman in Texas was brutally murdered, allegedly as a result of her HIV status. According to [media coverage](#), Justin Welch strangled 30-year-old Elisha Henson "when he learned she had HIV after she gave him oral sex." "This news is sickening, devastating, and heartbreaking to women living with HIV," says PWN-USA Executive Director Naina Khanna. "Not only does it reveal the lack of value placed on the lives of women

FROM PWN-USA.ORG





HIV Power and Control

Activity: Think of tactics related to HIV an abusive individual may use as they relate to these categories.

NOTE: The abusive individual may be living with HIV, the victim may be living with HIV, or BOTH may be living with HIV

Coercion and threats

Privilege

Emotional/Psychological

Medical Abuse

Isolation

Economic

Spiritual

Using children

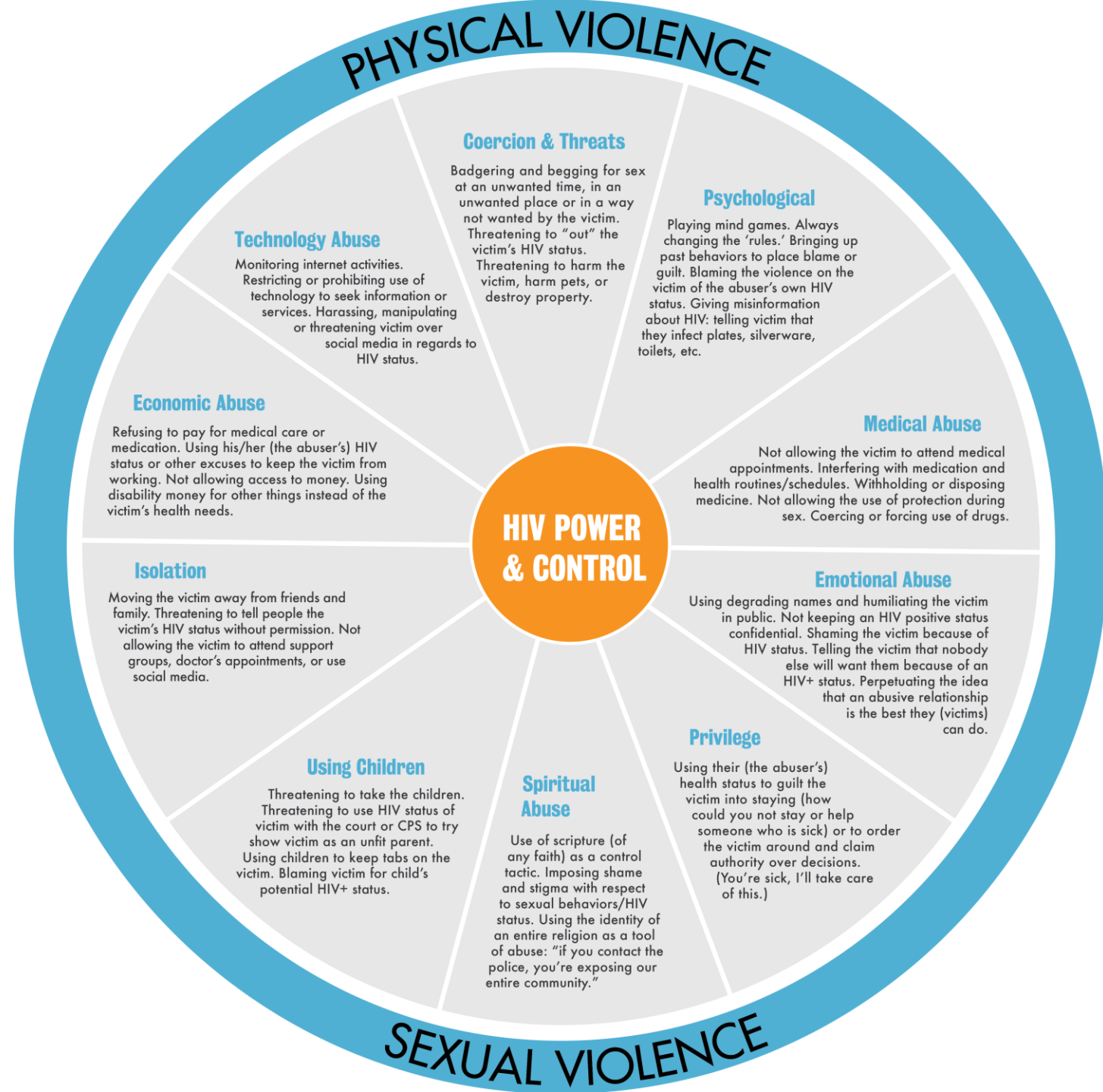
Sexual/reproductive

Technology

HIV Power & Control Wheel

Available on NNEDV's
Positively Safe Toolkit

@ NNEDV.org

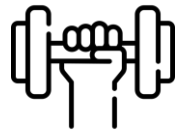


Promising Practices

Promising Practices Principles



Voluntary Services



Strength-based



Client-centered



Trauma-informed



Culturally
resonant +
humble



Informed Decision
Making



Confidentiality/
Privacy



Based on
Experiences



Diversity



Obstacles to Services



Fear

Criminalization, for self/partner/children, confidentiality



Access

Technology, transportation, health care, money, etc.



Stigma

Response and acceptance from service providers



Inclusive

Is provider trans-inclusive, affirming, harm-reduction focused, trauma-informed?

Discussing DV & HIV

Identify

Our own beliefs, biases, assumptions regarding DV and HIV

Honor Autonomy

Don't recreate the power and control dynamics of an abusive relationship

Validate their experiences

Important to let survivors know they are heard. Use active listening to confirm what they've told you.

Discussing DV & HIV



Normalize

Discussions should happen at multiple points

State Laws

Check with a lawyer to best understand state laws on:

- Criminalization
- Partner Notification
- Testing restrictions for youth
- Mandatory Reporting
- Duty to Warn

Center cultural experience

And differences in all aspects of the conversation

Discussing DV & HIV

Conversational

Discussion is NOT a checklist

Offer Support

Ask how you can support them and reassure them that they can ask for support at any time.





Considerations for Conversations



Inform everyone

Why do we ask these questions? What happens to the information?



Talk with everyone

Regardless of age, gender identity, sexual orientation, etc.



Never require disclosure

Disclosure isn't mandatory for services



Cultural Background

And heritage is taken into account as you approach the discussion.

Disclosure

Provide safety planning

Ask them how you can support them

Offer a **warm** referral

Documentation is not necessary



Safety Planning

A woman with short brown hair, wearing a yellow long-sleeved shirt and patterned pants, is seated in a wheelchair. She is positioned at a wooden table, typing on a laptop. The background is a brick wall with a small potted plant on the left and a light fixture above the table.

Survivor's Plan

They are the expert in their life. They lead the conversation. It is a living document.

One Size Doesn't Fit All

Each plan is unique to the survivor's experiences.

May include:

- Medication Storage
- Health, other important records
- Important phone numbers
- Packing
- Identifying safe spaces
- Code words
- Money and finances
- Transportation

Disclosing Status & Safety

Safety Plan before Disclosure

Location of disclosure

- Open, semi-public area
 - Ex. Community Park

Attendance of advocate/counselor/friend

- May help them feel more comfortable and confident

What does the survivor want?





Referrals



Making connections to information and services

What are some practices to consider when making a referral?

Documentation

When documenting information, consider the following:

1

If the client saw the content of their file, would they be comfortable with it?

2

Only include information that is sufficient for care and treatment

3

Does it present liability issues?

Benefits of Collaboration



**Build
Knowledge**



**Appropriate
Referrals**



**Holistic
Approach**



**Respects
Expertise**



Partnerships with Impact

Present

To staff, clients, community members on the healthy relationships and sexual health

Site Visits

Gain understanding of partner organizations and their services

Share

Posters, brochures, resources, condoms, lube with each other

Partnerships with Impact



Testing

On-site testing for survivors, community

Identify

Resources that can help survivors and people living with HIV access services (transportation, childcare, etc.)

Coordinate Community Response

Great opportunity to invite HIV organizations to the table

Survivors & PLHIV in Partnerships

Partnerships not just between orgs

Include survivors and people living with HIV. Their expertise and experience is valuable!

Leadership

Opportunity to cultivate and develop leadership that could lead to positions of leadership internally and externally





Survivors & PLHIV in Partnerships

Speak truth

Give the opportunity to share their truth and be honest – don't police responses

Inclusion

Consider who you are reaching. Are you including sex workers and people using drugs?

Questions?

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Toolkit Link:
NNEDV.org/DV-HIVAIDS-toolkit

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