



Healing and Empowerment: Tackling the Overlap of HIV, Trauma, and IPV

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Introduction

- Women living with HIV (WLHIV) experience higher rates of intimate partner violence (IPV), including physical, emotional, and sexual abuse, compared to HIV-negative women (Colón, 2016; Gielen et al., 2000; Zierler et al., 2000).
- Approximately 25% of individuals diagnosed with HIV experience intimate partner violence (IPV) at some point in their lives. IPV also negatively affects HIV clinical outcomes and increases the need for emergency and inpatient medical services (Lemons-Lyn et al., 2021).
- Approximately 10% of women currently experiencing IPV are infected with HIV, a prevalence that is almost 10 times that of women in the general population. Available data indicate that 55% of women and 20% of men living with HIV experience IPV (Machtinger et al., 2012; Siemieniuk et al., 2010).



Introduction

- In the U.S., this population often faces overlapping challenges of poverty, violence, and limited access to care. IPV increases HIV risk directly—via high-risk sexual behaviors—and indirectly—through disempowerment, impaired negotiation of safe sex, and mental health conditions (Montgomery et al., 2018).
- IPV not only increases the risk of HIV transmission but also hinders treatment adherence and continuity of care. Abusive partners may prevent appointments or medication adherence; IPV also reduces self-care and complicates healthcare interactions when patients hide signs of abuse (Sullivan, 2019).
- Despite the availability of effective HIV treatment in the U.S., many people living with HIV are not retained in care or accessing treatment. Therefore, innovative, culturally relevant, and comprehensive interventions that address the impact of violence and trauma must be integrated into HIV healthcare and social services (AIDS United & Christie's Place, 2017).

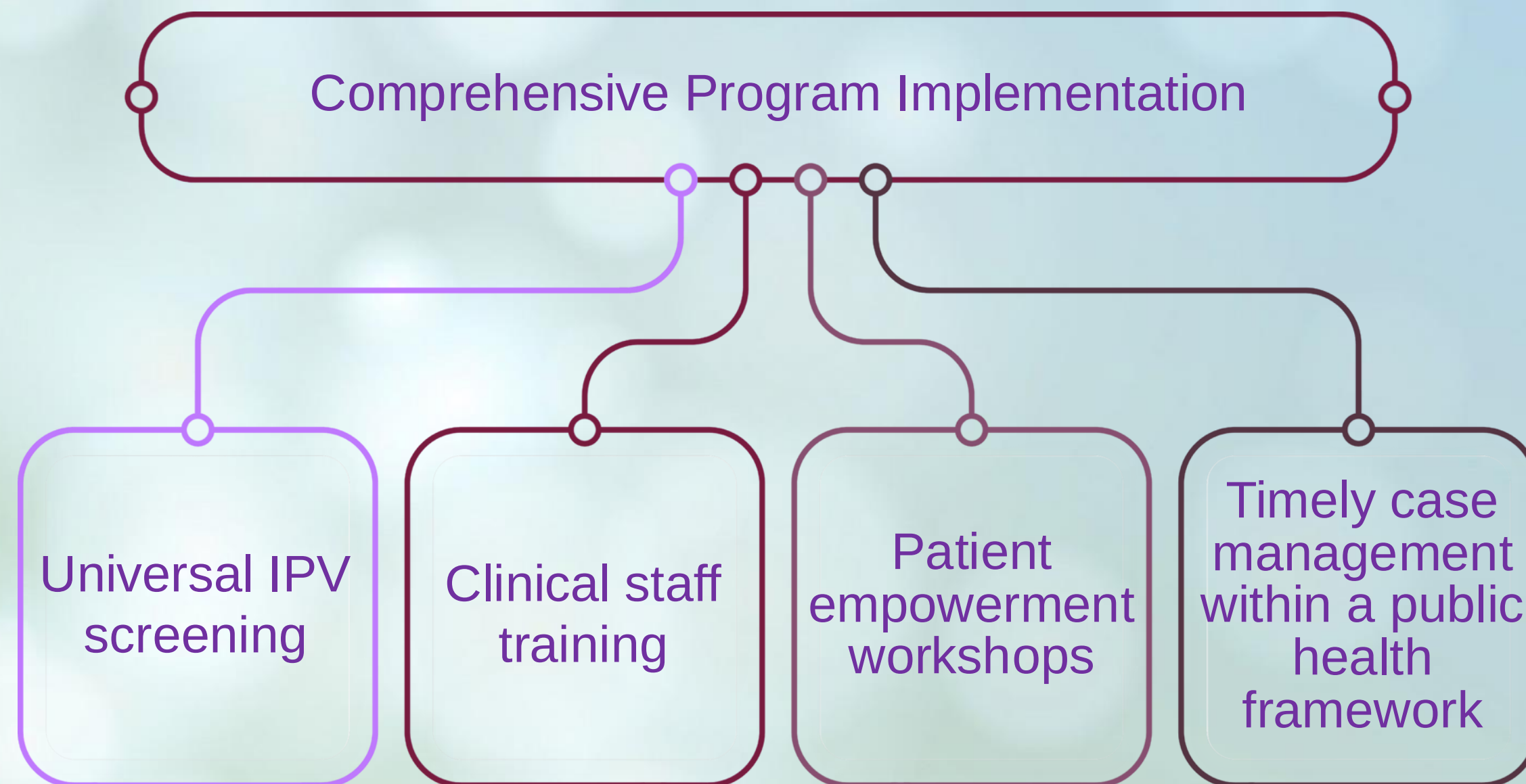


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Comprehensive Program Implementation

- To address the intersection of HIV and IPV, we implemented a program aimed at improving the identification, management, and support of individuals experiencing violence into routine care practices.



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Methods

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Design

- We conducted a descriptive, retrospective analysis of data between January and July 2024.
- Clinical records and reports were reviewed as part of the implementation of an IPV screening and intervention program.

Participants

- The clinic primarily serves WLHIV, most of whom face significant social and economic vulnerability. Among the patient population:
 - 96.9% are living with HIV
 - 99.5% live below the poverty line
 - 66.8% aged over 45 years
 - 80.7% are covered by public insurance
 - 89% have achieved viral suppression
- A total of 124 IPV screenings conducted between January and July 2024 were included in the analysis.

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Instrument

- Woman Abuse Screening Tool (WAST): Assesses physical, emotional, and psychological abuse.
- Scoring range: 0–24; scores ≥ 15 suggest IPV.
- High sensitivity (85%–93%) and specificity (85%–97%).
- Strong internal consistency (Cronbach’s $\alpha > .75$).
- Validated against CTS and Abuse Assessment Screen.

Statistical Analysis

- Descriptive analysis using SPSS.
- Frequencies, percentages, means, and standard deviations calculated.
- Workshop data: number of sessions, topics, and participants analyzed.



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ID: _____ Fecha: _____

EVALUACIÓN WAST

INSTRUCCIONES: MARQUE LA OPCIÓN QUE MEJOR DESCRIBA SU SITUACIÓN.

En general, ¿cómo describiría usted su relación con su pareja?	ESTRESANTE	UN POCO ESTRESANTE	NADA ESTRESANTE
Usted y su pareja resuelven sus discusiones con:	MUCHA DIFICULTAD	ALGO DE DIFICULTAD	SIN DIFICULTAD
Al terminar las discusiones usted ¿se siente decaída o mal con usted misma?	MUCHAS VECES	A VECES	NUNCA
¿Las discusiones terminan en golpes, patadas, o empujones?	MUCHAS VECES	A VECES	NUNCA
¿Hay situaciones en las cuales ha sentido miedo de las reacciones de su pareja?	MUCHAS VECES	A VECES	NUNCA
Su pareja ¿controla el dinero que usted gasta, o la obliga a realizar trabajo en exceso?	MUCHAS VECES	A VECES	NUNCA
Su pareja ¿la insulta, garabatea, grita, humilla y descalifica verbalmente?	MUCHAS VECES	A VECES	NUNCA
¿Se ha sentido obligada a tener relaciones sexuales con su pareja para evitar problemas?	MUCHAS VECES	A VECES	NUNCA

Firma del evaluador: _____ Fecha: _____

Tabla recuperada de Adaptación del instrumento WAST para la detección de violencia doméstica en Centros de Salud. (p. 4) por L. Binfa Esbir (2018). Copyright 2018 by Lorena Binfa

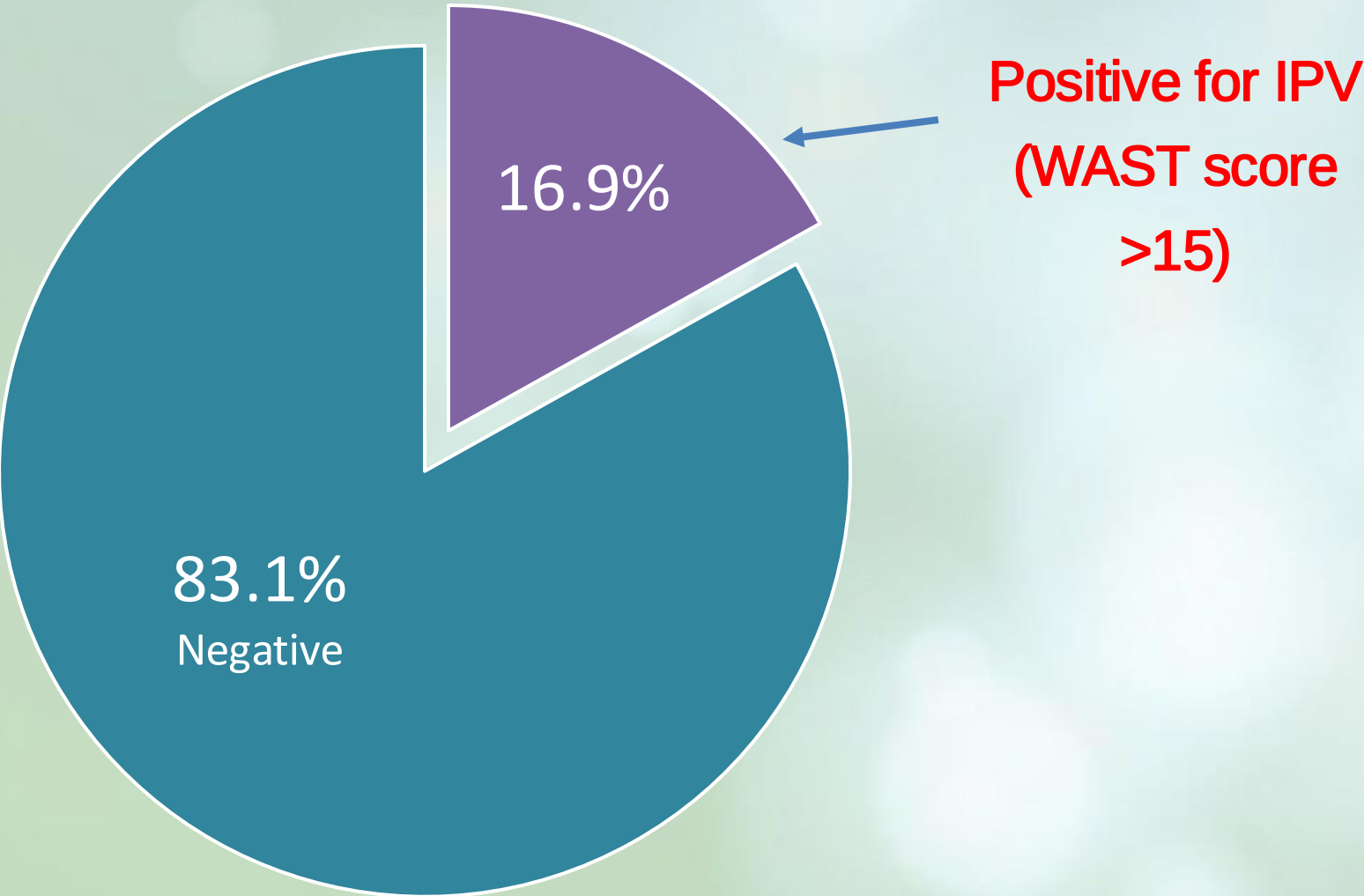


Results

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IPV Screening Results (N=124)



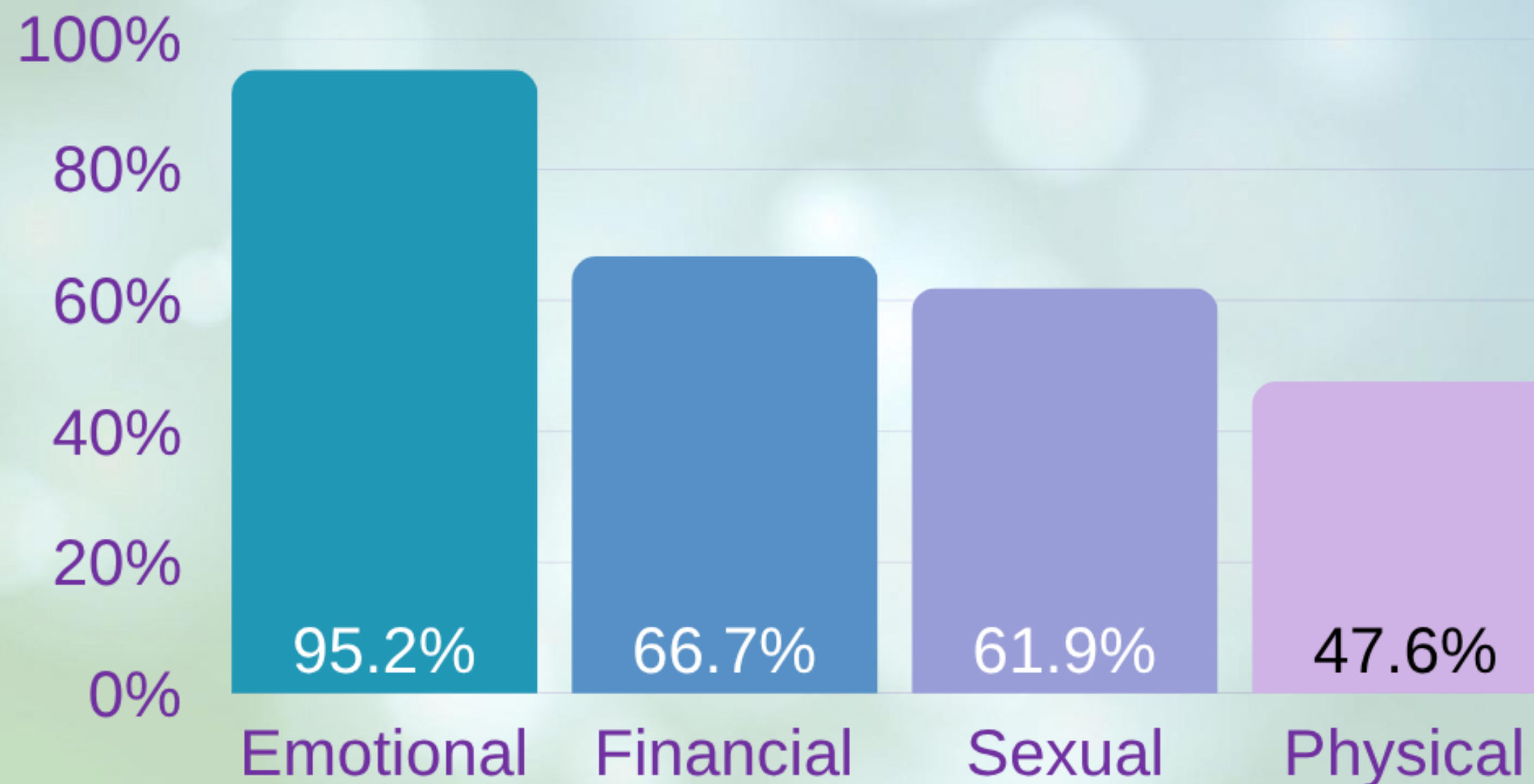
Mean Age by IPV Exposure

Group	N (%)	Age	SD
No IPV Exposure	89 (72%)	50.11	12.36
IPV Exposure	35 (28%)	51.29	14.49
Total Sample	124	50.44	12.95



Results

Types of IPV Reported Among IPV-Positive Participants



Note. Based on participants who screened positive for IPV (WAST \geq 15; N=21).

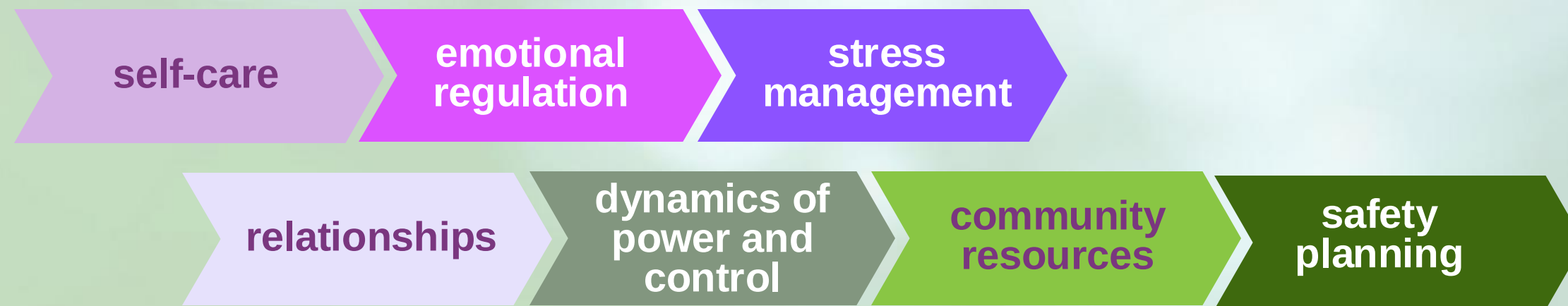


Patients Empowerment Workshops

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- To support affected individuals, CEMI conducted 20 empowerment workshops, attended by 219 women, who expressed high satisfaction with the program.
- The workshops provided participants with strategies to recognize abusive patterns, enhance self-efficacy, and navigate support systems.
- Topics covered by workshops



“Este es un espacio maravilloso para hablar como mujeres, porque necesitamos desahogarnos.”





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Clinical Staff Training

- We conducted targeted trainings for clinical and administrative staff focused on early identification of IPV and trauma-informed care.
- Staff received education on:
 - The Basics of Violence
 - Psychological First Aid
 - Crisis Management with a focus on responding to disclosures of violence
- An alliance was established with Coordinadora Paz para Las Mujeres (CPM) to provide educational resources and facilitate expert-led workshops for staff training and support.
- We now provide trauma-informed care (TIC) training for our staff at least annually, with an additional refresher session conducted mid-year to reinforce key practices.

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Timely Case Management

- We developed safety protocols for the clinic to appropriately manage disclosures of intimate partner violence (IPV), ensuring timely coordination of resources such as shelters, legal assistance, and law enforcement.
- Collaborative agreements were established with institutions including Carlos Albizu University and Coordinadora Paz para las Mujeres to improve access to mental health services, community support centers, and shelters.
- When a positive IPV screening or disclosure occurred, the project coordinator was responsible for arranging and managing needed services.
- Participants with positive screenings were referred internally for case management and psychological evaluations to assess risk and identify specific needs.

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Conclusions

- A significant portion of participants (28%) reported experiencing various forms of violence, even when their scores did not meet the positive threshold on the screening scale (i.e., scores above 15).
- This is consistent with existing literature, which indicates that around 25% of WLHIV are affected.
- Psychological or emotional abuse and sexual abuse were the most prevalent experiences reported within our population.
- The findings underscore the critical importance of integrating intimate partner violence (IPV) screening into routine HIV care as a means to reduce negative health consequences and support sustained treatment adherence.

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Conclusions

- The implementation of staff training and empowerment workshops played a key role in promoting a trauma-informed approach. These initiatives not only enhanced provider competence but also fostered a compassionate and sensitive environment for patients disclosing experiences of IPV.
- Preliminary data suggests that the integration of this program positively impacts patient retention and satisfaction. These outcomes are foundational for achieving improved clinical outcomes, such as higher rates of ART adherence and viral load suppression.
- Addressing IPV in healthcare settings is essential for advancing the overall well-being of women living with HIV. A comprehensive, trauma-informed response not only improves patient safety but also strengthens long-term health outcomes, reinforcing the need for continued investment in integrated care models that recognize and respond to the intersection of violence and chronic illness.

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