




Domestic Violence and HIV

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Prevalence of violence/abuse during pregnancy: Findings from the Perinatal Guidelines Evaluation Project (PGEP)

- Participants: Pregnant women receiving prenatal care (336 HIV+, 298 HIV- matched for sexual transmission risk behavior) in Connecticut; North Carolina; Brooklyn, NY; Miami, FL
- Method: Interviewed at ≥ 24 weeks gestation
- Measures:
 - Physical or sexual violence during the past 6 months
 - Main male partner who is physically or emotionally/verbally abusive



Prevalence of violence/abuse during pregnancy: Findings from PGEF

- 8.9% of women reported recent violence
- 21.5% of women with a main male partner described him as abusive (5.5% physically, 16.0% verbally/emotionally)
- Recent violence was highest among those with a physically abusive partner but almost $\frac{3}{4}$ of the women who experienced recent violence were not currently in a relationship with a physically abusive partner



Recent violence and HIV serostatus

- Recent violence was not associated with serostatus
- However, one woman was physically assaulted by her partner when he learned her positive serostatus
- Women receiving an HIV diagnosis during prenatal care were not at increased risk for violence



Predictors of violence during pregnancy (PGEP)

- Bivariate predictors include:
 - Low income
 - Frequent moves
 - Recent drug use (marijuana, crack/cocaine)
 - Multiple sex partners
 - Bartering sex for money



Predictors of violence during pregnancy (PGEP)

- Independent predictors from multivariate model include:
 - **Moved more frequently** in prior year (OR=1.6, CI=1.0, 2.4)
 - **Less likely to receive financial support from partners or family** (OR= 0.4, CI=.2,.8)
 - **More likely to have recently bartered sex for money** (OR = 12.6, CI=1.9,77.3)



Implications for programs

- Violence and HIV coexist within common environmental and behavioral risk contexts. Consequently, risk for violence is high among all women who access HIV services.
 - Violence screening and referral should be integrated into all HIV-related services (C&T, prenatal testing, exposed infant care, HIV treatment)
 - Prenatal care setting, with its multiple scheduled provider contacts, may be well-suited to identification and referral; HIV treatment and infant follow-up involve multiple visits too



What kind of training or services are needed?

- DV screening is endorsed by many professional associations (e.g., ACOG, AMA, Peds) yet often not done. Providers experience many barriers.
- Some states (e.g, CA, NY) have integrated domestic violence training into HIV C & T training, but not typical.
- HIV infected women can have unique periods of risk related to disclosure. Individuals who conduct post-test counseling and partner notification must be particularly aware of risks faced by HIV+ women.

PAPERS/RESOURCES

Koenig, LJ, Whitaker, D., Royce, R., Wilson, T.E., Callahan, M., and Fernandez, M.I. for the Perinatal Guidelines Evaluation Project Group. (2002) Violence during pregnancy among women with or at risk for HIV infection. American Journal of Public Health, 92 (3).

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NYSDOH Protocol – Domestic Violence Screening in Relation to HIV Counseling, Testing, Referral & Partner Notification. <http://www.health.state.ny.us/nysdoh/rfa/hiv/protocol.htm>

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