



HIV Infection

Research shows a strong link between intimate partner violence (IPV) and HIV infection. In addition to the danger of actual infection, there are a number of ways that HIV/AIDS can be used against victims of IPV. Abusers may limit their partner's access to safe sex practices (e.g., refusing to use condoms), putting their partner at risk of contracting HIV; use sexual assault as a form of control; or force victims to engage in sexual activities with others. Abusers may use their own or the victim's HIV+ status as a weapon of coercion, which is particularly powerful since abusers often control access to financial resources, medical care, and support systems. Additionally, abusers may use the victim's HIV+ status as an excuse to be abusive.

Some HIV acquisition is due to intravenous drug use, which may be forced by the abusive partner or used as a coping mechanism by a victim. Also see the Coalition's Professional Guidance Sheet on IPV and Substance Abuse.

PREVALENCE

- 12% of HIV/AIDS infections among women in romantic relationships are due to IPV.
- Women who experienced IPV were over 3 times more likely to have a diagnosis of HIV/AIDS (Sareen J., Pagura, B., Grant, B., 2009).
- IPV among women at risk for HIV may be as high as 67% (Cohen, et al., 2000).

EFFECTS

- Violence and forced sex acts can cause cuts, scrapes, or tears that make it easier for HIV to enter the body.
- Those in abusive relationships may not be comfortable saying no to sex if their abusive partner refuses to use protection when asked.
- IPV victims who are HIV + may fear that their positive status will be disclosed if they reach out for safety-related assistance.
- As the disease progresses, the victim becomes less able to care for her/himself, more dependent on the abuser, and increasingly trapped in the relationship.
- Victims who are HIV positive may fear that if they seek services related to their HIV, partner notification practices will put them at risk of further violence.
- Lesbian and gay victims may have an even smaller support network of family and friends if they've been ostracized because of their sexual orientation.



INTERVENTIONS

- Screen in private. Protect confidentiality and assure patients of this.
- Use gender-neutral language, e.g., refer to “partner” rather than assuming boy/girlfriend.
- Educate on the dangers of IPV and how it is linked to HIV.
- Refer to appropriate community resources.
- Offer Pre-Exposure Prophylaxis (PrEP) for at risk patients.
- Offer Post-Exposure Prophylaxis (PeP) for patients exposed to HIV.

RESOURCES

<https://www.chasebrexton.org/about-us/locations> Chase Brexton Health Care (many locations in Maryland)

www.thewellproject.org Violence against women with HIV

www.stoprelationshipabuse.org Center For Relationship Abuse Awareness This website includes educational materials specifically related to same gender relationships as well as links to community-based resources. It also contains a wide variety of educational materials for parents and professionals, including teachers, lawyers, businesses, law enforcement.

<https://www.cdc.gov/hiv/risk/prep/index.html> PrEP - Pre-Exposure Prophylaxis

<https://www.cdc.gov/hiv/risk/pep/index.html> PeP - Post-Exposure Prophylaxis

REFERENCES

Sareen J., Pagura, B., Grant, B., Is Intimate Partner Violence Associated With HIV Infection Among Women in the U.S. published in Science Direct www.sciencedirect.com February 2009.

http://www.ncadv.org/images/IPV_AIDS_Quick_Facts.pdf