

# EFFECTS OF PARTNER VIOLENCE ON ADHERENCE TO HIV CARE AND TREATMENT MARKERS AMONG WOMEN IN BALTIMORE CITY



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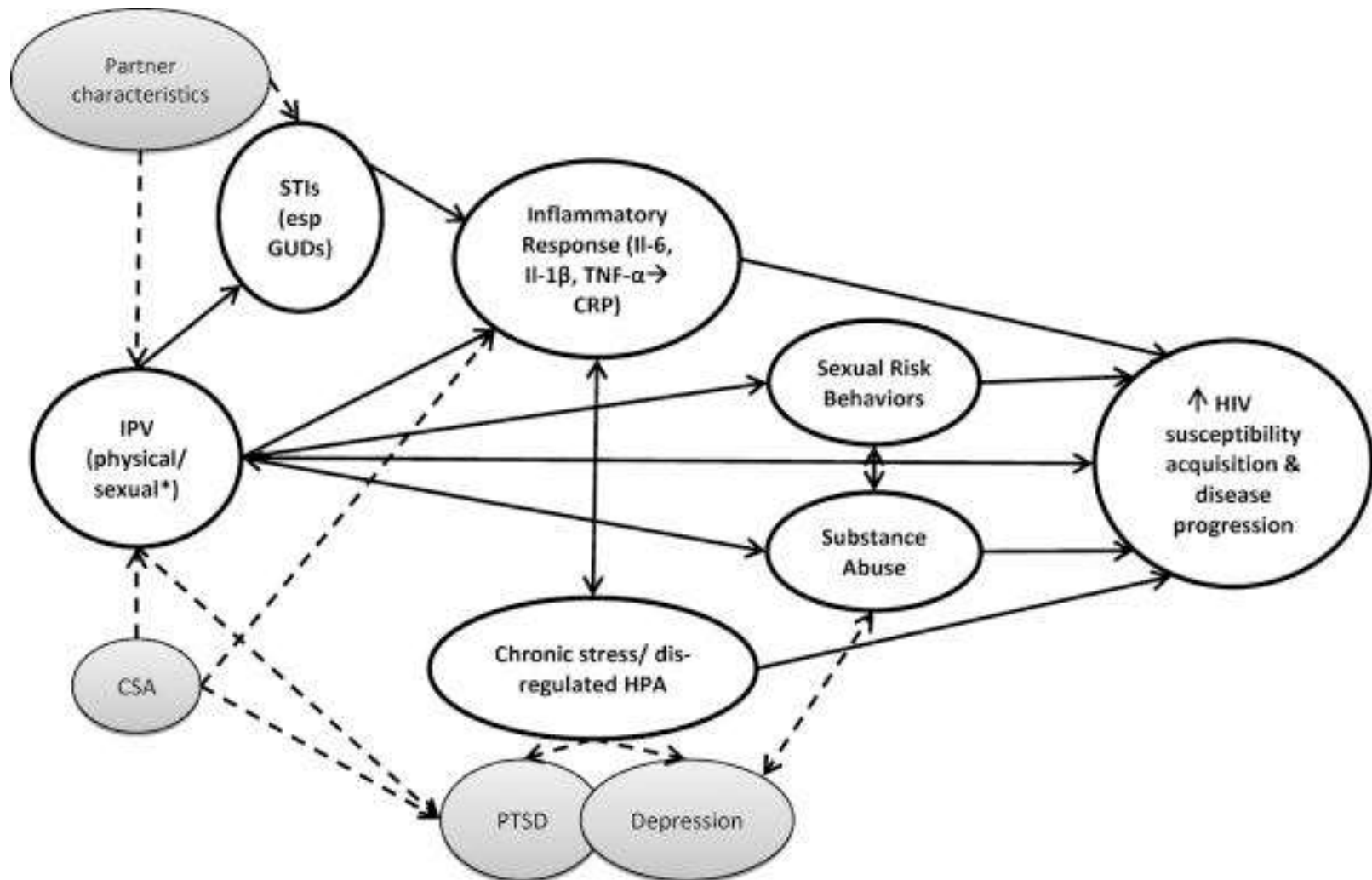
## DISCLAIMER

- The opinions, findings, conclusion, and recommendations expressed are those of the authors and do not necessarily reflect the view of the funders.

# BACKGROUND

- USAID estimated 34 million people infected with HIV worldwide and more than 2.5 million new infections occurring each year<sup>1</sup>
- Approximately 1 in 3 women has experienced lifetime physical, sexual or stalking violence from a partner<sup>2</sup>
- IPV has been linked to negative physical and mental health outcomes, including HIV and other STIs<sup>3-5</sup>
- Recent works have looked at pathways to HIV acquisition and disease progression in the setting of IPV or VAW<sup>6-8</sup>
- Limited work linking IPV to objective, biologic health outcomes – esp. in persons living with HIV

# CAMPBELL ET AL., 2013



# PURPOSE

- To examine the prevalence of IPV associations between IPV and physical and mental health outcomes of women living with HIV.

# SETTING

- Johns Hopkins Moore Clinic for HIV Care
  - Urban HIV specialty clinic in Baltimore, MD
  - ~2600 patients [~40% female]
  - ~75% African American
  - Average age: 48
- Previous estimate of past year IPV: 26%
  - 3 question PVS - physical violence or feeling unsafe from current/previous partner (Illangasekare et al., 2012)

# ELIGIBILITY CRITERIA

## Inclusion Criteria:

- Female
- Age  $\geq 18$
- Diagnosed with HIV infection and receiving care in the Moore Clinic for 1 year prior to enrollment
- Able to speak and read English
- Able and willing to provide informed consent

## Exclusion Criteria:

- Inability to participate due to emergent need for medical care

# MEASURES: SELF-REPORT SURVEY

- IPV (past year) using Abuse Assessment Screen (AAS) and Severity of Violence Against Women Scale (SVAWS)
  - Any yes on AAS
    - Includes psychological/physical/sexual violence
  - Any yes to severe physical violence or sexual violence item on SVAWS
- Center for Epidemiologic Studies - Depression
  - Cut-off score 16 or greater
- PTSD Checklist - Civilian
  - Cut-off score 45 or greater



## MEASURES: MEDICAL RECORDS REVIEW

- CD4 Count (most recent on or prior to date of survey)
- Viral load (most recent on or prior to date of survey)
- Total scheduled visits (past year)
- Total missed visits (past year)

# DATA COLLECTION

- Self-administered tablet computer-based surveys
- As of 9/1/15:
  - 169 participants with completed survey and medical record data

## DEMOGRAPHICS (N=169)

	IPV+ (n=96) n (%)	IPV- (n=73) n(%)	p- value
Age [mean, (SD)]	49 (8.3)	50 (8.8)	0.59
Race			
Black/African-American	88 (93)	64 (88)	0.33
White/Caucasian	3 (3)	3 (4)	
Native American/Alaskan Indian	1 (1)	0 (0)	
Other/Multiple	3 (3)	6 (8)	
Education (at least HS diploma/GED)	83 (87)	68 (93)	0.16
Employed	5 (5)	7 (10)	0.28
Public Insurance	94 (98)	71 (97)	0.78
Children Under 18	20 (21)	10 (14)	0.23
Most recent partner male	89 (93)	71 (97)	0.19

# IPV PREVALENCE (PAST YEAR)

- 57% reported any type IPV
- 24% reported sexual IPV
- 21% reported being strangled (“choked”) by their partner during their lifetime
  
- Among women reporting IPV:
  - Mean DA Score = 9.4
  - 24% scored in the severe or extreme danger categories (DA Score >14)

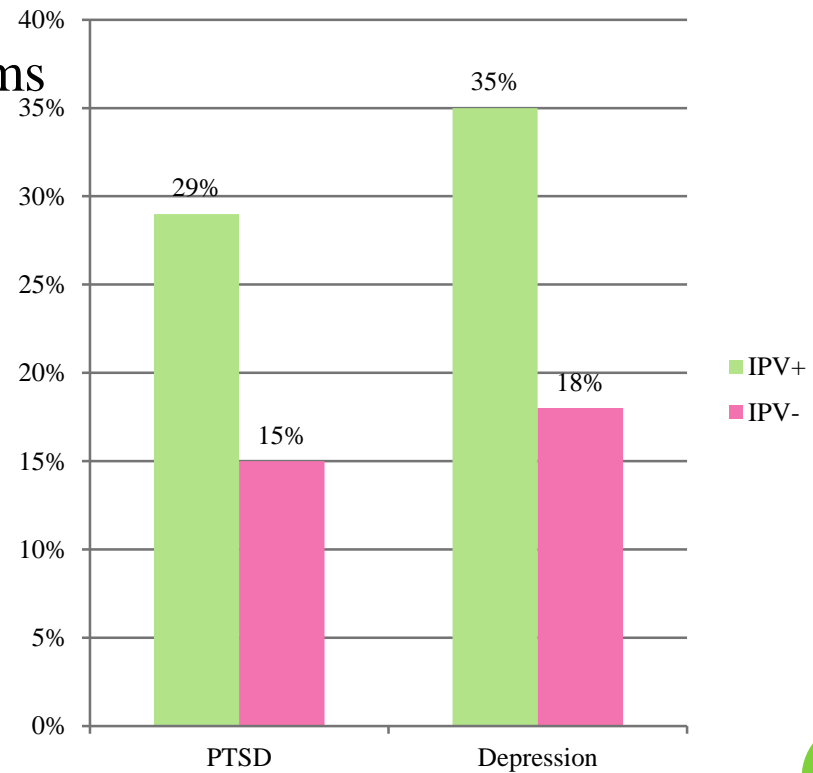
# MENTAL HEALTH

## ○ Overall:

- 23% +for PTSD symptoms
- 27% +for depressive symptoms

n (%)	IPV+ (n=96)	IPV- (n=72)	p-value
PTSD	28 (29)	11 (15)	0.04
Depression	33 (35)	13 (18)	0.02

### Frequency of Mental Health Symptoms by IPV Status



# PAST YEAR CLINIC VISITS

## Scheduled clinic visits:

Range: 1-358

Mean (SD): 36.2 (38.3)

Median (IQR): 28 (18-42.5)

## Missed clinic visits:

Range: 0-83

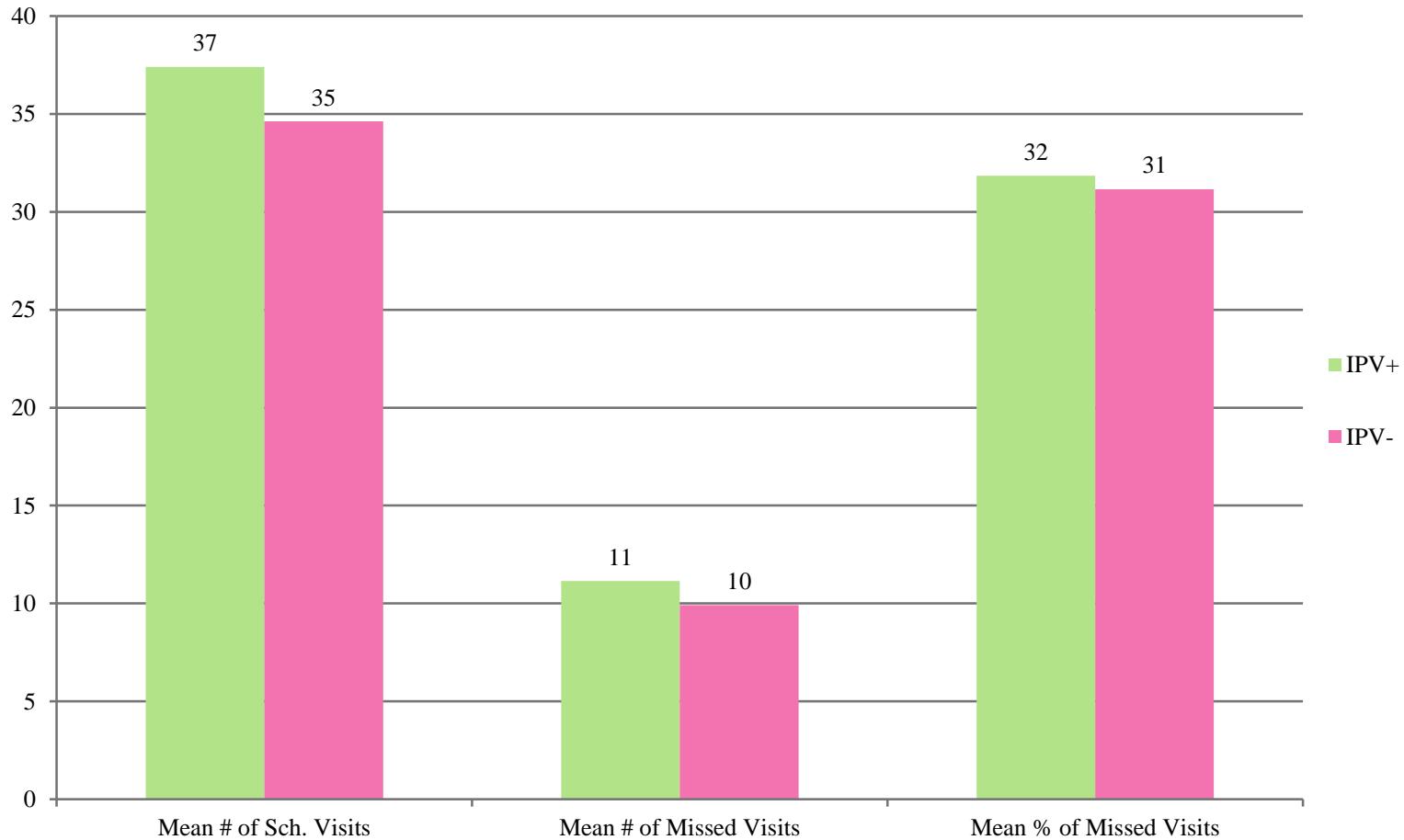
Mean (SD): 10.6 (11.3)

Median (IQR): 8 (4-13)

\*Visit totals include daily medication visits for participants in JHMI-based methadone/suboxone programs

# PAST YEAR CLINIC VISITS

## Mean Clinic Visits by IPV Status



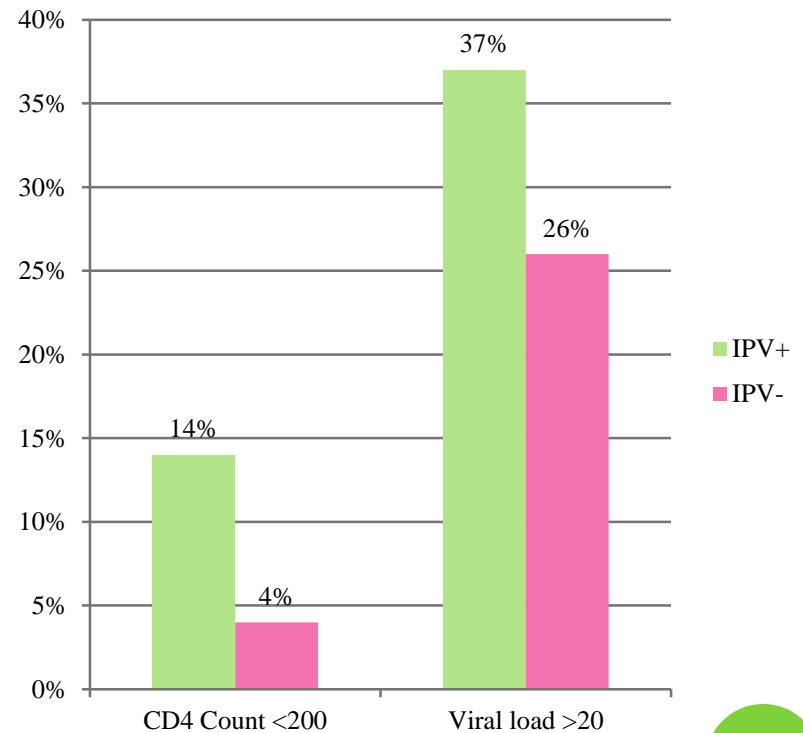
# HIV TREATMENT MARKERS

## Overall:

- 10% with CD4<200
- 32% with VL>20

n (%)	IPV+ (n=96)	IPV- (n=72)	p-value
CD4 Count <200	13 (13)	3 (4)	0.04
Viral load >20	35 (37)	19 (26)	0.15

### Frequency of HIV Treatment Markers by IPV Status





# IMPLICATIONS FOR PROVIDERS

- Assessment for current and past IPV is imperative in this patient population
- Inclusion of IPV specific resources in community resources/referrals provided to patients (DV hotlines, shelter, law enforcement, forensic nursing, legal assistance)
  - Assessment and referrals should be tailored to patient
  - Ongoing, flexible and accessible
- Assessment and treatment for co-occurring mental health symptoms/disorders

# IMPLICATIONS FOR RESEARCH

- Examine biologic chronic stress models as a mechanism for poorer CD4 counts among abused women
- Evaluate interventions for addressing violence in women living with HIV
  - Improving safety (assessment, referral, resources, safety planning)
  - Improving health (adherence interventions - long acting medications)
  - Providers knowledge/skill (partnerships with IPV providers, use of technologies that eliminate provider variance)

# CONCLUSIONS

- High rates of IPV among women living with HIV
- Women who experienced IPV more likely to have negative physical and mental health markers
  - Despite having clinic attendance that was comparable to those who had not
  - Perhaps related to poor adherence to medications, although VL differences were not significant at this point in the analysis

THANK YOU!  
QUESTIONS?

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