Addressing Relationship Dynamics and Intimate Partner Violence in PrEP Services

PrEP Learning Network Meeting
November 2019

Rose Wilcher
FHI 360

USAID FROM THE AMERICAN PEOPLE

PEPFAR

fhi360 THE SCIENCE OF IMPROVING LIVES

HIV, Violence, and Gender Inequality

1 in 3

women worldwide have been beaten, coerced into sex, or otherwise abused in their lifetimes.

1 in 4

girls' first sexual encounter was unwanted.

1.5

is the increased likelihood that women who experience intimate partner violence will acquire HIV.

47%

of males living with HIV aged 15 and older are on ART, compared with 60% among females.

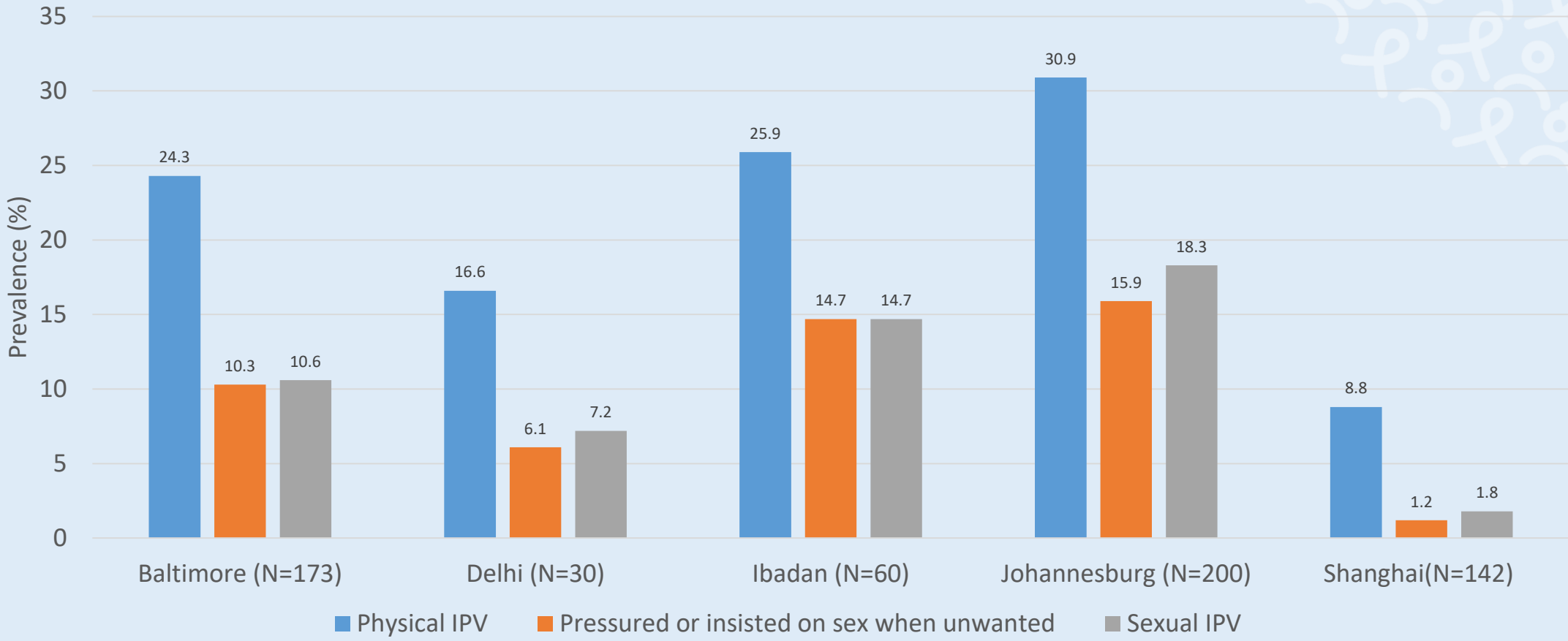
Exposure to GBV, particularly IPV, is associated with lower ART use, half the odds of self-reported ART adherence, and significantly worsened viral suppression among women.

ART Usage

Having gender inequitable beliefs or endorsing harmful gender norms – particularly norms sanctioning violence against and the control of women by male partners – decreased the odds of ART use among PLHIV.

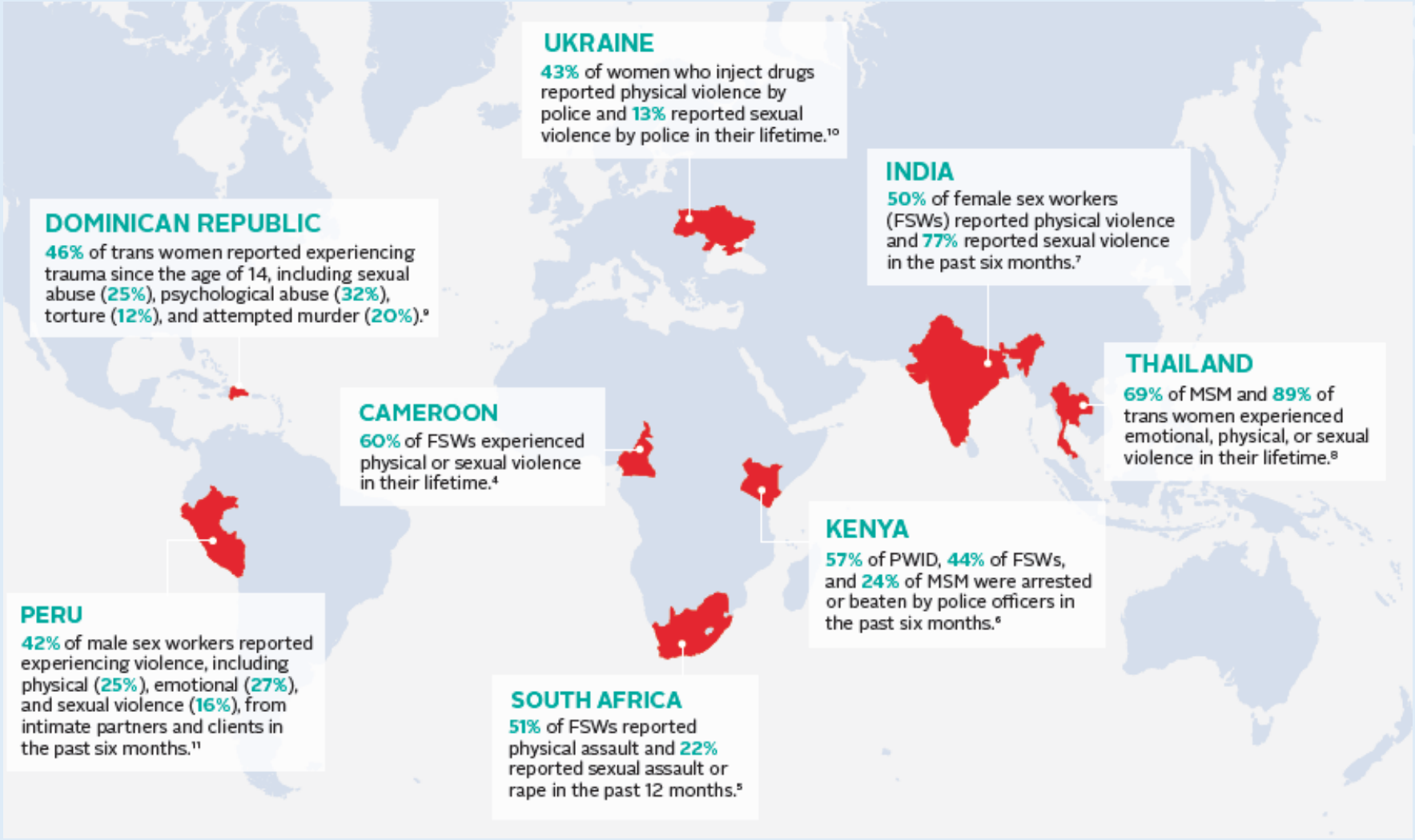
USAID
FROM THE AMERICAN PEOPLE

High prevalence of past-year IPV, among ever-partnered women (15-19 years)



Decker, 2014

Violence against KPs is prevalent, frequent, and often severe



How does IPV affect PrEP use?

- Intimate partner violence associated with:
  - Lower PrEP uptake[1]
  - Increased PrEP interruption[2]
  - Lower adherence to PrEP use[3,4]
- Qualitative research
  - IPV resulted in stress and forgetting to take pills, leaving home without pills, and partners throwing pills away[3]

1. Lanham et al. Sexual Violence Research Initiatve Forum. Oct 2019.
2. Cabral et al. *J Acquir Immune Defic Syndr.* 2018; 77(2): 154-59.
3. Roberts et al. *J Acquir Immune Defic Syndr*. 2016; 73(3) : 313-22.
4. Palanee-Phillips et al. *J Acquir Immune Defic Syndr.* 2018;79(5): 580-89.

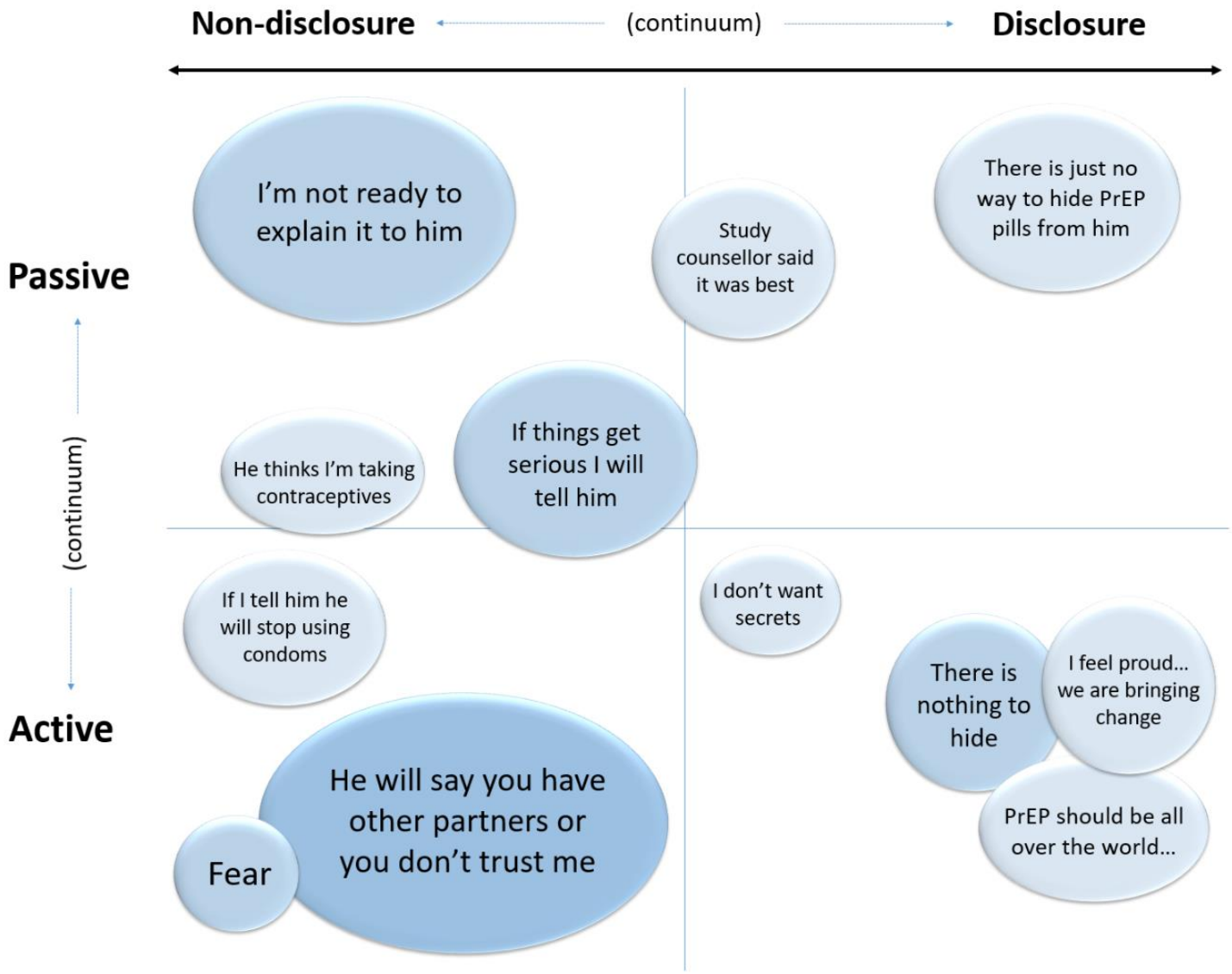
How do relationship dynamics affect PrEP use?

- Woman can use oral PrEP without a partner's knowledge or agreement

- However…
  - Women often want the support of male partners
  - Women have more difficulty using PrEP consistently if:
    - Their partner is unsupportive of using it
    - They are experiencing partner abuse

Continuum of partner disclosure

Figure 1. Study participants' most common reasons for disclosing or not disclosing PrEP use to sexual partners, across both sites (darker shading & bigger circles depict more common responses)



How do we integrate violence prevention programming into PrEP programming?

- Clinic-based violence detection and response
  - WHO clinical guidelines
  - CHARISMA
  - Couples counseling

- Community-based violence prevention
  - Group-based workshops for men and women
  - Community mobilization
  - Empowerment training for women
  - Economic interventions
  - Engage community leadership structures

Gender Equality and Gender-Based Violence Priorities for USAID's PEPFAR Programs

Barriers to Epidemic Control

Prevention

Evidence-based HIV Prevention Approaches

Harmful gender norms and inequitable attitudes about gender put individuals **at risk for HIV** and **serve as a barrier** to uptake of HIV prevention, testing, and care and treatment services.

Initiate on **PrEP**

Violence is a barrier to **PrEP initiation and adherence**. Qualitative evidence suggests that violence can also occur as a result of PrEP use.

Testing

Access HTS

95%

Violence and harmful gender norms inhibit one's ability to **access testing services** and **disclose their status**. Many people report **fear of violence and/or abandonment** if their partner learns their status.

Care and Treatment

Initiate on ART

95%

Harmful gender norms often inhibit **men's health-seeking behaviors**. Violence is associated with **reduced linkage to HIV care services and initiation on ART**.

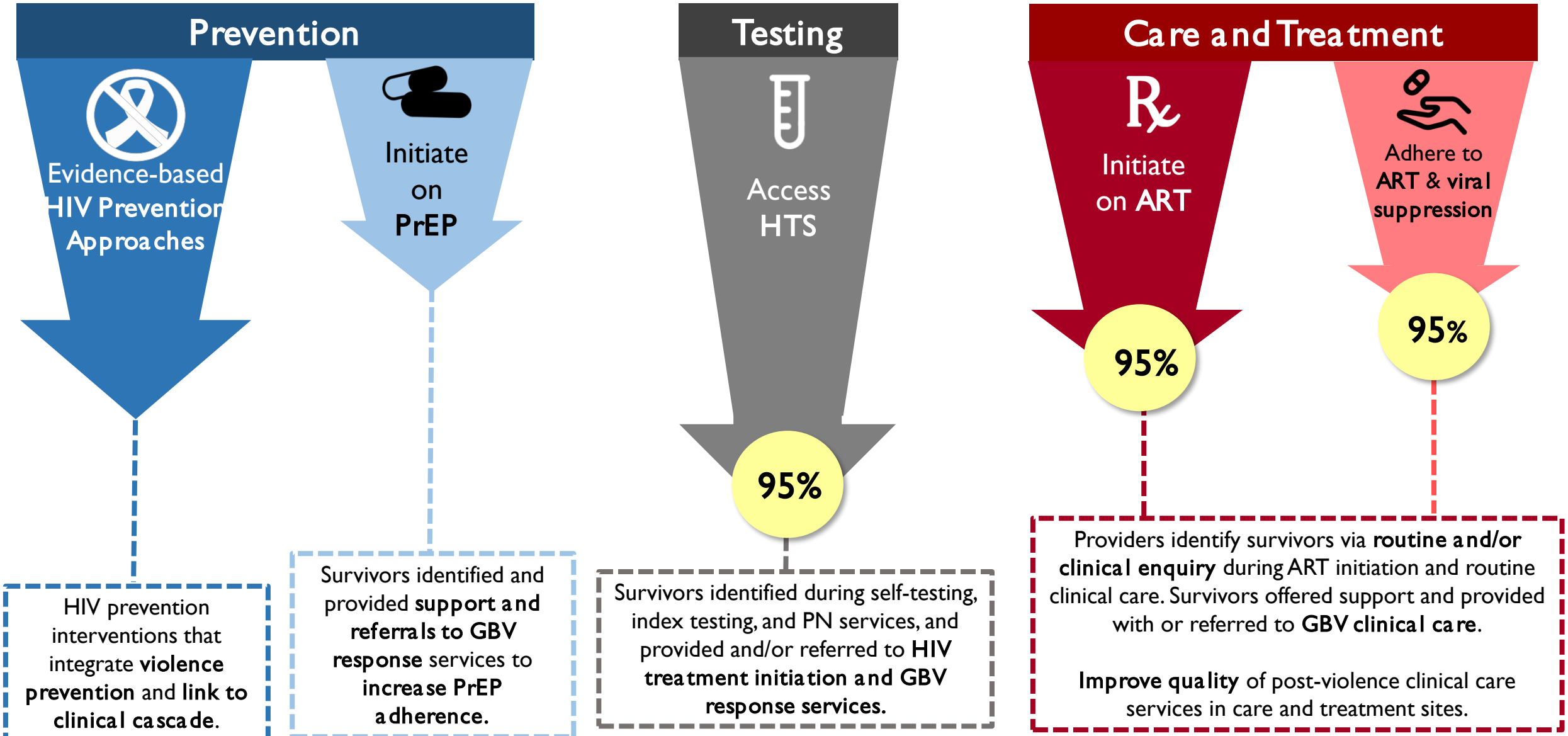
Adhere to **ART & viral suppression**

95%

Women who experience violence are less likely **adhere to treatment and achieve viral suppression**. Violence is also associated with **reduced ART adherence** among adolescents, transgender women, and drug users.

USAID FROM THE AMERICAN PEOPLE

Our Solutions: Addressing Violence and Inequality Across the Cascade



USAID
FROM THE AMERICAN PEOPLE

USAID/OHA Gender & GBV Technical Priorities

1. Addressing **intimate partner violence (IPV)** in the context of **index testing**, **PN services**, and **PrEP**.
2. Providing **post-violence clinical care services** in HIV **care and treatment sites**.
3. Improving **linkage** between **community-based prevention interventions and clinical post-GBV care services**.
4. Improving **monitoring** of GBV prevention and response activities.

USAID FROM THE AMERICAN PEOPLE

1 Addressing IPV in index testing, PN, & PrEP

- All **HIV testing sites** must conduct **routine enquiry** for IPV (sometimes referred to as GBV screening) for clients who are offered partner notification services.

- All **PrEP sites** must conduct **routine enquiry for IPV** with all clients.

- After conducting routine enquiry for IPV, sites must then offer appropriate support and referrals to GBV response services.

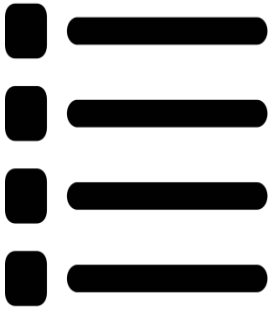
USAID FROM THE AMERICAN PEOPLE

Minimum Requirements for Asking about Violence

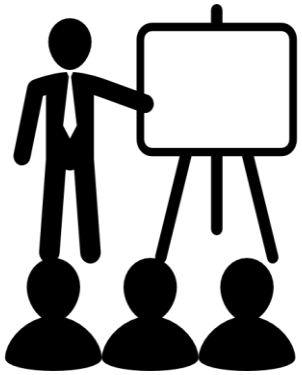
The **minimum requirements** that must be in place for sites to conduct clinical and routine enquiry are:

Providers offer first-line support (LIVES)

A protocol/SOP for conducting routine enquiry

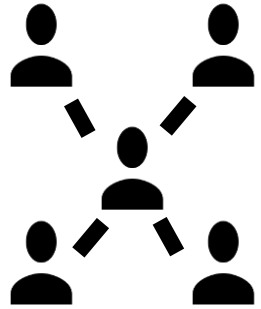


A standard set of questions where providers can document responses



Providers are trained on how to ask about IPV or sexual violence

Providers only ask about IPV or sexual violence in a private setting, confidentiality ensured



A process for offering referrals or linkages to other services is in place

First-line Support: LIVES

First-line support is the immediate care given to a GBV survivor upon first contact with the health or criminal justice system.

Listen	Listen closely with empathy, not judging.
Inquire about needs and concerns	Assess and respond to the survivor's needs and concerns – emotional, physical, social, and practical.
Validate	Show that you believe and understand the survivor.
Ensure safety	Discuss how to protect the survivor from further harm.
Support	Help the survivor connect to services, social support.

USAID
FROM THE AMERICAN PEOPLE

For more information please contact:

Amelia Peltz
apeltz@usaid.gov
+1-202-716-1241

Integrating Intimate Partner Violence "Screening" into HIV Clinical Settings

Learning Outcomes

- Describe the different approaches to screening for IPV
- Describe the objectives of conducting routine and clinical enquiry for IPV
- Describe the minimum requirements for conducting routine and clinical enquiry for IPV.
- Learn when and how routine enquiry for IPV should take place
- Learn what to do if a survivor discloses violence

Approaches to screening for IPV

1. Screening: A structured process used to detect a disorder or health condition.
2. There are 3 types of GBV screening/enquiry:
   - **Routine screening/enquiry** for all clients in a particular setting (e.g. asking all ANC patients or all HIV patients)
   - **Clinical Enquiry/Case Finding** -asking questions about IPV to patients who either disclose they have experienced violence, or patients who show signs and symptoms of GBV
   - **Universal screening** of all clients in all settings (clients are asked no matter what service they receive). Not recommended

Source: Adapted from WHO 2018 VAW Curriculum

What are clinical and routine enquiry for violence?

Clinical Enquiry for Violence.

- **When a clinician asks only clients she/he suspects is experiencing violence or fears violence**
- Clinical enquiry for violence is generally recommended over screening and routine enquiry UNLESS there are certain populations that may be at a higher risk of experiencing violence.

Routine Enquiry for Violence

- When a clinician asks **all clients who present for specific services** about experiencing violence or fears violence
- Routine enquiry for violence is only recommended in certain settings for populations that may be at a higher risk of experiencing violence, including:
    - ANC/PMTCT
    - Care and Treatment
    - HTS

Source: Adapted from WHO 2018 VAW Curriculm

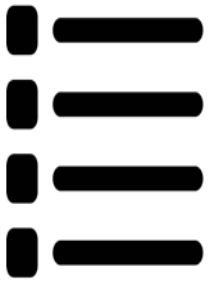
Objectives of routine and clinical inquiry for IPV

1. Sensitively identify individuals experiencing IPV and connecting them to post violence services
2. Offer post violence services as below:
   - Support the survivor with brief empathetic first-line support (LIVES)
   - Referral of survivors <u>to minimum post-GBV care package:</u>
     - ✓HIV post-exposure prophylaxis (within 72 hours of sexual assault)
     - ✓Emergency contraception (within 120 hours of sexual assault)
     - ✓HIV testing, counseling and linkage to treatment
     - ✓STI testing and treatment
     - ✓Treatment of acute injuries
     - ✓Basic psychosocial counseling
     - ✓Referrals to other services as appropriate

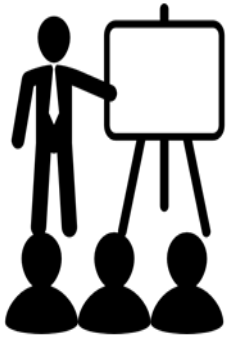
Source: Adapted from WHO 2018 VAW Curriculum

Minimum Requirements for Conducting CE and RE

A protocol/ SOP for the provision of post-GBV services



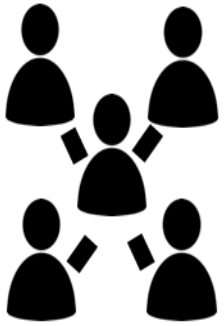
A standard set of questions



Providers are trained on how to ask about IPV or sexual violence

Providers offer first-line support (LIVES)

Providers only ask about IPV in a private setting, confidentiality ensured



A system for referrals to post-GBV care services is in place

USAID FROM THE AMERICAN PEOPLE

Source: USAID, Office of HIV/AIDS, Gender and Sexual Diversity Branch

Set GBV Screening Questions

Physical Violence:

› Within the last three months has anyone ever hit, punched, kicked, tried to strangle, slapped or hit you with something that could hurt or done anything else that hurt you physically?

Emotional Violence:

› Within the last three months has anyone threatened, cursed, insulted, done things that made you feel ashamed, kept you in a state of fear or humiliated you in front of others?

Sexual Violence:

› Within the last three months, has anyone forced you to have sexual intercourse with him/her even when you did not want to or forced you to perform other sexual acts you did not want to?

Source: Adapted from WHO Clinical Handbook 2014

Asking about violence: How to raise the subject carefully

Remember, <u>support, not diagnosis, is your most important role.</u>

- "Many women experience problems with their husband or partner, or someone else they live with."
- "I have seen women with problems like yours who have been experiencing trouble at home."
- How are things at home? How is your relationship?
- Sometimes the people we care about hurt us. Has that happened to you?
- I am a safe person you can talk to if things are not all right at home.

Source: Adapted from WHO Clinical Handbook 2014

Asking about violence: direct questions

Direct questions (if patient responds "yes" to any, offer 1st line support/ LIVES)

- Are you afraid of your partner?
- Has your partner or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when has it happened?
- Does your partner bully you or insult you?
- Does your partner try to control you, for example not letting you have money or go out of the house?
- Has your partner forced you into sex or forced you to have any sexual contact you did not want?
- Has your partner threatened to kill you?

Source: Adapted from WHO 2018 VAW Curriculum

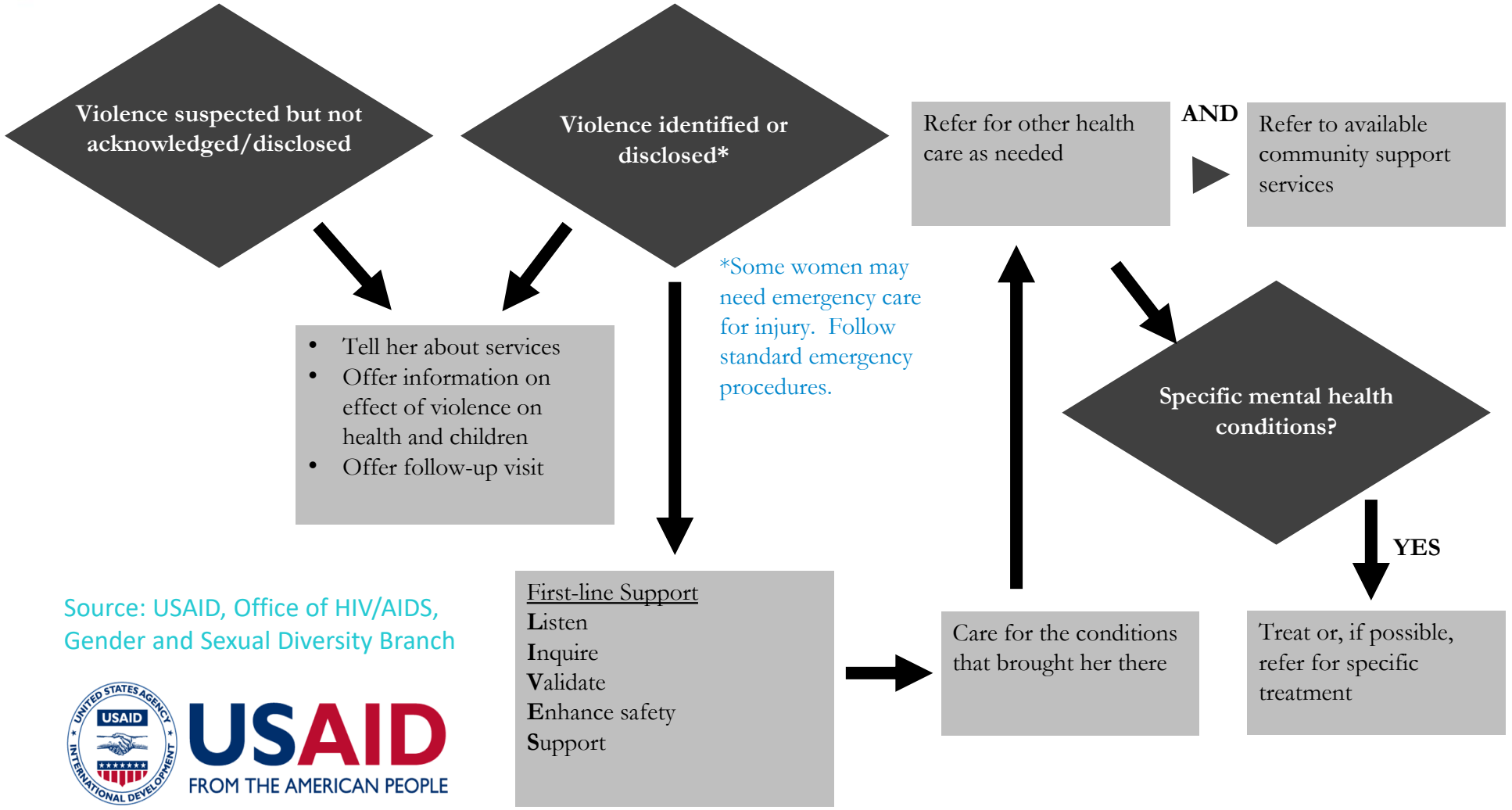
Counselling women on whether PrEP disclosure is safe

- Is your **partner aware** that you are thinking about using PrEP/have started using PrEP?
- If you told your partner you are thinking about using PrEP/have started using PrEP do you think he would **react supportively**?
- Are you **afraid your safety** would be at risk if you share your PrEP use with your partner?
- Do you think that your partner **may harm you if you** tell him that you are thinking about using PrEP/have started using PrEP?

Lessons learned by PrEP providers

- Should not coerce clients into taking PrEP but rather you should help her make an informed decision
- Can repack the medication in an envelope (or other discrete manner) rather than having them carry in the distinct tin
- Take time with clients in order for them to be able to open up
- Some clients will confidently take PrEP and hide it in the house
- Clients whose partners visit once in a while will not disclose they are on PrEP
- Only a few male sexual partners are aware their partners are on PrEP (in marriage, they won't even talk about condoms)
- Abstinence/Use of condoms during the seven days lead up to full efficacy of PrEP is not always feasible (for example for those in marriage)

Example of Pathway for Care for IPV



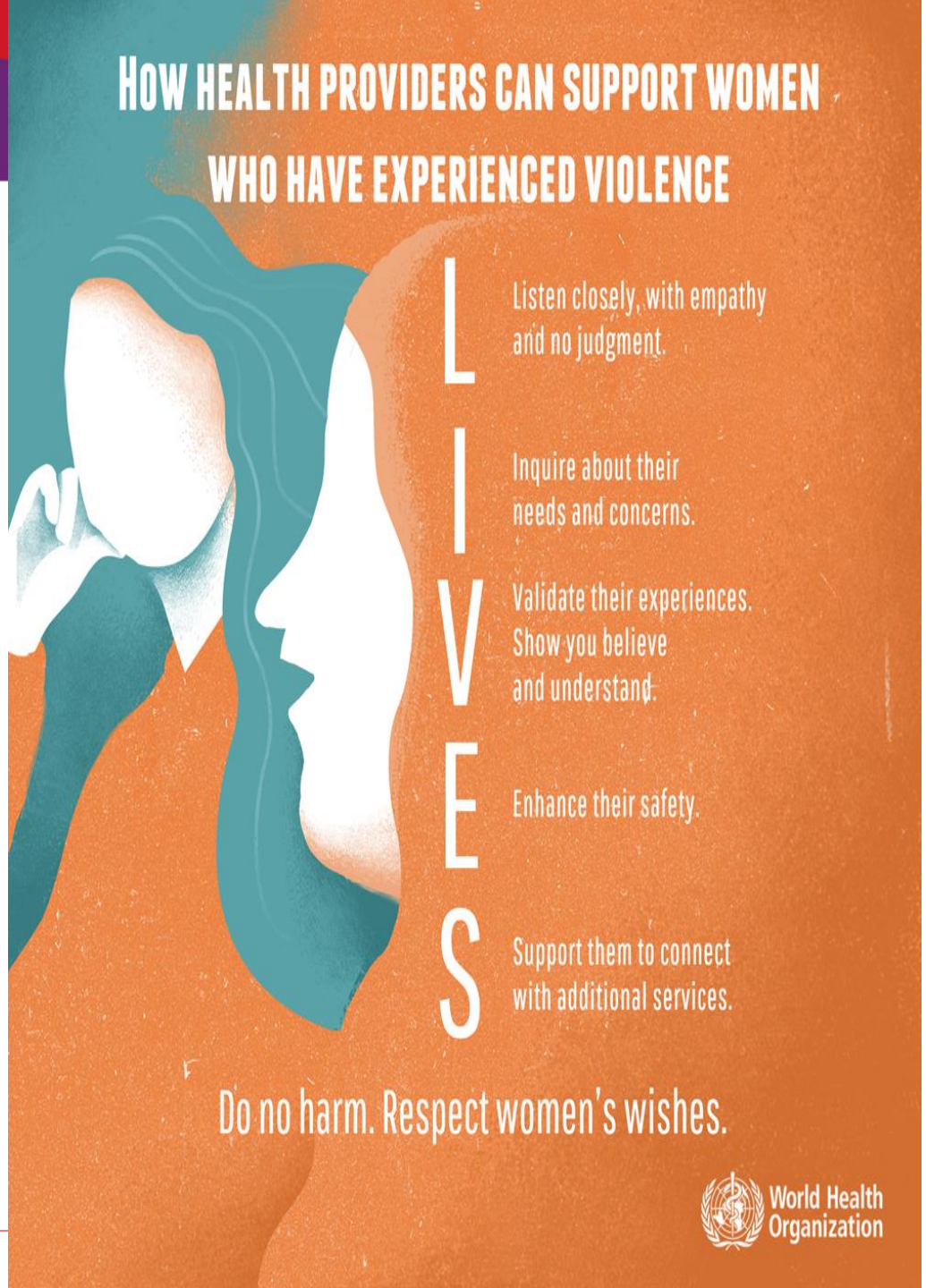
Source: USAID, Office of HIV/AIDS, Gender and Sexual Diversity Branch

USAID FROM THE AMERICAN PEOPLE

What should I do if she discloses violence?

First-Line Support

- First-Line support is a practical, survivor centered, empathetic counselling approach
- It is the immediate care given to a GBV survivor upon first contact with the health system
- It is conducted using the LIVES approach
- First Line Support IS NOT post GBV care



Support (through referrals)

- The goal is to support women to connect with other resources for her health, safety, and social support.
  - Women's needs are generally beyond what you can provide in the clinic.
- Remember: women face multiple barriers to reaching out for help.
  - Your voice is important in encouraging her to seek support.
  - Discuss the woman's needs with her, and share sources of help.
  - If you offer a referral, also offer to help make a call on patient's behalf if it would be more comfortable for her

Source: WHO Clinical Handbook 2014

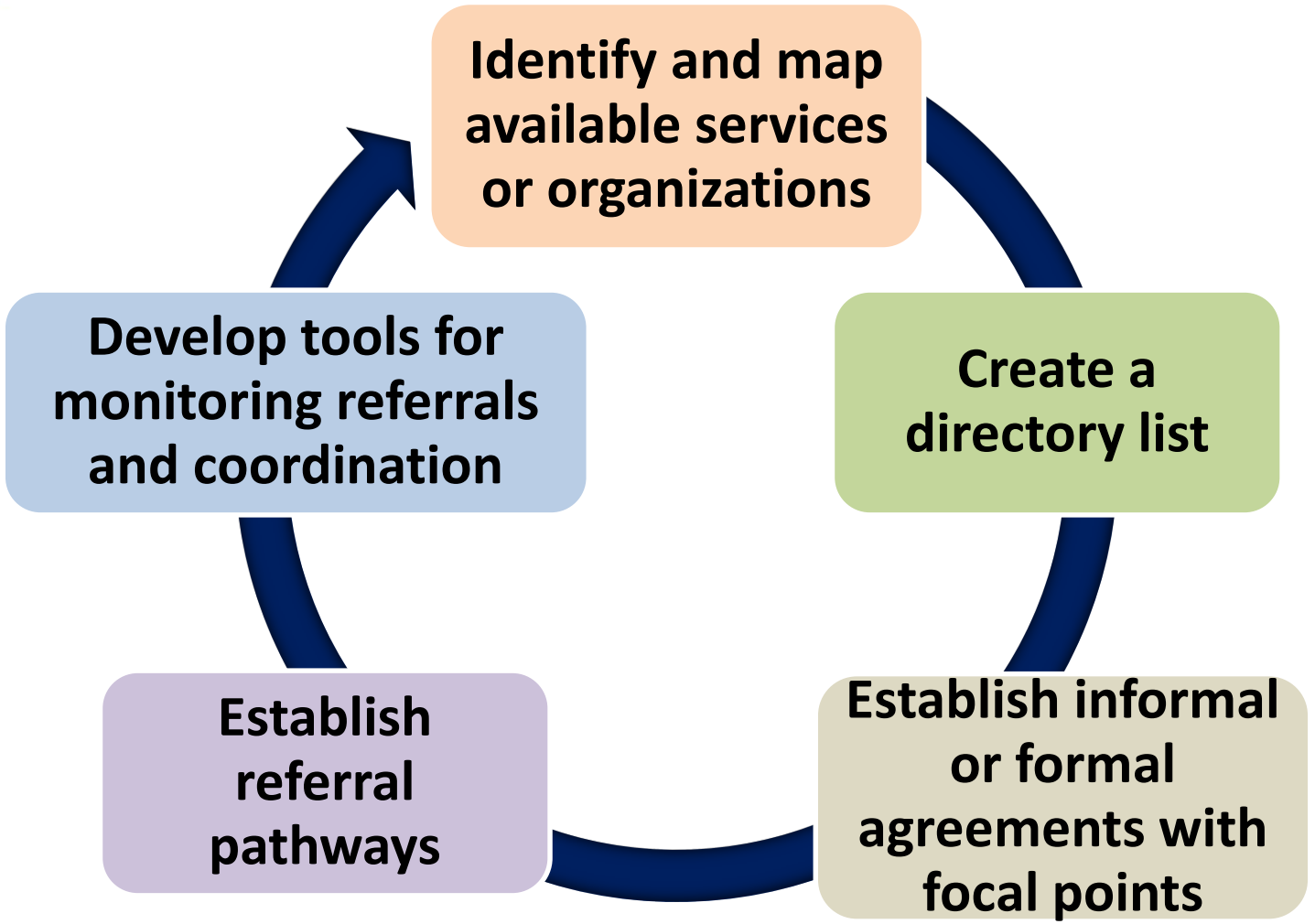
Documentation

- The provider should endeavor to document all key information the patient tells her/him, particularly to ensure that the survivor **does not have to repeat her story again and again** (leading to re-victimization)

- We recommend that providers use a GBV register and medico-legal form. There are standard forms available in the facilitation guide of the GBV Quality Assurance Facilitation Guide, available at http://resources.jhpiego.org/resources/GBV-QA-tool, for adaptation at specific country level

Know your setting! Referral networks & policy context

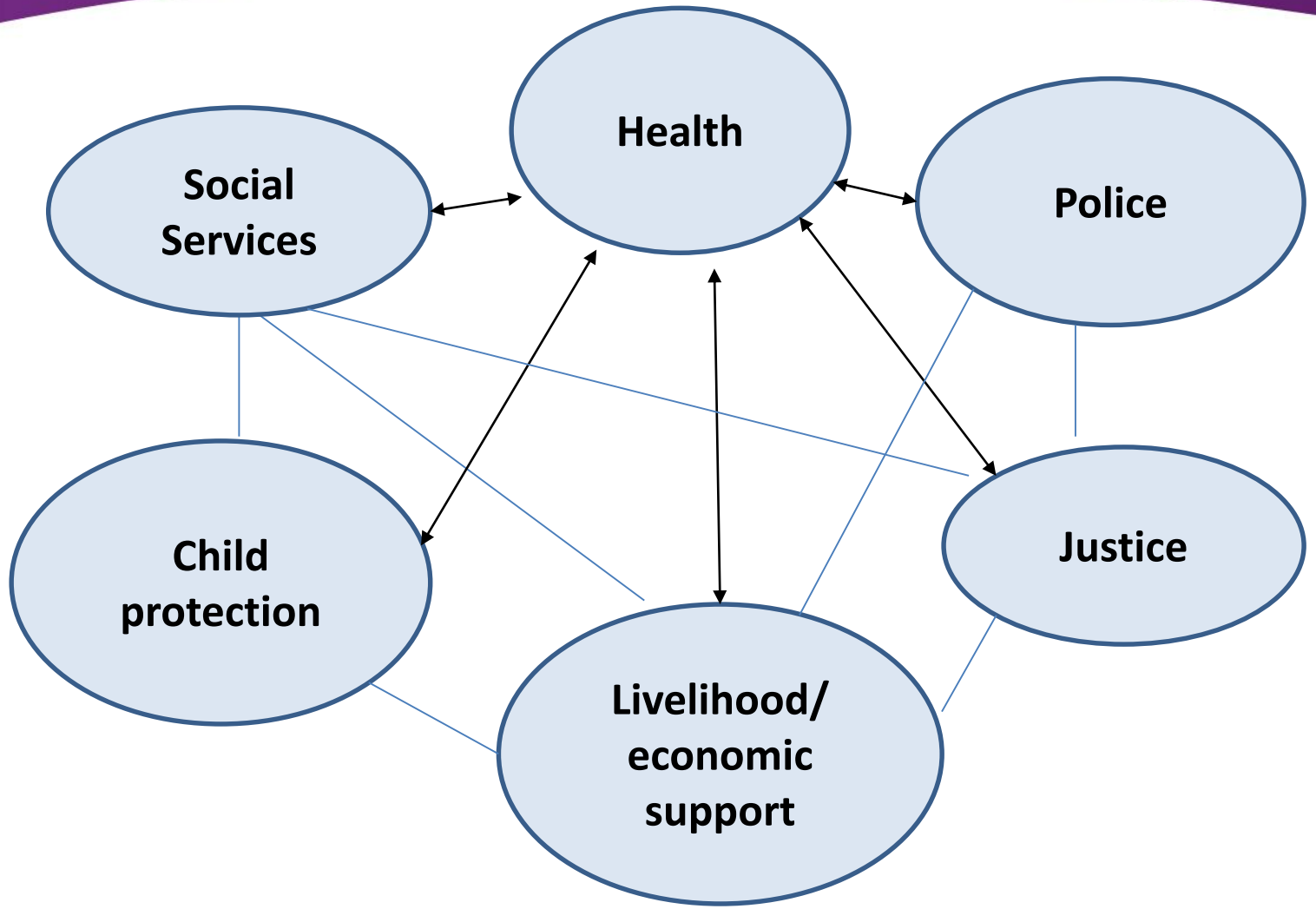
Establishing referral pathways



Establishing referral pathways

- Identify, map and confirm (via a phone call or visit) available services such as:
  - ✓ Police/Law enforcement
  - ✓ Justice services
  - ✓ Social Services
  - ✓ Emergency shelter
  - ✓ Economic/Livelihood support
  - ✓ Child protection services
- Create a referral directory to keep track of community resources (job aid available)
- Establish informal or formal agreements an personal contacts with service providers
- Specify how you will find out if the woman reaches the referral resource
- Monitor referrals and coordination mechanisms

Types of Referral



Offer her a warm referral

- Reduce barriers to women accessing services (e.g. help her identify a means of transport)
- Explain why the service can be helpful for the patient's specific need
- Actively help women access the referral
  - ✓ Offer to make a call on her behalf
  - ✓ Offer to make a call *with* her
  - ✓ Offer private office space for her to make the call

Source: Adapted from WHO 2018 VAW Curriculum

Key messages

- Routine enquiry may reduce women's needs for health services and may save time and resources by helping providers understand and address violence as an underlying reason behind PrEP uptake
- Routine enquiry can help identify survivors early, before violence escalates impeding their PrEP access, uptake and use.
- Always keep the survivor's best interests first – think safeguarding during PrEP consultation, referral, limit risk of further violence occurrence or retraumatization

Additional Resources

- WHO Clinical Handbook: Care for Women Subjected to Intimate Partner Violence and Sexual Violence (2014)
- WHO Clinical and Policy Guidelines: Responding to Intimate Partner Violence and Sexual Violence Against Women (2013)
- Jhpiego/CDC/WHO/PEPFAR GBV Quality Assurance Standards and Facilitation Guide (2018)
- USAID Step by Step Guide to Strengthening Sexual Violence Services in Public Health Services (2010)
- USAID The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs (2013)
- WHO Violence Against Women Training Curriculum (2018, forthcoming)

THANK YOU

CONTACT US:
www.lvcthealth.org

DREAMS Malawi: GBV Response

PrEP Implementers Meeting
13th November 2019

Maria Mkandawire, FHI 360

USAID FROM THE AMERICAN PEOPLE

PEPFAR

fhi360 THE SCIENCE OF IMPROVING LIVES

Background

- AGYW engaging in transactional sex and young FSWs aged 18-24 face high levels of stigma and discrimination when accessing HIV services, thus increasing their vulnerability.
- The majority of young FSWs and AGYW engaging in transactional sex report client-initiated gender-based violence (GBV).
- Violence prevention and response is a critical measure to addressing vulnerability amongst key and priority populations (and improving likelihood of effective PrEP use).

GBV Program Components

- Routine GBV screening and provision of violence prevention tips by peer educators (PEs) and peer navigators (PNs) in hotspots and safe spaces
- GBV screening and referrals by Crisis Response Teams (CRTs)
- Screening of AGYW and Young FSWs 18-24 years in DICs, hybrid facilities, mobile outreach and moonlight and adolescent-friendly safe spaces
- Victim support units - screening and provision of PEP start dose by trained law enforcers
- Community - psychosocial support and case conferencing by social workers

GBV Minimum Service Package

- Psychosocial counseling (empathetic listening, inquiring about needs and concerns, experience sharing, validating, and ensuring safety)
- Treatment of injuries
- HIV testing and counseling services and referral to care and treatment or PrEP, as appropriate
- STI screening and treatment
- Post exposure prophylaxis (PEP) within 72 hours of sexual exposure

GBV Minimum Service Package (cont.):

- Emergency contraception within 120 hours
- Referral and linkage to other services (child protection, legal counsel, police, psychosocial support, emergency shelter)

Outreach Teams

- Peer educators, peer navigators, peer mobilizers
- DREAMS Ambassadors
- Trained community structures, i.e. Crisis Response Teams, DIC advisory committees, community policing, child protection committees
- Healthcare workers, social workers

Crisis Response Teams

- A community-led rapid response system that responds to incidents of violence in the shortest period
- Located in clustered hotpots (56)
- Comprised of bar and rest house owners, PEs, PNs, police, community leaders
- First point of contact at the hotspot level; provide hands on practical and emotional support to victims of violence

Crisis Response Teams

- Roles of CRTs
  - Advocate for reduction of stigma and discrimination against key population group members
  - Support PEs and PNs to document all incidences of violence
  - Negotiate for release of victims that have been unlawfully arrested
  - Provide psychosocial counselling
  - Provide referrals and linkages to other services

Engagement of law enforcers

- 27 law enforcers trained from EpiC districts
- Participate in monthly meetings for PEs and PNs
- Law enforcers provide information on rights during meetings, including how and where to report violence
- Follow-up cases to ensure justice has been provided .
- Involvement includes membership in DIC advisory committees, CRTs

Male engagement efforts

- Through CFSWs, PEs, and PNs
- DIC advisory teams - participate in violence prevention and behavior change programs - before, once violence begins, and in preventing the recurrence of violence
- Engaging opinion leaders to support violence prevention efforts – ensuring an enabling environment where AGYW can access stigma-free services – safe places

FY19 GBV – Machinga & Zomba

(FSW 18-24 Years)		
Period	Reporting GBV	Post GBV Care
Q1	25	14
Q2	22	14
Q3	29	14
Q4	27	27
Total	**103**	**69**

Challenges / Gaps

- Intimate partner violence normalized and justified in most communities, as such FSWs and AGYW are reluctant to report IPV
- Limited reporting by hybrid health facilities
- Limited capacity to conduct forensic reports for VSU referrals
- PEP not provided in some police VSUs despite policy allowing initial dose
- Inadequate capacity by outreach teams to provide mental health support

Way Forward

- Support capacity building of HCWs in GBV screening care, support and documentation
- Include mentorship package for PE & PN to promote more openness among peers for increased documentation of GBV
- Scale up group counselling to allow victims to connect with others who have been through similar situations
- Continue engaging partners specialized in psychosocial counselling

Thank You