

VAW HIV Programming Idea 10: Addressing violence in HIV testing and counselling, PMTCT, treatment and care services

What it involves: Women accessing HIV services have to make decisions related to HIV testing, disclosure of status, infant feeding, treatment for themselves and their child(ren), and contraceptive use. HIV testing and counselling, PMTCT, and treatment and care services can address violence by (131):

- training providers to recognize signs of violence against women; assess women's risk of violence; and provide women-centred care (e.g. being non-judgmental, empathetic listening, ensuring confidentiality, helping women access information and resources);
- identifying women with signs and symptoms indicative of partner violence (i.e. clinical inquiry), and providing them appropriate clinical care and referrals to support services;
- advocating to women, their partners, family members and the wider community about gender equality in sexual, health and HIV-related decision-making;
- helping women who fear or experience violence increase their safety and to access support services (e.g. legal services, shelters, women's nongovernmental organizations, support groups);
- teaching women partner communication and negotiation skills, taking into account unequal power in decision-making and fears or experience of violence;
- monitoring and supporting women living with HIV for subsequent violence;
- ensuring that the male partner is not present when the woman is asked about or discloses violence, as she can be subjected to further abuse by her partner as a consequence.

Summary of the evidence: The evidence-base for this approach comes primarily from studies designed to respond to violence against women. The outcomes are not preventing

violence against women, but a range of quality of care and service delivery outcomes. The activities mentioned above are based on recommendations from existing WHO guidelines that are based on a systematic assessment of the evidence (131). Evidence, mainly from high-income settings, suggests that interactive training of health care providers may improve identification of and clinical care and support to women experiencing violence, provided that systems of care and referral are in place (132–134). A systematic review of interventions on universal screening of women experiencing intimate partner violence shows that screening is not effective in either reducing partner violence or improving women's quality of life and health outcomes (135,136). Therefore, WHO guidelines recommend identifying women based on signs and symptoms indicative of partner violence rather than universal screening (131). Evidence on interventions to support HIV disclosure, safety planning, and psychosocial support for women experiencing violence is limited. There are no examples for this programming idea in the accompanying annexes as there are, as yet, no evaluated interventions that directly assess HIV outcomes.

Conclusion: This approach is rated not-applicable (N/A) for preventing violence against women, as it responds to women who have already experienced violence. Existing WHO guidelines recommend the approach to be integrated in all health care settings including HIV testing and counselling, PMTCT, treatment and care services to mitigate the consequences of violence faced by women and to avoid exposing women, especially those living with HIV, to further violence. However, this approach has not been evaluated for impact on HIV-related outcomes therefore, it is considered as effectiveness undetermined.