

**VAW** **HIV** **Programming Idea 12: Addressing HIV in services for survivors of violence**

**What it involves:** This refers to the provision of HIV prevention information, education, counselling, as well as referrals to HIV services (e.g. treatment and care) to survivors of intimate partner violence and sexual abuse through other programmes and services that they already use (e.g. shelters, social services for survivors of abuse, mental health services, services for treating women engaged in harmful substance use). This can also include individual or group HIV risk-reduction education or counselling and trauma-based therapy (e.g. cognitive behaviour therapy) for post-traumatic stress disorder (PTSD). Such interventions can also build skills in negotiating safer sex and partner communication, and offer support mechanisms from peers.

**Summary of the evidence:** A majority of interventions that target survivors of violence for HIV prevention through violence prevention and response services have been implemented in high-income countries (e.g. the USA). A review of domestic violence shelters in one state in the USA found that, while most shelters assessed sexual abuse history, few provided HIV prevention information and counselling or STI services. Many shelters did not have active HIV prevention programmes, as they did not see HIV as a priority and also faced human and financial resource constraints (144). Three randomized controlled trials and one quasi-experimental study with women survivors of childhood abuse, all conducted in urban areas of the USA, provided individual or group education sessions ranging from 11 to 25 sessions spread between 6 weeks and 6 months. The content of these sessions included: trauma-based therapy, enhanced sexual health education and

counselling for HIV risk-reduction, and adherence counselling for HIV positive women with histories of childhood sexual abuse. Three out of the four interventions showed impact on risk-reduction (i.e. either reduced sexual risk taking or unprotected sex) (145–149). A pilot quasi-experimental study conducted in Johannesburg, South Africa compared participatory group education on HIV prevention offered to abused women over 6 sessions with the outcomes of a 1-day workshop. The evaluation found similar improvements in HIV knowledge, risk-reduction intentions and condom use self-efficacy in both groups at the two-month follow up (150). Most interventions providing HIV prevention services to women with a history of experiencing violence are based on small sample sizes, require significant and specialized human resources for intensive sessions over a long period of time, and have been applied in high-income settings where shelters and services for violence prevention and response are more widely available than in low- and middle-income country settings. Hence, it is unclear how feasible they are in resource-poor settings. Examples of interventions that address HIV in services for survivors of violence are provided in Annex 1.10.

**Conclusion:** This approach is not-applicable (N/A) for preventing violence against women as it focuses on HIV prevention among those who have already experienced violence. Given that these interventions were mainly with pilot interventions with small sample sizes and have not been implemented outside the USA, this approach is considered to be promising for HIV outcomes among women who experience violence.

## Annex 1.10. Examples, programming idea 12: Addressing HIV in services for survivors of violence

Intervention and location	Description of beneficiaries	Content of intervention	Evaluation design and outcomes	Results and limitations	Conclusions
Integrating HIV prevention into services for abused women South Africa (150)	97 women aged 18 years and over seeking abuse-related services at a Johannesburg NGO	<p>Small group participatory intervention integrating HIV prevention strategies with issues of gender, power imbalance, and abuse</p> <p>The content of the sessions focused on: understanding abuse and trauma, its association with HIV risk and coping; knowledge about HIV and risk behaviours; condom use and strategies for overcoming barriers; communication, negotiation and problem solving skills; empowerment including economic independence and negotiating gender roles (e.g. position of women, gender norms and identities and their influence on women's lives)</p>	<p>Quasi-experimental: pre- and post- intervention comparison of the weekly six-session versus a one-day workshop of the group education that did not focus on skills building</p> <p>Outcomes: HIV knowledge; risk-reduction intentions and self-efficacy; trauma symptoms; intimate partner violence; sexual behaviour; HIV/STI testing and treatment</p> <p>Interviews at baseline, post-intervention, and two-month follow-up</p>	<p>Participants in the intervention and control arms showed significant improvements on all outcomes between pre-intervention and two-month follow-up with no differences between the two arms</p> <p>Women in the six session (intervention) group were less likely to be in a relationship immediately at post-intervention than women in the one-day format (control), but this difference was not maintained at two month follow-up</p> <p>Limitation: No randomization and loss to follow-up was high, with only 56% of six session and 62% of one-day participants retained at two months; follow up period too short after the intervention. Generalizability may be limited as women who seek services for violence may be different than those who do not</p>	<p>The findings from this small study support the feasibility of an approach to address HIV prevention among a group of abused women. Intervention trials are needed to ascertain the efficacy and longer term impact of multi-component interventions that address HIV risk and intimate partner violence</p> <p>HIV prevention interventions for women who are in violent relationships need to be mindful of their history of trauma and abuse. Women in violent relationships need to develop HIV prevention skills that can be safely applied in their current unequal relationships. They may need institutional options available to them to support leaving the relationship if they choose</p>
Integrated risk-reduction intervention for HIV-positive women with child sexual abuse histories USA (190)	HIV-positive women with child sexual abuse histories, aged 18 years and over, sexually active in the past year; African-American, Latina, or European American from Los Angeles, California	A culturally sensitive, psycho-educational intervention called: Enhanced Sexual Health Intervention (ESHI) involving 11 sessions to reduce sexual risks, increase HIV medication adherence for HIV-positive women with childhood sexual abuse histories	<p>Randomized controlled trial of ESHI versus attention matched control with 147 HIV-positive women</p> <p>Assessment at baseline, post-intervention, and for the intervention arm, three and six months follow-up</p> <p>Outcomes: Sexual risk-reduction; HIV medication adherence</p>	<p>There was improvement between pre- and post-intervention in the ESHI arm in sexual risk reduction in the unadjusted model</p> <p>However, in the multivariate (i.e. adjusted) model, participants in the ESHI arm showed nearly three fold greater sexual risk-reduction than women in the control (AOR = 2.96, p = .039)</p> <p>There were no differences between women in the ESHI and control groups on medication adherence post-intervention</p> <p>However, women in the ESHI arm who attended eight or more out of the 11 sessions reported greater HIV medication adherence at post-intervention than the control arm</p>	<p>The findings provide initial support for a culturally sensitive psycho-educational intervention with HIV-positive women with childhood sexual abuse. The study highlights the importance of addressing the effects of childhood sexual abuse on sexual risk-reduction in HIV preventive interventions for women</p>