Addressing Violence and Trauma in the Lives of Women with HIV: Toward Policy and Programmatic Solutions

November 7, 2014
WELCOME!
Agenda

Welcome and Overview
Understanding the impact of Violence & Trauma in the lives of Women Living with HIV
Gina Brown, PWN-USA and Presidential Advisory Council on HIV/AIDS (PACHA)

White House Update
Lynn Rosenthal, White House Advisor on Violence Against Women

Update on Federal Interagency Working Group on HIV/AIDS, Violence against Women & Girls, and Gender-Related Health Disparities
Maggie Czarnogorski, Senior Policy Advisor, White House Office of National AIDS Policy

Opportunities to Expand Services for Women Living with HIV under the Affordable Care Act
Lindsey Dawson, Kaiser Family Foundation

From Recommendations to Action: Advocacy Opportunities and Next Steps
Kathleen Griffith & Olivia Ford, PWN-USA

Discussion/Q & A

Closing
HIV Care Cascade for Women

- Diagnosed: 85%
- Linked to Care: 70%
- Retained in Care: 41%
- Prescribed ART: 36%
- Virally Suppressed: 26%

Siemieniuk RA, et al. AIDS Patient Care STDs. 2010
Lesserman, J. et al. AIDS PATIENT CARE and STDs. 2008

I was in an abusive relationship for 4 years. When I attempted to leave, he threatened to come after me under HIV criminalization laws because I didn’t disclose to him when we first got involved. He also threatened to have my kids taken away.

“I have felt ashamed of my body and worthless. My ex would tell me that nobody else would ever want me, because of my HIV.”

“My partner didn’t want anyone else to know about my HIV status. He didn’t even allow me to see my HIV doctor, because he was afraid of people finding out. So I basically had no support and was not getting care.”
Gina Brown is a Medical Case Manager at Priority Health Care, Inc, working with men and women who are living with HIV and face barriers to engaging in care. Gina has worked in the field of HIV for 12 years and has been living with HIV for 20 years. Gina graduated Magna Cum Laude from Southern University at New Orleans, with a Bachelor of Social Work with a minor in History in 2011 and received her MSW in 2012. Gina serves on the Presidential Advisory Council on HIV/AIDS (PACHA), is a member of Positive Women’s Network USA (PWN-USA), Louisiana AIDS Advocacy Network (LAAN), Elimination of Mother to Child Transmission Workgroup (EMCT), and Louisiana Translational Science Center Community Advisory Board (La CaTS). Gina is the past-VP of the School of Social Works’ service organization (SOS) and has also served as the Historian for Psi Phi SUNO’s chapter of Phi Alpha Social Work Honors Society. Gina was recently honored at SisterLove’s 2020 Leading Women Society. Gina is a Public Speaker and Community Advocate. Gina truly believes in service work and has made it her life’s mission to help the broader community gain a higher level of health literacy.
Understanding the Intersections

• Intimate partner violence (IPV) and trauma can impact access to care for women living with HIV (WLHIV)

• HIV can lead to and exacerbate IPV.

• Social Workers, case managers, peer advocates and other allied health professionals can play an important role in addressing IPV among WLHIV
Lynn Rosenthal is the White House Advisor on Violence Against Women. From 2000 to 2006, Ms. Rosenthal was the Executive Director and President of the National Network to End Domestic Violence (NNEDV). She also served as executive director of a local domestic violence shelter in North Florida and has led state domestic violence coalitions in Florida and New Mexico. While serving in the White House, Lynn has coordinated efforts to reduce domestic violence homicides, address domestic violence in the workplace, raise awareness about the effects of violence on youth, and improve the nation’s response to sexual violence. Lynn is a senior advisor to Vice President Biden and serves on the White House Council on Women and Girls.

- Increase IPV screening and HIV testing for girls and women and encourage concurrent screening.
- Improve outcomes for women in HIV care by addressing violence and trauma.
- Address certain contributing factors that increase the risk of violence for women and girls living with HIV.
- Expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls.
- Support research to better understand the scope of the intersection of HIV/AIDS and violence against women and girls and develop effective interventions.

Maggie Czarnogorski, MD, MPH (CHAR- no- GOR –ski). Dr. Czarnogorski is as a Senior Policy Advisor in the Office of National AIDS Policy, at the White House detailed from the Department of Veterans Affairs (VA). At VA, Dr. Czarnogorski served as Deputy Director, Women’s Health and Deputy Director, National HIV/Hepatitis Program. She was the VA’s lead on implementation of the National HIV AIDS Strategy (NHAS) and a strong advocate for HIV and intimate partner violence (IPV) screening among women Veterans. Dr. Czarnogorski served on the White House’s Federal Interagency Workgroup on the Intersection of HIV, Violence Against Women, and Gender Disparities since 2012 and since joining the ONAP team - has taken a lead role on this federal workgroup. Dr. Czarnogorski is a practicing HIV/Infectious Disease physician with a weekly clinic at Washington DC VA Medical Center.
Update on Efforts to Address the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities

Office of National AIDS Policy
White House Advisor on Violence Against Women
White House Council on Women and Girls

OCTOBER 2014
Report Highlights

- **Interagency Collaboration:** The U.S. Department of Justice (DOJ) & the U.S. Department of Housing and Urban Development’s (HUD) Housing Opportunities for People with AIDS (HOPWA) have created a joint effort that will **specifically allocate funding and resources to support transitional housing for women living with HIV, and who are experiencing violence in their lives.**

- **Trauma-Informed Care:** The Substance Abuse and Mental Health Services Administration (SAMHSA) released a Trauma-Informed Approaches concept paper that identifies a new framework to address trauma experiences and victimization. This framework aims to **help individuals, like women living with HIV, to modify negative behaviors resulting from trauma and ultimately improve health outcomes.**

- **National Awareness Campaigns:** The Centers for Disease Control and Prevention (CDC) provided ACF and the Office of Violence Against Women with information about the **Take Charge, Take the Test campaign,** which is a national campaign that encourages HIV testing among Black/African American women. The campaign was launched in 10 U.S. cities where large numbers of Black women are represented and affected by HIV.
Report Highlights

• **Increased Screening:** The Health Resources and Services Administration (HRSA) has collaborated with the Administration for Children and Families (ACF) to disseminate HIV and IPV screening and counseling tools to Ryan White programs, Federally Qualified Health Centers (FQHCs), rural health programs, maternal and child health programs, and National Health Service Corps providers.

• **Cross-training:** The HHS Office on Women’s Health (OWH) has released The Intersection of Violence against Women and HIV/AIDS: A Cross-Training Guide for Service Providers, which focuses on educating and training violence-prevention caseworkers and providers on the link between violence and HIV/AIDS. The guide will be used to train domestic violence (DV) counselors to promote HIV testing and HIV risk-reduction in their service delivery, as well as to train HIV service providers to screen and refer clients to IPV services.
Report Highlights

• **LGBT Focus:** ACF funded the Northwest Network of the LGBTQ Domestic Violence Learning Center and partnered with the National Coalition of Anti-Violence Programs and the AIDS Institute to develop **outreach materials addressing the intersections of IPV and HIV risk.**

• **Aligning Resources with the Epidemic:** The National Institutes of Health’s (NIH) Women’s Interagency HIV Study (WIHS) has expanded to include southern sites to more accurately represent the U.S. epidemic. In addition, WIHS investigators published two papers in 2014 that analyzed psychological factors, sexual minority status, and gender-based violence in HIV-infected and HIV-uninfected at-risk-women.
Next Steps

- **Increased screening for both HIV and IPV** in primary care clinics and IPV screening in HIV clinics.
- **Scale-up Trauma Informed Care in HIV** clinics to address the violence in women’s lives first, and have a greater impact on health outcomes.
- **Expand outreach and prevention efforts to young girls of color in communities with high rates of HIV** to address the underlying societal norms that disempower young women and girls.
Lindsey Dawson is a Senior Policy Analyst with the HIV Policy team at the Kaiser Family Foundation. Ms. Dawson’s work focuses on domestic HIV policy and particularly its intersection with the Affordable Care Act (ACA). Prior to joining the Foundation Ms. Dawson was a Policy Associate with The AIDS Institute, where she also focused on domestic HIV policy and the ACA. Prior to that, Ms. Dawson interned with the Foundation’s Program on Medicare Policy. Ms. Dawson holds a Masters in Public Policy from King’s College London and a Bachelor of Arts in Sociology and Women’s Studies from Smith College.
HIV, Intimate Partner Violence (IPV), and Women: New Opportunities Under the Affordable Care Act (ACA)

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Overview

- Context and intersection of HIV and intimate partner violence, scope of the problem
- Opportunities under the ACA
- Looking ahead and implementation

### HIV, Intimate Partner Violence (IPV), and Women: New Opportunities Under the Affordable Care Act (ACA)

*October 2014 | Issue Brief*

Lindsey Dawson, Jennifer Kates

#### Introduction

Women in the United States experience high rates of violence and trauma, including physical, sexual, and emotional abuse, and women with HIV, who represent about a quarter of all people living with HIV in the U.S., are disproportionately affected. Intimate partner violence (IPV), also called domestic violence (DV), in particular has been shown to be associated with increased risk for HIV among women as well as poorer treatment outcomes for those who are already infected. In addition, it has been suggested that women are at risk of experiencing violence upon disclosure of their HIV status to partners. In recognition of the risks experienced by women with HIV, President Obama issued a Presidential Memorandum in 2012 establishing an interagency working group to examine the intersection of HIV, violence against women and girls, and gender-related health disparities, noting, among other things, that “gender-based violence continues to be an underreported, common problem that, if ignored, increases risks for HIV and may prevent women and girls from seeking prevention, treatment, and health services.”

Given the role that IPV plays in HIV risk, transmission, and care and treatment, finding ways to mitigate its effects is an important part of addressing the HIV epidemic among women in the United States.

#### Table 1. Key Terms and Definitions

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<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Violence</td>
<td>Four categories: physical violence, sexual violence, threat of physical or sexual violence, and psychological/emotional abuse.</td>
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<tr>
<td>Intimate Partner</td>
<td>Intimate partners can include current and former heterosexual or same-sex spouses (including common-law spouses), non-marital partners, dating partners such as boyfriends/girlfriends, and separated spouses. Partners may or may not be cohabiting and the relationship may or may not involve sexual activities.</td>
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<tr>
<td>Intimate Partner</td>
<td>“Intimate partner violence includes physical violence, sexual violence, threats of physical or sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner.”</td>
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<tr>
<td>Trauma</td>
<td>Trauma can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being.</td>
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One potential avenue for doing so is the Affordable Care Act (ACA) which, in addition to expanding health coverage to millions of uninsured individuals in the United States, offers new opportunities for addressing the needs of women at risk for and living with HIV who have experienced IPV. This issue brief provides an overview of
Scope of the problem: Women, HIV and Intimate Partner Violence

- Violence is a widespread experience among women throughout the United States
  - 27% of US women report ever having experienced unwanted sexual contact
  - 36% of all US women report ever having experienced IPV including rape, physical violence, and/or stalking

- Experience of violence among HIV positive women is even more widespread
  - It is estimated 55% of women living with HIV experience IPV
  - IPV is associated with trauma and trauma and violence is also associated with poor treatment outcomes and higher HIV transmission risk

Women with HIV are More Likely to Experience Intimate Partner Violence

Lifetime Experience of Intimate Partner Violence (IPV)

Among All U.S. Women (3.6 in 10)

Among HIV+ U.S. Women (5.5 in 10)

A Cycle of Violence, Risk, and Infection

- Risk factors for HIV and IPV are similar
- Experience of IPV more widespread among HIV+ women
- Women in violent relationships 4x increased risk for contracting STIs, including HIV, than those in non-violent relationships
- One study found 20% of HIV+ women experienced violence by a partner or someone important to them since diagnosis, half associated violence with HIV diagnosis

General Coverage Expansions Under the ACA

- Increased coverage, increased access to healthcare system
  - More than 8 million signed up for a marketplace plan
  - CBO estimates 5 million purchased coverage outside marketplace in ACA-compliant plans
  - Close to 6.7 million more individuals determined eligible for Medicaid/CHIP (compared to before open enrollment)

- Coverage varies based on state decisions
  - Private Market: Benchmark decisions and individual plan benefits
  - Medicaid expansion decisions
    - ACA envisioned all states would expand programs to those up to 138% FPL but a Supreme Court decision effectively makes this a state option

Notes: Expansion decisions current as of October 2014; PLWHA estimates based on those living with an HIV diagnosis in 2010.
Specific Opportunities to Address IPV Under the ACA

• Elimination of pre-existing condition exclusions; rate setting based on health
  • Cannot be charged more, have coverage rescinded, or denied coverage for being HIV+ or being an IPV survivor
  • Prior to the ACA:
    • Many with HIV denied access to private market or coverage was cost prohibitive
    • 7 states explicitly permitted insurers to deny coverage to survivors; 22 had IPV anti-discrimination protections

• Access to range of no-cost preventive services for women, including screening and counseling for IPV
  • Most private health plans and all Medicaid expansion programs, in states that expand
  • No requirement for traditional state Medicaid programs
  • Not all states expanding

Specific Opportunities to Address IPV Under the ACA

• Individual mandate exemption due to recent experience of IPV
  • No documentation needs to be provided to qualify, applicant is asked to explain how “the hardship” (IPV) prevented them from gaining coverage

• Allowance for married IPV survivors to file taxes separately from their spouse and still claim a premium tax credit
  • Tax credits available to those 100%-400% FPL to reduce cost of premiums for plans purchased through marketplaces
  • Typically married couples must file jointly to access tax credits
    • Protects IPV survivor from having to interact with abuser for purposes of accessing subsidized coverage
  • Limited to three consecutive years
  • Temporary rule, in place now, comment period ended Oct. 2014
Specific Opportunities to Address IPV Under the ACA

• Special Enrollment Period (SEP) for survivors of IPV (closed May 2014) in federal marketplace (optional in state marketplaces)
  • Guidance around tax filing status was released late in open-enrollment period, SEP permitted those eligible to take advantage of the opportunity to file using the married filling separately tax status

• Access to mental health and substance use services
  • Experience of both IPV and HIV associated with mental health and substance abuse comorbidities
  • 1 of 10 “essential health benefit” categories required of most individual and small group plans; all Medicaid expansion plans
  • Services must be covered at parity with medical/surgical benefits
  • In the past, estimated that 1/3 of those in private market lacked substance use coverage; 20% lacked mental health coverage

Additional Opportunities Under the ACA

- State grant opportunities under the ACA:
  - Program under Pregnancy Assistance Fund
    - Funds can provide intervention & support services for pregnant women who are victims of domestic, sexual violence or stalking and support and training for federal, state, local & other partners
  - Maternal, Infant, & Early Childhood Home Visiting Initiative
    - Competitive and formula grants to states, through 2015
    - Provides resources to address needs of families in at risk communities, specifically including domestic violence
    - States to demonstrate reduction in crime or domestic violence
  - Given that many HIV+ women are mothers, potentially important avenues to address IPV in alternative settings

- Establishes National Prevention Council, calls for National Prevention Strategy
  - Injury and Violence Free Living as a priority area with references to IPV
  - Recommends the federal government “research and disseminate effective methods to prevent” IPV
Looking Ahead and Implementation

• Issues specific to addressing IPV
  • Coverage does not always equate with uptake/offer
    • Will be true with domestic violence screenings
    • Additional efforts may be necessary to generate more widespread provider led IPV screening
  • An estimated 23% of women (ages 15 to 44) have discussed dating or domestic violence with a provider in the past 3 yrs

• Need to raise awareness of HIV and IPV among providers

• Confidentiality issues remain
  • Private insurance plans typically send Explanation of Benefits (EOB) that documents provided services to the principal policy holder, such as a spouse
Looking Ahead and Implementation

• Ongoing rulemaking and state decisions, specific to IPV
  • Tax filing rule, futures SEPs
  • State-based exchange decisions (e.g. the SEP)
  • Grant opportunities

• Ongoing rulemaking and state decisions, general but relevant
  • Medicaid expansion
  • Access to opportunities varies by coverage
    • Traditional state Medicaid plans, employer sponsored plans

• Ultimate impact of provisions yet to be seen, but ACA could present opportunities to address IPV, for both women living with and at risk for HIV and could be a component of addressing the national HIV epidemic
Kathleen (Kat) Griffith holds a Masters in Social Work (MSW) and currently works in a residential addiction treatment for women. Kat has served on several committees, including being the past Chair of her local Client Advisory Board, an inaugural member of Illinois Alliance for Sound AIDS Policy, has been with the Positive Women’s Network since 2009 as a Steering Committee member, a Policy Co-chair and a Strategic Communications Action Team Member, and now a Board member and Treasurer of PWN-USA. Kat also currently sits on the Curriculum Advisory Committee for the National Network to End Domestic Violence as a representative of PWN-USA, and is a past Board for the ISU School of Social Work. Kat was diagnosed in 1991 while still in college. Since then, Kat has owned two businesses, and returned to school. She is focused on the intersectionality of the HIV epidemic, while highlighting that hope and knowledge are the only ways to pave our future as women living with HIV.
Advocacy in Action
The way forward: Changing Programs

• **Expand** screening for IPV and trauma (PTSD) in HIV care and services

• **Scale up trauma-informed care** practices in community-based organizations and clinics

• HIV and mental health/substance use orgs: seek out in-services on trauma, PTSD, violence
The way forward: Expanding Collaborations

- **Partnerships** between DV and HIV service providers & advocacy coalitions

Example:

Collaboration with State Anti-Violence Coalitions (e.g. ILCADV)
The way forward: Changing Policies

– Elimination of state-level HIV-specific criminalization laws & statutes

– Elimination of state-level laws criminalizing sex work & “condoms as evidence” laws

– Advocate for inclusion of metrics on addressing trauma and violence in the lives of WLHIV in federal and state policies, and in health outcomes for clinics
Resources

http://www.whitehouse.gov/sites/default/files/docs/hiv_vaw_grhd_report.pdf

Kaiser Family Foundation Fact Sheet on Opportunities under the ACA to Expand IPV services for WLHIV

PWN-USA factsheet: Moving from Recommendations to Action

AIDS United factsheet on women, violence, trauma, & HIV

National Network to End Domestic Violence HIV-DV Toolkit
http://nnedv.org/resources/dv-hiv-aids-toolkit.html

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
http://store.samhsa.gov/product/SMA14-4884

Was Cicely Bolden’s Murder the Result of HIV Stigma?
Presenter: Olivia Ford

Olivia Ford, Communications Director, comes to PWN – USA after more than six years on staff at TheBody.com, a comprehensive Web-based HIV news, information and support resource. In this capacity she had the privilege of writing articles, developing materials, interviewing and moderating discussions with HIV advocates, professionals and other community members (many PWNers among them) on such topics as the intersections of trauma, gender-based violence and HIV; health care access in transgender communities; familial homophobia and HIV risk; the rollout of PrEP for U.S. women; immigration and HIV; criminalization and stigma; as well as many aspects of becoming a parent while living with HIV. She also worked closely with dozens of bloggers and community writers in this role. Olivia has co-presented workshops to diverse audiences at conferences throughout the U.S. on a variety of topics, including HIV and the media and using online storytelling as a means to counter HIV stigma.
National Day of Action to End Violence Against Women with HIV

Convened by PWN-USA on October 23 with vigorous community support

Originated from organizing in Texas around brutal murders of Cicely Bolden (2012) and Elisha Henson (2014) due to disclosure of HIV status
In-Person and Online Activities

- **Events, vigils, and rallies:** Birmingham, AL; San Diego and Oakland, CA; Philadelphia, PA; Dallas and Houston, TX; Denver, CO; and beyond

- **Flash blog** curated by Houston PWN-USA members and allies: >20 entries

- **Social media toolkit:** Messaging and images shared on Twitter and Facebook
Endorsements and Coverage

• 20 organizational endorsers
• Dozens more sharing messaging and resources on social media
• Media coverage: *HIVPlus*, *EDGE Boston*, more to come

![Chart showing statistics on women living with HIV and IPV]
Many Thanks to All Day of Action Endorsers!

Positive Women's Network-USA
Discussion
Closing Remarks
Thank you

Positive Women’s Network - USA

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