

THE CENTER FOR WOMEN AND FAMILIES Kentuckiana's Rape Crisis + Domestic Violence Center

HIV and Intimate Partner Violence

DECREASING RISK FOR WOMEN IN KY





BACKGROUND INFORMATION AND PROJECT DESCRIPTION

ADDRESSING THE ISSUES

In October 2019, the U.S. Office on Women's Health awarded \$1.2 million dollars to The Center for Women and Families (The Center) a shelter for violence in Louisville KY. The Center worked with staff from Volunteers of America's Health Outreach and Prevention, HIV testing program (VOA Health) and the Pacific Institute for Research and Evaluation (PIRE), to look for ways to help women who have higher chances of living through violence, being infected with HIV, and experiencing substance misuse. <u>KENTUCKY'S INTIMATE</u> <u>PARTNER AND DOMESTIC</u> <u>VIOLENCE PROGRAMS LACK</u> <u>THE RESOURCES TO SERVE</u> <u>ABOUT 10% OF PEOPLE WHO</u> <u>NEED THEM.</u>

PROJECT GOALS

- Increase access to services to prevent HIV for women living through violence.
- 2 Help VOA talk to clients about violence and how to connect clients to The Center.
- 3 Decrease stigma about people living with HIV who may experience substance use or violence.

BUMPS IN THE ROAD

Pandemic-related requirements and civil unrest in Louisville affected how the team accomplished their goals. Crisis calls to Center decreased by 30% from March-May 2020, but it is unlikely rates of violence were also decreasing. In 2020, VOA Health did not have personal protective equipment and stopped community HIV testing for more than 10 weeks.

VOA Health is now back HIV testing in the community and project partners were determined to keep the project going.

EXPERTS AGREE THAT COVID-19 MADE IT HARDER FOR WOMEN LIVING THROUGH VIOLENCE TO SEEK HELP AND MAY HAVE MADE VIOLENCE WORSE.

PROJECT ACCOMPLISHMENTS

Even through trying times...

- The Center, VOA Health, and PIRE worked together to develop training about HIV and sexual health that was relevant to our community.
- The Center staff attended the training and learned how to talk with clients about HIV testing, HIV protection and prevention, and developing a sexual safety plan.
- The Center, VOA, and PIRE collaborated to find and adapt an intimate partner violence questionnaire that would work for people in our community.
- VOA Health staff attended training to learn more about violence and how to use the questionnaire to connect clients to The Center.
- Experts in HIV prevention, intimate partner violence, and stigma created community forums, presentations, and training for community-serving organizations including:
 - Passport by Molina Healthcare
 - <u>Big Brothers, Big Sisters of</u> <u>Kentuckiana</u>
- <u>The Foundation for a Healthy</u>
 <u>Kentucky</u>
- Community Shield

MORE THAN 200 SERVICE-PROVIDING STAFF RECEIVED TRAINING TO IMPROVE LINKAGES TO CARE AND PREVENT STIGMA.



During the 2.5 years of this project, VOA Health used the intimate partner violence questionnaire with more than 400 people. VOA Health staff were able to share resources from The Center with people experiencing violence. For our community, this means that women who may have a greater chance of living through violence or becoming infected with HIV now have better access to services that consider each person's needs and have been shown to work. This report shares the successes of the team collaboration for The Center, VOA Health, and in the larger Kentucky community.

CWF, VOA, AND PIRE HAVE WORKED TOGETHER TO SERVE MORE THAN 500 KENTUCKY WOMEN LIVING AT RISK FOR VIOLENCE SINCE 2019.

The Center's staff are now talking to their clients more often about HIV prevention and are....

- More aware of HIV and decreasing barriers to talking about HIV
- Using new skills to discuss HIV, IPV, and medication for HIV prevention (PrEP)
- Able to refer clients to VOA Health for HIV and other health concerns.
- Discussing how violence increases risk for HIV and ways to reduce HIV risks.
- Confident in talking to clients about HIV testing, even when clients bring up obstacles like fear or uncertainty.

"Having the partner, the community partner come into our setting, that's a big relief for a lot of clients. I appreciate that, whenever any of our community partners can come into our space."

> "Society puts this idea that sex is a bad word or should be kept private or shouldn't be talked about... so that's something that I personally bring up as a part of safety planning because it's a big part of relationships."

VOA testers in CWF shelter...

- Are female when possible: evidence supports a femaleidentifying tester in a women's shelter.
- Provide testing once per week in the morning and evening to try to accommodate everyone.
- Work with CWF staff to put up HIV testing advertisements in shelter so that residents know when HIV testing happens.

Make an announcement when the HIV tester arrives to let everyone know that the tester is available for free, confidential HIV testing.

<mark>66.7%</mark>

of staff understand that it is within their role to talk about HIV with clients.

88.9%

felt comfortable talking about HIV with clients after training.

44.4%

of staff felt they had adequate training in discussing HIV with clients (an increase from before training).

54.3%

of staff understand that survivors of abuse want to talk about HIV.

79%

of clients stated that The Center's staff treated them as a whole person.

74%

of clients reported that The Center's staff made them feel safe and comfortable.

86%

of clients said The Center's staff helped them recover from trauma due to domestic violence.

Increases from before training.

After staff were trained in HIV, clients also increased their knowledge about HIV; **scores increased from 50% to 80%.**

PRE-TRAINING KNOWLEDGE

POST-TRAINING KNOWLEDGE

PRE-TRAINING HIV PROTECTION AND SEXUAL SAFETY

POST-TRAINING HIV PROTECTION

POST-TRAINING

SEXUAL SAFETY

After training, **40%** of clients said The Center's staff had discussed HIV protection.

60% of clients indicated staff had talked about sexual safety planning. Before training, only 26% of clients said that staff talked to them about HIV protection and sexual safety planning. VOA Health staff are now asking clients about intimate partner violence and are...

More likely to acknowledge partners using violence as a means of control (100%)

and reasons why someone may not be able to leave a violent relationship (87.5%).

Feel moderately or well **prepared to disclosures of abuse after training** (**75**%).



75%

BEFORE

Since starting to use the 5-item questionnaire, called E-HITS, all people who get an HIV test through VOA Health are also:

100% of VOA staff are trained

to talk to

clients about violence

U%

- Provided with information about The Center's services and how to reach Center's hotline.
- Connected to The Center's services when needed if the client is willing

After training, **63% of staff** indicated they are most times or all the time screening and referring clients to The Center.

Staff also scored higher in how to discuss IPV with clients including safety concerns when discussing IPV concerns with others present (70% before training and 87.5% after) ...

> ... as well as avoiding stigmatizing language when discussing IPV (60% before training and 100% after).

AFTER



would prefer to get tested communityfor HIV at a place that based clients offers screening for are offered IPV domestic violence. screening during regular Screening for domestic violence HIV testing is an important activity for health care providers to do.



COMMUNITY ADVISORY BOARD

The community advisory board (CAB) helped The Center, VOA Health, and PIRE develop ways to collect data, trainings for staff, and other materials related to project goals. Importantly, everyone on the CAB lived in the Louisville Metro Area and had experience with HIV and violence.



7 WOMEN WITH LIVED EXPERIENCE **OF VIOLENCE OR HIV**



180 PERSON-HOURS OVER 17 MEETINGS



"A group who had a true desire to help- It was all based in love."

"Being part of the solution." "It is important to talk to girls."

ddressing 😿

TO IMPROVE LINKS TO CARE AND DECREASE STIGMA, PIRE, VOA HEALTH, AND THE CENTER TRAINED MORE THAN 200 STAFF WHO PROVIDE SERVICES IN THE COMMUNITY. PIRE gave an interactive training to:

KENTUCKY

- Connect how interpersonal violence, HIV, and substance misuse are related and affect people living in our community.
- Talk about how stigmatizing HIV and continuing to use some forms of language can be harmful.
- Identify and practice ways to decrease stigma in every day interactions.

1.3M readers 81,9000 viewers 291,000 Social Media Likes, and shares

The project found support in many kinds of media including TV appearances, social media posts, bus stop advertisements, and community sharing webinars.





Ø



 39% INCREASE IN REPORTS IN LOUISVILLE
 KY VICTIMIZATION RATE IS HIGHER THAN NATIONAL AVERAGE
 SURVIVORS 3.5 TIMES AS LIKELY TO HAVE HIV/AIDS DIAGNOSIS

The second second



FURTHER RESOURCES FOR INTERESTED PEOPLE



U.S. Department of Health and Human Services, Office on Women's Health

STOP SV: A Technical Package to Prevent Sexual Violence

<u>PIRE's Project Website and Final</u> <u>Report</u>

VOA Health Outreach and Prevention HIV and Intimate Partner Violence website

POSITIVELY SAFE: Addressing the Intersection of Domestive Violence and HIV/AIDS Toolkit

HIV IPV Risk Among Women in Kentucky YouTube Channel

FOR INQUIRIES, VISIT WWW.THECENTERONLINE.ORG

IF YOU OR SOMEONE YOU KNOW IS EXPERIENCING VIOLENCE, CALL OUR 24/7 HOTLINE AT: 1-844-237-2331 5

6

4

2

3



THE CENTER FOR WOMEN AND FAMILIES

Kentuckiana's Rape Crisis + Domestic Violence Center

HIV and Intimate Partner Violence

Decreasing Risk for women in KY

Schweinhart, A., Laun, S., Farsetti, V. Atwood, K., Bauer, R., Aramburu, C., Simons-Rudolph, A., & Luseno, W. (2022). HIV and Intimate Partner Violence: Decreasing Risks among women in Kentucky.

We wish to acknowledge the support of The Center's staff including Arlene Grullon, JaDora Parks, and Kenneth Cox, and VOA Health leadership Tamara Reif, as well as previous VOA Health staff including Ricky Villardi, Amerisa Waters, and Jenna Clark.

This project is supported by the Office on Women's Health (OWH) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award 100% funded by OWH/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OWH/OASH/HHS, or the U.S. Government. For more information, please visit https://www.womenshealth.gov/.



