

Intimate Partner Violence and HIV



OBJECTIVES

At the end of this unit, participants will be able to:

- Understand cultural context and intersectionality
- Understand the basics of intimate partner violence (IPV)
- Understand the intersection of IPV and HIV
- Build on community knowledge about the different forms of power/control and IPV as it pertains to survivors with HIV
- Use tools and skills to support survivors



INSTRUCTIONS

1. Before the session begins, review the slides, handouts, and resources. Participants should receive and read the Safety Planning Guide resource before the session begins.
2. Welcome participants and review objectives and agenda (slide 2). Review slides on the code of care and limitations, acknowledging that triggering content will be discussed (slides 3–4).
3. Review slides on intersectionality (slides 5–6).
4. Review definitions of intimate partner violence and facilitate discussion as described (slides 7–12).
5. Review slides on power and control, and how it intersects with HIV. Distribute handout about domestic and sexual violence and facilitate discussion as described (slides 13–15).
6. Discuss safety planning (slide 16).
7. Distribute case scenarios handout. Display scenarios on slides and facilitate discussion as described (slides 17–22).
8. Wrap up. Ask, “What can supervisors do to support CHWs in working with clients with HIV who have experienced IPV? Name one important thing to keep in mind that you learned today about the intersection of HIV and IPV?” Ask participants to relevant brainstorm resources in their area. Share resources (slides 23–24).



Related C3 Roles

Providing culturally appropriate health education and information; providing coaching and social support; advocating for individuals and communities

Related C3 Skills

Interpersonal and relationship-building skills; capacity building skills



Method(s) of Instruction

Interactive presentation, case studies

Facilitator’s note: This session should be conducted by an experienced IPV trainer. If needed, contact an IPV agency in your area to adapt and conduct this training session.



Estimated time

90–120 minutes



Key Concepts

Intimate partner violence, IPV, domestic violence, DV, HIV



Materials

- Computer with internet access and projector
- PowerPoint slides

Handouts

- HIV Power and Control Wheel
- HIV and IPV Case Scenarios



Resources

DV & HIV/AIDS Toolkit: <https://nnedv.org/resources-library/dv-hivaids-toolkit/>

Safety Planning: A Guide for Transgender and Gender Non-Conforming Individuals Who Are Experiencing Intimate Partner Violence: <https://safehousingpartnerships.org/sites/default/files/2017-01/safety-planning-tool.pdf>

Intimate Partner Violence and HIV

Intimate Partner Violence (IPV) and HIV

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SLIDE 1

These slides were authored by:

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Supporting Survivors of Intimate Partner Violence (IPV) with HIV

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SLIDE 2

Read the slide and answer participant questions, if any.

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Code of Care

- We are speaking about triggering content
- There may be survivors participating in this training as well as individuals from all of the communities we will be speaking of.
- Speak from your own experience.
- Be careful not to mine other people's trauma.
- Attend to impact.

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SLIDE 3

Review the slide and answer participant questions, if any.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Acknowledging Limitations

- Discussing the lived reality of survivors with HIV is complex. At the completion of this training, you may have more questions than answers. And that's a good thing!
- We do not claim to know everything or be experts on the content we will cover, including: HIV, marginalized communities, intimate partner violence or intersectionality.
- We come to this conversation via the lens of our own identities and experiences. We are "professionals" in the fields of HIV, sexual health and DV/IPV.
- There is always new information. Continue to learn and grow!

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SLIDE 4

Review the slide and answer participant questions, if any.

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Intersectionality

Kimberlé Crenshaw (1989) - people have multiple, intersecting, and overlapping identities that complicate their social location when looking at systems of oppression.

We are all coming to this work with our own intersecting identities and we are all supporting people who have their unique experiences living at their own intersecting identities.

Acknowledge, value, and consider the many different ways folks walk through and experience this world.

Crenshaw, K. (1989). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review*, 42, 1241.

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SLIDE 5

Review the slide and answer participant questions, if any.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Social Frameworks that Impact the Conversation

- Morality and dualism: good/bad; right/wrong
- Rape culture
- Toxic masculinity
- Hypersexualization
- Romanticized dominance
- Abstinence-only
- HIV criminalization
- Exclusionary U.S. history/laws/practices

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SLIDE 6

Review the slide and answer participant questions, if any.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

What is Intimate Partner Violence (IPV)?

The National Network to End Domestic Violence defines IPV/DV as a pattern of acts involving the use or attempted use of physical, sexual, verbal, emotional, economic or other forms of abusive behavior in order to threaten, harm, intimidate, harass, coerce, control, isolate, restrain, or monitor another.

The Northwest (NW) Network reinforces the idea that intimate partner abuse relies on a pattern of power, control, and exploitation established by one person over another.

Source: <https://nnevdv.org/>; <https://www.nwnnendv.org/>

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SLIDE 7

Review the slide and answer participant questions, if any.

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Why Intimate Partner Violence (IPV)?

- What are some other terms you have heard of that are used instead of IPV?
- Why might IPV as a term be challenging?
- Why might it be helpful?

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SLIDE 8

Ask questions and take a few minutes to get feedback from participants.

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Reasons Why Folks May Not Identify Experiences as IPV

- Their experience of IPV doesn't fit with the one often portrayed: cis male as abuser, cis woman as the abused.
- Sometimes violence is minimized: violence experienced societally/institutionally can make it harder to demonize romantic relationships/partners.
- Consent and conversations about power and control are not normalized.

What are some reasons multiple marginalized communities may not identify experiences as IPV?

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SLIDE 9

Review the slide.

Ask the question and take a few minutes to get feedback from participants.

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Complicating the Survivor/Abuser Narrative

- Violence is cyclical. For many of us who perpetrate violence, we may also come from varying experiences of violence ourselves.
- Most survivors love their partners and want them to stop perpetrating violence but may not view their relationship in such simplistic terms. This lived reality disrupts the heavy focus of "fleeing" that we often think of as the solution to the violence.
- How do we talk about survivors who use violence as part of their survival?

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SLIDE 10

Review the slide and answer participant questions, if any.

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Domestic Violence	Commonly-based definition	Legal definition
What is it?	Domestic violence is a pattern of coercive tactics that can include physical, psychological, sexual, economic, and/or emotional abuse.	Domestic violence is abuse that involves attempting to cause or intentionally, knowingly or recklessly causing physical injury, placing another in fear of physical injury, or committing sexual abuse.
Who is involved?	Family members, current or former intimate partners, or people in caretaking relationships.	Family or household members (including spouses, former spouses, adult persons related by blood or marriage, persons cohabiting with each other, persons who have cohabited with each other or who have been involved in a sexually intimate relationship, and unmarried parents of a minor child).
Where is the abuse directed?	The abuse is perpetrated by one person against another.	The abuse takes place between individuals.

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SLIDE 11

Review the slide.

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- When you think of IPV, what are some examples in your work with clients that come to mind?
- Discuss how the violence has impacted their health, well-being, and feelings of control over their lives.

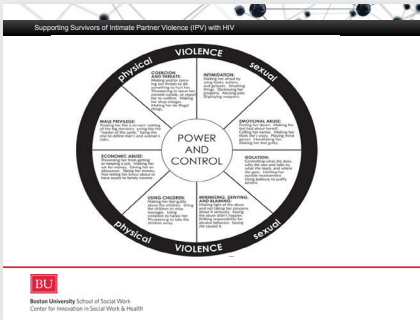
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SLIDE 12

Ask the questions and facilitate a discussion.

Remind people to not disclose client's names and to keep confidentiality in mind so private information is not shared inadvertently with the group.

Intimate Partner Violence and HIV



SLIDE 13

Review the slide, or ask volunteers to each read aloud a section of the figure (e.g., Isolation).

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

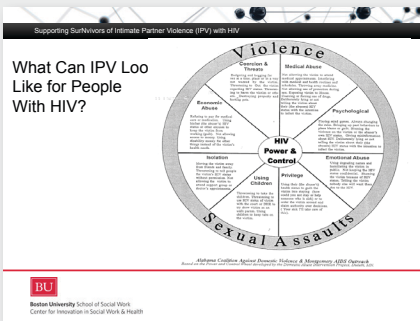
Intersections of IPV and HIV

Facts:

- People with HIV are more likely to experience IPV.
- Survivors experiencing IPV are more likely to contract HIV.

SLIDE 14

Share the hand out on domestic violence and sexual assault. Ask the attendees who is left out of these stats? How does this intersect to make risk different?



SLIDE 15

Review the slide.

Distribute the HIV Power and Control Wheel handout.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Safety Planning

- Review/reference the safety planning resource.
- Basics of safety planning
 - A safety plan is an IPV survivor-driven process. IPV survivors know the most about their own situation, about the behavior of their abuser, and about what they are prepared to do.
 - Safety planning is a process of supporting an IPV survivors' process as they stay with an abuser, think about leaving, decide to leave, leave, and after they have left. Safety planning is often necessary after the relationship has ended as well. Survivors know their situation best, so encourage them think through what is best for them and make whatever changes or additions feel right for their situation.
 - A safety plan can change multiple times during the process.
 - For an IPV survivor with HIV, the following areas may be of interest when safety planning: emotional, psychological, financial, physical, medical, and spiritual.
- We will discuss three scenarios to practice thinking about safety planning.

SLIDE 16

Review the slide and answer participant questions, if any.

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Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Scenario 1

Survivor states that they received a message from their partner that he had been living with HIV for the duration of their relationship. This is the first the IPV survivor has heard of this and is not sure if it's the truth or another control tactic. The IPV survivor lives with their partner and had recently threatened to leave. The IPV survivor seems inclined to believe it's a lie and doesn't feel it's necessary to get tested. How could a conversation be started about the survivor's safety?

How could a conversation be started about the survivor's safety?

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SLIDE 17

Ask a volunteer to read the slide.

Facilitate a group discussion around the question on the slide and the questions on the next slide.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Discussion

1. List a safety concern that stands out for you?
2. What is one question you have for the IPV survivor?
3. What is one resource in your community that you can think of?
4. What is one barrier the IPV survivor may experience when accessing this resource?

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SLIDE 18

Ask for a volunteer to read each question.

Facilitate a group discussion.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Scenario 2

You are working with a sex worker and IPV survivor, who hasn't been in your city for long. They disclose that while having sex with a client, the condom broke. The survivor states that they are aware that they are at risk for getting HIV but that they don't feel sick so they are probably fine. The IPV survivor states that they don't know where to get tested here, but stated that knowing for sure won't make things any better. They say that actually, their relationship with their partner has improved recently and they have been way more calm and kind, and the IPV survivor is afraid that if they tell their partner about the condom breaking or if they test positive, that their partner will get violent again. Their partner collects and accounts for all of their money and without that money, the IPV survivor could be homeless.

How could this conversation go?

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SLIDE 19

Ask a volunteer to read the slide.

Facilitate a group discussion around the question on the slide and the questions on the next slide.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Discussion

- What is one HIV or IPV myth that stands out to you?
- List one form of power or control that is being used by the abuser?
- What is one question you have for the IPV survivor?
- What is one area of safety you would like to discuss?

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SLIDE 20

Ask for a volunteer to read each question.

Facilitate a group discussion.


Intimate Partner Violence and HIV

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Scenario 3

You're working with J, a client who is new to your city, accessing services in your clinic, and living with their partner. J shared with you that their partner has gotten increasingly jealous and doesn't want them to go out to dance parties. J comes in for a regular meeting with you and mentions that their last argument ended with their partner belittling and hitting them. J stated that the violence is escalated when they are using drugs. J has a couple of friends who are concerned about their safety, aren't connected to their partner, and do not know about J's HIV status.

How would your conversation with J go?

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SLIDE 21


Ask a volunteer to read the slide.

Facilitate a group discussion around the question on the slide and the questions on the next slide.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Discussion

- What is one emotional safety concern?
- What is one physical safety concern?
- What is one medical safety concern?
- What is one challenge you think may impact your ability to effectively safety plan with this participant?

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SLIDE 22

Ask for a volunteer to read each question.


Facilitate a group discussion.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Wrap-Up

What can supervisors do to support CHWs in working with clients with HIV who have experienced IPV?

Name one important thing to keep in mind that you learned today about the intersection of HIV and IPV?

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SLIDE 23


Read each question and allow participants to respond.

Supporting Survivors of Intimate Partner Violence (IPV) with HIV

Relevant Resources in Your Area

Take a moment to brainstorm for yourself one resource in each of these areas in your community:

- A DV/IPV service provider
- An HIV/AIDS service provider
- A mental health provider that would be competent in working with IPV survivors with HIV

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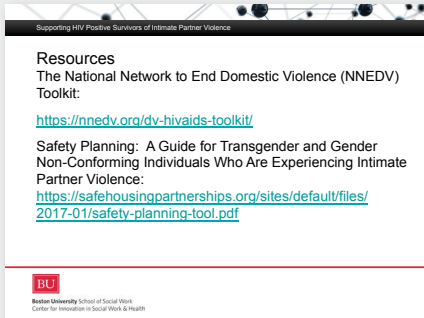
SLIDE 24

Review the slide and allow time for participants to jot down some answers for themselves.

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SLIDE 25


Share the resources on the slide with participants.



Supporting HIV Positive Survivors of Intimate Partner Violence

Resources
The National Network to End Domestic Violence (NNEDV)
Toolkit:
<https://nnedv.org/dv-hiv-aids-toolkit/>

Safety Planning: A Guide for Transgender and Gender Non-Conforming Individuals Who Are Experiencing Intimate Partner Violence:
<https://safehousingpartnerships.org/sites/default/files/2017-01/safety-planning-tool.pdf>

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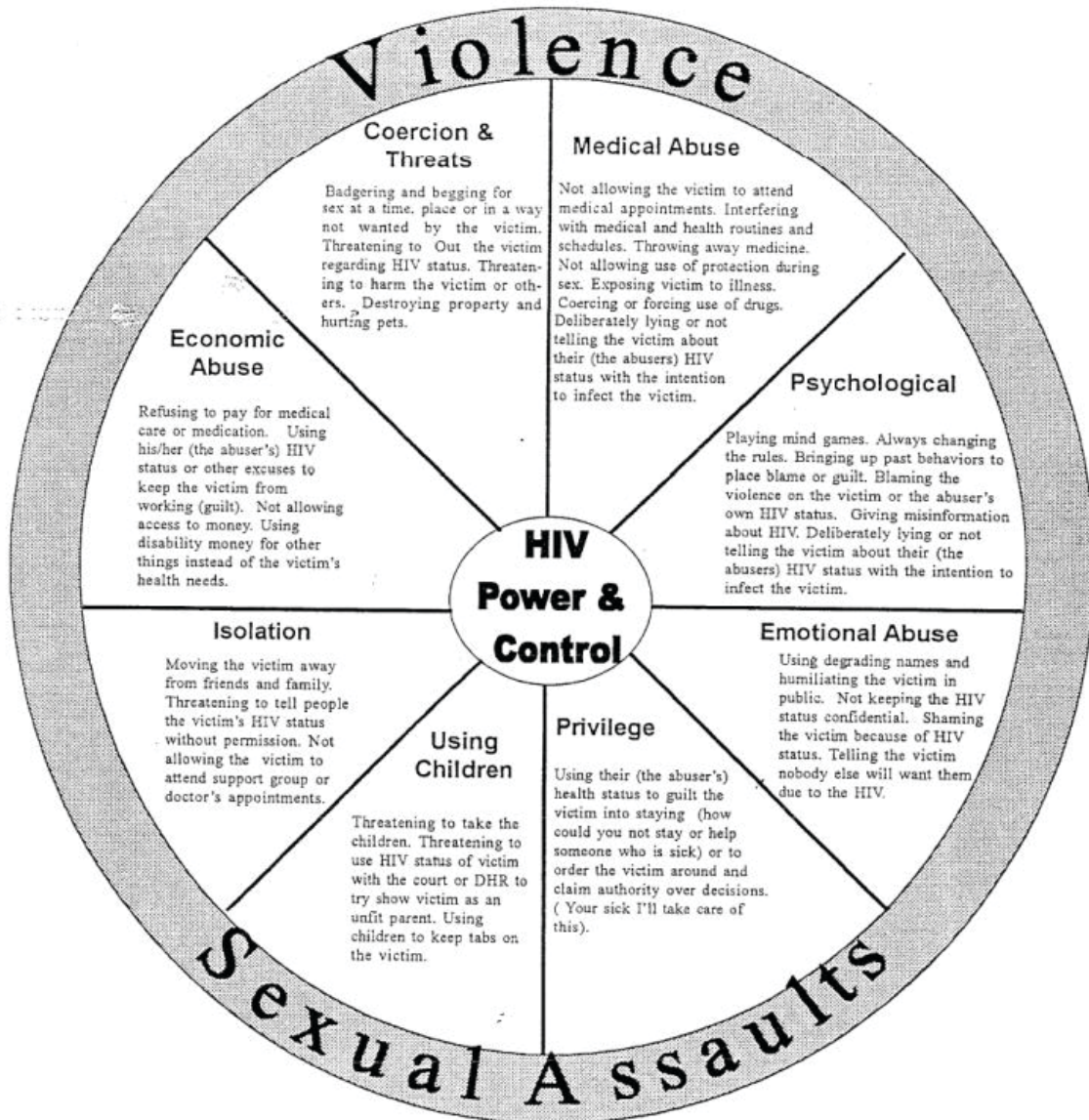
HIV and IPV Case Scenarios

Scenario 1: Survivor states that they received a message from their partner that he had been living with HIV for the duration of their relationship. This is the first the IPV survivor has heard of this and is not sure if it's the truth or another control tactic. The IPV survivor lives with their partner and had recently threatened to leave. The IPV survivor seems inclined to believe it's a lie and doesn't feel it's necessary to get tested. How could a conversation be started about the survivor's safety?

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HIV Power and Control Wheel



*Alabama Coalition Against Domestic Violence & Montgomery AIDS Outreach
Based on the Power and Control Wheel developed by the Domestic Abuse Intervention Project, Duluth, MN.*

Acknowledgements

This curricula draws from and is adapted from other training curricula for peer educators and community health workers, such as the Building Blocks to Peer Success (<https://ciswh.org/resources/HIV-peer-training-toolkit>) and the Community Capacitation Center, Multnomah County Health Department (<https://multco.us/health/community-health/community-capacitation-center>)

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