

Identifying Survivors of Gender-Based Violence in HIV Clinical Settings in Low- and Middle-Income Countries: Development of a Global Toolkit

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Why is gender-based violence (GBV) an issue that should be addressed by the health system?

- **1 in 3 women worldwide has experienced physical or sexual violence, and 38% of murders of women are committed by male intimate partners.**
- **Reproductive consequences:** unintended pregnancy, perinatal mortality, traumatic fistula, abortion, miscarriage, stillbirth, preterm delivery, and low birth weight babies
- **Mental health consequences:** post-traumatic stress disorder, anxiety, depression, sleep difficulties, eating disorders, alcohol and drug abuse, suicide
- **HIV-related consequences:** Sexual violence increases the risk of STI and HIV infection by 1.5 times in some regions. Exposure to GBV, particularly IPV, is associated with lower ART use, half the odds of self-reported ART adherence, and significantly lower rates of viral suppression among women.

(WHO. Violence Against Women Key Facts. 2017)

(Campbell JC, B. M. The intersection of intimate partner violence against women and HIV/AIDS 2008)

(WHO et al. Global and regional estimates of violence against women 2013)

(Hatcher, A. et al. Intimate partner violence and engagement in HIV care and treatment among women. 2015)

Gender, GBV, and the HIV Clinical Cascade

Prevention



Initiate on PrEP

Violence is a barrier to initiation and adherence to PrEP.



Initiate on & complete PEP

Barriers to PEP adherence for survivors of sexual violence include **psychological and emotional stress and rape stigma**. Survivors may delay accessing PEP after an assault due to **fear of reprisal attacks** from perpetrators.

Testing



Access HTS

95%

Violence and harmful gender norms inhibit ability to **access testing services** and **disclose HIV status**. Many people **fear violence and/or abandonment** if their partner learns their status.

Care and Treatment



Initiate on ART

95%

Harmful gender norms inhibit **men's health-seeking behaviors**. Violence is associated with **reduced linkage to HIV care services and initiation on ART**.



Sustain on ART

95%

Clients who experience violence are less likely to **adhere to treatment and achieve viral suppression**. Violence is also associated with **reduced ART adherence** among adolescents, transgender women, and drug users.



About the Toolkit

- The toolkit is being developed by Jhpiego and the CDC with the support of PEPFAR.
- Originally developed by Jhpiego and the Mozambique MOH, the toolkit is based on high rates of GBV and HIV and the mutually reinforcing nature of both epidemics.
- Adapted for global use through an extensive literature review of peer-reviewed research, grey literature, existing tools and guidelines, and field tests in Nigeria and Mozambique.

About the Toolkit

- Collects resources to establish or strengthen identification of survivors of violence in HIV programs.
 - › Identification of violence **is not an intervention** but a means to identify those who might need services and/or violence interventions.
- Builds the capacity of an HIV program and health care providers to appropriately identify and **sensitively respond to survivors of GBV**.
 - › First-line support: LIVES (listening, inquiring, validating, ensuring safety, supporting through referrals)
 - › Minimum requirements for asking clients at higher risk of violence



Photo: Kate Holt/MCSP Mozambique 2017

Contents of the Toolkit

1. Implementation and Adaptation Guide
2. Participatory Training Curriculum
 1. Day 1: Orientation on Gender-Based Violence
 2. Day 2: Conducting and Documenting Violence Identification, Mapping Referral Services, and Responding to GBV Survivors
 3. Day 3: Integrating Violence Identification into HIV Service Delivery Points, Safe Disclosure, and Assisted Partner Notification,
 4. Day 4 (half day): Caring for the Caregivers, Role Play, Action Planning
3. Job Aids
4. Pre-Post Knowledge, Attitudes, and Practices Test
5. Sample IEC Materials

Provider's Role in Addressing GBV in HIV Clinical Settings

- **Understand GBV and its health consequences** and inform patients through counseling and/or IEC materials (posters, brochures, etc.).
- Create a friendly, empathetic, private, and confidential environment.
- Ask about GBV if a client discloses violence or shows common signs and symptoms (clinical inquiry); or
- Ask about GBV among populations at higher risk of GBV if appropriate **and only** if minimum criteria are met (routine inquiry).
- Provide survivor-centered, empathetic counseling through **first-line support** to any client disclosing violence.
- If the survivor has experienced sexual assault within 72 hours, offer HIV postexposure prophylaxis, and within 120 hours, emergency contraception. Treat as a medical emergency.
- **Document** key info. **Refer** as needed. Ensure **follow-up care**.

(for information on providing post-GBV care, refer to WHO Clinical and Policy Guidelines 2014)

When PEPFAR Projects May Bring Up GBV (examples)

In IEC materials in waiting areas (posters, brochures, appropriate videos) or group discussions by providers or appropriate representatives of community-based organizations

During HIV risk assessment

During ANC/PMTCT counseling

During ART adherence counseling

Following an HIV-positive diagnosis, or
Prior to offering partner notification services

Whom May Providers Consider Asking About GBV in HIV Settings



Adult female clients with specific risks, including HIV-positive women



HIV serodiscordant couples



HIV-positive male clients with poor treatment adherence, or men who express challenges with following common HIV prevention strategies



Key populations: men who have sex with men, transgender people, sex workers, persons who inject drugs, and prisoners

Key Considerations for Inquiring About Violence



Photo: Kate Holt/MCSP DRC 2017

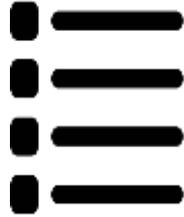
- Due to economic dependence on the perpetrator, safety issues, privacy concerns, victim blaming, fear of the police, and/or a lack of trust that they will be believed or receive help, **survivors often choose not to report GBV.**
- In many countries, health care providers are screening for GBV without training at sites that do not meet minimum requirements. This is unethical and not recommended.

To inquire and then offer no services/poor quality services could re-traumatize the survivor, create a lack of trust in services, and falsely raise hopes for justice.

Minimum Requirements for Asking About Violence



A protocol/
SOP for the
provision of
post-GBV
services



A standard set
of questions



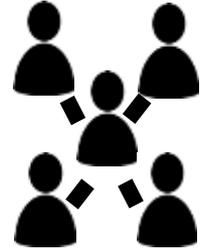
Providers
trained on
how to ask
about GBV or
sexual
violence



Providers
offer first-line
support
(LIVES)



Providers only
ask about GBV
in a private
setting,
confidentiality
ensured



A system in
place for
referrals to
post-GBV care
services

Source: USAID, Office of HIV/AIDS, Gender and Sexual Diversity Branch

Nigeria Field Test: Context

- The US government provides post-violence care services in hundreds of clinical settings across Nigeria, in addition to community-based violence services and interventions.
- High engagement between CDC and the MOH on addressing GBV.
- Nigeria is currently rolling out the GBV QA Tool across sites to ensure high-quality services are in place to support violence identification efforts.
- Latest HIV prevalence data* demonstrate a need to focus on key populations for reaching HIV epidemic control.
- Field-tested toolkit training with 42 providers and PEPFAR implementing partners in May 2019 in Nigeria with CDC and Nigeria MOH.

(*Nigeria AIDS Indicator and Impact Survey, 2018)

Nigeria Field Test: Lessons Learned

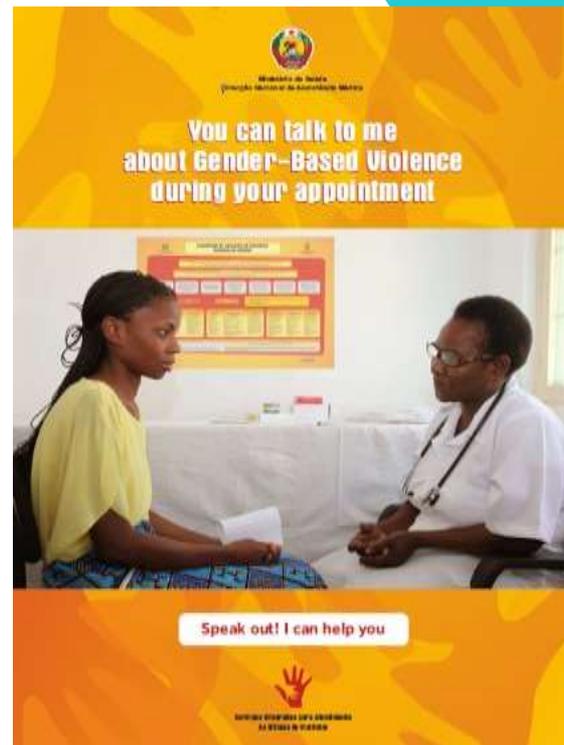
- Further focus needed on: gender and GBV concepts and definitions
- Key populations: men who have sex with men, transgender people, sex workers, people who inject drugs, and prisoners
- Balance between encouraging partner notification and ensuring a client is protected from potential violence
- Maintaining client's privacy and confidentiality
- Role of provider



April 2019 Nigeria
Field Test

Mozambique Field Test: Context

- In Mozambique, HIV prevalence among women aged ≥ 15 years is 15.1%, and 32% of women have experienced GBV. MOH, Jhpiego, and PEPFAR piloted an intervention addressing women's experiences of GBV as driver for poor HIV outcomes.
- Mozambique has a more advanced post-GBV care system and wants to conduct violence identification in service delivery points beyond HIV to increase case identification and link survivors to GBV care.
- After revisions based on Nigeria field test, a second field test was conducted with 33 providers and PEPFAR implementing partners in Mozambique in July 2019 with CDC, Mozambique MOH, and USAID.



(Jhpiego and MOH Mozambique, 2017)

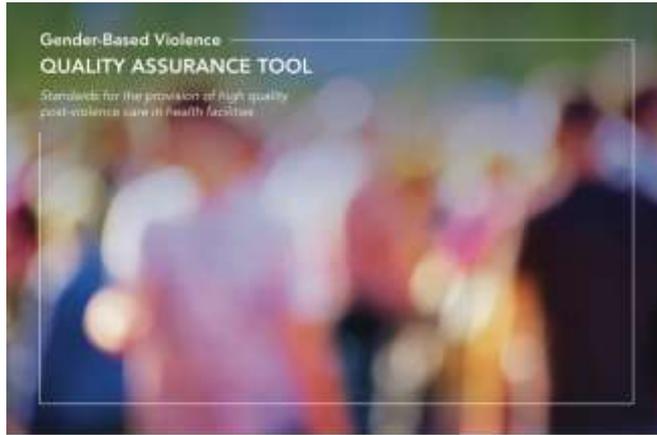
Mozambique Field Test: Lessons Learned



July 2019 Field Test in Mozambique

- Although providers had received more previous training on GBV than Nigeria participants, GBV sensitization was equally essential.
- Training on the GBV QA Tool should be considered essential complementary training.
- The toolkit was adapted to include key considerations for scaling to other settings beyond HIV.
- The training agenda was too full. An additional half 4th day was added to allow for adequate group discussion and completion of all sessions.

Key Considerations for Adaptation and Scale Up



- The toolkit was designed to be adapted for use in PEPFAR countries worldwide.
- Adaptation considerations:
 1. Determine if, and why, identifying violence is appropriate:
 - a. Quality and availability of services (assess using GBV QA Tool), including whether or not minimum criteria are met
 - b. Populations and their risk — How do the burden of HIV, burden of violence, and gaps in the 95-95-95 clinical cascade align?



Key Considerations for Adaptation and Scale Up (cont.)

2. Contextual analysis
3. Stakeholder analysis and engagement and referral mapping
4. Development of documentation and evaluation plan
5. Update toolkit and training content with local laws, examples, names, references, and data
6. Field testing of toolkit and IEC materials
 - a. Validating GBV questions
 - b. Obtaining feedback from providers
7. Revision and translation if needed



**Thank
You**

Questions?
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Photo: Karen Kasmauski/ MCSP Ghana 2015