Violence Experiences Among HIV-Infected Women and Perceptions of Male Perpetrators' Roles: A Concurrent Mixed Method Study

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*HIV disproportionately affects women, which propagates the disparities gap. This study was designed to (a) explore the personal, cognitive, and psychosocial factors of intimate partner violence among women with HIV; (b) explore the perceptions of male perpetrators' roles in contributing to violence; and (c) determine the implications for methodological and data source triangulation. A concurrent Mixed Method study design was used, including 30 African American male and female participants. Quantitative data were analyzed using descriptive statistics. Eleven themes were identified in the qualitative data from the female (*n = *15) and 9 themes from the male (*n = *15) participant interviews using Giorgi's technique. Data sources and methodological approaches were triangulated with relative convergence in the results. Preliminary data generated from this study could inform gender-based feasibility research studies. These studies could focus on integrating findings from this study in HIV/intimate partner violence prevention interventions and provide clinical support for women.*

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Disparities in health access and outcomes are global challenges, particularly affecting people of African origin irrespective of country of residence. In the United States, African Americans (AAs) make up 13% of the population; however, 45% of those living with HIV are AA. AA women make up 55.7 per 100,000 of those living with HIV, and AA men make up 115.7 people living with HIV per 100,000 population (Centers for Disease Control and Prevention [CDC], 2010). Women are disparately affected by HIV because of myriad vulnerabilities such as social norms, resource access inequality and inequity, and other gender-based inequities with subsequent power imbalances (Tillerson, 2008). Studies have demonstrated that these vulnerabilities encompass contextual and structural determinants of HIV infection similar to determinants of intimate partner violence (IPV). Substantive pathways for HIV infection and IPV demonstrate bidirectional relationships (Gielen et al. 2007; Sareen, Pagura, & Grant, 2009).

To address these problems, intervention studies have focused on factors and vulnerabilities such as gender inequities, harmful social norms, power imbalances, and interrelationship dynamics with a primary male partner (CDC, 2011; Wyatt et al., 2011). However, more effective and sustainable gender-based interventions are needed. Furthermore, men's perceptions of their roles in violence against women and potentially placing women at risk for HIV are important in the relationship dynamic, and this needs to be systematically investigated. No research study was found that simultaneously investigated women's violence experiences and the perceptions of male

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perpetrators' roles in a Mixed Method study, which is the focus of this study. Relationship dynamics cannot be fully examined and effectively addressed without exploring the male perspective. Although studies have investigated these concepts separately, the need for female and male data sources and quantitative and qualitative triangulation study is warranted. This study will generate preliminary data to inform the design of more effective and sustainable prevention interventions tailored to the unique needs of AA women who are survivors of IPV. These interventions could be applied in clinical practice to support women survivors as well as to help male perpetrators address vulnerabilities and propensities for abusive behaviors through behavioral intervention programs.

To address this research gap, a Mixed Method study was conducted that included both female and male participants. The purposes of this study were to (a) examine and explore the personal (demographic characteristics and substance use), cognitive (HIV knowledge and self-efficacy), and psychosocial (sexual power relationships, IPV, intention to use condoms) factors of IPV among AA women with HIV; (b) explore the perceptions of male perpetrators' roles in contributing to abuse against female partners; and (c) determine the implications of methodological and data source triangulation.

Background

HIV Prevalence: United States and Baltimore

There are approximately 1.1 million people living with HIV in the United States, with AAs being disproportionately affected. HIV and related complications are the leading causes of death for AAs, who also have a shorter life span than their White counterparts because of health care disparities (CDC, 2010). In Baltimore, HIV prevalence showed a decline of as much as 10% in the last 10 years, yet AAs continue to be disproportionately affected by HIV. AAs are eight times more likely to die of the disease as compared to Whites. As of 2010, 13,047 persons in Baltimore were living with HIV, of whom 88.5% were of the AA racial group, and 36.8% of those were women (Baltimore City, 2008; Maryland Department of Health & Mental Hygiene, 2010). Compared to their White counterparts, AA women are at increased HIV risk due to gender norms, low economic status leading to behaviors such as transactional sex, and multiple sexual partners (Sareen et al., 2009). IPV is a critical component of HIV risk and infection. Researchers have addressed these factors in HIV prevention interventions with some effect (Wyatt et al., 2011). However, integrating information gained from understanding male perpetrators' roles in propagating violence against women is critically needed to ensure effective, culturally relevant, and sustainable interventions.

Intimate Partner Violence and HIV Infection

The CDC has defined IPV as "abuse that occurs between two people in a close relationship and includes physical, sexual, threats, and emotional abuse" (CDC, 2009). In a systemic review of evidence, Campbell et al. (2008) reported that the prevalence rate for physical IPV was as high as 61% in a population-based study. AAs have the highest prevalence of IPV even after socioeconomic status has been adjusted (Bent-Goodley, 2007). Gender roles and inequity have been shown to be pervasive given the perceptions of the traditional male-dominant role and behaviors that lead to violence (Rosenthal & Levy, 2010).

AA women face numerous risks and vulnerabilities, and IPV is one of the critical risk factors for HIV infection in this population. For example, power imbalances inherent in IPV relationships are strongly associated with an inability to negotiate safe sex and/or use condoms for protection (Wingood & DiClemente, 2000). The long-term negative personal, psychosocial, and emotional health consequences of IPV may lead to limited access to the essential health care services needed to avert complications, promote health, and prevent diseases (Campbell et al., 2002). Researchers have reported positive correlations between IPV and HIV risk behaviors and HIV infection (El-Bassel, Gilbert, Wu, Go, & Hill, 2005), which highlight global and public health prevention efforts (Silverman, Decker, Saggurti, Balaiah, & Raj, 2008). In addition, HIV risk behaviors such as drug use and childhood sexual abuse have been associated with lifetime domestic violence (Aaron, Criniti,