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# *The Intersection of Intimate Partner Violence and HIV in U.S. Women: A Review*

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*The purposes of this study were to (a) review original research in the United States on the intersection of HIV risk and intimate partner violence (IPV) in women, and (b) identify trends that promote nursing and public health prevention and intervention strategies. Twenty-three original, peer-reviewed articles in the medical literature from 2008 to April 2012 were reviewed. Articles were eligible for inclusion if they addressed both HIV and IPV in women. Studies identified relationships between intimate partner victimization and HIV risk behaviors. Other factors compounding the complex relationship between IPV and increased HIV risk in women included sexual decision-making, male behavior, and substance use. A promising trend was found in the publication of studies addressing interventions. Prospective studies are needed to determine causality and temporal associations. Nursing interventions should focus on identifying women at risk for IPV, assessing HIV exposure risks, and providing culturally sensitive interventions and preventive measures.*

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**T**he epidemics of intimate partner violence (IPV) and HIV in women in the United States are parallel and preventable epidemics, with an overlap of

contributing risk factors and far-reaching health consequences (Black et al., 2011). The body of literature describing the intersection between IPV and HIV has grown within the last decade. Researchers have investigated this association in order to gain a better understanding of the problem (Black et al., 2011; Campbell et al., 2008; Gielen et al., 2007). As the literature increases in this area, it is hoped that findings will provide a basis from which nursing and public health professionals and others serving women may develop and implement effective prevention and intervention methods for women at risk for IPV and HIV.

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Relationship dynamics between men and women are a key consideration when looking at the factors behind women's exposure to both HIV and violence. A growing body of literature has indicated an association between exposure risks (to either condition) and male behavior, as well as female empowerment (United Nations Trust Fund to End Violence Against Women [UNTF], 2012). Mind control is cited as a form of IPV, as well as emotional abuse and controlling behaviors (Domestic Abuse Intervention Programs, 2011). Predisposing factors that contribute to a woman's exposure to HIV and violence have presented similarly complex challenges.

Nurses and other health care professionals are in unique positions to intervene and provide prevention measures for women in these vulnerable situations. Likewise, those serving women who are victims of IPV have the opportunity to assess HIV exposure risks and offer intervention measures. In the public health field, when an individual presents for one set of services and another need that could be readily addressed is overlooked, it is often referred to as a "missed opportunity." When a woman with either HIV or IPV presents for care, it provides a critical opportunity to assess for and meet her overall needs.

### **Epidemiology of IPV in Women in the United States**

According to the Centers for Disease Control and Prevention (CDC), "IPV 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" (Black et al., 2011, p. 37). It has been estimated that 32.9% of women in the United States experience physical violence in their lifetimes, with more than 28% experiencing IPV-related violence (Black et al., 2011). A little more than one third of women in the United States (35.6%, which is estimated to be about 29 million women) have been raped, experienced physical violence, and/or been stalked by an intimate partner, and about one fourth of women (24.3%) "have experienced severe physical violence by an intimate partner (e.g., hit with a fist or something hard, beaten, slammed against something) at some point in their lifetime"

(Black et al., 2011, p. 4). Additionally, almost 50% of women in the United States report experiencing psychological aggression by an intimate partner (Black et al., 2011). A notable disparity exists in racial/ethnic minorities in that approximately 40% to 50% of racial ethnic minorities have experienced some form of IPV (Black et al., 2011). It has been estimated that a large proportion of women of non-Hispanic Black or American Indian/Alaska Native race/ethnicity (43.7% and 46.0%, respectively) and about half of multiracial non-Hispanic women (53.8%) have either been raped, experienced physical violence, or been stalked by their partners at some point in their lives (Black et al., 2011).

### **Epidemiology of HIV in Women in the United States**

According to the CDC (2011), in 2009, an estimated 11,200 new HIV infections were diagnosed in U.S. women. At that time, while women represented about one half of the U.S. population, they represented only about one fourth (23%) of new HIV infections. It was noteworthy that of all new HIV infections in U.S. women in 2009, 57% were in Blacks, 21% in Whites, and 16% in Hispanics/Latinas. Racial/ethnic disparities in HIV infection rates are dramatic; in 2009, the number of new HIV infections in Black women was 15 times that of White women, and more than 3 times that found in Hispanic/Latina women. Also, out of more than 34,000 AIDS diagnoses in 2009, women accounted for more than 25% of the cases. The most common method of transmission of HIV to women was through heterosexual contact (CDC, 2011).

### **Epidemiology of the Intersection of IPV and HIV in Women**

Relationship dynamics contribute to heightened risk of exposure to HIV in women in the United States (Black et al., 2011). For example, some women do not insist on condom use because of the fear of abandonment or physical abuse. The CDC (2011) has also reported that women who have a history of sexual abuse are more prone to risky behaviors, such as using drugs to cope with the abuse,

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