



Intimate Partner Violence and HIV

Introduction

Studies have consistently confirmed the association between Intimate Partner Violence (IPV) and the Human Immunodeficiency Virus (HIV). Statistics show that women and men who are IPV victims are more likely to report behaviors known to increase the risk for HIV as compared to individuals who do not report a history of IPV. Those infected with HIV also may be more susceptible to IPV because of that medical status, which can result in them being further marginalized.

These intersections highlight the importance of – and need for – dual screening of individuals for IPV and HIV. Each directly affects a victim’s health, which can be manipulated through reproductive and sexual coercion.

The Intersection

IPV and history of trauma compromises the health and STI prevention practices of individuals living with HIV. Studies have shown that fear of violence can directly influence whether some women get tested or treated for Sexually Transmitted Infections (STIs) and HIV. Women often report that their abusive partners prohibit them from seeking HIV-related care or services. A victim of IPV has an increased risk of HIV infection through increased sexual risk-taking behaviors, limited or compromised negotiation of safer sex practices, and forced sex with an infected partner.¹ HIV-positive women in the United States experience IPV at rates that are higher than for the general population. For example, in 2012, the incidence of IPV among HIV-positive women (55%) was double the national rate.² Studies also show that HIV-positive women can experience abuse that is more frequent and severe when compared to women who are not infected with the virus. Women in violent relationships have four times the risk of contracting STIs, including HIV, compared to women living in non-violent relationships.³

Addressing the Problem

The federal Centers for Disease Control (CDC) and World Health Organization (WHO) have emphasized the importance of addressing the overlap of IPV and HIV and need for dual screening. IPV and HIV can be difficult and uncomfortable to discuss, however, because of stigmas that can be associated with these topics. Increased awareness and education can diffuse those challenges and help eliminate misconceptions about IPV and HIV.

Professionals are encouraged to screen for both IPV and HIV, whether the screening is conducted at violence prevention centers or health care facilities. The integration of violence prevention and HIV prevention into health services is vital because that setting provides an essential gateway for reaching those at risk. If all health care providers screen universally by incorporating questions and information about HIV testing and IPV into routine visits, they may build trust with patients, which may increase the likelihood of disclosure.

¹ Maman, S. et al. (2000). The intersections of HIV and violence: Directions for future research and interventions. *Social Science & Medicine* 50(4): 459-478.

² Machtinger et al. (2012a). Psychological trauma and PTSD in HIV-positive women: A meta-analysis. *AIDS and Behavior* 16(8), 2091-2100.

³ Gielen, A.C., et al. (2007). HIV/AIDS and intimate partner violence intersecting women’s health issues in the United States. *Trauma, Violence, & Abuse*. 8(2): 178-198.

Those disclosures can then lead to effective screening, which is the starting point for effective prevention strategies, support, and assistance that may help an individual make decisions, stay safe, and seek treatment if necessary.

Awareness campaigns targeting the public also can help to decrease stigmas about these topics and educate the community at large about both IPV and HIV and how they can be connected. Greater understanding and visibility of the overlap of IPV and HIV may result in state and federal policy changes or legislation designed to address the need for better screening, follow-up, and treatment.

Additional resources:

[In Our Own Voices](#)

[NYS Department of Health: NYS AIDS Institute](#)

[Damien Center](#)

[Futures Without Violence](#)

1-800-942-6906

NYS Domestic & Sexual Violence Hotline

CONFIDENTIAL 24 HRS/7 DAYS

English & espanol, multi-language accessibility

711: Deaf or Hard of Hearing

In NYC: 311 or 1-800-621-HOPE (4673)

TDD: 1-800-810-7444

