



# PrEP Learning Network:

## Addressing Intimate Partner Violence in PrEP Services

March 26, 2020



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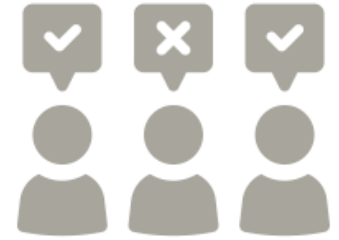
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**OPTI**  **NS**

OPTIMIZING PREVENTION TECHNOLOGY INTRODUCTION ON SCHEDULE

## Intro Poll:

What steps has your organization taken to integrate IPV identification and response into PrEP services?



## **OPENING**

**USAID OVERVIEW OF REQUIREMENTS FOR ADDRESSING IPV IN PEPFAR-FUNDED PrEP PROGRAMS**

**INSIGHTS FROM KENYA TO ADDRESS IPV IN PrEP COUNSELING**

**SNEAK-PEAK OF A CHARISMA INTERVENTION THAT ADDRESSES RELATIONSHIP DYNAMICS AND IPV WITH WOMEN USING PrEP**

**WHAT'S NEXT WITH THE LEARNING NETWORK**



# Today's discussion: Addressing IPV in PrEP Services



## **Amelia Peltz**

Senior Gender Advisor, Office of HIV/AIDS, USAID

*Amelia Peltz is the Senior Gender Advisor and Team Lead of the Gender and Sexual Diversity Branch in the Office of HIV/AIDS at the United States Agency for International Development (USAID). In this role she provides global technical leadership on preventing and responding to gender-based violence and addressing gender inequality in USAID's PEPFAR programs.*



# Today's discussion: Addressing IPV in PrEP Services



**Anne Ngunjiri**

Senior Technical Advisor, LVCT Health

*Anne Ngunjiri is Senior Technical Advisor on Gender Based Violence and Violence against Children Programs at LVCT Health in Kenya. Her current focus is on violence against children and violence against women and girls, including linking violence and HIV and contributing to policies, training curricula and service delivery standards for violence prevention, identification and response.*



**Michele Lanham**

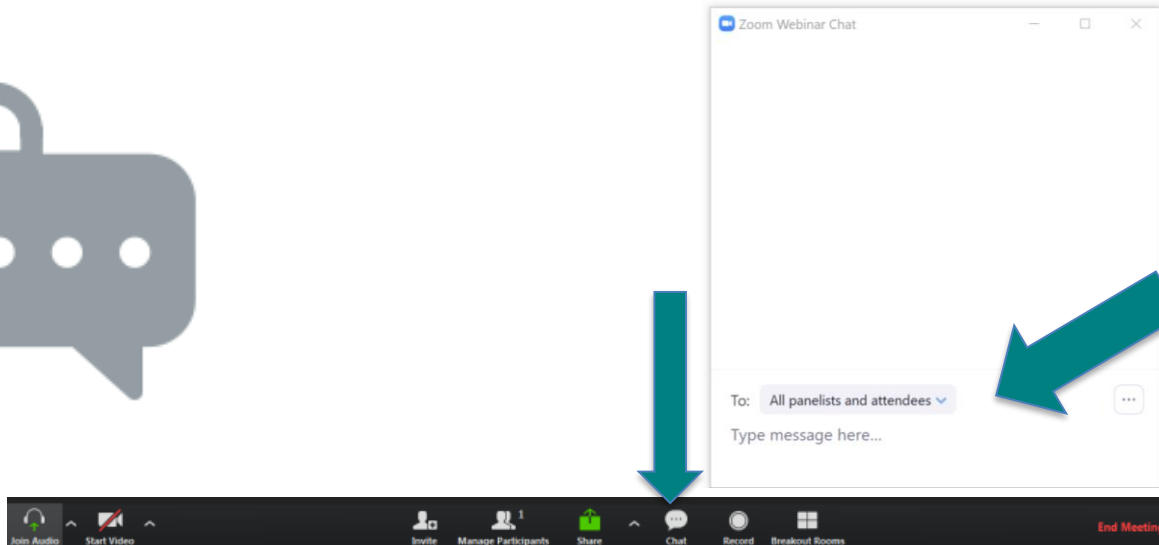
Technical Advisor, FHI 360

*Michele Lanham is a Technical Advisor at FHI 360. She leads research utilization activities for the CHARISMA project.*



# Use the “Chat” feature to ask questions!

There will be dedicated Q&A after the presentations — please feel free to ask questions during this time or type your questions into the chat box at any point during the presentations



**Make sure to share your chat with “All panelists and attendees” not just panelists.**

## **OPENING**

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# PrEP and Intimate Partner Violence

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Amelia Peltz

Senior Gender Advisor/Team Lead

Office of HIV/AIDS



# HIV, Violence, & Gender Inequality



**1 in 3**

women worldwide have been beaten, coerced into sex, or otherwise abused in their lifetimes.



**1 in 4**

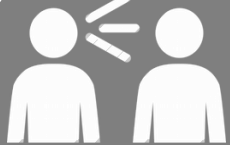
girls' first sexual encounter was unwanted.

Exposure to GBV, particularly IPV, is associated with lower ART use, half the odds of self-reported ART adherence, and significantly worsened viral suppression among women.



**ART Usage**

Having gender inequitable beliefs or endorsing harmful gender norms – particularly norms sanctioning violence against and the control of women by male partners – decreased the odds of ART use among PLHIV.



**1.5**

is the increased likelihood that women who experience intimate partner violence will acquire HIV.



**47%**

of males living with HIV aged 15 and older are on ART, compared with 60% among females.

# Barriers to Epidemic Control

## Prevention



Evidence-based  
**HIV**  
Prevention  
Approaches

Harmful gender norms and inequitable attitudes about gender put individuals **at risk for HIV** and **serve as a barrier** to uptake of HIV prevention, testing, and care and treatment services.



Initiate  
on  
**PrEP**

Violence is a barrier to **PrEP initiation and adherence**. Qualitative evidence suggests that violence can also occur as a result of PrEP use.

## Testing



Access  
HTS

**95%**

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

## Care and Treatment



Initiate  
on  
**ART**

**95%**

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



Adhere to  
**ART &**  
**viral**  
suppression

**95%**

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

# Addressing GBV & Inequality Across HIV Cascade

## Prevention



Evidence-based HIV Prevention Approaches

HIV prevention interventions that integrate **violence prevention** and **link to clinical cascade**.



Initiate on PrEP

Survivors identified and provided **support and referrals to GBV response** services to **increase PrEP adherence**.

## Testing



Access HTS

95%

Survivors identified during self-testing, index testing, and PN services, and provided and/or referred to **HIV treatment initiation** and **GBV response services**.

## Care and Treatment



Initiate on ART

95%

Providers identify survivors via **routine and/or clinical enquiry** during ART initiation and routine clinical care. Survivors offered support and provided with or referred to **GBV clinical care**.

**Improve quality** of post-violence clinical care services in care and treatment sites.



Adhere to ART & viral suppression

95%



# USAID Gender & GBV COP20 Technical Priorities

1

Addressing IPV in the context of **PrEP, index testing, and care and treatment** (routine and clinical enquiry).

2

Providing **post-violence clinical care services** at HIV care and treatment sites.

3

Improving **linkage between community-based HIV and GBV prevention interventions and clinical post-GBV care services**.

4

Improving **monitoring of GBV** case identification, prevention, and response activities.

# 1

## Addressing IPV in index testing, PN, & PrEP

- All **HIV testing sites** must conduct **routine enquiry** for IPV (sometimes referred to as GBV screening) for clients who are offered partner notification services.
- All **PrEP sites** must conduct **routine enquiry for IPV** with all clients.
- After conducting routine enquiry for IPV, sites must offer appropriate support and referrals to GBV response services.

# Effects of IPV on women's ability to use PrEP

- Intimate partner violence is associated with:
  - Lower oral PrEP uptake<sup>1</sup>
  - Increased PrEP interruption<sup>2</sup>
  - Lower adherence to oral PrEP and vaginal ring use<sup>3,4</sup>
- Qualitative research
  - IPV resulted in stress and forgetting to take pills, leaving home without pills, and partners throwing pills away<sup>4</sup>

1. Lanham et al. Sexual Violence Research Initiative Forum. Oct 2019.
2. Cabral et al. *J Acquir Immune Defic Syndr*. 2018; 77(2): 154-59.
3. Palanee-Phillips et al. *J Acquir Immune Defic Syndr*. 2018;79(5): 580-89.
4. Roberts et al. *J Acquir Immune Defic Syndr*. 2016; 73(3): 313-22

# 3

## Improving linkage b/w community prevention interventions & clinical post-GBV care services

- All community-based programs delivering HIV or GBV prevention activities must ensure that facilitators are trained in providing first-line support (per the LIVES framework) so they can respond appropriately to someone who discloses violence.
- Facilitators should have referral cards and information available to help survivors access GBV response services.
- For survivors who test negative at dedicated GBV sites (e.g., one stop center), ensure linkage to HIV and GBV prevention programs.

# HOW:

## Minimum Requirements for Asking About Violence

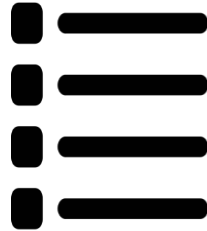
The minimum requirements that must be in place for sites to conduct clinical and routine enquiry are:



Providers offer first-line support (LIVES)



A protocol/SOP for asking about experience or fear of violence



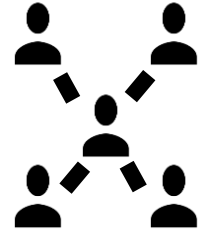
A standard set of questions where providers can document responses



Providers are trained on how to ask about violence



Providers only ask about IPV or sexual violence in a private setting, confidentiality ensured



A process for offering referrals or linkages to other services is in place



# Minimum Requirements: First-line Support



## Providers offer first-line support (LIVES)

**First-line support** is the immediate care given to a GBV survivor upon first contact with the health or criminal justice system.

**L**isten

Listen closely with empathy, not judging.

**I**nquire about needs  
and concerns

Assess and respond to her needs and concerns – emotional, physical, social, and practical.

**V**alidate

Show that you believe and understand her.

**E**nsure safety

Discuss how to protect her from further harm.

**S**upport

Help her connect to services, social support.

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# Integrating Intimate Partner Violence “Screening” into HIV Clinical Settings

- Should not coerce clients into taking PrEP but rather you should help her make an informed decision
- Can repack the medication in an envelope (or other discrete manner) rather than having them carry in the distinct tin
- Take time with clients in order for them to be able to open up
- Some clients will confidently take PrEP and hide it in the house
- Clients whose partners visit once in a while will not disclose they are on PrEP
- Only a few male sexual partners are aware their partners are on PrEP (in marriage, they won't even talk about condoms)
- Abstinence/Use of condoms during the seven days lead up to full efficacy of PrEP is not always feasible (for example for those in marriage)

## Physical Violence:

- › Within the last three months has anyone ever hit, punched, kicked, tried to strangle, slapped or hit you with something that could hurt or done anything else that hurt you physically?

## Emotional Violence:

- › Within the last three months has anyone threatened, cursed, insulted, done things that made you feel ashamed, kept you in a state of fear or humiliated you in front of others?

## Sexual Violence:

- › Within the last three months, has anyone forced you to have sexual intercourse with him/her even when you did not want to or forced you to perform other sexual acts you did not want to?

## Asking about violence: How to raise the subject carefully

**Remember, support, not diagnosis, is your most important role.**

- › “Many women experience problems with their husband or partner, or someone else they live with.”
- › “I have seen women with problems like yours who have been experiencing trouble at home.”
- › How are things at home? How is your relationship?
- › Sometimes the people we care about hurt us. Has that happened to you?
- › I am a safe person you can talk to if things are not all right at home.



## Asking about violence: direct questions

Direct questions (if patient responds “yes” to any, offer 1<sup>st</sup> line support/  
LIVES)

- › Are you afraid of your partner?
- › Has your partner or someone else at home ever threatened to hurt you or physically harm you in some way? If so, when has it happened?
- › Does your partner bully you or insult you?
- › Does your partner try to control you, for example not letting you have money or go out of the house?
- › Has your partner forced you into sex or forced you to have any sexual contact you did not want?
- › Has your partner threatened to kill you?

## Counselling women on whether PrEP disclosure is safe

- Is your **partner aware** that you are thinking about using PrEP/have started using PrEP?
- If you told your partner you are thinking about using PrEP/have started using PrEP do you think he would **react supportively**?
- Are you **afraid your safety** would be at risk if you share your PrEP use with your partner?
- Do you think that your partner **may harm you if you** tell him that you are thinking about using PrEP/have started using PrEP?





## Offer her a warm referral

- Reduce barriers to women accessing services (e.g. help her identify a means of transport)
- Explain why the service can be helpful for the patient's specific need
- Actively help women access the referral
  - ✓ Offer to make a call on her behalf
  - ✓ Offer to make a call *with* her
  - ✓ Offer private office space for her to make the call

Source: Adapted from WHO 2018 VAW Curriculum

## Key messages

- Routine enquiry may reduce women's needs for health services and may save time and resources by helping providers understand and address violence as an underlying reason behind PrEP uptake
- Routine enquiry can help identify survivors early, before violence escalates impeding their PrEP access, uptake and use.
- Always keep the survivor's best interests first – think safeguarding during PrEP consultation, referral, limit risk of further violence occurrence or retraumatization

## Additional Resources

- WHO Clinical Handbook: Care for Women Subjected to Intimate Partner Violence and Sexual Violence (2014)
- WHO Clinical and Policy Guidelines: Responding to Intimate Partner Violence and Sexual Violence Against Women (2013)
- Jhpiego/CDC/WHO/PEPFAR GBV Quality Assurance Standards and Facilitation Guide (2018)
- USAID Step by Step Guide to Strengthening Sexual Violence Services in Public Health Services (2010)
- USAID The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs (2013)
- WHO Violence Against Women Training Curriculum (2018, forthcoming)



THANK YOU

CONTACT US:  
[www.lvcthealth.org](http://www.lvcthealth.org)

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# CHARISMA Intervention:

*Addressing Relationship Dynamics and Intimate Partner Violence among Women using oral PrEP*

Michele Lanham  
PrEP Learning Network  
March 26, 2020

This presentation is made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). The contents are the responsibility of RTI International and FHI 360 and do not necessarily reflect the views of PEPFAR, USAID, or the United States Government.

# CHARISMA overview

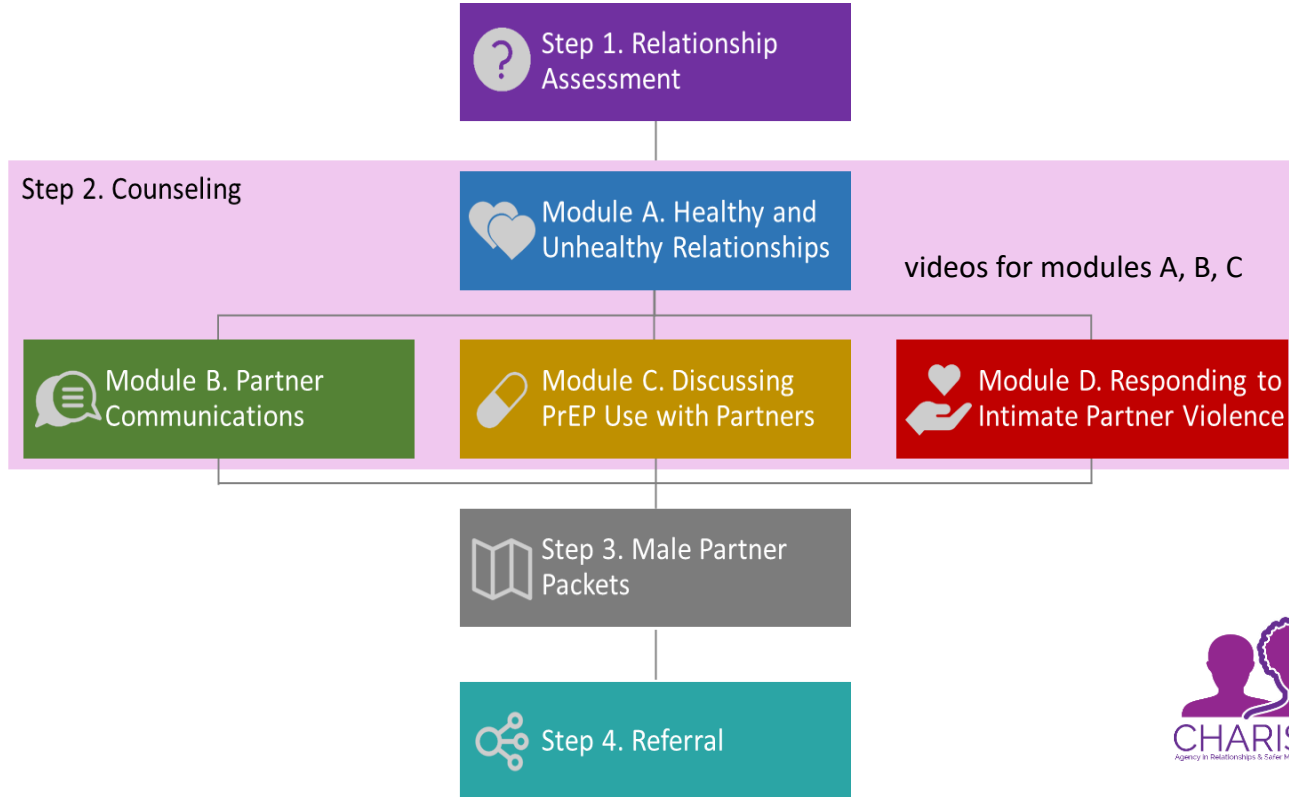
CHARISMA aims to improve PrEP adherence by:

- Promoting women's ability to decide if, when, and how to **involve male partners** in PrEP use.
- Improving women's ability to **communicate and negotiate** with their male partners about PrEP and HIV prevention.
- **Screening for partner violence** and **supporting women experiencing violence** in their relationships.
- Increasing **men's awareness, acceptance, and support** for women's use of PrEP.



# CHARISMA intervention

Implemented by lay counselors as part of PrEP service delivery





# Randomized Controlled Trial & Toolkit

- 407 women, ages 18-45 in Johannesburg
  - 203 PrEP + CHARISMA counseling
  - 204 PrEP + standard of care
    - Screening using WHO Violence Against Women Survey, first line support using WHO LIVES, referral
- Testing effectiveness of CHARISMA to:
  - Reduce IPV
  - Increase partner communication, support
  - Increase oral PrEP adherence
- RCT results and toolkit for PrEP implementers available in July 2020

Contact [info@charismaproject.org](mailto:info@charismaproject.org) for more information.





# Q&A



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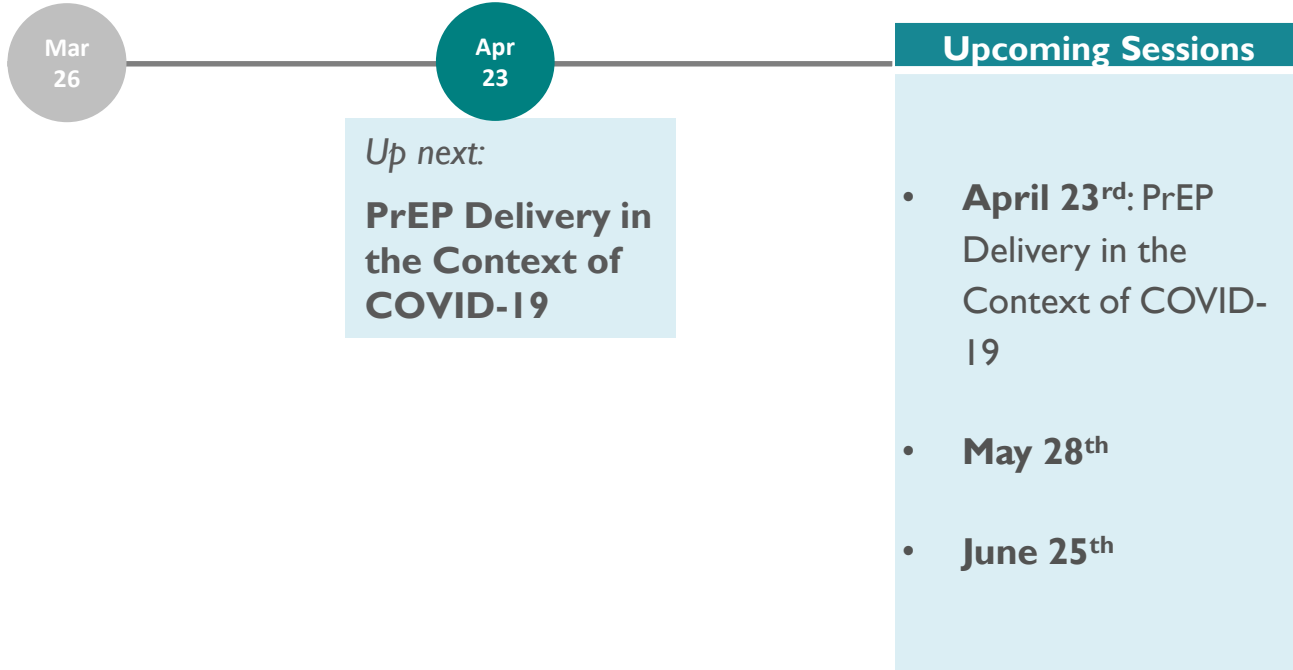
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# Upcoming sessions: Register today!



Visit [www.prepwatch.org/virtual-learning-network](http://www.prepwatch.org/virtual-learning-network) to register!



# Visit PrEPWatch for additional resources

- Webinars will be **recorded** and loaded onto PrEPWatch for you to access at a later date
- **Additional resources** that are complementary will also be included on PrEPWatch—including related research articles, tools and more to dive deeper into specific topics
- Registration for **upcoming webinars** can also be found on PrEPWatch

## Virtual Learning Network

The PrEP Learning Network, hosted by OPTIONS, EpiC and RISE, provides national and sub-national ministries, implementing partners, community-based organizations (CBOs), and others working with PrEP around the world with the tools and resources, best practices, and opportunities to learn from others to help to advance PrEP scale-up.

Its monthly webinar series features presentations from experts in specific content areas, lessons learned and insights shared from implementing partners and government ministries, and new tools or research on specific topics related to PrEP scale-up, ranging from demand creation to continuation.

The following pages include links to register for upcoming PrEP Learning Network webinars, watch previously recorded webinars and access complementary resources, research and tools on webinar topics.

### Webinars

#### – PrEP Learning Network Launch Session

*Thursday, August 22*

During this first webinar session, implementing partners from three countries (Lesotho, Zimbabwe, and South Africa) shared their experiences with PrEP scale-up including current status of scale-up, successes, challenges encountered and key insights learned.

[Recording](#) / [Slides](#) / [OPTIONS Tools and Resources](#) / [Resource Sheet](#)



[www.prepwatch.org/virtual-learning-network/](http://www.prepwatch.org/virtual-learning-network/)

## Exit Poll:

What are the main barriers to integrating IPV identification and response into PrEP services?





# Thank You!



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