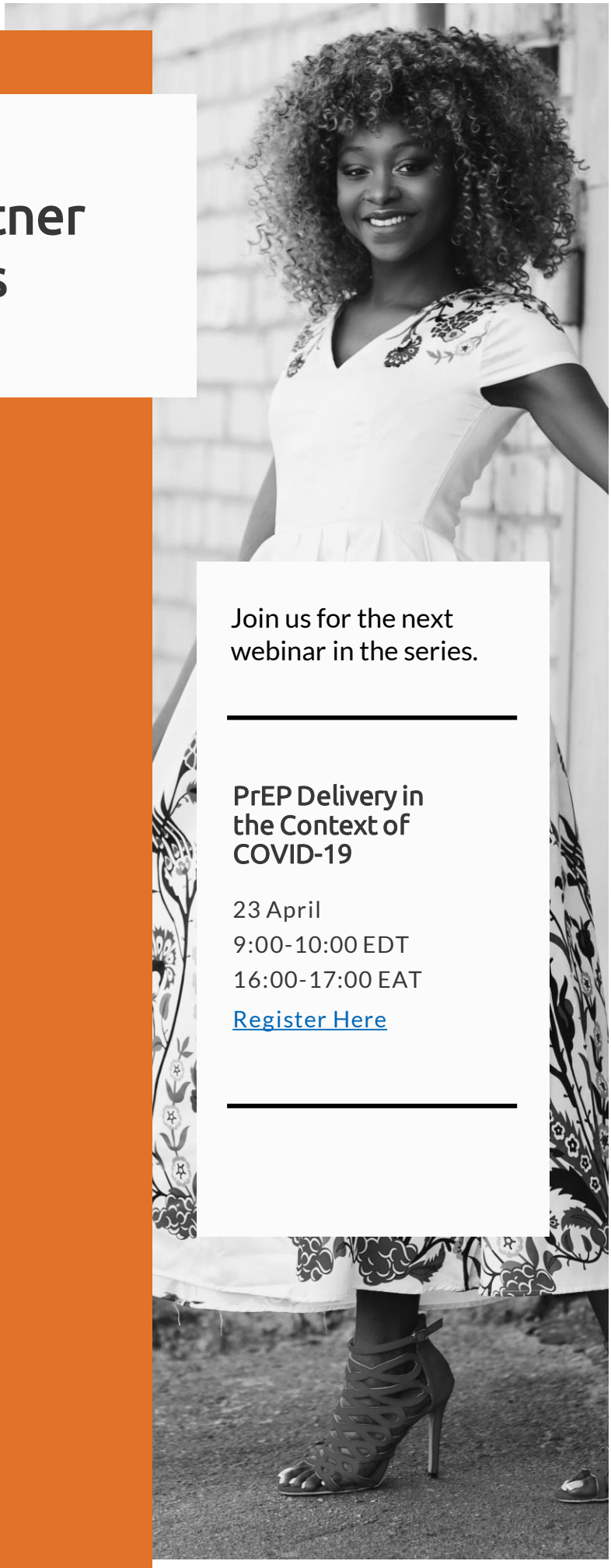
26 MARCH 2020 | WEBINAR 9

# Addressing Intimate Partner Violence in PrEP Services

PrEP Learning Network Webinar Series



Thank you to our speakers from USAID, LVCT Health, and FHI 360, as well as attendees who participated in the ninth PrEP Learning Network webinar. In this webinar, USAID gave an overview of their requirements for addressing intimate partner violence (IPV) in PEPFAR-funded PrEP programs (relevant to any PrEP user, not just women). A PrEP implementer in Kenya discussed how they are addressing relationship dynamics and IPV with women using PrEP. Finally, FHI 360 spoke briefly about the CHARISMA intervention, funded by USAID and PEPFAR and led by RTI, which addresses relationship dynamics and IPV with women using PrEP. If you missed it, you can access the webinar recording here.

Join us for the next webinar in the series.

### PrEP Delivery in the Context of COVID-19

23 April
9:00-10:00 EDT
16:00-17:00 EAT

Register Here

## Top 8 Questions

Eight primary questions were raised during the webinar's Q&A; summaries are provided below. Learn more by listening to the webinar recording, accessing complementary resources, signing up for future webinars, or visiting the PrEP Virtual Learning Network page.

# Top 8 Questions

**1. What are the steps for conducting routine enquiry?**

Issues of violence are never raised unless the client is alone. Trust should be built with the client, and as much as possible the topic should be raised naturally. In order to help clients feel comfortable with questions they may not perceive to be related to their health—violence is often thought of as a legal and not a health issue—the provider should explain why questions about the client's partnership are being asked. When asking questions about violence, as much as possible, the provider should avoid words like 'violence' and 'abuse' as the client may not view what is occurring as an example of terms that may be highly charged. Finally, the provider should not force a disclosure, even if it seems that the client is experiencing abuse. The client may not be ready to disclose initially but could return in the future for help.

WHO recommends the following (please note that language can be changed to accommodate same-sex couples or work with men or transgender people):

**Raise the topic indirectly first.** For example:

- "Is everything okay at home?"
- "I have seen other women with problems like yours."
- "Many women have problems with their husbands."

**Then ask direct questions.** For example: (can use 'partner' instead of 'husband')

- "Has your husband ever threatened to hurt you or your children?"
- "Are you afraid of your husband?"
- "Does your husband bully or insult you?"
- "Does your husband try to control you – for example, not letting you have money or go out of the house?"
- "Has your husband forced you into sex?"
- "Has your husband threatened to kill you?"

Women **often do NOT tell you about the violence** due to **shame or fear** of being judged or **fear of their partners**. If you suspect violence but she doesn't disclose it, there are still things you can do.

- First, do not pressure her.
- Instead, tell her about available care.
- Offer information about health impacts of violence for her and her children.
- Offer her a follow-up visit. The main thing is to **build rapport and trust**.

**How to ask about violence:** https://www.youtube.com/watch?v=Hu06nVCzih0&feature=youtu.be&t=543

# Top 8 Questions (continued)

**2. How do you best address a situation where a client doesn't want to disclose abuse, or won't accept help due to economic dependence or other reasons?**

It is important to remember that a person doesn't have to talk about experiences of violence, accept help, or take PrEP. The counselor should try to keep the client at the center of the discussion and provide the information and support s/he needs to make the choices that right for them. The client should be treated as an expert in their own relationship. One of the main issues when violence occurs is that the person experiencing violence loses control over their life. Respecting what someone tells you and their wishes is a way to return some of that control.

**3. How can weak referral systems be managed? How often do you check the referral directory to ensure it is current?**

Before referring a client ensure that first-line support is provided according to the WHO LIVES approach (see brief summary of LIVES on webinar slide 17 or comprehensive description in WHO training). This includes a warm and empathetic response that helps the client feel accepted, supported, and not at-fault for the violence they are experiencing and doing a safety check to ensure they are not in immediate danger.

Next, make sure that you are referring the client into a system that you are familiar with. Offering a 'warm referral' can help ensure the client is able to access the referral services. The warm referral would involve discussing the services of the referral organization with the client, gaining client consent to contact the other organization, and making an appointment for the client. Alternatively, the service provider may also take the client to the first appointment. Do not make referrals to organizations that may or may not be operational or that may or may not accept and support the referred person (for example, make sure that a center that has historically supported women is also comfortable and capable of receiving male survivors).

At LVCT Health checking the referral directory is an ongoing process with a feedback loop in which clients describe their experiences. Regular (initially monthly, and later on quarterly) check-ins with GBV response referral network partners are important for understanding whether services, personnel, or points of contact have changed and for ensuring a strong working relationship between your clinic/organization and referral partners.

# Top 8 Questions (continued)

These can be convened virtually or in person. If survivors have negative experiences at a given service or the program sees that few survivors are accepting or completing referrals to a specific agency, this can also be addressed at such meetings.

In the context of COVID-19, HIV programs should check in with agencies to which they refer even more often in order to find out if they continue to operate on a normal schedule. For services that can no longer meet—such as face-to-face support groups—programs will also need to think creatively about alternatives. This might include confidential virtual spaces, bolstering helplines or working with clients on safety planning during isolation.

**4. Is there data available on impact of responding to IPV on PrEP uptake or continuation?**

There is not much existing data on how PrEP uptake or continuation may improve when clients accept IPV response services. CHARISMA will not have data on how violence affects PrEP uptake, since all women were already on PrEP, but it will have adherence data. This data should be available in July 2020.

Beyond PrEP, there is some evidence that addressing GBV with key populations may increase the uptake of HIV services, including HIV testing and post-exposure prophylaxis (Dayton et al Cult Health Sex. 2019 Aug 20:1-17.)

If others have data to share or can collect service delivery statistics that help answer this question, that would be an important contribution to the literature.

**5. What about men, as they too can be victims of IPV?**

While the large majority of victims of IPV are women, which explains the focus of research and guidance to date, men and transgender people also experience intimate partner violence. In fact, several studies have shown that members of the LGBTI community (including men who have sex with men and transgender women) experience high levels of IPV. For this reason, HIV programs working with members of key populations—transgender women, men who have sex with men, sex workers, and people who inject drugs—are encouraged to ask about IPV with all clients initiating PrEP.

# Top 8 Questions (continued)

When working with survivors of IPV who are not cisgender women, it's important to take into account the cultural and policy barriers that exist to their GBV-response service use. For example, many countries do not legally acknowledge domestic violence in same-sex relationships or have GBV-related services welcoming to men or transgender people. In addition, individuals who are not cisgender women may have less awareness of IPV, not consider themselves to be possible victims of IPV, or feel additional shame about their experiences, all of which create barriers to disclosure. For more information on addressing all forms of violence, including IPV, against key population members in the context of HIV programs broadly, please refer to the LINKAGES series: Violence Prevention and Response in KP Programs.

The CHARISMA team is currently thinking about adapting this intervention for men who have sex with men as more attention needs to be given to violence in these relationships.

This resource shares more details about research on violence against men and how the approach to addressing it intersects with the approach to addressing violence against women.

**6. What are the implications of re-packaging PrEP in terms of Truvada's stability once outside of the bottle? Does it affect the efficacy?**

Based on U.S. stability data from Gilead, Truvada is stable for up to 6 weeks in an alternate closed pill container at temperatures of 25-30 degrees Celsius, but decreases significantly with higher temperatures (even in the original bottle) or in open air. Regardless of what container is used, it is important to keep pills away from direct sunlight and out of situations of extreme heat, e.g. do not leave pill container in a car on a hot day.

**7. When a client starts on PrEP, how long does it take for the PrEP to be active?**

When taken every day, PrEP is safe and highly effective in preventing HIV. PrEP reaches maximum protection from HIV for receptive anal sex at about 7 days of daily use. For receptive vaginal sex and injection drug use, PrEP reaches maximum protection at about 21 days of daily use. No data are yet available about how long it takes to reach maximum protection for insertive anal or insertive vaginal sex.

# Top 8 Questions (continued)

**8. How can a client be motivated to continue PrEP when they face side effects?**

About one in 10 people who use oral PrEP will experience minor side effects, such as headache, nausea, vomiting and abdominal discomfort. A provider can remind a client that nearly all medications have side effects in some people and encourage the client to keep taking PrEP until the side effects lessen or go away entirely, which usually happens within a few weeks. Providers can also help clients brainstorm strategies for dealing with the side effects for the first few weeks. It helps some clients to take the pill in the evening rather than the morning. Finally, they can also offer moral support in dealing with side effects and remind her that the protection provided is more powerful than the side effects she is experiencing. This PrEP4Youth video from South Africa talks about managing side effects.

# ADDITIONAL RESOURCES

- CHARISMA brief
- CHARISMA videos
- OPTIONS HIV Prevention Ambassador Training
- Integrating Violence Against Children Prevention and Response into HIV Services (2019): Facilitator Manual, PowerPoint slides, and Participant Manual. Although these materials are developed for children, some violence identification processes are applicable in the survivor-centered approaches for IPV identification. These resources were used by LVCT Health to train their service providers.
- Resources on addressing GBV risks in the context of COVID-19:
    - UNICEF Knowledge Hub for GBV and COVID-19
    - New York Times article on domestic violence during COVID-19 lockdown
    - GBV Area of Responsibility (UNFPA) Community of Practice () DropBox of resources, including key messaging about GBV during COVID-19

We hope you join us again on April 23rd! Our tenth webinar will focus on PrEP delivery in the context of COVID-19. Visit the PrEP Virtual Learning Network for more information on previous sessions.