

# The Link Between Exposure to Intimate Partner Violence (IPV) and Human Immunodeficiency Virus (HIV) Among Women in the United States

## What is IPV, and how many women in the United States (U.S.) experience it?

- Intimate partner violence includes physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercion) by a current or former intimate partner.<sup>1</sup>
- Findings from the National Intimate Partner and Sexual Violence Survey (NISVS) indicate that 37 percent of women in the U.S. have experienced sexual violence, rape, physical violence and/or stalking by an intimate partner in their lifetime. Nearly 7 percent of women experienced these forms of violence in the year prior to the survey.<sup>2</sup>
- Nearly one in five women have experienced rape or attempted rape (defined as forced penetration) in their lifetime. Of those, 47 percent, or an estimated 10.8 million women, report the perpetrator was a current or former partner.<sup>2</sup>
- Estimates of IPV vary among U.S. women by race and/or ethnicity. Experience of IPV in the past year is increased among those who identify as Hispanic, non-Hispanic Black, American Indian/Alaskan native or multiracial women, as compared with White women. Lifetime prevalence of IPV clusters between 34 and 57 percent, though is lower (18 percent) among those who identify as Asian or Pacific Islander women.<sup>2</sup>

## What is the HIV burden in the U.S., and how are women affected?

- Approximately 40,000 Americans become HIV-positive each year.<sup>4</sup> Since 2010, women and adolescent girls have accounted for about 20 percent of new HIV infections in the U.S. each year.<sup>3</sup>
- Black and/or African-American women are disproportionately affected by HIV, compared with women of other races and/or ethnicities. Of new diagnoses among U.S. women in 2016, 61 percent were Black and/or African American, 19 percent were White, and 16% were Hispanic and/or Latina.<sup>4</sup> The rate of new infections among Black and/or African-American women was 15 times that of White women, and over three times the rate among Hispanic and/or Latina women.<sup>4</sup>

- In 2016, the most common method of HIV transmission among women was heterosexual contact (87 percent). Injection drug use accounted for 12 percent of HIV diagnoses among women overall, but for 28 percent of HIV diagnoses among White women.<sup>4</sup>

### Mechanisms

Exposure to IPV can increase women's risk for HIV infection through:

- Forced sex with an HIV-positive partner
- Limited or compromised negotiation of safer sex practices
- Increased behaviors associated with sexual health risk

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

## IPV Increases Risk for HIV, STIs and Other Negative Health Outcomes

The association between exposure to IPV and HIV vulnerability has been the focus of a growing number of studies. Findings from these studies indicate:

- Women exposed to violence in relationships have four times the risk for contracting STIs, including HIV, than women in relationships without violence.<sup>6</sup> Forced sex occurs in approximately 40 to 45 percent of physically violent intimate relationships, and increases a woman's risk for STIs by two to 10 times that of physical abuse alone.<sup>17,18</sup>
- Women with a history of IPV are more likely to report sexual and drug-use behaviors associated with HIV infection across their lifetime<sup>8,19,20</sup> and in the past year.<sup>5</sup>
- Women who have experienced IPV have a greater perceived likelihood of having HIV than women who have not experienced IPV,<sup>19</sup> but fear of violence can reduce the likelihood that an IPV-exposed individual gets tested for HIV.<sup>8</sup> Several studies have demonstrated a lower likelihood of HIV testing among those who have experienced IPV.<sup>7,8</sup>
- Compared with those who have not experienced IPV, women who have experienced IPV or sexual violence are more likely to report poorer physical and mental health,<sup>2</sup> and are at greater risk for stress, depression and chronic anxiety.<sup>21,22</sup>
- In the U.S., over half of female homicides from 2003 to 2014 were IPV-related, where female victims were killed by their current or former partner.<sup>23</sup>

## An HIV Diagnosis May Incite or Worsen IPV

Several studies suggest that in addition to increased risk of HIV infection following exposure to IPV, such violence can also be a *consequence* of HIV infection or disclosing HIV-positive status to a partner:

- HIV-positive women in the U.S. are more likely to experience IPV than the general population,<sup>6</sup> with a number of studies showing the prevalence of lifetime IPV exposure (55 percent) as double that of the national average.<sup>9</sup> However, rates of IPV among HIV-positive women are comparable to those for HIV-negative women drawn from similar populations and with similar levels of behaviors associated with HIV infection.<sup>10</sup>
- HIV-positive women may experience abuse that is more frequent and more severe.<sup>6</sup>
- HIV-positive disclosure may be an initiating or contributing factor for partner violence.<sup>15</sup> A 2003 systematic review of studies conducted in sub-Saharan Africa found that between 4 percent and 15 percent of women reported

experiencing negative reactions, including violence, following disclosure of HIV diagnosis to a partner.<sup>14</sup>

- Among HIV-positive women, a history of victimization was significantly associated with condomless sex, particularly when drugs were used in conjunction with sex.<sup>13,14</sup>
- Exposure to IPV and other trauma can compromise the health and prevention practices of women living with HIV. Compared with women who had not experienced IPV in the past 30 days, women experiencing IPV had more than four times the odds of antiretroviral therapy (ART) failure, defined as having a detectable viral load despite reported ART use.<sup>16</sup> This increases the risk of adverse HIV-related comorbidities. Women with recent IPV exposure also had more than four times the odds of reporting condomless sex in the past six months, compared with those without a recent history of IPV<sup>16</sup>; nonuse of condoms can increase STI risk and, when HIV viral load is detectable, also increase the risk of secondary HIV transmission.

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