Researchers recommend screening HIV-positive patients for domestic violence

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Both childhood and domestic abuse can cause psychological trauma, with effects that can last for many years. Studies with women who have experienced abuse as adults suggest that such women are more likely to engage in behaviours that put them at heightened risk for HIV infection, including unprotected sex with multiple partners and substance use. And several studies with HIV-positive people have found that a history of childhood sex abuse is common.

Researchers at a Calgary HIV clinic were made aware of a series of domestic violence incidents among some of their patients and decided to initiate a study of this problem. Specifically, as part of a pilot study, they screened hundreds of their patients for abuse. Overall, the research team found that 35% of their patients had been exposed to abusive behaviour. Abuse had an impact on patients’ willingness or ability to access HIV care. Since the pilot study, the Calgary clinic has made screening for domestic violence a routine part of patient health assessment and encourages other HIV clinics to do the same.

Study details

All patients who sought care at Calgary’s Southern Alberta HIV clinic between June 2009 and January 2010 were screened for several different forms of abuse, which researchers listed as follows:

- physical
- sexual
- psychological
- emotional
- neglect
- isolation
- intimidation
- economic (controlling access to funds and how money is spent)

If participants disclosed abuse, the interview continued exploring the nature of the abuse. All patients were asked about their feelings of personal safety in their current relationship in order to help clinic staff identify high-risk situations. Those patients who felt unsafe were immediately referred to the clinic’s social worker so that necessary intervention(s) could take place. Furthermore, referrals for patients who requested psycho-social assistance (from social workers, psychologists) were also made.

Results

A total of 853 patients were screened during the study period, with about 34% disclosing a history of abuse, distributed as follows:

- 14% reported experiencing domestic violence
- 10% reported experiencing abuse during childhood
- 10% reported experiencing abuse both in childhood and adulthood
Of the participants who disclosed abuse, nearly 60% reported more than one type of abuse. The researchers also found a strong link between experiencing abuse as a child and later experiencing abuse as an adult.

**Demographics**

As with past studies, in the Calgary study women were significantly more likely than men to have been abused. Other findings included the following:

- Aboriginal Canadians (including First Nations people, Métis and Inuit) had the highest rate of abuse (61%).
- Patients who self-identified as Black had the lowest rate of abuse in childhood and adulthood. Most (97%) of the Black participants were immigrants from sub-Saharan Africa. Some studies in that region have found high rates of domestic violence against women, so the reason for the relatively low rate of disclosure about abuse by Black people in the present study is not clear. The study team noted that the 2003 Canadian Women’s Health Surveillance Report found that “women born outside of Canada report lower rates of all types of violence compared to Canadian-born women.”
- Heterosexual women (41%) were more likely to disclose a history of abuse than heterosexual men (26%).
- About 34% of gay men reported abuse, as did 44% of bisexual patients of either gender.
- People who injected street drugs were more likely to experience abuse (nearly 50%) compared to men who had sex with men (31%).

**Pre-existing mental health issues**

In looking at all of the participants who were screened, researchers found that many had pre-existing mental health issues, including these:

- 25% of participants reported a history of depression
- 15% of participants reported a history of anxiety
- 11% had thoughts of or had attempted suicide

Participants who reported any of these issues were more likely to have experienced abuse.

**Health-seeking behaviour**

In the present study, people who disclosed abuse were more likely to have delayed accessing care and treatment for HIV infection than people who did not report a history of abuse.

**Screening**

The screening for abuse was well received both by clinic staff and participants. Although 97% of participants responded to questions about abuse in the initial screening, the remaining participants required further discussion with nurses and doctors before disclosing abuse. This finding suggests that having a trusting relationship with a health care practitioner enables full disclosure from patients. The Calgary researchers noted that repeated interaction with the same health care staff at the clinic may foster trust and enable an “open dialogue” between health care providers and patients. They further added that the HIV clinic came to be perceived as a safe space for some patients who had no other trusted relationships for disclosing abuse in their lives.

**Immediate intervention**

Nine participants who were screened for abuse required immediate intervention and the clinic facilitated their “transition to safe housing shelter, removing [these] patients from immediate risk of harm.”

**Overall**

The researchers noted that the high rate of abuse within the HIV community in this and other studies “highlights the need for domestic violence intervention and awareness programs targeted specifically at those living with HIV.” The Calgary research team stated that health care providers caring for HIV-positive people “need to be aware of the high rate of abuse among their patients and encourage screening, given the high impact of domestic abuse on health outcomes such as consistent access to HIV care, mental health and physical health.”
REFERENCE:

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