

People with HIV at high risk for intimate partner violence

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New data from the Centers for Disease Control and Prevention (CDC) show that one in four adults with HIV in the United States has experienced intimate partner violence (IPV), which disproportionately affects women and LGBT populations. Further, people with HIV who experienced IPV in the past 12 months were more likely to engage in behaviors associated with elevated HIV transmission risk, were less likely to be engaged in routine HIV care and more likely to seek emergency care services and have poor HIV clinical outcomes. The findings are reported in the *American Journal of Preventive Medicine*.

Lead Investigator Ansley B. Lemons-Lyn, MPH, and colleagues from the CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention and the National Center for Injury Prevention and Control in Atlanta, GA, U.S., used data from the Medical Monitoring Project, an annual survey used to produce national estimates of sociodemographic, behavioral, and clinical characteristics of adults diagnosed with HIV. Analysts estimated the prevalence of respondents who had ever experienced IPV and those who

experienced IPV within the last 12 months and compared that with sociodemographic information, behavioral characteristics, clinical outcomes, and the use of emergency or inpatient medical services in the past year.

Among individuals with HIV, 26.3 percent had at least one experience of IPV. Significant differences were found by race/ethnicity and age; 35.6 percent of women, 28.9 percent of [transgender people](#), and 23.2 percent of men had experienced IPV. There were also significant differences based on gender and sexual identity. Although women overall experienced the highest prevalence of IPV, bisexual women experienced the highest proportion (51.5 percent) compared with all gender and sexual identity groups.

Overall, 4.4 percent of people with HIV had experienced IPV in the last 12 months. Statistically significant differences were found by sociodemographic characteristics, such as age and gender/sexual identify but not by race/ethnicity or gender identity. The study found that compared with individuals with HIV who did not experience IPV in the last 12 months, those who did engaged in riskier behavior such as binge drinking, use of injection drugs, and transactional sex. They were more likely to report not receiving additional needed services.

These findings suggest that screening people with HIV for IPV and linking them to services, not only during HIV testing but also during routine HIV care, is important. A higher proportion of individuals reporting IPV in the last 12 months were not receiving HIV medical care, were not taking antiretroviral therapy, and were more likely to miss HIV-related medical appointments. They were also more likely to have more than one emergency room visit or hospital admission in the past 12 months.

The study suggests that when IPV is identified, the safety and health of people with HIV can be

improved with supportive services. IPV is preventable, especially when efforts begin early. The investigators note that most IPV and protection programs are tailored for heterosexual women. Given the extent to which the study found risk to other gender/[sexual identity](#) groups and racial/ethnic minorities, investigators suggest that programming should be tailored for marginalized groups.

More information: Ansley B. Lemons-Lyn et al, Intimate Partner Violence Experienced by Adults With Diagnosed HIV in the U.S., *American Journal of Preventive Medicine* (2021). [DOI: 10.1016/j.amepre.2020.12.019](#)

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