

Study links intimate partner violence and risk of HIV

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Researchers from The Miriam Hospital and the University of Rochester have found a definitive link between violence among intimate partners and an increased risk of HIV infection. The study is online in the journal *Women & Health*.

Sexually transmitted diseases, including HIV, are an important public health problem for women in the U.S. Each year, 27 percent of new HIV infections are in women, and heterosexual transmission accounts for 83 percent of those infections. A recent national study attributed 12 percent of HIV/AIDS infections among women to relationships involving [intimate partner violence](#) (IPV).

Past studies have linked male-perpetrated intimate partner violence (IPV) with sexual risk behaviors, including an increase in the number of sexual partners, trading money or drugs for sex, and inconsistent use of condoms. While researchers agree that IPV affects sexual risk among women, little is known about the mechanisms by which IPV leads to risky sexual behavior.

That is the basis behind the newly published study co-authored by Theresa Senn, Ph.D., senior research scientist in the Centers for Behavioral and Preventive Medicine at The Miriam Hospital. Senn says, "The association between partner violence and lower rates of [condom](#) use has been studied by other [researchers](#), but few have investigated why this association exists. Researchers and clinicians have assumed that women in violent relationships fear asking their partners to use a

condom, but only a handful of studies have documented that this is actually the case." She adds that those studies were conducted with adolescents, where other factors may be at play. This study, however, focused on adult women.

As part of a randomized controlled trial for the study, participants were recruited from an upstate New York public clinic that treats sexually transmitted diseases. Those participants completed a computerized questionnaire that asked about risky sexual behavior, intimate relationships, and related covariates and confounding variables.

Based on the reports from the participants, Senn says, "Our findings suggest that women involved in violent relationships fear that their partner might respond with [violence](#) if asked to use a condom, which in turn, leads to less condom use for these women."

She adds, "Protecting themselves from unwanted pregnancy and sexually transmitted infections, including HIV, is not as easy as just telling their partner to wear a condom. The potential consequences of asking their partner to wear a condom are more immediate and potentially more severe than an unintended pregnancy or STI," Senn says.

Specific findings from the study indicate that 17 percent of the sample reported IPV in the past three months. Recent IPV was associated with fear of violent consequences to requests for condom use; this fear, in turn, was associated with inconsistent condom use. Women who reported IPV also reported greater difficulties in negotiating safer sex behaviors with their abusers. For women in violent relationships, fear of violent consequences appeared to hinder women's ability to protect themselves against HIV infection.

As a result of the findings, Senn says that health care providers involved in HIV prevention and [sexual risk](#) reduction interventions need to

address IPV and, more specifically, the fear of IPV when negotiating safer sex as part of their services for providing more comprehensive care to women.

Senn concludes, "For [women](#) in violent relationships, counseling to use a condom and training in condom assertiveness skills are unlikely to increase condom usage. Women in violent relationships may need additional counseling about healthy relationships, and assistance developing a safety plan. Further, we may need to develop interventions for couples or for men who are violent."

Provided by Lifespan

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