

Introduction – HIV, Violence, and Mental Health: CETA Webinar

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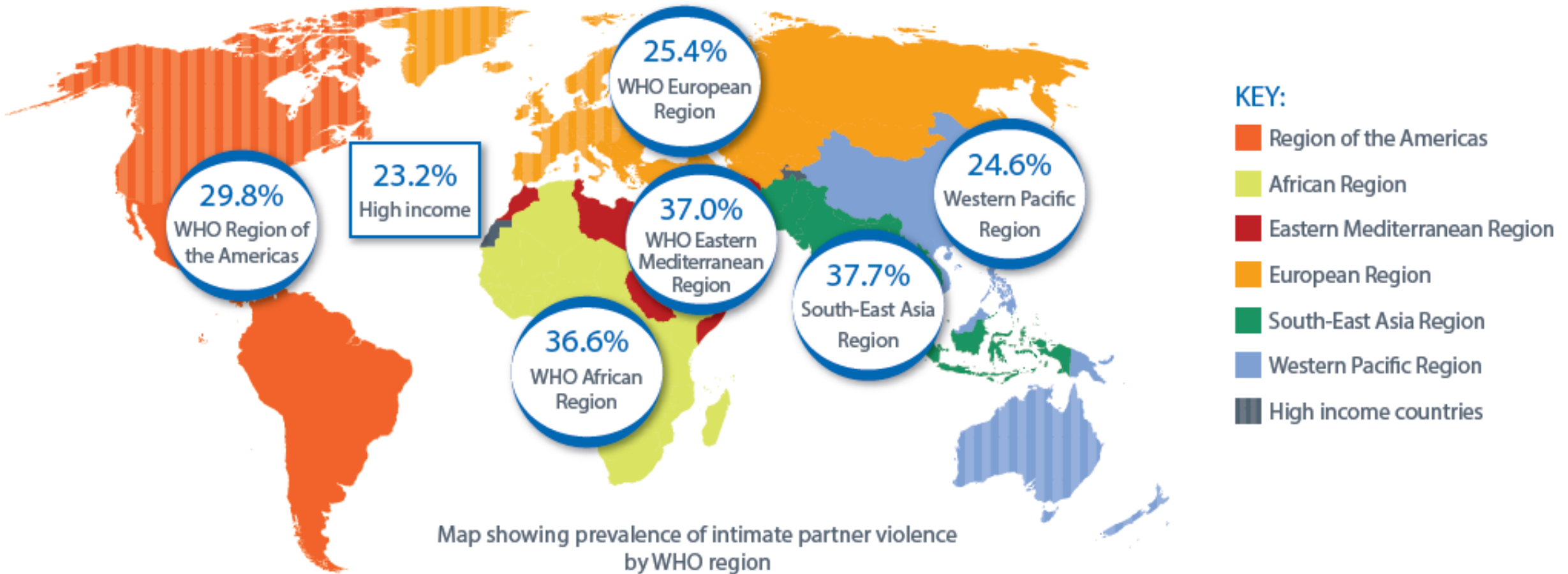
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Global Data on Gender-based Violence

1 in 3 women

throughout the world will experience physical and/or sexual violence by a partner or sexual violence by a non-partner



Global Data on Violence


HEALTH IMPACT: Women exposed to intimate partner violence are

Mental Health

TWICE 
as likely to experience depression

ALMOST TWICE 
as likely to have alcohol use disorders

Sexual and Reproductive Health

16% 
more likely to have a low birth-weight baby

1.5 TIMES 
more likely to acquire HIV and 1.5 times more likely to contract syphilis infection, chlamydia or gonorrhoea

ALL FORMS OF VIOLENCE AGAINST BOYS ARE SIGNIFICANTLY ASSOCIATED WITH NEGATIVE MENTAL HEALTH

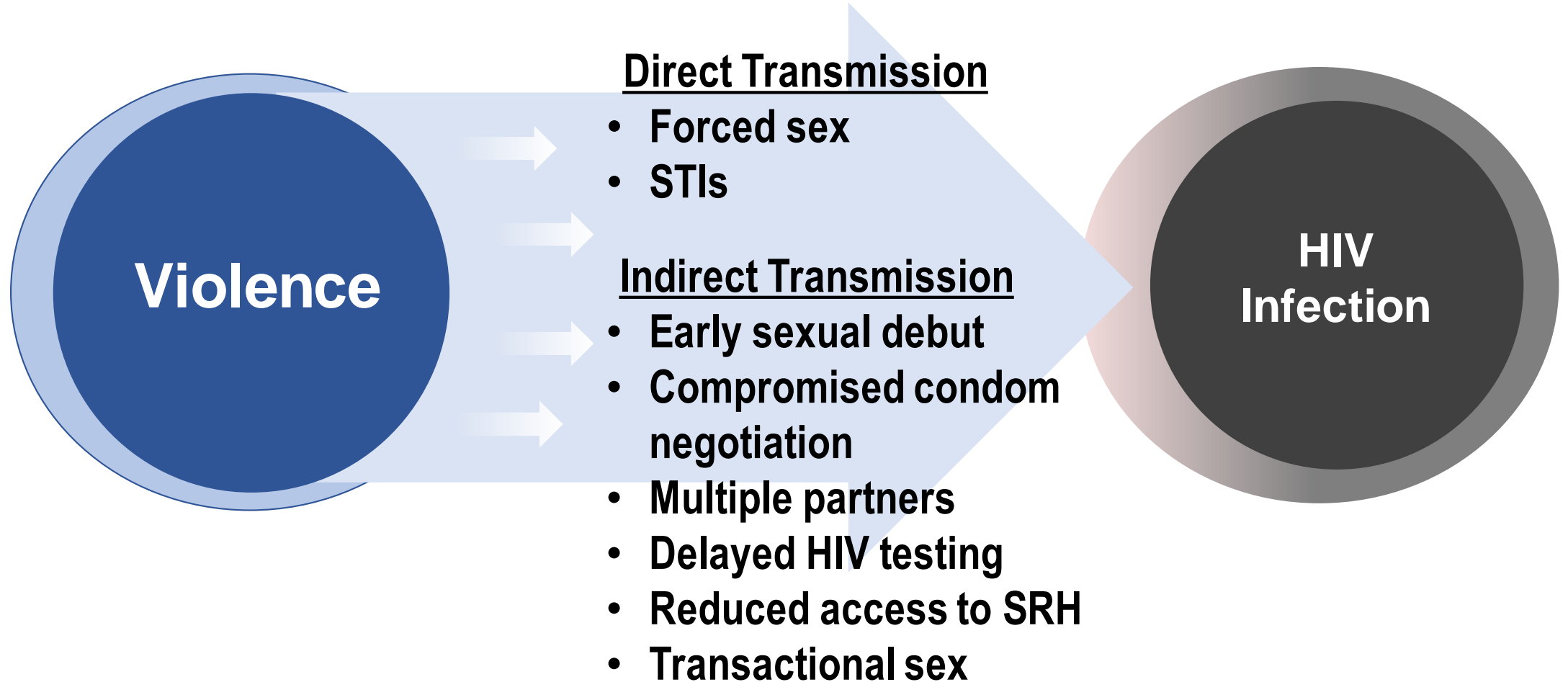


2/3 of boys who experienced sexual violence report mental distress later in life.

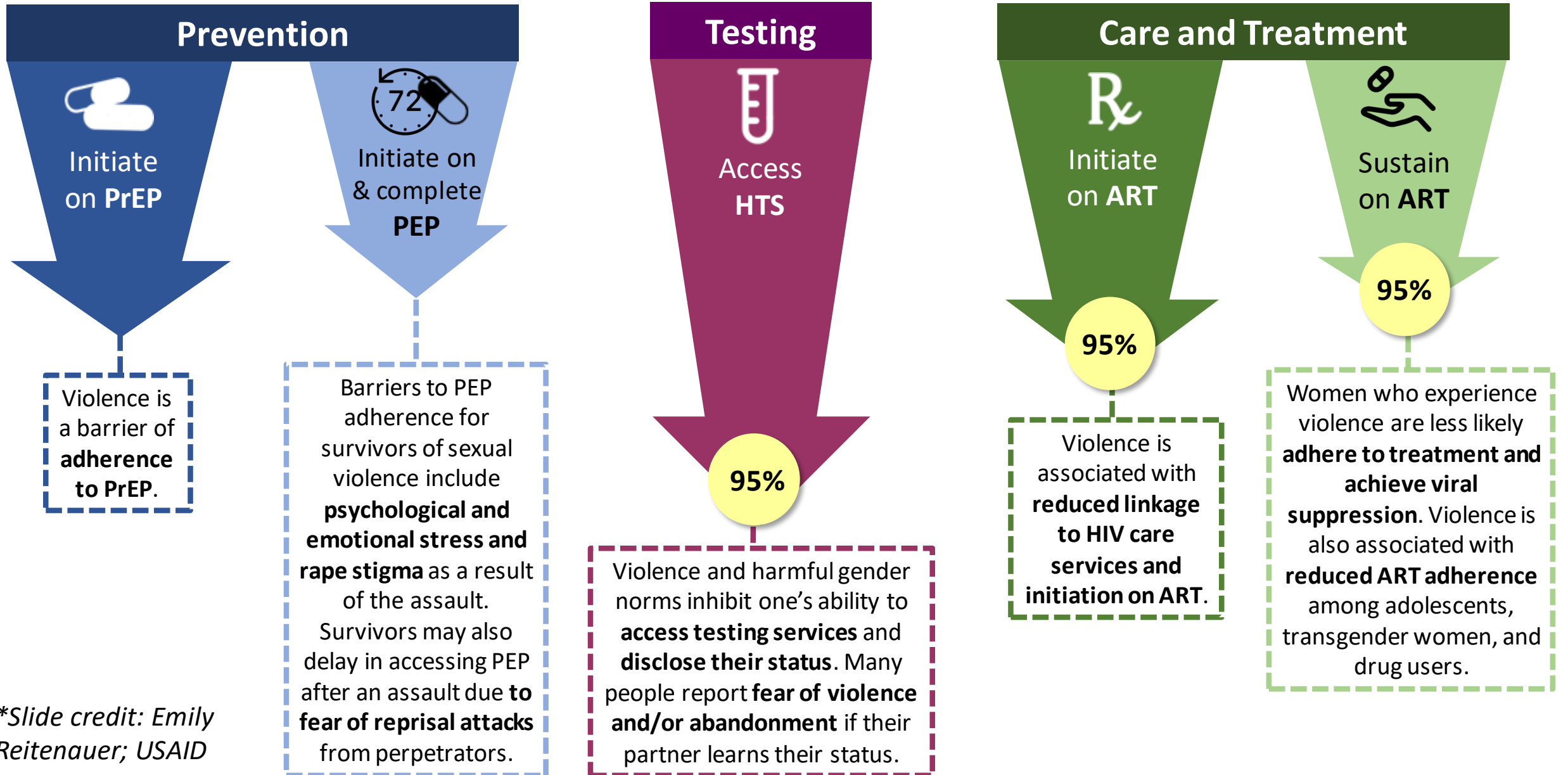
Source: https://www.who.int/reproductivehealth/publications/violence/VAW_infographic.pdf

Source: <https://www.togetherforgirls.org/the-issue/>

Paths Leading from Violence to HIV



Violence and the HIV Clinical Cascade



*Slide credit: Emily Reitenauer; USAID

Mental Health and the HIV Cascade

Persons with preexisting mental disorders, including depression, are at increased risk of HIV infection

Recent findings estimate 24% of PLHIV in sub-Saharan Africa suffer from depression

Mental health conditions impact adherence

One study showed the odds of adhering to care was 83% higher for participants who receive mental health services

Living With HIV

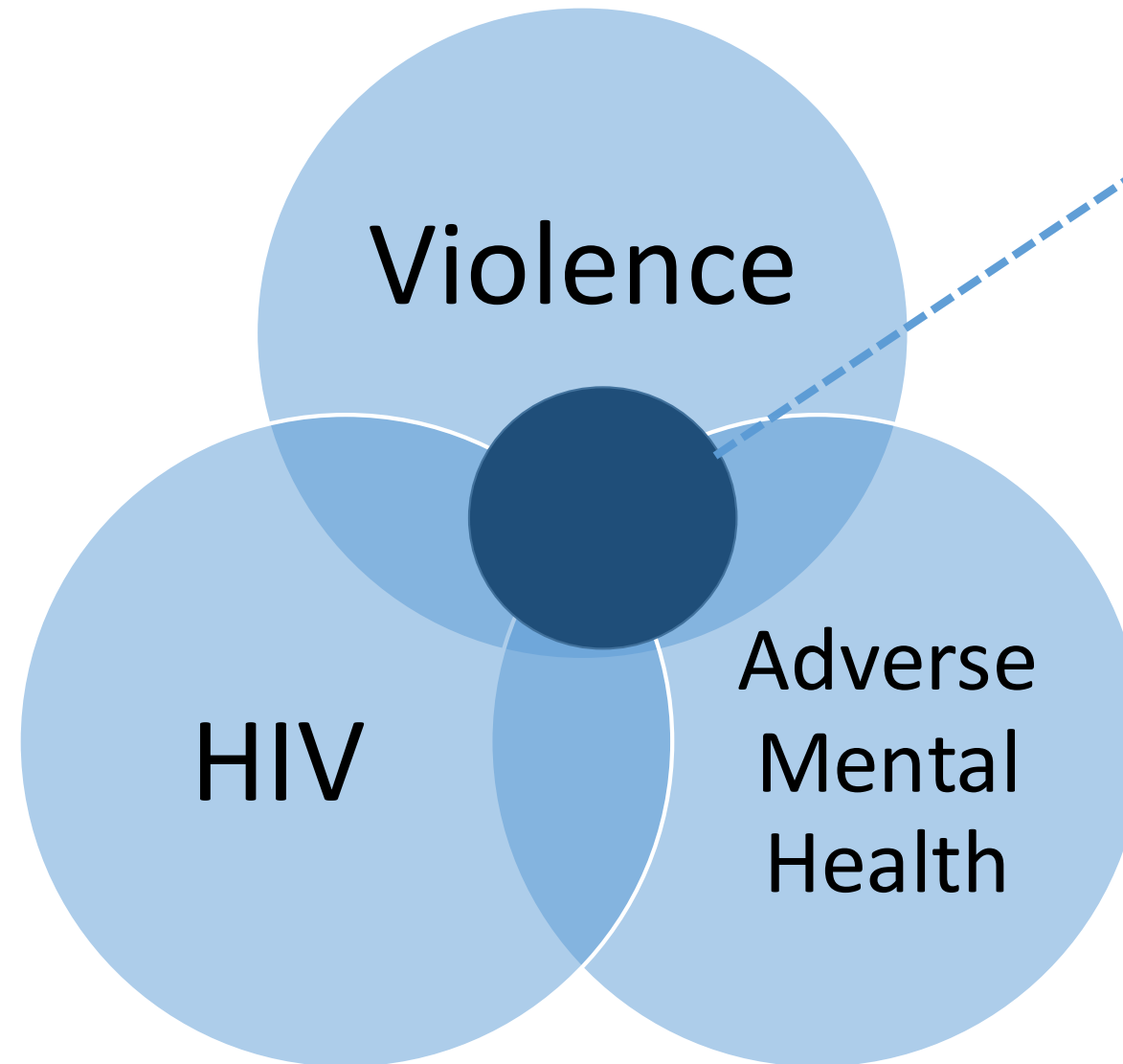
May increase vulnerability and exposure to physical, sexual, emotional, and economic abuse

Disclosure may trigger violence

May increase stigma by partner/family/self

May increase risk for developing mental health conditions

Syndemic of HIV, Violence, and Mental Health



Syndemic: Mutually reinforcing interaction of disease and social conditions

PEPFAR COP 19 Guidance on GBV and Mental Health Programming

“Mental health services can be integrated into HIV programs across the prevention, care, and treatment cascades.....” Page 391

“Service providers should be trained to screen for and provide low-intensity psychological interventions.” Page 391

“Provide comprehensive and age-appropriate clinical post-GBV care that meet the expressed needs of survivors. This should include... interventions that help improve the mental health and psychosocial functioning of survivors.” Page 312

“Capacitate both providers and IPs on counseling and psychosocial support to better meet the mental health needs of GBV survivors as well as secondary survivors.” Page 313

HIV Prevention, Care & Treatment, Mental Health and Violence Prevention and Response

