

Effectiveness of CUES intervention training for health care providers in the U.S. HIV clinic setting



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Introduction

In the United States, women living with HIV (WLWH) report more intimate partner violence (IPV) and sexual violence (SV, 55%) than women without HIV (Gielen et al. 2007). IPV can compromise the HIV cascade of care and treatment, as well as other health outcomes among WLWH. For instance, WLWH with a recent history of IPV have more than 4 times the rate of antiretroviral therapy failure and unsafe sex (e.g., condomless sex), relative to WLWH who have not experienced recent IPV (Machtinger et al. 2012). HIV providers should understand how IPV may impact HIV care and treatment and be trained to provide comprehensive, patient-centered, trauma-informed care for abused women.

Setting for Training and Evaluation

Twenty-one HIV service providers (Table 1) from University of California San Diego Mother-Child-Adolescent HIV program (UCSD MCAP) participated in the Confidentiality, Universal Education and Empowerment, and Support (CUES) intervention training in April 2019. Two Futures Without Violence consultants conducted a 2-day training for the providers on how to offer trauma-informed care, and tailor counseling for clients. All providers completed pre and post CUES training surveys with questions to assess self-efficacy for and attitudes on clients' experiences of IPV.

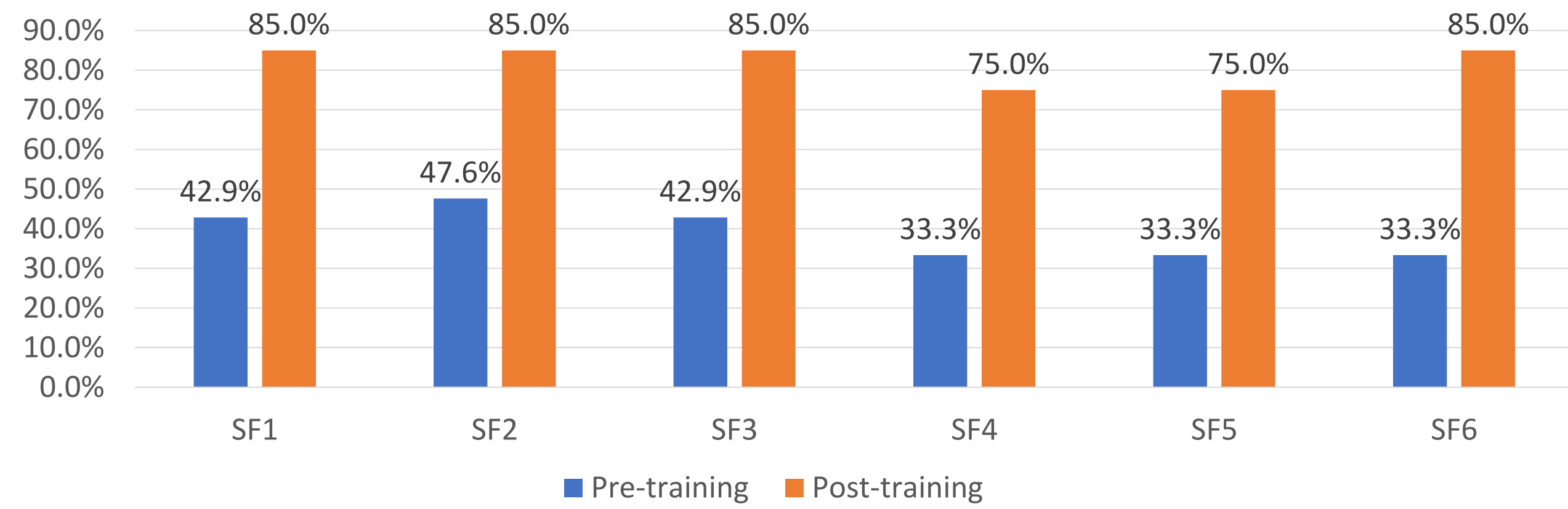
Table 1. HIV Health Care Provider Participant Characteristics (N=21)

Mean age in years (SD)	43.2 (13.7)	
Mean years practiced (SD)	17.7 (13.7)	
Primary role	N	Percent
Case manager	1	5.3%
Front desk receptionist	1	5.3%
Nurse/Nurse practitioner	3	14.3%
Phlebotomist	1	5.3%
Physician	4	19.0%
Psychologist	1	5.3%
Social worker	5	23.8%
Other	5	23.8%
Estimation of patients exposed to IPV/SV		
0% - 25%	5	23.8%
26%-50%	7	33.3%
51%-75%	5	23.8%
76%-100%	4	19.0%
Previous training on health impacts of IPV/SV		
No	17	81.0%
Yes	4	19.0%
Previous training on IPV/SV assessment, response, and referral		
No	20	95.2%
Yes	1	4.8%

Results

As shown in Figure 1, participants reported increased self-efficacy in providing universal education on IPV/SV (SF5), talking to patients about IPV/SV (SF4), responding appropriately if a patient disclosed IPV/SV (SF2), reviewing limits of confidentiality (SF1), offering warm referral (SF3), and discussing ways to stay safe (SF6).

Figure 1. Changes in self-efficacy (SF) in assessing & responding to IPV/SV (% confident and very confident)



After the training, we observed a significant increase in providers' beliefs in survivors' ability to make appropriate choices to handle IPV (#1. 4.8% to 80%) and right to decide about their own care (#5. 85.7% to 95%). While respecting patients' ability and decisions, HIV care providers were more willing to engage with patients by offering confidential services (#4. 47.6% to 90%) and other supports to empower their patients. All participants agreed or strongly agreed that the training was helpful and informative and 90% agreed or strongly agreed that the CUES intervention appears to be feasible for themselves to implement in their practice (Table 1).

CUES Training



C: Confidentiality Disclose limits of confidentiality and see patient alone

UE: Universal Education Normalize activity and make connection

S: Support Create a sense of empowerment

Table 2. Changes in beliefs and attitudes towards IPV/SV (% unsure is excluded in the table)

Statement	Pre-training		Post-training	
	True	False	True	False
1. Survivors of IPV/SV are unable to make appropriate choices about how to handle their situation.	4.8%	85.7%	80.0%	5.0%
2. Being supportive of a patient's choice to remain in a violent relationship would condone the abuse.	9.5%	66.7%	5.0%	90.0%
3. There are no good reasons for staying in an abusive relationship.	47.6%	47.6%	30.0%	70.0%
4. Allowing partners or friends to be present during a patient's history and physical exam ensures safety for survivors.	4.8%	47.6%	10.0%	90.0%
5. Survivors of IPV/SV have the right to make their own decisions about their care.	85.7%	4.8%	95.0%	5.0%

Conclusion



To ensure universal IPV and sexual violence education, screening and counseling is offered in HIV clinic settings, HIV care providers should be comprehensively trained and strong community referral networks should be established.

Acknowledgements

We thank all health care providers who participated in the training and partnering community organizations (Center for Community Solutions, South Bay Community Services, Nile Sisters Development Initiative, The San Diego LGBT Community Center, Women's Resource Center) for **warm referral services**. This work was supported by the HRSA Ryan White HIV/AIDS Program Part D Supplemental Funding.

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