Sexually Transmitted Infection Education in Shelter Setting for Survivors of Intimate Partner Violence

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Abstract

Intimate partner violence and increased risk for sexually transmitted infections (STI's) including HIV, create a health burden for women. A goal of this project was to create an empathic environment in the area sexually transmitted infection related health education, in an intimate partner violence shelter setting. Reducing institutionalized sexism and victim blaming work toward this goal, by focusing on future oriented self care.

Background and Significance

Intimate partner violence is a significant and preventable public health issue that crosses social, racial, religious, sexual orientation, gender identity, age and economic strata. Female survivors of intimate partner violence are at risk of suffering lifelong consequences including permanent physical injuries, medical problems, emotional trauma and mental health issues. The Centers for Disease Control National Intimate Partner Violence and Sexual Violence Survey reported that nationally, one in three women, or 35.6%, will experience physical violence, rape and intimate partner violence. In the general population, one in ten women has been raped by an intimate partner and 16.9% have experienced sexual violence other than rape. Nearly one in four women report experiencing severe violence in an intimate relationship, at some point during their lifetime. Just slightly less than one in two women reported having experienced threats, by an intimate partner. The effects of intimate partner violence (IPV) include contracting sexually transmittedin-fections, unwanted and unplanned pregnancies, interrupted pregnancy prevention, gynecological injuries and insufficient, or absent prenatal care (AMA, 2002).

STI Prevalence and Contributing Factors

Women in abusive intimate relationships experience adverse STI related health effects. Both risk of acquisition and incidence of STI's affect fertility and positive pregnancy outcomes. Women in IPV relationships are at higher risk for having non-monogamous partners, for having unprotected intercourse and sexual behaviors that increase risk of acquiring STI's. Survivor's ability to actively participate in protective sexual health decision, while in abusive relationships, is compromised. Attempting to negotiate protective behaviors, including condom use and declining sexual contact can serve to escalate violence against the survivor (FVPF, 2010).

- Women who are in IPV relationships have less ability to seek care and treatment for STI's.
- The incidence of abuse of drugs and alcohol adds a layer of risk, as it applies to sexual behavior while under the influence.

IPV and Role of Shelters

Age of women is a factor in the likelihood of experiencing IPV. The most common age of first IPV relationship experience is reported to be between ages 18 and 24, at 38.6% of all women with IPV histories. Women in all racial groups experience IPV, with Native American women and African American women having higher rates of abuse.

- In Los Angeles County, it is estimated that at any time, over 8,800 homeless women and children are survivors of IPV. Nationally, on any day, over 11,000 women reside in shelters designed to help women leave IPV.
- Women most often reach out to and subsequently enter shelters for those leaving IPV, after particularly brutal abuse.

Benefits and Challenges of IPV Shelters in Addressing STI's

Shelter programs are able to address STI's in this population, as a part the educational component of the shelter. Needs assessments can be completed and updated multiple times. STI information can be presented during reviews of medical treatment and exam histories, encouragement to seek treatment can be given and evaluations of health care coverage. Shelter programs can have educational and counseling as part of the program. Clients will have low acquisition of new STI's while living in shelters.

Challenges in many programs are the pervasive lack of accurate sexual health information in shelter programming. Within shelter populations there is a high level of misinformation around STI's and risk behaviors. Mental health issues, trauma, cultural norms and lack of ability to control sexual situations can be life long risk factors. Rigid shelter programming content impedes new program additions, such as STI education.

Approach to Educational Module

A post structuralist feminist approach was applied to the issue of STI's. Within that theoretical approach, the issue of positionality is on the forefront. Demands placed by shelter staff on clients to address their STI with immediacy, with punishments if they do not, reinforces an existing power differential, that is counterproductive to clients ability to shape their world.

Issues Impacting Client Experience

- Few STI's must be immediately addressed, relating to clients hierarchy of needs and this theoretical stance helped shift the false sense of emergency presented by shelter rules and staff attitudes.
- This health education module focused on learning and affirmations, while minimizing the hierarchal stance and social stratification prevalent in shelter programming.
- Trauma informed care was utilized to ameliorate, rather than exacerbate negative internalized messages, with a sense of awareness of their set of currently immediate needs.
- The exercises do not exploit personal vulnerabilities.

This is a pressing public health issue and shelters have the potential to promote education on STI prevention and treatment among this highly under served population.

Objectives

The purpose of this project was to develop and evaluate the appropriateness of an educational curriculum targeting shelter workers to increase STI knowledge and prevention/early treatment attitudes among female adult clients. The eventual target participants for the curriculum will be women in shelters for those attempting to leave intimate partner violence.

Methods

Pedagogy of existing health education curricula and programs was reviewed. The needs of the target group were assessed and logic model and post structural feminist concepts were applied to the structure and content of the curriculum. This was reflected in keeping the contents on essential facts, not a tested "class," and including presenting affirmations and "truths."

- The Centers for Disease Control essential program elements of a teaching curriculum: presenting functional health information, support healthy behaviors, valuing a healthy lifestyle and developing the essential health skills necessary to acquire and maintain these behaviors (CDC, 2015).
- Instructional Systems Development fundamentals were also reviewed for this project. Effective HIV and STD Prevention Programs for Youth, also by the CDC, was also reviewed, but rejected for being too much like a traditional school class and gender bi-variate.
- The Tool to Assess the Characteristics of Effective Sex & STD/HIV Education Programs was reviewed. Two individuals, one an LCSW and the other an LMFT, provided comprehensive reviews of this STI education program.

Curriculum Development

Curricula that are effective, according to the CDC, include a number of specific characteristics.

They include:

- Clear health goals and outcomes
- Learning experiences build on theoretical approaches
- Have values and beliefs that support positive health behaviors
- Have an understanding of group norms
- Engage participants and correspond to their cognitive and emotional development
- Teaching pieces should contribute to health promoting decisions and behaviors

These CDC defined goals are reflected in this teaching module.

Some of the ways they are encompassed in this project are:

- Women will receive treatment for STI's when they are able
- They are, or will be capable of self care
- Learning experiences are built into the project
- Group norms are acknowledged
- Group members are engaged in a positive manner

Findings

This STI health education project was a much larger undertaking than originally anticipated. The format evolved continuously, as each STI section was created. Multiple formats were attempted, before the final format of a complete section for the client and a second complete section for the facilitator was developed.

-The two section format proved to have clarity for the facilitator

* The norm amongst existing STI teaching curricula was that it is gender bi-variate.
* This project was directed to women only.
* The teaching materials reviewed were nearly universally focused on the stance of prevention.
* The two section format proved to have clarity for the facilitator.

This program deconstructed the normative format of STI education modules and reconstructed a woman positive affirmational education piece.

Creation of the Tools

- **The STI Truths tool reinforces only correct information.**
  1. No false information is presented
- **The word search exercise:**
  1. It can be done as a genial group activity
  2. It is simple and does not involve any interpretation.
  3. Minimal literacy and only basic knowledge of English language letters are needed to participate
  4. Upon finding the words, they are reinforced by the group leader and participants
- **The Affirmations sheet**
  1. Reviewed by the group
  2. Literacy is not assumed and the group leader will participate

As a group, the clients are highly traumatized and some commonly occurring mental health issues are depression, anxiety, post-traumatic stress disorder and effects of closed head brain injuries. Due to the conditioned fear of making mistakes, exacerbated by anxiety, confusion and a high incidence of low self-esteem, working as a group is positive.

Description of the Intervention:
An STI education module was created to meet the specific needs of women residing in shelters for those leaving intimate partner violence. A goal of this project was to foster a more empathic environment around this area of health education. This education piece reduced the footprint of ubiquitous institutionalized sexism and shaming in STI education. Unlike traditional programming that focuses on prevention, it was understood that this client base did not have the power, or agency, to participate in prevention. Materials and content of this STI teaching module are gynocentric, disengaging from traditional education materials where male symptomology, modes of infection transmission and prevention are equally, or predominantly, presented (Blaney, 2013).

Hard items needed:
White board/marker/eraser, or easel, large pad and marker and printed material

TEACHING MODULES

Bacterial Vaginosis
Syphilis
Hepatitis
HIV/AIDS
Trichomoniasis
Chlamydia
Gonorrhea
Genital Herpes
Human Papillomavirus

Each module contains a section for the client and another the staff member. Each section contains information on a definition, transmission, glossary and treatment of the STI, with the staff member section having additional information.

THE TRUTHS

The Truths sheet is to be written on the whiteboard, or posted on the easel, for everyone to read as a group, with the group facilitator. At any time, in a group of survivors of intimate partner violence, there may be women who are:

- non-native speakers of English, with barriers to reading English and speaking it comfortably
- women who have anxiety, or cultural barriers around being heard
- women who have social phobias
- women who are illiterate and/or have learning disabilities that are barriers to reading
- women who have vision impairment and/or are in need of eye glasses
- living with mental health issues

WORD SEARCH

Then women can help find the words. At the end of the search, the words can be defined. This is to be done aloud each time, since the group composure will change and it will allow for the possibility that women from the previous curriculum can show their knowledge by explaining what the words mean, if they feel comfortable.

AFFIRMATIONS

At the end of each session, the group is to say these six statements of affirmations aloud. This is a means of closing the group, with positive and affirming statements. These statements acknowledge that many of the clients have health needs, that they will have the efficacy to get themselves help, then, or in the future.

Discussion/Lessons/Future Directions

The aim of creating a teaching curriculum that has a theoretical framework that is client centered, with post structuralist elements was achieved with this project. Because intimate partner violence is complex, being aware of the stratification of power of the staff members as group leaders was an imperative element of this education piece. Program formation, that reduced social stratification and hierarchy, was an essential element in each portion of this STI education piece (Snow, 2007).

- Non-punitive, affirming, non-shaming and genial STI curriculum, that accounts the complexities of the client's lives, empowers participants.
- Training and direction of staff members who deliver services to clients is imperative, in order to capture the essence of the project.
- When STI information is presented in a gender bi-variate manner, the purveyors of abuse have a presence that is validated as equal and detracts from the female STI prevention shelter experience as being valid, worthy and unimpeded.

Pedagogy that is sensitive to the gender component allows the clients to have a space that is theirs and about them, moving forward.

Lessons learned and future directions

Identifying and harnessing appropriate pedagogy as it applied to STI education was an enormous task. Deconstructing normative STI education pieces, making a unique and affirmative one for the target group of women leaving relational violence proved to be challenging. It was difficult to keep the scope narrowed upon the delivery of information, under the ubiquitous specter of gender and traumatology.

The gendered dynamic of the educational materials proved conceptually monolithic. As this project advanced, the significance of the ubiquitousness of gender bi-variate materials became more apparent. In many ways, the perpetrators still have power, in how the information across many groups and program components is presented in shelters for those leaving intimate partner violence. The more one explores the gendered dynamic as it applies to both shelter structure and programming pedagogy, the more one finds needs to be addressed.

Future direction

Adoption of this teaching curriculum, with the option to expand it, is a goal of this project. This STI education module is ideally the first of a series of teaching tools with eclectic pedagogy, having a strong foundation in poststructuralist feminist theory. Harnessing current trends in traumatology, including the neurology of trauma so often ignored in shelters and facilities could be foundational in rewriting existing programming norms.

This could be a point on the continuum of a paradigm shift to woman centered affirmational programming in shelters for those leaving intimate partner violence.

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