

LINKAGE TO AND RETENTION IN CARE FOR SURVIVORS LIVING WITH HIV/AIDS

WHAT DOES “LINKAGE TO AND RETENTION IN CARE” MEAN?

Linkage to and retention in care means people living with HIV are connected to and receiving the medical support they need to remain healthy, which includes CD4 and/or viral load testing on a set basis. Advances in antiretroviral treatments (ARTs) have allowed HIV to become a chronic, manageable condition.¹ Proper care and consistent treatment for people living with HIV can prolong and improve quality of life and greatly reduce the transmission of HIV.

HOW DOES THIS BENEFIT PEOPLE LIVING WITH HIV?

As of 2019, about 87 percent of people living with HIV have been tested and of those receiving an HIV diagnosis in 2019, 81% were linked to care within one month of their diagnosis. Of all people living with HIV, 66% received HIV medical care. However, only about 50% received regular HIV care.²

The earlier someone living with HIV starts receiving medical care, the sooner they are able to reduce their viral load and the risk of transmission. As they retain care and take prescribed anti-retroviral medications, their viral load can be drastically reduced and their CD4+ count increased, improving their life expectancy and health. Viral suppression can be achieved with proper medication adherence, reaching an undetectable viral load. Those with an undetectable viral load have effectively no risk of transmitting HIV through sex, syringe sharing, and from mother to child.³

Inconsistent adherence can impact the effectiveness of medications. Once prescribed, it is important that someone consistently takes their medications to prevent drug resistance.

BARRIERS TO CARE FOR VICTIMS OF DOMESTIC VIOLENCE

Barriers to receiving care vary from person to person. Victims of domestic violence may be prevented from accessing medical care, not always be able to take their medications as prescribed, or may miss appointments, thus putting them at greater risk for progression to AIDS. Victims of domestic violence may not seek care due to the possibility of backlash from their partner. An abusive partner may also withhold, tamper with, or dispose of medications. They may also sabotage or otherwise interfere with a victim's medical appointments and decisions to gain more control over the victim, this may include limiting transportation, insisting on attending all appointments, and cancelling insurance. Current research shows that a patient's need for food, shelter, and other essentials can interfere with the ability to prioritize health care.⁴

If a survivor leaves their partner, new barriers may emerge. These barriers may include accessing safe and affordable housing, finding a new medical provider if they move, childcare, time off from work, and more. Housing is a

critical component of safety and health for survivors. One study reported that 84% of domestic violence survivors needed help finding affordable housing. For people living with HIV, homelessness is a strong predictor of poor health outcomes and complicates medical management.⁵

Barriers may include:

- Housing and homelessness^{5,6}
- Money/income/finances
- Health insurance
- Employment
- Fear⁷
- Cultural biases
- Transportation
- Substance use⁸
- Stigma⁹
- Mental health⁹

HOW CAN WE REDUCE BARRIERS AND IMPROVE RETENTION IN CARE?

By reducing stigma around domestic violence and HIV, we can link more people living with HIV to care. One way we can begin to reduce stigma is to make HIV and/or domestic violence information available and accessible to every individual who accesses services. Studies show that patients who receive case management, transportation, mental health support, and other support services are more likely to be retained in care than are those who do not.¹⁰ For domestic violence and sexual assault victims, HIV organizations can provide trauma-informed

support, safety planning, and connection to a domestic violence program. Domestic violence organizations can provide a connection to an HIV organization, a safe and secure location to store medications, and non-judgmental care. Each field can best support survivors by addressing institutional and personal biases and stigma. Supportive services that honor the autonomy of each person create stable relationships and increases the likelihood that they will be retained in care. The relationship we build with a client is a huge driver in someone returning to services and opening up about their current and long-term needs.

ADDITIONAL RESOURCES

- For more information on discussing domestic violence and HIV/AIDS, please review the **HIV/AIDS and DV Conversation Guides** in the *Positively Safe Toolkit*.
- For more information about safety for victims of domestic violence and person living with HIV/AIDS, please see our **Safety Planning Guide** in the *Positively Safe Toolkit*.
- To learn more about HIV/AIDS medication and medication storage, see the **Medication & Survivors** resource in the *Positively Safe Toolkit*.

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