Mental health services for key populations who have been victims of violence in Dominican Republic

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Context

- Gender-based violence (GBV), and particularly intimate partner violence, affect many individuals in the Dominican Republic.
- GBV disproportionately affects key population (KP) members:
  - 18% of female sex workers reported violence from a sexual partner\(^1\)
  - 46% of trans women reported trauma\(^2\)
  - 25% of men who have sex with men and trans women reported verbal abuse\(^3\)
- Current GBV response does not acknowledge twin epidemics or provide adequate mental health care:
  - GBV increases vulnerability to HIV and decreases uptake of HIV services\(^1,4\)
  - Living with HIV increases vulnerability to GBV\(^5\)

Goal

Increase the uptake of GBV response services—including HIV and mental health services—by all who experience GBV in order to improve victims’ overall well-being and particularly their HIV-related outcomes.

*All explicitly includes sex workers, transgender people, men who have sex with men, and people living with HIV*
Overview of activities

- **Strengthened GBV services:** Stigma-free, with improved links to HIV services; mental health services to victims of violence
  - Individual therapy
  - Support groups
  - Couples therapy

- **Demand creation:**
  Sensitization for KP members and PLHIV; asking about experiences of violence and providing first-line response
Quantitative overview: Violence disclosure and HIV testing

Victims of violence accessing services at CEPROSH each month (2016-2018)

Percentage of those engaged in violence intervention who tested for HIV (2018)
Mental health services bring in new service users

“... before, the girls—trans woman—didn’t feel the need to come to services or were afraid to do it. But now, with the new GBV services and all the support, they are more willing to come and seek help.” – Peer educator 03
Mental health services help address loss to follow-up

“I have two clients that had abandoned their treatment because of violence situations and we were able to bring them back to treatment thanks to the GBV services. I think that many dropout cases are because of violence; they don’t feel important, they don’t feel support and they think it is not worth living. – Peer educator 01”
Mental health services support adherence and affect viral load

“Helping the clients to solve their violence situations is a direct help to their viral load.... We have seen in several cases, that, after receiving violence response services, their adherence to the treatment has improved and therefore their viral load has declined. – HIV Clinic at Ricardo Limardo (public hospital) service provider 03
Where do we go from here?
References


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