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## Count Us In the Right to Live a Life Free from Violence.

We, as women living with HIV, envision a life free from violence, coercion, and discrimination for *all* people. We, as women living with HIV, demand an end to the many different forms of violence faced by all women, including physical, emotional, psychological, religious, sexual, institutional, and economic violence, and the trauma that violence leaves in its wake.

It is unacceptable that in the United States today, violence and trauma continue to increase a woman's susceptibility to acquiring HIV, that violence and trauma lead to poorer health outcomes including death for women living with HIV, and that violence and trauma widen gender inequalities especially for women of color, young women, women who are poor, and transgender women.

- **Violence and Trauma:**
  - Women living with HIV are **five times more likely** to have **Post-Traumatic Stress Disorder** and **twice as likely** to have been the **victim of intimate partner violence compared to national samples of American women**, according to a UCSF meta-analysis of the effect of trauma on health outcomes released in early 2012 [1]. Study analysis also revealed that women living with HIV have between **two and six times higher rates of various types of child and adult sexual and physical abuse** – evidence of the link between violence and increased vulnerability to HIV.
- **Treatment failure:**
  - Women with HIV who **experienced recent trauma are over four times more likely to fail their HIV treatment** and **almost four times more likely to be unable to negotiate or engage in safer sex and drug using practices**, according to a UCSF companion paper [2].
- **Death:**
  - In one longitudinal cohort study, the Women's Interagency HIV Study (WIHS), HIV-positive women who reported abuse within the preceding 30 days were 42% as likely to die as women who did not report abuse within the past 30 days.

Violence faced by women living with HIV is experienced at the individual, community and institutional level.

- **Individual Violence:** Women living with HIV face violence in their own homes and in personal relationships with acquaintances and intimate partners. In some instances, disclosure of HIV status may lead to violence.
- **Community Violence:** Women living with HIV face violence at the community level as transphobia, HIV-related discrimination, and cultural scripts about gender norms promote sexual harassment, denial of medical care or other necessary services, and misogyny.
- **Institutional Violence:** Women living with HIV face violence at the institutional level where practices and policies steeped in stigma and discrimination exist at all levels of public institutions including the legal system and law enforcement. These policies and practices lead to oppression as seen in HIV-specific criminalization laws and laws that control and police women's bodies, including women's right to control their own reproduction.

**The leadership of women living with HIV must be prioritized in planning and decision-making bodies. Below are our solutions & recommendations to address violence and trauma:**

Federal Leadership:

1. Bold leadership to address violence against women living with HIV from President Obama's Federal Inter-Agency Working Group on Violence Against Women, HIV/AIDS, and Gender-related Health Disparities, Department of Health and Human Services (DHHS), the Office of National AIDS and Infectious Disease Policy, and the Presidential Advisory Council on HIV/AIDS (PACHA).
2. The Office of National AIDS and Infectious Diseases Policy must amend the National HIV/AIDS Strategy to include objectives that integrate and prioritize trauma recovery, violence prevention, and sexual and reproductive health services with HIV care for women.
3. Repeal all laws that criminalize HIV and provide sensitivity trainings to law enforcement officials, providers, health care workers, violence specialists, and child protection services.
4. Invest in the workforce development of women living with HIV by creating leadership pipelines in HIV-focused organizations, rigorously prosecuting work place discrimination by the Department of Justice, enforcing the Americans with Disabilities Act to protect employee rights, and promoting public and private sector back-to-work job training programs.

Service Integration:

5. Improve health outcomes for women living with HIV by integrating and standardizing routine intimate partner violence screening and counseling in all health and wellness settings as per the Institute of Medicine's recommendations and Affordable Care Act's subsequent adoption[4] of women's preventative services [3].
6. Train and build capacity of all providers, health care worker staff, and peers to have the knowledge and skills to assess and address signs of violence and trauma.
  - a. Fund, support, and promote homegrown interventions that address violence and trauma.
7. Intentionally integrate trauma recovery in intimate partner violence shelters and services, HIV care clinics, health care networks, and local and state departments of health.
  - a. Institute comprehensive trauma-informed primary care programs in sites serving HIV-positive women.
  - b. For intimate partner violence shelters and services, integrate HIV screening and counseling to ensure women living with HIV feel safe and that their status is confidential.
  - c. Assess creative ways to integrate interventions, mental health services, and social work services on-site for women's medical and supportive care appointments.

[1] Machtinger, EL, Wilson, TC, Haberer, JE, Weiss, DS (2012). Psychological Trauma and PTSD in HIV-Positive Women: A Meta-Analysis. *AIDS and Behavior*, 16, 2091-2100.

[2] Machtinger, EL, Haberer, JE, Wilson, TC, Weiss, DS (2012). Recent Trauma is Associated with Antiretroviral Failure and HIV Transmission Risk Behavior Among HIV-Positive Women and Female-Identified Transgenders. *AIDS and Behavior*, 16, 2160-2170.

[3] Institute of Medicine. (2011). *Clinical Preventive Services for Women: Closing the Gaps*. Washington, D.C.: Committee on Preventive Services for Women and Board of Population Health and Public Health Practice.

[4] Health Resources and Services Administration (HRSA). (2011). *Women's Preventive Services: Required Health Plan Coverage Guidelines*. Retrieved from <http://www.hrsa.gov/womensguidelines/>.

