ICW-NA is a regional network of ICW Global, accountable to its membership of women living with HIV in Canada and the United States. ICW-NA shares the global vision of a world where all women living with HIV live free of gender oppression, realizing and claiming our full rights inclusive of sexual, reproductive, legal, social, economic and health rights. ICW-NA exists to lead efforts to secure and improve the quality of life for women living with HIV in North America. We do this by mobilizing, organizing, advocating, mentoring and raising consciousness on the issues and policies that directly impact our lives.

This policy brief represents our view, as women living with HIV, of the intersection of violence and HIV in Canada and the United States after review of published literature, current statutes, and policies and an unpublished survey of our membership. Issues among women living with HIV in Canada and the United States are similar, although demographics, cultures, structures, and policies differ between the two countries. Our membership survey, conducted in November 2015, confirmed that ICW-NA members consider the intersection of violence and HIV as critical for women living with HIV.

Women living with HIV in the United States and Canada

Women living with HIV in the United States and Canada are ethno culturally and socio economically diverse and include women of all ages and lived experiences who are heterosexual, lesbian, bisexual and transgender.

According to the Centers for Disease Control in the United States, approximately one in four of about 1.2 million people living with HIV are women. Heterosexual contact accounts for 84% of all new transmissions among women. An estimated 88% of all women living with HIV in the United States are diagnosed, leaving 22% who are unaware of their status. Black/African American
and Latina women continue to be disproportionately affected by HIV, compared with women of other races/ethnicities. Despite living in a resource rich country, only 45% of women living with HIV are engaged in care with 32% having achieved the gold standard of HIV viral suppression.

The Public Health Agency of Canada (2014) reports an estimated 16,880 women living with HIV, accounting for about 22.4% of Canada’s total. About 21% of all people living with HIV do not know their status. However, this data is not disaggregated by sex. Women in Canada account for about 23.2% of all new diagnosis including 79.2% reported through heterosexual contact, and 20.8% attributed to injection drug use. Among new transmissions in Canada, women who identify as black (36%) and those who are First Nations, Inuit, and Metis (31%), are disproportionately affected by the epidemic than other races. More women (8%), than men (5%) in prison are living with HIV. More women living with HIV in Canada report that they are in care than women in the United States. Additionally, 56% of women say they are currently taking prescribed HIV drugs compared to 75% of males in Canada.

Women, HIV, and Violence

Violence against Women and HIV are two serious epidemics affecting women and girls in North America and globally. In North America, there is an alarming link between violence against women and reduced access to testing, treatment, care and support for women living with HIV. About half of all women living with HIV in North America have experienced or are currently experiencing intimate partner violence, sexual violence, post-traumatic stress syndrome (PTSD), childhood abuse, homophobic and transphobic violence and other forms of violence and trauma. American and Canadian researchers have also documented reduced access to care and poor health and social outcomes for women experiencing violence and trauma. The justice system, along with existing healthcare and social services for women living with HIV do not adequately address the intersection of HIV and violence and its impacts on women’s ability to maintain their physical and mental health. Although there has been some improvement in the recognition by policy makers of these issues, the lack of consistent attention is disheartening in an era when access to treatment as prevention and pre-exposure prophylaxis (PrEP) not only have a positive impact on women’s health, but also reduce transmission to partners and during pregnancy.
Impacts of Violence on Health and Well-Being

Women are often the first partner in a relationship to find out their HIV status, mostly due to women having more contact with the healthcare system than men. For example, women may be offered an HIV test during routine cervical cancer screening, when they are pregnant or considering pregnancy. Women who enter a treatment center or who are incarcerated are routinely tested for HIV. When women disclose their HIV status to their partner, they are often at risk for violence. Women can be blamed for bringing HIV into a relationship compounding the impacts of underlying gender-related power dynamics and socio-economic factors which may exist. The Sero Project reports that more than 20% of women living with HIV fear false accusations of HIV non-disclosure, which carry serious legal consequences, from their sexual partners.

An estimated 30 percent of women living with HIV are experiencing PTSD. This rate is over five times the rate of all women in the United States.

Trauma from violence may be from an intimate partner, HIV-diagnosis, childhood abuse, sexual assault, homophobia or transphobia, human trafficking, crimes of war, or a combination of these experiences. Often trauma or PTSD may be misdiagnosed, or women do not seek or have access to care.

Women in abusive relationships also face isolation and shaming about their HIV status from their partners. Abusive partners may interfere with access to medication or doctors, in the form of withholding money, transportation or insurance. Some women are threatened with violence if they attend medical appointments because partners worry community members will recognize them.

Stress, such as name calling, physical violence and other forms of control can negatively affect the immune system. This negative effect, combined with irregular medical care can seriously affect the health and well-being of women living with HIV. Substance use and other mental health issues are common among women living with HIV, who are experiencing the stress of a violent relationship.
In the United States, nearly 55% of all women living with HIV has experienced intimate partner violence; almost twice the national average. One in five of women living with HIV reports physical abuse since her diagnosis, with half of the incidences directly related to testing positive for HIV and subsequent disclosure of HIV status to partners. Only half of all women living with HIV in the US receive medical care, and even fewer have reduced their viral load. In the US, African-American women and Latina women are more likely to be involved in abusive relationships and have poor health outcomes than women of other ethnicities. In both Canada and the United States transgender women are more likely to experience violence than other women.

Statistics Canada reported in 1993 that, half of all women in Canada experienced physical or sexual violence, at least once, since the age of 16. Unfortunately, since 1993, Statistics Canada has not asked women about their lifetime experience with violence underscoring the need for further advocacy to collect data that is important to women. Saskatchewan and Manitoba have the highest rates of violence against women in the country. There is no coincidence that rates of HIV among women, specifically First Nations, Metis and Inuit women are disproportionately high in these provinces. Researchers in Calgary Alberta showed about 40% of women living with HIV having experienced partner abuse. First Nations, Metis and Inuit women make up 65% of the women who have experienced violence. The Calgary study also revealed that women living with HIV are less likely to be receiving regular medical care and are more liable to become seriously ill and require hospitalization.
Several community initiatives in the United States and Canada serve to bring attention to the intersection of violence against women and HIV culminating in a Global Day to End Violence Against Women with HIV, which takes place annually. Public campaigns exist to encourage dialogue about what are often considered taboo subjects by many cultures and communities of women. A growing movement of public campaigns has begun to bring these important issues to the forefront.

In 2012, President Obama issued a Presidential Memorandum creating a Federal working group to address the intersection of HIV/AIDS, violence against women and gender-related health disparities. Policymakers now recommend intimate partner violence screening for all women at every medical encounter. HIV testing is also recommended. The Affordable Care Act provides opportunities for intervention, including care and support for women with pre-existing conditions. While there are many programs available to assist women to leave abusive relationships and find support, they are often underfunded or politically at risk of losing funding, such as Planned Parenthood.

In Canada, while there has not been a federal acknowledgment of the link between HIV and violence against women there has been some movement on the overrepresentation of Aboriginal women experiencing violence. After intense lobbying and advocacy by First Nations groups and their allies, in 2015, Canada’s new Liberal government launched an inquiry into thousands of murdered and missing Aboriginal women in Canada. This first step has the potential to reduce the incidence of violence against women and, therefore, reduce new acquisitions of HIV. Challenges continue to ensure that women who are experiencing the intergenerational effects of colonization, residential school and other forms of racism can access culturally appropriate resources related to violence, HIV, and overall wellness. Accessing excellence in care is a particular challenge in rural and isolated areas where limited healthcare and social services exist as well as geographic and climatic barriers.
References

i ICWNA Draft Strategic Plan to 2019


http://www.whitehouse.gov/administration/eop/onap/ last accessed December 31, 2015

