

ICWNA



INTERNATIONAL COMMUNITY OF
WOMEN LIVING WITH HIV
NORTH AMERICA

WOMEN, HIV AND VIOLENCE

The International Community of Women Living with HIV North America (ICW-NA)

ICW-NA Call to Action

ICW-NA urges policy makers to tighten laws that aim to protect women from violence, including penalties and rehabilitation for violent offenders.



ICW-NA supports the strategic integration of violence screening and prevention, trauma-based care and sexual health with HIV treatment, care and support for women in all health settings including appropriate training for health care providers.

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.¹

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and HIV in Canada and the United States after review of published literature, current statutes, and policies and an unpublished survey of our membership.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 ethnically 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

ICW-NA Call to Action

ICW-NA advocates for dedicated funding and availability of community-based, culturally appropriate women-centered reproductive and sexual health care service, mental health and addiction services and safe, affordable housing for all women and girls including those in rural and remote communities and under-served regions.

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. ⁱⁱ 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 violenceⁱⁱⁱ and other forms of violence and trauma.^{iv v vi} American and Canadian researchers have also documented reduced access to care and poor health and social

outcomes for women experiencing violence and trauma.^{vii viii} The justice system, along with existing health-care 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. ^{ix}

ICW-NA Call to Action

ICW-NA supports Canada's inquiry into murdered and missing Aboriginal women and urges the government to adopt all future recommendations.



ICW-NA supports the efforts of its sister community-based organizations in Canada and the United States to improve the sexual and reproductive health of women living with HIV and to regain our right to healthy, satisfying sex lives.

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

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. ^xTrauma 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. ^{xi} 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. ^{xii}

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. ^{xiii}

“An estimated 30 percent of women living with HIV are experiencing PTSD.”

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.

ICW-NA Call to Action

ICW-NA encourages the use of “people first” language and use of less stigmatizing language when discussing HIV and AIDS issues.

United States

In the United States, nearly 55% of all women living with HIV has experienced intimate partner violence; almost twice the national average.^{xiv} 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.^{xv} 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.^{xvi} In both Canada and the United States transgender women are more likely to experience violence than other women.^{xvii}

Canada

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.^{xviii} 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.^{xix} There is no coincidence that rates of HIV among women, specifically First Nations, Metis and Inuit women are disproportionally 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

“...40 % of women living with HIV have experienced partner abuse.”

HIV are less likely to be receiving regular medical care and are more liable to become seriously ill and require hospitalization.

ICW-NA Call to Action

ICW-NA seeks to ensure the meaningful involvement of women living with HIV in the development of policies and programs designed to serve them.

Current Response

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.^{xx} 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.^{xxi} Policymakers

“Several community initiatives...serve to bring attention to the intersection of violence against women and HIV...”

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.^{xxii} 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.^{xxiii}

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.^{xxiv} 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.^{xxv} 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.^{xxvi}

References

- i* ICWNA Draft Strategic Plan to 2019
- ii* <http://www.cdc.gov/hiv/group/gender/women/index.html> last accessed December 31, 2015
- iii* <http://healthycanadians.gc.ca/publications/diseases-conditions-maladies-affections/hiv-aids-estimates-2014-vih-sida-estimations/index-eng.php> last accessed December 31, 2015
- iv* Public Health Agency of Canada. HIV/AIDS Epi Updates: National HIV Prevalence and Incidence Estimates for 2011. Centre for Communicable Diseases and Infection Control, Public Health Agency of Canada, 2014. <http://www.phac-aspc.gc.ca/aids-sida/publication/epi/2010/1-eng.php#a0505> last accessed December 31, 2015
- v* PHAC data via catie fact sheet available at <http://www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-women> last accessed December 31, 2015
- vi* I-track data via catie fact sheet available at <http://www.catie.ca/fact-sheets/epidemiology/epidemiology-hiv-women> last accessed December 31, 2015
- vii* http://www.unaids.org/sites/default/files/media_asset/JC2602_UniteWithWomen_en_0.pdf last accessed December 31, 2015
- viii* Logie, Carmen H et al. "We Don't Exist": A Qualitative Study of Marginalization Experienced by HIV-Positive Lesbian, Bisexual, Queer and Transgender Women in Toronto, Canada." *Journal of the International AIDS Society* 15.2 (2012): 10.7448/IAS.15.2.17392. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3494165/> last accessed January 31, 2016
- ix* Siemieniuk RA, Krentz HB, Miller P, et al. The clinical implications of high rates of intimate partner violence last accessed December 31 2015 against HIV-positive women. *Journal of Acquired Immune Deficiency Syndromes*. 2013 Sep 1;64(1):32-8. Available at http://journals.lww.com/jaids/Fulltext/2013/09010/The_Clinical_Implications_of_High_Rates_of_6.aspx# last accessed December 31, 2015
- x* 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. Last accessed December 31, 2015
- xi* http://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf last accessed December 31, 2015
- xii* 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. Last accessed December 31, 2015
- xiii* Siemieniuk RA, Krentz HB, Miller P, et al. The clinical implications of high rates of intimate partner violence against HIV-positive women. *Journal of Acquired Immune Deficiency Syndromes*. 2013 Sep 1;64(1):32-8. Available at http://journals.lww.com/jaids/Fulltext/2013/09010/The_Clinical_Implications_of_High_Rates_of_6.aspx# last accessed December 31, 2015
- xiv* 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. Last accessed December 31, 2015
- xv* 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. Last accessed December 31, 2015
- xvi* http://www.hptn.org/web%20documents/HPTN052/HPTN_052_QAPreventXmission.pdf last accessed December 31, 2015
- xvii* TDF2: Thigpen MC, Kebaabetswe PM, Paxton LA, et al.; TDF2 Study Group. Antiretroviral preexposure prophylaxis for heterosexual HIV transmission in Botswana. *External Web Site Icon. N Engl J Med* 2012;367(5):423-34. last accessed December 31, 2015
- xviii* 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. Available at <http://www.medscape.com/viewarticle/773935> last accessed December 31, 2015
- xix* Boarts JM, Buckley-Fischer BA, Armelie AP, Bogart LM, Delahanty DL. The impact of HIV diagnosis-related vs. non-diagnosis related trauma on PTSD, depression, medication adherence, and HIV disease markers. *J Evid Based Soc Work*. 2009;6(1):4–16. last accessed December 31, 2015
- xx* http://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf last accessed December 31, 2015

- xxi** Siemieniuk RA, Krentz HB, Miller P, et al. The clinical implications of high rates of intimate partner violence against HIV-positive women. *Journal of Acquired Immune Deficiency Syndromes*. 2013 Sep 1;64(1):32-8. Available at http://journals.lww.com/jaids/Fulltext/2013/09010/The_Clinical_Implications_of_High_Rates_of.6.aspx#
- xxii** 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. Last accessed December 31, 2015
- xxiii** Tjaden P, Thoennes N. Full report of the prevalence, incidence, and consequences of violence against women. Findings from the National Violence Against Women Survey, Washington, DC, US Department of Justice, National Institute of Justice, 2000. <https://www.ncjrs.gov/pdffiles1/nij/183781.pdf>. last accessed December 31, 2015.
- xxiv** Centers for Disease Control and Prevention. "Intersection of Intimate Partner Violence and HIV in Women," 2014. last accessed December 31 2015 http://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf
- xxv** Andrea Carlson Gielen, Karen A. McDonnell, Jessica G. Burke, and Patricia O'Campo. "Women's Lives After an HIV-Positive Diagnosis: Disclosure and Violence." *Maternal and Child Health Journal*. 4:2(2000):111-119. last accessed December 31, 2015
- xxvi** Centers for Disease Control and Prevention. "Intersection of Intimate Partner Violence and HIV in Women," 2014. last accessed December 31 2015 http://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf
- xxvii** Logie, Carmen H et al. "'We Don't Exist': A Qualitative Study of Marginalization Experienced by HIV-Positive Lesbian, Bisexual, Queer and Transgender Women in Toronto, Canada." *Journal of the International AIDS Society* 15.2 (2012): 10.7448/IAS.15.2.17392. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3494165/> last accessed January 31, 2016
- xxviii** <http://www.aadnc-aandc.gc.ca/eng/1448633299414/1448633350146> last accessed December 31, 2015
- xxix** Centers for Disease Control and Prevention. "Intersection of Intimate Partner Violence and HIV in Women," 2014. last accessed December 31
- xxx** <http://www.un.org/en/events/endviolenceday/> last accessed December 31, 2015
- xxxi** Critical Issues for Women and HIV: Health Policy and the Development of a National AIDS Strategy July 2009 last accessed December 31, 2015
- xxxii** President's Advisory Council on AIDS (PACHA) Resolution on the Needs of Women Living with HIV <http://www.aids.gov/federal-resources/pacha/meetings/2012/may-2012-resolution-on-women.pdf> last accessed December 31, 2015
- xxxiii** National HIV Strategy for the United States, 2010. <http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/nhas.pdf> last accessed December 31, 2015
- xxxiv** <http://kff.org/hiv/aids/issue-brief/hiv-intimate-partner-violence-and-women-new-opportunities-under-the-affordable-care-act/> last accessed December 31, 2015
- xxxv** 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. Last accessed December 31, 2015
- xxxvi** Health Resources and Services Administration (HRSA). (2011). *Women's Preventive Services: Required Health Plan Coverage Guidelines*. Retrieved from <http://www.hrsa.gov/womensguidelines/>. Last accessed December 31, 2015
- xxxvii** http://www.cdc.gov/violenceprevention/pdf/ipv/13_243567_green_aag-a.pdf last accessed December 31, 2015
- xxxviii** <http://www.whitehouse.gov/administration/eop/onap/> last accessed December 31, 2015
- xxxix** <http://www.aadnc-aandc.gc.ca/eng/1448633299414/1448633350146> last accessed December 31, 2015
- xl** http://naho.ca/documents/journal/jah04_01/07ViolenceHIV_42-52.pdf last accessed December 31, 2015
- xli** http://naho.ca/documents/journal/jah04_01/07ViolenceHIV_42-52.pdf last accessed December 31, 2015