

ENDING VIOLENCE AGAINST WOMEN LIVING WITH HIV

Our Vision

PWN envisions a world where women living with HIV are free from interpersonal, community, and structural violence, safe to report interpersonal violence when it occurs, and supported in healing from trauma that results from violence experienced in this lifetime and by past generations.

Current State of Play:

Some research has focused on intimate partner violence (IPV) as a risk factor for women in relation to HIV acquisition. This is important – studies show that over 60% of women living with HIV in the U.S. may have experienced intimate partner violence at some point in our lives. What's less researched and less understood are the many ways that violence at all levels impacts the daily lives of women who are living with HIV.

Some studies show that living with HIV in itself may be a risk factor for violence and emotional abuse in relationships. Partners and even family members may use HIV status, the threat of public disclosure or the threat of prosecution under HIV criminalization laws as tools for coercion, abuse and control. Research has shown that exposure to violence can affect the immune system both before and after HIV diagnosis and that emotional abuse can increase the rate of CD4 decline. For WLHIV who are immigrants, reporting domestic violence to authorities may place them at risk of losing their immigration status, being detained, or even being deported, while also threatening the immigration status of their partners.

In addition to interpersonal violence, WLHIV in the U.S. are disproportionately affected by community-level violence and structural violence. Gun violence and violence against women of trans experience are forms of community violence that have personally impacted many of our members and their loved ones. Structural violence refers to the harm inflicted by social institutions and social structures, which prevents people from meeting their basic needs. Forms of structural violence that directly harm the majority of women living with HIV in the U.S. include but are not limited to racism, HIV stigma, transphobia, the historical linking of access to



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health care to employment and a safety net system that requires people to be poor or sick in order to qualify for lifesaving medical care and other benefits. Because most WLHIV in the U.S. are Black and Latinx, racist policing practices and targeted attacks on immigrants, including those which threaten the ability of immigrants to access health care, are also forms of structural violence that harm U.S. WLHIV. Immigrants who try to report crimes to law enforcement may face threats to their immigration status or immigration status of their loved ones. Thus, many health care, service delivery and law enforcement institutions allegedly in place to protect and serve have and continue to directly harm our communities, perpetrating further trauma.

Preventing or intervening in the epidemic of violence against WLHIV at the interpersonal, community and structural levels is critically important and our policy agenda reflects this priority. Equally, PWN's policy priorities address the need to prevent further traumatization and to support WLHIV in healing from the trauma that results from these experiences of violence, which often span a lifetime and may be intergenerational. In particular, Black Americans and Indigenous people in this country are still suffering from massive community-level trauma resulting from our violent history of genocide, slavery, Jim Crow laws and mass incarceration of people of color.

At the Federal Level, We Support:

1. Maintaining and Fully Funding the Violence Against Women Act (VAWA)

Initially passed in 1994, VAWA has dramatically improved and expanded services for survivors of domestic violence, stalking and sexual assault. The most recent reauthorization of VAWA in 2013 expanded protections for immigrant women; gay, lesbian and transgender individuals; and Native Americans. Any future versions of VAWA should continue to include:

- Comprehensive protections for immigrants reporting domestic violence, including confidentiality protections;
- designation of courthouses as prohibited locations for immigration enforcement;
- full protections for LGBT and Indigenous communities.

2. Removing the Annual Cap on U-Visas

U-Visas are special visas reserved for immigrant survivors of crime or abuse who are helpful to law enforcement; they provide a critical lifeline for individuals fleeing dangerous or abusive situations. As of fiscal year 2016, 150,064 U-Visa applications were pending. Under current law, only 10,000 U-Visas can be granted annually, creating a bottleneck that places immigrant survivors at risk.

3. Integrating Trauma-Informed Care and Intimate Partner Violence Screening and Response into HIV Health Care and Service Delivery Settings:

Research shows that the majority of WLHIV are survivors of multiple forms of violence. Rates of post-traumatic stress disorder (PTSD), sexual abuse as a child, and experience of intimate partner violence (IPV) among WLHIV are particularly high. IPV has been shown to negatively affect engagement in health care and ability to take HIV medication as prescribed. Health care and service delivery settings may further traumatize WLHIV, through any combination of HIV stigma, cultural insensitivity, racism, transphobia and failure to account for past experiences of sexual assault when conducting screenings and examinations. Trauma-informed care—the provision of medical care through practices that actively seek to reduce retraumatization, seek to intervene in current danger, and promote healing from past trauma—should become the standard of care for all people living with HIV. As such, we recommend:

- Ryan White programs should be required to collect and report data about rates of IPV, PTSD symptoms, substance use, depression, stigma and social isolation. This data should be included in the annual Ryan White Services Report.
- The Health Resources and Services Administration should create guidance to support Ryan White clinics in becoming trauma-informed and provide funding opportunities to help them transform their institutions.
- HRSA should prioritize funding clinical and community-based grantees who can demonstrate their commitment to addressing trauma, PTSD and intimate partner violence.
- AIDS Education Training Centers (AETCs) should provide training for case managers, social workers, nurses, administrators, doctors and other clinic professionals at Ryan White service delivery sites to use trauma-informed approaches with clients and among staff.
- HIV providers should be trained not to perpetrate further trauma in health care settings.
- HRSA and the Substance Abuse and Mental Health Services Administration (SAMHSA) should support and advance collaborations between community-based IPV organizations, trauma recovery centers, HIV and primary care clinics and AIDS service organizations.
- This should include integrating interventions that have been shown to reduce symptoms of PTSD into existing funded clinical services for PLHIV, including therapy, psychiatry, medication adherence, and substance abuse treatment.

At the Federal Level, We Oppose:

Any Attempt to Weaken, Undermine or Reduce Funding for the Violence Against Women Act (VAWA), Which Provides Federal Resources to Support Survivors of Domestic Violence and Sexual Assault.

This includes any attempts to restrict populations that can be served through VAWA funding. VAWA is currently up for reauthorization and we support maintaining all protections currently in VAWA, including all protections for undocumented immigrants, LGBTQ individuals, and maintaining full funding for VAWA.

At the State and Local Levels, We Support:

1. Incorporating into State and Local Getting to Zero/End the Epidemic Plans and State HIV/AIDS Strategies:

- goals and metrics which encourage integration of screening and referrals for intimate partner violence services into HIV prevention, care and service delivery settings.
- goals and metrics for integrating mental health, healing justice, and trauma-informed services and programs into HIV medical care systems
- collaboration between state agencies responsible for HIV and violence prevention and services.
- funding to train HIV care and service delivery providers in becoming trauma-informed.

2. Passing Sanctuary City and Sanctuary State Legislation

Sanctuary policies are generally those which restrict or discourage cooperation and data sharing between ICE and law enforcement. They also include legislation such as SB 54 passed in California in 2017, which requires employers to ask for a warrant before granting ICE with access to a workplace and prevents employers from voluntarily sharing employee information.

Take Action!

Contact your members of Congress to let them know you support federal Sanctuary legislation and VAWA reauthorization.

Is your city a sanctuary city? Find out how you can support local sanctuary efforts. Contact a local immigration rights organization and contact your mayor's office to find out if they have taken a position on protecting immigrants from ICE.

This full policy agenda is available with sources, resources and calls to action on our website at pwn-usa.org/policy-agenda

Artwork: Megan Smith/Repeal Hyde Art Project