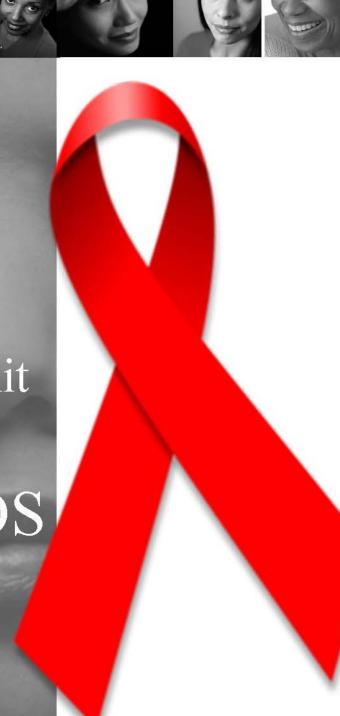
WOMEN AS THE FACE of AIDS

Third Annual Iris House Summit
Nature vs. Nurture the
Social Dynamics of AIDS
June 12, 2008



Latinas Por La Salud (LPLS): The Correlation between HIV/AIDS and Domestic Violence

Ofelia Barrios, MA
Director of Programs
Latino Commission on AIDS

Elys F. Vasquez, MPH Program Director

Claudia Sofia Garriga Lopez, MA Program Coordinator

Overview Goals/Objectives

- Overview of this presentation is on HIV/AIDS, Domestic Violence and Latina women.
- Goal is to examine the correlation between HIV/AIDS and Domestic Violence among Latina women.
- Objective is to provide the lessons learned of the Latinas Por La Salud program.

HIV/AIDS & Women in NYC

- NYC women are twice as likely to be infected by a husband or steady boyfriend than by casual sex partners.
- NYC 71% of HIV+ women are Black, 24% are Latinas
- ► In NYC, females account for 48% of new HIV infections among teens ages 13-19, and 43% among young adults ages 20-24.

From: Women in Peril-HIV& AIDS: The Rising Toll of Women of Color

HIV/AIDS & Women in NYC

- African American and Latina women together represent 86% of the 53,500 women who have been diagnosed with HIV and AIDS in NYC.
- ► HIV epidemic is concentrated in NYC low-income neighborhoods that have high numbers of minority and immigrant residents.

 From: Women in Peril-HIV& AIDS: The Rising Toll of Women of Color

Latinas and HIV in USA

- Latinas account for 16% of new AIDS cases in 2005. Latinas represent 6 times the rate per 100,000 than White women.
- Latinas represent 22% of AIDS case diagnosed in 2005 among Latinos while White women represent 14% among Whites and Blacks 35%

Latinas and HIV in USA

- Latinas are more likely to have been infected through heterosexual transmission than White women.
- Latinas aged 15 to 29 made 17% new Latina AIDS cases in 2000 and 14% in 2004. Of the cumulative Latina AIDS cases since 1981, 20% have been in this age range.

- **►** <u>M</u>isinformation
- **M**isuse
- <u></u> **M**onogamy
- **►** <u>M</u>arriage
- **►** <u>M</u>istreatment
- ► <u>M</u>oney
- ► Migration

- Misinformation: Anatomy, sexual health, body image, pregnancy prevention, HIV prevention, safer sex, male/female condom use, microbicides.
- ► <u>M</u>isuse: alcohol, drugs, IDU, incarceration-drug related crime.

► Monogamy: "Being faithful with partner for a "while."

Marriage: Marital status "keeps them safe."

From: Ofelia Barrios, 2006

- Mistreatment: sexual abuse, sexual violence, domestic violence.
- Money: economic disparity, poverty, survival sex, unemployment.
- Migration: Access to health services, language barriers, isolation, depression

From: Ofelia Barrios, 2006

Domestic Violence

- American Medical Association and the U.S. surgeon General have proclaimed that family violence is one of the country's most significant public health problems
- National statistics suggest that nearly 1 in 3 women experience physical assault by a partner during adulthood
- Nearly 5.3 million intimate partner victimization occur each year among U.S. women ages 18 and older. Resulting in 2 million injuries and 1,300 deaths.

- According to the Mayor's Office to Combat Domestic Violence, in 2007, police responded to more than 600 domestic violence calls daily throughout NYC
- Family Violence Survey found higher levels of partner violence in Latino populations than in white populations (23% vs. 15%)

Very little statistic evidence exists on the number of immigrant women who are victims of domestic violence, especially among Latina immigrants who are broadly characterized as Hispanics without regard to their citizenship status

From: Menjivar, C. and Salcido O. (2002), Immigrant women and domestic violence: Common experiences in different countries. Gender and Society. 16, 898-920.

➤ While wife abuse is still considered a misdemeanor crime, a National Crime Survey revealed that at least 50% of "simple assaults involved bodily injury as serious as or more serious than 90% percent of all rapes, robberies, and aggravated assaults."

According to the U.S. Surgeon General domestic violence is the "single largest cause of injury to women in the U.S. and accounts for one-fifth of all emergency room visits by women."

HIV/AIDS/ Domestic Violence factors to consider

- Stigma "wrong"
- Discrimination
- Disclosure of HIV status
- ► Fear/denial
- Immigration status
- Acculturation to USA
- Language barriers

- Access to prevention, treatment, and care services
- US cultural acceptance of violence against women
- Affordable health care, housing, support services

HIV/AIDS/Domestic Violence factors to consider

- Culturally and linguistically appropriate prevention interventions
- HIV/AIDS social marketing strategies specific to women of color

- Homophobia/MSM/DL
- Gender roles/inequality
- Culturally specific taboos
- Religious/spiritual believes

HIV/AIDS & Domestic Violence factors to consider

- Latinas who are victims of DV have children in welfare system
- Believe what women say
- Provide peer support
- Provide accessible services

- Men play on fear of undocumented Latinas
- Fear of deportation
- Unaware of their rights as survivors of DV
- Linguistic/cultural consideration

From: The Committee for Hispanic Children and Families, Inc.: Domestic Violence and Latina Mother's Experiences with ACS

- ▶ Latinas Por La Salud (LPLS) is a prevention intervention developed by Dr. Hortensia Amaro and colleagues from Northeastern University with financial support from the Massachusetts Department of Public Health.
- ▶ Based on the results of the original study, LPLS significantly reduces HIV infection when measured against a control group for up to three months after the intervention. To enable the intervention to have longer lasting impact a "booster," which is an additional session is recommended by the researchers.

- ► The program targets women of child bearing age 18-48. In order to facilitate the attendance and retention of the participants we conduct the sessions in the community where the participants reside
- ► The Commission was funded to implement LPLS in 2007 and to reach 60 HIV negative Latinas at high risk for HIV transmission.

- The theoretical framework is Bandura's Social Learning Theory (Social Cognitive Theory) (1989) and Connell's Theory of Gender and Power (1987).
- Social Learning Theory: is a theory to explain how people learn behavior. People learn through observing others' behavior. If people observe positive, desired outcomes in the observed behavior, they are more likely to model, imitate, and adopt the behavior themselves
- Gender and Power Theory: is tailored to women and focuses primarily on gender-based power differentials common to the heterosexual dyadic relationship.

Program Variables: LPLS Curriculum developed by Dr. Amaro 1999-2003 et. al. is designed to include psychoeducational strategies such as didactic education, skills building activities, peer modeling and group dynamics and support. Using these strategies and popular education methodology, the program covers safer sex and sexuality education and skills building as well as identification of social factors increasing Latina's risk, including sexism, racism, classism and xenophobia.

► To reach its HIV prevention objectives, LPLS Curriculum addresses Latinas' cultural and gender identity, sexism, women's sexuality, body image, partner violence and sexual and reproductive anatomy, migration, relating all these topics to women's HIV risk. Consequently, Latinas are connected to the range of needed health, case management, housing location, domestic violence, legal and other resources covering the diversity of their needs. These needs will vary depending on levels of acculturation and migration status.

- ▶ Recruitment: recruits four times a year 15 HIV negative Latinas at high sexual risk for HIV infection to participate in 12 consecutive LPLS group sessions over a twelve week period and a follow-up booster session. The recruitment is done through one-on-one interviews by the Group Facilitator using a questionnaire.
- The sessions are scheduled based on the availability of the women. If the majority of the women work during the day then the group sessions are conducted in the evening.

- ► Food and childcare and roundtrip metrocards are provided during each session, as well as a \$50.00 payment at the end of the program for participating.
- Sessions are conducted entirely in Spanish or English, depending on the language proficiency of the women. Our Group Facilitator is bilingual and culturally competent.

HIV/Domestic Violence prevention : Latinas Por La Salud (LPLS) Lessons learned

- Latinas expressed a higher concern over issues of domestic violence than HIV
- ▶ It was critical for us to create a connection between domestic violence and an increased risk for HIV
- Domestic violence tends to be good starting point for Latinas to analyze their lives and their health risks

- Latinas encountered barriers because the judicial system only recognizes physical violence as domestic violence which made it difficult for women who are suffering mental, emotional, sexual, or economic abuse by their partner to receive support.
- Participants expressed their frustrations with the judicial system when reaching out for help because they did not have any visible scars.

- Due to a lack of acceptable evidence by the standards of the judicial system these women will be unable to access various services rendered to victims of domestic violence such as housing, food stamps and financial support.
- An optimal strategy to deal with the issue of domestic violence is for the judicial system to recognize all forms of abuse. This would allow the courts, police and CBOs to work in unison in providing the necessary services to victims of domestic violence.

- ▶ During the sessions, open group dialogue of HIV/AIDS and testing is demystified. Consequently testing of HIV/AIDS among participants has been at 100%.
- Participant retention has been over 80%. Group activities and presentations raise participants' perceived risk of HIV infection.

- ► From the group experience, participants become empowered peer educators. The implementation of this program has demonstrated that HIV/AIDS knowledge is necessary but not sufficient in reducing HIV risk-taking behavior in Latinas.
- Motivation and behavioral skills-training also serve as mediators in reducing HIV risk-taking behaviors in Latina women. This paper discusses the adaptation and implementation of the program and various challenges encountered when addressing the needs of Latinas.

Recommendations for effective HIV & Domestic Violence prevention for Latinas

- Food, housing, clothing, money, employment, education.
- Increase access to healthcare without proof of legal status
- Funding for women/peer interventions
- Prevention interventions should be tailored to the needs of Latinas and their risk factors.
- When addressing HIV prevention with women, domestic violence needs to be included within the education.

Recommendations for effective HIV and Domestic Violence prevention for Latinas

- R.A.P.P.& S.I.S.T.A. interventions need to be adapted for Latinas.
- ► Interventions and RFPs that target Latinas at high risk need to be funded.

Conclusion

- HIV and Domestic Violence in NYC is an epidemic.
- >HIV and Domestic Violence has no borders.
- ► HIV and Domestic Violence prevention funding for women needs to be a priority.
- Hunger, homelessness, and lack of resources are risk factors for HIV transmission

Resources

- Women's HIV Collaboration of NY, Service Access, Stigma & Advocacy: The Experience of Women Living with HIV and AIDS, March 2005
- Acria, vol. 15 no , winter 200-2006
- ▶ Women in Peril HIV/AIDS: The Rising Toll on Women of Color, December 2005
- The Henry J. Kaiser Family Foundation, Women and HIV/AIDS, May 2001
- Caring About Women Priorities for the Ryan White CARE Act Re-Authorization, HIV Law Project February 2000
- Copasetic Women
- East Harlem HIV CARE Network
- ▶ Brooklyn AIDS Task Force, September 2005 Profiles
- ► The Committee for Hispanic Children and Families, Inc. Domestic Violence and Latina Mother's Experience with ACS, A Policy Brief, April 2008
- ▶ Sheffield, Carole, J., Sexual Terrorism, Rutgers University Press, 2007

Contact Information

Latino Commission on AIDS 24 West 25th Street, 9th New York, New York 10010 (212) 675-3288 (212) 675-3466 fax