Addressing the Intersection of HIV/AIDS, Violence against Women and Girls, & Gender–Related Health Disparities

Interagency Federal Working Group Report

September 2013

Working Group Report

Background

In March 2012, President Obama issued a Presidential Memorandum creating an interagency Federal Working Group (Working Group) to explore the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities. The President underscored two overlapping challenges to the health and well-being of communities across the United States: the effects of HIV/AIDS, and the alarming number of women and girls who experience violence. The Memorandum highlighted the need to determine and address the barriers to care and prevention for both HIV and violence to improve the lives of women and girls.

Co-chaired by the White House Advisor on Violence against Women and the Director of the Office of National AIDS Policy, the Working Group was tasked with exploring ways to develop and implement evidence-based and culturally relevant action steps for Federal agencies. The Working Group prioritized addressing intimate partner violence (IPV) because of its high overall prevalence among women and girls, especially among women living with HIV. Because the scope of our work was limited to domestic efforts, our focus was on domestic data and programs, although relevant lessons learned from abroad were included in discussions. Also, because of the considerable cross-agency work already underway to address the issue of human trafficking, the Working Group did not address this issue in its scope of work.

To inform our action steps, the Working Group conducted an inventory of agency programs that address the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities; reviewed published studies that examined these intersecting issues within the United States; consulted researchers and representatives from the Presidential Advisory Council on HIV/AIDS (PACHA); and hosted open webinars to solicit stakeholder input. This document charts a path forward to improve collaboration among agencies by leveraging existing federal resources in support of the health and wellbeing of women and girls, particularly those living with or at high-risk for HIV/AIDS and affected by or at high-risk for violence.

While a major focus of the Working Group's effort is to encourage the scaling-up of interventions to link women affected by violence and HIV to appropriate services and care, it also recognizes the need for broader prevention efforts and research. This report outlines five core objectives for action:

I. Improve health and wellness for women by screening for IPV and HIV;
II. Improve outcomes for women in HIV care by addressing violence and trauma;
III. Address certain contributing factors that increase the risk of violence for women and girls living with HIV;
IV. Expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls; and
V. Support research to understand the scope of the intersection of HIV/AIDS and violence against women and girls, and develop effective interventions.

Each objective outlines concrete recommended actions for federal agencies. These are not a set of exhaustive action steps, but a strong foundation for both near-term action and long-term commitments.

Introduction

Addressing the domestic HIV/AIDS epidemic and violence against women and girls are Administration priorities. Ongoing implementation of the National HIV/AIDS Strategy, combined with multiple efforts throughout the Administration to improve the lives of women and girls, provide many opportunities for meaningful action. President Obama created the White House Council on Women and Girls to ensure that federal agencies consider the needs of women and girls in policies and programming, including violence against women. As the original author of the Violence Against Women Act, Vice President Biden has focused attention on coordinating federal efforts to reduce domestic violence and sexual assault. Notably, the 2013 reauthorization of the Violence Against Women Act (VAWA) includes a new purpose area to provide HIV testing, counseling, and post-exposure prophylaxis (PEP) for survivors of sexual assault. However, the data below reinforce the need for a sustained commitment throughout the federal government to address not only violence against women and girls and HIV/AIDS, but the intersection of these two issues.

IPV is prevalent among women and girls: over one-third (36%) of women in the United States have experienced rape, physical violence, or stalking by an intimate partner in their lifetime; of these women, 69% reported experiencing IPV [1] at age 25 or younger, and 22% but also the intersection IPV for the first time between the ages of 11 and 17 years.[2]

There is an ongoing need to address HIV/AIDS among women and girls in the United States: approximately 280,000 women in the United States were living with HIV in 2009. An estimated 15% of women living with HIV are undiagnosed, and only 26% have the virus suppressed.[3,4] Of the estimated 47,500 new HIV infections in the United States in 2010, 9,500 were among women, with black and Latina women accounting for over three-quarters of cases among women.[5] Greater than half of new infections among women during 2010 were among those aged 25 to 44 years.[6]

Data support the need to address not only HIV/AIDS and IPV, but also their intersection:

- For women living with HIV/AIDS, violence is especially prevalent: in a meta-analysis, over half of women living with HIV had experienced IPV, considerably higher than the national prevalence among women overall (55% vs. 36%).[7,8]

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1. The term "intimate partner violence" describes physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy. CDC. Intimate Partner Violence: Definitions, 2010. Available at http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html
2. Black, M.C., et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2011.
3. CDC. *HIV Surveillance Supplemental Report*. 2012; 18(2). Available at http://www.cdc.gov/hiv/library/reports/surveillance/2010/surveillance_Report_vol_18_no_2.html.
4. Hall H.I., et al. Differences in human immunodeficiency virus care and treatment among subpopulations in the United States. *JAMA Internal Medicine*. 2013; 173(14): 1337-44.
5. CDC. *HIV Surveillance Supplemental Report*. 2012; 17(4). Available at http://www.cdc.gov/hiv/pdf/statistics_hssr_vol_17_no_4.pdf.
6. *Ibid.*
7. Machtinger, E.L., et al. Psychological trauma and PTSD in HIV-positive women: a meta-analysis. *AIDS Behavior*. 2012; 16(8): 2091-2100.
8. Black, M.C., et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2011.

- Violence and HIV are particularly prevalent among transgender women. A systematic review found a mean of 58% of transgender women reported violence at home, with a mean HIV prevalence of 28%.[9]

- Compared to women who have not experienced violence, women with a history of IPV are more likely to report HIV risk factors, including unprotected sex, and injection drug use and alcohol abuse.[10,11]

- Women who experience IPV are less likely than other women to display high levels of self-efficacy for HIV prevention,[12] and more likely to miss health care appointments.[13]

- Among women living with HIV/AIDS, trauma, abuse and violence are associated with less use of antiretroviral medication, decreased medication adherence, and increased risk of death.[14, 15, 16]

- HIV infection may trigger or augment physical violence, particularly against women; one large study reported that over one in five women living with HIV reported physical harm since HIV diagnosis, with half of these events attributed to being HIV-positive.[17, 18]

- The relationship between tissue damage and HIV susceptibility emphasizes the importance of understanding how genital tract injury associated with sexual violence can increase the risk for HIV infection.[19]

- Research suggests a synergistic relationship between violence and HIV that results in health outcomes worse than either condition alone, referred to as a "syndemic" relationship.[20, 21, 22]

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9. Herbst, J.H., et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior*. 2008; 12(1): 1-17.
10. CDC. Adverse Health Conditions and Health Risk Behaviors Associated with Intimate Partner Violence --- United States, 2005. *MMWR*. 2008; 57(5): 113-7. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5705a1.htm.
11. Lang, D.L., et al. Rape victimization and high risk sexual behaviors: longitudinal study of African-American adolescent females. *Western Journal of Emergency Medicine*. 2011; 12(3).
12. Villegas, N., et al. Predictors of self-efficacy for HIV prevention among Hispanic women in south Florida." *Journal of the Association of Nurses in AIDS Care.* 2013; 24(1).
13. Illangasekare, S., et al. Clinical and mental health correlates and risk factors for intimate partner violence among HIV-positive women in an inner-city HIV clinic. *Women's Health Issues*. 2012; 22(6).
14. Lopez, E.J., et al. Violence, coping, and consistent medication adherence in HIV-positive couples. *AIDS Education & Prevention*. 2010; 22(1): 61-8.
15. Cohen, M.H., et al. Medically eligible women who do not use HAART: the importance of abuse, drug use, and race. *American Journal of Public Health*. 2004; 94(7): 1147-51.
16. Weber, K., et al. The effect of gender based violence (GBV) on mortality: a longitudinal study of US women with and at risk for HIV. International AIDS Conference 2012.
17. Gielen, A.C., et al. Women's lives after an HIV-positive diagnosis: disclosure and violence. *Maternal and Child Health Journal*. 2000; 4(2): 111-120.
18. Zierler, S. et al. Violence victimization after HIV infection in a US probability sample of adult patients in primary care. *American Journal of Public Health*. 2000; 90(2): 208-15.
19. Klot J.F., et al. Greentree white paper: sexual violence, genitoanal injury, and HIV: priorities for research, policy, and practice. *AIDS Research and Human Retroviruses.* 2012; 28(11): 1379-88.
20. Meyer, J.P., et al. Substance abuse, violence, and HIV in women: a literature review of the syndemic." *Journal of Women's Health*. 2011; 20(7): 991-1006.
21. Brennan, J., et al. Syndemic theory and HIV-related risk among young transgender women: the role of multiple, co-occurring health problems and social marginalization. *American Journal of Public Health*. 2012; 102(9): 1751-7.
22 Schafer, K.R., et al. Intimate partner violence: a predictor of worse HIV outcomes and engagement in care. *AIDS Patient Care and STDs*. 2012; 26(6): 356-65.

Furthermore, as described in the National HIV/AIDS Strategy, "Since most infections among women occur through heterosexual sex, their risk is predicated on the risk behaviors of their male partners. This raises complex policy and research questions, as negotiating safer sexual practices can be especially challenging for women who may be vulnerable to physical violence, and emotionally or economically dependent on men."[23]

In response to these complex dynamics, in March 2012, President Barack Obama issued a Presidential Memorandum on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities, and established an interagency Federal Working Group devoted to this issue. The Memorandum directed the Working Group, consisting of members from a diversity of Federal agencies, to improve data collection, research, intervention strategies, and trainings, as well as to improve cooperation between agencies and with external partners.

Assessment

The Working Group focused on interagency coordination and the development of evidence-based and culturally relevant action steps. The Working Group conducted an inventory of agency programs that address the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities. A review of published peer-reviewed studies that examined violence against women and girls in relation to the domestic HIV epidemic was also conducted.

To help inform its work, the Working Group hosted two webinars that were open to the public and where key stakeholders, community members, and other individuals provided input. Additional public comment was invited through an online submission process. Two research review consultations were also held with academics and public health experts.

Throughout this process, the following key questions guided discussion:

- What do we know about the relationship between how women and girls experience violence and their risk for HIV infection?
- To what extent does violence contribute to poor health outcomes among women and girls who are living with HIV/AIDS?
- What are the major barriers to identifying and reaching women and girls affected by HIV/AIDS and violence?
- What are model programs and promising practices to address the intersection of HIV/AIDS and violence against women and girls?
- What are the most effective ways to prevent both violence and HIV infection among women and girls?
- What additional research is needed to learn how, where, and why violence and HIV intersect and how to best intervene?

23. White House Office of National AIDS Policy. *National HIV/AIDS Strategy for the United States*. July 2010.

- How do we best respond to gender-related health disparities with regard to HIV and violence against women and girls? These disparities include:
  - The higher rate of IPV among women compared with men;[24]
  - The higher rate of women, compared to men, of reporting subsequent impacts of violence on their lives, including posttraumatic stress disorder (PTSD) symptoms, injury, need for healthcare, and need for housing services;[25]
  - Among persons recently infected with HIV, the greater HIV-related morbidity among women compared to men;[26]
  - The social, economic, and cultural conditions that cause women and girls to be vulnerable to sexual violence, which compounds their risk for HIV infection;[27]
  - The higher prevalence of violence against women living with HIV, compared with men living with HIV, which may instigated by or worsened because of HIV-related stigma or fear.[28, 29, 30]

In considering these key questions, the Working Group identified objectives and action steps for federal agencies to take to improve the effectiveness of responses to the complex intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities. These action steps will help meet the goals of the National HIV/AIDS Strategy and are synergistic with the Administration's additional efforts to address violence against women and girls.

Objective 1: Improve health and wellness for women by screening for IPV and HIV.

Research indicates that IPV screening rates have been low in health care settings, and more than half of women aged 18 to 64 have never been tested for HIV; moreover, HIV testing rates among women who have experienced IPV also remain low.[31, 32, 33]

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24. Black, M.C., et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2011.
25. Ibid.
26. Meditz, A.L., et al. Sex, race, and geographic region influence clinical outcomes following primary HIV-1 infection. *Journal of Infectious Diseases*. 2011; 203(4), 442-51.
27. Garcia-Moreno, C., et al. Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. WHO Press, World Health Organization: Geneva, Switzerland. 2013.
28. Gielen, A.C., et al. Women's lives after an HIV-positive diagnosis: disclosure and violence. *Maternal and Child Health Journal*. 2000; 4(2): 111-120.
29. Zierler, S. et al. Violence victimization after HIV infection in a US probability sample of adult patients in primary care. *American Journal of Public Health*. 2000; 90(2): 208-15.
30. Rothenberg, K.H., Paskey, S.J. The risk of domestic violence and women with HIV infection: implications for partner notification, public policy, and the law. *American Journal of Public Health*. 1995; 85(11): 1569-76.
31. Waalen, J., et al. Screening for intimate partner violence by health care providers. *American Journal of Preventive Medicine*. 2000; 19(4): 230-7.
32. CDC. Early Release of Selected Estimates Based on Data from the 2012 National Health Interview Survey, June 2013. Available at http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201306.pdf.
33. Nasrullah, M., et al. HIV testing and intimate partner violence among non-pregnant women in 15 US states/territories: findings from behavioral risk factor surveillance system survey data. *AIDS Behavior*. 2013; 17: 2521-7.

Implementation of the Affordable Care Act expands opportunities to improve these rates. New health plans were required to provide coverage with no cost sharing for screening all women for IPV, and HIV testing and counseling, for sexually active women in plans beginning on or after August 1, 2012. Coverage also includes brief counseling from the health provider should the patient screen positive for IPV.[34] Reinforcing evidence-based support for IPV screening was the United States Preventive Services Task Force (USPSTF) January 2013 recommendation to screen all women of childbearing age for IPV.[35] Additionally, in April 2013, the USPSTF revised HIV testing recommendations to include recommending testing for all adolescents and adults aged 15 to 65,[36] meaning that new health plans will also be required to provide coverage with no cost sharing for HIV screening for all persons in this age range in plan years beginning April 2014.

In addition to increasing screening in health care settings, promoting HIV/AIDS awareness and HIV testing is an important part of comprehensive care for women who have experienced violence.[37] This can be done, in part, through leveraging the national network of shelters and rape crisis centers. The network of more than 1,600 local domestic violence shelters and resource centers for survivors of IPV funded by the Family Violence Prevention and Services Program (FVPSP) serves nearly one million women each year.[38] This large population already exposed to violence may represent a key demographic at increased risk for HIV infection.[39] Rape crisis centers also serve women who may be at higher risk for acquiring HIV infection as a result of either recent sexual assault, or long-term histories of sexual abuse and trauma-related risk factors.

Recommended Action 1.1: Increase IPV screening and HIV testing for girls and women and encourage concurrent screening.

Action steps:

- The Health Resources and Services Administration (HRSA) will promote screening recommendations for HIV and IPV in reproductive health, prenatal, and primary care settings and in provider trainings with Federally Qualified Health Centers (FQHCs).

- The Substance Abuse and Mental Health Services Administration (SAMHSA) will provide Minority AIDS Initiative Center for Substance Abuse Treatment grant programs information on the importance of IPV screening, especially for women and girls at risk for or living with HIV, for use in their HIV testing, screening, and referral activities.

- HHS Office of Population Affairs (OPA) will train staff of Title X-funded family planning clinics to explain the intersection of HIV/AIDS, IPV, and family planning,

34. HRSA. Affordable Care Act expands prevention coverage for women's health well-being. Women's Preventive Services Guidelines, 2012. Available at http://www.hrsa.gov/womensguidelines .
35. USPSTF. Screening for intimate partner violence and abuse of elderly and vulnerable adults: U.S. Preventive Services Task Force recommendation statement, 2013 Available at http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinalrs.htm.
36. USPSTF. Screening for HIV: U.S. Preventive Services Task Force recommendation statement, 2013. Available at http://www.uspreventiveservicestaskforce.org/uspstf13/hiv/hivfinalrs.htm.
37. CDC. Fact Sheet: HIV Among Women, March 2013. Available at http://www.cdc.gov/hiv/pdf/risk_women.pdf.
38. Communication with Family Violence Prevention and Services Program, June 2013.
39. Sareen J., et al. Is intimate partner violence associated with HIV infection among women in the United States?. General Hospital Psychiatry. 2009; 31(3): 274-8.

and the importance of screening for both HIV and IPV, in order to increase the numbers of women who receive both HIV and IPV screening, counseling, and linkages to appropriate follow-up care in Title X family planning clinics.

- OPA will promote USPSTF recommendations for screening for HIV and IPV in reproductive health clinics.

- The Veterans Health Administration (VHA) will develop protocols for co-screening for HIV, IPV, and military sexual abuse in an effort to integrate individual screening recommendations.

- The Administration for Children and Families' (ACF) Runaway and Homeless Youth program will provide technical assistance to grantees on the need to promote HIV testing for youth, with an emphasis on transgender women and girls and women and girls of color, because research indicates these populations are at high risk of homelessness, violence, and HIV.[40]

- ACF's Health Resource Center on Domestic Violence will provide resources to inform physicians, nurse practitioners, and community health care providers about screening recommendations for HIV and IPV.

- HRSA will collaborate with ACF to disseminate HIV and IPV screening and counseling tools to Ryan White programs, FQHCs, rural health, maternal and child health programs, and National Health Service Corps providers.

Recommended Action 1.2: Promote HIV testing and linkages to medical care for women and girls through existing networks of domestic violence and rape crisis centers and advocacy organizations.

Action steps:

- The Centers for Disease Control and Prevention (CDC) will consult with FVPSP and the DOJ Office on Violence Against Women (OVW) to develop culturally relevant campaigns to promote HIV testing among women and girls, with a particular focus on serving black and Latina women and girls because of their increased risk for HIV. OVW and CDC Division of Violence Prevention will make this information available to the public and domestic violence shelters and rape crisis centers through highlights on the website, VetoViolence.cdc.gov, and social media.

- The HHS Office on Women's Health (OWH) is completing and will release *Addressing The Link Between Violence Against Women and Increased Risk of HIV: A Skills Enhancement Guide,* which focuses on educating and training violence prevention caseworkers and providers on the link between violence and HIV/AIDS. It will be used to train domestic violence counselors to promote HIV testing and HIV risk-reduction in their service delivery. The guide will also be

40. Herbst, J.H., et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior.* 2008; 12(1): 1-17.

used by AIDS service providers who will be trained to screen and refer clients to IPV services.

- CDC will collaborate with the Institute on Domestic Violence in the African American Community, Casa De Esperanza, and other federally funded institutes to reach at-risk women and girls experiencing violence with culturally relevant information about HIV testing and treatment.

- OVW will include information in future grant solicitations about the new purpose area in the VAWA grants program allowing grantees to use funds for HIV testing, counseling, and PEP for survivors of sexual assault.

- OVW will provide funds to expand a curriculum on the intersection of HIV and IPV, which includes e-learning modules and incorporates a train-the-trainer approach that promotes safe strategies for survivors to access HIV testing; OVW will incorporate the curriculum into trainings and webinars for grantees.

- CDC and the DOJ Office for Victims of Crime will collaborate with LGBT service organizations to identify methods for reaching and linking transgender women who have experienced violence to IPV and HIV-related support services, including HIV testing.

- The HHS National Resource Center on Domestic Violence (NRCDV) will develop a compendium on HIV and IPV to include information on collaborations, partnerships, and relevant screening tools for providers. NRCDV will then disseminate this information to all FVPSP grantees and others via webinar.

- VHA will work with domestic violence, rape crisis, or other appropriate community organizations to ensure that women with HIV and IPV are linked to care in a timely manner and receive the services they need.

Objective 2: Improve outcomes for women in HIV care by addressing violence and trauma.

Because IPV is prevalent among women living with HIV, increasing IPV screening rates in this population may be especially important and require special focus within HIV-specific programs. Programs that provide trauma-informed care as part of HIV/AIDS care for women should be piloted and evaluated. Given that rates of clinical depression and PTSD are higher among women with histories of abuse,[41, 42, 43] culturally relevant programs that provide support, teach healthy coping strategies, and offer plans for safety in coordination with a prescribed treatment plan for HIV/AIDS may be vital to the attainment of optimal health and wellness. A limited but growing body of evidence also suggests that recent trauma among women is associated with HIV treatment failure,[44, 45] suggesting that addressing trauma may improve HIV-specific outcomes among women.

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41. Herbst, J.H., et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior.* 2008; 12(1): 1-17.
42. Dutton, M.A., et al. Intimate partner violence, PTSD, and adverse health outcomes. *Journal of Interpersonal Violence*. 2006; 21(7): 955-68.
43. Golding, J.M. Intimate partner violence as a risk factor for mental disorders: a meta analysis. *Journal of Family Violence*. 1999; 14(2): 99-132.
44. Machtinger, E.L., et al. Recent trauma is associated with antiretroviral failure and HIV transmission risk behavior among HIV-positive women and female-identified transgenders.” *AIDS Behavior*. 2012; 16(8): 2160-70.

Recommended Action 2.1: Screen women living with HIV for IPV and link them to appropriate services.

Action steps:

- FVPSP, OWH, HRSA, and other relevant agencies will collaborate to identify evidence-based screening, referral and linkage tools for IPV for women living with HIV.
    - These agencies will promote those tools to domestic violence programs, rape crisis centers, and other relevant community-based services.
    - The HRSA National HIV/AIDS Resource Center will work with the Network of AIDS Education and Training Centers to promote use of these tools by HIV service providers.
    - FVPSP and OWH will develop and host a webinar series that promotes partnerships between health providers and domestic violence programs that will include information on the above tools
- OPA will include training on the intersection of HIV/AIDS and IPV, including the importance of concurrent HIV and IPV screening, at the December 2013 orientation conference for the new grant cycle for “Integrating Routine HIV Testing and Linkage to HIV Care and Treatment in Family Planning Services Grants.” These grantees are family planning providers that receive funding from the Secretary's Minority AIDS Fund and Title X appropriations.
- SAMHSA will encourage HIV grant service providers to partner with primary health care providers to conduct screening for trauma among women living with HIV and provide interventions directly or through appropriate referral and linkage.
- VHA will screen women living with HIV and IPV and link them to appropriate services either within VA or the community.

Recommended Action 2.2: Develop, implement, and evaluate models that integrate trauma-informed care into services for women living with HIV.

Action steps:

- CDC and OWH, in collaboration with HRSA and SAMHSA, will identify models that integrate trauma-informed care and safety planning into HIV services.
- HRSA in partnership with the HRSA-SAMHSA Center for Integrated Health Solutions, will promote and share lessons learned from these programs that integrate a trauma-informed approach for engaging and retaining women living with HIV/AIDS in care.

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45. Kalokhe, A.S., et al. Intimate partner violence among HIV-infected crack cocaine users. *AIDS Patient Care and STDs.* 2012; 26(4): 234-40.

- HRSA will review and update the *Guide for HIV/AIDS Clinical Care* to include a section addressing the need to provide trauma-informed care to women and girls with HIV/AIDS who disclose histories of IPV or other abuse.
- HRSA will encourage the recruitment of domestic violence and sexual violence prevention advocates to serve on State and local Ryan White Planning Councils.
- In an effort to develop targeted interventions, HRSA will conduct a webinar with grantees and key stakeholder groups to learn more about the needs of women living with HIV/AIDS who have also experienced violence and trauma.
- SAMHSA's National Center for Trauma-Informed Care (NCTIC) will provide training and technical assistance on implementation of trauma-informed care to publicly-funded systems, agencies, and programs that serve women living with HIV.
- SAMHSA will release a paper outlining key principles of and guidance on implementation of trauma-informed approaches, including for SAMHSA programs addressing the needs of women living with HIV. The document will also provide a framework for cross-agency dialogue and collaboration.

Objective 3: Address certain contributing factors that increase the risk of violence for women and girls living with HIV.

While multiple factors contribute to violence and HIV risk among women and girls, the Working Group focused on two areas: certain laws that may contribute to increased stigma surrounding HIV/AIDS, and lack of stable, affordable housing.

Some state laws require people diagnosed with HIV to disclose their status to sexual partners, irrespective of actual transmission risks.[46] These laws contribute to a climate of fear and stigma that may increase the vulnerability of women living with HIV: while these women may experience violence from their partner if they disclose their HIV status, they may face criminal prosecution if they do not.[47]

Moreover, women living with HIV and experiencing violence are often dependent on an abusive partner for resources, including housing. These barriers often prevent women from attaining the economic independence needed to escape their abusers.[48] Studies show that women who experienced IPV were four times more likely to report housing instability as compared to women without histories of abuse by an intimate partner.[49] Lack of stable housing is associated with increased risk for violence among women

46. Lazzarini, Z., et al. Criminalization of HIV transmission and exposure: research and policy agenda. *American Journal of Public Health*. 2013; 103(8). 1350-3.

47. There are currently 32 states that have criminal laws that punish people for exposing another person to HIV, even in the absence of actual HIV transmission or even a meaningful risk that transmission could occur. The Center for HIV Law & Policy. Chart: State-by-State Criminal Laws Used to Prosecute People with HIV, June 2012. Available at http://hivlawandpolicy.org/resources/download/763.

48. Mouradian, V.E. Abuse in intimate relationships: defining the multiple dimensions and terms. National Violence Against Women Prevention Research Center, 2000. Available at http://www.musc.edu/vawprevention/research/defining.shtml.

49. Pavao, J., et al. Intimate partner violence and housing instability. *American Journal of Preventive Medicine*. 2007; 32(2): 143-6.

living with and at risk for HIV,[50,51] and increasing housing stability through programs such as Housing Opportunities for Persons with HIV/AIDS (HOPWA) is correlated with improved HIV-related outcomes.[52,53] While VAWA provided new housing protections across HUD programs, such as preventing individuals from being evicted from or denied access to housing because they have experienced domestic or sexual violence, the Working Group identified several additional areas for action.

Recommended Action 3.1: Assist states in protecting women with HIV/AIDS from violence and retaliation associated with HIV status.

Action steps:

- DOJ will provide technical assistance to states that seek to ensure that their HIV criminal laws account for circumstances where disclosure of HIV status may subject the disclosing party to violence, including IPV.
- DOJ will provide technical assistance to states that want to ensure that their state hate crimes statute provides protection to those living with HIV/AIDS.
- OWH and FVPSP will strategize with state partners and other relevant stakeholders to scale up effective strategies that address safety around issues of disclosure for women and girls testing HIV-positive and living with HIV/AIDS.

Recommended Action 3.2: Enhance federal efforts to address HIV and IPV among homeless and marginally housed women and girls.

Action steps:

- OVW will provide training to its transitional housing grantees about serving women living with HIV/AIDS who have experienced IPV.
- OVW, in coordination with HUD, will provide training for HOPWA providers on responding appropriately to violence against women. OVW will also advise on HOPWA's plans to address new VAWA housing protections.
- OVW will provide guidance on the new provisions in VAWA prohibiting discrimination based on sexual orientation or gender identity, including against transgender women, to OVW-assisted housing and shelters.
- HUD will provide information and training materials to HOPWA technical assistance providers to increase their knowledge of the Equal Access Rule, which prohibits discrimination based on sexual orientation, gender identity, or marital

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50. Henny, K. D., Kidder, D. P., Stall, R., & Wolitski, R. J. (2007). Physical and sexual abuse among homeless and unstably housed adults living with HIV: prevalence and associated risks. AIDS and Behavior, 11(6), 842-853.
51. Weir, B.W., et al. Violence against women with HIV risk and recent criminal justice system involvement: prevalence, correlates, and recommendations for intervention. *Violence Against Women*. 2008; 14(8): 944-60.
52. Wolitski, R.J., et al. Randomized trial of the effects of housing assistance on the health and risk behaviors of homeless and unstably housed people living with HIV. *AIDS and Behavior*. 2010; 14(3), 493-503.
53. Buchanan, D., et al. The health impact of supportive housing for HIV-positive homeless patients: a randomized controlled trial. *American Journal of Public Health*. 2009; 99(S3): S675-80.

status in HUD-assisted housing, as well as legal protections related to housing discrimination for persons living with HIV/AIDS.

Objective 4: Expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls.

Empowering girls with information about their physical health and social and emotional wellbeing must continue to be part of a comprehensive approach to preventing and responding to HIV/AIDS and violence. In particular, reaching black and Latina women and girls should be a priority, given their high risk for HIV infection. Research has shown that an empowerment-based approach to HIV prevention among young black women who have experienced IPV reduces HIV risk.[54] A comprehensive approach must also include males, who are more likely to perpetrate abuse than females.[55] Combining existing models that engage men and boys to prevent IPV with initiatives that teach healthy relationship skills, including HIV/AIDS prevention strategies, are an important component of public education and outreach. Such models may also address social and gender-specific norms that encourage violence.

Recommended Action 4.1: Enhance violence prevention programs, including those targeting youth, to address the intersection of violence and HIV/AIDS.

Action steps:

- OVW will include information about the intersection of HIV and dating violence in the technical assistance provided under the VAWA consolidated youth program.

- FVPSP technical assistance providers conducting youth education on teen dating violence will develop resources to support education on HIV risks, safety strategies, and testing locations.

- SAMHSA will develop an *ad hoc* working group from the trauma and HIV programs in the Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Mental Health Services to address the intersection of HIV/AIDS and violence among black and Latina women and girls. The goal of the working group will be to develop language for future prevention and treatment requests for applications (RFA), as appropriate, that address IPV and trauma as a risk factor for HIV infection.

- CDC will provide information and resources on the overlap between HIV and violence against women and girls to coalitions and communities participating in the Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States (DELTA FOCUS) program, for their consideration as they plan and implement their prevention strategies.

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54. Wingood, G.M., et al. Efficacy of an HIV prevention program among female adolescents experiencing gender-based violence. *American Journal of Public Health.* 2006; 96(6): 1085-90.

55. Black, M.C., et al. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2011.

Recommended Action 4.2: Engage men and boys in the prevention of HIV and violence against women and girls.

Action steps:

- FVPSP-supported resource centers will coordinate with the HHS Office of Minority Health to provide fact sheets, toolkits, and training resources to engage men and boys in preventing IPV. The centers will engage men in learning about healthy relationships through the Linkage to Life program, which addresses health and social barriers that contribute to HIV/AIDS incidence among high-risk racial and ethnic minorities.

- OVW will include information about the intersection of HIV/AIDS and dating violence in the technical assistance provided under the VAWA Engaging Men in Preventing Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program.

Objective 5: Support research to better understand the scope of the intersection of HIV/AIDS and violence against women and girls and develop effective interventions.

While women living with HIV experience high rates of violence, there is a need to better quantify the degree to which violence is independently contributing to new HIV infections and poor HIV/AIDS care outcomes among women and girls in the United States. Domestic data are also lacking with regard to the efficacy and effectiveness of interventions that jointly address violence and HIV outcomes among women and girls.[56] This includes the role of microfinance interventions and other economic empowerment strategies.[57,58] More research is also needed regarding possible syndemic relationships of violence, HIV/AIDS, and other factors that affect health and wellness. The role of men and boys in preventing and addressing violence also warrants further exploration.

Recommended Action 5.1: Improve our understanding of how to most effectively address the intersection of HIV and violence against women and girls by analyzing data from existing studies and programs.

Action steps:

- The National Institutes of Health (NIH) will fund ongoing research on interventions for IPV among teens with a particular focus on effective methods to decrease IPV and HIV risk behaviors among males.

- CDC will conduct a systematic review to identify interventions that address the intersection of HIV/AIDS and IPV among women. This review will describe

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56. Wingood, G.M., et al. Improving health outcomes for IPV-exposed women living with HIV. *Journal of Acquired Immune Deficiency Syndromes*. 2013; 64(1): 1-2.
57. Pronyk, P.M., et al. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomized trial. *The Lancet*. 2006; 368: 1973-83.
58. Vyas, S., Watts, C. How does economic empowerment affect women's risk of intimate partner violence in low and middle income countries? A systematic review of published evidence. *Journal of International Development*. 2009; 21: 577-602.

differences and similarities on demographic, behavioral, and intervention characteristics and outcomes between U.S. and international samples of women.

- CDC will analyze and report data, including from the National HIV Behavioral Surveillance System and Medical Monitoring Project, on the intersection of IPV and HIV risk; and the prevalence of the use of, and unmet need for, IPV services among women living with HIV in care.

- NIH-sponsored HIV research cohorts and clinical trials networks, including the Women's Interagency HIV Study, the HIV Prevention Trials Network, the Microbicides Trial Network, and the Adolescent Trials Network, are collecting data on recent, past, and lifetime history of violence, including sexual violence for use in future analyses.

- HRSA's Office of Women's Health will analyze the data on violence against women and girls and sexual violence within the context of HIV risk, morbidity, and mortality, as well as national data sources on HIV/AIDS and violence, and will report results in the annual *Women's Health USA Databook*.

Recommended Action 5.2: Support and promote research that will identify gaps and increase our understanding of the relationship between HIV and violence against women and girls, and develop effective prevention and care interventions.

Action steps:

- The Fiscal Year (FY) 2014 Trans-NIH Plan for HIV-Related Research includes the intersection of violence against women and HIV risk as a research priority. The FY 2015 plan will also include sexual violence and HIV risk as a research priority.

- NIH supports research projects that study economic strengthening approaches for women living with HIV and violence in sub-Saharan Africa and other regions. These models may be relevant for women in the U.S.

- NIH will continue to support a number of studies to better understand the behavioral and biologic relationship between sexual violence and HIV risk in women:

    - **The Office of Research on Women's Health** - The Office of Research on Women's Health (ORWH) coordinates VAW research across the NIH, funds research in these two areas, and will expand the joint Web Portal content with the National Library of Medicine (NLM) to increase information on the intersection of HIV/AIDS and violence and abuse in women.

    - As a result of recent discussions on IPV and HIV risk for women, the Office for AIDS Research (OAR) funded three pilot projects to demonstrate the biologic link between sexual violence and HIV risk. This pilot research will provide the foundation for larger in-depth studies.

  - The National Institute of Allergy and Infectious Diseases (NIAID) Division of AIDS has issued a RFA entitled, "Mucosal Environment and HIV Prevention", that will support studies to better understand the effect of the mucosal environment, including mucosal damage, on HIV acquisition. This is critical to establishing the link between genital injury during sexual violence and HIV risk.

  - The National Institute of Child Health and Human Development (NICHD), in collaboration with NIAID, has released an RFA for studies that will lead to a better understanding of the intersection of reproductive biology and HIV risk. As a result of this RFA, research will be conducted in FY 2014 on the impact of environmental and physiological factors on sexual assault and HIV.

  - The National Institute on Alcohol Abuse and Alcoholism (NIAAA) will convene a workshop devoted to the development of alcohol-related HIV/AIDS prevention and intervention that will include discussing the intersection of alcohol use, violence, and HIV risk behavior.

  - The National Institute of Mental Health (NIMH) will continue to support meritorious research grant applications devoted to new studies on the intersection of IPV and HIV risk. The focus is on those at risk for HIV and those living with HIV, with an emphasis on the development of interventions to reduce risk.

- CDC will expand research evaluating the effectiveness of policies and strategies to prevent sexual violence and IPV to determine whether strategies that reduce risk for sexual and intimate partner violence are also effective at reducing risk for HIV. For example, the evaluation of Dating Matters, a comprehensive teen dating violence prevention initiative, will include outcomes related to risk for HIV.

- VHA will examine and analyze the prevalence of HIV among veteran women that experience violence and develop best practice and interventions to meet their needs.

Conclusion

The Working Group will continue to meet on a regular basis to review progress made implementing recommended actions; identify and resolve barriers and delays; share lessons learned; and address emerging issues or concerns. In approximately 12 months from the release date of these recommendations, the Working Group will release an update describing which action steps agencies accomplished and the status of actions yet to be completed. The Working group will continue to coordinate efforts with the White House Council on Women and Girls and other Administration initiatives to address violence against women and girls.

Across the objectives, the Working Group supports continued monitoring and evaluation to build a stronger evidence base to effectively address HIV/AIDS and violence against women and girls. Particular examples of where ongoing evaluation and assessment are important include promoting economic security for survivors of violence living with HIV/AIDS, and engaging men and boys to prevent violence and promote healthy relationships. Areas for possible further action include focusing on structural factors that contribute to violence and HIV risk; addressing how substance use and mental health issues may synergistically contribute to HIV risk and violence against women and girls; and determining resiliency-related factors that contribute to women and girls overcoming HIV-related stigma and the consequences of violence.

In closing, a coordinate federal response to this complex issue is necessary, but is not sufficient to maximize impact. A primary goal of the National HIV/AIDS Strategy is achieving a more coordinated response to the epidemic. Maximizing our effectiveness in addressing HIV/AIDS and violence against women and girls will take a similarly coordinated effort across all levels of society. While the charge to the Working Group was to develop recommendations for specific federal action, Working Group members and participating agencies are encouraged to work with State, territorial, local, and tribal governments, the private sector, faith communities, service providers, educational institutions, people living with HIV, survivors of violence, and other key stakeholders. Taken together, these collective efforts will help us reach the goals of the National HIV/AIDS Strategy and reduce violence against women and girls.

List of Acronyms

ACA — Affordable Care Act

ACF — Administration for Children and Families (HHS)

CDC — Centers for Disease Control and Prevention (HHS)

DOJ — U.S. Department of Justice

FQHCs — Federally Qualified Health Centers

FVPSP — Family Violence and Prevention Services Program (ACF)

HHS — U.S. Department of Health and Human Services

HOPWA — Housing Opportunities for Persons with AIDS (HUD)

HRSA — Health Resources and Services Administration (HHS)

HUD — U.S. Department of Housing and Urban Development

IPV — Intimate partner violence

LGBT— Lesbian, gay, bisexual, and transgender

NCTIC — National Center for Trauma-Informed Care (SAMHSA)

NIAAA — National Institute on Alcohol Abuse and Alcoholism (NIH)

NIAID — National Institute of Allergy and Infectious Diseases (NIH)

NICHD — National Institute of Child Health and Human Development (NIH)

NIDA — National Institute on Drug Abuse (NIH)

NIH — National Institutes of Health (HHS)

NIMH — National Institute of Mental Health (NIH)

NISVS — National Intimate Partner and Sexual Violence Survey

NLM — National Library of Medicine

NRCDV — National Resource Center on Domestic Violence (ACF)

OAR — Office of AIDS Research

ORWH — Office of Research on Women's Health

OVW — Office on Violence Against Women (DOJ)

OWH — Office on Women's Health (HHS)

PACHA — Presidential Advisory Council on HIV/AIDS

PEP — Post-exposure prophylaxis

PTSD — Posttraumatic stress disorder

RFA — Request for applications

SAMHSA—Substance Abuse and Mental Health Services Administration (HHS)

USPSTF — United States Preventive Services Task Force

VA — U.S. Department of Veterans Affairs

VHA — Veterans Health Administration (VA)

VAWA — Violence Against Women Act of 2013