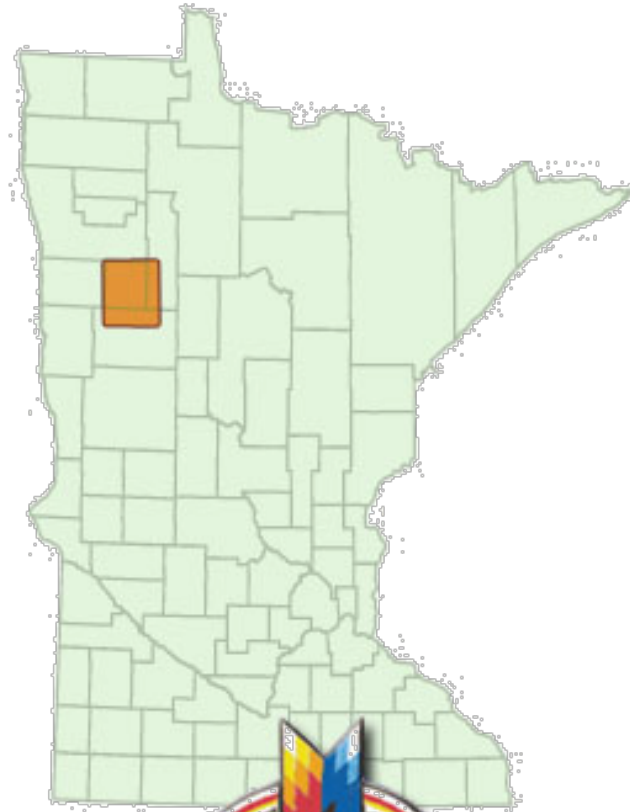


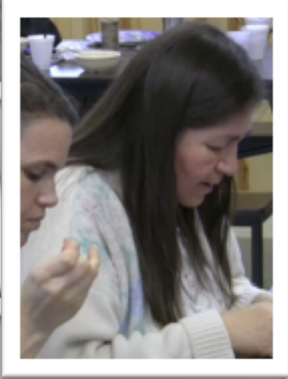
# Intersections of Domestic Violence & HIV/AIDS Among Native American Women

Clinton Alexander, Executive Program Director





**White Earth Nation** *Gaa-waabaabiganikaag*



**Mission: To reclaim the sacred spirits of women, men, and their families for the next seven generations by healing the effects of historical trauma through culturally competent practice utilizing Anishinaabe values and beliefs.**

A people is not defeated until the hearts  
of its woman are on the ground. Then it  
is done, no matter how brave its  
warriors or strong its weapons.

-Cheyenne proverb

# What is HIV?

- **H – Human** – This particular *virus can only infect human beings.*
- **I – Immunodeficiency** – *HIV weakens your immune system by destroying important cells that fight disease and infection. A "deficient" immune system can't protect you.*
- **V – Virus** – *A virus can only reproduce itself by taking over a cell in the body of its host.*



# What is AIDS?

- **A – Acquired** – AIDS is not something you inherit from your parents. You acquire AIDS after birth.
- **I – Immuno** – Your body's immune system includes all the organs and cells that work to fight off infection or disease.
- **D – Deficiency** – You get AIDS when your immune system is "deficient," or isn't working the way it should.
- **S – Syndrome** – A syndrome is a collection of symptoms and signs of disease. AIDS is a syndrome, rather than a single disease, because it is a complex illness with a [wide range of complications and symptoms.](#)

# Routes of Transmission

## Most Common

- Unprotected sex
- Sharing 'dirty' needles



## Almost Eliminated (in the US)

- Occupational exposure
- Contaminated Blood Products
  - Transfusion
- Parent-to-Child
  - Prenatal
  - Breastfeeding

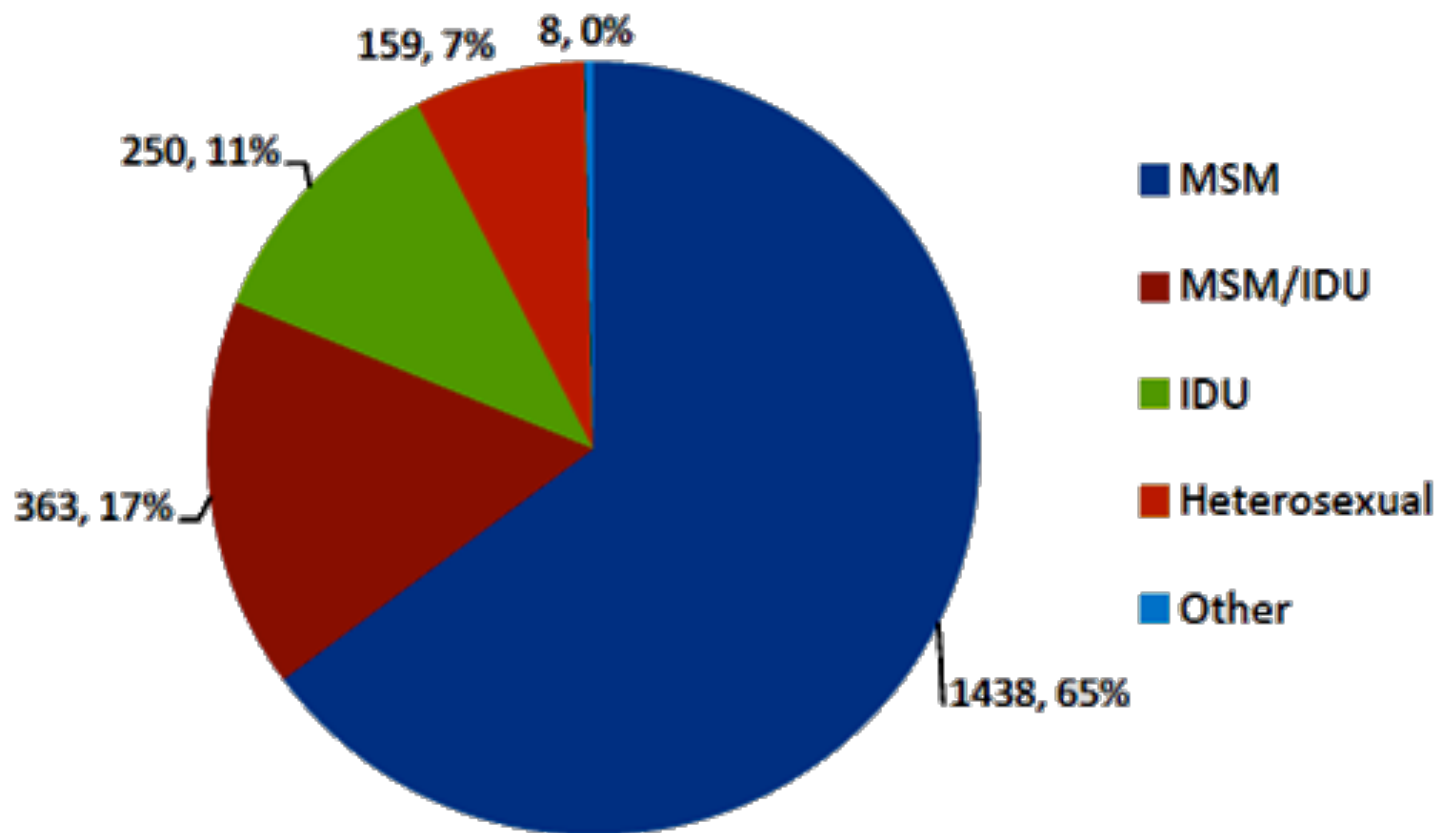
# Injection Drug Use (IDU)

- Risk related ONLY when sharing unclean equipment w/ HIV-infected person
- Risk increases with:
  - Increased frequency of sharing
  - High community sero-prevalence
  - Use of other paraphernalia
  - Poor cleaning techniques



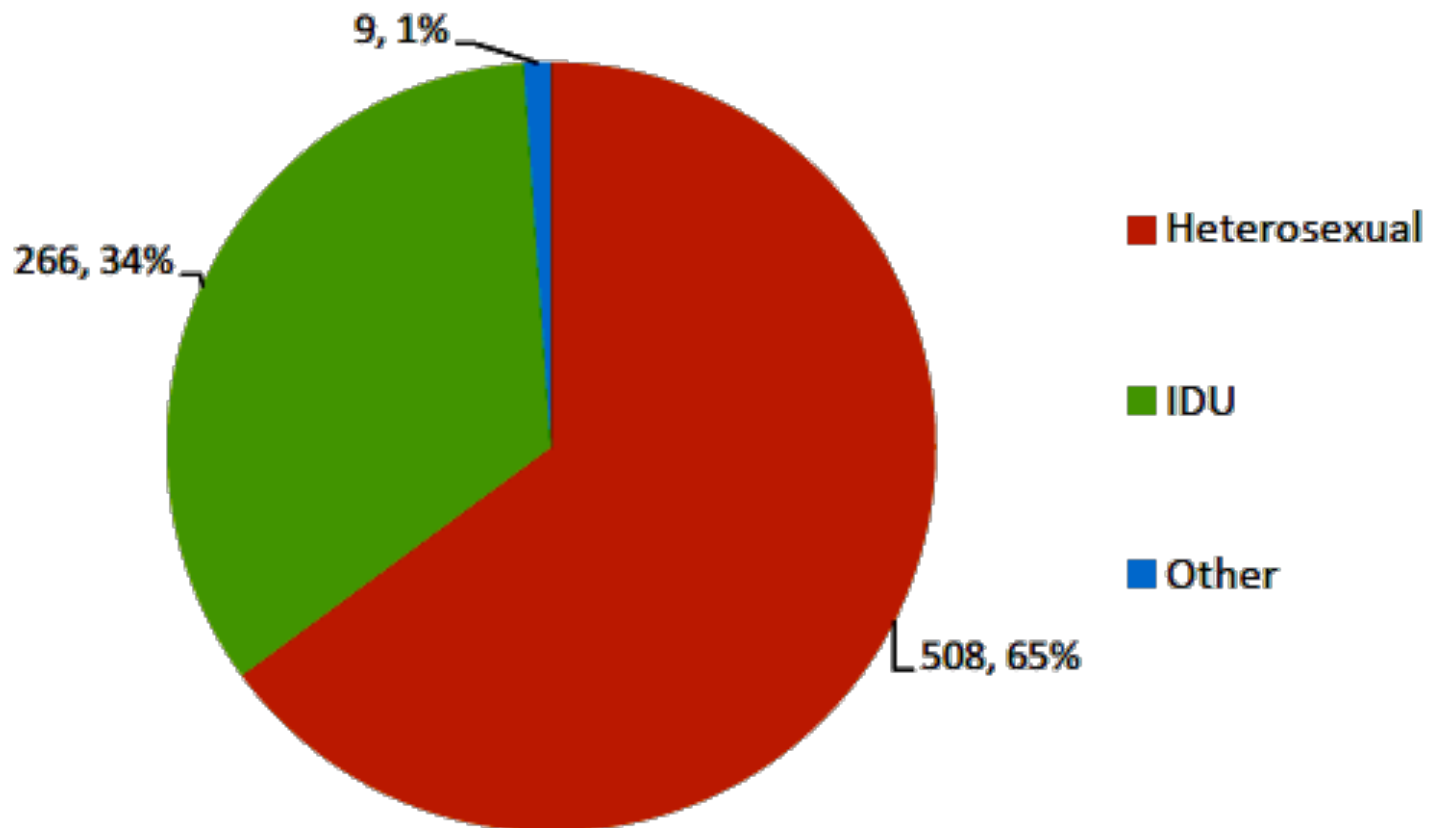
# Risk Categories – Native Men

Transmission Categories Among American Indian/Alaskan Native Males Living with HIV, 2009\*



# Risk Categories - Native Women

Transmission Categories Among American Indian/Alaskan  
Native Females Living with HIV, 2009\*



# **HIV in American Indian/ Alaska Native Communities**

- Higher rates of STIs
- Higher rates of alcohol and other drug use
- Higher rates of domestic violence
- Inadequate mental health services
- Inadequate health care

# HIV in American Indian/ Alaska Native Communities

- AI/AN have the fastest growing rate of new HIV infection
- AI/AN survive for a shorter time than any other ethnic group after diagnosis
- AI/AN have the fastest progression from HIV to AIDS of any other race or ethnicity
- **34% of Native women who acquired HIV from injection drug use - the second highest percentage of IDU acquisition amongst women of all other races and ethnicities (in 2011 Native women had the highest IDU acquisition)**
- Data Limitations
  - Some states w/ large AI/AN populations not counted
  - Racial misclassification and underreporting

(CDC 2008, 2010, 2011)

# IPV/DV & HIV

- Intimate partner violence (IPV) includes physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner.
- Over 1.1 million people in the United States are estimated to be living with HIV and nearly 1 in 5 is unaware of their infection.
- Women and adolescent girls accounted for 20% of new HIV infections in the United States in 2013 and represented approximately 21% of HIV diagnoses among adults and adolescents in 2011.

# Violence Against Native American & Alaska Native Women

- Native women are 2.5 times higher than any other race in the U.S to be victims of sexual assault. (DOJ)
  - 1 in 3 will be raped in her lifetime.
  - 90% of Non-Native women know their attacker.
  - 95% Native women don't know their attacker, 85% are of a different race.
- Native women are victims of domestic violence 64% (DOJ)



# Sexual Violence & HIV

“Sexual violence and the Human Immunodeficiency Virus (HIV) are two serious and often interconnected global public health problems that spare no region of the world, race, ethnicity, gender, class, sexual orientation, age, religion, or ability/disability. Sexual violence increases a victim’s risk of contracting sexually transmitted infections, including HIV.”

*-National Sexual Violence Resource Center*



SEXUAL VIOLENCE AND HIV  
A Technical Assistance Guide for Victim Service Providers



# A logical connection...

- Gender-based violence linked to HIV risk.
- Holistic approach to understanding and addressing realities faced by our people is needed.

Reference: Keeping Our Hearts from Touching  
the Ground: HIV/AIDS in American Indian and  
Alaska Native Women\*

(Karina L. Walters, MSW, PhD, Ramona Beltran, MSW, PhD, Tessa Evans-  
Campbell, MSW, PhD, Jane M. Simoni, PhD)

\*our Elders told us this years ago... Started our journey in many ways...

According to U.S. Centers for Disease Control and Prevention (CDC), the Global Coalition on Women and AIDS (an UNAIDS Initiative), and the World Health Organization - women experiencing IPV have a heightened risk of HIV infection through forced sex with an infected partner, limited or compromised power to negotiate safer sex practices, and increased sexual risk-taking behavior. And, if HIV-positive, they may delay taking actions to address their health needs.

# Intersections: IPV & HIV

- *Direct transmission through sexual violence;*
- *Indirect transmission through sexual risk taking;*
- *Indirect transmission through inability to negotiate condom use; and*
- *Fourth → Violence as a consequence of being HIV positive*

# Vulnerability

DV/IPV can lead to HIV infection -  
Physical, practical, psychological, and  
emotional factors increase  
vulnerability to disease.

# Vulnerability (cont'd)

- NIJ found that forced sex occurs in over 40% of battering relationships.
  - Risk of increased of violence if demands aren't met (e.g. forced oral, anal or vaginal sex, with perpetrator's friends, forced sex work, no condoms, or sex while under the influence)
- Physical and emotional abuse as barriers to prevention (power & control)
  - Restricting access to primary health care services, prevention services, and social support
  - Shame, embarrassment and fear → isolation



The evidence on the linkages between violence against women and HIV/AIDS highlights that there are **direct** and **indirect** mechanisms by which the two interact.

# Direct & Indirect

- Coercive sex poses a direct biological risk for HIV infection resulting from vaginal trauma and lacerations;
- Intimate partner violence poses indirect risk for HIV infection in several ways:
  - Women with a history of violence may not be able to negotiate condom use;
  - Childhood sexual abuse, coerced sexual initiation and current partner violence may increase sexual risk taking (e.g. having multiple partners, engaging in transactional sex); and
- Violence or fear of violence may deter women from seeking HIV testing, prevent disclosure of their status, and delay their access to AIDS treatment and other services.

The relationship between victimization, substances and HIV is complex.

Many survivors use alcohol and/or drugs to cope and numb pain from the abuse.

## Triangle of Risk: Urban American Indian Women's Sexual Trauma, Injection Drug Use, and HIV Sexual Risk Behaviors

Jane M. Simoni,<sup>1,4</sup> Shalini Sehgal,<sup>2</sup> and Karina L. Walters<sup>3</sup>

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A community-based mail survey of 155 urban American Indian women revealed 91% engaged in at least one lifetime HIV sexual or drug risk behavior, including 19% who had sex with an injection drug user and 7% who had traded sex. Sixty-eight percent of the respondents were sexually active in the last year, with more than half never using condoms. Six percent had ever injected nonprescription drugs; 62% drank alcohol in the last year, with 28% reporting at least one occasion of consuming six or more drinks containing alcohol. Respondents reported high rates of lifetime physical (37%) and sexual (39%) assault, which was generally associated with lifetime but not more recent indicators of sexual and drug risk behavior. Injection drug use mediated the relationship between nonpartner sexual (but not physical) trauma and high-risk sexual behaviors. Findings underscore the need for the integrated assessment and treatment of abuse and substance use as well as more research on the risk behaviors of this understudied and underserved population.

**KEY WORDS:** HIV/AIDS; Native American/American Indian; women; substance use; trauma; sexual risk behaviors.

### INTRODUCTION

The experience of physical or sexual trauma, abuse, or assault can have devastating mental health consequences. As Herman (1992) explained, "Traumatized people suffer damage to the basic structures of the self. They lose their trust in themselves, in other people, and in God" (p. 56). Trauma also can arrest development, leading to deficits in social skills and self-esteem (Yee *et al.*, 1995) and increasing feelings of vulnerability, unworthiness, and shame (Grayston *et al.*, 1992). Putnam (1989) suggested that traumas such as childhood sexual abuse may result in fragmentation or loss of sense of self; concerns about control,

identity, and body image disturbances; and low self-esteem.

Trauma has been linked not only with psychological distress but also with deviant behavior and social role impairment, which can hinder the survivor's ability to benefit from AIDS prevention interventions (Medrano *et al.*, 1999). Traumatized individuals may be at risk for engaging in HIV risk behaviors, such as substance abuse and sexual risk behavior.

### Trauma Among American Indian Women

American Indian men and women experience disproportionate rates of trauma. Historically, Indian communities have faced removal from tribal lands (May, 1996); ethnocide (Walters, 1999; Walters and Simoni, 2002); genocide (Churchill, 1996); and racism, poverty, and alcoholism (Gray, 1998). They have had their children forcibly removed and placed in boarding schools or disproportionately placed into non-Native custodial care (Evans-Campbell and Walters, 2003; Horejsi *et al.*, 1992). More recently, national data on violence from the U.S. Department of Justice



- American Indian men and women experience disproportionate rates of trauma
- Substance Use is linked as coping mechanism for trauma
  - One study found 60% IDU had been sexually abused
- Link between trauma, AOD use and sexual risk behaviors
  - Substance-using women with histories of childhood sexual abuse 2.9 times more likely to trade sex for drugs than women with no abuse history
- Need for integrated assessment of abuse and substance use

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# Triangle of Risk

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- Triangle of Risk: Urban American Indian Women's Sexual Trauma, Injection Drug Use, and HIV Sexual Risk Behaviors

Jane M. Simoni, Shalini Sehgal, and Karina L. Walters

# Prevention: Major Concerns

- Current prevention efforts are focused on empowerment, communication of needs, building on sense of worth and having choices (sexual & health).
- Reality: More focused on preventing violence/abuse today (survival) rather than catching HIV.



# IPV & HIV (Cont'd)

- Women and men who report a history of IPV victimization are more likely than those who do not to report behaviors known to increase the risk for HIV, including injection drug use, treatment for a sexually transmitted infection (STI), giving or receiving money or drugs for sex, and anal sex without a condom in the past year.
- HIV-positive women in the United States experience IPV at rates that are higher than for the general population. *[Double the national rates or higher: IPV (55%), childhood sexual abuse (39%) and childhood physical abuse (42%)]*

# IPV & PLWHA

- Women in relationships with violence have four times the risk for contracting STIs, including HIV, than women in relationships without violence.
- Fear of violence can influence whether some women get tested for HIV.
- Women who had experienced both physical and sexual violence, compared to women who reported physical violence alone, were more likely to have had a recent STI (14% vs. 4%), to have had an STI during the relationship (43% vs. 20%), to use alcohol as a coping behavior (72% vs. 47%), and to have been threatened when negotiating condom use (35% vs. 10%).

Relationship violence and trauma history can compromise the health and prevention practices of women living with HIV. Recently abused women have more than 4 times the rate of antiretroviral therapy failure, and of not practicing safe sex, as women who have not experienced abuse recently.

## **IPV & PLWHA**

# Safety Planning

- For women living with HIV, to reduce the risk of violence when they disclose their status to partners:
  - **Choose a public place**
  - **Consider including a third-person**
  - **Risk may be greater if someone feels lied to, or put at risk**
  - **Local health departments may help you disclose anonymously.**

**We must end violence against  
women & girls.**

# Questions & Discussion

- What are the major barriers to identifying and reaching women and girls affected by HIV/AIDS and violence?
- 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?



Miigwech!

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