East Los Angeles WOMEN'S CENTER
WHERE YOUR *Silence* IS *Heard*

COMMUNITY PILOT STUDY REPORT

Latinas, Domestic Violence and HIV

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June 2017

Funded by

The City of Los Angeles
AIDS Coordinator's Office

Prepared By

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Acknowledgements

The East Los Angeles Women's Center wants to thank the City of Los Angeles AIDS Coordinator's Office and L.A. City AIDS Coordinator Ricky Rosales for making this study possible. We are grateful to everyone who took the time to meet with us and share their story, their experience and their commitment to end HIV and Violence.

A Special Thanks…….. To all the women who participated in this study and shared with us a part of their lives and journey. We wish them safety, peace and self-empowerment.

INTRODUCTION

More prevalent for women in the U.S. than breast cancer and diabetes combined, intimate partner violence (IPV) and domestic violence (DV) can have a significantly adverse impact on one's physical and mental well-being (Futures Without Violence 2017). On average more than three women a day are murdered by their husbands or boyfriends in the United States; nearly one in four women in the United States reports experiencing violence by a current or former spouse or boyfriend at some point in her life; women ages 20 to 24 are at the greatest risk of experiencing nonfatal intimate partner violence; Approximately one in three adolescent girls in the United States is a victim of physical, emotional or verbal abuse from a dating partner (Futures without Violence 2017).

As women experience high rates of IPV /DV they acquire long-term chronic diseases including HIV, and other negative health impacts (Kouyoumdjian, F. G., Findlay, N., Schwandt, M., & Calzavara, L. M. 2013). In addition, women who experience IPV/DV may also voluntarily engage in sexual behaviors that increase risk for HIV, such as unprotected sex, having multiple partners, or using substances such as alcohol and drugs. The association between DV/IPV and HIV could also be in the opposite direction, i.e. HIV infection could lead to IPV (Kouyoumdjian, et al 2013). The disclosure of HIV status may lead to IPV, that people who are infected with HIV may deliberately try to infect their partners, that partners of people with HIV may perpetrate IPV as an act of punishment or revenge, and that people with HIV may be less likely to leave violent relationships (Kouyoumdjian, et al 2013).

The findings from the CDC's 2011 National Data on Intimate Partner, Sexual Violence and Stalking Survey indicate that women are disproportionately impacted by intimate partner and domestic violence (IPV/DV) and suffer immediate impacts of victimization and lifelong health consequences. Most female victims of completed rape (78.7%) experienced their first rape before the age of 25 and almost half (40.4%) experienced their first rape before age 18 (28.3% between 11 and 17 years old and 12.1% at or before the age of 10). Nearly 1 in 5 women (19.3%) have been raped in their lifetime; one in 4 women (22.3%) have been the victim of severe physical violence by an intimate partner; one in 5 children are exposed to IPV/DV each year; and 90% eyewitness this violence.

Domestic Violence and Hispanic Women

Among Hispanic/Latina Women, The Center for Disease Control reports that nationally, (35.6%) of Hispanic/Latina women experience sexual violence other than rape during their lifetime; Over thirteen percent (13.6%) experienced rape, (29.9%) experience severe physical violence by intimate partner, and 1 in 7 Hispanic/Latina women are victims of stalking during lifetime. In a large national study of cohabitating couples, a higher incidence of IPV was noted among Hispanic couples (14%) in comparison to non-Hispanic White couples (6%). Hispanics also reported a higher recurrence of IPV (58%) than both non-Hispanic Black (52%) and White (37%) couples (Caetano, et al 2005).

According to the **Centers for Disease Control, women who experienced intimate partner violence were over 3 times more likely to have a diagnosis of HIV**. HIV-positive

women experienced more frequent abuse and a higher severity of abuse; HIV/AIDS infection might be elevated due to compromised immune systems due to cumulative stress, depression, trauma, and PTSD; twelve percent (12%) of HIV/AIDS infections among women in romantic relationships are due to intimate partner violence. CDC findings indicate that The HIV diagnosis rate among Hispanic/Latina women in 2015 was more than three times that of white women. There are substantial regional differences in the HIV burden among Hispanic/Latinas across the United States. For example, rates of HIV diagnoses in 2013 among Hispanic/Latina women were highest in the Northeast (39.8), followed by the South (38.9), Midwest (22.6) and West (21.8). Hispanic/Latinas in the Northeast are more likely than those in other regions to have been infected by intravenous drug use, and Hispanic/Latinas diagnosed with HIV in the South are more likely than those in the Northeast to have been infected through sexual contact. AIDS continues to claim the lives of too many Hispanic/Latino men and women. Since the beginning of the epidemic, more than 100,000 Latinos with AIDS have died (CDC Fact sheet, Feb 2017).

<u>Domestic Violence and STD/HIV in Los Angeles</u>

Los Angeles continues to be an increasingly diverse county, with women of color now representing almost 70% of women in the county (Los Angeles County Department of Public Health [LACDPH] 2017). Latinas, representing the largest proportion of women in LA County, experience socioeconomic challenges that put them at risk for health disparities, including domestic violence (LACDPH 2017). Latinas are more likely to have less than a high school education, and the lowest median annual income compared to women of other race/ethnic groups. Nearly 17 Percent (16.7%) of women ages 18-65 in Los Angeles county reported experiencing physical and/or sexual violence by an intimate partner. Seventeen percent (17.1%) Latinas in LA county reported experiencing physical and/or sexual violence by an intimate partner. 2.1% of women in LA county reported sexual or physical violence during pregnancy, 1.9% Latinas reported sexual/physical violence during pregnancy. Los Angeles city attorney Mike Feuer reported his office sees about 11,000 domestic violence cases each year; about 200 new cases every week; an overall 18% increase in domestic violence in Los Angeles county in 2014 (Lopez, Andrew, Arreola, Annette 2014).

According to the Los Angeles County Department of Public Health (LACDPH) Annual HIV/AIDS 2014 Surveillance Report, approximately 1,820 residents were reported as newly diagnosed with HIV in LAC in 2013. The majority of new cases were among men (87%) between the ages of 22-29. Largest proportion of new HIV cases in LAC was among Latinos (45%), a rate of 30 per 100,000. In 2014, People living with HIV (PLWH) in LAC totaled 59,660. The majority were men at 42,752, women at 5501, and transgender at 615. Forty five percent (45%) of women were Latinas, 35% African American, and 15% white. Seventy four percent (74%) of PLWH in LAC are 40+ years of age and older. The regions in LAC with largest numbers PLWH are the Metro (35%), South Bay (16%) and San Fernando (14%).

<u>Risk Factors and Protective Factors for Domestic Violence and STD/HIV</u>

A review of literature on risk factors and protective factors for intimate partner violence among Hispanics using the four-level social-ecological model of prevention was conducted (Cummings, Amanda M., Gonzalez-Guarda, Rosa, & Sandoval, Melanie (2013). Three popular search engines, PsycINFO, PubMed, and Google Scholar, were reviewed for original research

articles published since the year 2000 that specifically examined factors associated with intimate partner violence (IPV) among Hispanics (see table 1 below).

Table 1. Risk Factors Associated with Intimate Partner Violence among Hispanic/Latinas		
Individual Risk Factors	Community Risk Factors	Relationship Risk Factors
• History of physical violence • Poor education • Impulsivity & Infidelity • Alcohol and Drug Use • Sexual Abuse • Employment status • Pregnancy • Number of children in home • Risky sexual behaviors • Acculturation level	• Impoverished neighborhood • Violent Neighborhood • Work conditions • Lack of church involvement	• Lacking social support • Social Isolation • Relationship conflicts
Protective Factors Associated with IPV among Hispanic/Latina Women		
• Older age / Retired • Being employed • Higher income • Being married • High to medium acculturation level		

According to the Centers for Disease Control (HIV Fact Sheet 2017), HIV is a serious health threat to Latino communities, which bear a disproportionate share of the HIV burden in the United States. Latinos represent approximately 17 percent of the U.S. population, but account for an estimated 21 percent of people living with HIV (263,900 persons in 2013) and an estimated 24 percent of all persons with newly diagnosed infection. In 2013, an estimated 1,610 diagnoses of HIV infection were among Hispanic/Latina females in the United States and 6 Dependent Areas, including Puerto Rico. The rate of HIV infection among adult and adolescent Hispanic/Latina women was 7.0, more than three times the rate of non-Hispanic white adult and adolescent women.

Risk Factors Associated with HIV and Hispanic/Latina Women

- Uninsured and underinsured Hispanic/Latina women face several barriers in accessing quality healthcare, including HIV testing and/or treatment.
- Risk factors for some Hispanic/Latina women may vary depending on country/territory of birth; length of time living in the United States; immigration generation and documentation status, level of education attained, household income and age.
- For many adult women, including Hispanic/Latinas, the health of their family is a high priority that can often take precedence over personal health and competing responsibilities (i.e. work, school, childcare, etc.). This may result in some Hispanic/Latina women delaying primary care and/or women's sexual and reproductive health care (including HIV/STI testing) until there is a pressing need or an emergency.

East Los Angeles Women's Center Pilot Study on Latinas, Domestic Violence and STD/HIV

Purpose

The purpose of the pilot study was to learn more about the various risk factors present among HIV infected Latinas in Los Angeles. By focusing the study on HIV infected women, we expected to learn much more about the various routes of HIV transmission, cultural risk factors and issues related to health, wellness and medical compliance for those infected with HIV. We also hoped to learn more about relationship factors, including the impact of domestic violence in this vulnerable population of women.

Methods

Participants - This was a qualitative study using face to face interviews as the primary method of data collection. The ELAWC staff conducted outreach to recruit HIV positive Latinas for the study. Outreach was conducted at the various programs of the ELAWC, as well as in other health and social service provider agencies in East Los Angeles. Spanish language flyers and word of mouth recruitment was used.

A total of n=18 women were recruited for the study. Criteria for the women living with HIV recruited for the in-depth interviews included: 1) age >18 years old; 2) history of IPV; 3) forced or coerced and sexually assaulted; 4) woman of color.

In terms of demographic information, 83% were Hispanic/Latino; 11% Mexican, and 5.6% did not answer, 100% were immigrant and the average age of the participants was 35.

In addition to HIV positives, a total of 3 service providers were interviewed.

Interview Survey - BAI designed the interview protocol which included 14 core questions, along with suggested follow up probes. The questions covered a range of topics including, immigration history, personal experiences with domestic violence, male-female relations, cultural issues, HIV transmission histories and suggested ways to prevent HIV and domestic violence.

Results

All interviews were transcribed in English for the purposes of analysis. Open ended coding of each of the interviews was conducted followed by a synthesis of the aggregated responses.

Responses for the first core interview question, "Overall, how would you describe your relationships with your husband(s), partners or men in general?" reflect a major theme indicating that most all participants have had mostly negative past experiences. For example, one participant said. *"my husband abused me, he was violent until the day he died at the age of 30. I am always on alert. I do not trust men. I am not comfortable around them. I currently live with someone but we always fight"*. Another theme that emerged from this question was many of them became infected with HIV from their husbands or partners. For example, another participant mentioned "*He was very possessive and controlling. When he received his diagnosis, it was because of him that I was infected"*.

For Question 2 "How would you define domestic violence?" a major theme that emerged was that domestic violence is the experience of "controlling, and being fearful" For example one

respondent said "*It's the control that a person has on someone. For the person to fear that other person, instead of you feeling peace, you feel fear, and they control who you are, how you are, how you talk, and how you dress*".

Another theme was that domestic violence had been experienced in the home and it was "traditional". For example, one respondent mentioned that she witnessed her father beat her mother. Another respondent said "*We (women) are very traditional, we are made that way. My mom would say that the man is the man and he can hit, she would say that he is a man –it's tradition... I don't understand it".*

For Question 3 "Have you been involved in an abusive relationship that was emotionally abusive, mentally abusive, physically abusive or sexually abusive? How did you meet him?" a major theme that emerged was that over half of the respondents were involved in abuse relationships with their husbands or partners and a few with family members. Most of them met in the community (i.e. bakery, restaurant, and dance) or workplace. One respondent said "*Yes, I have experienced a little of everything. I did not want to accept it, but my husband would force himself on me, and maybe that's why I am infected with HIV".* Another respondent mentioned that her uncle had molested her for many years, while another said *"Yes, with my ex-husband there was verbal abuse and he cheated. He did hit me, but it was more verbal abuse. Verbal abuse hurts more than if he hit me, because he made me feel as if I were nothing. I met him at a Christian convention, it was during a celebration".*

For Question 4 "In terms of sexual relationships, what kind of influence does a person who is abusive have in deciding what happens between partners or who make the decisions about sex?" A common theme among the majority of the respondents was that the man makes decisions about sex. For example, one said *"The abusive person has all the power. As soon as that person finds a way to control and manipulate the other person, they have the power".* Another respondent answered: *"A man who controls everything. The effect is even worst when the man has already broken down the woman; he knows exactly what to say to make her feel fear. There's fear because they force them to do things that they don't want to do*". An example from a respondent who felt both should make the decision said: "*It must be a decision between the couple. In my case, if my husband wants to force me, I tell him no and he understands. It cannot be forced*".

For Question 5 "How does intimate partner violence lead to HIV? What is the connection between intimate partner violence and HIV?" A common theme among half the respondents was that IPV leads to HIV due to unprotected sex. One respondent indicated that the abuser forces sex upon multiple partners and protection is not used. Other respondents indicate that Machismo causes IPV, one said: *"Because they are "machistas" and they fool around with other women, and then come home and want to be with us when they come home. I know this because it is what I lived; the people would tell me that they had just seen him with another woman. He would get home like around 3am when I was already asleep, and he would force me to have sex".* Another indicated it was culture, and said: "*Probably because in the Hispanic culture, the more women that men have, it becomes a trophy. Their main partner is there, but he has other partners outside. He brings it home (HIV). My ex-husband would have sex with women he would find on the street and it became a chain (of transmission)".* Another example, by a third respondent who indicated that violence and control causes IPV said: "*Because the abused person does not have the power to*

say no or to say let's use a condom; all due to the control that has been established. The victim's risk is super high".

For Question 6 "Can you describe how or when you learned about your HIV status?" A common theme among the respondents was that they became ill and found out through a checkup at doctor's office. For example, one respondent said: "*I got diagnosed when I went to a checkup the first time; I made an appointment because I had an infection, I got the checkup and was asked if I wanted to take an HIV test. I didn't want to get tested for HIV because I couldn't believe that could happen to me. The providers kept insisting me to get tested, but every time I would tell them no. Until I finally said ok, but it wasn't so much that I wanted to get tested. I think that I would have better not known my status…. but I do know and that is the best decision"*.

One respondent learned she contracted HIV through a blood transfusion and said that: "*My anemia was in the second stage, which made me feel very sick. My husband took me to the emergency room and I was left there. The doctors told my husband that I needed a blood transfusion or I would die. Three months passed when I received a letter in the mail stating that someone from the hospital needed to come to my home and talk to me. They came to my house, just like you guys just did and they tell me that I was HIV positive. The ladies then said that it was my husband the one who infected me; I told them it was not him. They said well does he agree to have a HIV test done? My husband says yes! My husband tested negative, and I tell them see, it wasn't him, it was the blood you gave me*."

Three others learned they contracted HIV because of their partners being HIV positive as respondent said: "*I found out because my husband got sick after 2 years of marriage. There was a time when he had meningitis, and due to all his other symptoms, the doctors believed that he was also HIV positive. But no, it was not HIV, it was AIDS"*.

For Question 7 "How has your HIV status and the domestic violence impacted your family? A common theme among all the respondents is that being HIV positive has changed their lives; even though many of them have felt shame, had suicidal thoughts, suffer depression, and are fearful, they feel like it has been a positive in that since being diagnosed with HIV, they take better care of themselves for their children. One respondent said "*It impacted my life and now I apply what I lived in my life. It may sound ironic but I believe that something good can come out of something so negative. I stay positive in all that I do"*. Another respondent indicated that domestic violence has impacted her worse that HIV as she has suffered DV from her ex-husband, husband, and daughter as she describes: "*Well, my life with domestic violence has been really difficult. First of all, because I suffered from domestic violence with my husband; my ex-husband, then later with my daughter, my daughter with her problem with alcoholism"*. Another described how DV and HIV affects her life and said: "*I connect domestic violence and HIV, because I think that they go hand in hand. Due to the fear I felt towards him, he had control over me and would force himself on me. I do not know if he was with a man or a woman, I do not want to judge him. I was aware of HIV because I was a nurse in México, but my family never spoke to me about HIV. But yes, they do go hand in hand*".

For Question 8 "What are some of the most important things for you as you recover and heal from your experiences of intimate partner violence? What has helped you the most? Do you feel you have been supported by your family or others?" The most common theme all the

respondents shared as being most important for their recovery from IPV was children and family as one said *"Being with my kids, going out with my kids, giving them all my time and helping them forget all that they have witness and heard. Going out with them"*. The majority of respondents felt that their support groups and therapists helped the most, and some indicated a strong sense of spirituality (God) was their best help. For example, one said: "*Being near to God has helped me the most. I go, if I can go, every day. That helps me".* Another respondent said: "*My family; I focus on my family, on maintaining my job. I don't have friends. I have my current partner. I have a little bit of codependency. God is first. My spirituality; being catholic has saved me".* Two respondents had no support at all from family or others, as described: "*With my family no. Everything is bad according to the way they raised us. The guilt you feel after the abuse is horrible. Socializing has helped me a lot; it helps me and I help them*". The majority of respondents have felt being supported by their children, husband/partners, and families, for example one answered: "*My whole entire family supports me. My kids come and visit me; they take me to a lot of places, like Las Vegas, or to the mall. They are always making sure I am ok*".

For Question 9 "What should be done to help women be more aware of domestic violence and the risks of HIV? What kind of information do they need and where should they get this information? A common theme among respondents was they all felt education was key to helping women more aware of dv and risks of HIV. Information should be available in schools and hospitals and places where women can speak without being fearful. One respondent said: '*There needs to be more programs that educate women in terms of domestic violence. If women saw this growing up they will not see anything wrong with living in domestic violence. Have a place where they can learn about domestic violence and sexual assault, more agencies like East Los Angeles Women's Center*". Another comment was: "*To me all women have to learn not to be afraid. The information is there, at clinics. If we don't ask, we will not know of available resources. With today's technology, there are a lot of tools (resources). Women need to look for the necessary help".*

For Question 10 "What type of supportive services are needed for women living with HIV and who have a history of trauma? (counseling, housing, legal services?)" The most common theme shared by all the respondents was the need for family support and group support services that include childcare. Psychological Counseling was another common theme, as stated by one respondent: "*I think that they need therapy and to talk to psychologist. The place I attend on Thursdays, help me very much; they help me take out all my frustrations. They need to attend support groups where they can talk and attend your group".* Another service that was expressed as being needed by several respondents was secure housing. For example, one respondent said: "*For women living with the problem of HIV, they need better housing. Better housing. We also need to know how to cope with our diagnosis, how to talk with people*" and another said: "*Number one is housing, it is greatly need it. There are many undocumented women who struggle a lot and support groups for domestic violence help a lot, they help women realize that they don't have to stay with that abusive person".*

For Question 11 "Before we end this interview, is there anything else you would like to say? Do you have any questions for me?" The majority of the respondents stated that they valued their current support groups. For example, one respondent said: "*I want to thank you for listening to me. I might still carry small traumas with me. It breaks me to discuss things related to my life. But I've*

been able to get ahead, thanks to the groups that I've participated in and above all the friends who have supported me in those moments. I'm very thankful for all of that." Another respondent felt that HIV was no longer a concern and stated: "*I think that a person living with HIV should not be afraid because people don't die anymore. You will die of cancer, diabetes, heart attack but not of HIV. The HIV epidemic or should I say pandemic is over. Why are you so interested in women living with HIV and domestic violence?*" and one final respondent commented on housing and said: "*A question that isn't included in the interview is about housing. Recently, new owners bought where I'm living and they increased rent by $200.00. If you have a project, or a program where I can become informed about finding housing. I had HOPWA for a year. They informed me it would turn into Section 8 at the end of the year. When it was about to convert to Section 8, I was told there weren't any more funds".*

Results from Social Service Provider Agencies in East Los Angeles

For Question 1 "What is your experience working with Latina women or women of color who are victims of domestic violence (DV) or Intimate personal violence (IPV) and those living with HIV?" One of the respondents indicated that her agency often conducted street outreach to both day laborers and traveling housekeepers. The majority of her clients were not HIV positive, but they were victims of DV. For example, she said: "*Many of the women would come to the clinic to get injectable birth control without their male partner's knowing. Some would come to ask about abortions as well. We would never allow a male partner into the exam room or counseling room. Sometimes we had to turn away men at the door while their partners hid in the clinic – and sometimes we had to call the police.* Another respondent indicated that their Latina clients struggle to prioritize their health and often choose to take care of other family members first, also that they face several barriers including access to medical treatment, language barriers and fear of rejection due to their status. For example, respondent said: "*On many occasions women have to negotiate the legitimacy of the HIV treatment with the perpetrator. They are often questioned reasons for medical visits and outcomes. Latinas tend to prioritize what their partners say and will follow their guidance whether positive or negative".*

For Question 2 "What is the common profile of Latina woman or women of color who are victims of domestic violence and, also HIV positive? In other words, what are the common links between domestic violence and HIV transmission among Latinas or women of color?"
A common theme shared by agency respondents is that DV and HIV go hand in hand. Most Latina victims suffer from drug or alcohol addiction, depression, codependency, citizen status, and illiteracy among others. As an example, one respondent said: "*If a woman is being abused by her male partner, she most likely will not ask him to use a condom and/or ask about who he is having sex with outside the relationship. The most vulnerable women are the most vulnerable women – on many levels. And these women are more likely to test for HIV late, meaning when they already have symptoms of HIV disease or have an actual AIDS diagnosis.*

For Question 3 "What are the related risk factors for Latina women or women of color who are victims of domestic violence and, also HIV positive? Can you discuss the following:
Respondents shared the following related risk factors for Latina victims of DV and HIV:

- **History of trauma:** Witnessing DV in their family of origin, being a victim of sexual verbal and/or emotional abuse as a child.
- **Economic risk factors among women who are victims of IPV and HIV positive**: Low education level, lack of economic resources within the family of origin, traditional roles of Latina women in home as wife and mother (inability to work outside the home). Unaware of resources available in their community and no access those resources.
- **Cultural impacts among Latina women who are survivors and living with HIV:** Religion, Machismo or beliefs that limit the choices of safe sex, self-empowerment to do what is best for one self. Latinas are less likely to challenge authority and to stand up to their male partners.
- **Legal/citizenship status and immigration related risk factors:** Immigration stress, fear of separation from family and children, no access to medical care. Undocumented women are much less likely to report any kind of abuse to the authorities, due to fear of deportation.
- **Stress or mental health risk factors:** Severe depression and anxiety resulting from living in a dv relationship, lacking coping skills, family and marital stress. Mental health is hugely stigmatized in the Latino/a community (many would be too embarrassed to be seen going to a mental health clinic or taking an antidepressant). Also, many do not don't know how to find help.
- **Substance abuse:** Substance abuse is used to alleviate the emotional and physical pain women suffer when in a DV relationship. Substance abuse is also used as a coping mechanism to minimize the abuse.

For Question 4 "What types of physical and emotional trauma do survivors who are also HIV+ experience?" One Respondent indicated that HIV positive women experience a physical change of appearance, which leads to emotional trauma, low self-esteem, isolation, and depression. Respondent also commented that substance abuse is more likely to be hidden, especially from the family. For example, she said "*Cultural norms dictate the Latinas be "perfect" wives, mothers, daughters, etc.* Another agency respondent indicated that Stigma is HUGE and stated for example, that: "*I had one client who was HIV+ and living with her HIV negative traditional, Mexican immigrant parents. She was only allowed to live in the garage and was allotted one plate, one fork, one knife, one, spoon, one glass, etc. No other family member would touch her plate or silverware for fear of getting infected. I supplied her with culturally and linguistically appropriate educational materials for her to review with her parents and this did not help. I even offered her an appointment in a private room with her parents to that a trained professional could explain HIV in Spanish and how it is transmitted. They refused to come. I know that she regretted disclosing her status to them"*.

For Question 5 "Are there special circumstances among HIV positive women that are victims of domestic violence from reporting or removing themselves from their partner? Respondents all shared the same theme in that the children, fear of partner retaliation, and feelings of unacceptance with their having HIV would keep dv victims from reporting or leaving partner. For example, in Latina culture, women are faced with religion and family values that do not allow them to abandon their families or report to the authorities the perpetrator abuse. One respondent shared: "*I had a client who would come and see me for treatment education while her partner was seeing a case manager. She said that she was being abused but would not take any*

paper referrals with her for fear that her partner would see them on the ride home. He was very controlling and would go through her things, including her purse. I wanted to enter the National Domestic Violence Hotline number into her phone, but she was scared that he would see it. I did refer her for one on one counseling and she did go so there was a small victory".

For Question 6 "In your opinion, what resources and services are lacking for women who are victims of domestic violence and HIV positive? Respondents shared a common theme in that they felt that domestic violence shelters for women with children are hard to find and often unavailable to single women. For example, she said: "*They need an environment where they can feel both physically and emotionally safe. They need to be with other women who are going through similar experiences".* In addition, one respondent felt that there are not enough support groups for HIV positive women in dv relationships and said: "*DV shelters for single women are not available and easy to find, women with children face an even harder placement for DV. This is traumatic for the mother and children. Not enough support groups for HIV+ women who are trying to survive a domestic violent relationship".*

For Question 7 "In your opinion, what are some ways to help educate and prevent HIV transmission among those women who are in a violent relationship? Respondents shared a common them in that they all felt that providing a safe place for women where they can discuss and develop good coping skills for self-acceptancy and express personal feelings and increase assertive behaviors would be helpful. For example, one respondent stated that: "*This is hard because they are already dealing with one VERY challenging issue in their lives. They are trying not to get beat up every day. I know that HIV and other STI's are not on their mind – they literally want to stay safe. I wonder if we need to get really creative here and talk to women of color where they are – literally! I mean bus stops, beauty salons, fábricas, etc. I know that C.H.I.R.L.A. does a lot of outreach like this and it takes time to build trust in the community, but it would be worth it".*

For Question 8 "What type of education do professionals need regarding domestic violence and HIV among Latinas and women of color in this country? Respondents indicated that more training to identify DV dynamics in HIV+ women was needed. Also, housing resources, information on how to place women who are in immediate need of assistance when escaping a DV relationship. One of the respondents commented: *"I think that professionals need to be reminded that although it is 2017, IPV/DV is still occurring and that they should be talking to their clients about it".*

For Question 9 "Do you have anything else you wish to add? No. "*Thank you for asking me to take part in this important survey!"*

Summary and Recommendations:

The results from the ELAWC Pilot study provide a rich ethnographic story of Latinas who have contracted HIV and who were also the victims of some form of domestic violence. Many of the women are immigrants and only learned of their HIV status after migrating to the US where a diagnosis was made when visiting a local health care provider.

Results show that many women have experienced generational domestic violence and many report that some cultural norms may contribute to the proliferation of DV among Latinas and in Latino families.

Many of the interviewees have found peace and acceptance of their HIV status through the help of local social and health care providers. These women are grateful for the opportunities offered by local service providers.

The reports provided by the participants reinforce the notion that DV has a strong cultural element where Latinas are expected to fulfill traditional gender roles. These interviewees also noted that stigma, both in terms of reporting DV, as well as getting tested for HIV serve as barriers for women to escape from unhealthy and violent relationships. Lack of education in the community is also mentioned by the service providers, where in many instances HIV positive women are isolated by their own families and do not receive adequate follow up health care.

More education and prevention messaging in a cultural and language appropriate fashion is needed. Prevention programs should address the issue of reducing stigma and should promote the reporting of DV, as well as treatment for victims. Further, HIV testing should be considered in any case of DV and follow up medical monitoring, case management and even mentoring services could be considered for those Latinas who are tested positive for HIV.

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