HIV & Intimate Partner Violence Among Asian American and Pacific Islander Women

OVERLOOKED AND ON THE MARGINS
Asian Pacific Institute on Gender Based Violence
(formerly API Institute on Domestic Violence) is a national resource center on domestic violence, sexual violence, trafficking, and other forms of gender-based violence in Asian and Pacific Islander communities.

Speakers

- Chic Dabby, executive director, Asian Pacific Institute on Gender-Based Violence.

- Amina Abbas, attorney and health policy analyst. Director of government affairs, Asian & Pacific Islander American Health Forum (views expressed here are her own).
Overview

- The twin epidemics of HIV and IPV
- Demographic overview
- Prevalence and Impact
- Nexus between HIV and IPV
  - Relationship power
  - Stigma, privacy and shame
- API Women at Risk
  - Immigrant women
  - Trafficked or fleeing conflict zones
  - Transgender individuals
- Implications for Advocates and Providers
- Q&A
The Twin Epidemics: HIV and IPV

“Common basis in gender inequalities, intersected with other sources of discrimination such as ethnicity, age, level of education, socioeconomic status, area of residence, sexual orientation, among others.”

United Nations Entity for Gender Equality and Empowerment
The Twin Epidemics: HIV

- **What is HIV?**
  HIV stands for human immunodeficiency virus. It is the virus that can lead to acquired immunodeficiency syndrome, or AIDS.

- **How is HIV transmitted?**
  Only certain fluids—blood, semen, pre-seminal fluid, rectal fluids, vaginal fluids, and breast milk—from an HIV-infected person can transmit HIV. These fluids must come in contact with a mucous membrane or damaged tissue or be directly injected into the bloodstream (from a needle or syringe) for transmission to possibly occur.

- **Is there a cure for HIV?**
  There is currently no safe and effective cure for HIV. HIV can be controlled using antiretroviral drugs, known as ART. ART can prolong the life of someone with HIV and help prevent transmission to others.
Demographic Overview

Asian Americans and Pacific Islanders:

- Fastest growing racial groups
- Trace their heritage to more than 40 different countries
- Span every immigration status
- 60 percent are foreign born
- More than 30 percent have difficulty speaking English
Prevalence and Impact: Intimate Partner Violence

- 21 - 51 percent of Asian and Pacific Islander women report experiencing intimate physical and/or sexual violence

- Burden of violence among Asian and Pacific Islander women varies:
  - Younger age
  - U.S. born
  - Substance abuse or depression

- Type of intimate partner violence among Asian and Pacific Islander women varies:
  - Physical violence such as hitting, punching or slapping
  - Sexual violence including forced sexual activity, reproductive coercion, bodily humiliation
  - Emotional and economic abuse including coercive control
  - Abuse by in-laws and extended family
Prevalence and Impact: HIV

- **20** percent of Americans infected with HIV are women
- Asian Americans comprise **1** percent of HIV infections in the U.S. In 2013, **159** Asian American women were diagnosed with HIV and **799** men.
- **86** percent of API women living with HIV contracted it through heterosexual sex
- Only **17** percent of API women have ever been tested for HIV, the lowest of all groups
- **1 in 5** Asian Americans and **1 in 4** Native Hawaiians and Pacific Islanders living with HIV do not know their status.
Nexus Between HIV and IPV
Nexus Between HIV & IPV: Relationship Power

Relationship power is a method of conceptualizing the degree of power people have within relationships, and is influenced by the societal constructs of gender, patriarchy, and culture.

Relationship power impacts health and well-being:

- Forced sex
- Coerced sex
- Inability to negotiate/refusal to use a condom in consensual or forced sex
- Threats of extramarital sexual relationships
- Women being forced to accept a partner’s gay relationship
Nexus Between HIV & IPV: Stigma, Privacy and Shame

- Sexual health and relationship dynamics are considered private and are highly stigmatized among API women and girls.

- Familial, cultural, and provider assumptions and lack of discussion can foster risk and result in missed prevention, screening, and treatment opportunities.

- Fear of family rejection and community shame.
API Women at Risk: Immigrant Women

Immigration status can have a marked impact on health, including ability to access HIV testing and care and opportunities for API women to work and support themselves economically.

**Risk factors:**
- Transnational spouses: Spouses commuting between countries may have a second family in their home country or engage in sex tourism.
- Unsafe immigration routes expose women to sexual violence, HIV risk.

**Barriers to care:**
- Derivative status: Legal status is dependent on the primary visa holder’s status and may include work limitations. Can create economic dependency.
- Legal roadblocks: The 1996 Personal Responsibility and Work Opportunity Reconciliation Act limits Medicaid and CHIP to lawfully present persons. States have option to expand benefits to pregnant women (regardless of status) using state funds, or pregnant women and kids subject to the five-year bar.
Asian women arrive from conflict zones, where sexual violence is used as a systematic method of targeted gender-based violence. Refugee women and girls fleeing conflict and disaster zones and arriving from refugee camps frequently experience physical and mental trauma as a result of sexual assault, and may be further stigmatized by their families and communities and blamed for subsequent HIV infections.

Sex trafficking of API women and girls means repeated exposure to infected men, risking unprotected sex to make more money due to high earning quotas imposed by pimps.

Fleeing immigrant women may experience sexual assault during relocation from their home countries, such as in detention centers or by immigration custodians.

Source: UNHCR 2015
API Women at Risk: Transgender Individuals

Transgender APIs face significant cultural and economic barriers that impact their ability to access testing, treatment and support services for HIV and domestic violence. Transgender persons face discrimination across many aspects of their life, including employment, and report high numbers of forced sexual activity and rape. One study reported that 58% of transgender women reported experiencing violence at home.

With limited economic opportunities, some transgender persons engage in sex work as a means of survival. One study conducted in San Francisco found that one third of female-to-male persons had engaged in sex work.

Discrimination in health care is also common, causing many transgender persons to avoid contact with physicians and medical personnel due to provider discomfort and stigma. Nationally, transgender persons are among the highest risk for HIV.
Implications for Service Providers and Advocates

- IPV advocates and providers and medical providers and testing clinics should cross-educate and be aware of the intersections and associated dynamics. Understand the risk factors for HIV and how IPV impacts risk generally, and vulnerabilities for API and immigrant women.
  - Ask patients about trauma and life history.

- Recognize when to recommend an IPV survivor for HIV/STI testing and post exposure prophylaxis (PEP), if needed.

- Understand that partner notification and diagnosis can increase risk of physical violence and coercion and work with survivor to plan. Advocates should partner with HIV service providers and testing sites for guidance.
Implications for Service Providers and Advocates

- Some states require disclosure of HIV status to past and current intimate partners: this can have a considerable impact on a woman in a violent relationship where she is economically dependent and in communities where victim-blaming for domestic and sexual violence is high.

- Understand that trauma affects the circumstances that influence women’s risk for HIV and their ability to fight infection. Women who experience violence are 4 times more likely to have antiretroviral therapy fail.

- Know about affordable coverage and screening options through the Affordable Care Act (free IPV screening for women and HIV testing for all adults) and local state and public health offices.

- For API LGBTQ individuals and immigrants, recognize the role and power of community ties and need for broader supports.

- Ensure that trained interpreters are used for survivors/patients with limited English proficiency.

- HIV test records are protected by additional levels of confidentiality and are not accessible to service providers except on a need-to-know basis.
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- CDC efforts to address IPV and HIV, available here.
- National Network to End Domestic Violence DV and HIV Tool-Kit, available here.
- National Resource Center on Domestic Violence Online Learning Module, available here.
Contact

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