National Women and AIDS Collective (NWAC)
Statement on Women, HIV and Intimate Partner Violence

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The link between HIV/AIDS risk and violence has been established in scholarly work and practice for more than two decades. Women of color, primarily African Americans and Latinas, are at heightened risk of becoming infected because they often lack the power to determine how, when, where, and with whom sex takes place. Research proves the direct correlation between women's socioeconomic status, violations of human rights, and HIV transmission. Social change, in this instance, the concurrent reduction of violence against women and HIV infection, must be addressed at the local level.

Whereas engaging women in their own protection and care, enhancing personal empowerment and increasing sexual agency is critical to both violence and HIV infection reduction, the National Women & AIDS Collective has identified three models—civic engagement, integrated service approach and peer based service delivery—that have demonstrated effectiveness in addressing HIV risk. The civic engagement model is inclusive of women at risk for and living with HIV and mobilizes them to participate in community planning bodies. Considering trauma increases the odds of antiretroviral therapy (ART) failure and risky sexual behaviors among HIV-positive women, an integrated service approach that provides trauma-informed services is more relevant than programs/interventions that treat issues (HIV risk, substance abuse, mental health disorder and/or PTSD) separately. The peer-based service delivery model empowers women to engage and advocate for their own increased quality of life. These models also have the capacity to include and concentrate on a complexity of key factors that may be primary causes of poor health outcomes. The advantages are based on model characteristics, including reciprocity (information exchange), intensity (increased self-efficacy through relationship building) and complexity (addressing barriers to prevention and care).

The common denominator between HIV risk and IPV is isolation. Isolation is a key barrier to reaching women affected by violence and HIV. Community coordinated responses (CCRs) bring people out of isolation—both the victim and, in some cases, the perpetrator. The funding of CCRs by the Centers for Disease Control have the potential to change community norms by catalyzing dialogue and civic engagement that highlight inequities at all social levels. CCR is not the end all be all in reducing HIV risk among female victims of violence. Communities must work in conjunction with civic leaders, law enforcement and policy makers. The population-based approach is the best option for staving off HIV infection based on the residuals of gender-based violence; however, in the absence of CCRs the population-based approach is severely weakened.

One of the most effective strategies to reach females impacted by gender violence and HIV is through empowerment and support services. Enhancing CBO support of peer leaders, embracing civic engagement opportunities, and earnestly exploring microenterprise development initiatives is vital to the HIV health justice movement. A "collective leadership" approach must be established whereby women who work and receive services at agencies become highly skilled in health education, treatment advocacy, policy development, research and evaluation, and network building. Violence is systemic; women need social scaffolding in order to take back their power and reduce their HIV risk.