



Update on Efforts to Address the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities

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Executive Summary

Intimate Partner Violence (IPV) and HIV are intersecting epidemics that have far-reaching health consequences for women in the United States. When these two problems converge—as they do far too often—the impact on women is compounded and the consequences can be devastating. Failure to address that intersection leads to a vicious cycle of sex/gender inequities—particularly for women of color, who already face a long list of health and social disparities.

In the last year, the Federal government, in collaboration with community partners, has made a concerted effort to work across Departments, agencies, and offices to address the intersection of HIV and violence against women and girls. These efforts are especially important for those, including black women and Latinas, who are disproportionately impacted by HIV and violence. Throughout the U.S. Department of Health and Human Services (HHS), a range of agencies and programs addressing women’s health and HIV have joined forces to leverage existing resources and educate their staff members, program officers, and communities about the intersection of HIV and IPV.

For example, the Secretary’s Minority AIDS Initiative funds *Partnerships for Care (P4C)*, a collaboration between the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC). *P4C* focuses on communities highly affected by HIV, and will include IPV training for health center providers and staff. Additionally, DOJ and HUD have collaborated on a project to specifically support transitional housing for vulnerable populations, including women living with HIV/AIDS who are also victims of violence.

Similarly, the Administration for Children and Families’ (ACF) Runaway and Homeless Youth program provided technical assistance to grantees to promote HIV testing for at-risk youth, especially transgender women and girls, and women and girls of color because they are at higher risk of homelessness, violence, and HIV. HRSA also collaborated with ACF to disseminate HIV and IPV screening and counseling tools through other HRSA run programs, including Ryan White HIV/AIDS Program grantees, Federally Qualified Health Centers (FQHCs), rural health programs, maternal and child health programs, and National Health Service Corps providers.

This formative-year report highlights Federal and community efforts to implement the initial recommendations of the Interagency Federal Work Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities. These collaborations and cross-departmental efforts build upon and improve efforts to improve health outcomes, addressing the needs of women who face either violence or trauma and HIV infection.

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II. Introduction

Addressing the domestic HIV/AIDS epidemic was one of [President Obama's early priorities](#). The Administration has supported multiple efforts to create a more coordinated and efficient national response, including the development of the first comprehensive [National HIV/AIDS Strategy](#) and the [HIV Care Continuum Initiative](#).

In keeping with the Administration's commitment to addressing HIV/AIDS, on March 30, 2012, President Obama issued a [Presidential Memorandum](#) committing the Administration "to improving efforts to understand and address the intersection of HIV/AIDS, violence against women and girls, and gender-related health disparities."

The memorandum also established an Interagency Federal Working Group and directed Federal agencies to invest resources, focus and coordinate efforts, and share best practices. This is the first report on efforts to implement the Working Group's [recommendations](#). It provides an overview of Federal activities and community strategies that address the recommendations and next steps needed to further this initiative.

The *Interagency Federal Working Group Report*, released in September 2013, identified five core objectives for action:

1. Improve health and wellness for women by screening for IPV and HIV;
2. Improve outcomes for women in HIV care by addressing violence and trauma;
3. Address certain contributing factors that increase the risk of violence for women and girls living with HIV;
4. Expand public outreach, education, and prevention efforts regarding HIV and violence against women and girls; and,
5. Support research to better understand the scope of the intersection of HIV and violence against women and girls and develop effective interventions.

For each objective, the report outlined concrete, non-exhaustive, recommended actions for specific Federal agencies. The White House will continue to engage our community partners and bring together leaders to address the intersection of HIV/AIDS and violence.

Key Statistics

- CDC estimates that women made up 10,257 of newly diagnosed HIV infections in the U.S. in 2011.¹
- The rate of IPV among HIV-positive women (55%) is double the national rate. Rates of childhood sexual abuse (39%) and physical abuse (42%) were more than double the national rate.²
- In 2011, 63% of US women diagnosed with HIV were black/African American, 17% were non-Hispanic white, and 17% were Hispanic/Latina.²
- Women who had ever experienced forced sex were more likely to report HIV risk behaviors—but were less likely to have been tested for HIV.²

¹ Centers for Disease Control (CDC). (2013). *HIV surveillance report, 2011*.

² CDC, Fact Sheet. (2014). *Intersection of Intimate Partner Violence and HIV in Women*.

III. Update on Federal Activities

Much has been accomplished at Federal, state, tribal and local levels in the year since the release of the Working Group report in 2013. On the Federal level, many goals have been met. Additional activities are ongoing, and have produced meaningful changes during the implementation process, while other activities remain in the planning stage. This section describes the status of the priority activities and major accomplishments to date.

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

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

Lead Agency	Activities
HRSA CDC	<ul style="list-style-type: none"> HRSA is requiring IPV-related training for the HIV workforce in the new HRSA-CDC project, Partnerships for Care (P4C).
HRSA ACF	<ul style="list-style-type: none"> HRSA has collaborated with ACF to disseminate HIV and IPV screening and counseling tools to Ryan White programs, Federally Qualified Health Centers (FQHCs), rural health programs, maternal and child health programs, and National Health Service Corps providers.
OPA	<ul style="list-style-type: none"> The Office of Population Affairs (OPA) has trained staff from Title X-funded family planning clinics about the intersection of HIV/AIDS, IPV, and family planning, and the importance of screening for both HIV and IPV. Almost 500 people were trained to identify risk factors for IPV and HIV and to use risk-reduction tools. This program increased the numbers of individuals who receive both HIV and IPV screening, counseling, and appropriate follow-up care in Title X family planning clinics. OPA has promoted the U.S. Preventive Services Task Force’s (USPSTF) recommendations for screening for HIV and IPV in reproductive health clinics, as well as providing information on the intersection of IPV and HIV. OPA sent out a special announcement on the USPSTF recommendations to its entire cohort of 350 grantees and stakeholder as well as its 4,200 family planning clinic sites.
VA	<ul style="list-style-type: none"> The U.S. Department of Veterans Affairs (VA) is developing protocols for co-screening for HIV, IPV, and military sexual trauma to integrate individual screening recommendations.
ACF	<ul style="list-style-type: none"> ACF provided technical assistance to grantees to promote HIV testing for youth, including transgender women and girls and women and girls of color at high risk of homelessness, violence, and HIV. ACF supported the National Health Resource Center on Domestic Violence to provide resources to physicians, nurse practitioners and community health care providers including an online independent learning module which explores the intersection of IPV and HIV in a family planning setting.

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.

Lead Agency	Activities
CDC ACF OVW	<ul style="list-style-type: none"> CDC provided ACF and the Office of Violence Against Women with information about the Take Charge, Take the Test campaign, which is a national campaign that encourages HIV testing among Black/African American women. The campaign was launched in 10 U.S. cities where large numbers of Black women are represented and affected by HIV. CDC and ACF are working with the National Coalition of Anti-Violence Programs, a foundational partner with the Northwest Network of the Family Violence Prevention and Services Program (FVPSP), LGBTQ Domestic Violence Learning Center, and The AIDS Institute, to develop outreach materials addressing the intersections of IPV and HIV risk.

OWH	<ul style="list-style-type: none"> The HHS Office on Women’s Health (OWH) has released <i>The Intersection of Violence against Women and HIV/AIDS: A Cross-Training Guide for Service Providers</i>, which focuses on educating and training violence-prevention caseworkers and providers on the link between violence and HIV/AIDS. The guide will be used to train domestic violence (DV) counselors to promote HIV testing and HIV risk-reduction in their service delivery, as well as to train HIV service providers to screen and refer clients to IPV services.
ACF CDC OWH	<ul style="list-style-type: none"> ACF collaborated with the Institute on Domestic Violence in the African-American Community (IDVAAC) and the National Latino Network, to reach high risk individuals including women and girls experiencing violence with culturally relevant information about HIV testing and treatment: <ul style="list-style-type: none"> IDVAAC participated in Black Women’s Health Imperative’s Twitter Chat, “Get2Zero” which focused on addressing new HIV infections among black women and improving sexual health outcomes. For National Black HIV/AIDS Awareness Day, IDVAAC hosted a webinar on how community-based programs serving IPV survivors can adapt/implement evidence-based practices for HIV prevention and screening; developed a tool kit for community based programs and religious institutions to enhance their ability to discuss and promote HIV testing; and facilitated a Blog Talk Radio Show on the intersection of IPV and HIV. On National Women and Girls HIV/AIDS Awareness Day, in collaboration with CDC and OWH, ACF partnered with the National Latin@ Network (NLN) to use social media to raise awareness and reach at-risk women and girls experiencing violence with culturally relevant information about HIV testing and treatment. <ul style="list-style-type: none"> NLN hosted a webinar featuring the perspectives of Latino advocates and LGBTQ people of color on their work to prevent and respond to HIV/AIDS among women and girls from a culturally sensitive perspective. NLN highlighted the topic of HIV/AIDS and violence against women with a keynote presentation and panel called, “The Intersection of violence and HIV/AIDS in Latin@ Communities”. NLN created a dedicated section on the intersection of HIV/AIDS and VAW within the NLN resource library and created new toolkit designed to engage Latino men and boys in violence prevention. ACF supported the National Indigenous Women’s Resource Center (NIWRC) webinar on the Intersections of Sexual Assault and HIV/AIDS in Native Women.
OVW	<ul style="list-style-type: none"> OVW funded the National Network to End Domestic Violence (NNEDV) to expand its HIV/IPV curriculum and create tip sheets and other resource materials to support both in-person training and webinars.
OVC	<ul style="list-style-type: none"> DOJ’s Office for Victims of Crime (OVC) issued a notice of proposed rulemaking for its VOCA Victims Assistance Formula Grant Program, including a clarification related to emergency costs of prophylactic treatment to prevent HIV infection. The proposed clarification would permit service providers to pay for these costs when the service provider reasonably believes that an alternative source of payment will not be available within 48 hours.
ACF	<ul style="list-style-type: none"> ACF funded the Northwest Network of the LGBTQ Domestic Violence Learning Center and partnered with the National Coalition of Anti-Violence Programs and the AIDS Institute to develop outreach materials addressing the intersections of IPV and HIV risk. ACF developed outreach tools on HIV and IPV for grantees and community providers, including: <ul style="list-style-type: none"> A webinar session titled “National Women & Girls HIV/AIDS Awareness Day: Safety Strategies for Women at Risk” was conducted. The <i>Storify</i> website includes full webinar recording, tweets, and related resources for safety strategies for women at risk. An e-learning module was developed which presents evidence linking IPV with women’s risk of becoming infected with HIV and the impact of living with HIV on women’s lives. This e-module will be promoted with webinars, special collection, and podcasts on integrating HIV prevention and screening into IPV advocacy.
VA	<ul style="list-style-type: none"> In 2014, VA launched the National DV/IPV Assistance Program in Care Management and Social Work Service, which will implement an IPV screening program and linkage of women who experience violence to community organizations who can help address their needs.

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

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

Lead Agency	Activities
ACF	<ul style="list-style-type: none"> ACF partnered with University of California, San Francisco on a trauma-informed primary care model at a clinic that treats HIV+ women. ACF advised the team on key elements of a comprehensive response to violence and abuse and created tools and resources for providers that facilitate trauma informed responses.
OPA	<ul style="list-style-type: none"> OPA highlighted the intersection of IPV and HIV at its annual HIV Technical Support Conference. Topics included support, training, and sharing information on high-impact HIV-prevention services and increasing effective linkage-to-care partnerships.
VA	<ul style="list-style-type: none"> VA is promoting HIV screening for all veterans and has national recommendations for IPV screening. VA will pilot the use of the <i>Extended Hits Insults Threatens Screams</i> (E-HITS) screening tool and <i>Dangerous Assessment</i> questions to screen for IPV.

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

Lead Agency	Activities
HRSA	<ul style="list-style-type: none"> HRSA updated <i>A Guide to the Clinical Care of Women with HIV</i>, a comprehensive clinical manual that addresses the primary care needs unique to women living with HIV/AIDS. The Guide’s target audiences are clinicians who provide primary care to women and those seeking a more in-depth understanding of how to care for women with HIV. A chapter titled “Psychosocial Issues, Mental Health, and Substance Abuse” includes information on IPV. HRSA is incorporating requirements for domestic and sexual violence prevention advocates to serve on state and local planning councils for Ryan White HIV/AIDS Program Part A grantees.
SAMHSA	<ul style="list-style-type: none"> SAMHSA has identified a new strategy to integrate trauma-informed care and safety planning into HIV services: <i>The General Adult Trauma Screening and Brief Intervention Initiative</i>. As a first step, meetings have been convened with Federal and private-sector partners to develop resources for primary care and other health care settings, including HIV services, to assist them in implementing trauma-informed screening and brief response to trauma across the lifespan, including IPV. SAMHSA’s Targeted Capacity Expansion-HIV (TCE-HIV) program officers were educated about the prevalence and impact of trauma, SAMHSA’s public health approach to trauma, and the core principles of a trauma-informed approach. SAMHSA will support training on trauma and trauma-informed approaches for TCE-HIV for grantees serving high risk minority women. SAMHSA launched a Virtual Learning Community for implementing trauma-informed approaches in primary care settings. One of the five participant sites is the Ruth M. Rothstein CORE Center, which serves women living with HIV. SAMHSA has released a concept paper outlining the key principles of trauma-informed approaches for women living with HIV and offering guidance on implementing them.
HRSA SAMHSA	<ul style="list-style-type: none"> HRSA, in partnership with SAMHSA, is training HIV project officers and grantees, including health care providers on trauma-informed approaches. The training includes grantees who serve women of color living with HIV; it will promote and share lessons learned from programs that integrate a trauma-informed approach for engaging and retaining women living with HIV/AIDS in care

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

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

Lead Agency	Activities
DOJ ACF	<ul style="list-style-type: none"> DOJ and ACF’s FVPSP have strategized with state partners and stakeholders to increase strategies addressing safety around issues of disclosure for women and girls testing HIV-positive and living with HIV. This information was disseminated widely through a webinar series and link to state coalitions, state administrators, the Battered Women’s Justice Project, and NRCDDV partner grantees.

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

Lead Agency	Activities
DOJ HUD	<ul style="list-style-type: none"> DOJ is providing funding to HUD to support transitional housing for individuals living with HIV/AIDS who are also victims of violence. This collaboration – called the VAWA/HOPWA project – will provide transitional housing assistance grants for HIV positive women who are victims of sexual assault, domestic violence, dating violence or stalking. This project will strategically coordinate the expertise and resources of two federal agencies in an effort to address the housing needs of a vulnerable population and to serve as a model for future interagency collaboration.
DOJ	<ul style="list-style-type: none"> DOJ released guidance on new provisions in the Violence Against Women Act (VAWA) that prohibits discrimination based on sexual orientation or gender identity, including against transgender women, to OVW-assisted housing and shelters. NNEDV provided in-person training to transitional housing grantees on serving women living with HIV.
DOJ HUD	<ul style="list-style-type: none"> DOJ continues to work with the U.S. Department of Housing and Urban Development (HUD) to understand the needs of Housing Opportunities for Persons with AIDS (HOPWA) program grantees for training on the intersection of HIV and violence against women. A webinar was conducted on the Intersection of Domestic Violence & HIV for HOPWA grantees.

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

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

Lead Agency	Activities
OVW	<ul style="list-style-type: none"> Futures Without Violence has educated OVW’s consolidated youth grantees on the intersection of violence and HIV through webinars and by distributing educational materials.
ACF	<ul style="list-style-type: none"> ACF’s Health Resource Center on Domestic Violence is developing educational resources that address the intersections between HIV and IPV for reproductive health providers. Resources will include information for training providers on HIV prevention, testing/counseling, and safe partner notification in the family planning setting.

SAMHSA	<ul style="list-style-type: none"> SAMHSA is developing training and technical assistance to address the intersection of HIV/AIDS and violence among those disproportionately affected, including black and Latina women and girls. SAMHSA has developed a working group to address the intersection of HIV/AIDS and violence against women across HHS that includes the OWH, CDC, HRSA and others.
CDC	<ul style="list-style-type: none"> CDC developed a factsheet on the overlap of HIV and violence against women and girls and shared these broadly with their community partners.

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

Lead Agency	Activities
ACF OMH	<ul style="list-style-type: none"> ACF has coordinated with the HHS Office of Minority Health (OMH) to support resource centers that developed and disseminated the CORE Linkage to Life Program to both DV and HIV/AIDS providers. The purpose of the CORE project is to improve HIV-related health outcomes for African Americans and Latinos recently discharged from correctional and substance abuse inpatient facilities.
OVW	<ul style="list-style-type: none"> Futures Without Violence has educated OVW on how to better engage grantees that target men.

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.

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.

Lead Agency	Activities
NIH	<ul style="list-style-type: none"> The National Institutes of Health’s (NIH) Women’s Interagency HIV Study (WIHS) has expanded to include southern sites to more accurately represent the U.S. epidemic. In addition, WIHS investigators published two papers in 2014 that analyzed psychological factors, sexual minority status, and gender-based violence in HIV-infected and HIV-uninfected at-risk-women.
CDC	<ul style="list-style-type: none"> CDC conducted a systematic review to identify interventions that address the intersection of HIV/AIDS and IPV prevention for women. This review is currently in clearance and aims to describe the content and efficacy of behavioral interventions that address IPV and HIV prevention among women. The findings potentially have implications for the content development of future interventions to address the intersection of IPV and HIV among women and suggest a need to focus future prevention research on shared risk and protective factors.
HRSA	<ul style="list-style-type: none"> HRSA published the 12th edition of Women’s Health USA 2013, which reports data on: violence against women and girls and sexual violence within the context of HIV risk; morbidity and mortality; and national data sources on HIV/AIDS and violence.

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.

Lead Agency	Activities
NIH	<ul style="list-style-type: none"> • The NIH has completed the 2015 Annual Trans-NIH Plan for HIV-Related Research, which outlines NIH's HIV research priorities. The FY 2015 and 2016 plans have an increased focus on the intersection of violence and HIV among women. • NIH, in coordination with the National Library of Medicine, created a special web portal for information from the HHS 2013 Symposium on the Intersection of HIV and IPV. The portal included an event synopsis, speaker slides, and information on Federal agencies. • NIH funded three pilot projects designed to investigate the biological link between sexual violence and HIV risk. In addition, NIH plans to support a 2015 research workshop on the biology of HIV and sexual violence including discussions on the ethics of conducting this research in young women who are most at risk. • NIH awarded additional funding for research on the impact of menopause and sexual trauma on HIV acquisition. • The second iteration of the Mucosal Environment and HIV Prevention (MEHP) request for proposals has been issued and award selections are anticipated in 2015. • NIH will conduct studies to provide a better understanding of the intersection of reproductive biology and HIV risk, as well as of the impact of environmental and physiological factors on HIV acquisition in the context of sexual assault. • NICHD, in collaboration with the London School of Hygiene and Tropical Medicine, is funding an upcoming scientific conference to better understand the role of sexual violence in HIV transmission, acquisition, and pathogenesis. • NICHD's Pediatric HIV/AIDS Cohort Study is examining exposure to violence in perinatally-infected adolescents in the United States and its effect on virologic and immunologic outcomes. • NIH convened a workshop to consider next steps in HIV prevention intervention development. Future plans include developing feature articles on the topic of developing HIV/AIDS prevention interventions for individuals who use/abuse alcohol. • NIH continues to support research devoted to the intersection of IPV and HIV risk. The focus is on those at risk for, or living with, HIV, with an emphasis on developing interventions to reduce risk. Current projects include: a study of the impact of gender-based violence on the health and well-being of women living with HIV; and international research projects on economic-strengthening approaches for women living with HIV to combat violence in sub-Saharan Africa. • NIH continues to support range of critical studies to determine how IPV is related to increased drug, alcohol, and tobacco use and risky sexual behavior so that integrated intervention and prevention strategies tailored to the unique needs of this population can be developed. • A special issue of the <i>Journal of Women's Health</i> is in progress. Six articles and an overview article from the 2013 IPV Research Symposium have been accepted for publication.
CDC	<ul style="list-style-type: none"> • Dating Matters, a comprehensive teen dating violence-prevention initiative, is in the third year of program implementation. The evaluation collects data on students in participating middle schools and follows them through high school. CDC's funding of the implementation will end in 2016 and the evaluation will end in 2018.
VA	<ul style="list-style-type: none"> • VA is identifying researchers and obtaining institutional review board approval to examine the prevalence of IPV among veterans with HIV.

IV. Community Strategies to Enhance National Efforts

From the beginning, the Interagency Federal Working Group's efforts have benefited and been complemented by the strong work of community partners and community-based organizations. Individuals and organizations contributed to the plan through listening sessions and online feedback. Now, as the plan moves into the implementation stage, community-based partners will be essential to achieving the Federal Working Group's objectives at the local level.

In February 2014, AIDS United convened a Technical Summit that included an interdisciplinary group of academic researchers, local leaders, and activists—including women living with HIV—to review and develop innovative community-driven advocacy and implementation strategies that address the critical intersection of women, HIV and violence. Summit participants discussed the disproportionate rates of trauma and post-traumatic stress disorder (PTSD) among women living with HIV compared with the general population of women. The following community recommendations were developed by the leaders at the Technical Summit in an attempt to partner with, and enhance, Federal efforts to achieve these goals:

Increase IPV screening and HIV testing for girls and women and encourage concurrent screening.

1. Encourage concurrent screening by convening or building upon local- or state-level interagency working groups and placing the issues related to women, HIV, and IPV in the context of health care reform; and
2. Develop templates for workshops and webinars for providers and clinic staff to ensure increased awareness of, and screening for, IPV in this setting.

Screen women living with HIV for IPV and link them to appropriate services.

1. Participate in Federal advocacy across Departments to integrate IPV screening and referral for care into existing practices; and
2. Drawing from models and interventions that already exist, develop best practices for the integration of HIV and domestic violence services in routine clinical care.

Develop, implement, and evaluate models and integrate trauma-informed care into services for women living with HIV.

1. Implement trauma-informed care projects that help advance the HIV continuum of care and patient outcomes; and
2. Influence policy at the national, state, local, and tribal levels by ensuring that the issue of women, HIV, and violence is included in relevant policy documents.

Highlighted Community Actions

Community participants have been engaged with national and regional efforts to advance knowledge about the impact of trauma on women with HIV, either directly or through grant support of community-level efforts. Some are highlighted below.

- The 2014 annual meeting of the [Women's Research Initiative on HIV/AIDS](#), which includes leaders in HIV research, clinical and community care, and advocacy, focused on the impact of trauma on women with HIV, including: how violence and trauma affect clinical outcomes. The meeting also addressed the psychosocial issues related to trauma and violence that affect the health and well-being of women at risk for, or living with, HIV.

- The Association of Nurses in AIDS Care conducted a webinar focused on “Trauma-Informed Primary Care for Women Living with HIV.” The webinar discussed a holistic and trauma-informed approach to HIV care that incorporates changes to clinic environment, universal screening for recent and past trauma and its consequences, as well as an evidence-based response to trauma. The impact of using a non-standardized approach that does not prioritize trauma exposure on women seeking to access HIV care was addressed.
- AIDS United participated in a congressional briefing co-sponsored by Congresswoman Barbara Lee and the 30 for 30 campaign entitled "Sustaining Care, Treatment, and Essential Services for Women Living with HIV and the Future of the Ryan White Program." AIDS United presented on the topic of “Addressing the Intersection of Women, Violence, Trauma, and HIV/AIDS: A Critical Component to Retention in Care.”
- Participants from the Technical Summit were invited to work with SAMHSA to develop a document titled *Trauma-Informed Care in Behavioral Health Services*, which will address the critical intersection of HIV and trauma.

On the local level, several community-based organizations also worked to highlight the impact of trauma on women living with HIV:

- AIDS Alabama provided training for its Providers Learning Network, a convening of providers from various community agencies focused on improving the provision of services for people living with HIV/AIDS in the Greater Birmingham community. AIDS Alabama collaborated with HHS’s OWH to offer the training, which focused on the link between violence against women and increased risk for HIV.
- In San Diego County, Christie’s Place is a leading nonprofit social service organization that provides comprehensive HIV/AIDS education, support, and advocacy for women, children, and families affected by HIV/AIDS. This organization has implemented an agency-wide commitment to providing trauma-informed care and has instituted screening for all women to identify trauma-related barriers to engaging in HIV care.
- The [Women’s HIV Program](#) (WHP) at the University of California, San Francisco, released a new publication describing an effective intervention to help women living with HIV safely and voluntarily disclose their HIV status. WHP partnered with The Medea Project to implement a long-standing method of teaching previously incarcerated women to develop the skills and confidence to tell their stories publicly. Together, they realized this method was particularly powerful for women living with HIV because their stories included being HIV-positive and, for many of them, a lifelong history of trauma.

V. Next Steps

The past year was a formative one for the Interagency Federal Working Group and the community working to address the intersection of HIV and IPV, especially in communities at greatest risk, including women and girls of color. In the next year, the Interagency Federal Working Group will strengthen its efforts in the following areas.

Increased screening for both HIV and IPV in primary care clinics and IPV screening in HIV clinics is an essential next step. The Federal government has begun leveraging the resources and expertise of its agencies to encourage screening for both IPV and HIV. The Affordable Care Act (ACA) supports routine screening and counseling of domestic or interpersonal violence and HIV. The federal government must advance partnerships with local clinics and community-service organizations to enhance their ability to take action on these recommendations. It is essential to identify women and girls at risk for, or living with, HIV, as well as to identify those experiencing violence, in order to facilitate linking them to supportive services that can improve their health outcomes. Streamlined screening tools that are incorporated into electronic medical records can be helpful. A coordinated health team approach that is sensitive to the stigma of HIV and violence is desirable. Community organizations and healthcare providers also need to know about community resources in order to help women in need access services and get the assistance and resources they need to address HIV and/or violence in their lives.

Another critical step in this initiative is to **scale-up effective interventions to help HIV-positive and HIV-negative women who have experienced violence.** SAMHSA has identified a high-impact structural intervention – the *Trauma Informed Approach* – which is designed to help individuals address the negative consequences of trauma and to facilitate healing. Subsequently, trauma-informed approaches can promote linkage to care, retention in care, and medication adherence. This model is being piloted in HIV clinics in San Francisco and Chicago and has promising implications for addressing gender-related health disparities related to the intersection of HIV and violence against women. This framework has the potential to be replicated nationwide in HIV clinics to improve individual health outcomes and achieve progress towards the goals of the National HIV/AIDS Strategy.

Expanding outreach and prevention efforts to communities with high rates of HIV is essential if we want to reach women before they encounter violence or develop risks for HIV. We have learned from the international community that economic empowerment, keeping girls in school, violence-prevention programs, and peer-to-peer support for young women and girls are successful approaches to reducing HIV vulnerability among women. The Federal government, with collaboration from the private sector and community organizations, could introduce similar kinds of girls' empowerment, violence prevention, and school retention as HIV risk reduction strategies for vulnerable youth in the United States, especially in high HIV prevalence neighborhoods – such as regions in the southern United States.

IPV and HIV among women, especially women of color, are two epidemics interwoven by biological, sociocultural, and economic factors, and they exacerbate existing health disparities. To address these epidemics in the United States, we need to: develop more interventions to increase IPV and HIV screening and linkage to care for affected women; improve health outcomes along the HIV care continuum; spread the trauma-informed care model to HIV clinics across the country; and address the underlying societal norms that disempower young women and girls.

VI. List of Acronyms

ACF	Administration for Children and Families (HHS)
CDC	Centers for Disease Control and Prevention (HHS)
DOJ	U.S. Department of Justice
DV	Domestic violence
FQHC	Federally Qualified Health Center
FVPSP	Family Violence and Prevention Services Program (ACF)
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources and Services Administration (HHS)
HOPWA	Housing Opportunities for Persons with AIDS (HUD)
HUD	U.S. Department of Housing and Urban Development
IDVAAC	Institute on Domestic Violence in the African American Community
IPV	Intimate partner violence
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)
NLN	National Latino Network
NNEDV	National Network to End Domestic Violence
NRCDV	National Resource Center on Domestic Violence
OAR	Office of AIDS Research (NIH)
OMH	Office of Minority Health (HHS)
ONAP	White House Office of National AIDS Policy
OPA	Office of Population Affairs (HHS)
OVC	Office for Victims of Crime (DOJ)
OVW	Office on Violence Against Women (DOJ)
OWH	Office on Women's Health (HHS)
P4C	Partnerships for Care (HRSA/CDC)
PTSD	Post-traumatic stress disorder
SAMHSA	Substance Abuse and Mental Health Services Administration (HHS)
TCE-HIV	Targeted Capacity Expansion-HIV Program (SAMHSA)
USPSTF	United States Preventive Services Task Force
VA	U.S. Department of Veterans Affairs
VAWA	Violence Against Women Act