

Impact of Domestic Abuse on HIV Prevention in Hispanic Women

By Susan R. Horwitz

Closing the Gap, Minority Women's Health Initiative • June/July 1998

The old adage "knowledge is power" may be true only when individuals are in a position to use the information they have acquired. Some Hispanic women who accept traditional gender roles and cultural values may have little control over their own sexuality, putting them at increased risk for HIV infection.

These women may be aware that condom use is highly effective in preventing the spread of HIV, but they may be powerless in convincing their men to use them, according to the December 1996 issue of *Woman Care News* from the Center for Women Policy Studies.

Moreover, if a woman insists that her partner use a condom, the implication may be that he, or even she, has been "unfaithful." For women who are victims of domestic violence or who fear becoming such victims, negotiation of safer sex practices is even more difficult, thus magnifying the risks of becoming infected with HIV.

"The Center for Women Policy Studies has been dealing with issues of domestic violence for the past 25 years, and with issues of HIV/AIDS for the past 11 years, and there is a clear congruence between the two," according to its president, Leslie Wolfe, Ph.D. "The pervasiveness of violence worldwide unfortunately is linked to an increase in HIV infection, which is truly a women's epidemic."

Theresa M. Zubretsky, director of Human Services, Policy and Planning, New York State Office for the Prevention of Domestic Violence, explains that battered women in general are at increased risk of contracting HIV because: (1) rape or sexual assault of victims by their abusers is a common controlling mechanism; (2) some abusers are afraid of their victims leaving and will therefore purposefully infect the woman with HIV; (3) victims may be at risk for sexually transmitted diseases, including HIV, because their partners are involved in other sexual relationships; (4) a variety of health-related problems in domestic abuse victims can result from or worsen because of the violence, resulting in weakened immune systems, and therefore increased susceptibility for contracting HIV; and (5) victims may be blocked by their abusers from seeking medical care, which may have a negative impact on the victims' health and put them at increased risk of contracting HIV.

Zubretsky's list of risk factors was based on a 1997 Pennsylvania Coalition Against Domestic Violence publication, entitled, "Drugs, Alcohol and Addiction: a Resource Manual for Advocates Working to End Domestic Violence."

A study published in *The National Newsletter on Family Violence* in Spring 1996 may help explain why AIDS prevention is so difficult for many immigrant women. Many of these women view AIDS as a "Western gay White man's disease," and are ashamed to even discuss such topics.

Language barriers, issues of confidentiality, and transportation problems make it difficult for immigrant women to utilize services and verbalize their concerns. Dependency on their husbands for basics such as food and shelter, as well as fear of continued violence, deportation, or loss of custody of their children, also inhibit many immigrant women from

confronting their men about suspected extramarital relationships.

In the Hispanic community, women are influenced by "cultural attitudes, traditional values, and issues of subservience," according to the article, "Sexual Silence: To battle AIDS, Hispanics must overcome cultural barriers," in *Hispanic Magazine*.

A 1993 study at the Center for AIDS Prevention Studies at the University of California San Francisco by Barbara V. Marin, Ph.D. and Cynthia A. Gomez, Ph.D., examined gender role beliefs among Hispanics. The study revealed condom use occurred less among Latino men and women who held more conservative or traditional views regarding sex. In addition, sexual coercion was also a factor impeding condom use. Seventy percent of the men in the survey said they insisted on having sex despite their partner's disinterest. Women who were sexually coerced often felt unable to object.

"Strong beliefs in traditional values are really at the root of a lot of the issues in this domain," according to Dr. Marin. "A man in this culture has a sense of needing to prove that he's a man—always trying harder to prove it, but never really being able to—which brings about a sense of sexual entitlement."

Religious mores also may influence many Hispanic women's sexual disempowerment. According to a December 1995 article entitled, "Concern about AIDS in Minority Communities" in *FDA Consumer Magazine*, women who have been tolerating abuse or mistreatment by their husbands may be encouraged by the church and relatives to stay in the relationship and keep the family together. Some churches' opposition to contraception also helps limit condom use.

Many Hispanics may also view life fatalistically, and feel that contracting AIDS may be "their own cross to bear." Problems of HIV prevention become even more difficult in certain Hispanic populations, such as migrant farmworkers.

An article in the *Journal of the International Association of Physicians in AIDS Care*, July 11, 1996, indicates the incidence of HIV in seasonal and migrant farmworkers is thought to be up to ten times higher than in the general population. Forty-two percent of the women surveyed at a Farmworker Women's AIDS Conference used their own monogamy and their expected fidelity of their partners as protection against HIV. Since, by definition, migrant workers are highly mobile, many of the women were ignoring their husbands' or partners' other sexual relationships—often with female sex workers or with other men, according to the article. Women did not speak up because they had seen other women farmworkers being physically abused, losing their homes, being denied economic support, or being abandoned when they confronted their husbands or partners.

In an article entitled, "Gender and Sexual Risk Reduction: Issues to Consider," Hortensia Amaro, Ph.D, professor of Social and Behavioral Sciences at Boston University, cites the work of Dr. Marin and Dr. Gomez in connection with "women's experience of fear and abuse." Women who use drugs or whose partners are

continued on page 2>>>>



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addicted to drugs, "experience violence and abuse as part and parcel of everyday life," according to Dr. Amaro.

Opening a discussion of condom use by their partners creates yet another conflict and sets up these women for potential abuse. Women who have been sexually or physically abused may increasingly turn to alcohol and other drugs to help themselves cope. Violence and drug use further compromise a woman's position as negotiator with her partner for safer sex.

The obvious need for the development of new HIV/AIDS prevention strategies becomes even clearer when reviewing the impact the disease has had on the Hispanic community.

According to the year-end edition of the 1997 HIV/Surveillance Report from the Centers for Disease Control and Prevention (CDC), Hispanics are represented disproportionately in the statistics. Of the 641,086 cumulative number of HIV and AIDS cases reported to the CDC through December 31, 1997, Hispanics comprised 115,354, or 18 percent of these cases, while representing only 9 percent of the total U.S. population. Of the 102,383 cumulative HIV and AIDS cases in females reported to the CDC through the end of 1997, some 20,800, or 20 percent were among Hispanics.

Miguelina Maldonado, director of Government Relations and Policy, National Minority AIDS Council, views behavioral research as an important part of work in HIV/AIDS prevention in order to learn "which strategies have been effective when targeting the heterosexual population, where women are at high risk for HIV infection."

Previous studies, which have focused primarily on gay men and on women who inject illicit drugs, do not address this issue. Maldonado adds, "prevention campaigns need to be culturally appropriate and use the appropriate vernacular, whether in English or Spanish.

For effective intervention, targeted campaigns need to be multi-layered, ongoing, and consistent." Maldonado also asserts that prevention messages have more impact when they focus on regional

populations, such as Hispanics in the northeastern U.S. or Hispanics in the Southwest, rather than on the nation as a whole. These messages must consider differences among groups, such as their history of immigration, length of stay in the U.S., literacy, and economic conditions.

Maldonado cautions, however, that we are only doing half the job when prevention strategies place the burden only on women, since "women's decisions are moderated by the attitudes of their male sexual partners.

While it would be important to use interventions that build self-esteem in young women, it is hard to take control of your sexual behavior when you are socialized by your culture and family to assume a subordinate role." Maldonado emphasizes the need for more intensive intervention with heterosexual young men.

Looking at the socialization of young men in different ethnic and racial groups may help with the development of strategies for teaching safer sex negotiation skills. Finally, Maldonado advises that there is no blueprint for HIV/AIDS prevention in Hispanic communities.

Counselors should consider information they have about a particular community and see if it applies to individuals. Health educators need to tailor their prevention strategies to meet the needs of couples with decent communication and of couples with a history or threat of domestic abuse.

"We are at the very beginning stages of working towards HIV/AIDS prevention, which is not just about using condoms, but about transforming the ways men and women relate to each other," explained Dr. Marin.

Dr. Wolfe agrees HIV prevention isn't just about condom use. "I would like to see sexuality education in every single school, not just about plumbing and mechanics, but about men treating women with respect, about men being taught that equality with women is good, and that a 'real' man is nurturing, loving, and caring." ♦

