

Reproductive Justice

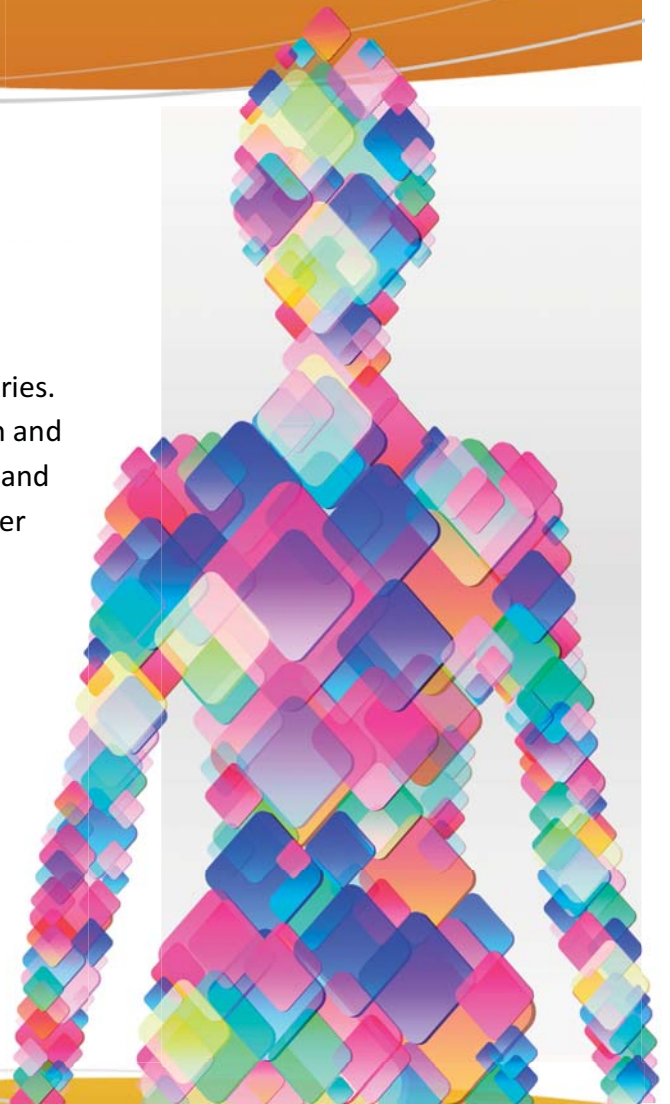
in Communities of Color
WOCN, Inc. FAQ Collection

The mission of the Women of Color Network (WOCN Inc.) is to eliminate violence against ALL women and their communities by centralizing the voices and promoting the leadership of women of color across the Sovereign Nations, the United States and U.S. Territories.

Reproductive justice in Communities of Color

Violence against women is a serious public health concern and associated with a wide range of physical and psychological injuries. Although women of all ages are vulnerable to violence, women and girls between the ages of 14-46 are particularly at risk of short and long-term health consequences stemming from intimate partner violence.¹ Further, 53% women aged 16-29 in family planning clinics reported physical or sexual violence from an intimate partner.²

Intimate partner violence (IPV) is domestic violence affecting millions of women and men in the United States, Sovereign nations and territories. Impacts communities regardless of race, ethnicity, religion, gender identity, economic status or sexual identity and does not require sexual intimacy. Many survivors experience sexual abuse, forced sex and a lack of bodily autonomy because of threats and coercion by the abusive partner.³



The Women of Color Network, Inc.

Intimate Partner Violence...

Studies indicate intimate partner violence is the leading cause of health injuries and emergency room visits, female homicides and injury-related deaths during pregnancy to women in the United States.⁴ Many abused women seeking health services (directly or indirectly due to IPV-related injuries) may go undetected for IPV by health care professionals. This may occur because the victim refuses, often due to fear, to disclose or even accept medical care. In addition, only one in ten medical practitioners ask patients about intimate partner violence/domestic violence during their medical visits.⁵ The health care sector can assume a critical role in addressing IPV by adopting policies and practices that support the training and education of providers in the assessing and responding to victims. Culturally specific factors also play a significant role in IPV.⁶ As part of health care staff education, medical students explore potential barriers relevant to racial, cultural, socioeconomic, educational, and gender differences and examine their own biases and stereotyping of different culture, socioeconomic status and race while screening for IPV.⁷



These problems may include:⁷

Reproductive Violence can also take the form of birth control sabotage and happens when the perpetrator either demands or restricts a survivor's access to birth control options. Birth control sabotage may include hiding, withholding, destroying, or removing female and receptive partner-controlled contraceptives (e.g. oral contraceptives, intrauterine devices, contraceptive patches, FC2) or deliberately breaking or removing a condom during sex or failing to withdraw in an attempt to promote pregnancy despite their partner's wishes to prevent pregnancy and STDs.

- | | | |
|---------------------------|------------------------------------|-----------------------------|
| • Gynecological disorders | Infertility | Pelvic Inflammatory disease |
| • Painful menstruation | Pregnancy complication/miscarriage | |
| • Sexual Dysfunction | Unintended Pregnancy | Unsafe abortion |
| • Painful intercourse | Fibroids | Urinary tract infections |
| • STDs including HIV/AIDS | | |

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Consequences

Numerous physical conditions occur with greater frequency among women with sexual assault histories than among women who have not experienced sexual assault. These conditions include, but not limited to⁹:

- Diabetes
- Obesity
- Arthritis
- Asthma
- Recurrent surgeries
- Chronic pelvic pain
- Irritable bowel syndrome
- Back pain
- Headache
- Eating disorders
- Poor reproductive outcomes
- Digestive problems
- Hypertension



Women reporting a history of childhood sexual abuse also report higher rates of numerous physical issues including but not limited to¹⁰:

- Venereal disease
- Pelvic inflammatory disease
- Surgical evaluation of pelvic pain
- Respiratory problems
- Gastrointestinal problems
- Neurological problems

Studies reveal...

a strong correlation between violence against women and HIV/AIDS. The inability to negotiate safe sex practices because of forced or coercive sex increases women's chances of contracting HIV/AIDS from an infected partner. Forced sex can induce vaginal trauma, vaginal lacerations and abrasions, which can facilitate HIV transmission.

Fear of violence prevents many victims from disclosing their HIV positive status or seeking information, testing and treatment. Moreover, the stigma and ostracism attached to HIV/AIDS also makes victims less inclined to seek health services or support.

Batterers may use a victim's HIV positive status to inflict more violence. The victim may feel coerced to stay in the relationship because the abusive partner threatened to reveal his/her medical status to family, friends or employer.¹¹ Abusive partners may also try to use their victim's medical status to degrade or humiliate their partner or use to excuse their own abusive behavior.¹²

Women of color are particularly impacted by HIV/AIDS and violence. Consequently, eighty-three percent of Black/African/African American/Caribbean Islander (BAACI) women who are at risk of unintended pregnancy currently use a contraceptive method, compared with 91% of their Hispanic and white peers, and 90% of Asian women.¹³ Accordingly to a Center for Disease Control and Prevention (CDC) study, Black/African American/Caribbean Islander had the highest rate of estimated number of HIV/AIDS diagnosis compared to other race or ethnicities.¹⁴ Black/African/African Americans accounted for an estimated 44% of all new HIV infections among adults and adolescents (aged 13 years or older) in in 2010, despite representing only 12% to 14% of the US population.¹⁵

Communities of color experience a racial HIV gap and the racial health gap in general, is strongly correlated with the racial wealth gap, which in turn is the direct outcome of both historical and contemporary processes of segregation in housing, education, employment, and health care as well as racially skewed mass incarceration. In this way, race—as it intersects with poverty, gender, and sexuality among other factors—becomes the embodiment of a multifaceted social exclusion and the rationalization for massive health inequities. The high rates of HIV/AIDS we see among communities of color are not the result of high-risk behavior in these communities, but structural inequalities that make them more likely to come in contact with the disease and less likely to treat it.¹⁶

Pregnancy

Abuse can begin anytime...

before or during pregnancy. Batterers may try to maintain economic and physical control of their partners by attempting to impregnate them.¹⁷ They may use tactics like birth control sabotage, denial of contraception or coerced sex.¹⁸ Women may also belong to cultures or faiths that do not acknowledge marital rape, or that subscribe to norms that men are the decision-makers regarding fertility and family planning.

Violence during pregnancy is considered one of the greatest risk factors to the health of a woman and their fetus.¹⁹ Intimate partner violence experienced by pregnant and non-pregnant women can include acute injuries to the head, face, breasts, abdomen, genitalia, or reproductive system. Non-acute results of IPV may also include headaches, sleep and appetite disturbances, palpitations, chronic pelvic pain, urinary frequency or urgency, irritable bowel syndrome, sexual dysfunction, abdominal symptoms, and recurrent vaginal infections.²⁰ These non-acute symptoms often represent clinical manifestations of internalized stress and may lead to posttraumatic stress disorder, which is often associated with depression, anxiety disorders, substance abuse, and suicide. Research confirms the long-term physical and psychological consequences of ongoing or past violence.²¹ These symptoms increase vulnerability for pregnant women and the unborn child, as IPV and symptoms can be associated with poor pregnancy weight gain, infection, anemia, tobacco use, stillbirth, pelvic fracture, placental abruption, fetal injury, preterm delivery, and low birth weight.²²

Statistics

- Each year in the U.S., approximately one in six pregnant women experience intimate partner violence by their partner.²³
- An estimate 30% IPV occurs for the first time during pregnancy.²⁴
- Homicide is a leading cause of death among pregnant women and post partum mothers.²⁵
- Reproductive healthcare providers are in a unique position to screen for domestic and sexual violence, approximately seven out of ten of women receive at least one reproductive health care service annually.²⁶
- Women with unintended pregnancies are up to four times more likely to experience physical violence as compared to women with planned pregnancy.²⁷

The Movement

The social justice framework...

that promotes the complete physical, mental and spiritual well-being of women and girls. The reproductive justice movement emphasizes the historical, racial, political and socioeconomic inequities that impair women of color's ability to make healthy decision about their bodies, sexuality and reproduction/family planning.

Women of color and marginalized communities have a history that is entrenched within reproductive oppression as a result of intersecting oppressions such as race, class, immigration status and ability. For example, American Indian/Alaskan Native Villager, Black/African American/Caribbean Islander and Latina/Hispanic women endured systemic and wide spread sterilization by the U.S. government and private doctors in the 20th century.^{28 29 30} Sex trafficking and sexual exploitation are also forms of oppression experienced dominantly by women of color.³¹

Communities of color have faced a myriad of inequities rooted in oppressions that result in a lack of education, unequal access to services and insurance, stigma, linguistic and cultural barriers, poverty and discrimination. These inequities have been shown in studies contributing to the higher likelihood of intimate partner violence occurring among women of color. Thus, the reproductive justice framework provides an avenue to create structural change, and to challenge power inequities to reversing and dismantling those inequities that perpetuate violence in the lives of women of color.



American Indian/Alaska Native

- 33.5% or more than 1 in 3 American Indian/Alaskan Native Villager women will be raped in their lifetime.³²
- “Don’t get sick after June” is a common idiom for tribes receiving health care from Indian Health Services as federal government funds health clinics for tribal communities. Funds run out by June restricting any health care available to for medical care.³³
- “IHS has denied Native American women the same options of birth control that are afforded to non-Native women. EC and Plan B® (or their generic forms) are still not adequately available at IHS facilities as an OTC (over the counter) option. NAWHERC’s January 2009 research, “Roundtable Report on the Availability of Plan B® and EC within the IHS” found that: 1) Only 10% of IHS unit pharmacies surveyed have Plan B® available over the counter (OTC); 2) 37.5% of pharmacies surveyed offer an alternative form of emergency contraception; and the remaining have no form of EC available at all.”³⁴
- A study by the U.S. General Accounting Office finds that 4 of the 12 Indian Health Service regions sterilized 3,406 American Indian/ Native Villager women without their permission between 1973 and 1976. The GAO finds that 36 women under age 21 had been forcibly sterilized during this period despite a court-ordered moratorium on sterilizations of women younger than 21 years of age.³⁵

Asian & Pacific Islander

- The term Asian and Pacific Islander represents 49 ethnicities and over 100 languages.³⁶ It includes a wide range of economic, education and health levels. “API” grouping skews research results of various populations within the “API” blanket group label.
- Access to healthcare can be a challenge due to socioeconomic, cultural and linguistic/translation barriers, 39% of the API population lives below the poverty level.³⁷
- Nearly 18% of Asian Americans and 24% of Native Hawaiians are uninsured while only 12% of the non-Hispanic, nonelderly white population are without insurance. Additionally, nearly 16% of Asian American children ages 12 to 17 lack health insurance.³⁸
- Social norms of “son preference” in some API communities still exist in the United States.³⁹ However, anti abortion supporters have utilized this philosophy to end abortion rights.⁴⁰ Anti-abortion supporters repeatedly claim API women cannot be trusted and will engage in sex selection abortions simply by virtue of their race.⁴¹
- API women have the lowest rates of HIV testing.⁴²
- Trafficking greatly affects reproductive health outcomes. 46% of trafficking victims are involved in sex work and Asian and Pacific Islander women represent the largest group of women trafficked into the United States.^{43 44}

Black/African/African American

- Reproductive justice for Black/African/African American women is entwined with compensation inequality, economic disparities, and barriers to housing, education and health care; each facet impacting BAACI health choices and outcomes.⁴⁵
- In 2010, 47.1% of single Black/African/African American mothers lived in poverty.⁴⁶
- Women more likely to experience unintended births include unmarried women, BAACI women and women with less education or income.⁴⁷
- The infant mortality rate among black infants is 2.3 times higher than that of white infants, primarily due to preterm birth.⁴⁸
- The estimated rate of new HIV infections for black women was 20 times as high as the rate for white women, and almost five times as high as that of Latinas.⁴⁹
- Black/African/African American women reported more experiences of reproductive coercion.⁵⁰
- Black/African/African American women were also more likely than White women to attribute a current or prior pregnancy to reproductive coercion.⁵¹



Hispanic/Latinx

- 17.2% of a sample of 2,000 Latinas nationally had been sexually assaulted in their lifetime. “The majority of these Latina sexual assault victims (87.5%) had also experienced another type of victimization (physical, threat, stalking, or witnessing abuse)”.⁵²
- Barriers to reproductive health of Hispanic/Latina women include poverty, a lack of insurance, and inadequate access to health care, language barriers, and limited awareness of health risks.⁵³
- 42% of Hispanic/Latina women do not have healthcare insurance.⁵⁴
- Due to immigration status, Latina women face inadequate health care for cervical and breast cancer screening and treatment, family planning services, HIV/AIDS testing and treatment and accurate sex education.⁵⁵
- There is a stereotyping and widespread perspective that Hispanic/Latina women have negative attitudes towards choice of abortions.” strong majorities of Latino registered voters supported access to legal abortion, affirmed that they would offer support to a close friend or family member who had an abortion, and opposed politicians interfering in personal, private decisions about abortion.”⁵⁶
- Thousands of Puerto Rican and Mexican-American women experienced forced sterilization between 1960 and the 1980. This occurred without consent or knowledge in public hospitals during routine health appointments or immediately following childbirth.⁵⁷

Conclusion

Homicide Victims are 1/3 female...

victims that are reported in police records are killed by an intimate partner.⁵⁸ Many more intimate partner injuries are reproductive health-related, including sexually transmitted diseases and HIV/AIDS, chronic pelvic pain, sexual dysfunction, urinary tract infection and infertility. Studies show women of color are disproportionately affected by intimate partner violence and are also less likely to have access to health care services and resources when compared to mainstream women.⁵⁹

The lack of affordable, accessible and quality health care for women of color reflects the cultural, linguistic and socio-economic barriers that are present in the health care system. Disparate treatment and stereotyping by health care providers also undermines women of color's ability to receive assistance or believe that those services will be of any help to them. This results in higher percentages of poor health care outcomes among women of color and less available options to respond to the violence they are experiencing.

Healthcare providers can help prevent and respond to intimate partner violence. Providers should not only receive training on intimate partner violence detection, treatment and referral but also exposure to cultural competency training. Cultural competency should extend beyond the individual to the health care institution and include culturally relevant assessments, approaches and responses. Health care services must be diligent and insistent in addressing racism and racist assumptions that it may perpetuate. This ultimately marginalizes groups and exacerbates an individual's vulnerability to violence. By addressing biases, health care providers can help narrow the health disparities gap affecting women of color experiencing intimate partner violence.

Together, the health care sector and programs that address violence against women and girls can bring attention to the relationship between intimate partner violence and reproductive health, including birth control sabotage. By raising awareness to these serious issues and developing prevention strategies, there can be opportunities to reduce violence against women and girls, as well as their exposure to reproductive health risks, unintended pregnancy and HIV/AIDS.



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Black Women's Blueprint, Inc.

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National Latino Alliance for the Elimination of Domestic Violence (Alianza)

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Institute of Domestic Violence in the African American Community (IDVAAC)

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Manavi

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Native American Women's Health Education Resource Center

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National Latina Institute for Reproductive Health

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The Northwest Network (LGBTQ)

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Trust Black Women

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General Reproductive Health Programs

Center for Reproductive Rights

1634 Eye Street, NW Suite 550 Washington, DC 20006

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Futures Without Violence Reproductive Health Initiative

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Planned Parenthood Federation of America

434 West 33rd Street

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Phone:(1-800-230-7526)

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- ¹ U.S. Preventive Services Task Force Recommendation Statement. Screening for Intimate Partner Violence and Abuse of Elderly and Vulnerable Adults. (2013)
<http://www.uspreventiveservicestaskforce.org/uspstf12/ipvelder/ipvelderfinalrs.htm>
- ² Contraception. Pregnancy Coercion, Intimate Partner Violence and Unintended Pregnancy. Contraception. (2010).
- ³ Intimate Partner Violence and Reproductive Coercion: Global Barriers to Women's Reproductive Control
<http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001723>
- ⁴ Families without Violence. Intimate Partner Violence and Healthy People. (2010).
http://www.futureswithoutviolence.org/userfiles/file/Children_and_Families/ipv.pdf
- ⁵ American Medical Association Journal of Ethics. Intimate Partner Violence in the Medical School Curriculum: Approaches and Lessons Learned. (2009).
- ⁶ National Domestic Violence Hotline. 1 in 4 Callers to the National Domestic Violence Hotline Report Birth Control Sabotage and Pregnancy Coercion. (2011).
- ⁷ Violence Against Women: Effects on Reproductive Health. Outlook. (2002)
- ⁸ Ibid.
- ⁹ United States Department of Veterans Affairs. Sexual Trauma: Information for Women's Medical Providers. (2011).
- ¹⁰ Ibid
- ¹¹ NYS Office for the Prevention of Domestic Violence. Health Care: Domestic Violence and HIV/AIDS. (2013).
- ¹² Ibid.
- ¹³ National Health Statistics Reports. Current contraceptive use in the United States, 2006–2010, and changes in patterns of use since 1995. (2012).
- ¹⁴ Center for Disease Control and Prevention. HIV/AIDS Among African Americans. (2013).
- ¹⁵ Ibid.
- ¹⁶ American Progress. HIV/AIDS Inequality: Structural Barriers to Prevention, Treatment, and Care in Communities of Color. (2012).
- ¹⁷ Futures Without Violence. 1 in 4 Hotline Callers Report Birth Control Sabotage, Pregnancy Coercion. (2011).
- ¹⁸ Ibid.
- ¹⁹ University of California, San Francisco Medical Center. Domestic Violence and Pregnancy. (2013).
- ²⁰ Commonwealth Fund. Addressing Domestic Violence and Its Consequences: Policy Report of the Commonwealth Fund Commission on Women's Health. (1998).
- ²¹ Ibid.
- ²² The American Congress of Obstetricians and Gynecologist. Committee on Health Care for Underserved Women. (2012).

- ²³ March of Dimes. Abuse During Pregnancy. (2008).
- ²⁴ Child Protection and Welfare Handbook. (2011).
- ²⁵ American Journal of Public Health, March 2005
- ²⁶ Guttmacher Institute. Publicly Supported Clinics, such as Those Funded by Title X, Play a Critical Role in Ensuring Women's Access to Reproductive Health Care. (2013).
- ²⁷ The Relationship Between Pregnancy Intendedness and Physical Violence in Mothers of Newborns. Obstetrics & Gynecology. (1995)
- ²⁸ American Indian Quarterly. The Indian Health Service and the Sterilization of Native American Women. (2000).
- ²⁹ Our Bodies Our Selves Health Resource Center. The Politics of Women's Health: Sterilization Abuse
- ³⁰ Roberts, Dorothy. Killing The Black Body: Race, Reproduction, and The Meaning of Liberty. (1999).
- ³¹ Meridians. Women of Color and the Global Sex Trade: Transnational Feminist Perspectives. (2001).
- ³² The National Intimate Partner and Sexual Violence Survey. 2010 Summary Report. (2010).
- ³³ Department of Health and Human Services. Statement of Yvette Roubideau, Director Indian Health Service Before The House Subcommittee on Interior, Environment and Related Agencies. (2013).
- ³⁴ Native American Women's Health Education Resource Center. Indigenous Women's Dialogue. (2012).
- ³⁵ United States National Library of Medicine. Native Voices. (2012).
- ³⁶ University of California, San Francisco. Center for AIDS Prevention Studies. What are Asian and Pacific Islanders' HIV prevention needs? (2007).
- ³⁷ Families USA. Improving Health Coverage and Access for Asians and Pacific Islanders. Families USA's Minority Health Initiatives. (2006).
- ³⁸ National Asian Pacific American Women's Forum. Health Coverage and Asian & Pacific Islanders. (2009).
- ³⁹ Sneha Barot, A Problem-and-Solution Mismatch: Son Preference and Sex-Selective Abortion Bans. (2012).
- ⁴⁰ National Asian Pacific American Women's Forum. Race and Sex Selective Abortion Bans: A Wolf in Sheep's Clothing. (2013).
- ⁴¹ American Civil Liberties Union. Civil Rights Groups Challenge Arizona Law Targeting Women of Color. (2013).
- ⁴² Boston University School of Social Work. HIV testing among sexually experienced Asian and Pacific Islander young women association with routine gynecologic care. (2009).
- ⁴³ Free the Slaves and Human Rights Center, University of California Berkeley. 14 Hidden Slaves: Forced Labor in the United States. (2004).
- ⁴⁴ U.S. Department of Justice. Assessment of U.S. Government Activities to Combat Trafficking in Persons. (2004).
- ⁴⁵ National Women's Law Center. Closing the Wage Gap is Especially Important for Women of Color in Difficult Times. (2012).
- ⁴⁶ Legal Momentum. Single Mother Poverty in the United States. (2010).
- ⁴⁷ National Health Statistics Reports. Intended and Unintended Births in the United States. (2012).

- ⁴⁸ The Office of Minority Health. Infant Mortality and African Americans. (2013).
- ⁴⁹ Center for Disease Control. HIV Among African Americans. (2011).
- ⁵⁰ Nikolajski, C., Miller, E., McCauley, H.L., Akers, A., Schwarz, E. B., Freedman, L., Steinberg, J., Ibrahim, D. (2015). Race and reproductive coercion: A qualitative assessment. *Women's Health Issues*, 25, 216-223
- ⁵¹ Ibid.
- ⁵² Office for Victims of Crime Training and Technical Assistance Center. Sexual Assault. (2012).
- ⁵³ Feminist Majority Foundation Choices Campus. Women of Color and Reproductive Justice: Latina Women. (2011).
- ⁵⁴ Ibid.
- ⁵⁵ National Latina Institute for Reproductive Health. Our Issues: Immigrant Rights Immigration Reform: A Matter of Reproductive Justice. (2012).
- ⁵⁶ National Latina Institute for Reproductive Health. New poll shows Latino views on abortion are compassionate. (2012).
- ⁵⁷ Center for American Progress. Demanding Reproductive Justice for Latinas. (2004).
- ⁵⁸ Federal Bureau of Investigation, Uniform Crime Reports "Crime in the United States. (2001).
- ⁵⁹ Harvard Law School Center for Health Law and Policy Innovation and the Treatment Access Expansion Project. Affordable Care Act Priorities and Opportunities for Addressing the Critical Health Care Needs of Women Living with and at Risk for HIV. (2012).



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