Episode 225 – Dr. Joy Learman: Gender-Based Violence and HIV Infection: Experiences of HIV-Positive African Immigrant Women

[00:00:08] Welcome to inSocialWork. The podcast series of the University of Buffalo School of Social Work at www.inSocialWork.org. We're glad you could join us today. The purpose of inSocialWork is to engage practitioners and researchers in lifelong learning and promote research to practice and practice to research. We educate. We connect. We care. We're inSocialWork.

[00:00:37] Hello from Buffalo and welcome to inSocialWork. My name is Louanne Bakk and I'll be your host for this episode. The World Health Organization has identified a clear link between violence against women and HIV and indicates that violence is both a risk factor for HIV as well as a consequence of being HIV positive. In this podcast Dr. Joy Learman describes the complex relationship between intimate partner violence in power and control. She discusses the underlying dynamics that can increase a woman's risk of being HIV positive as well as failing to obtain treatment because certain vulnerable groups have a higher risk of HIV. Dr. Learman's research has emphasized understanding contextual factors and personal experiences of HIV positive African immigrant women. She discusses the primary findings from her narrative analysis in particular how marriage can increase a woman's risk for HIV. Dr. Learman concludes by emphasizing the need to provide support and assistance to at risk groups particularly immigrant populations and to develop policies that promote women's reproductive health and decrease their risk of HIV. Dr. Joy Learman is an assistant professor in social work program director at Meredith College. Her research explores the role of gender based violence and inequality on women's sexual and reproductive health. She was interviewed in August 2017 by Dr. Eusebius Small, assistant professor at the University of Texas at Arlington Duke.

[00:02:35] Joy And I have known each other for years. But when you were both in graduate school in New York City at Columbia it was too good. I wondered how you could begin by telling us what sparked your interest? Interest in the intimate partner violence over other interestes?

[00:02:51] Sure Eusebius. After my master's in social work program I worked for two nonprofit organizations and my work was around Program Planning and Development. But two of the organizations dealt with intimate partner violence. And so that was my first introduction. Then when I was pursuing my doctorate at the University of Texas at Austin I had the opportunity to work with Dr. Michelle Roundtree and her work really emphasizes the intersection between violence against women and HIV and so that cemented my interest as I began to learn more about it I realized that due to gender inequality and violence against women women are really not always in a position to make healthy well-informed decisions about their sexual and reproductive health and therefore I think it's important to look at structural factors such as sexism in trying to help women lead healthier and violence free lives that are good.

[00:03:48] You know I can see that you've done some work on HIV and it meant a lot of violence. For listeners who may not be familiar with the connection between HIV and intimate partner violence, can you explain how these two are connected?

[00:04:04] Yes. Oftentimes when we think about it we'll think first of sexual violence and sexual violence often does increase our risk for HIV and other sexually transmitted infections. And that's a more obvious factor but physical abuse emotional abuse are also factors because they really create a type of power gap between two partners if we're talking about heterosexual partners between the man and the female partner. It really doesn't allow the woman to make decisions that would help her be safe. So when we talk about the continuum of sexual violence we also think about coercion and coercion can include threatening someone into having unwanted sexual contact. It can also

include having sex without using contraception against your partner's wishes. And so that prevents a woman from being able to prevent pregnancies or prevent sexually transmitted infection.

[00:05:05] Yeah I think you're right on especially research has shown that women who experience this form of balance often suffer from negative mental health outcomes as well as fiscal outcomes of any function and other such detected infections. And this takes me back to research on HIV particularly in the UK some long by noted women. Most of these infections among women except women of color is 80 percent more likely to have HIV compared to the Maduekwe men. And most of these from heterosexual sex. I wonder what do you think is different in terms of these disparities between black and white women?

[00:05:47] Well first I'd like to go back and mention that intimate partner violence is about power and control. And so abusive partners will use whatever means they can to control their partner and that can include reproductive control. So that could include sabotaging contraceptive use for example putting a hole in a condom. It can also include coercing a partner into pregnancy taking away their sexual autonomy or their reproductive decision making. Those are factors I wanted to mention. To answer your question women experience the increasing risk for HIV though a factor could be their race their class their education level or their age. So women of color are at increased risk because of the hierarchical society that we live in. Then there are other contextual factors that put women including immigrant women at even higher risk including humanitarian crises. War and conflict natural disasters extreme poverty and it may even be the migration process including living in refugee camps. So women of color particularly immigrant women have these additional risk factors that are contextual.

[00:07:09] I'm glad you bring up the social context to suggest that impact women of color particularly black women. Because research indicates that black women are almost twice as likely to be HIV infected compared to white women when there's no difference among ment. According to the surge in the homeless that do not like women and so those conditions are to something very important for us we are going to address this issue and the with black and white women.

[00:07:40] Yes and I think your research points to that as well because what we know and you can speak more to this is that a lot has to do with social networks. And like you say black women may have the same sexual health behaviors as white women but if there's higher rates of infection in their pool of sexual partners than they're going to be at higher risk even though they're engaging in the same behaviors. And I think that's important because a lot of previous research has focused on individual behaviors and as that had less focus on these other structural factors or on the social network.

[00:08:18] Thank you. You're right. You conducted a small exploratory committee to do a study with HIV positive women from the continent of Africa that live in Texas. As a white woman what were your interactions with the participants?

[00:08:32] Well I was very aware of my identity as a white American born woman conducting this research. It was very important to me to engage with them in a very culturally sensitive manner in intercultural interviews. Add another layer of complexity to any type of research. And in some ways I'm sure it would have been more helpful to have someone from these women's own culture doing the research. But they were from different nations and had different cultural backgrounds so it would have been hard to find someone who was conversant with all of those cultures in some ways. I felt it was actually helpful though to be an outsider to their group because the stigma around HIV is so strong for these women that I'm not sure they would have been as open in sharing their stories about sexual violence and contracting HIV. If the interviewer had been someone who they perceived to be from their own community the group of women that I interviewed was a very

diverse group of women. They had a large range in age. Some had children some were divorced they came from five different subsaharan nations. They had different languages of origin. So this was a very diverse group of women. And what was interesting is I felt really connected to these women as they were sharing their stories with me. I think because of the extreme sense of stigma and silence around these topics my perception was that some of the women experienced relief in being able to share these stories personally even though I'm from a different culture and had a different context. Growing up the dynamics of sexual violence and intimate partner violence and power and control are similar regardless of your country of origin. And so I really could relate with a lot of the stories that they were sharing even though my cultural background is different.

[00:10:32] You mentioned that the experience. Could you talk a little bit more about that?

[00:10:38] The majority of the women that I spoke to and again this is just a small study so that results aren't generalizable but I think it is important to highlight individual women's stories. The majority of them are women that I spoke to had experienced sexual violence and intimate partner violence growing up and even into adulthood. But because of messages they were given sometimes indirectly in their communities about talking about those topics they didn't share those issues with anyone. There were a few examples where women did try to share an example sexual violence with a family member and they were basically told to keep the information to themselves and that further stigmatize their experience. And so although they had had experience of sexual violence and intimate partner violence the majority hadn't told anyone about those. It was kind of a taboo to talk about those topics. So I had a sense that having this opportunity to talk to kind of an outsider and talk about these topics was in some way a relief well OK good.

[00:11:48] Well you are right. Sexual violence first of all is not something that is spoken about particularly from sub-Saharan African. For me who was raised and brought up some side of Africa it's that it's on its very well with what you just say. Most of these societies are very closed societies and discussions particular discussions on models that are related to sex to move us you as you talk about sub-Saharan Africa and Africa as a whole is such a huge continent. Which countries did these women come from particularly?

[00:12:24] These women were from the Democratic Republic of Congo from Cameroon Zambia and Rwanda. So I mean there really was a wide diversity in the women who participated in the study. Again there were a lot of differences based on their education and income level. We had farm workers as well as doctors participating in the study. Most of them had children. One participant did not. So there was really a lot of variety in the women themselves. And I do want to mention that for this study I chose to use narrative analysis and tell me using narrative analysis was really important because I really wanted to Give the women the opportunity to share their own stories and take myself out of the analysis as much as possible narrative analysis has often been used in research with immigrants and refugees and any type of cross cultural research and it's bound to be a strength based approach that is very empowering because it puts value on the words of the participants themselves and not on the researcher.

[00:13:36] What's that a tool of analysis that would you describe.

[00:13:39] What is a narrative analysis is really given the opportunity of women to tell their own story. What's interesting is that storytelling is virtually universal. In basically any culture around the world. There's a history and a tradition of storytelling. And so it allows women to tell their own story. It's natural it's accessible and it's an inviting way to communicate. There's been a long reliance on oral tradition as a means of information sharing around the world and so it's a way of interviewing women that allows them to tell their stories for the researcher their job is to then conduct the analysis afterwards and pull out their salient themes from the women's stories. But

you're trying to keep as much integrity in the women's stories as possible. This is especially important in the United States where we have these dominant cultural narratives that are often told and retold about African women that present them as a very one dimensional character and that's not what I wanted to do here in the summer and I was very aware of especially being away American born researcher. So I wanted to try to take myself out of their narratives as much as possible.

[00:14:54] I see that you interviewed women from DNC and the Republic of Congo these are war torn country and sex is at times used as a tool of war. Did these women mention anything to do with that, power in sex and suspicion sex violence and war.

[00:15:14] One of the women that I interviewed from the Democratic Republic of Congo she did not experience sex as a tool of war sexual violence or rape as a tool of war. However she was deeply impacted by the war and it is how she lost her husband so she was a widow. She had been married to one man for her entire life and he was killed during the war and so the war definitely did have an impact on her. Interestingly the participant from Rwanda contracted HIV as a child and so it wasn't through sexual violence or rape or in the context of an intimate partnership. However again I think the war was a factor in that the increased rates of sexual violence increased rates of HIV in her community and so indirectly could have put her at an increased risk for contracting HIV.

[00:16:12] Yeah those are not uncommon stories. Joy what inspired your study?

[00:16:18] You did, in part Eusebius, as you know. Of course we worked with some of our other friends and colleagues after our master's program to start a nonprofit organization called the collective for orphan care and education which was operating in a rural part of western Kenya. In 2006 we went on a trip there together and while we were there as you know we had the opportunity of having different focus groups and talking to community members about HIV. And I was deeply impacted by their stories and the information that they gave us. And I remember in particular one focus group where there was a male teacher and he said please help people back in America that it's not our ignorance that makes us vulnerable to HIV. We're very knowledgeable about HIV and the way it's transmitted. It is our poverty that puts us at risk for contracting HIV and they're really stuck with me and I think that's what really made me first interested in contextual factors when I was in Kenya. I was amazed by how much information there was about how HIV is contracted and how to prevent it. Of course there's always misinformation and myths. But I was impressed with the level of knowledge that people had. And so I wanted to learn more about these contextual factors especially how they affected women.

[00:17:51] That's very powerful it reminds me of where we come from. Remember when you are graduate students and I was sharing with you and a women about the problem of HIV and impact of having the community . But in that time, 2005 2006 telling me about the people had to buy me to pay for more go to you know just every day life and students you ask that question what can we do. And that's how the collective education was started. Since that time the organization has been able to do very good things. We have built classrooms we have taken students to this to school in the high school. Some of them to universities. And that was just an idea that was born out of a very passionate discussion about something that needs to be done in sub-Saharan Africa and Kenyan with them. So I'm really good with that. Just graduate students were able to mobilize thoughts and I think this is a lesson for many students who are trying to practice what they like and bless them. Don't you think so.

[00:18:58] Yes there's always something that can be done. There's always some resources that can be leveraged there's information that can be gathered energy that can be pooled to try to create some change create some positive impact.

[00:19:12] Exactly. Now going back to your study what were your main findings about this than the very most important findings from the study was that marriage is a vulnerable status for these women. They were more able to protect themselves from contracting HIV when they were single. Another main finding from this study is that gender inequality and gender based violence were norms in the communities where these women grew up. Now two of the women grew up in households where the mother figure was very empowered and probably was considered the head of the household and their family. But they were still influenced by the community in general and the messages they were getting about sexism and patriarchy in their home communities in terms of gender inequality. These women were experiencing very defined gender roles norms and expectations. They also had very limited decision making in terms of their families. Some of the women had family structures that really favored the men. For example if there was a divorce the children would go with the men and the men families. And so women would lose Decision-Making about where their children would live after divorce. And so that really greatly affected a lot of the women. There was also tremendous pressure to marry and to have children and to not get divorced even if their partners had concurrent sexual partners they were expected and pressured by family members and other community members to stay in those relationships. The other piece was that they were not able to say no to sex and it was very difficult for them to use condoms in the context of marriage. So some of these women felt that they were more able to say no to sex and more able to demand condoms when they weren't with their spouse. I'd also like to mention that these women again unfortunately had many experiences related to sexual violence physical and emotional abuse and also physical emotional and economic neglect. Where perhaps the male partner in the relationship had more control over the finances and didn't use those finances to promote the health and well-being of their spouse and their children. The women they reported that there was very little discussion about sex with their partners. It was just an expectation that they were expected to fulfill oftentimes that they knew their partners had concurrent sexual partners. And they didn't feel there was anything that they could do about that. They also often felt that their spouses or male sexual partners had more knowledge about HIV condom use in testing than they did. So they had a lot of barriers in family planning or using contraceptive.

[00:22:14] It's interesting that you know some of these women thought they were safer being single than married. Some studies indicate that marriage kind of be an advantage for women. In fact in many sub-Saharan Africa countries being married and monogamous women is one of the highest risk factors for katip infections looks matter. Right.

[00:22:38] It's definitely an oxymoron. And oftentimes when the women would try to make steps to protect their sexual health it would be turned against them. For example if a woman was married and she knew that her husband was having concurrent sexual partners if she asked her husband to use a condom in order to protect herself her husband would then accuse her of infidelity. And so the women really felt they were in a bind and really had very few options of how to protect themselves.

[00:23:10] We have to recognize that women represent one half of the global population yet a gender based disparity says you have just articulated to prevent them from accessing huffily resources and power. Unequal power relations between men and women which use inequality of power has been cited as a key determinant. The underlying violence against women and for women in the U.S. study. What do you think about just marriage and that inequality in that relationship?

[00:23:41] Unfortunately I think women will continue to be at risk for sexually transmitted infections like HIV and unintended pregnancies as long as there's inequality in terms of their political and economic power. Women need to have political and economic power in order to remove that gender gap between themselves and their male partners. Having that political and economic power will allow them to more easily negotiate things like condom use and saying no to

marriage or being able to divorce a partner who has concurrent sexual partners in the United States we have a lot of the same dynamics that I saw in the study. However we have a lot of laws that protect women including laws like murder rape laws. We need to have laws like that in order to protect women in other countries as well.

[00:24:42] And I think you are right. Even in that world today the international community will recognize that part the friendship between men and women in fact in 1993 the United Nations General Assembly proclaimed the declaration that admonition of violence against women will be serving that balance it's a manifestation of historically an equal population between men and women. So they recognize this. I wonder what your thoughts are about unequal cognition especially when it comes to negotiate condom use between partners because we can have all these proclimations but there's something fundamental about the social norms and practices that even these a the proclamation may not hold.

[00:25:26] I agree because I think that some of the difficulties in focusing too much on individual behaviors when you're talking about women having to negotiate condom use in a way it's almost too late because there's already that power differential. How are you expecting someone who has less power in each interaction to be able to negotiate condom use especially if their intimate partner violence or sexual violence going on is almost impossible. So we really need to be more proactive in increasing women's power in society so that they have more power when they go into those types of sexual negotiations with their partners in this study I use the theory of power and gender which talks a lot about this that as long as there is an inequality built into society women will have less power within sexual relationships. We really need to address this if we want to protect women from sexually transmitted infections like HIV and unintended pregnancies.

[00:26:31] And then you are right, I just know that even in this idea of empowering a woman to ask about a condom can be difficult. That woman has been in a relationship that is abusive for some whose husband is unfaithful and that party relations are not given to us too much to demand that her unfaithful husband wears a condom. You know something that maybe you are not you expecting to do so much because she may be living in fear. And that to me is another situation where they become very subservient and just accept to have such a list of these abusive men.

[00:27:09] yes in basically all societies women are taught to be sexually subservient and men are taught to be sexually dominant. I'll share the story of one of the participants Brenda Lin. She's from Cameroon. Brenda Lin dropped out of school when she was at the age of 15 because she was pregnant after the relationship ended at 20 she married her husband. He was much older than her and they were farmers. And there was a expectation in her community that she had a child every two years. Now in order to have a child every two years you can't use contraception. And she was one of the women say who lived in a more rural area. She really didn't have access to it or as much information as her partner had. She had nine children. So at some point in her relationship she decided she did not want to have any more children. She began to refuse sex to her husband at which point he became sexually violent and began assaulting her. And he would come home drunk and this would happen on a regular basis. So how is a woman in her position supposed to negotiate condom use in order to prevent herself from contracting HIV and when she's reaching out to community members there giving her the message that she needs to stay in this relationship and she needs to continue to have children with her husband if that's what he wants. It's not that it's her individual behavior that's putting her at risk. It's society's belief about the role of women and the role of men that is putting her at risk for HIV.

[00:28:45] That's a powerful story when you realize that there is some knowledge and that there is gender inequality by governments and organizations governments in a position of putting less implemented in some ways on how to get around that in terms of gender mainstreaming. If I can

recall go through the United Nation Women's Rights. Is it related to gender equality yet reducing violence is what you've just described is beyond policies and implementation of these you have to go deep down into some social norms and traditional values. And how do you change that. Because this has become the worldview of such societies and becomes a religion of discord for you to gain inroad into that and perhaps we men need to start a different conversation about it. Yes it's good to have this gender mainstream studies but there's something underlying that in the we may we may have a conversation.

[00:29:46] Yes. I mean it's a difficult process to change. We need to have more women in positions of power to influence policies and laws but we also need a lot of awareness building and changing of attitudes. I mean you can see it in the United States. We have a culture of rape in the United States that again says women should be subservient to management should be sexually dominant and it puts women at risk for sexual violence for sexually transmitted infections and for unintended pregnancies. So it really takes a multifaceted approach to try to create some type of change. I think it really needs to take a feminist approach as well because we need to realize that patriarchy is leading to a lot of these problems and it might look different in Cameroon than it does in the United States than it does in Rwanda. But there's still the same underlying dynamics that are putting women at risk. So we need to approach this issue from a variety of standpoints. You know we need to look at it as a public health issue for example. We need to look at it as a women's rights issue and try to come up with policies that protect women and also their children.

[00:31:02] Well articulated I think you're right on that point. And that takes us into you know just this coverage of HIV which has been with us for three decades according to The World Health Organization. You know it's almost that 7 million people living with HIV globally today over 70 percent in subsaharan Africa. Is that the conclusion that you are to the updates on than 1 percent of that was such a cause he couldn't live in Africa and India to one million people become infected and over 1 million die of HIV related complications. No. To set this into context imagine 1 million people die every year from a plane crash and that's acceptable. Why are we not so outraged by this. Because loosing 1 million people is such a huge. How come the world is not outraged but it isn't because HIV has been around for a long time and people are used to hearing about it. What are you thoughts about that?

[00:32:02] It is an outrage that that many people are dying every year because it is completely preventable. I think you're right that there's some sense that people have become fatigue period about HIV because we've been hearing about it for decades because when you have lower rates in the United States I think we can lose focus on it and forget that it's affecting people so drastically in other countries. And we don't always feel a moral responsibility to be involved in helping prevent this type of tragedy in other countries so I think people really need to know that they can get involved. There's no reason that we need to lose this many people around the world to a preventable disease.

[00:32:44] Well we cannot relent although that's have you know decreased from the way they were at that point 2000. We have had some prevention measures for example extra plans for AIDS relief is a five year pilot took a commitment that the United States government to support HIV AIDS prevention and treatment in developing countries. This program has had very noticeable impact on African systems. It's something every time I go home I'm not now buying for people the way I used to buy them back in 2000. People are not on drugs. They look healthy and they're not sick anymore but this program is under noticeable attack. It may not continue being funded by Congress. What can we do as social workers to make sure that policymakers and the Congress really don't lose sight of this again.

[00:33:40] Americans need to understand more responsibility to end preventable infections and

disease. And we know how prevention works. We know. As you said what is working and what is not working we can make more effort in those directions to improve this. I think we also need to understand that we live in such interconnected world that what happens to women in sub-Saharan Africa has an impact on the United States. People are migrating all of the time. And so certainly with global health issues an epidemic. What happens in one country has a huge impact on another country and therefore even if it's only in our own self-interest we should be concerned about the health and well-being of women and men in other countries.

[00:34:31] Yes indeed had we have come a global village with affected one corner of the globe affects all of us. How about this idea of stigma I wonder whether you had any experience from these women. I remember speaking with a case worker doing my research with an AIDS organization who are in their last little at last about stigma she told me a story that I seen. But even today she had a family of three people a father son and the new era. They were all HIV positive but none of them none of them knew the adults were actually fostered. They do not want any of their family members to know they were sitting services or to the agency. She want to make sure that they were never in any group meetings together or their appointments to Ebola. I wonder what the experience has been did these women ever discuss that with you.

[00:35:20] Yes stigma and the silence around violence against women really was also key finding of the study the story that you shared was a very powerful story. I heard similar stories from the women that I spoke with. You know we talk a lot about stigma around HIV in the United States but it is nothing compared to the stigma that these women shared with me this stigma really is obstacle for them reaching out for help. For example some of the women said you know they've been offered to participate in support groups for people who are HIV positive. And even if there wasn't a member of their own home community say if they were from Malawi even if there was no one else from Malawi in that support group they were afraid that there was anyone else from another African nation that somehow the story of their HIV status would get back to other community members. And so they didn't attend the support group. There are other resources that they could have access that they were afraid to maybe even for a reason as simple as the agency had the word. HIV or AIDS associated with it and they didn't even want to be seen walking in the building. Really the stigma really prevented them from getting the support and services that they should have had access to. One of the stories that one of the participants told me her name is Mary and she is from the Democratic of Congo. She said that the gossip and the mockery that people who are HIV positive would experience in their homes left an indelible mark on her. She never told anyone about her status including her children. Her story really affected me deeply because the fictitious name she chose for herself was Mary and she was married to her husband. Her whole life she was loyal to her husband she never had any other sexual partners. Unfortunately her husband had other sexual partners and she became infected with HIV. She said that if people had known that she was HIV positive they would have accused her of being a prostitute and for her who was so devout and so pure of spirit. She couldn't even imagine what that would do to her or her children to hear something like that. And so that prevented her from reaching out and sharing with others and accessing resources. And because there is such a bind when people are the African born immigrants in the states in their home communities they're very afraid that any information they share here the United States might reach their home communities and still impact them even though they're living so far away across the globe they're still afraid of the impact of the stigma.

[00:37:59] Yes you're right it is such so so touching of course immigrants and so blessed to new research. How can we better support immigrants how you are impacted by HIV.

[00:38:10] Well I think it's really important to study the experience of immigrants because they've been kind of neglected in academic research on HIV. Adding them to the analysis teaches us more about the experiences of all women and how we can prevent HIV. The women in the study provided

me with my idea that they had about how to prevent HIV. One of the issues that they brought up is that there are still not adequate access to condoms in their home communities. They also said that there still gap the knowledge about testing and the spread of HIV. So again there's a lot of knowledge there but sometimes there's still misinformation and myth that has to be overcome. They also had a very interesting point which was they felt we need to give a more realistic portrayal of HIV. We need to explain to people that HIV is treatable. That there are medications that can help them live healthy and fulfilling lives. They felt that because there was such fear around HIV and because of the long history of people unfortunately progressing. Into AIDS and passing away there was all this fear. But the treatment is much more available. And so they felt like if we could tell people that this is treatable that maybe more people would be less scared and would be more willing to be tested and to share their status with other people. One other thing that they mention I thought was interesting is that they said they really need a role model someone like Magic Johnson actually to come out and talk about HIV in African immigrant communities here in the United States and in their home countries to really take away the stigmatized nation of HIV. Coming to the end of disease.

[00:39:58] Anything you would like to add that I have not asked you yet?

[00:40:01] I would just like to emphasize that when I'm teaching my students here in the United States and we're talking about sexual health I want to emphasize that even though the context in the United States is different from the context in other countries that the dynamics of intimate partner violence have power and control are the same regardless of where you are. And unfortunately the history of patriarchy and that impact is the same regardless of where you are. And so we need to see more of ourselves in immigrants and refugees and people living in other countries and realize that we are going through a lot of the same difficulties and that we can brainstorm new solutions together instead of seeing ourselves as different or less impacted by these issues.

[00:40:52] I think it's good that you bring about students I think working with students and orienting them to international work for example is a powerful thing that they're going to be able to go and that is also broad to realize that all their work can be very to people who are not there on some that are coaches. Joy it was a delight to have this conversation with you. I wish you well in your future research and such endeavors.

[00:41:20] Thank you so much Eusebius and thank you for inspiring this work based on your own experience your own research.

[00:41:28] My pleasure. Have a wonderful day.

[00:41:31] You've been listening to Dr. Joy Learman's discussion on intimate partner violence and HIV risk among vulnerable populations. I'm Louanne Bakk. Please join us again inSocialWork.

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