Published in final edited form as:

Psychol Women Q. 2011 December 1; 35(4): 655–670. doi:10.1177/0361684311426692.

Getting Personal: Progress and Pitfalls in HIV Prevention Among Latinas

Hortensia Amaro,

Institute on Urban Health Research, Bouve' College of Health Sciences, Northeastern University

Anita Raj,

Division of Global Public Health, University of California at San Diego

Elizabeth Reed, and

Department of Prevention & Community Health, School of Public Health and Health Services, George Washington University

Monica Ulibarri

Department of Psychiatry, University of California at San Diego

As part of the *Psychology of Women Quarterly's* (*PWQ*) retrospective on some of its most cited publications, I was invited to reflect on what had led me to write the paper, "Considerations for Prevention of HIV Infection Among Hispanic Women," published in 1988 (Amaro, 1988), along with my thoughts on what has since changed in HIV prevention with Latinas and on the direction of my work since that publication. The purpose of this paper is not to present a comprehensive review of the literature on Latina women and HIV, rather it is to provide a personal and contextual picture of the factors that shaped my work at the writing of that paper, how my program of research has evolved, and the changes that have taken place in HIV prevention research with Latinas. Due to the collaborative nature of my research and the importance that mentoring junior scientists has had in my professional career, I have invited three researchers whom I mentored and who are now at various stages in their careers to share how their research was informed in part by my work on HIV prevention with Latinas. These collaborations have been personally energizing, have expanded my own original vision, and have led to trajectories that include structural interventions and international work.

Our paper first presents the political, personal, and epidemiological context of my 1988 publication in *PWQ* (Amaro, 1988). Second, it provides a brief summary of progress in HIV prevention with Latinas. The third section comprises reflections from three feminist researchers whose work was informed by the 1988 article and by subsequent work I conducted and published, often in collaboration with them, on the role of gender in HIV and related public health issues. Their reflections are offered as examples of the key role of mentoring and training opportunities for junior researchers, one of the recommendations in the 1988 publication. Finally, our paper offers conclusions about progress to date and recommendations regarding future research and public health programs.

Hortensia Amaro: The Context of the 1988 Article

Political Context

Thirty years ago (June 1981) the Center for Disease Control and Prevention (CDC) offered its first report on HIV/AIDS in its Morbidity and Mortality Weekly Report; however, women remained largely invisible in HIV prevention, diagnosis, and treatment efforts for a decade thereafter (Corea, 1992). However by the late 1980s, the beginnings of a movement had increased awareness of HIV among women and made diagnostic criteria and service provision, which were largely male-focused, more inclusive of HIV-infected women. Still, the scientific literature and popular press offered scant coverage of HIV among Latinos—especially Latinas. It was in this context that Amaro's (1988) *PWQ* article, "Considerations for Prevention of HIV Infection Among Hispanic Women," was published.

By 1987, the World Health Organization had recorded 43,880 cases of AIDS in 91 countries (WHO, 1987), the same year that AZT (azidothymidine or zidovudine) was approved for HIV treatment (De Cock, Jaffe, & Curran, 2011). Community organizations, such as ACT UP (AIDS Coalition to Unleash Power), and some public health officials in the United States asked the U.S. government to take steps to address the AIDS epidemic, to improve access to drugs and public education, and to prohibit AIDS-related discrimination. That summer, WHO (1988) confirmed that HIV could be passed from mother to child through breastfeeding yet recommended that HIV-positive mothers in developing countries breastfeed their children because, in many circumstances, safe and effective use of alternatives was impossible.

After a long silence on the impact of the AIDS epidemic, on April 1, 1987, President Reagan made his first major speech on AIDS to the Philadelphia College of Physicians where he proposed a federal role in AIDS prevention with abstinence as a central feature. It was not until May 1988 that the United States finally launched a coordinated HIV/AIDS education campaign through the distribution of the booklet "Understanding AIDS" by Surgeon General C. Everett Koop to every U.S. household (U.S. Department of Health and Human Services, 1988). Several years later, the CDC (1993) included HIV-related infections specific to women in the AIDS diagnosis criteria, thereby allowing women with AIDS to receive appropriate treatments, economic assistance, and services. However, the area of prevention lacked gender-specific approaches and women argued for the need for female-controlled methods, thus initiating the development of the female condom and studies on promising microbicides.

Epidemiology of HIV/AIDS Among Latinas in the United States

Data by sex, race/ethnicity, and type of exposure were not readily available in the late 1980s. However, by 1992, when such data were more available, women, particularly Black women and Latinas, were identified as one of the fastest rising populations in the United States in terms of HIV acquisition, most commonly via injection drug use (IDU; CDC, 1993). During the mid-1990s, a shift in the primary means of HIV exposure among women showed for the first time that HIV was more likely to be acquired from heterosexual sex than from IDU (CDC, 1995b). Among Latinas, those born outside the United States (inclusive of Puerto Rico) were particularly affected by heterosexual HIV transmission. In 1995, more than half of AIDS cases among non-U.S.-born Latinas involved heterosexual exposure as compared to only 39% and 16% of U.S.- and Puerto Rican-born Latinas with AIDS, respectively (CDC, 1995a). Concerns were raised regarding the impact that growing rates of HIV/AIDS among Latinas would have on the health and stability of U.S. Latino communities and families (CDC, 1995b, 1996). Latinas required greater prioritization for prevention programming.

The disproportionate impact of HIV on the Latino community relative to White communities continues, and feminization of the epidemic, or increasing risk for HIV among women, continues to disproportionately affect Latinas. Recent evidence documents that the estimated lifetime risk (ELR) for contracting HIV among U.S. Latinas is 0.94% (i.e., a 1 in 106 chance); this is almost five times the ELR for White women in the United States (CDC, 2010a). Heterosexual exposure remains the predominant means of exposure; 84% of newly diagnosed HIV cases among Latinas were acquired via heterosexual sex (CDC, 2010b). This shift to heterosexual transmission suggests that we may be moving toward a more generalized epidemic in Latino communities, as indicated by recent data from the CDC (Denning & DiNenno, 2010).

Consistent with Amaro's original findings (1988), socioeconomic factors, reproductive behaviors, and cultural factors continue to be prominently implicated in Latina women's HIV risk. For example, several structural environmental factors (such as traditional gender norms, intimate partner violence and relationship power, migration and acculturation issues, substance use and abuse, and access to health care) impact individual level factors (such as lack of accurate HIV/AIDS knowledge, self-efficacy, and psychological distress), further exacerbating Latinas' behavioral risks (Herbst et al., 2007; Marín, 2003; Newcomb & Carmona, 2004; Peragallo et al., 2005; Simoni et al., 2010; Weeks, Schensul, Williams, & Singer, 1995). A forthcoming chapter provides an overview of the role of these structural environmental factors on Latina women's HIV risk (Ulibarri, Raj, & Amaro, in press).

Personal Context

Two historical events have shaped my life and the cultural and gendered aspects of my work. The first was my family's migration to the United States as refugees from Cuba and my subsequent experience and observations of social inequities based on race, ethnicity, and gender. The second major historical event that shaped my work was the beginning of the AIDS epidemic in the United States in the mid-to-late 1980s.

In the mid-1980s, while conducting a study of women's drug use during pregnancy, I interviewed Mary—one of the study participants in the postpartum ward at Boston City Hospital which primarily served the city's poorest. Mary, an African American woman who looked much older than her 27 years, was an injection drug user and sex worker. She had recently found out that she had AIDS and was waiting to hear whether her baby was infected. Mary's story made me realize that there was little information on HIV risk for women like her. I had been making good progress in my academic career and doing all the recommended things such as publishing and getting grants. But something about meeting Mary and hearing her story was disturbing to me. How could I focus on publishing findings that may never see the light of day in any practical way, papers that would do little to improve the reality of women like Mary?

Then, tragedy knocked at my door. A few months later, my 27-year-old brother Armando, whom I had practically raised since my family's arrival in the United States, was diagnosed with AIDS. This was devastating news for my family and me. At that time, an AIDS diagnosis was a death sentence with a short time frame. Soon after, I became involved in organizing the Latino community around the impact of AIDS in our community and founded, along with others, the Latin American Health Institute (then called the Latino Health Network), which provided a bilingual HIV/AIDS information hotline, and later the Multicultural AIDS Coalition, organizations that still exist in Boston today.

Because of the rapidly growing HIV/AIDS epidemic among Latinos in the Northeast and the pressing need to assess and document the HIV/AIDS needs of Latino communities, I worked with the Northeast Hispanic AIDS Consortium to conduct a study of 2,541 Latinos across

the U.S. Northeast region. This study demonstrated to us early on that Latinas faced different challenges to HIV prevention than men (Amaro, 1991; Amaro & Gornemann, 1992). Survey and focus group findings consistently showed that gender roles, power in relationships, and embarrassment in discussing sexual issues were factors that uniquely hampered Latinas' efficacy in protecting themselves from HIV infection. One of our recommendations in the report describing the findings of the study of the U.S. Northeast region was that:

The Centers for Disease Control must fund the development and evaluation of demonstration projects that seek to reduce HIV infection among Hispanic women by providing training on skills building and on sex and drug related HIV risk reduction. Prevention models should help women understand how unequal power in relationships impacts their ability to negotiate sexual activities with their partners. (Amaro & Gornemann, 1992, p. 159)

This recommendation remains relevant today.

Shortly thereafter, Dr. Ken Edelin, an African American gynecologist who held the Department Chair of Obstetrics and Gynecology at Boston City Hospital, gave me an opportunity that changed the direction of my work. He needed someone to take his place as Principal Investigator of the Boston site of a study funded by the National Institute on Drug Abuse on HIV prevention among women injection drug users, sex workers, and partners of sex workers—the "Mom's Project," as the intervention program became known in the community. I accepted the challenge even though I had a limited background on HIV prevention and had never developed an intervention of any kind—much less with active drug users, but at that time, not many had such experience. That study changed the direction of my work as I concentrated on working on HIV and substance abuse treatment interventions. My brother died at the age of 29, just two years after his diagnosis.

The work on the Mom's Project not only gave me the opportunity to collect data on the nature of women's HIV risk, but more importantly, helped me to understand, through women's stories and life conditions, the inextricable relationship between structural gender and social factors that shaped women's life opportunities and risk for infection (Amaro & Hardy-Fanta, 1995). The publication of "Love, Sex, and Power: Considering Women's Realities in HIV Prevention" (Amaro, 1995) represents the conceptual understanding of gender and HIV risk that I developed based on my close contact with women clients and their lived experiences.

Since then, much of my work has focused on the application of evidence-based interventions and principles to the development, implementation, and evaluation of gender-specific community-based programs and services for HIV prevention (Amaro, Raj, Reed, & Cranston, 2002; Raj et al., 2002) and for treatment of addiction and mental health and post-traumatic disorders in poor Latina and African American women (Amaro, Chernoff, Brown, Arevalo, & Gatz, 2007; Amaro, Dai, et al., 2007; Amaro, Gampbel, et al., 2005; Amaro, Larson, et al., 2007; Amaro, Melendez, Melnick, & Nieves, 2005). The transition to intervention approaches that address the interconnections among HIV, substance abuse, mental health, and trauma flowed naturally from results of clinical studies and program-implementation experiences that my team of clinicians and researchers conducted over time. Similarly, the need to use a gendered lens, along with an understanding of cultural factors, in our approach stemmed from listening to women's stories and knowing their personal experiences (Amaro & Hardy-Fanta, 1995). The value of learning from our own and others' lived experience and listening to women's narratives has been a central part of feminist research (Reinharz & Davidman, 1992).

The most satisfying aspect of the change in the direction of my research has been to witness its utility to practice and the sustainability of interventions and service programs that we developed through the years. The intervention and treatment program models we developed over the last 20 years have been adopted by public health and community-based agencies and many continue to be implemented through the Boston Public Health Commission, the Massachusetts Department of Public Health, the New Hampshire Task Force on Women and Recovery, the Maine Alliance for Addiction Recovery, and numerous other state agencies, community-based organizations, treatment programs, and individual clinicians. I believe that this transport from research to practice has been facilitated not only by the dissemination of our published research papers but also by the intervention and treatment manuals that we have developed to be used by staff who work in community-based agencies, rather than by researchers (Amaro & Nieves, 2004a, 2004b; Amaro, Nieves, & Saunders, 2004; Amaro, Nieves, Saunders, & Marshall, 2009; Amaro, Mangual, & Nieves, 2004; Amaro, Melendez, et al., 2005; Amaro & Vallejo, 2009; Harris, Wallis, & Amaro, 2006).

Progress in HIV Prevention Interventions with Latinas

The last two decades have shown only modest progress in the development and implementation of HIV prevention programs targeted to Latinas. Whereas descriptive work has been more common, only a few intervention studies and evidence-based approaches were focused on Latinas or had their efficacy tested with this population (Amaro et al., 2002; Amaro, Larson, et al., 2007; CDC, 2007; Raj et al., 2002; Shain et al., 1999, 2004). Some of these studies are listed among the CDC's Best Evidence or Promising Evidence Interventions (CDC, 2009a, 2009b). Thus, despite many of the advances in interventions for Latina women over the last 20 years, important gaps continue to exist in our understanding of the relationships among Latino cultural values, gender-based violence, and HIV risk and infection.

In a forthcoming paper, we review the advances in HIV prevention interventions with Latinas and find that research in this area is still urgently needed (Ulibarri, Raj, & Amaro, in press). Because Latinos are the largest minority group in the United States and are projected to constitute 29% of the population by the year 2050 (Pew Hispanic Center, 2008), the continued lack of progress in HIV prevention for Latinas represents a serious scientific gap that will contribute to the rising rates of HIV among Latina women. As we note, there are several areas in which the next generation of HIV prevention interventions for Latina women must be improved. These include: (a) use of community-based participatory research methods that engage Latina end users in the development, adaptation, and implementation of HIV prevention interventions, integration of Latino cultural values, and relationship dynamics; (b) basic behavioral research on Latino cultural constructs to shed light on the actual versus hypothetical relationship of these to HIV risk behaviors and couple dynamics; (c) large-scale dissemination and implementation of existing best evidence programs for Latino populations; (d) embedding HIV prevention into the context of other services utilized by Latinas (e.g., health care settings, prenatal care, family planning and reproductive health clinics, community-based organizations, substance abuse and mental health treatment, domestic violence services, and schools) to improve access to such prevention programs and reduce stigma associated with seeking HIV-specific services; and (e) integration of routine screening for gender-based violence and treatment for trauma.

Further, although effective HIV interventions in the United States are largely focused on individual or dyadic sexual risk-reduction efforts (CDC, 2009a), growing international work is documenting the importance of improving gender-equity ideologies among men (Jewkes et al., 2006, 2008; Research and Intervention on Sexual Health: Theory to Action, 2007; Schensul et al., 2009) and increasing the economic autonomy of women (Kim et al., 2007;

Pronyk et al., 2006) as a means for reducing women's risk and vulnerability to HIV in their sexual relationships with men. These more recent works document the importance of addressing social and structural risk factors (e.g., gender inequities, poverty) that reinforce sexual risk for HIV. There is documentation of greater structural risks for Latinos relative to non-Latino populations in the United States in terms of education, employment, and income (Pew Hispanic Center, 2011), and certainly gender inequities exist within the culture as described previously. Hence, these types of social-structural interventions targeting men as well as women may prove very useful in reducing HIV/AIDS in Latino communities.

Training Researchers Who Understand Latino Culture and Gender Dynamics

One of the issues discussed in the Amaro (1988) article was the need to train a cadre of researchers who could produce a body of research to inform the HIV prevention needs of Latino communities. This need remains today. Although there was a period of increased attention and NIH funding to train minority and women researchers, including those in HIV prevention, during the last two decades, funding for such training opportunities has been significantly reduced. Data on NIH minority research training are not readily available so it is not possible to assess the extent to which those programs yielded new minority HIV investigators. However, the 2005 National Research Council's report indicated that between 1999 and 2003, when training grants were more available at the NIH, only 5.6% of all trainees from a whole spectrum of disciplines were Latino (National Research Council, 2005).

As a recipient of the American Psychological Association's Minority Fellowship Program during my doctoral studies, I am a product of such NIH minority research training support. The funding support was clearly helpful, but equally, if not more, important was the mentorship I received from senior researchers who encouraged me to pursue my research interests. Through this program I was able to develop long-standing mentoring relationships that continue to be valuable to me today. Such mentors included Nancy Felipe Russo, Florence Denmark, James Jones, and Dalmas Taylor. I also received mentorship and benefited from research opportunities provided by UCLA faculty such as Anne Peplau, Linda Beckman, and Amado Padilla.

These experiences and role models taught me to value and understand the critical role of mentors and the mutual benefits that such relationships provide. Because of this foundation, a central part of my own work has included providing mentorship and research opportunities to talented students and junior faculty. I often learn as much as, or even more than, those I mentor. The following three sections, written by the talented researchers I mentored, demonstrate how fledgling researchers gain valuable training and opportunities through mentorship and often embark on research paths that go well beyond those delineated by the mentor.

Anita Raj: Addressing Gender Inequities to Improve Sexual and Reproductive Health

In 1988, at the time of Dr. Amaro's publication, "Considerations for Prevention of HIV Infection Among Hispanic Women," I had not yet started working in the area of HIV. I did not learn of Dr. Amaro's work until I was in graduate school in the Department of Psychology at the University of Georgia in the early 1990s. The focus of my graduate work was on women and sexual risk for unwanted and unplanned pregnancy, STI, and HIV. My training was largely entrenched in the cognitive-behavioral and sexology frameworks of the time that gave little consideration to race/ethnicity, class, or gender. Dr. Amaro's

publications, including the 1988 paper, highlighted how marginalization based on gender, race/ethnicity, and income contributed to heightened sexual and reproductive health risks among poor and minority women in the United States (Amaro, 1988, 1995; Amaro & Hardy-Fanta, 1995; Amaro, Fried, Cabral, & Zuckerman, 1990; Amaro, Zuckerman, & Cabral, 1989). I realized that my work was inadequate unless I brought to it the realities of marginalized women's and girls' lives and an understanding of how societal norms and institutions impeded their rights and abilities to control the health and safety of their own bodies. This understanding became the crux of my graduate research work and a major focus of my career.

In the early 1990s, Dr. Amaro was one of a small number of professionals who challenged U.S. government policies and HIV researchers and advocates, obliging them to recognize that the feminization of HIV was on the rise and that existing HIV prevention, intervention, and treatment practices were ignoring women—resulting in dire consequences for the women, their children, and their communities. Today there are still growing indications of a generalized epidemic in low income Black and Hispanic urban communities in the United States (Denning & DiNenno, 2010), but we would have reached this point faster and harder had Dr. Amaro and other pioneering researchers and practitioners not acted when they did.

By the mid-1990s, HIV interventions were being undertaken with a central focus on supporting women's safety, autonomy, and sexual and reproductive health choices (e.g., DiClemente & Wingood, 1995). I entered the field around this time with the luxury and security of working on gender-sensitive and tailored interventions based on accepted feminist theories such as the Theory of Gender and Power (Connell, 1987) and Self-in-Relation Theory (Miller, 1986). Federal funding and government support were there to develop, evaluate, and replicate these programs. Sadly, such prevention efforts have diminished over the past decade, and the loss of such programs likely contributes to the continued disproportionate burden Blacks and Latinos face in the HIV epidemic.

In 1997, as a recent PhD with only 18 months of post-doctoral training under my belt, personal reasons required my relocation to Boston. I knew of only one researcher in my field in that city with whom I wanted to work: Dr. Hortensia Amaro. She not only had a strong academic reputation in the area of HIV and women, but also was known for her efforts to translate research into practice. With no job posting or previous relationship with Dr. Amaro, I emailed her my curriculum vita and a cover letter, and I boldly asked her if she would consider me for a position with her group. She met with me, and I found my dream job: I would work with her and learn how to do research to improve the health, the lives, the safety, and the status of women and girls. For the next 5 years, I trained directly under Dr. Amaro, who asked me to call her Hortensia (and I will now do so for the remainder of my section).

At hiring, she presented her various projects to me and asked me on which one I would prefer to work. I chose her study on developing and evaluating gender- and culture-tailored HIV interventions for Latinas (Women's Health Promotion intervention and the HIV Intensive Program). Within a year of hiring, she had me lead that effort, listed me as co-Principal Investigator (PI) on the study, and assigned me to take over the scientific management of her other studies when she was traveling. She believed in my abilities, pushed me to reach higher, both intellectually and in terms of my management skills, and encouraged me to develop my own independent research. Within a year of my hire, she supported me to pursue and obtain funding for my first NIH grant as PI, which focused on partner violence and sex risk among South Asian immigrants. She also gave me my first public health class to teach ("Women and Public Health"), and she supported my initial appointment as Assistant Research Professor, then later, in 1999, as Assistant Professor at

Boston University School of Public Health. That first Latina intervention project on which I started resulted in our creation of a CDC-identified best evidence intervention for Latinas, Women's Health Promotion—the only CDC-recommended HIV intervention for women that was originally implemented and evaluated in Spanish.

Without the mentorship of Hortensia, I could not have achieved all that I did. Of note, this productivity all occurred at the same time I had my first child and was coping with my father's major cardiac problems. My continued level of productivity did not interfere with my family obligations: I worked late nights at home and at my parents' home, brought my baby to the office for meetings, and talked to Hortensia more on the phone than in person during some weeks. Hortensia gave me the space to do my work in my way, often from home and at odd hours, as I adjusted to motherhood and being more available to my parents. I am grateful I started my career with that level of support. Otherwise I am not sure I would have continued as a researcher; indeed, many of my female peers have left the field due to lack of support for family responsibilities. In 2002, Hortensia left Boston University, but I remained until 2011. She continues as my mentor, advisor, and always my friend. She is also my colleague with whom I continue to collaborate.

Today I am a Professor at the University of California at San Diego in the Division of Global Public Health. My current research reflects my training under Hortensia. It remains firmly centered in gender, marginalization, and health and now includes global as well as domestic work. My work in the United States now includes research on heterosexual men, and I have led or supported a number of papers highlighting how traditional masculinity ideologies, intimate partner violence perpetration, substance use, and unstable housing and employment intersect and heighten risk for unsafe sexual practices and subsequently HIV/STI (e.g., Raj et al., 2006; Raj, Reed, et al., 2007; Raj, Reed, Santana, et al., 2008; Raj, Reed, Welles, et al., 2008; Raj, Reed, et al., 2009; Raj, Santana, & Orloff, 2007; Reed et al., 2008; Santana, Raj, Decker, LaMarche, & Silverman, 2006). Based on this work, I developed and pilot-tested a culture- and gender-tailored HIV prevention intervention for heterosexual Black men, the MEN (Making Employment Needs) Count intervention, which is designed to address behavioral risks for HIV in conjunction with gender-based (e.g., traditional masculinity ideologies) and structural risks (e.g., unstable housing and unemployment) as a means of increasing condom use in this population; significant increases in condom use over time were observed for program participants (Raj, Dasgupta, & Lafontant, 2011). This intervention offers one of very few culture- and gender-tailored interventions for heterosexual Black men in the United States.

My domestic work includes research on immigrant and refugee women. Predominantly, this research has highlighted unique immigration-related vulnerabilities to partner violence that South Asian and other immigrants face due to existing policies and practices (e.g., police involvement, lack of linguistically tailored services) that can impede rather than facilitate abused immigrant women's health, safety, and ability to remain in the United States legally (Raj et al., 2006; Raj, Liu, McCleary-Sills, & Silverman, 2007; Raj & Silverman, 2002a, 2002b, 2003, 2004; Raj, Silverman, McCleary-Sills, & Liu, 2005). This work includes documentation regarding how spousal-dependent visa policies (e.g., lack of right to employment, reliance on spouse to alter visa status) facilitate abusive men's control over immigrant wives (Raj & Silverman, 2002a, 2002b; Raj, Silverman, et al., 2005); these findings helped support policy changes under the 2004 Violence Against Women Act to provide greater protections for abused women on spousal dependent visas. I also work on refugee women's health issues, examining health vulnerabilities attached to their high rates of victimization from violence (e.g., rape, female genital mutilation), as well as on recommendations for interventions to better reach and address the reproductive health needs

of these populations (Ameresekere et al., in press; Piwowarczyk, Bishop, Saia, Crosby, & Raj, 2011).

Outside the United States, my research in South Asia predominantly focuses on the role of gender inequities in compromising the health and safety of women and girls. In collaboration with the Indian government and non-governmental organizations, I have conducted research demonstrating the pervasiveness of girl-child marriage in the region, the cultural and socio-demographic factors perpetuating the practice (e.g., low girl education, dowry), and the effects of the practice on women's and girls' sexual and reproductive health and experiences of violence (Raj, 2010; Raj et al., 2010; Raj, Gomez, & Silverman, 2011; Raj, Saggurti, Balaiah, & Silverman, 2009). I am PI on an NIH-funded study to develop and evaluate a gender-equity focused family planning intervention for young men in rural India; we are additionally developing a child marriage prevention program for the region. In India and Russia, I have also been collaborating with U.S. and international researchers to assess and address risks for secondary HIV transmission and non-use of HIV care among vulnerable HIV-infected adults (specifically, injection drug users in Russia and female sex workers and male clients in India).

As a Professor with multiple studies, I have the good fortune and responsibility to train new women researchers as I was trained, by a woman and for women, with empathy and respect for the populations and colleagues with whom I work. That is probably Hortensia's greatest legacy to me, and it is one that remains consistently demonstrated in her work as a researcher and a mentor. I strive to demonstrate these qualities in my own work and mentoring.

Elizabeth Reed: Gender, Context, and Women's Risk for Violence and HIV

My personal background and programmatic work contributed to my interest in gender-based violence (GBV) and HIV prevention research. However, it was my early professional experience working with Dr. Amaro during my first exposure to the field as a master's student in 1998 and the influence of her many key publications on these topics, such as her 1988 *PWQ* article, "Considerations for Prevention of HIV Infection Among Hispanic Women," that provided me with a foundation for examining these critical public health issues.

Initially, my interest in these issues developed while I was growing up as a teenager in a suburban Massachusetts town where teen-dating violence was prevalent. I came to recognize the severely detrimental impact of dating violence on the well-being of many of my friends as well as other girls in my school. This lived experience initiated my interest in the prevention of partner violence as well as other forms of GBV. It also provided me with insights regarding the critical role of social and environmental influences, particularly gender inequitable norms (e.g., norms supportive of male dominance and the maltreatment of girls/women), on the dynamics of sexual and dating relationships between men and women and how these norms drive higher rates of teen dating violence in certain settings. I came to recognize that the high levels of dating violence I observed in my town could not be explained solely by individual characteristics of the kids who were affected, but rather they appeared to be driven by factors within our social and environmental contexts (i.e., our life contexts), particularly when such violent relationships became the norm in certain social groups.

I was introduced informally to the field of public health during college by doing volunteer work as a health educator and advocate for teens with organizations such as children's homes and rape crisis centers. This work, along with my own experience as a teenage girl, reinforced my recognition of the interconnection between violence and sexual risk for STI/

HIV. I witnessed how having an abusive male dating partner was a critical risk factor among girls for STIs as well as HIV. Thus, as a college student, I worked as an HIV and sexual health educator for a program based in local high schools. Later, I became a volunteer at a needle exchange program in New York City. Again, I saw how the issue of GBV was centrally significant in influencing women's lives—both in their initiating substance use and in seeking and completing treatment. Shortly after, I enrolled in a master's program at Boston University School of Public Health where I started to work with Dr. Amaro. Her articles on gender, relationship power, and HIV (Amaro, 1988; Amaro, 1995; Amaro & Raj, 2000) as well as her published work highlighting the intersection of women's experiences of violence, substance use, and HIV risk (e.g., Amaro, 1999; Amaro et al., 1990, 1989; Amaro & Hardy-Fanta, 1995; Amaro & Raj, 2000; Amaro, Raj, Vega, Mangione, & Perez, 2001) resonated with my initial exposures in the field and provided my early and formal introduction to public health practice and research. These articles were immensely influential in the directions I would later take working in this field.

One of the many remarkable experiences I had working with Dr. Amaro was attending the annual celebration of women's recovery held at the Massachusetts State House. This event was attended by women from substance use treatment programs throughout the state, along with their children, family members, and counselors; the event also brought in leading authorities, commissioners of state agencies, and elected officials. I sat there among the crowd, listening to women's stories of the hardships they faced in their lives and how they had overcome them; they were thrilled to be recognized at the Massachusetts State House, with hundreds applauding them and their accomplishments. Although not a lesson in research or academia per se, learning how to advocate as a researcher is a skill that I work to improve continually and value as one of the most important training aspects to which I was exposed during my work with Dr. Amaro. Her research and programmatic work showed me the value of (a) tailoring research and practice efforts to fit specific populations; (b) creating and implementing programs that take into account women's life contexts, particularly related to gender inequities; and (c) obtaining the support of local, national, and global stakeholders, public health authorities, funders, and policymakers. These three aspects were highlighted in her article "Considerations for Prevention of HIV Infection Among Hispanic Women" (Amaro, 1988) as well as in the many others she has written since 1988 as part of her life-long commitment to developing public health research and practice that consider the realities of women's lives and that has continued to change directions in the field.

This exposure and training while working with Dr. Amaro influenced my research interests and, more broadly, set my foundation in the field of public health. Furthermore, working as part of Dr. Amaro's research team provided me with needed expertise and training to seek further opportunities in the field. In 2002, I enrolled in a doctoral program at Harvard's School of Public Health to train on social determinants of health. I have since focused much of my research on the critical need to consider women's life contexts when addressing the intersecting issues of gender-based violence and HIV. For example, my most recent work has examined challenges associated with women's economic position and debt, housing stability, gender inequitable norms, influences pertinent to racial discrimination, and neighborhood influences on critical health topics (e.g., Reed, 2008; Reed, Amaro, Matsumoto, & Kaysen, 2009; Reed, Biradavolu, Gupta, Devireddy, & Blankenship, 2011; Reed, Gupta, Biradavolu, Devireddy, & Blankenship, 2010; Reed et al., 2008; Reed, Silverman, Ickovics, et al., 2010; Reed, Silverman, Miller, & Raj, 2010; Reed, Silverman, Raj, Decker, & Miller, 2011). Given the increasing recognition of the relevance of such contextual-level factors to these health burdens and the need for interventions that aim to alter such structures within communities, I have also recently initiated further training on the development, implementation, and evaluation of structural-level interventions to address GBV and HIV.

Now, as an Assistant Professor, I have focused my research agenda (e.g., NIH grant submissions) on structural interventions to reduce gender-based violence and HIV that address the social and environmental contexts of women's lives. Over the past few years and increasingly since becoming a faculty member, I have initiated work in global contexts where HIV and GBV are of particular concern among women sex workers. One aspect of my work in this area has focused on the intersection of gender and economic positioning and how these factors contribute to women's risk for GBV and HIV. For example, economic debts and instabilities, combined with women's low social status and limited opportunities for education and employment, not only are primary factors for women to initiate working in sex trade, but also increase the urgency of women's work when engaging with clients (e.g., women may need to make larger financial gains to pay off debts to money lenders). Women with such debts are more likely to agree to riskier sex practices with clients and are also more likely to report GBV (Reed, Silverman, et al., 2011). Consequently, my growing work in the area of structural interventions now includes a focus on economic interventions in terms of impact on HIV and GBV, as well as more generally in improving women and children's health and well-being.

Although my work has become more global and includes more diverse populations, my commitment to research on dating violence in the United States continues. I have initiated several efforts to ensure that the growing work on dating and intimate partner violence maintains consideration of gender and gender inequities as significant contributing factors to male perpetrated violence against women. The next phase of my work in this area will focus on how female perpetration (as increasingly discussed within the literature) and male perpetration of dating violence differ in terms of etiology, progression, and consequences—always with a gendered lens of analysis. As dating violence prevention programs increase across the country, it is critical that we obtain a more thorough understanding of the role of gender in influencing dating and sexual violence perpetration. Certainly stabilization of community and family may play a part in this understanding, and structural intervention to address the influence of such settings, as well as the role of gender and related norms, will likely prove useful.

My research focus has been influenced in these many ways by Dr. Amaro's research and programmatic work; however, Dr. Amaro has also been a role model for me as a leading female figure in academia and research. Furthermore, because of my work with Dr. Amaro, I have had the opportunity to work with other well regarded researchers in the field who have received her mentorship as well, such as Dr. Anita Raj. My publications with both Dr. Amaro and Dr. Raj have continued since 2001 when Dr. Amaro gave me opportunities as a master's student to work with her on publications. These publications represent two generations of researchers mentored by Dr. Amaro and are another example of her long-standing and far-reaching influence to effect change and improve the realities of women's lives—among Latinas and other populations of women globally.

Monica D. Ulibarri: Training the Next Generation of Hispanic Researchers in HIV/AIDS Prevention

Upon reflection on Amaro's (1988) publication in *PWQ*, I realized that this article influenced not only the focus of my research, but also the developmental trajectory of my career. In her 1988 *PWQ* paper, Amaro called for the development of "a cadre of Hispanic specialists in AIDS prevention through graduate and postgraduate training and grant support efforts" (p. 439). I am a product of that call to action: As a graduate student, I received an American Psychological Association Minority Fellowship Program (APA-MFP) award in HIV/AIDS research (Jones & Austin-Dailey, 2009), and my postdoctoral fellowship was supported by an NIMH-sponsored Research Supplement to Promote Diversity in Health-

Related Research. In addition, my career development has been augmented by participation in and support from programs such as the NIDA-sponsored National Hispanic Science Network on Drug Abuse Summer Training Institute (NHSN, 2011) and the APA Minority Fellowship Program Psychology Summer Institute (APA, 2011), both of which provided me with the opportunity to meet and work with Dr. Amaro as part of their mentoring programs. As a result of these federally-funded fellowships and training opportunities, I have transitioned successfully from being a graduate student to postdoctoral fellow and now Assistant Professor. Most recently I was awarded a K01 Career Development Award from NIDA to study dyad-level factors (e.g., intimate partner violence, sexual relationship power, needle sharing by drug-using couples) related to HIV risk among female sex workers and their regular, non-commercial partners in Tijuana, Mexico. Dr. Amaro is one of my consultants on this grant. These funding mechanisms and training supports, along with the mentorship I received from Dr. Amaro and others affiliated with these programs, were instrumental in my academic success at various levels (graduate, postdoctoral, and early career). They have provided me with the financial support and mentorship I needed to become an NIH-funded early career investigator in HIV/AIDS.

I consider it a great honor to belong to the family of researchers who were supported by the APA-MFP. The APA-MFP was responsible for facilitating the training and career development of many prominent ethnic minority researchers (including Dr. Amaro) in the areas of substance abuse research, treatment, and prevention, HIV/AIDS, and mental health services. Unfortunately, budget cuts and shifts in the priorities of funding agencies have led to the discontinuation of programs such as the APA-MFP in HIV/AIDS research (Jones & Austin-Dailey, 2009). There is still a dearth of Hispanic full-time faculty in academic medical institutions (4% in 2009; Association of American Medical Colleges, 2011) and a pressing need for minority researchers who can translate research findings into culturally sensitive interventions that address health behaviors such as those related to HIV/AIDS (Daley, Wingard, & Reznik, 2006). As suggested in Amaro's (1988, p. 439) *PWQ* article (and still true today), "ongoing efforts to increase the quality and volume of AIDS prevention research must ensure the participation of Hispanic researchers and clinicians in setting the policy and research agenda for AIDS prevention."

I first became interested in HIV research in 1995 through my experience as a research assistant for a study on HIV risk among incarcerated women led by my undergraduate mentor. I conducted interviews with female inmates in a California State women's prison. The majority of HIV-positive women reported acquiring HIV through injection drug use and sex work prior to their incarceration, but some had acquired the illness from their husbands or boyfriends. I was also struck by the number of women who reported committing their crimes while defending themselves from an abusive partner or protecting their children who were being abused. As a result of my experience as a research assistant, I decided to go to graduate school in psychology to further study HIV risk behavior among women. Also around this time, I became aware of Dr. Amaro's work in the area of HIV prevention among Latina women. Her 1988 publication in *PWQ* as well as her 1995 article, "Love, Sex, and Power" (Amaro, 1995), greatly influenced my thinking about the gendered-context in which HIV risk occurs for Latina women and inspired me to study these issues in graduate school. These articles emphasized the importance of addressing Latina women's gender roles and relationship power dynamics in their heterosexual relationships. In addition, both papers noted the feminization of the HIV/AIDS epidemic among Latina women, further demonstrating the importance of targeting heterosexual relationships and partner-factors in HIV prevention efforts among Latinas.

I chose the PhD program in clinical psychology at Arizona State University because of their strong training in prevention and health psychology among Latinos. In addition, I obtained a

foundation in feminist psychology through the mentorship of Dr. Nancy Felipe Russo who, I later discovered, had also mentored Dr. Amaro after her doctoral studies at UCLA. My research during graduate school focused on understanding social and cultural factors that influence HIV risk behaviors among Latina women. Some of Dr. Amaro's publications (Amaro, 1988, 1995; Amaro & Raj, 2000; Amaro, Raj, & Reed, 2001; Pulerwitz, Amaro, De Jong, Gortmaker, & Rudd, 2002) provided a road map of issues to investigate in the context of HIV prevention among Latina women. At the same time in my clinical training, I again witnessed the pervasiveness of gender-based abuse and violence as well as its long-lasting consequences on mental health and women's ability to form healthy relationships and negotiate safe sex. Many of my female clients, regardless of their presenting problem for therapy, reported histories of abuse in childhood or in their current relationships. I decided to combine my research and clinical interests to investigate the relationship between history of abuse and HIV risk behavior among women.

My dissertation examined whether negative consequences of childhood sexual abuse (CSA)—such as depression, substance use, and relationship power imbalances—would place Latina women at increased risk for HIV (Ulibarri, 2005). Unlike previous findings with other populations, I did not identify a direct relationship between CSA and HIV risk. However, results indicated that history of CSA was a significant predictor of women's relationship power and substance use. I utilized the rich data I collected on abuse experiences to produce a publication describing the prevalence and circumstances of CSA among Latina women (Ulibarri, Ulloa, & Camacho, 2009). Since then, women's histories of abuse and sexual relationship power have been central components in my work (Buelna, Ulloa, & Ulibarri, 2009; Ulibarri, Semple, et al., 2009; Ulibarri, Strathdee, et al., in press; Ulibarri, Strathdee, Lozada, et al., 2010; Ulibarri et al., 2011; Ulibarri, Sumner, Cyriac, & Amaro, 2010), demonstrating the continued influence of Dr. Amaro's (1988) *PWQ* publication on new generations of Latino/a HIV/AIDS researchers.

In 2007, I obtained a Diversity Research Supplement from the National Institute of Mental Health to fund a postdoctoral fellowship at the University of California at San Diego under the mentorship of Dr. Thomas Patterson who was conducting a behavioral intervention to reduce sex risk among female sex workers (FSWs) in four Mexico-U.S. border cities (referred to as *Mujer Segura*). During this time, I was introduced to Dr. Amaro who was a consultant on *Mujer Segura*. I was very excited to finally meet one of my heroines in HIV/AIDS research and have the opportunity to work with her. Dr. Amaro's research on a trauma-informed intervention model for low-income African American and Latina women's drug addiction and HIV sexual risk behaviors (Amaro, Dai, et al., 2007; Amaro Larson, et al., 2007; Amaro, McGraw, et al., 2004) led me to consider substance use, co-occurring mental disorders, and trauma in my postdoctoral research with FSWs in Mexico. Subsequently, she and I co-authored several papers examining the relationship between gender-based violence (e.g., intimate-partner violence, client-perpetrated violence), injection drug use, and HIV risk among FSWs in Mexico (Ulibarri, Semple, et al., 2009; Ulibarri, Strathdee, et al., in press; Ulibarri, Strathdee, Lozada, et al., 2010; Ulibarri et al., 2011).

My first published paper with Dr. Amaro examined histories of emotional, physical, and sexual abuse as correlates of psychological distress among FSWs in Tijuana and Ciudad Juarez, Mexico (Ulibarri, Semple, et al., 2009). Our second paper investigated injection drug use as a mediator of the relationship between client-perpetrated abuse and HIV status among FSWs in Tijuana and Ciudad Juarez (Ulibarri et al., 2011). Our third paper explored intimate partner violence, partner characteristics, and HIV risk behaviors among FSWs (Ulibarri, Strathdee, Lozada, et al., 2010). Our most recent publication describes the prevalence and correlates of client-perpetrated violence among FSWs along the Mexico-U.S. border (Ulibarri, Strathdee, et al., in press). The findings from these studies documented the high

prevalence of gender-based violence (emotional, physical, and sexual) in childhood and adulthood among FSWs along the Mexico-U.S. border perpetrated by family members, intimate partners, and clients. Moreover, these histories of abuse were associated with injection drug use, HIV risk, and psychological distress symptoms—demonstrating the need for integrated drug abuse treatment, mental health and HIV prevention services for FSWs in this underserved region (Ulibarri, Strathdee, & Patterson, 2010).

My long-term professional goal is to become a leading investigator in the area of HIV/AIDS prevention in the Latino community, initially focusing on the U.S.-Mexico border, and eventually expanding to other regions. I plan to continue my line of research in the areas of gender-based violence, high-risk sexual behavior, and substance use throughout my career. Like Dr. Amaro, I feel it is important to increase the knowledge base pertaining to traditionally underrepresented groups, such as Latinos, in order to understand their specific prevention, treatment, and intervention needs. I plan to give back to my community by conducting scientifically sound, socially relevant research that improves the quality of psychological and social services available to Latinas and other minority groups who are most affected by HIV/AIDS. In addition, I hope to mentor my own group of undergraduate and graduate students whom I can inspire to pursue higher education and careers in academia, thus continuing the chain of training the next generation of Hispanic researchers in HIV/AIDS prevention. Although I have not been an assistant professor for long, I am proud of the opportunities I have had thus far to mentor other up-and-coming Latina researchers by co-authoring papers and conference presentations in the areas of gender-based violence (Ulibarri, Ulloa, & Camacho, 2009), relationship power (Buelna et al., 2009), and mental health (Letamendi, Espinosa de los Monteros, & Ulibarri, 2008).

Dr. Amaro has been a role model to me as a Latina early career investigator. There are very few highly successful Latina academic role models like Dr. Amaro who have phenomenal records of grant funding, prolific publications, and the highest accolades from their peers. Dr. Amaro has helped me to begin a productive career by providing me with mentorship on publications and grant funding. In addition, she has given me advice on how to succeed long-term in a career in academia and deftly navigate the subtle institutional racism and sexism that unfortunately still exist in academia today. This type of mentorship will serve me well as I advance in my career and continue the legacy of Dr. Amaro's research.

Current and Future Directions

Since the publication of "Considerations for Prevention of HIV Infection among Hispanic Women" (Amaro, 1988), Latinas in the United States continue to be disproportionately impacted by the AIDS epidemic. Although some promising behavioral prevention interventions have been developed and tested with Latinas, the field's tool kit for prevention of HIV in Latinas remains vastly inadequate. Prevention intervention studies continue to be characterized by previous problems of inadequate samples of Latinas, thereby also limiting their ability to analyze the efficacy of such interventions for Latinas specifically. Culturally specific interventions or adaptations are sorely lacking.

Further, Latinos continue to have the highest rates of being uninsured (Cohen & Martinez, 2007), which present significant obstacles accessing health care services including those for treatment of HIV/AIDS. Although health care reform promises to improve access to care for many previously uninsured and underinsured Latinos, recent immigrants and the undocumented will not benefit. At the same time, in the midst of a major demographic shift where Latinos became the largest racial/ethnic minority group (United States Census Bureau, 2011) and with greater projected growth (Passel & Cohn, 2008), we have also witnessed a movement toward anti-immigrant policies that negatively impact on, among

other things, access to health care and safety net services (Derose, Escarse, & Lurie, 2007). Immigration reform and its potential for inclusion of immigrants in health care plans could improve access to public health HIV/AIDS prevention and treatment services for Latinas. Although the great majority of Americans hold favorable attitudes toward immigration reform, including components that would allow undocumented persons living in the United States to remain and fulfill the stipulations for the road to citizenship (Keeter, 2009), partisan interests and focus on the economy seem likely to result in further delay of effective immigration reform legislation.

Yet at the national level, significant political and scientific advances have taken place in the prevention and treatment of HIV since the publication of the Amaro (1988) article. In the last 24 years, the United States has achieved major favorable AIDS policy shifts, increases in HIV research and public health prevention funding, and scientific advances in HIV prevention and treatment (De Cock et al., 2011; Dieffenbach & Fauci, 2011; National Alliance of State and Territorial AIDS Directors and Kaiser Family Foundation, 2009). Currently, the U.S. national AIDS strategic plan articulates the following vision: "The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination" (White House, 2010, p. vii).

Major breakthroughs in the treatment of HIV and AIDS through antiretroviral therapy (ART) have changed the diagnosis of AIDS from a death sentence to a chronic and manageable disease (De Cock et al., 2011; Dieffenbach & Fauci, 2011) with long life expectancy (Antiretroviral Therapy Cohort Collaboration, 2008). However, not all groups have benefited equally from these treatment advances. Whereas the availability of ART has resulted in HIV-related mortality declines in the United States, Latinos and Blacks are more likely than Whites to die earlier from AIDS (Losina et al., 2009) and Latina and Black women with HIV/AIDS are at greater risk for death compared to White women (Hall, Byers, Ling, & Espinoza, 2007; Losina, et al., 2009). Inequities in access to HIV/AIDS treatment have profound implications for HIV prevention because individuals who need and do not receive such medical care and medications have higher viral loads. Uninfected individuals living in communities with high viral loads are at greater risk for HIV infection. Thus, increasing access to HIV/AIDS treatment in Latino communities is an important part of prevention for Latinas.

Several major advances have been highly relevant for HIV/AIDS prevention among women and hold potential promise for prevention with Latinas—if current barriers to health care and HIV treatment and adherence are eliminated. First, research on prevention of mother-to-child transmission has led to near elimination of HIV in infants and children in the United States (De Cock et al., 2011; Dieffenbach & Fauci, 2011). However, the rate of HIV/AIDS perinatal transmission in Latino children remains four times greater than among White children (CDC, 2010c). Second, recent findings demonstrate that antiretroviral treatment of infected individuals leads to significant reduced risk of transmission of the virus to their sexual partners (National Institute of Allergy and Infectious Diseases, 2011). Third, post-exposure prophylaxis against HIV by using ART (Barber & Benn, 2010) provides an important prevention tool that has high relevance for women, including women rape survivors. Fourth, a number of efficacious individual and couples behavioral HIV prevention interventions for women are now available (Diffusion of Effective Behavioral Interventions, 2011), although in the United States, many of these initiatives still do not adequately address the role of gender and power.

Two prevention methods that were thought to hold great promise early in the epidemic have yet to be realized. First, the early expected promise of barrier methods (such as the female condom and microbicides, which would put HIV prevention into the hands of women and therefore stall the epidemic among women) has not been fulfilled. However, important advances have been achieved in the development and testing of microbicides and, in anticipation of positive outcomes of additional trials currently in the field, discussions have begun on their potential approval, roll out, and distribution (Abdool Karim et al., 2010; Dieffenbach & Fauci, 2011). Second, development of an efficacious AIDS vaccine has taken longer than expected; however, national experts feel optimistic about recent advances and the development of an AIDS vaccine (Dieffenbach & Fauci, 2011). The potential impact and benefit of microbicides and an AIDS vaccine among Latinas will be determined by efforts to educate Latino communities about these prevention approaches and achieve the community mobilization that will be needed to gain their widespread acceptance and use. Many of the recommendations noted in the Amaro (1988) article continue to be relevant, especially those related to community involvement and engagement and the need to integrate HIV-prevention efforts into services that Latinas use and into the places where they work. These recommendations are consistent with the observation that scale-up of HIV/AIDS services requires strengthening of health systems, integration with maternal and child health goals, and active community-based engagement (DeCock et al., 2011; White House, 2010).

Further, the need for structural and policy interventions that address the status of women and complement individual- and community-level interventions is well recognized (White House, 2010; World Health Organization, 2003; 2009). Whether at the international level or within the United States, factors such as HIV/AIDS stigma and discrimination, homelessness, food insecurity, illicit drug use, mental disorders, and women's unequal social status are important contributors to HIV risk and HIV/AIDS morbidity and mortality (White House, 2010; World Health Organization, 2003, 2009). The U.S. AIDS strategic plan calls for programs that address these factors. These are of prime importance in Latino communities because Latinos disproportionately experience a host of these socioeconomic and social challenges.

Finally, the need for a cadre of multigenerational and diverse prevention researchers who can develop and test culturally appropriate and efficacious HIV prevention efforts among Latinas, and among women generally, is still relevant today. Whereas earlier in the AIDS epidemic funds for formal mentorship and training were available to foster the development of some Latino and other researchers in HIV prevention, these mentorship and training funds have been severely reduced in recent years despite ongoing need. However, the recent national AIDS strategic and implementation plans require that the Health Resources and Services Administration, National Institutes of Health, and Office of Minority Health develop a proposal to fund training programs to increase interest, representation, and competence of health professionals, researchers, and racial and ethnic minority students in research, public health, and HIV/AIDS care. Hopefully, this direction will lead to a renewal of funding for such programs and aid the development of scientists who can best address the challenges and opportunities for improved HIV prevention among Latinas. Notably, such efforts should also involve training and mentorship, such as we have illustrated in this paper in the ongoing work and relationships among Dr. Amaro and her mentees: Drs. Anita Raj, Elizabeth Reed, and Monica Ulibarri.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

References

- Abdool Karim Q, Abdool Karim SS, Frohlich JA, Grobler AC, Baxter C, Mansoor LE, Taylor D. CAPRISA 004 Trial Group. Effectiveness and safety of tenofovir gel, an antiretroviral microbicide, for the prevention of HIV infection in women. *Science*. 2010; 329:1168–1174. [PubMed: 20643915]
- Amaro H. Considerations for prevention of HIV infection among Hispanic women. *Psychology of Women Quarterly*. 1988; 12(4):429–443.
- Amaro H. HIV/AIDS among Hispanics in the Northeast and Puerto Rico: Report of findings and recommendations. *Migration World Magazine*. 1991; 19(4):23–29.
- Amaro H. Love, sex, and power: Considering women's realities in HIV prevention. *American Psychologist*. 1995; 50(6):437–447. [PubMed: 7598292]
- Amaro H. An expensive policy: The impact of inadequate funding for substance abuse treatment. *American Journal of Public Health*. 1999; 89(5):657–659. [PubMed: 10224973]
- Amaro H, Chernoff M, Brown V, Arévalo S, Gatz M. Does integrated trauma-informed substance abuse treatment increase treatment retention? *Journal of Community Psychology*. 2007; 35(7):845–862.
- Amaro H, Dai J, Arevalo S, Acevedo A, Matsumoto A, Nieves R, Prado G. Effects of integrated trauma treatment on outcomes in a racially/ethnically diverse sample of women in urban community-based substance abuse treatment. *Journal of Urban Health*. 2007; 84(4):508–522. [PubMed: 17356904]
- Amaro H, Fried LE, Cabral H, Zuckerman B. Violence during pregnancy and substance use. *American Journal of Public Health*. 1990; 80(5):575–579. [PubMed: 2327535]
- Amaro H, Gampbel J, Larson MJ, Lopez L, Richardson R, Savage A, Wagner D. Racial/ethnic differences in social vulnerability among women with co-occurring mental health and substance abuse disorders: Implications for treatment services. *Journal of Community Psychology*. 2005; 33(4):495–511.
- Amaro, H.; Gornemann, I. A study conducted by the Northeast Hispanic AIDS Consortium. Boston University School of Public Health; 1992. HIV/AIDS related knowledge, attitudes, beliefs and behaviors among Hispanics in the Northeast and Puerto Rico. Report of findings and recommendations.
- Amaro H, Hardy-Fanta C. Gender relations in addiction and recovery. *Journal of Psychoactive Drugs*. 1995; 27(4):325–337. [PubMed: 8788689]
- Amaro H, Larson MJ, Zhang A, Acevedo A, Dai J, Matsumoto A. Effects of trauma intervention on HIV sexual risk behaviors among women with co-occurring disorders in substance abuse treatment. *Journal of Community Psychology*. 2007; 35(7):895–908.
- Amaro H, McGraw S, Larson MJ, Lopez L, Nieves R, Marshall B. Boston Consortium of Services for Families in Recovery: A trauma-informed intervention model for women's alcohol and drug addiction treatment. *Alcoholism Treatment Quarterly*. 2004; 22(3–4):95–119.
- Amaro H, Raj A. On the margin: Power and women's HIV risk reduction strategies. *Sex Roles*. 2000; 42(7):723–749.
- Amaro H, Raj A, Reed E. Women's sexual health: The need for feminist analyses in public health in the Decade of Behavior. *Psychology of Women Quarterly*. 2001; 25(4):324–334.
- Amaro H, Raj A, Reed E, Cranston K. Implementation and long-term outcomes of two HIV intervention programs for Latinas. *Health Promotion Practice*. 2002; 3(2):245–254.
- Amaro H, Zuckerman B, Cabral H. Drug use among adolescent mothers: Profile of risk. *Pediatrics*. 1989; 84(1):144–151. [PubMed: 2740164]
- Amaro, H.; Mangual, S.; Nieves, RL. Spirituality in recovery: An educational group curriculum for women in recovery; Boston Consortium of Services for Families in Recovery, Public Health Commission; Boston, MA. 2004.
- Amaro, H.; Melendez, MP.; Melnick, S.; Nieves, RL. Integrated substance abuse, mental health and trauma treatment with women: A case study workbook for staff training; Boston Consortium of Services for Families in Recovery, Public Health Commission; Boston, MA. 2005.

- Amaro, H.; Nieves, RL.; Saunders, L. Women's Leadership Training Institute: An educational group curriculum for women in recovery; Boston Consortium of Services for Families in Recovery, Public Health Commission; Boston, MA. 2004.
- Amaro, H.; Nieves, RL. Economic success in recovery: An educational group curriculum for women in recovery; Boston Consortium of Services for Families in Recovery, Public Health Commission; Boston, MA. 2004a.
- Amaro, H.; Nieves, RL. Pathways to family reunification: An educational group curriculum for women in recovery; Boston Consortium of Services for Families in Recovery, Public Health Commission; Boston, MA. 2004b.
- Amaro, H.; Nieves, RL.; Saunders, L.; Marshall, B. Women's Leadership and HIV/AIDS Prevention Training Institute: An educational group curriculum for women in recovery; Institute on Urban Health Research, Northeastern University and Boston Public Health Commission; Boston, MA. 2009.
- Amaro H, Raj A, Vega RR, Mangione TW, Perez LN. Racial/ethnic disparities in the HIV and substance abuse epidemics: Communities responding to the need. *Public Health Reports*. 2001; 116(5):434–448. [PubMed: 12042608]
- Amaro, H.; Vallejo, Z. Moment-by-moment in women's recovery: A mindfulness-based approach to relapse prevention. An educational group curriculum for women in recovery. Boston, MA: Institute on Urban Health Research, Northeastern University and Boston Public Health Commission; 2009.
- Ameresekere M, Borg R, Frederick J, Vragovic O, Saia K, Raj A. Somali immigrant women's perceptions of Cesarean sections and patient-provider communication around female circumcision and childbirth: Experiences in the United States. *International Journal of Obstetrics and Gynecology*. (in press).
- Antiretroviral Therapy Cohort Collaboration. Life expectancy of individuals on combination antiretroviral therapy in high-income countries: A collaborative analysis of 14 cohort studies. *Lancet*. 2008; 372:293–299. [PubMed: 18657708]
- American Psychological Association. [Retrieved March 19, 2011] Psychology Summer Institute. 2011. from <http://www.apa.org/pi/mfp/psychology/institute/index.aspx>
- Association of American Medical Colleges. [Retrieved May 19, 2011] Women in U.S. academic medicine: Statistics and benchmarking report, 2008–2009; Figure 8: U.S. medical faculty by race/Hispanic Origin, 2009. 2011. from <https://www.aamc.org/members/gwims/statistics/stats09/>
- Barber TJ, Benn PD. Postexposure prophylaxis for HIV following sexual exposure. *Current Opinion in HIV and AIDS*. 2010; 5:322–326. [PubMed: 20543608]
- Buelna C, Ulloa EC, Ulibarri MD. Sexual relationship power as a mediator between dating violence and sexually transmitted infections among college women. *Journal of Interpersonal Violence*. 2009; 24(8):1338–1357. [PubMed: 18718880]
- Centers for Disease Control and Prevention. [Retrieved June 26, 2011] Revised classification system for HIV infection and expanded surveillance case definition for AIDS among adolescents and adults. *Morbidity and Mortality Weekly Report*. 1993. December 18, 1992 / 41(RR-17). <http://www.cdc.gov/mmwr/preview/mmwrhtml/00018871.htm>.
- Centers for Disease Control and Prevention. HIV/AIDS surveillance report. 1995a; 7(2):10–15. <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/pdf/hivsur72.pdf>.
- Centers for Disease Control and Prevention. Update: AIDS among women - United States, 1994. *Morbidity and Mortality Weekly Report*. 1995b; 40(5):81–84.
- Centers for Disease Control and Prevention. AIDS among children - United States, 1996. *Morbidity and Mortality Weekly Report*. 1996; 45(46):1005–1010. [PubMed: 8965798]
- Centers for Disease Control and Prevention. [Retrieved March 3, 2011] Best-evidence: Women's Health Promotion (WHP). 2007. from <http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/WHP.htm>
- Centers for Disease Control and Prevention. [Retrieved February 16, 2011] Best-evidence interventions. 2009a. from <http://www.cdc.gov/hiv/topics/research/prs/best-evidence-intervention.htm>

- Centers for Disease Control and Prevention. [Retrieved February 16, 2011] Promising-evidence. 2009b. from <http://www.cdc.gov/HIV/topics/research/prs/resources/factsheets/SEPA.htm>
- Centers for Disease Control and Prevention. Estimated lifetime risk for diagnosis of HIV infection among Hispanics/Latinos--37 states and Puerto Rico, 2007. *Morbidity and Mortality Weekly Report*. 2010a; 59(40):1297–1300.
- Centers for Disease Control and Prevention. HIV Surveillance Report. 2010b; Vol. 21 from <http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm>.
- Centers for Disease Control and Prevention. Racial/ethnic disparities among children with diagnoses of perinatal HIV infection -- 34 states, 2004–2007. *Morbidity and Mortality Weekly Report*, 2010 Feb.5. 2010c; 59(4):97–101.
- Cohen, RA.; Martinez, ME. Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2006. June 2007. 2007. Retrieved from <http://www.cdc.gov/nchs/nhis.htm>.
- Connell, RW. Gender and power. Stanford, CA: Stanford University Press; 1987.
- Corea, G. The invisible epidemic: The story of women and AIDS. New York, NY: HarperCollins; 1992.
- Daley S, Wingard DL, Reznik V. Improving the retention of underrepresented minority faculty in academic medicine. *Journal of the National Medical Association*. 2006; 98(9):1435–1440. [PubMed: 17019910]
- Diffusion of Effective Behavioral Interventions. [Retrieved June 20, 2011] Interventions. 2011. from <http://www.effectiveinterventions.org/en/home.aspx>
- De Cock KM, Jaffe HW, Curran JW. Reflections on 30 years of AIDS. *Emerging Infectious Diseases*. 2011; 17(6):1044–1048. [PubMed: 21749766]
- Denning, P.; DiNenno, E. [Retrieved September 13, 2010] Communities in crisis: Is there a generalized HIV epidemic in impoverished urban areas of the United States?. 2010. from <http://www.cdc.gov/hiv/topics/surveillance/resources/other/poverty.htm>
- Derosé PK, Escarse JJ, Lurie N. Immigrants and health care: Sources of vulnerability. *Health Affairs*. 2007; 26(5):1258–1268. [PubMed: 17848435]
- Dieffenbach CW, Fauci AS. Thirty years of HIV and AIDS: Future challenges and opportunities. *Annals of Internal Medicine*. 2011; 154:766–771. [PubMed: 21628350]
- DiClemente RJ, Wingood GM. A randomized controlled trial of an HIV sexual risk-reduction intervention for young African-American women. *Journal of the American Medical Association*. 1995; 274(16):1271–1276. [PubMed: 7563531]
- Hall HI, Byers RH, Ling Q, Espinoza L. Racial/ethnic and age disparities in HIV prevalence and disease progression among men who have sex with men in the United States. *American Journal of Public Health*. 2007; 97(6):1060–1066. [PubMed: 17463370]
- Harris, M.; Wallis, F.; Amaro, H. Saber es poder: Modelo de trauma y recuperacion para mujeres latinas; Boston Consortium of Services for Families in Recovery, Public Health Commission; Boston, MA. 2006. [A Spanish translation and cultural adaptation of Maxine Harris' *Trauma recovery and empowerment* manual].
- Herbst JH, Kay LS, Passin WF, Lyles CM, Crepaz N, Marín BV. A systematic review and meta-analysis of behavioral interventions to reduce HIV risk behaviors of Hispanics in the United States and Puerto Rico. *AIDS And Behavior*. 2007; 11(1):25–47. [PubMed: 16917668]
- Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Khuzwayo N, Duwury N. A cluster randomized-controlled trial to determine the effectiveness of Stepping Stones in preventing HIV infections and promoting safer sexual behaviour amongst youth in the rural Eastern Cape, South Africa: Trial design, methods and baseline findings. *Tropical Medicine and International Health*. 2006; 11(1):3–16. [PubMed: 16398750]
- Jewkes R, Nduna M, Levin J, Jama N, Dunkle K, Puren A, Duvvury N. Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: Cluster randomised controlled trial. *British Medical Journal*. 2008; 337(a506)
- Jones JM, Austin-Dailey AT. The Minority Fellowship Program: A 30-year legacy of training psychologists of color. *Cultural Diversity and Ethnic Minority Psychology*. 2009; 15(4):388–399. [PubMed: 19916673]

- Keeter, S. Where the public stands on immigration reform. Pew Research Center; 2009. from <http://pewresearch.org/pubs/1421/where-the-public-stands-on-immigration-reform>
- Kim JC, Watts CH, Hargreaves JR, Ndhlovu LX, Phetla G, Morison LA, Pronyk P. Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health*. 2007; 97(10):1794–1802. [PubMed: 17761566]
- Letamendi, AM.; Espinosa de los Monteros, K.; Ulibarri, MD. Socio-cultural adaptation of group cognitive-behavioral therapy for distressed Latina immigrants in the U.S; Poster presented at the National Latino Psychological Association 2008 Conference; Costa Mesa, CA. 2008 Nov.
- Losina E, Schackman BR, Sadownik SN, Gebo KA, Walensky RP, Freedberg KA. Racial and sex disparities in life expectancy losses among HIV-infected persons in the United States. *Clin Infect Dis*. 2009; 49(10):1570–1578. [PubMed: 19845472]
- Marín BV. HIV prevention in the Hispanic community: Sex, culture, and empowerment. *Journal of Transcultural Nursing: Official Journal of The Transcultural Nursing Society / Transcultural Nursing Society*. 2003; 14(3):186–192. [PubMed: 12861921]
- Miller, JB. *Toward a new psychology of women*. Boston: Beacon Press; 1986.
- National Alliance of State and Territorial AIDS Directors and Kaiser Family Foundation. [Retrieved June 26 2011] The national HIV prevention inventory. The state of HIV prevention in the U.S. 2009. from www.kff.org/hivaids/upload/7932.pdf
- National Hispanic Science Network. [Retrieved March 19, 2011] Training Institute. 2011. from <http://www.nhsn.med.miami.edu/x61.xml>
- National Institute of Allergy and Infectious Diseases. [Retrieved May 15, 2011] Treating HIV-infected people with antiretrovirals protects partners from infections: Findings result from NIH-funded international study. 2011 May 12. 2011 from <http://www.niaid.nih.gov/news/newsreleases/2011/Pages/HPTN052.aspx>.
- National Research Council. *Assessment of NIH minority research and training programs: Phase 3. Committee for the Assessment of NIH Minority Research Training Programs*. Washington, DC: The National Academy Press; 2005.
- Newcomb MD, Carmona JV. Adult trauma and HIV status among Latinas: Effects upon psychological adjustment and substance use. *AIDS and Behavior*. 2004; 8(4):417–428. [PubMed: 15690115]
- Passel, JS.; Cohn, D. U.S. population projections: 2005–2050. Pew Research Center; 2008. from pewhispanic.org/files/reports/85.pdf
- Peragallo N, Deforge B, O'Campo P, Lee SM, Kim YJ, Cianelli R, Ferrer L. A randomized clinical trial of an HIV-risk-reduction intervention among low-income Latina women. *Nursing Research*. 2005; 54(2):108–118. [PubMed: 15778652]
- Pew Hispanic Center. [Retrieved July 7, 2011] Census 2010: 50 million Latinos Hispanics account for more than half of nation's growth in past decade. March 2011. 2011. from pewhispanic.org/files/reports/140.pdf
- Pew Hispanic Center. [Retrieved March 21, 2011] U.S. population projections 2005–2050. 2008. from <http://pewhispanic.org/reports/report.php?ReportID=85>
- Piwowarczyk, L.; Bishop, H.; Saia, K.; Crosby, S.; Raj, A. *The UJAMBO Good Health Study: Evaluation study findings. Final Report to Office of Minority Health*; 2011.
- Pronyk PM, Hargreaves JR, Kim JC, Morison LA, Phetla G, Watts C, Porter JD. Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *Lancet*. 2006; 368(9551):1973–1983. [PubMed: 17141704]
- Pulerwitz J, Amaro H, De Jong W, Gortmaker SL, Rudd R. Relationship power, condom use and HIV risk among women in the USA. *AIDS Care*. 2002; 14(6):789–800. [PubMed: 12511212]
- Raj A. When the mother is a child: Girl child marriage as a health and human rights concern. *Archives of Diseases in Childhood*. 2010; 95:931–935. [PubMed: 20930011]
- Raj A, Amaro H, Cranston K, Martin B, Cabral H, Navarro A, Conron K. Is a women's health program as effective as an HIV program in reducing HIV risk among Latinas? *Public Health Reports*. 2002; 116:599–607. [PubMed: 12196620]

- Raj A, Dasgupta A, Lafontant D. The MEN (Making Employment and Housing Needs) Count Intervention: Addressing structural and behavioral risks for HIV among heterosexual black men. 2011 Manuscript submitted for publication.
- Raj A, Gomez CS, Silverman JG. Multi-sectorial Afghan perspectives on girl child marriage: Foundations for change do exist in Afghanistan. *Violence Against Women*. 2011 Published online before print March 29, 2011.
- Raj A, Liu R, McCleary-Sills J, Silverman JG. Domestic violence help-seeking behaviors of South Asian battered women residing in the United States. *International Journal of Victimology*. 2007; 14(1):143–170.
- Raj A, Reed E, Decker MR, Miller E, Rothman EF, Silverman JG. The contexts of condom use and non-use among adolescent male perpetrators of dating violence. *AIDS Care*. 2007; 19:970–973. [PubMed: 17851992]
- Raj A, Reed E, Santana MC, Walley AY, Welles SL, Horsburgh CR, Silverman JG. Associations of binge alcohol use with HIV/STI risk and diagnosis among African American men who have sex with women. *Drug and Alcohol Dependence*. 2009; 101(1–2):101–106. [PubMed: 19117698]
- Raj A, Reed E, Santana MC, Welles SL, Horsburgh CR, Flores SA, Silverman JG. History of incarceration and gang involvement are associated with recent STD/HIV diagnosis in African American men. *Journal of Acquired Immune Deficiency Syndromes*. 2008; 47(1):131–134. [PubMed: 18156996]
- Raj A, Reed E, Welles SL, Santana MC, Horsburgh CR, Silverman JG. Intimate partner violence perpetration, risky sexual behavior and STI/HIV diagnosis among heterosexual African American men. *American Journal of Men's Health*. 2008; 2:291–295. [PubMed: 19477792]
- Raj A, Saggurti N, Balaiah D, Silverman JG. Prevalence of child marriage and its impact on the fertility and fertility control behaviors of young women in India. *Lancet*. 2009; 373:1883–1889. [PubMed: 19278721]
- Raj A, Santana MC, La Marche A, Amaro H, Cranston K, Silverman JG. Perpetration of partner violence associated with sexual risk behaviors among young adult men. *American Journal of Public Health*. 2006; 96:1873–1878. [PubMed: 16670216]
- Raj A, Santana MC, Orloff L. Guest editor's introduction: Special issue on violence against US immigrant women. *Violence Against Women*. 2007; 13(5):451–456.
- Raj A, Silverman JG. Intimate partner violence against South Asian women in Greater Boston. *Journal of the American Medical Women's Association*. 2002a; 57(2):111–116.
- Raj A, Silverman JG. Intimate partner violence against immigrant women: The roles of immigrant culture, context, and legal status. *Violence Against Women*. 2002b; 8(3):367–398.
- Raj A, Silverman JG. Immigrant South Asian women at greater risk for injury from intimate partner violence. *American Journal of Public Health*. 2003; 93(3):435–437. [PubMed: 12604489]
- Raj A, Silverman JG. Abused women report greater male partner risk and gender-based risk for HIV: Findings from a community-based study with Hispanic women. *AIDS Care*. 2004; 16(4):519–529. [PubMed: 15203419]
- Raj A, Silverman JG, McCleary-Sills J, Liu R. Immigration policies increase South Asian immigrant women's vulnerability to intimate partner violence. *Journal of the American Medical Women's Association*. 2005; 60(1):26–32.
- Reed E. Intimate partner violence: A gender-based issue? *American Journal of Public Health*. 2008; 98:197–198. [PubMed: 18172129]
- Reed E, Amaro H, Matsumoto A, Kaysen D. The relation between interpersonal violence and substance use among a sample of university students: Examination of the role of victim and perpetrator substance use. *Addictive Behaviors*. 2009; 34:316–318. [PubMed: 19028021]
- Reed E, Biradavolu M, Gupta J, Devireddy V, Blankenship KM. The role of housing in determining HIV risk among female sex workers in Andhra Pradesh, India: Considering women's life contexts. *Social Science & Medicine*. 2011; 72(5):710–716. [PubMed: 21306811]
- Reed E, Gupta J, Biradavolu M, Devireddy V, Blankenship KM. The context of economic insecurity and its relation to violence and risk factors for HIV among female sex workers in Andhra Pradesh, India. *Public Health Reports*. 2010; 125(Suppl 4):81–89. [PubMed: 20629253]

- Reed E, Silverman JG, Ickovics JR, Gupta J, Welles SL, Santana MC, Raj A. Experiences of racial discrimination and relation to violence perpetration and gang involvement among a sample of urban African American men. *Journal of Immigrant & Minority Health*. 2010; 12(3):319–326. [PubMed: 18553221]
- Reed E, Silverman JG, Miller E, Raj A. Losing the “gender” in gender-based violence: What is going wrong with public health research on intimate partner violence. *Violence Against Women*. 2010; 16:348–354. [PubMed: 20133922]
- Reed E, Silverman JG, Raj A, Decker MR, Miller E. Male perpetration of teen dating violence: Associations with neighborhood violence involvement, gender attitudes, and perceived peer and neighborhood norms. *Journal of Urban Health*. 2011; 88(2):226–239. [PubMed: 21311987]
- Reed E, Silverman JG, Raj A, Rothman EF, Decker MR, Gottlieb BR, Miller E. Social and environmental contexts of adolescent and young adult male perpetrators of intimate partner violence: A qualitative study. *American Journal of Men’s Health*. 2008; 2:260–271. [PubMed: 19477789]
- Reinharz, S.; Davidman, L. *Feminist methods in social research*. Oxford University Press; 1992.
- Research and Intervention on Sexual Health: Theory to Action. Addressing Gupt Rog: Narrative prevention counseling for STI/HIV prevention - A guide to AYUSH and allopathic practitioners. 2007. Retrieved from http://www.popcouncil.org/pdfs/NPC_manual.pdf
- Santana MC, Raj A, Decker MR, LaMarche A, Silverman JG. Masculine gender roles associated with increased sexual risk and intimate partner violence perpetration among young adult men. *Journal of Urban Health*. 2006; 83(4):575–585. [PubMed: 16845496]
- Schensul SL, Saggurti N, Singh R, Verma RK, Nastasi BK, Mazumder PG. Multilevel perspectives on community intervention: An example from an Indo-US HIV prevention project in Mumbai, India. *American Journal of Community Psychology*. 2009; 43(3–4):277–291. [PubMed: 19357946]
- Shain RN, Piper JM, Holden AEC, Champion JD, Perdue ST, Korte JE, Guerra FA. Prevention of gonorrhea and Chlamydia through behavioral intervention: Results of a two-year controlled randomized trial in minority women. *Sexually Transmitted Diseases*. 2004; 31(7):401–408. [PubMed: 15215694]
- Shain RN, Piper JM, Newton ER, Perdue ST, Ramos R, Champion JD, Guerra FA. A randomized, controlled trial of a behavioral intervention to prevent sexually transmitted disease among minority women. *The New England Journal of Medicine*. 1999; 340(2):93–100. [PubMed: 9887160]
- Simoni, JM.; Evans-Campbell, T.; Andrasik, MP.; Lehavot, K.; Valencia-Garcia, D.; Walters, KL. HIV/AIDS among women of color and sexual minority women. In: Landrine, H.; Russo, NF., editors. *Handbook of diversity in feminist psychology*. New York, NY: Springer Publishing Co.; 2010. p. 335–365.
- Ulibarri, MD. *Latina women's HIV risk study: The relationship between childhood sexual abuse, mental health, and HIV risk* (Unpublished doctoral dissertation). Tempe, AZ: Arizona State University; 2005.
- Ulibarri, MD.; Raj, A.; Amaro, H. Love, sex and power revisited: The integration of a gendered context in HIV prevention among Latinas. In: Latinas, K., editor. *HIV prevention with Latinos: Theory, research, and practice*. New York: Oxford University Press; (in press)
- Ulibarri MD, Semple SJ, Rao S, Strathdee SA, Fraga-Vallejo MA, Bucardo J, Patterson TL. History of abuse and psychological distress symptoms among female sex workers in two Mexico-U.S. border cities. *Violence and Victims*. 2009; 24(3):399–413. [PubMed: 19634364]
- Ulibarri MD, Strathdee S, Lozada R, Magis-Rodriguez C, Amaro H, O'Campo P, Patterson T. Prevalence and correlates of client-perpetrated violence among female sex workers in two Mexico-U.S. border cities. *Violence Against Women*. (in press).
- Ulibarri MD, Strathdee SA, Lozada R, Magis-Rodriguez C, Amaro H, O'Campo P, Patterson TL. Intimate partner violence among female sex workers in two Mexico-U.S. border cities: Partner characteristics and HIV risk behaviors as correlates of abuse. *Psychological Trauma: Theory, Research, Practice, and Policy*. 2010; 2(4):318–325.

- Ulibarri MD, Strathdee SA, Patterson TL. Sexual and drug use behaviors associated with HIV and other sexually transmitted infections among female sex workers in the Mexico-U.S. border region. *Current Opinion in Psychiatry*. 2010; 23(3):215–220. [PubMed: 20308903]
- Ulibarri MD, Strathdee SA, Ulloa EC, Lozada R, Fraga M, Magis-Rodriguez C, Patterson T. Injection drug use as a mediator between client-perpetrated abuse and HIV status among female sex workers in two Mexico-U.S. border cities. *AIDS and Behavior*. 2011; 15(1):179–185. [PubMed: 19636697]
- Ulibarri, MD.; Sumner, LA.; Cyriac, A.; Amaro, H. Power, violence, and HIV risk in women. In: Paludi, M.; Denmark, FL., editors. *Victims of sexual assault and abuse: Resources and responses for individuals and families*. Vol. Vol. 1. Santa Barbara, CA.: Praeger; 2010. p. 211-236.
- Ulibarri MD, Ulloa EC, Camacho L. History of childhood sexual abuse among a community sample of Latina women: A descriptive study. *Journal of Child Sexual Abuse*. 2009; 18(4):405–421. [PubMed: 19842537]
- United States Census Bureau. [Retrieved June 26, 2011] The Hispanic population: 2010. 2010 census briefs. 2011. from www.census.gov/prod/cen2010/briefs/c2010br-04.pdf
- U.S. Department of Health and Human Services. *Understanding AIDS, a message from the Surgeon General*. HHS Publication No. (CDC) HHS-88-88404; 1988.
- Weeks MR, Schensul JJ, Williams SS, Singer M. AIDS prevention for African-American and Latina women: Building culturally and gender-appropriate intervention. *AIDS Education and Prevention*. 1995; 7(3):251–264. [PubMed: 7646948]
- White House. *National HIV/AIDS strategy for the United States*. White House; 2010 Jul. 2010 from www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf
- World Health Organization. *AIDS diagnosis and control: Current situation*, Report on a WHO meeting. München, Germany: MMV Medizin Verlag; 1987 Mar 16–18.
- World Health Organization. [Retrieved August 30, 2011] Guidelines for nursing management of people infected with human immunodeficiency virus (HIV). 1988. from http://whqlibdoc.who.int/aids/WHO_AIDS_3.pdf
- World Health Organization. [Retrieved August 30, 2011] Integrating gender into HIV/AIDS programmes. 2003. from www.who.int/gender/hiv_aids/en/Integrating%5B258KB%5D.pdf
- World Health Organization. [Retrieved August 30, 2011] Women and health: Today's evidence tomorrow's agenda. 2009. from http://www.who.int/gender/women_health_report/en/