PRECIOUS

Black Women, Neighborhood HIV/AIDS Risk, and Institutional Buffers[1]

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Abstract

This article posits that the response to the AIDS epidemic among Blacks in the United States must acknowledge structural and institutional realities that render poor Black urban neighborhoods particularly vulnerable to high HIV infection rates. The controversial film *Precious: Based on the Novel* Push *by Sapphire*, inspires our analysis, revealing the spatial context of HIV risk and suggesting new potential avenues through which to address the epidemic at the neighborhood level. In the film, we find opportunities for institutions to serve as intermediaries among neighborhoods, families, and individuals, not only to reduce the transmission of HIV, but also to improve health management for HIV-positive inner-city residents. The film points to three potential location-based sites of intervention: (1) mental health services that treat childhood sexual trauma; (2) HIV-related health messaging and services within urban street-level bureaucracies; and (3) neighborhood access to food and dietary resources that mitigate HIV disease progression.

Keywords: HIV/AIDS, Black Women, Poverty, Sexual Abuse, Food Access and Usage, Neighborhoods

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.

—President Barack Obama, July 13, 2010

INTRODUCTION

In July 2010, President Barack Obama unveiled a National HIV/AIDS Strategy for the United States, acknowledging in the above statement that social status shapes

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one's risk of infection, the experience of living with HIV/AIDS, and the epidemic's impact on particular communities. The Centers for Disease Control (CDC) (2009) report that Blacks, representing approximately 12% of the U.S. population, account for almost half (46%) of people in the United States living with HIV, as well as nearly half (45%) of new infections each year. In 2004, HIV infection was the leading cause of death among Black women aged twenty-five to thirty-four, and the third leading cause of death among Black women aged thirty-five to forty-four.[2]

The relationship between HIV, poverty, and geography has been extensively documented (Auerbach 2009). The CDC (2010) has suggested that 2.1% of heterosexuals living in high-poverty urban areas in the United States are infected with HIV, a rate well above the 1% that designates a generalized epidemic. Although gay and bisexual men continue to represent the majority of new infections, the CDC identifies poverty as "the single most important demographic factor associated with HIV infection among inner-city heterosexuals" (CDC 2010, p. 1). As such, the AIDS epidemic in poor Black urban neighborhoods marks a deadly convergence of race, poverty, and place that exposes residents to "limited health care access, which can reduce utilization of HIV testing and prevention services; substance abuse, which can increase sexual risk behavior; and high rates of incarceration, which can disrupt the stability of relationships" (CDC 2010, p. 2).[3]

We contend that, given the social complexity of the AIDS epidemic in poor Black urban communities, scholars and policymakers must consider neighborhood context to address high infection rates by acknowledging the *institutional* resources and deficits of these areas. Institutions serve as buffers against (or facilitators of) such macrostructural forces as poverty, racism, sexism, and homophobia that affect HIV transmission. Neighborhood institutional resource theory suggests that community organizations are key sites for translating individual attitudes, strategies, and behaviors into neighborhood-level resources and opportunities through organizational networks, specialized knowledge, and ability to bundle resources (Jencks and Mayer, 1990; Small 2009). AIDS service and advocacy organizations, as well as medical providers offering HIV/AIDS prevention and treatment services, are the most engaged and effective institutions operating in communities. Less conventional settings such as churches, salons and barbershops, and, in some cases, prisons, have also been constructively deployed in HIV prevention and treatment efforts (Grinstead et al., 2001; Linnan and Ferguson, 2007; Watkins-Hayes et al., 2011).

While acknowledging that such institutions have facilitated important HIV/AIDS responses, our task is to identify new venues that might reach even more inner-city residents. Inspired by the film, we examine mental health services to address childhood sexual trauma; HIV-related health messaging and services within non-medical human service bureaucracies that work closely with poor and minority residents; and opportunities for grocery stores, restaurants, and homes in poor communities to assist in the provision and preparation of disease-fighting food. These environments represent potential new organizational frontiers for neighborhood-based HIV/AIDS intervention.

WHY *PRECIOUS*? DIFFICULT DIALOGUES, NEIGHBORHOOD RISK, AND HIV

Precious depicts the educational, economic, and familial experiences of a low-income African American teen living in Harlem in the 1980s. The main character, Precious, is sexually and verbally abused by her mother, struggles with illiteracy,

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and is ostracized due to her physical appearance. She is sexually abused by her father, impregnated twice, and learns late in the film that he infected both her and her mother with HIV. The narrative arc of the film traces Precious's experience at an alternative school where she learns to read, gains self-esteem, and joins a community of young women that offers her social support as she prepares to give birth to her second child.

Before analyzing the lessons offered by the film, we pause to acknowledge its very mixed and emotionally fraught reception. While many mainstream White critics lauded the film and its actors, Mo'Nique and Gabourey Sidibe, Black audiences were split. In spite of the legitimacy that executive producers and media moguls Oprah Winfrey and Tyler Perry granted the film, several Black opinion leaders criticized the film's negative images of Black life on screen, citing Hollywood's seemingly insatiable appetite for stories emphasizing shameful behavior amongst Black characters while overlooking internalized, interpersonal, and institutionalized racism and economic exclusion as contributors to the hardship experienced by Blacks.[4]

Scholars of social inequality must engage these representations in order to problematize simplistic constructions of urban life, poverty, and racial stratification, and draw attention to the resources and needs of these communities.[5] The film's social significance and widespread popular and critical reception cannot be ignored. Through dramatic presentations—external representations of internal reflections and emotions—viewers embrace ideas and realities presented in holistic (cognitive, affective, aesthetic, and moral) and lasting ways (Freeman et al., 2003). The story and images presented in the film *Precious* could, therefore, prove useful in suggesting new and creative directions in HIV/AIDS-related scholarship, policies, and programs.

So what makes *Precious* relevant to a discussion on HIV? Individual and family experiences within inner-city communities are notably diverse and are certainly not all identical to Precious's story. Ultimately, although few scenes focus on HIV, the film challenges us to ask important questions about the AIDS epidemic. By exploring how the main character navigates the kind of community that now represents a key site of HIV transmission among heterosexuals, we use the film as a lens through which to review the biomedical, epidemiological, and social scientific evidence pertaining to interaction between individual factors that increase women's personal risk and the spatially bound dynamics that drive the epidemic. Notably, the film's raw *familial* and *individual* dynamics take place in a *neighborhood* context in which there are various economic, social, and medical vulnerabilities.

The Neighborhood Context of Precious's World: How HIV/AIDS Has Become Spatially Situated

Scholars have increasingly emphasized neighborhood effects to generate and test hypotheses on the effects of community and individual factors on health outcomes (Cenè et al., 2011; Massey 2004; Arnold et al., 2009).[6] We use the film *Precious* to show how institutions can act as mediators to these processes. To be sure, as Paula Treichler (1999) and others have noted, the risks of HIV are associated with *behavior* rather than *demographic characteristics* or *places of residence*. However, in the film, Precious navigates at least three community-level conditions that, when experienced by a multitude of people living in the same area, lead to a collective vulnerability that challenges residents' abilities to protect themselves from HIV infection.

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First, social policies of the 1980s, and, more recently, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, have gradually eroded welfare state resources, increasing psychological and economic vulnerability among poor families (Bok and Simmons, 2002). Simultaneously, widespread economic disinvestment from inner-city communities has limited the availability of capital and jobs (Wilson 1987),[7] creating a class of chronically unemployed and underemployed workers with few opportunities for economic mobility. Second, HIV/AIDS in these communities received scant attention from community leaders, politicians, and public health officials in the early stages of the epidemic (Cohen 1999). Third, the infiltration of crack cocaine and the targeted marketing of legal and illegal substances in communities like Precious's are associated with highly risky sexual and drug-related behaviors (Forbes 1993; Fullilove et al., 1993). The accompanying physical stress and health neglect that afflict many remaining residents are associated with heightened HIV risk (Berger 2004).

Several scholars have also highlighted the long-term health consequences of the mass incarceration of Black women and men (Freudenberg and Ramaswamy, 2009). As Adimora and Schoenbach (2005) observe: "The partner entering prison is now at risk of forming new (sometimes coercive) sexual connections with a pool of individuals among whom the prevalence of high-risk behaviors, HIV infection, and other STIs are high. . . . The partner who remains behind in the community forfeits the social and sexual companionship of the incarcerated partner and may pursue other partnerships to satisfy those needs" (p. S119; also see Kim et al., 2002). In sum, fewer economic opportunities and state services, a laggard response to the epidemic, and the simultaneous expansion of the drug epidemic and incarceration rates, have had lasting effects on the health and quality of life of poor families within inner-city communities, increasingly concentrating the AIDS epidemic within spatially bound parameters.

Gender also clearly affects how neighborhood conditions impact HIV infection rates (Berger 2004).[8] From 1981 to 1995, Black women accounted for 15% of new HIV cases, a figure that almost doubled, to 27%, from 2001–2004 (Hodder et al., 2010). Black women represent 14% of the female population, yet they currently account for two-thirds of new infections among women. Young poor Black women are particularly vulnerable to HIV infection because of their increased exposure to community, sexual, and economic violence (Gilbert and Wright, 2003; Hammonds 2004; Kaplan 1995; Voisin 2005; Wyatt et al., 2002). Women living in an impoverished social landscape are more likely to engage in a host of "survival-focused" behaviors: transactional sex for money, food, accommodations, protection, and other basic needs; sex for drugs; power-imbalanced relationships between younger women and older men; and other intimate partnerings that may reduce their abilities to protect themselves from infection (Farmer et al., 1996; Parker et al., 2000). Higher mortality and incarceration rates among Black males also determine the sex ratio in many Black communities, contributing to dense social-sexual networks within an economically and racially segregated context (Adimora and Schoenbach, 2005; Wilson 1987). Particularly because of the relatively low rate of interracial dating among Black women, "the shortage of men places women at a disadvantage in negotiating and maintaining mutually monogamous relationships" (Adimora and Schoenbach, 2005, p. S118). These economic, social, and sexual relationships often leave one partner in a position of power over another, limiting the less-powerful partner's ability to dictate the terms of the relationship regarding condom use, monogamy, and HIV testing. While these relationships are neither always heterosexual nor always organized around traditional gender roles, these dynamics are likely to leave women particularly vulnerable.

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THE INSTITUTIONAL CONTEXT OF PRECIOUS'S WORLD: ORGANIZATIONS AS NEIGHBORHOOD RISK BUFFERS

Research suggests that residents of neighborhoods with abundant institutional resources are more likely to experience improved outcomes on a number of fronts (Jencks and Mayer, 1990; Leventhal and Brooks-Gunn, 2000; Small 2009). The institutional resources available to help Black women living in poor neighborhoods address what Deborah King (1988) terms "multiple jeopardy" are, therefore, likely to facilitate place-based HIV prevention and treatment efforts. We also posit that neighborhood institutions can help protect women even if their services are only *indirectly* rather than *directly* targeted toward HIV prevention and treatment. In what follows, we explore three domains in which it is possible to incorporate neighborhood-level HIV prevention and treatment efforts into existing organizational functions: (1) community mental health services that address traumatic life events such as childhood sexual abuse; (2) HIV-related health messaging and services within local street-level bureaucracies; and (3) food access and use issues within grocery stores, restaurants, and homes in poor communities.

Childhood Sexual Abuse and Community Mental Health

In *Precious*, mother and daughter harbor silence around the sexual, physical, and verbal abuse that Precious experiences at the hands of her parents. Dissociating herself from the violence, Precious constructs a fantasy world rife with celebrity, romance, and social possibilities. Being victimized at such a young age renders Precious powerless in deploying self-protective actions, thus reminding us that some have limited control over their exposure to HIV. To break this type of structured silence and mitigate its effects on mental and physical health, we seek institutional interventions that acknowledge childhood sexual victimization as a public health threat with implications for HIV/AIDS.

Retrospective studies using interview and public agency data suggest that neighborhood poverty is strongly correlated with reported child physical abuse and moderately correlated with reported child sexual abuse (Drake and Pandey, 1996).[9] Childhood sexual abuse has been linked to behaviors that put individuals at risk for HIV infection. In a study of mostly White gay men, Allers and Benjack (1991) found that a majority of their HIV-positive participants experienced some type of sexual abuse during childhood. Cohen et al. (2000) suggest that childhood sexual abuse can be an entry point into a physical and sexual abuse continuum that places women at risk for HIV infection.[10] Teens who experience sexual abuse may be more likely to engage in risky behaviors such as substance abuse, multiple sex partners, or failure to self-protect, ultimately putting themselves at risk of contracting HIV/AIDS (Voisin 2005). Women who have been sexually abused as children may be more likely to experience nonconsensual sexual contact or find it more difficult to negotiate the parameters of safer sex. Wyatt et al. (2002) show how risky behaviors can become *coping* mechanisms for survivors of childhood sexual abuse, as survivors may use multiple sex partners or substance abuse as a form of self-medication.

Post-Traumatic Stress Disorder (PTSD) afflicts many people living with HIV/AIDS who suffered childhood sexual abuse or similarly traumatic events (Cohen et al., 2001). PTSD has been found to alter the immune system, the main site of HIV attacks (Uddin et al., 2010). Both depression and low self-efficacy have been linked to increased symptomatic invasion in HIV-positive heterosexual women (Mosack et al., 2009). The depression and memory loss commonly associated with PTSD

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have been found to deter some infected persons from seeking treatment or taking daily medications (Leserman et al., 2005).

Given the relationship between neighborhood poverty, child sexual abuse, and HIV/AIDS, community health services represent a first line of defense by helping individuals cope with traumatic experiences that may lead to risky behaviors and encouraging infected people to seek treatment. Educating communities about childhood sexual abuse, providing mental health services to both the abused and abusers, and framing the eradication of childhood sexual abuse as an HIV/AIDS prevention strategy could vastly change the evolution of the AIDS epidemic.[11]

Re-Imagining the Urban Street-Level Bureaucracy in the AIDS Era

Precious demonstrates the futility of compartmentalized institutional approaches to fighting the AIDS epidemic. Health organizations might lead the way, but they require a diverse network of community-based organizations to carry and reinforce their message. In this regard, street-level bureaucracies within poor Black urban neighborhoods, such as public aid offices, housing authorities, and schools, remain underutilized as potential facilitators of AIDS prevention and care. Interventions by street-level bureaucrats who routinely interact with community residents may challenge or reinforce how people understand and address personal and neighborhood-level risk.

The film illustrates how marginalized individuals interact with, receive messages from, and access resources from a variety of human service institutions or street-level bureaucracies. Precious's alternative school, for example, clearly serves as a safe space and has the potential to deepen its role as a conduit for the exchange of ideas and information about sex and health. Public aid offices have similar potential, exemplified in *Precious* when routine inquiries by a welfare caseworker about Precious's home life evolve into painful confessions of abuse that explain how Precious and her mother came to be infected with HIV. Such "catch-all bureaucracies" and their personnel routinely respond to a variety of challenges, often directly or indirectly related to clients' health. As Watkins-Hayes (2009) states, because alternative community and individual resources are so few, catch-all bureaucracies take on unique roles in the lives of disadvantaged families, "even if their circumscribed organizational missions and policy mandates are simultaneously trying to limit clients' reliance on them and increase the demands made of them" (p. 31).

How might a wider variety of such bureaucracies address the issues of HIV prevention and treatment? While they may be poorly suited to provide health education due to extensive caseloads and work demands and limited health expertise, street-level bureaucracies could host satellite public health clinics that market HIV-related messages to clients who seek other services. Moreover, social service agencies could partner with public health organizations to address the economic and social needs, such as employment, education, and housing assistance, of those living with (or at greater risk of contracting) HIV. Finally, partnerships with prisons represent significant prevention and treatment opportunities, both during incarceration and after release. As Hammett et al. (1998) highlight, "Many recently released inmates require primary care for HIV/AIDS, other STDs, and TB. Consequently, timely discharge planning is essential, as are linkages with community-based organizations and agencies that can provide medical care, health education, and necessary supportive services" (p. 99). While such arrangements between prisons and local human service institutions have been controversial, they have been found to be effective disease-prevention mechanisms.

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This call for increased partnerships involving medical providers, the public health community, and street-level bureaucracies reflects the reality that law enforcement organizations, public aid offices, and other institutions are *already* playing a role in HIV prevention and treatment efforts for inner-city residents. For example, it is not uncommon that women diagnosed with HIV while in prison receive their first critical pieces of information about the implications of HIV from prison health officials or other prisoners (Watkins-Hayes et al., 2011), information that they often use to inform their health management practices. Unfortunately, public aid offices typically offer no resources for sexual health and do not network with other institutions that might take the lead. Yet clients cannot avoid hearing about at least one cost of unprotected sex within these institutions, receiving explicit warnings not to have additional children while receiving benefits. The irony is that these conversations about sexual consequences focus almost exclusively on state economic interests, completely ignoring women's interests in sexual protection. The goal, therefore, is to reframe conversations already taking place in street-level bureaucracies about sex, drug use, and health to better support the health management of community residents. Such work represents a promising institutionally-based HIV/AIDS prevention and treatment strategy that reflects neighborhood context. As government resources for social and medical services become scarcer, health organizations in inner-city communities must become savvier in their response to the AIDS crisis by seizing opportunities to develop creative partnerships that reach as many people as possible in these neighborhoods.

Food, Culture, and Economics among Black Women Living with HIV/AIDS

In addition to the strategies previously outlined, a third way to address blights at the neighborhood and community levels targets resources that encourage people to eat nutritiously, which is conducive to better health in the wake of an HIV diagnosis. Chronic deficiencies in vital nutritional resources have been shown to directly impact HIV-positive individuals (Mahadevan and Fisher, 2010), among whom malnutrition increases oxidative stress and immune suppression while reducing nutrient absorption (Haddad and Gillespie, 2001). HIV-infected youth are at high risk of obesity and poor diet quality, causing increased metabolic abnormalities (Kruzich et al., 2004). Here again we must identify unique opportunities through which advocates of food access and affordability can partner with AIDS treatment advocates to help reframe food access and use to support community-based HIV wellness efforts.

Precious offers insights to scholars interested in exploring how food, place, and sociocultural practices are interrelated with health. The movie's subtext shifts from the main character's struggle with her body image, to the use of food as both comfort and punishment, to the food choices Precious makes in a community offering limited healthy food options. In several scenes, we see Precious cook and consume low-cost foods following methods that reduce nutritional value and increase fat and caloric content. The film also reminds us how depression and low self-efficacy can suppress internal health maintenance resources through culinary culture (Geyskens et al., 2008; Siefert et al., 2001). When cognitive resources are taxed, "good eating" is often sacrificed. Precious's narrative illustrates the complex relationship between HIV and nutrition, suggesting that food quality must be explored by scholars as well as medical and public health professionals at the individual, family, and community levels if we are to understand fully how it affects wellness in the context of HIV infection.

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Poor urban communities are virtual food deserts at the retail level, rife with fast food establishments and stores offering processed foods that undermine healthy living (Cummins and Macintyre, 2006; Kwate 2008). Residents of low-income neighborhoods also must spend a higher percentage of their income on food, so they struggle with access and affordability (Barnes 2005). Nutritional interventions for individuals in such neighborhoods produce modest improvement in the selection of healthier options, but structural strategies that lower food costs and increase availability of healthy food choices have been associated with more significant dietary improvements (French et al., 1997). To inculcate healthy food practices among HIV-positive residents, nutritional prescriptions must be accompanied by sensitivity to identity and place in acknowledging the generational transmission of food consumption practices and the limited resources characteristic of poor urban neighborhoods (Boarradaile et al., 2009; Moisio et al., 2004).

CONCLUSION

Increasing the availability, accessibility, affordability, and quality of community-based institutional resources, including mental health facilities, street-level bureaucracies that address HIV-related health needs, and sources of healthy foods, could influence a host of individual- and neighborhood-level outcomes with respect to HIV prevention and treatment. This could involve *direct* intervention through services and education designed to stop the spread of HIV/AIDS and to help those infected manage their health, and *indirect* influence through better institutional messaging around HIV prevention and overall wellness. The institutional examples that are highlighted in *Precious* suggest promising opportunities for organizations to help individuals heal from sexual abuse that may increase their HIV risk; offer HIV-related health messages and services to a broader population of individuals pursuing social and economic services; and promote physical wellness and slower HIV disease progression through diet. Such organizations can also generate social capital, which can provide a protective function by reducing psychological and financial stress, connecting residents to other community resources, and recalibrating normative healthy living standards among families and individuals.

Although the film is set in Harlem in the 1980s, the depictions of Precious's community are representative of many impoverished inner-city neighborhoods today. We have abundant evidence that local environmental factors can create an economic, political, and social context in which HIV/AIDS proliferates; therefore, scholars and policymakers must focus on the structural and institutional dynamics that might mitigate these factors (Auerbach 2009). Certainly, individual attitudes and behaviors matter in the fight against AIDS, but we cannot change personal behavior without changing the environment in which it occurs. Interventions are likely to be much more effective when they capitalize aggressively on place-based opportunities to address the epidemic's neighborhood context. The film *Precious* should encourage scholars and policymakers to imagine new frontiers in the fight against AIDS, particularly by acknowledging the increasing role of geography and considering how institutions can address individual-level risk behaviors in the neighborhood context.

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NOTES

1. The authors thank Michelle Wright, Mary Pattillo, and anonymous reviewers for their comments and criticisms.
2. The HIV incidence rate for Black women is nearly fifteen times higher than that of White women, and nearly four times that of Hispanic women. See http://www.cdc.gov/hiv/topics/aa/index.htm.
3. In this paper, we use the terms *neighborhood* and *community* interchangeably, following the lead of public health research. Roux (2001) argues that the terms "have often been used loosely to refer to a person's immediate residential environment, which is hypothesized to have both material and social characteristics potentially related to health. . . . Criteria [for defining neighborhoods] can be historical, based on people's characteristics, based on administrative boundaries [such as census tracks], or based on people's perceptions" (p. 1784).
4. See, for example, the poet Ishmael Reed's op-ed piece in *The New York Times*, "Fade to White," which appeared in the February 4, 2010 edition. Donald Bogle's (2006) *Toms, Coons, Mulattoes, Mammies & Bucks* highlights the complex relationship between Black actors' careers, their real lives, and perceptions of their work by other Blacks. Many worry that poor images of Blacks have far-reaching political, cultural, and even economic implications on society's assessment of Black worth, independence, or functionality. Racial stereotypes absent positive images are thought to fuel prejudice and deny opportunities.
5. For example, renowned Harvard sociologist Williams Julius Wilson recently discussed the HBO television show *The Wire* in a series of public lectures, writings, and a course about modern urban conditions. Wilson explained, "I do not hesitate to say that [*The Wire*] has done more to enhance our understanding of the challenges of urban life, and the problems of urban inequality, than any other media event or scholarly publication, including studies by social scientists" (Carioli 2009, p. 1).
6. This area of research is not without significant challenges. Roux (2001) identifies several: defining neighborhoods or relevant geographic areas that should be included in analysis, identifying key neighborhood characteristics that may shape health processes and outcomes, specifying the role of individual-level variables and determining their relationship to neighborhood-level variables, incorporating life-course or longitudinal dimensions in the analysis, and avoiding reductionist analyses of neighborhood factors.
7. This particularly affected workers with limited education. Unable to participate in the growing technology- and information-based economy, these workers must often settle for service-sector jobs that offer lower wages, fewer benefits, and many fewer opportunities to advance within an organization. As a result, many inner-city neighborhoods have become not only racially but also economically segregated.
8. It is important to recognize that men are gendered as well and that sex and sexuality play critical roles in the social and medical dimensions of HIV/AIDS for them.
9. The Drake and Pandey (1996) study reports constant substantiation rates across poverty levels, ranging from 40% to 44%. The higher incidence of physical abuse in poor communities is attributed to the increased stress of neighborhood violence (sometimes leading to authoritarian parenting styles that can be interpreted as abusive), the effects of mind-altering drugs and alcohol, with child supervision problems in single-parent households cited in the case of sexual abuse. It is important to note, however, that not all poor urban neighborhoods pose similar levels of risk to children.
10. Cohen et al. (2000) specify that childhood sexual abuse and domestic violence can be considered *predictors* of risky behavior but not necessarily *causes* of HIV infection.
11. Mental health services for perpetrators of sexual abuse should, of course, be used in tandem with law enforcement and correctional interventions.

REFERENCES

Adimora, Adaora A. and Victor J. Schoenbach (2005). Social Context, Sexual Networks, and Racial Disparities in Rates of Sexually Transmitted Infections. *Journal of Infectious Diseases*, 191: S115–S122.

Allers, Christopher T. and Karen J. Benjack (1991). Connections Between Childhood Abuse and HIV Infection. *Journal of Counseling and Development*, 70(2): 309–313.

Arnold, Michael, Ling Hsu, Sharon Pipkin, Willi McFarland, and George W. Rutherford (2009). Race, Place and AIDS: The Role of Socioeconomic Context on Racial Disparities in Treatment and Survival in San Francisco. *Social Science & Medicine*, 69(1): 121–128.

https://doi.org/10.1017/S1742058X1100021X Published online by Cambridge University Press

Auerbach, Judith (2009). Transforming Social Structures and Environments to Help in HIV Prevention. *Health Affairs*, 28(6): 1655–1665.
Barnes, Sandra (2005). *The Cost of Being Poor: A Comparative Study of Life in Poor Urban Neighborhoods in Gary, Indiana*. Albany, NY: State University of New York Press.
Berger, Michelle T. (2004). *Workable Sisterhood: The Political Journey of Stigmatized Women with HIV/AIDS*. Princeton, NJ: Princeton University Press.
Boarradaile, K. E., S. Sherman, S. S. V. Veur, T. McCoy, B. Sandoval, J. Nachmani et al. (2009). Snacking in Children: The Role of Urban Corner Stores. *Pediatrics*, 124: 1293–1298.
Bogle, Donald (2006). *Toms, Coons, Mulattos, Mammies, and Bucks: An Interpretive History of Blacks in American Films*, 4ed. New York: Continuum Press.
Bok, Marica and Louise Simmons (2002). Post-Welfare Reform, Low-Income Families and the Dissolution of the Safety Net. *Journal of Family and Economic Issues*, 23(3): 217–238.
Carioli, Carly (2009). Harvard to Offer Class on *The Wire* by William Julius Wilson. *The Boston Phoenix*. Oct 29. ⟨http://thephoenix.com/BLOGS/phlog/archive/2009/10/29/harvard-to-offer-class-on-the-wire-by-william-julius-wilson-omar-inducted-into-harvard-lampoon.aspx⟩ (accessed July 15, 2010)
Cenè, Crystal, Aletha Akers, Stacey Lloyd, Tashuna Albritton, Wizdom Powell Hammond, and Giselle Corbie-Smith (2011). Understanding Social Capital and HIV Risk in Rural African American Communities. *Journal of General Internal Medicine*, Online First, February 10, 2011. ⟨http://www.springerlink.com/content/e1033t25g049752n/⟩ (accessed February 15, 2011).
Cohen, Cathy (1999). *The Boundaries of Blackness: AIDS and the Breakdown of Black Politics*. Chicago, IL: University of Chicago Press.
Cohen, Mardge, Catherine Deamant, Susan Barkan, Jean Richardson, Mary Young, Susan Holman, Kathryn Anastos, Judith Cohen, and Sandra Melnick (2000). Domestic Violence and Childhood Sexual Abuse in HIV-Infected Women and Women at Risk for HIV. *American Journal of Public Health*, 90(4): 560–565.
Cohen, Mary Ann, Cesar A. Alfonso, Rosalind G. Hoffman, Victoria Milau, and Gloria Carrera (2001). Letters to the Editor: The Impact of PTSD on Treatment Adherence in Persons with HIV Infection. *General Hospital Psychiatry*, 23: 294–295.
Cummins, Steven and Sally Macintyre (2006). Food Environments and Obesity—Neighborhood or Nation? *International Journal of Epidemiology*, 35(1): 100–104.
Drake, Brett and Shanta Pandey (1996). Understanding the Relationship between Neighborhood Poverty and Specific Types of Child Maltreatment. *Child Abuse and Neglect*, 20(11): 1003–1018.
Farmer, Paul, Margaret Connors, and Janie Simmons (Eds.) (1996). *Women, Poverty, and AIDS: Sex, Drugs and Structural Violence*. Monroe, ME: Common Courage Press.
Forbes, A. (1993). Crack Cocaine and HIV: How National Drug-Addiction-Treatment Deficits Fan the Pandemic's Flames. *AIDS & Public Policy Journal*, 8(1): 44–52.
Freeman, Gregory D., Kathleen Sullivan, and C. Ray Fulton. (2003). Effects of Creative Drama on Self-Concept, Social Skills, and Problem Behavior. *The Journal of Educational Research*, 96(3): 131–138.
French, Simone A., Robert W. Jeffrey, Mary Story, Peter Hannan, and M. Patricia Snyder (1997). A Pricing Strategy to Promote Low-Fat Snack Choices through Vending Machines. *American Journal of Public Health*, 87: 849–851.
Freudenberg, Nicholas and Megha Ramaswamy (2009). The Impact of Incarceration on the Health of African Americans. In Ronald L. Braithwaite, Sandra E. Taylor, Henrie M. Treadwell (Eds.), *Health Issues in the Black Community*, pp. 209–229. San Francisco, CA: John Wiley & Sons, Inc.
Fullilove, M. T., E. Golden, R. E. Fullilove, R. Lennon, D. Porterfield, S. Schwarcz, and G. Bolan (1993). Crack Cocaine Use and High-Risk Behaviors among Sexually Active Black Adolescents. *Journal of Adolescent Health*, 14(4): 295–300.
Geyskens, Kelly, Siegried Dewitte, Mario Pandelaere, and Luk Warlop (2008). Tempt Me Just a Little Bit More: The Effect of Prior Food Temptation Actionability on Goal Activation and Consumption. *Journal of Consumer Research*, 35: 600–610.
Gilbert, Dorie J. and Ednita M. Wright (2003). *African American Women and HIV/AIDS: Critical Responses*. Westport, CT: Praeger Press.
Grinstead, Olga, Barry Zack, and Bonnie Faigeles (2001). Reducing Postrelease Risk Behavior among HIV Seropositive Prison Inmates: The Health Promotion Program. *AIDS Education and Prevention*, 13(2): 109–119.

https://doi.org/10.1017/S1742058X1100021X Published online by Cambridge University Press

Haddad, Lawrence and Stuart Gillespie (2001). Effective Food and Nutrition Policy Responses to HIV/AIDS: What We Know and What We Need to Know. In *Food Consumption and Nutrition Division*. Washington, DC: International Food Policy Research Institute.

Hammett, Theodore M., Juarlyn L. Gaiter, and Cheryl Crawford (1998). Reaching Seriously At-Risk Populations: Health Interventions in Criminal Justice Settings. *Health Education and Behavior*, 25(1): 99–120.

Hammonds, Evelynn (2004). Black (W)holes and the Geometry of Black Female Sexuality. In J. Bobo, C. Hudley, and C. Michel, (Eds.), *The Black Studies Reader*, pp. 301–314. New York: Routledge.

Hodder, Sally L., Jessica Justman, Danielle F. Haley, Adaora A. Adimora, Catherine I. Fogel, Carol E. Golin, Ann O'Leary, Lydia Soto-Torres, Gina Wingood, and Wafaa M. El-Sadr (2010). Challenges of a Hidden Epidemic: HIV Prevention among Women in the United States. *Journal of Acquired Immune Deficiency Syndrome*, 55(Supplement 2): S69–S73.

Jencks, Christopher and Susan Mayer (1990). The Social Consequences of Growing Up in a Poor Neighborhood. In L. E. Lynn and M. F. H. McGeary (Eds.), *Inner-City Poverty in the United States*, pp. 111–186. Washington, DC: National Academy Press.

Kaplan, Mark S. (1995). Feminization of the AIDS Epidemic. *Journal of Sociology and Social Welfare*, 22(2): 5–21.

Kim, A., K. Page-Shafer, J. Ruiz, L. Reyes, W. Delgado, J. Klausner, F. Molitor, M. Katz, and W. McFarland (2002). Vulnerability to HIV Among Women Formerly Incarcerated and Women with Incarcerated Sexual Partners. *AIDS and Behavior*, 6(4): 331–338.

King, Deborah (1988). Multiple Jeopardy, Multiple Consciousness: The Context of a Black Feminist Ideology. *Signs*, 14(1): 42–72.

Kruzich, Laurie A., Grace S. Marquis, Craig M. Wilson, and Charles B. Stephenson. (2004). Obesity and Poor Diet Quality: A Challenge for Improving Short- and Long-Term Health Outcomes. *Journal of the American Dietitic Association*, 104(10): 1554–1560.

Kwate, Naa Oyo A. (2008). Fried Chicken and Fresh Apples: Racial Segregation as a Fundamental Cause of Fast Food Density in Black Neighborhoods. *Health & Place*, 14(1): 32–44.

Leserman, Jane, Kathryn Whetten, Kristin Lowe, Dalene Stangl, Marvin Swartz, and Nathan M. Thielman (2005). How Trauma, Recent Stressful Events, and PTSD Affect Functional Health Status and Health Utilization in HIV-Infected Patients in the South. *Psychosomatic Medicine*, 67(3): 500–507.

Leventhal, Tama and Jeanne Brooks-Gunn (2000). The Neighborhoods They Live In: The Effects of Neighborhood Residence on Child and Adolescent Outcomes. *Psychological Bulletin*, 126(2): 309–337.

Linnan, Laura and Yvonne Ferguson (2007). Beauty Salons: A Promising Health Promotion Setting for Reaching and Promoting Health Among African-American Women. *Health Education and Behavior*, 34(3): 517–30.

Mahadevan, Meena and Celia Fisher (2010). Factors Influencing the Nutritional Health and Food Choices of African American HIV-Positive Marginally Housed and Homeless Female Substance Abusers. *Applied Developmental Science*, 14(2): 72–88.

Massey, Douglas (2004). Segregation and Stratification: A Biosocial Perspective. *DuBois Review: Social Science Research on Race*, 1(1): 7–25.

Moisio, Risto, Eric J. Arnould, and Linda L. Price (2004). Between Mothers & Markets: Constructing Family Identity through Homemade Food. *Journal of Consumer Culture*, 4(3): 361–384.

Mosack, Katie E., Lance S. Weinhardt, Jeffrey A. Kelly, Cheryl Gore-Felton, Timothy L. McAuliffe, Mallory O. Johnson, Robert H. Remien, Mary Jane Rotheram-Borus, Anke A. Ehrhardt, Margaret A. Chesney, and Stephen F. Morin (2009). Influence of Coping, Social Support, and Depression on Subjective Health Status among HIV-Positive Adults with Different Sexual Identities. *Behavioral Medicine*, 34(4): 133–144.

Parker, Richard G., Delia Easton, and Charles H. Klein (2000). Structural Barriers and Facilitators in HIV Prevention: A Review of International Research. *AIDS*, 14(supplement): S22–S32.

Roux, Ana V. Diez (2001). Investigating Neighborhood and Area Effects on Health. *American Journal of Public Health*. 91(11): 1783–1789.

Siefert, Kristine, Colleen M. Heflin, Mary E. Corcoran, and David R. Williams (2001). Food Insufficiency and the Physical and Mental Health of Low-Income Women. *Women and Health*, 32(1–2): 159–177.

Small, Mario (2009). *Unanticipated Gains: Origins of Network Inequality in Everyday Life*. New York: Oxford University Press.

https://doi.org/10.1017/S1742058X1100021X Published online by Cambridge University Press

Treichler, Paula (1999). *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS*. Durham, NC: Duke University Press.

Uddin, Monica, Allison E. Aiello, Derek E. Windman, Karestan C. Koenen, Graham Pawelec, Regina de los Santos, Emily Goldmann, and Sandro Galea (2010). Epigenetic and Immune Function Profiles Associated with Posttraumatic Stress Disorder. *Proceedings of the National Academy of Sciences of the United States of America*, 107(20): 9470–9475.

U.S. Centers for Disease Control and Prevention (CDC) (2009). *HIV/AIDS among African Americans*. CDC HIV/AIDS Fact Sheet. Washington, DC: U.S. Government Printing Office.

U.S. Centers for Disease Control and Prevention (CDC) (2010). New CDC Analysis Reveals Strong Link between Poverty and HIV Infection: New Study in Low-Income Heterosexuals in America's Inner Cities Reveals High HIV Rates. Press Release, July 19, 2010. ⟨http://www.cdc.gov/nchhstp/newsroom/povertyandhivpressrelease.html⟩ (accessed July 29, 2010).

Voisin, Dexter (2005). The Relationship between Violence Exposure and HIV Sexual Risk Behaviors: Does Gender Matter? *American Journal of Orthopsychiatry*, 75(4): 497–506.

Watkins-Hayes, Celeste (2009). *The New Welfare Bureaucrats: Entanglements of Race, Class, and Policy Reform*. Chicago, IL: University of Chicago Press.

Watkins-Hayes, Celeste, LaShawnDa Pittman, and Jean Beaman (2011). "*Dying From" to "Living With" HIV/AIDS: Framing Institutions and the Coping Processes of Infected Black Women*. Unpublished Manuscript, Department of Sociology, Northwestern University.

White House Office of National AIDS Policy. *National HIV/AIDS Strategy for the United States*. July 2010. ⟨http://www.whitehouse.gov/administration/eop/onap/nhas/⟩ (accessed July 29, 2010).

Wilson, William J. (1987). *The Truly Disadvantaged: The Inner City, the Underclass, and Public Policy*. Chicago, IL: University of Chicago Press.

Wyatt, Gail, Hector F. Myers, John K. Williams, Christina Ramirez Kitchen, Tamra Loeb, Jennifer Vargas Carmona, Lacey E. Wyatt, Dorothy Chin, and Nicole Presley (2002). Does a History of Trauma Contribute to HIV Risk for Women of Color? Implications for Prevention and Policy. *American Journal of Public Health*, 92(4): 660–665.

https://doi.org/10.1017/S1742058X1100021X Published online by Cambridge University Press