LOS ANGELES COUNTY
COMMISSION ON HIV

Summary Report: East Los Angeles Women's Listening Session – June 14, 2025

Focusing on the Experiences of Spanish-Speaking Women Living with HIV

Total Participants = 4

The session was part of a broader initiative by the Women's Caucus of the Los Angeles County Commission on HIV to gather firsthand accounts of women's experiences receiving HIV-related and sexual health services, understand service gaps and barriers within the Ryan White Care Program and inform recommendations for improving care and support for women living with HIV.

Experiences with Sexual Health Services

Many women noted mostly positive experiences in accessing sexual health services and described strong relationships with specific providers, particularly those who offered empathy, continuity of care, and specialized knowledge in maternal and HIV care. For several participants, HIV was discovered during pregnancy, which led to mixed emotions of fear and joy, and many were referred to providers who had experience in providing HIV care. Most women noted that their children were the catalyst for seeking treatment and continuing care.

Gaps and Barriers in Services

Some women reported that providers failed to ask comprehensive sexual health questions, leaving critical gaps in prevention and risk assessment. A persistent shortage of Spanish-speaking mental health professionals was cited. Many had to rely on interpreters, which disrupted trust and emotional safety. Multiple participants recounted painful experiences of being stigmatized by medical professionals as well as family and community. Concerns were raised about potential service cuts, particularly to mental health programs and Ryan White-funded services, increasing participants' vulnerability. The group expressed the need for routine, respectful screening for sexual health risks, mental health, and substance use. They also called for increased education for medical staff on HIV stigma and trauma-informed care, and the need to adapt care and services to the unique experiences of women.

Mental Health Challenges and Support Needs

Participants emphasized the importance of mental well-being in their HIV journey. Many of the women expressed that, while they had learned to manage their physical health, their emotional well-being remained an ongoing challenge. Depression, suicidal ideation, trauma, and unresolved grief were common threads. Despite seeking help, several participants reported systemic failures in accessing mental health care. Language barriers, lack of culturally appropriate therapists, and high turnover among counselors left them feeling adrift. They expressed a need for consistent, Spanish-speaking therapists who understand both cultural context and the emotional toll of living with HIV and called for consistent follow-up when therapists or providers leave.

The women also spoke about the importance of community and of feeling seen and heard. Many described how support groups, church communities, and relationships with other women living with HIV had helped them rebuild their sense of worth and connection. One woman shared how her faith journey brought healing after being estranged from her mother and family. Another explained that group therapy at a women's center gave her the space to process a recent loss that no one else had helped her navigate. The group called for increased funding for women-focused HIV support groups, peer navigation, and mentorship programs that foster community and resilience.

Social and Structural Challenges

Structural challenges were equally pressing. Some women explained how they were never asked about their sexual health needs by doctors. Topics like risk behaviors, drug use, or STI screenings were often ignored. Others noted how growing fear around immigration enforcement had become a significant barrier to attending appointments or community meetings. Even women with documentation expressed feeling hunted or unsafe in public spaces. The group acknowledged the need to mitigate the impact of immigration enforcement, and family separation and ensure continued access to maternal health, reproductive care, and integrated HIV services.

For many, stigma was still the greatest obstacle. Whether it came from family, community, or within the healthcare system, it created silence, shame, and distance. One woman tearfully recounted how she had been called "sidosa" (AIDS-infected) in her neighborhood, others avoided touching her, and even social workers treated her as if she were dangerous. Many felt alone in their diagnosis and lacked family or community support. Participants also noted that stigma is compounded for heterosexual women, especially when men deny responsibility or hide same-sex behaviors. Participants recommended partnering with faith-based and community organizations to reduce stigma and increase service reach.

The listening session revealed deep emotional narratives shaped by resilience, trauma, and systemic inequities. Despite stigma and isolation, participants demonstrated a strong will to advocate for themselves and others. Ensuring continuity, empathy, and culturally appropriate services will be vital to improving outcomes for women living with HIV in Los Angeles County.