



In 2003, the number of new HIV infections among women worldwide reached parity with that of men. In some locales and among certain age groups, the percentage of females with HIV/AIDS has surpassed that of males. In sub-Saharan Africa, for example, females account for 76% of HIV infections among young people aged 15 to 24.¹

A number of biological, behavioral, and social factors contribute to the increased vulnerability of women—particularly young women—to HIV infection. One factor that has been receiving increasing attention is gender-based violence (GBV).

issue brief

Gender-Based Violence and HIV Among Women: Assessing the Evidence

The President's Emergency Plan for AIDS Relief (PEPFAR), for instance, states its support for "interventions to eradicate prostitution, sexual trafficking, rape, assault, and sexual exploitation of women and children" as a part of its global AIDS strategy², although little has yet been achieved in this regard.³ Decisions about which interventions to fund should be informed by a review of the scientific evidence elucidating the relationship between GBV and HIV.

What is Gender-Based Violence?

Gender-based violence refers to a range of harmful customs and behaviors against girls and women, including intimate partner violence, domestic violence, assaults against women, child sexual abuse, and rape. It generally derives from cultural and social norms that imbue men with power and authority over women.⁴

Prevalence estimates for GBV vary widely as a result of differing definitions of violence, data collection methods, and time periods used in different studies. Current estimates indicate that between 8% and 70% of women worldwide have been physically or sexually assaulted by a male partner at least once in their lives.⁵ In the United States, one third to one fifth of all women will be physically assaulted by a partner or ex-partner during their lifetime.⁶ This variation in estimated prevalence may also be a consequence of significant underreporting due to stigma, shame, or other social and cultural factors that deter women from disclosing episodes of gender-based violence.⁷

GBV can include physical, sexual, and psychological abuse by a person with whom the victim has had an intimate relationship or by a stranger.

- Physical abuse can take the form of hitting, slapping, punching, or kicking.^{7,8}
- Sexual abuse/forced or coercive sex includes rape within marriage or dating relationships, rape by strangers, unwanted sexual advances or harassment, forced marriage, denial of the right to use contraception or other measures to protect against sexually transmitted infections (STI), forced abortion, forced prostitution, and trafficking of people for the purpose of sexual exploitation. Childhood sexual abuse is sexual abuse that occurs before 18 years of age.⁸
- Psychological abuse includes belittling, humiliating, and intimidating an individual.⁷

Gender-Based Violence as a Cause of HIV Infection

There is emerging evidence connecting the rapidly expanding HIV epidemic and GBV, particularly among young women.^{9,10}

A growing number of studies indicate that the first sexual experience of young women is often coerced,^{7,11} and that such coercion is often viewed as a routine part of a relationship.¹²

Gender-based violence may increase a woman's risk for HIV infection through forced or coercive sex in several ways:

- The physiology of the female genital tract makes women—especially young women— inherently more susceptible to HIV infection than men. Women are twice as likely to acquire HIV from men during sexual intercourse than vice versa. And forced or violent intercourse can cause abrasions and cuts, which facilitate entry of HIV through vaginal mucosa.¹³
- Forced sex limits a woman's ability to successfully negotiate HIV prevention behaviors such as condom use.¹⁴⁻¹⁶

Several psychosocial factors also increase a woman's vulnerability to both sexual violence and HIV infection. These include age, alcohol or drug consumption, previous history of abuse, number of sex partners, involvement in sex work, educational level, and socioeconomic status.⁷

- Several studies link a history of childhood sexual abuse to an increase in HIV risk-taking behavior, including drug abuse, having a male partner at risk for HIV, having multiple partners, and exchanging sex for drugs, money, or shelter.^{8,17-19}
- A study of racial and ethnic minority women in the United States found that those who had more sex partners, were unemployed, had more STIs, had a more severe history of physical and sexual trauma, and were

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less educated were more likely to be HIV infected.²⁰

- A study in South Africa found that experience of violence and controlling behavior from male partners was strongly associated with increased risk of HIV infection among women.²¹ Similar to other research^{10,22,23}, this study also noted that multiple partners, transactional sex, and substance abuse increased HIV risk among women.²¹

Rape—the most extreme version of forced sex—occurs in many different settings and situations, including intimate relationships, schools, health-care facilities, refugee camps, and during periods of armed conflict.

- A recent national survey in South Africa that included questions about experience of rape before the age of 15 found that schoolteachers were responsible for 32% of the disclosed adolescent rapes.²⁴
- In Rwanda, where rape was used as a form of ethnic cleansing during the 1994 genocide, it is estimated that of the 250,000 women who were raped and are still alive, 70% are HIV infected.²⁵

Gender-Based Violence as a Consequence of HIV Infection

Not only can gender-based violence lead to HIV infection, but it may also be a consequence of it. The risks associated with disclosure of HIV infection deter many women from revealing their serostatus.

Studies have shown that anywhere from 17% to 86% of women choose not to disclose their status for fear of abandonment, rejection, discrimination, violence, upsetting family members, and accusations of infidelity from their partners, families, and communities.²⁶⁻²⁹

- In a recent review of 17 studies conducted in developing countries to assess the outcomes

of disclosing HIV serostatus, 10 reported violence directed toward women as a reaction to disclosure at rates ranging from 3.5% to 14.6%.²⁶

- In a study conducted in the United States, 18% of HIV-positive women reported disclosure-related violence, including verbal abuse and physical assault.³⁰
- In another study conducted in the United States, 4% of HIV-positive women reported physical abuse after disclosure, and 45% reported experiencing emotional, physical, or sexual abuse some time after diagnosis.^{31,32}

Certain risk factors are associated with experiences of abuse after HIV diagnosis, including prior history of abuse, drug use, lower socioeconomic status, younger age, length of time since diagnosis, and having a partner whose HIV status is negative or unknown.³¹

Interventions Addressing Gender-Based Violence and HIV

Although awareness of the role of GBV in the HIV epidemic among women has grown, to date there have been few rigorously designed and evaluated interventions to address it.³³ Those in progress include microfinance interventions to increase women's self-efficacy, negotiation skills, and economic independence from men.³⁴ Other programs work with men and boys to address male gender norms that associate masculinity with risky behaviors such as having multiple partners, alcohol and drug use, the domination of women, and violence.³⁵ The impact of such interventions on HIV incidence or prevalence is not yet known.

As a way to mitigate the likelihood of acquiring HIV infection following rape, some communities have established programs to provide post-exposure prophylaxis to survivors of sexual assault. This involves administering antiretroviral therapy within 72 hours of assault and over a period of days. This approach has been reported to be effective,^{36,37} although studies to date have not included data on untreated individuals as a comparison, so their interpretation is problematic.

Conclusion

In summary, there is a great deal of evidence to establish the significant link between gender-based violence and rising rates of HIV infection among women and girls throughout the world. In order to mitigate the epidemic among females, we must dedicate resources to the development, testing, and implementation of effective behavioral, biomedical, and social interventions that address violence as both a cause and a consequence of HIV infection.



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