

16
DAYS

16 DAYS OF ACTIVISM AGAINST VIOLENCE AGAINST WOMEN
November 25th to December 10th, 2005

VIOLENT INTIMATE PARTNERS AND THE RISK OF HIV/AIDS

Thanks to the studies and cases documented by women's groups and organizations, as well as the research and interventions of diverse United Nations agencies, violence against women is recognized today as a grave human rights violation and a public health issue, and also an epidemic often linked with the AIDS epidemic¹.

Violence against women and AIDS intersect at various points; such as, the sexual abuse of women and girls in situations of armed conflict, violence against sex workers, the trafficking and sexual exploitation of women and girls, and their use in the pornography industry, among other more everyday instances, such as violence against women in the home committed by their intimate partner.

This type of violence is profusely present in all Latin American and Caribbean countries, presenting women with real risks of becoming infected with HIV. A multi-country study on the profiles of domestic violence, conducted in Latin America and the Caribbean, revealed a positive association between Sexually Transmitted Infections (STIs) and intra-family violence.²

This type of violence includes:

- *Physical violence* (pushing, battering, punching, assault with a weapon, homicide).
- *Sexual violence* (rape, coercion and abuse including the physical use of force, verbal threats, sexual harassment, any touching that is undesired by women, forced participation in pornography or other degrading acts that often endure over time and are accompanied by threats on the part of the perpetrator).
- *Psychological violence* (prohibiting women from seeing their friends and family, intimidation, withholding resources, prohibiting women from working or confiscating her earnings, threats against women's children).

Where and how does intimate partner violence intersect with HIV/AIDS?

The link between intimate partner violence and HIV/AIDS is explained as much by biological factors, as by socio-economic and cultural factors, all of which have gender inequality as a common denominator affecting a women's capacity to fulfill and protect her human, sexual, and reproductive rights.

- ▶ **Direct transmission through sexual violence:** forced or coercive sexual relations with an infected intimate partner is one of the ways that both HIV and other STIs are transmitted to women. The biological risk of transmission during violent sexual relations is determined by the type of sexual assault (anal, vaginal, or oral – from most to least dangerous, in this order), the pre-existence of other STIs, and age of the victim. Immunological immaturity of the reproductive system, and a women's inability to protect herself from forced sexual relations, increases the risks. The possibility of transmission also increases with the degree of trauma, vaginal lacerations and wounds that occur as the result of the use of force.

FOR THE HEALTH OF WOMEN, FOR THE HEALTH OF THE WORLD: NO MORE VIOLENCE!

- ▶ **Indirect transmission through high-risk sexual conduct:** Evidence exists that the relation between violence against women and girls and infection with HIV could be indirectly mediated by high-risk behaviors of the survivors of violence.

Diverse studies show that women, and especially girls, who witness and experience violence demonstrate high-risk behaviors; such as, having unprotected sex, drug and alcohol abuse, having multiple intimate partners, or exchanging sexual favors for money or self-subsistence (without necessarily being sex workers), putting themselves more at risk in terms of violence and STIs, including HIV/AIDS.

Sexual abuse during childhood and violent sexual initiation during adolescence are associated with high-risk sexual conduct for these women.

- ▶ **Indirect transmission due to the inability to negotiate condom use:** There is research suggesting that violence limits the ability of some women to negotiate condom use. “When women demand safe sex -the use of a condom or sexual relations without penetration- men could feel diminished and force sexual relations without the use of any kind of protection; customs regarding intimate partner fidelity for couples also have an influence: for example, men are permitted to have extra-marital sexual relations and even he is encouraged to do so; in the majority of cases this makes it difficult for women to demand fidelity, or to deny sexual relation or request the use of a condom.”³

- ▶ **Risks for adolescent girls due to forced sexual relations and relations with older men:** In Nicaragua, a study found that women who were severely abused in their childhood and adolescence had their sexual initiation two years earlier than average, and reported a higher number of sexual partners than those who had not suffered sexual abuse, or who had experienced a less severe form of sexual abuse.⁴

A review of various studies suggests that a significant proportion of adolescent women have sexual relations with men that are 5 to 10 years older than them. In these types of relations, it is the older man who controls sexual relations, including the use of condoms or contraceptives, sometimes through the use of violence.⁵

- ▶ **Abusive men increase the HIV/AIDS risk for their intimate partners:** There are studies showing that abusive men are more inclined to have extra-marital sexual relations, to contract STIs and to put their wives and/or intimate partners at risk. Research shows that these violent men have multiple sexual partners, and they use twice the sexual violence against their intimate partner than those who do not have multiple sexual partners.

Low condom use

In a general population study of 24 cities in Peru, 44% of men between the ages of 18 and 29 said that they have paid for sex, 45% of whom did not always use condoms with male/female sex workers; 12 % indicated they had engaged in sexual relations with other men (68% of whom did not usually use condoms).

Other studies in Peruvian cities have confirmed that 87% of men who have sexual relations with other men, also have sexual relations with women. Also confirmed were very low rates of condom use, independent of the sex of the intimate partners, and elevated levels of STDs, like herpes and syphilis.

In Venezuela, HIV is spreading mainly through sexual practices among men, a significant number of whom also have sexual relations with women (Venezuelan Ministry of Health and Social Development, 2003).

A study carried out in Ecuador showed that 43% of students in their last years of study in higher education were sexually active, but almost half had never used condoms.

(UNAIDS: Latin America. Statistics and characteristics of HIV/AIDS, final 2002 and 2004).

- ▶ **Violence as a consequence of being HIV positive:** Violence or the fear of violence has been revealed as a barrier to women's access to health services aimed at the detection of HIV through examinations and tests, the provision of psychological support, anti-viral treatments, and the prevention of mother-child infection.

In many places, women are fearful to ask their husbands for money or permission to access examinations or information on HIV/AIDS, who in some cases explicitly prohibit them from getting tested.⁶

Between 16 and 86% of women in developing countries choose not to mention their HIV/AIDS situation to their partners.

- ▶ **Violence can also be an outcome of HIV infection:** When women reveal they are HIV positive, they also run the risk of violence, as well as the abandonment of their intimate partners, families and friends.

A study carried out in the United States revealed that 20.5% of HIV infected women reported physical abuse (WHO, 2000). Similarly, some female sex workers have reported an increase in client violence directed against them, given they have been categorized as those principally responsible for HIV infection⁷.

The Role of Health Services

Violence can impede women from accessing health care services to address their situations, and minimally to detect STIs, including HIV.

Sexual and reproductive health services, including care related to HIV/AIDS and maternal-infant health, constitute a central entry point for the identification and care of women who suffer violence, as well as for HIV infected women.

The existence of norms, and the training that cross-cuts all health care personnel on the relationship between violence and the risk of STIs, including HIV, improves the possibility for the detection and treatment of both phenomena with care that encompasses an understanding based on the sexual, reproductive and human rights of women and girls. In this way, health care personnel would be able to inform women on their rights and about support services.

Health care personnel can also create a safe and confidential atmosphere that promotes access to services for HIV positive women, as well as for women suffering from violence.

Furthermore, health care centres can integrate themselves into community networks that provide appropriate services and that support women living with violence and/or HIV

Health care personnel can play an important role by forming support and self-help groups with these women.

It is important that health care services develop specific responses to violence against women based on existing resources, training of staff, referral options and other services.

The Global Campaign for Microbicides

Condoms or preservative sheaths for women and men are the safest way for women to protect themselves against HIV/AIDS. Nevertheless, many women do not use this method because their partners simply refuse their use.

Given this situation, microbicides –products being developed to prevent the transmission of HIV and other STIs- could help to protect women who experience abusive relations from sexually transmitted diseases, including HIV infection, thus improving their quality of life.

Women's groups and organizations around the world are carrying out a global campaign for the development of microbicides⁸.

1. The Global Coalition on Women and AIDS – World Health Organization. Violence Against Women and HIV/AIDS: Critical Intersections. Intimate Partner Violence and HIV/AIDS. Information Bulletin Series, Number 1. 2005.
2. Kishor, Sunita and Johnson, Kiersten. Profiling domestic violence: a multi-country study. ORC Macro. Maryland. June, 2004.
3. La Boletina N° 56: Prevención del VIH/SIDA en las mujeres: Una tarea urgente. [The Prevention of HIV/AIDS in Women: an urgent task.] Managua, Nicaragua, July, 2004.
4. Olson A, Ellsberg M, Berglund S et al. 2000. Sexual abuse during childhood and adolescence among Nicaraguan men and women: a population-based anonymous survey. Child Abuse & Neglect. 24 (12):1579-1589.
5. Luke N and Kurz K. 2002. Cross-generational and transactional sexual relations in Sub-Saharan Africa: Prevalence of behavior and implications for negotiating safer sexual practices. Washington, DC: International Center for Research on Women (ICRW).
6. Human Rights Watch. 2003. Just died quietly: Domestic violence and women's vulnerability to HIV in Uganda. Vol. 15. N° 15 (A). New York: Human Rights Watch.
7. GenSalud. Gender, Ethnicity and Health Unit. Pan-American Health Organization. Fact Sheet: La violencia de género y el VIH/SIDA [Gender violence and HIV/AIDS] Washington D.C., USA. 2005.
8. More information at this address: www.global-campaign.org