

## DECREASE VIOLENCE TO DECREASE RISK OF HIV AMONG WOMEN AND GIRLS

### Overview

A growing body of evidence substantiates the multiple pathways through which violence has contributed to the dramatic rise in HIV among women and girls that has occurred over the past decade. Violence against women (VAW), also referred to as gender-based violence (GBV), is a major global health problem predisposing women and girls to numerous negative health outcomes, including HIV infection. The consequences of such violence also affect children, families, communities and societies. Addressing violence against women and HIV/AIDS simultaneously can reduce the incidence of both and have a positive impact on the lives of women and their families. This policy brief examines the ways in which violence fuels increased HIV vulnerability for women and girls. It highlights successful and innovative efforts needed to prevent it and recommends policy actions.

#### What is the Scope of the Problem?

Women now make up half of the 40 million adults living with HIV. In 2003, UNAIDS noted that in seven southern African countries, 75 percent of new HIV/AIDS infections were occurring among girls ages 15-24.<sup>1</sup> This startling fact motivates efforts to understand the root causes of the “feminization” of the HIV/AIDS epidemic.

A landmark 10-country study by the World Health Organization (WHO) sheds light on the enormous suffering that women often bear in silence. The study provides strong scientific evidence that VAW is far more common than previously known. Overall, one in three women is subjected to physical, sexual or emotional violence in her lifetime, with prevalence of physical violence ranging as high as 69 percent (provincial Peru) and sexual violence as high as 59 percent (rural Ethiopia).<sup>2</sup>

#### Intersection of Violence and HIV in Women<sup>3</sup>

The risk of HIV infection among women who have experienced violence is up to three times greater than for women who have not been abused.<sup>4,5,6</sup> Violence increases the likelihood of HIV infection for women through several pathways:

- ▮ **Forced or coercive sexual intercourse with an HIV-infected partner** | As many as one in three adolescent girls report that their first sexual experience was coerced or forced.<sup>7</sup> Forced sex can tear vaginal and rectal tissue, increasing the risk that a sexually transmitted infection, including HIV, can be transmitted. Coerced sexual acts are less likely to be protected by a condom.
- ▮ **Inability of women with abusive partners to negotiate condom use** | Successful condom negotiation requires a degree of cooperation, trust and mutual respect between partners. The act of condom negotiation itself can trigger a violent response from an abusive partner. Abusive men are more likely to engage in high-risk behavior, including having multiple partners,<sup>8</sup> placing themselves and their partners at high-risk of HIV. At least one study shows that abusive men are more likely to be HIV-positive than those who are not.<sup>9</sup>
- ▮ **Experience of physical or sexual abuse in childhood** | The psychological and emotional consequences of abuse undermine self-respect and can later lead to risky behaviors. Abused girls are more likely to have early sexual debut, multiple sexual partners, use alcohol or drugs, or engage in transactional sex.<sup>10,11</sup>

### ► **Exploitation of girls and women by older men, including transactional sex and trafficking.**<sup>12</sup>

Often violence or the threat of violence is used as a means of control, rendering women unable to leave dangerous relationships.

Where marital rape is not recognized and where women have limited access to medical care, legal services or protection, these factors combine with longstanding social and cultural norms of female submission and silence to foster an environment that is favorable to the rapid spread of HIV through families and communities. HIV-positive women report significantly more episodes of sexual and physical violence than women who are not HIV infected.<sup>13</sup>

### How Does Violence Interfere with the Success of HIV/AIDS Prevention, Care and Treatment Programs?

Only one in 10 HIV-positive persons is aware of his/her status; and for women with abusive partners, fear is a legitimate impediment to becoming tested or disclosing test results. A WHO review of voluntary counseling and testing (VCT) studies showed that many women did not disclose test results to their partners. Among women who did disclose their HIV status, up to 45 percent experienced a violent reaction from their partners.<sup>14</sup>

Fear of violence from a male partner is a major factor in preventing broader uptake among pregnant women of VCT to determine HIV status or drugs that could prevent mother-to-child transmission of HIV.<sup>15</sup> Women who fear violence may also forgo seeking treatment for opportunistic infections, or obtaining antiretroviral therapy.

### Economic/Societal Cost

The economic consequences of VAW in developing countries are largely unknown, and the WHO violence study did not provide estimates. In the United States, adult rape and sexual assault alone are estimated to result in a loss of \$127 billion annually.<sup>16</sup> Costs are difficult to measure due to high rates of underreporting and the complexity of capturing the full economic and social ramifications of violence.

### Violence Prevention Saves Lives and Money

Nevertheless, the U.S. Violence against Women Act (VAWA), passed in 1994, has more than paid for itself by reducing the social costs of violence. VAWA-I authorized \$1.6 billion over five years to increase penalties for perpetrators, implement national domestic violence reduction programs, and improve resources for police, prosecutors and service providers. A cost-benefit analysis showed that fatal and non-fatal assaults against women declined during this period, contributing to a savings of \$14.8 billion.<sup>17</sup>

### A Multi-Pronged Approach is Needed to Break the HIV and VAW Connection

#### Work with Men and Boys

Men who hold rigid views about gender and the role of men are more likely to commit violence against women.<sup>18</sup> Global action is under way to prevent perpetrators from further violence and to enable abused women to lead more healthy and productive lives.<sup>19</sup> Strategies include working with boys and young men before they become abusive. Several key programs addressing men and boys include:

► **The White Ribbon Campaign for Men Working to End Violence against Women** | Based in Toronto, Canada, this educational effort works in 47 countries, sensitizing men to their own behaviors and actions, and challenging their assumptions of gender dominance. [www.whiteribbon.ca](http://www.whiteribbon.ca)

► **Men as Partners (MAP) Program** | Begun by Engenderhealth and Planned Parenthood Association of South Africa, MAP helps men change attitudes and behaviors that jeopardize their own and their partners' health through workshops, community education, mobilization, and improved quality and availability of HIV services.<sup>20</sup> [www.engenderhealth.org](http://www.engenderhealth.org)

► **Coaching Boys into Men Campaign** | The Family Violence Prevention Fund involves an innovative public media campaign to engage fathers in discussing and educating their sons about violence against women, and encouraging mutual respect. [www.endabuse.org](http://www.endabuse.org)

► **Program H**, initiated by Instituto Promundo in Brazil, trains providers to help young men question the costs of traditional gender roles that encourage unhealthy lifestyles and risky behaviors, and to develop more equitable relationships with women.<sup>21</sup> [www.institutopromundo.org](http://www.institutopromundo.org)

## Assist and Empower Women Who are Victimized

Women who are victims of violence need immediate access to appropriate health care, legal services and economic resources. Reproductive health service providers are an important frontline resource for screening and referrals for victims of violence.<sup>22</sup> Law enforcement personnel must be sensitively trained on HIV risks and the appropriate response. Where risk of HIV infection is high, this should include a post-exposure prophylaxis (PEP) for rape. A 28-day course of antiretroviral treatment, if begun within 72 hours of a rape, can significantly reduce risk of HIV.<sup>23</sup> Rape victims also need immediate provision of emergency contraception.

## Multi-sectored Approaches

Upholding the rights of women and girls to live free of violence and coercion will assist the **President's Emergency Plan for AIDS Relief (PEPFAR)** and

other donor-driven programs to meet their HIV/AIDS prevention goals.

► **Educate girls** | Better educated women have later sexual debut, greater HIV prevention knowledge, fewer sexual partners and higher rates of condom use. If every child received a complete primary education, at least 7 million new cases of HIV could be prevented in a decade.<sup>24</sup>

► **Improve economic security for women** | Micro-credit programs empower women by giving them control over financial resources. Assuring women's rights to inherit land and other economic goods helps prevent financial destitution and economic vulnerability. To avoid increased domestic violence as a consequence of growing financial autonomy for women,<sup>25,26</sup> violence prevention must be addressed in micro-credit programs.

► **Mobilize communities to show zero tolerance for violence against women** | Violence as punishment for "misbehavior" is often considered acceptable by both men and women. Through collective action, communities have successfully countered violence in their midst.<sup>27</sup>

► **Support research on microbicides** | Female-controlled methods, once developed and disseminated, would improve the ability of vulnerable women to protect themselves from HIV.

## GLOBAL HEALTH COUNCIL URGES THE FOLLOWING MEASURES

1. Ensure that violence against women is explicitly addressed in health and development programs sponsored by the U.S. government, both in the United States and abroad.<sup>28</sup> To this end, the Council urges the passage of an international VAWA bill.

2. Support and uphold the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) enacted in 1979. The United States has yet to sign the Convention, which has been ratified by 183 countries.

3. Train health providers and counselors in screening for client's experience of violence, in

protecting the client's rights to privacy and confidentiality, and in sensitively involving men in couple counseling. Cross-train providers working in violence and HIV fields with those working in sexual and reproductive health.

4. Protect women's legal and human rights, increase their economic security, enforce penalties for marital rape, and provide safe havens for women subjected to violence.

5. Fund research and violence prevention programs, particularly those working with men and boys, and those that empower girls and women to have control over their reproductive and sexual health.

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