



Harvard School of Public Health
PROGRAM ON INTERNATIONAL HEALTH AND HUMAN RIGHTS

HIV/AIDS and Gender-Based Violence (GBV) Literature Review



Program on International Health and Human Rights
Department of Population and International Health
Harvard School of Public Health
665 Huntington Ave, 1-1202
Boston MA 02115
USA
Telephone: + 1 617 432 4314
Fax: + 1 617 432 1084
www.hsph.harvard.edu/pihhr

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Introduction

This is a review of publications addressing aspects of the intersection between gender-based violence (GBV) and HIV.

A large body of literature exists on the negative impacts of societies' stringent ascription of gender roles on vulnerability to HIV infection and, once infected, to receiving appropriate or quality care and treatment. Gender based expectations as well as increased rates of poverty and persistent forms of discrimination against vulnerable groups (including discrimination based on gender) are well known economic, social and cultural sources providing fuel for the HIV epidemic. Much has been written on the intersections between the promotion and protection of human rights and vulnerability in the context of HIV prevention and care.

Writings on gender-based violence is rich and varied. In this context, gender based violence is understood as any type of violence directed at groups or individuals on the basis of their gender. It encompasses, but is not limited to, violence against women (VAW). This is an important distinction as GBV and VAW are often, erroneously, used synonymously. Research, policy and programmatic literature with a focus on GBV often encompass attention to human rights and to sexuality within their conceptual approach.

Initially, this review was concerned with bringing together literature which integrated sexuality and human rights to contextualize the relationships between HIV and GBV. However, so few articles were found that included attention to either human rights or sexuality in their approaches to how these epidemics are linked, and how they could be jointly addressed, that the review was broadened accordingly. Key studies and academic articles that have examined the connections between gender based violence – whether sexual in nature or not—and HIV/AIDS are organized with the aim of stating clearly what is known and not known about the relationship of violence to HIV/AIDS and HIV/AIDS to violence. Thus, this publication aims to highlight recent findings on the relationship between GBV and HIV/AIDS, so as to advance previous commentary on the complex factors that influence the transmission of HIV and the impact of HIV/AIDS. It also aims to inform current knowledge of the aspects of HIV and GBV that require further study. It is intended as a resource for all engaged in researching, designing, implementing or evaluating GBV or HIV/AIDS prevention and treatment approaches.

Literature Review Organization

This literature review is organized into eight sub-sections:

1. Exploring the Linkages: General and Theoretical Examinations of the Intersection of GBV and HIV
2. Interrogating and interpreting the associated risks of HIV/AIDS and GBV
3. The role of men
4. GBV and HIV testing and disclosure
5. GBV as a risk factor for HIV
6. HIV as a risk factor for GBV
7. The increased susceptibility of sub-populations to the linked risks of HIV/AIDS and GBV
8. Effective approaches for addressing the joint risk factors of GBV and HIV/AIDS

Many of the articles reviewed fit in more than one of these categories but they have been placed only in the section to which their content appeared most relevant.

Research Methodology

The original literature review was created in 2005, and included all English-language articles published between 2000-2004. It was updated in 2006 to include English-language articles published between 2004 and February 2006.

Databases consulted:

Internet searches were conducted using databases that specialized in the social sciences, law, health policy and medicine. The following databases were used in both the initial research and the update: Medline, Social Science Citation, EconLit, PAIS, PolicyFile, LegalTrac, and Lexis/Nexis.

Four databases that were used for the initial research did not yield many articles relevant to the topic and therefore were not included in the research for the update: SocioFile, Current Contents, PsychFile, ArticleFirst.

Search terms:

- HIV + gender + violence
- HIV + women + violence
- HIV + girls + violence
- HIV + sex + abuse
- HIV + rape

A search was performed for articles that linked HIV/AIDS and Gender Based Violence. Approximately 175 relevant articles were located in the above databases. Of these, 60 were identified as most relevant and are included in the bibliography. In certain rare circumstances, an outstanding study that did not come up in the searches has been included. The full title and abstract of each of these articles, as well as the website where the article can be accessed, are included in this document. All of the information included in this document is taken from the results of these searches and is drawn from the websites and publicly available publications (NB. For some of the peer reviewed articles a subscription is required to access the full text of the article).

This review does not present all relevant studies, but nonetheless it is hoped illuminates the broad fields that are currently being examined, and reveals areas requiring further study.

Limitations

This bibliography does not purport to be a comprehensive list of articles and organizations that engage with the relationships between HIV and GBV. While every effort has been made to eliminate any bias toward US, Canadian, Australian and Western European publications, at this time, the bibliography is limited to English- journal articles and other publications. This research was limited to internet-based searches in an effort to ensure that all of the resources included here are easily accessible.

Research for this resource document was carried out between 2005 and July 2006. Some of the links may need to be updated as some of the links may have changed. Furthermore, this bibliography will need to be regularly updated so that more recently published articles and documents are also included.

Programmatic work at the intersection of GBV and HIV constitutes some of the most groundbreaking work currently being carried out in this field. Unfortunately much of this has not yet been written up in the academic literature and is therefore not captured through this literature review. One publication that works to fill this gap is "Strengthening Resistance: Confronting Violence Against Women and HIV/AIDS", that was recently published by the Center for Women's Global Leadership. This document reviews the intersections of violence against women, HIV and human rights, and provides case studies of advocacy work at these intersections¹. There remains, however, a great need for more publications on grassroots work on these issues. A review of programmatic activities being carried out would be extremely beneficial at this time, as researchers, policy-makers and program staff alike grapple with learning the most effective ways in which to work at this intersection.

¹ This publication is available on the Center for Women's Global Leadership website: www.cwgl.rutgers.edu

Executive Summary of Findings

As explored in the articles reviewed in this document, the epidemics of GBV and HIV overlap and interact in several complex ways.

HIV infection as relevant to GBV is primarily acquired through sexual relations, which themselves are greatly influenced by socio-cultural factors, underlying which are gender power imbalances. Gender based violence, or the fear of it, may interfere with the ability to negotiate safer sex or refuse unwanted sex. Furthermore, violence against a woman can interfere with her ability to access treatment and care, maintain adherence to ARV treatment, or carry out her infant feeding choices. Evidence also exists that living with HIV can constitute a risk factor for GBV, with many people reporting experiences of violence following disclosure of HIV status, or even following admission that HIV testing has been sought. Thus a vicious cycle of increasing vulnerabilities to both GBV and HIV can be established.

Further, there is growing evidence that the relationship between GBV and HIV may be indirectly mediated by vulnerability and risk-taking behaviours. Childhood sexual abuse, coerced sexual initiation, substance use, and current partner violence are linked to increased risk-taking, including having multiple partners (partnerships outside marriage, union or stable relationship) and engaging in transactional sex. Armed conflict/post conflict and migration (forced or voluntary) are under-examined as specific contexts which exacerbate vulnerabilities to HIV/AIDS as well as GBV, even as anecdotal reports suggest a strong relationship.

Many of the articles in this review analyze HIV and GBV together without attempting to determine a temporal or causal relationship between these issues e.g. by examining common risk factors for both issues or by quantifying incidence of GBV among people living with HIV but without noting whether experiences of violence post-date HIV disclosure. More recent articles have begun to examine HIV and GBV jointly within given social contexts, e.g. joint risk for schooling adolescents, homeless women, and other sub-groups. However, few of these address possible, context-specific programmatic interventions.

Whether starting from a concern for high prevalence of HIV or GBV, where a predominant risk factor is considered, the majority of these studies examine GBV as a risk factor for acquiring HIV. Fewer studies have analyzed HIV as a risk factor for GBV, and fewer still have examined the perpetuating cycle that GBV and HIV can create together.

Only one recent article examined GBV as a barrier to HIV care and treatment; the remaining articles that examine GBV as a risk factor for HIV all focused on GBV limiting opportunities for HIV prevention.

There is an inherent assumption in the vast majority of the articles reviewed that GBV is synonymous with violence against women (VAW). Very few articles address men's risk for GBV; the vast majority of those that do start from a concern for high HIV prevalence rather than a concern for GBV or gender norms more broadly. Indeed, surprisingly few articles provide an in-depth analysis of social constructions of gender and how these can exacerbate vulnerabilities to violence and HIV.

Furthermore, most studies consider GBV/HIV within the context of heterosexual relationships, with only a few focusing on same sex couples/practices, or acknowledging that individuals in

sexual relations with partners of the opposite sex may also be involved in same-sex sexual activity. Issues surrounding sexuality were explicitly considered in only a tiny proportion of the articles reviewed.

Even fewer articles considered human rights as an important frame for or response to the connected vulnerabilities to HIV and GBV.

This paucity of attention to locally-defined constructs of gender, to sexuality awareness and to the international human rights framework as it can serve to contextualize HIV and GBV represents a significant missed opportunity for gaining a more in-depth understanding of how these epidemics are linked and of how they could be jointly addressed.

As both research and programming at the intersection of GBV and HIV expand, there is a need to further examine the intricacies of the relationship between these issues, including their association with vulnerability and risk-taking behaviours. Sexuality and human rights constitute useful frameworks that are currently being under-utilized in work at this intersection. Given the importance of gender as a determinant of both GBV and HIV, it is important that further research explore these dimensions with sufficient attention to local context.

List of Titles (by topic area)

1. Exploring the Linkages: General and Theoretical Examinations of the Intersection of GBV And HIV

Breaking the silence on abuse of women and HIV *AIDS Wkly.* 2000 Aug 28;:21

Violence against women: its importance for HIV/AIDS Garcia-Moreno C, Watts C
AIDS 14: S253-S265 Suppl. 3 2000

Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study Jewkes RK, Levin JB, Penn-Kekana LA. *Soc Sci Med* Vol.56(1) Jan 2003:125-34

Gender attitudes, sexual violence, and HIV/AIDS risks among men and women in Cape Town, South Africa Kalichman SC, Simbayi LC, Kaufman M, Cain D, Cherry C, Jooste S, Mathiti V. *Journal of Sex Research* Vol.42(4) Nov 2005:299-305

Gender inequality and domestic violence: implications for human immunodeficiency virus (HIV) prevention Kaye D. *African Health Sciences* Vol.4(1) 2004: 67-70

Women, violence, and HIV: a critical evaluation with implications for HIV services Koenig LJ, Moore J. *Maternal Child Health* Vol.4(2) Jun 2000:103-9

Home-based care in Botswana: experiences of older women and young girls Lindsey E, Hirschfeld M, Tlou S. *Health Care Women Int* Vol.24(6) Jul 2003:486-501

The intersections of HIV and violence: directions for future research and interventions Maman S, Campbell J, Sweat MD, Gielen AC. *Soc Sci Med* Vol. 50 (4) Feb 2000: 459-78

Gender and HIV/AIDS Turmen, T. *Int J Gynaecol Obstet* Vol.82 (3) Sep 2003: 411-8

2. Interrogating and interpreting the associated risks of HIV/AIDS and GBV

Social factors that make South African women vulnerable to HIV infection. Ackermann L. *Health Care Women Int* Vol.23(2) Feb 2002:163-72

National cross sectional study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils Andersson N, Ho-Foster A, Matthis J, Marokoane N, Mashiane V, Mhatre S, Mitchell S, Mokoena T, Monasta L, Ngxowa N, Salcedo MP, Sonnekus H. *BMJ* Vol.329 (7472) Oct 2004: 952

The association of partner abuse with risky sexual behaviors among women and men with HIV/AIDS. Bogart LM, Collins RL, Cunningham W, Beckman R, Golinelli D, Eisenman D, Bird CE. *AIDS and Behavior.* Vol. 9(3) Sept 2005: 325-333.

HIV and Domestic Violence: Intersections in the Lives of Married Women in India

Desai S. *Health and Human Rights*. Vol.8 No.2:140-168.

Prevalence and patterns of gender-based violence and revictimization among women

attending antenatal clinics in Soweto, South Africa Dunkle KL, Jewkes RK, Brown HC, Yoshihama M, Gray GE, McIntyre JA, Harlow SD. *Am J Epidemiol* Vol.160(3) Aug 2004:230-9

Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa

Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. *Lancet* Vol.363(9419) May 2004:1415-21

Increased risk of HIV in women experiencing physical partner violence in Nairobi, Kenya

Fonck K, Els L, Kidula N, Ndinya-Achola J, Temmerman M. *AIDS and Behaviour* Vol.9 (3) Sep 2005: 335-9

Quality of life among women living with HIV: the importance violence, social support, and self care behaviors

Gielen AC, McDonnell KA, Wu AW, O'Campo P, Faden R. *Soc Sci Med* Vol.52(2) Jan 2001:315-22

Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals

Heintz AJ, Melendez RM. *Journal of Interpersonal Violence* Vol.21(2) Feb 2006:193-208

A tripartite of HIV-risk for African American women: the intersection of drug use, violence, and depression

Johnson SD, Cunningham-Williams RM, Cottler LB. *Drug Alcohol Depend* Vol.70(2) May 2003: 169-75

Domestic Violence in Barriers to Health Care for HIV-Positive Women

Lichtenstein B. *AIDS Patient Care and STDs* Vol.20(2) Feb 2006:122-32

Domestic violence, sexual ownership, and HIV risk in women in the American deep south

Lichtenstein, B. *Soc Sci Med* Vol.60(4) Feb 2005:701-14

Physical and sexual violence and health care utilization in HIV-infected persons with alcohol problems

Liebschutz JM, Geier JL, Horton NJ, Chuang CH, Samet JH. *AIDS Care* Vol.17(5) July 2005:566-578

Exploring the Association Between HIV and Violence: Young People's Experiences with Infidelity, Violence and Forced Sex in Dar es Salaam, Tanzania

Maman S, Lary H, Katebalila M, Mbwambo J. *Int Fam Plan Perspect* Vol.30(4) Dec 2004:200-6

Does a history of trauma contribute to HIV risk for women of color? Implications for prevention and policy

Wyatt GE, Myers HF, Williams JK, Kitchen CR, Loeb T, Carmona JV, Wyatt LE, Chin D, Presley N. *Am J Public Health* Vol.92(4) Apr 2002:660-5

Reframing women's risk: social inequalities and HIV infection

Zierler S, Krieger N. *Annu Rev Public Health* Vol.18 1997:401-36

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3. The role of men

Male gender roles and sexuality: implications for women's AIDS risk and prevention
Campbell CA. *Soc Sci Med* Vol.41(2) Jul 1995:197-210

Deconstructing the relationship between intimate partner violence and sexual HIV risk among drug-involved men and their female partners El-Bassel N, Gilbert L, Golder S, Wu EW, Chang MW, Fontdevila J, Sanders G. *AIDS and Behavior* Vol.8(4) Dec 2004: 429-439

The prevalence of partner violence in a group of HIV-infected men Shelton AJ, Atkinson J, Risser JMH, McCurdy SA, Useche B, Padgett PM. *AIDS Care* Vol.17(7) 2005 Oct:814-8

Sons and fathers/boys to men in the time of AIDS: Learning masculinity in Zambia
Simpson A. *Journal of Southern African Studies* Vol.31(3) Sep 2005:569-86

4. GBV and HIV testing and disclosure

Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females Decker MR, Silverman JG, Raj A. *Pediatrics* Vol.116(2) Aug 2005:E272-276

Women's lives after an HIV-positive diagnosis: disclosure and violence Gielen AC, McDonnell KA, Burke JG, O'Campo P. *Matern Child Health* Vol.4(2) Jun 2000:111-20

Violence during pregnancy among women with or at risk for HIV infection Koenig LJ, Whitaker DJ, Royce RA, Wilson TE, Callahan MR, Fernandez MI. *Am J Public Health* Vol.92(3) Mar 2002:367-70

Partner Violence, Partner Notification, and Women's Decisions To Have an HIV Test.
Maher JE, Peterson J, Hastings K, Dahlberg LL, Seals B, Shelley G, Kamb ML. *Journal of Acquired Immune Deficiency Syndromes*. Vol. 25(3) Nov 2000: 276-282

5. GBV as a risk factor for HIV

Health consequences of intimate partner violence. Campbell JC. *Lancet*. 2002 Apr 13;359(9314):1331-6.

Domestic violence and childhood sexual abuse in HIV-infected women and women at risk for HIV Cohen M, Deamant C, Barkan S, Richardson J, Young M, Holman S, Anastos K, Cohen J, Melnick S. *Am J Public Health* Vol.90(4) Apr 2000:560-5

Influence of abuse on condom negotiation among Mexican-American women involved in abusive relationships Davila YR. *Assoc Nurses AIDS Care* Vol.13(6) Nov-Dec 2002:46-56

When HIV-prevention messages and gender norms clash: the impact of domestic violence on women's HIV risk in slums of Chennai, India Go VF, Sethulakshmi CJ, Bentley ME, Sivaram S, Srikrishnan AK, Solomon S, Celentano DD. *AIDS Behaviour* Vol.7(3) Sep 2003:263-72

Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda Koenig MA, Zablotska I, Lutalo T, Nalugoda F, Wagman J, Gray R. *Int Fam Plan Perspect* Vol.30(4) Dec 2004:156-64

Narrative case analysis of HIV infection in a battered woman Stevens PE, Richards DJ. *Health Care Women Int* Vol 19 (1) Jan-Feb 1998: 9-22

Intimate partner violence and HIV risk among urban minority women in primary health care settings Wu E, El-Bassel N, Witte SS, Gilbert L, Chang, M. *AIDS Behav* Vol.7 (3) Sep 2003: 291-301

6. HIV as a risk factor for GBV

Incidence of violence against HIV-infected and uninfected women: findings from the HIV Epidemiology Research (HER) study Gruskin L, Gange SJ, Celentano D, Schuman P, Moore JS, Zierler S, Vlahov D. *Urban Health* Vol.79(4) Dec 2002:512-24

HIV-positive women report more lifetime partner violence: findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. Maman S, Mbwambo JK, Hogan NM, Kilonzo GP, Campbell JC, Weiss E, Sweat MD. *Am J Public Health*. 2002 Aug;92(8):1331-7.

Does HIV status make a difference in the experience of lifetime abuse? Descriptions of lifetime abuse and its context among low-income urban women McDonnell KA, Gielen AC, O'Campo P. *Urban Health* Vol.80(3) Sep 2003:494-509

Young women living with HIV/AIDS have rights too: a personal testimonial. Mthembu P. Bangkok 2004. *HIV AIDS Policy Law Rev*. 2004 Dec;9(3):72-4.

Experiences of violence in HIV-seropositive women in the south-eastern United States of America Sowell R, Seals B, Moneyham L, Guillory J, Mizuno Y. *Adv Nurs* Vol.30(3) Sep 1999:606-15

Violence victimization after HIV infection in a US probability sample of adult patients in primary care Zierler S, Cunningham WE, Andersen R, Shapiro MF, Nakazono T, Morton S, Crystal S, Stein M, Turner B, St Clair P, Bozzette SA. *Am J Public Health* Vol.90(2) Feb 2000:208-15

7. The increased susceptibility of sub-populations to the linked risks of HIV/AIDS and GBV

Women migrant workers' vulnerability to HIV infection in Hong Kong Bandyopadhyay M, Thomas J. *AIDS Care* Vol.14(4) Aug 2002:509-21

Understanding the social and cultural contexts of female sex workers in Karnataka, India: implications for prevention of HIV infection. Blanchard JF, O'Neil J, Ramesh BM, Bhattacharjee P, Orchard T, Moses S. *Journal of Infectious Diseases* Vol.191(1) Feb 2005:S139-46

Correlates of partner violence among female street-based sex workers: substance abuse, history of childhood abuse, and HIV risks El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J. *AIDS Patient Care STDS* Vol.15(1) Jan 2001:41-51

Gender, violence and HIV: women's survival in the streets Epele ME. *Cult Med Psychiatry* Vol.26(1) Mar 2002:33-54

The lives of incarcerated women: violence, substance abuse, and at risk for HIV Fogel CI, Belyea M. *Assoc Nurses AIDS Care* Vol.10(6) Nov-Dec 1999:66-74

Sexual coercion, domestic violence, and negotiating condom use among low-income African American women Kalichman SC, Williams EA, Cherry C, Belcher L, Nachimson D. *J Womens Health* Vol.7(3) Apr 1998: 371-8

Sexual abuse of children: intersection with the HIV epidemic Lindegren ML, Hanson IC, Hammett TA, Beil J, Fleming PL, Ward JW. *Pediatrics* Vol.102(4) Oct 1998:E46

Vulnerability on the streets: female sex workers and HIV risk Pyett PM, Warr DJ. *AIDS Care* Vol.9(5) Oct 1997:539-47

Native women, violence, substance abuse and HIV risk Saylor K, Daliparthi N. *Journal of Psychoactive Drugs* Vol.37(3) Sep 2005:273-280

Violence against substance-abusing South African sex workers: intersection with culture and HIV risk Wechsberg WM, Luseno WK, Lam WK. *AIDS Care* Vol.17(S1) Jun 2005:S55-64

Prevalence and co-occurrence of violence, substance use and disorder, and HIV risk behavior: a comparison of sheltered and low-income housed women in Los Angeles County Wenzel SL, Tucker JS, Elliott MN, Hambarsoomians K, Perlman J, Becker K, Kollross C, Golinelli D. *Prev Med* Vol.39(3) Sep 2004:617-24

8. Effective approaches for addressing the joint risk factors of GBV and HIV/AIDS

Culture and context of HIV prevention in rural Zimbabwe: the influence of gender inequality Duffy L. *Journal of Transcultural Nursing* Vol.16(1) Jan 2005:23-31

Integrating systematic screening for gender-based violence into sexual and reproductive health services: results of a baseline study by the International Planned Parenthood

Federation, Western Hemisphere Region Guedes A, Bott S, Cuca Y. *Int J Gynaecol Obstet* Vol 78 Suppl 1, Sep 2002: S57-63

A brief sexual barrier intervention for women living with AIDS: acceptability, use, and ethnicity Jones DL, Weiss SM, Malow R, Ishii M, Devieux J, Stanley H, Cassells A, Tobin JN, Brondolo E, LaPerriere A, Efantis-Potter J, O'Sullivan MJ, Schneiderman N. *Urban Health* Vol.78(4) Dec 2001:593-604

Rape and HIV post-exposure prophylaxis: addressing the dual epidemics in South Africa. Kim JC, Martin LJ, Denny L. *Reprod Health Matters*. 2003 Nov;11(22):101-12.

Intimate partner violence and safer sex negotiation: effects of a gender-specific intervention Melendez RM, Hoffman S, Exner T, Leu CS, Ehrhardt AA. *Arch Sex Behav* Vol.32(6) Dec 2003:499-511

Peer led HIV/AIDS prevention for women in South African informal settlements O'Hara Murdock P, Garbharran H, Edwards MJ, Smith MA, Lutchmiah J, Mkhize M. *Health Care Women Int* Vol.24(6) Jul 2003:502-12

Women in South Africa - Intentional violence and HIV/AIDS: Intersections and prevention Outwater A, Abrahams N, Campbell JC. *Journal of Black Studies* Vol.35 (4) Mar 2005: 135-154

Relationship violence and women's reactions to male- and female-controlled HIV prevention methods Saul J, Moore J, Murphy ST, Miller LC. *AIDS Behav* Vol.8(2) Jun 2004:207-14

Literature Review

1. Exploring the Linkages: General and Theoretical Examinations of the Intersection of GBV And HIV

Breaking the silence on abuse of women and HIV *AIDS Wkly.* 2000 Aug 28;;:21

Abstract

Discussed during the 13th International AIDS Conference in Durban, South Africa. The conference recognized violence within intimate relationships as a barrier to effective HIV prevention and care. It further recognized violence not only as one cause of the AIDS epidemic but also as a consequence of it. According to WHO Director General Dr. Gro Harlem Brundtland, violence against women is an important contributor to the spread of HIV. Moreover, the conference also presented evidence from the US and Kenya showing the association of violence and HIV/AIDS and discussed the factors contributing to its high incidence rate. The WHO is calling for further research about the worldwide incidence of partner violence and its effect on the HIV/AIDS epidemic.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12296145

Violence against women: its importance for HIV/AIDS Garcia-Moreno C, Watts C

AIDS 14: S253-S265 Suppl. 3 2000

Discusses the links between violence against women and HIV/AIDS. Unequal gender relations are a key factor underpinning women's inability to protect themselves from sexually transmitted infections, including HIV/AIDS, as well as influencing how HIV infection and AIDS impacts on women's lives. They are also a root cause of violence against women. More specifically, physical violence, the threat of physical violence, and sexual violence and coercion are all likely to be important factors associated with HIV transmission for women of all ages and in a range of settings. This paper presents current information on the prevalence worldwide of domestic violence, sexual violence, and trafficking for sex and forced prostitution, and discusses their implications for HIV/AIDS. It also discusses the importance of recognizing that women who are HIV-positive are vulnerable to abuse. The practical implications of recognizing the dimensions of violence against women for HIV/AIDS research and different forms of HIV prevention activities are also explored.

URL: <http://www.sfsu.edu/~multsowk/title/575.htm>

Gender inequalities, intimate partner violence and HIV preventive practices: findings of a South African cross-sectional study Jewkes RK, Levin JB, Penn-Kekana LA. *Soc Sci Med* Vol.56(1) Jan 2003:125-34

Abstract

The aim of the paper is to investigate associations between a range of markers of gender inequity, including financial, psychological and physical violence, and two proximal practices in HIV prevention, namely discussion of HIV between partners and the woman suggesting condom use. The paper presents an analysis of data from a cross-sectional study of a representative sample of women from three South African Provinces which was primarily undertaken as an epidemiological study of gender-based violence. A multi-stage sampling design was used with

clusters sampled with probability proportional to number of households. Households were randomly selected from within clusters. One randomly selected woman aged 18-49 years was interviewed in each selected home. One thousand three hundred and six women were interviewed (90.3% of eligible women). One thousand one hundred sixty four women had a partner in the previous year and were asked questions related to HIV prevention and gender inequalities in the relationship. The results indicate that discussion of HIV was significantly positively associated with education, living in Mpumalanga Province, the man being a migrant, the woman having multiple partners in the past year and having no confidante. It was significantly negatively associated with living in the Northern Province, the relationship being poor and there being a substantial age difference between partners. The woman suggesting condom use was significantly positively associated with her education, her having multiple partners, domestic violence prior to the past year and financial abuse. It was negatively associated with the relationship being poor. We conclude that this suggests that some indicators of gender inequalities are significantly associated with discussion of HIV and condom use but the direction of association found was both positive and negative. This highlights the need for a more nuanced understanding of gender inequalities and their relationship to HIV risk. Suggestions for key research questions are made.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12435556

Gender attitudes, sexual violence, and HIV/AIDS risks among men and women in Cape Town, South Africa Kalichman SC, Simbayi LC, Kaufman M, Cain D, Cherry C, Jooste S, Mathiti V. *Journal of Sex Research* Vol.42(4) Nov 2005:299-305

Abstract

This study examined gender attitudes and sexual violence-supportive beliefs (rape myths) in a sample of South African men and women at risk for HIV transmission. Over 40% of women and 16% of men had been sexually assaulted, and more than one in five men openly admitted to having perpetrated sexual assault. Traditional attitudes toward women's social and gender roles, as well as rape myths, were endorsed by a significant minority of both men and women. Multivariate analyses showed that for men, sexual assault history and rape myth acceptance, along with alcohol and other drug use history, were significantly related to cumulative risks for HIV infection. In contrast, although we found that women were at substantial risk for sexually transmitted infection (STI), including HIV, women's risks were only related to lower levels of education and alcohol use history. We speculate that women's risks for STI/HIV are the product of partner characteristics and male-dominated relationships, suggesting the critical importance of intervening with men to reduce women's risks for sexual assault and STI/HIV.

URL: http://www.findarticles.com/p/articles/mi_m2372/is_4_42/ai_n15929174

Gender inequality and domestic violence: implications for human immunodeficiency virus (HIV) prevention Kaye D. *African Health Sciences* Vol.4(1) 2004: 67-70

Abstract

Domestic violence and human immunodeficiency virus (HIV) infection are problems of great public health worldwide, especially sub-Saharan Africa and much of the developing countries. This is due to their far reaching social, economic and public health consequences. The two problems have gender inequality and gender power imbalances as the driving force behind the "epidemics". HIV infection is mainly acquired through heterosexual relations, which themselves are greatly influenced by socio-cultural factors, underlying which are gender power imbalances.

Unfortunately gender relations, and gender issues in general, have not been given much emphasis in the medical perspective, especially in efforts for prevention and control of HIV infection. There is thus a need to mainstream gender relations in reproductive health. This article aims at emphasizing the intersection between domestic violence, gender inequality and HIV infection.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=15126195&dopt=Abstract

Women, violence, and HIV: a critical evaluation with implications for HIV services Koenig LJ, Moore J. *Maternal Child Health* Vol.4(2) Jun 2000:103-9

Abstract

OBJECTIVE: Violence is highly prevalent among women with HIV. Determining whether HIV is causally related to violence, and whether risk for violence is increased by certain HIV prevention practices, has been difficult. **METHODS:** We review recent literature concerning (1) violence and HIV serostatus, including the risk for violence associated with disclosure of a positive serostatus, and (2) violence associated with requests that male sex partners use condoms. **RESULTS:** Studies suggest that women with or at risk for HIV come from populations that are also at risk for violence. Violence is not statistically increased among HIV-infected women compared to demographically and behaviorally similar uninfected women. However, for a small proportion of women, violence may occur around disclosure or in response to condom negotiation. **CONCLUSIONS:** Integrating violence screening and referral into HIV services could help many women obtain the assistance they need while minimizing the risk for violence that may be associated with partner notification or condom requests.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10994578

Home-based care in Botswana: experiences of older women and young girls Lindsey E, Hirschfeld M, Tlou S. *Health Care Women Int* Vol.24(6) Jul 2003:486-501

Abstract

In this exploratory and descriptive study we investigated the experiences of and impact on young girls and older women caring for family members living with HIV/AIDS and other chronic and terminal illnesses at home in three districts of Botswana. Using qualitative research methods, we conducted 70 interviews with family caregivers and key informants such as community home-based care (CHBC) team members and government officials. Older women reported feeling overwhelmed with the magnitude and multiplicity of tasks they had to perform. They reported feeling exhausted, malnourished, depressed, and often neglectful of their own health. Young girls often missed school and they were sexually and physically abused, sexually exploited, and depressed. In addition, these caregivers experienced poverty, social isolation, stigma, psychological distress, and a lack of basic caregiving education. We made recommendations to improve services and care to the CHBC teams and to the national government.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12851169

The intersections of HIV and violence: directions for future research and interventions

HIV/AIDS and Gender-Based Violence (GBV) Literature Review

Program on International Health and Human Rights, Harvard School of Public Health

August 2006

Maman S, Campbell J, Sweat MD, Gielen AC. *Soc Sci Med* Vol. 50 (4) Feb 2000: 459-78

Abstract

The purpose of this paper is to review the available literature on the intersections between HIV and violence and present an agenda for future research to guide policy and programs. This paper aims to answer four questions: (1) How does forced sex affect women's risk for HIV infection? (2) How do violence and threats of violence affect women's ability to negotiate condom use? (3) Is the risk of violence greater for women living with HIV infection than for noninfected women? (4) What are the implications of the existing evidence for the direction of future research and interventions? Together this collection of 29 studies from the US and from sub-Saharan Africa provides evidence for several different links between the epidemics of HIV and violence. However, there are a number of methodological limitations that can be overcome with future studies. First, additional prospective studies are needed to describe the ways which violence victimization may increase women's risk for HIV and how being HIV positive affects violence risk. Future studies need to describe men's perspective on both HIV risk and violence in order to develop effective interventions targeting men and women. The definitions and tools for measurement of concepts such as physical violence, forced sex, HIV risk, and serostatus disclosure need to be harmonized in the future. Finally, combining qualitative and quantitative research methods will help to describe the context and scope of the problem. The service implications of these studies are significant. HIV counseling and testing programs offer a unique opportunity to identify and assist women at risk for violence and to identify women who may be at high risk for HIV as a result of their history of assault. In addition, violence prevention programs, in settings where such programs exist, also offer opportunities to counsel women about their risks for sexually transmitted diseases and HIV.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10641800

Gender and HIV/AIDS Turmen, T. *Int J Gynaecol Obstet* Vol.82 (3) Sep 2003: 411-8

Abstract

The impact of gender on HIV/AIDS is an important dimension in understanding the evolution of the epidemic. How have gender inequality and discrimination against women affected the course of the HIV epidemic? This paper outlines the biological, social and cultural determinants that put women and adolescent girls at greater risk of HIV infection than men. Violence against women or the threat of violence often increases women's vulnerability to HIV/AIDS. An analysis of the impact of gender on HIV/AIDS demonstrates the importance of integrating gender into HIV programming and finding ways to strengthen women by implementing policies and programs that increase their access to education and information. Women's empowerment is vital to reversing the epidemic.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=14499987

2. Interrogating and interpreting the associated risks of HIV/AIDS and GBV

Social factors that make South African women vulnerable to HIV infection. Ackermann L. *Health Care Women Int* Vol.23(2) Feb 2002:163-72

Abstract

HIV/AIDS and Gender-Based Violence (GBV) Literature Review

Program on International Health and Human Rights, Harvard School of Public Health

August 2006

The degree to which women are able to control various aspects of their sexual lives is clearly a critical question for health promotion and the prevention of AIDS. It is evident that social factors such as the high rate of rape, the unfavourable economic position of women, and the inability to insist on condom usage make South African women unable to negotiate the timing of sex and the conditions under which it occurs. They are thus rendered powerless to protect themselves against HIV infection. Prevention campaigns often do not take into account the reality of the daily lives of South African women and the difficulties they face gaining control over their own sexual lives. The rampant spread of this disease can only be stemmed if the subordinate position of women is acknowledged and addressed.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=11868963

National cross sectional study of views on sexual violence and risk of HIV infection and AIDS among South African school pupils Andersson N, Ho-Foster A, Matthis J, Marokoane N, Mashiane V, Mhatre S, Mitchell S, Mokoena T, Monasta L, Ngxowa N, Salcedo MP, Sonnekus H. *BMJ* Vol.329 (7472) Oct 2004: 952

Abstract

OBJECTIVE: To investigate the views of school pupils on sexual violence and on the risk of HIV infection and AIDS and their experiences of sexual violence. DESIGN: National cross sectional study. SETTING: 5162 classes in 1418 South African schools. PARTICIPANTS: 269,705 school pupils aged 10-19 years in grades 6-11. MAIN OUTCOME MEASURE: Answers to questions about sexual violence and about the risk of HIV infection and AIDS. RESULTS: Misconceptions about sexual violence were common among both sexes, but more females held views that would put them at high risk of HIV infection. One third of the respondents thought they might be HIV positive. This was associated with misconceptions about sexual violence and about the risk of HIV infection and AIDS. Around 11% of males and 4% of females claimed to have forced someone else to have sex; 66% of these males and 71% of these females had themselves been forced to have sex. A history of forced sex was a powerful determinant of views on sexual violence and risk of HIV infection. CONCLUSIONS: The views of South African youth on sexual violence and on the risk of HIV infection and AIDS were compatible with acceptance of sexual coercion and "adaptive" attitudes to survival in a violent society. Views differed little between the sexes.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15485935

The association of partner abuse with risky sexual behaviors among women and men with HIV/AIDS. Bogart LM, Collins RL, Cunningham W, Beckman R, Golinelli D, Eisenman D, Bird CE. *AIDS and Behavior*. Vol. 9(3) Sept 2005: 325-333.

Abstract

Prior studies have found that partner abuse is related to risky sexual behavior. However, few studies have explored gender, sexual orientation, or substance use differences in this association, especially among people with HIV. We examined data from the Risk and Prevention survey from the HIV Cost and Services Utilization Study (HCSUS) sample on 726 sexually-active individuals in three gender/orientation groups (286 women, 148 heterosexual men, and 292 gay/bisexual men). The study assessed whether individuals with HIV who experienced or perpetrated abuse within a close relationship were likely to engage in

unprotected intercourse with that same partner. Both abuse perpetration and victimization were significantly associated with having any unprotected intercourse. In multivariate tests, gender/orientation and substance use during sex moderated the perpetration effects. Secondary HIV prevention interventions need to take into account potentially abusive contexts in which sexual activity may occur for both men and women.

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[http://springerlink.metapress.com/\(opahl045ouqi52qpepxpeg55\)/app/home/contribution.asp?referrer=parent&backto=issue,7,12;journal,5,40;linkingpublicationresults,1:104828,1](http://springerlink.metapress.com/(opahl045ouqi52qpepxpeg55)/app/home/contribution.asp?referrer=parent&backto=issue,7,12;journal,5,40;linkingpublicationresults,1:104828,1)

HIV and Domestic Violence: Intersections in the Lives of Married Women in India

Desai S. *Health and Human Rights*. Vol.8 No.2:140-168.

Abstract

Gender inequality is driving two distinct yet interlinked epidemics among women in India: HIV and AIDS and domestic violence. As domestic violence is increasingly recognized and HIV infection expands, policy and programs do not reflect the interlinked risks and consequences in married women's lives. This article seeks to establish the nexus between HIV and AIDS and domestic violence and identify potential areas for a state-led response. In a health and human rights approach, it assesses women's vulnerability to each epidemic at the individual, societal, and program levels to analyze direct and underlying factors that determine women's risk. Three areas are identified as opportunities for an integrated response: strengthen HIV and domestic violence strategies and address their overlap; mainstream gender; and improve data and research.

URL: <http://www.hsph.harvard.edu/xfbcenter/v8n2.htm>

Prevalence and patterns of gender-based violence and revictimization among women attending antenatal clinics in Soweto, South Africa

Dunkle KL, Jewkes RK, Brown HC, Yoshihama M, Gray GE, McIntyre JA, Harlow SD. *Am J Epidemiol* Vol.160(3) Aug 2004:230-9

Abstract

Gender-based violence is a key health risk for women globally and in South Africa. The authors analyzed data from 1,395 interviews with women attending antenatal clinics in Soweto, South Africa, between November 2001 and April 2002 to estimate the prevalence of physical/sexual partner violence (55.5%), adult sexual assault by nonpartners (7.9%), child sexual assault (8.0%), and forced first intercourse (7.3%). Age at first experience of each type of violence was modeled by the Kaplan-Meier method, and Cox hazard models with time-varying covariates were used to explore whether child sexual assault and forced first intercourse were associated with risk of violent revictimization in adulthood. Child sexual assault was associated with increased risk of physical and/or sexual partner violence (risk ratio = 2.43, 95% confidence interval: 1.93, 3.06) and with adult sexual assault by a nonpartner (risk ratio = 2.33, 95% confidence interval: 1.40, 3.89). Forced first intercourse was associated with increased risk of physical and/or sexual partner violence (risk ratio = 2.64, 95% confidence interval: 2.07, 3.38) and nonsignificantly with adult sexual assault by a nonpartner (risk ratio = 2.14, 95% confidence interval: 0.92, 4.98). This study confirms the need for increased attention by the public health community to primary and secondary prevention of gender-based violence, with a specific need to reduce risk among South African adolescents.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15257996

Gender-based violence, relationship power, and risk of HIV infection in women attending antenatal clinics in South Africa Dunkle KL, Jewkes RK, Brown HC, Gray GE, McIntyre JA, Harlow SD. *Lancet* Vol.363(9419) May 2004:1415-21

Abstract

BACKGROUND: Gender-based violence and gender inequality are increasingly cited as important determinants of women's HIV risk; yet empirical research on possible connections remains limited. No study on women has yet assessed gender-based violence as a risk factor for HIV after adjustment for women's own high-risk behaviours, although these are known to be associated with experience of violence. **METHODS:** We did a cross-sectional study of 1366 women presenting for antenatal care at four health centres in Soweto, South Africa, who accepted routine antenatal HIV testing. Private face-to-face interviews were done in local languages and included assessment of sociodemographic characteristics, experience of gender-based violence, the South African adaptation of the Sexual Relationship Power Scale (SRPS), and risk behaviours including multiple, concurrent, and casual male partners, and transactional sex. **FINDINGS:** After adjustment for age and current relationship status and women's risk behaviour, intimate partner violence (odds ratio 1.48, 95% CI 1.15-1.89) and high levels of male control in a woman's current relationship as measured by the SRPS (1.52, 1.13-2.04) were associated with HIV seropositivity. Child sexual assault, forced first intercourse, and adult sexual assault by non-partners were not associated with HIV serostatus.

INTERPRETATION: Women with violent or controlling male partners are at increased risk of HIV infection. We postulate that abusive men are more likely to have HIV and impose risky sexual practices on partners. Research on connections between social constructions of masculinity, intimate partner violence, male dominance in relationships, and HIV risk behaviours in men, as well as effective interventions, are urgently needed.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15121402

Increased risk of HIV in women experiencing physical partner violence in Nairobi, Kenya Fonck K, Els L, Kidula N, Ndinya-Achola J, Temmerman M. *AIDS and Behaviour* Vol.9 (3) Sep 2005: 335-9

Abstract

As part of a study on etiology of sexually transmitted infections (STI) among 520 women presenting at the STI clinic in Nairobi, data on partner violence and its correlates were analyzed. Prevalence of lifetime physical violence was 26%, mainly by an intimate partner (74%). HIV seropositive women had an almost twofold increase in lifetime partner violence. Women with more risky sexual behavior such as early sexual debut, number of sex partners, history of condom use and of STI, experienced more partner violence. Parity and miscarriage were associated with a history of lifetime violence. We found an inverse association between schooling and level of violence. Six percent of the women had been raped. Gender-based violence screening and services should be integrated into voluntary counseling and testing programs as well as in reproductive health programs. Multi-sector approaches are needed to change prevailing attitudes towards violence against women.

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[http://springerlink.metapress.com/\(opah1045ouqi52qpepxpeg55\)/app/home/contribution.asp?referrer=parent&backto=issue,8,12;journal,5,40;linkingpublicationresults,1:104828,1](http://springerlink.metapress.com/(opah1045ouqi52qpepxpeg55)/app/home/contribution.asp?referrer=parent&backto=issue,8,12;journal,5,40;linkingpublicationresults,1:104828,1)

Quality of life among women living with HIV: the importance violence, social support, and

self care behaviors Gielen AC, McDonnell KA, Wu AW, O'Campo P, Faden R. *Soc Sci Med* Vol.52(2) Jan 2001:315-22

Abstract

This paper describes the relationship between psychosocial factors and health related quality of life among 287 HIV-positive women using items from the Medical Outcomes Study HIV Health Survey to measure physical functioning, mental health and overall quality of life. Multivariate models tested the relative importance of sociodemographic characteristics, HIV-related factors and psychosocial variables in explaining these quality of life outcomes. A history of child sexual abuse and adult abuse, social support and health promoting self-care behaviors were the psychosocial factors studied. Women in the sample were on average 33 years old and had known they were HIV-positive for 41 months; 39% had been hospitalized at least once due to their HIV; 83% had children; 19% had a main sex partner who was also HIV-positive. More than one-half of the women (55%) had a history of injection drug use and 63% reported having been physically or sexually assaulted at least once as an adult. A history of childhood sexual abuse, reported by 41% of the sample, was significantly related to mental health after controlling for sociodemographic and HIV-related characteristics. Women with larger social support networks reported better mental health and overall quality of life. Women who practiced more self-care behaviors (healthy diet and vitamins, adequate sleep and exercise, and stress management) reported better physical and mental health and overall quality of life. The high prevalence of physical abuse and child sexual abuse reported by this sample underscores the importance of screening for domestic violence when providing services to HIV-positive women. That such potentially modifiable factors as social support and self care behaviors are strongly associated with health-related quality of life suggests a new opportunity to improve the lives of women living with HIV.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=11144787

Intimate partner violence and HIV/STD risk among lesbian, gay, bisexual, and transgender individuals Heintz AJ, Melendez RM. *Journal of Interpersonal Violence* Vol.21(2) Feb 2006:193-208

Abstract

To date, there has been little research examining HIV/STD risk among lesbian, gay, bisexual, and transgender (LGBT) individuals who are in abusive relationships. This article uses data collected from a community-based organization that provides counseling for LGBT victims of intimate partner violence (IPV). A total of 58 clients completed the survey, which inquired as to sexual violence and difficulties negotiating safer sex with their abusive partners. A large percentage of participants reported being forced by their partners to have sex (41%). Many stated that they felt unsafe to ask their abusive partners to use safer sex protection or that they feared their partners' response to safer sex (28%). In addition, many participants experienced sexual (19%), physical (21%), and/or verbal abuse (32%) as a direct consequence of asking their partner to use safer sex protection. Training counselors on issues of sexuality and safer sex will benefit victims of IPV.

URL: <http://jiv.sagepub.com/cgi/content/abstract/21/2/193>

A tripartite of HIV-risk for African American women: the intersection of drug use, violence, and depression Johnson SD, Cunningham-Williams RM, Cottler LB. *Drug Alcohol Depend* Vol.70(2) May 2003: 169-75

Abstract

The intersection of drug use, violence, and depression with HIV-risk among African American women is an under explored area of research. The current analyses examine whether particular sexual risk behaviors are associated with exposure to violence, depression or both among 420 African American out-of-treatment female drug users. Women were stratified into four mutually exclusive groups: drug users with exposure to violence (n=64), drug users with clinical depression (n=62), drug users with both (n=41), and drug users only (n=253). Multinomial logistic regression analyses examined the association of demographics and sexual risk behaviors across the tripartite groups. Women with a history of sexually transmitted diseases were more likely to experience violence and depression both alone and jointly. Women who had two or more sexual partners in the last 30 days (OR=2.26) and women who had an early onset of alcohol use (OR=2.50) were at an increased risk for having the full tripartite of drug use, violence and depression. Never being married was a protective factor for the full tripartite. As expected, more risk factors were found among women who had the full tripartite than among women with one or two of the factors. The co-existence of the tripartite factors and sexual risk behaviors may indicate a need to ultimately provide more specialized prevention and intervention efforts to combat HIV infection. This area of research may improve our understanding of the numerous obstacles to HIV intervention among drug-using populations.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12732410

Domestic Violence in Barriers to Health Care for HIV-Positive Women Lichtenstein B.
AIDS Patient Care and STDs Vol.20(2) Feb 2006:122-32

Abstract

Few studies have addressed the issue of domestic violence and health care for HIV-positive women. However, such women are at increased risk of clinical progression when domestic violence prevents access to health care or their ability to take HIV medicines on a consistent basis. To address this issue, 3 focus groups and 50 in-depth interviews were conducted at a public health clinic with HIV-positive women clients who had experienced domestic violence. The results are illustrated in 4 case studies of how domestic violence diminishes women's ability to obtain regular health care. Abused women were reluctant to keep appointments if they were afraid of their partners, if they were depressed, feeling ill or "too worn down," or if they were ashamed of being abused. Abusive partners were sometimes reported to sabotage women's efforts to seek care, keep appointments or take medications. The study concluded that domestic violence is an underrecognized barrier to women's ability to obtain regular medical care for HIV/AIDS. Effective HIV treatment is dependent on consistent HIV care, and domestic violence is a crucial barrier for some women. More research is needed to determine the most effective interventions for domestic violence in relation to HIV-positive women.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16475893&query_hl=18&itool=pubmed_docsum

Domestic violence, sexual ownership, and HIV risk in women in the American deep south
Lichtenstein, B. *Soc Sci Med* Vol.60(4) Feb 2005:701-14

Abstract

Domestic violence and sexual abuse are important correlates of HIV risk in women. This paper examines the links between HIV risk and domestic violence in women in a region with the

highest HIV/AIDS rates in the United States. The theoretical framework incorporates Butler's (1993) and (1990) concept of performative gender and Collins' (2000) "controlling images" of African American women as a context for domestic violence in the Deep South. Two focus groups were convened to develop a definition of domestic violence as HIV risk; 50 in-depth individual interviews of HIV-positive women were subsequently conducted for specific information on the topic. A final focus group was conducted for verification and feedback. The interview data revealed that controlling images of women as sexualized bodies were enacted through rape, sexual coercion, and name-calling in intimate relationships. The main finding was that the women lacked the ability to control sexual activities (including condom use) in abusive relationships with HIV-positive men. The women used various strategies to escape abusive partners and to obtain treatment for HIV/AIDS. The study concludes that the links between gender inequity, domestic violence, and HIV transmission should appear in prevention materials to encourage domestic violence screening in health settings, and to provide abused women with information on the not-so-obvious risks of being infected in abusive relationships.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15571889

Physical and sexual violence and health care utilization in HIV-infected persons with alcohol problems Liebschutz JM, Geier JL, Horton NJ, Chuang CH, Samet JH. *AIDS Care* Vol.17(5) July 2005:566-578

Abstract

We examined interpersonal violence and its association with health care utilization and substance use severity among a cohort of 349 HIV-infected men and women with histories of alcohol problems assessed biannually up to 36 months. Data included demographics, lifetime interpersonal violence histories, age at first violence exposure, recent violence (prior six months), substance use severity and health care utilization (ambulatory visits, Emergency Department (ED) visits, hospitalizations) and adherence to HIV medication. Kaplan-Meier survival curves estimated the proportion of subjects experiencing recent violence. Generalized estimating equation regression models evaluated the relationship between recent violence, utilization and substance use severity over time, controlling for demographics, CD4 counts and depressive symptoms. Subject characteristics included: 79% male; mean age 41 years; 44% black, 33% white and 23% other. Eighty percent of subjects reported lifetime interpersonal violence: 40% physical violence alone, and 40% sexual violence with or without physical violence. First violence occurred prior to age 13 in 46%. Twenty-four (41%) of subjects reported recent violence by 24 and 36 months, respectively. In multivariate analyses, recent violence was associated with more ambulatory visits, ED visits and hospitalizations and worse substance use severity, but not medication adherence. Due to the high incidence and associated increased health care services utilization, violence prevention interventions should be considered for HIV-infected patients with a history of alcohol problems.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16036243&query_hl=5&itool=pubmed_docsum

Exploring the Association Between HIV and Violence: Young People's Experiences with Infidelity, Violence and Forced Sex in Dar es Salaam, Tanzania Maman S, Lary H, Katebalila M, Mbwanbo J. *Int Fam Plan Perspect* Vol.30(4) Dec 2004:200-6

Abstract

HIV/AIDS and Gender-Based Violence (GBV) Literature Review

Program on International Health and Human Rights, Harvard School of Public Health

August 2006

CONTEXT: Prior research has shown a strong correlation between HIV infection and a history of intimate partner violence, particularly among young women. However, the role violence plays in the sexual relationships of young people in Sub-Saharan Africa is not well understood. **METHODS:** Locally trained interviewers conducted semi-structured interviews with 40 young men and 20 young women aged 16-24 who were recruited from public venues in Dar es Salaam, Tanzania. **RESULTS:** The participants described complex interactions among violence, forced sex and infidelity in their sexual relationships. Men who were violent toward female partners also frequently described forced sex and sexual infidelity in these partnerships. Men with multiple concurrent sexual partners reported becoming violent when their female partners questioned their fidelity, and reported forcing regular partners to have sex when these partners resisted their sexual advances. Youth who felt that violence and forced sex could not be justified under any circumstances were often those who had not yet initiated sexual relationships or who were in monogamous partnerships. **CONCLUSIONS:** The association between HIV and violence identified among young people in prior research may be partially explained by their experiences with infidelity and forced sex in their intimate partnerships. HIV prevention interventions that fail to take into account the infidelity, violence and forced sex frequently involved in youth's sexual relationships will have a limited impact.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15590386

Does a history of trauma contribute to HIV risk for women of color? Implications for prevention and policy Wyatt GE, Myers HF, Williams JK, Kitchen CR, Loeb T, Carmona JV, Wyatt LE, Chin D, Presley N. *Am J Public Health* Vol.92(4) Apr 2002:660-5

Abstract

OBJECTIVES: We investigated history of abuse and other HIV-related risk factors in a community sample of 490 HIV-positive and HIV-negative African American, European American, and Latina women. **METHODS:** Baseline interviews were analyzed, and logistic regressions were used to identify predictors of risk for positive HIV serostatus overall and by racial/ethnic group. **RESULTS:** Race/ethnicity was not an independent predictor of HIV-related risk, and few racial/ethnic differences in risk factors for HIV were seen. Regardless of race/ethnicity, HIV-positive women had more sexual partners, more sexually transmitted diseases, and more severe histories of abuse than did HIV-negative women. Trauma history was a general risk factor for women, irrespective of race/ethnicity. **CONCLUSIONS:** Limited material resources, exposure to violence, and high-risk sexual behaviors were the best predictors of HIV risk.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=11919068

Reframing women's risk: social inequalities and HIV infection Zierler S, Krieger N. *Annu Rev Public Health* Vol.18 1997:401-36

Abstract

Social inequalities lie at the heart of risk of HIV infection among women in the United States. As of December, 1995, 71,818 US women had developed AIDS-defining diagnoses. These women have been disproportionately poor, African-American, and Latina. Their neighborhoods have been burdened by poverty, racism, crack cocaine, heroin, and violence. To explain which women are at risk and why, this article reviews the epidemiology of HIV and AIDS among

women in light of four conceptual frameworks linking health and social justice: feminism, social production of disease/political economy of health, ecosocial, and human rights. The article applies these alternative theories to describe sociopolitical contexts for AIDS' emergence and spread in the United States, and reviews evidence linking inequalities of class, race/ethnicity, gender, and sexuality, as well as strategies of resistance to these inequalities, to the distribution of HIV among women.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=9143725

3. The role of men

Male gender roles and sexuality: implications for women's AIDS risk and prevention

Campbell CA. *Soc Sci Med* Vol.41(2) Jul 1995:197-210

Abstract

The focus of prevention of the heterosexual AIDS epidemic in the U.S. has been on women. The role of men in sexual decision making has not been emphasized in AIDS prevention approaches. As a result, the heterosexual epidemic for women continues unabated because of the lack of attention to the behavior of male sex partners. This article describes a profile of male sex partners and emphasizes gender roles and sexuality. Prevention efforts that focus singly on women have been misguided and have actually served to undermine women by making them responsible for HIV risk reduction. Prevention of AIDS among heterosexuals will require an examination of how traditional gender role socialization runs counter to safer sex practices. Control of the epidemic will require a focus on men as individuals responsible for their own health and the health of women.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=7667682

Deconstructing the relationship between intimate partner violence and sexual HIV risk among drug-involved men and their female partners

El-Bassel N, Gilbert L, Golder S, Wu EW, Chang MW, Fontdevila J, Sanders G. *AIDS and Behavior* Vol.8(4) Dec 2004: 429-439

Abstract

This study, based on data from a random sample of 322 men on methadone, examines whether traditional male gender role beliefs, male substance use, and couple drug-involvement lead to male psychological dominance, which in turn leads to perpetration of intimate partner violence (IPV) and sexual HIV risk behavior. Structural equation modeling indicated that male psychological dominance is directly associated with perpetrating both physical IPV and sexual HIV risk; however, physical IPV did not lead to sexual HIV risk as predicted originally. Stronger endorsement of traditional male gender role beliefs was associated with male psychological dominance. Couple drug-involvement was also directly associated with male psychological dominance as well as sexual HIV risk. Male substance use led to couple drug-involvement, but not to physical or sexual HIV risk as hypothesized. Study findings highlight the significance of couple drug-involvement and male psychological dominance as pathways leading to physical IPV and sexual HIV risk behavior. Implications for HIV prevention efforts targeting drug-involved men and their sexual partners are discussed.

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The prevalence of partner violence in a group of HIV-infected men Shelton AJ, Atkinson J, Risser JMH, McCurdy SA, Useche B, Padgett PM. *AIDS Care* Vol.17(7) 2005 Oct:814-8

Abstract

There is a paucity of literature regarding partner violence among males that identifies the sex and relationship of their partner(s). We studied a convenience sample of 54 HIV-infected men, recruited from HIV/AIDS service organizations. Using a standard questionnaire, we collected data on HIV risk behaviours and self-reports of acts of partner violence and forced sex. Physical violence perpetrated by a primary or a casual partner was reported by 39% and 17% of the sample, respectively. Life-time forced sex by a primary or casual partner was reported by 32% and 15% of the sample, respectively. Forced sex was more commonly reported by participants who were non-white and reported a higher number of primary partners in the previous 12 months. We recommend that health care providers be aware of the high rates of intimate partner violence among men infected or at risk of infection with HIV.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16120498&query_hl=7&itool=pubmed_docsum

Sons and fathers/boys to men in the time of AIDS: Learning masculinity in Zambia

Simpson A. *Journal of Southern African Studies* Vol.31(3) Sep 2005:569-86

Abstract

The spread of the HIV/AIDS pandemic in Africa is driven, at least in part, by particular expressions of heterosexual masculinities, especially those that entail aggressive sexuality. More needs to be known about how boys come to construct, experience and define themselves as men and about how hegemonic constructions are, and might be, contested. The recognition that masculinities are historically, socially and economically constructed, and that gender is a process, offers the potential for change. Many studies have described women's vulnerability to HIV along a number of dimensions, among them biological, economic, social and cultural. What is perhaps less self-evident in view of the real power exercised by many men in everyday life in Zambia and elsewhere is the vulnerability of men because of the demands made upon them by particular constructions of masculinity. This article draws upon life-histories collected from a cohort of men educated at a Zambian Catholic mission to explore their recollections of how they learnt to be men and their discovery of themselves as engendered sexual beings. The roots of many understandings of masculinity are to be found in domestic and extra-domestic worlds where boys observed the ways in which men took precedence and exercised power over women and children. The particular contributions of the father and the male peer group to the development of masculine identities are the focus of this discussion.

URL:

[http://taylorandfrancis.metapress.com/\(jqbwp245glkyyx55a3py4nn2\)/app/home/contribution.asp?referrer=parent&backto=issue,7,12;journal,3,30;linkingpublicationresults,1:102224,1](http://taylorandfrancis.metapress.com/(jqbwp245glkyyx55a3py4nn2)/app/home/contribution.asp?referrer=parent&backto=issue,7,12;journal,3,30;linkingpublicationresults,1:102224,1)

4. GBV and HIV testing and disclosure

Dating violence and sexually transmitted disease/HIV testing and diagnosis among adolescent females Decker MR, Silverman JG, Raj A. *Pediatrics* Vol116(2) Aug 2005:E272-276

Abstract

OBJECTIVE. Previous studies demonstrate significant associations between dating-violence victimization and sexual risk behaviors among adolescent girls; however, a relationship between dating violence and actual sexually transmitted disease (STD)/HIV testing and diagnosis has yet to be investigated among a representative sample. The present study assesses associations between dating violence and STD/HIV testing and diagnosis among a representative sample of sexually active adolescent girls. **METHODS.** Data from 9th- to 12th-grade female students completing the 1999 and 2001 Massachusetts Youth Risk Behavior Surveys and reporting having ever had sexual intercourse (N = 1641) were examined. Odds ratios for STD/HIV testing and diagnosis that were based on experiences of dating violence and adjusted for STD/HIV risk behaviors and demographics were calculated. **RESULTS.** More than one third (38.8%) of adolescent girls tested for STD or HIV and more than half (51.6%) of girls diagnosed with STD/HIV reported experiencing dating violence. Compared with nonabused girls, girls who experienced both physical and sexual dating violence were 3.0 times more likely to have been tested for STD and HIV, and 2.6 times more likely to report an STD diagnosis. **CONCLUSIONS.** After adjusting for STD/HIV risk behaviors, dating violence remains significantly associated with STD/HIV testing and diagnosis among sexually active adolescent girls.

URL: <http://pediatrics.aappublications.org/cgi/content/abstract/116/2/e272>

Women's lives after an HIV-positive diagnosis: disclosure and violence Gielen AC, McDonnell KA, Burke JG, O'Campo P. *Matern Child Health* Vol.4(2) Jun 2000:111-20

Abstract

OBJECTIVES: This research addresses four questions: (1) What role do health care providers play in women's disclosure to others of their HIV-positive status? (2) What are women's concerns and experiences with disclosure? (3) What violence do women living with HIV experience? (4) How is the violence related to their diagnosis and disclosures? **METHODS:** Participants were 310 HIV-positive women enrolled in an HIV primary care clinic in an urban teaching hospital. Women were interviewed once using both quantitative and qualitative methods. **RESULTS:** Women had known they were HIV-positive for an average of 5.8 years; 22% had an HIV-positive partner; 58% had disclosed their status to more than 10 people; and 68% had experienced physical abuse and 32% sexual abuse as an adult. Fifty-seven percent of the sample reported that a health care provider had told them to disclose to their sex partners. Women who were afraid of disclosure-related violence (29%) were significantly more likely than those who were not to report that a health care provider helped them with disclosure (21% vs. 10%). Although 4% reported physical abuse following a disclosure event, 45% reported experiencing emotional, physical, or sexual abuse at some time after their diagnosis. Risk factors for experiencing abuse after diagnosis were a prior history of abuse, drug use, less income, younger age, length of time since diagnosis, and having a partner whose HIV status was negative or unknown. **CONCLUSIONS:** Identifying women at risk for abuse after an HIV-positive diagnosis is important for those who provide HIV testing and care. Routine screening for interpersonal violence should be incorporated into HIV posttest counseling and continuing primary care services.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10994579

Violence during pregnancy among women with or at risk for HIV infection Koenig LJ, Whitaker DJ, Royce RA, Wilson TE, Callahan MR, Fernandez MI. *Am J Public Health* Vol.92(3) Mar 2002:367-70

Abstract

OBJECTIVES: This study estimated the prevalence of violence during pregnancy in relation to HIV infection. **METHODS:** Violence, current partnerships, and HIV risk behaviors were assessed among 336 HIV-seropositive and 298 HIV-seronegative at-risk pregnant women. **RESULTS:** Overall, 8.9% of women experienced recent violence; 21.5% currently had abusive partners. Violence was experienced by women in all partnership categories (range = 3.8% with nonabusive partners to 53.6% with physically abusive partners). Neither experiencing violence nor having an abusive partner differed by serostatus. Receiving an HIV diagnosis prenatally did not increase risk. Disclosure-related violence occurred, but was rare. **CONCLUSIONS:** Many HIV-infected pregnant women experience violence, but it is not typically attributable to their serostatus. Prenatal services should incorporate screening and counseling for all women at risk for violence.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=11867312

Partner Violence, Partner Notification, and Women's Decisions To Have an HIV Test.

Maher JE, Peterson J, Hastings K, Dahlberg LL, Seals B, Shelley G, Kamb ML. *Journal of Acquired Immune Deficiency Syndromes*. Vol. 25(3) Nov 2000: 276-282

Abstract

OBJECTIVES: Reports of partner violence against HIV-positive women after they have disclosed their serostatus have led some to reassess partner notification strategies and to speculate that fear of partner violence following partner notification may influence women's HIV testing decisions. We studied whether associations exist between women's declining to have an HIV test and history of partner violence, fear of partner violence, previous experience with partner notification, or beliefs about partner notification. **METHODS:** In this cross-sectional study, we interviewed women seen at Newark and Miami sexually transmitted disease clinics. The women were at least 18 years old, not known to be HIV positive, not tested for HIV in the previous 3 months, and offered HIV testing during the clinic visit. Women who declined testing were compared with women who accepted. **RESULTS:** Of 490 participants (89% of eligible women), 16% reported partner violence in the past year, and 28% declined HIV testing. Declining the test was not significantly ($p > .05$) associated with history or fear of partner violence, previous experience with partner notification, or beliefs about partner notification. When specifically asked, only 2 women responded that their declining the test was related to fear that their partner or partners might harm them if the women tested positive. **CONCLUSIONS:** Among women seen at these clinics, we did not find evidence that declining the HIV test was strongly influenced by partner violence, previous experience with partner notification, or beliefs about partner notification. However, many women reported partner violence. Therefore, providers should assess the potential for partner violence and be prepared to make appropriate referrals.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=11115959&query_hl=16&itool=pubmed_docsum

5. GBV as a risk factor for HIV

Health consequences of intimate partner violence. Campbell JC. *Lancet*. 2002 Apr 13;359(9314):1331-6.

Intimate partner violence, which describes physical or sexual assault, or both, of a spouse or sexual intimate, is a common health-care issue. In this article, I have reviewed research on the mental and physical health sequelae of such violence. Increased health problems such as injury, chronic pain, gastrointestinal, and gynaecological signs including sexually-transmitted diseases, depression, and post-traumatic stress disorder are well documented by controlled research in abused women in various settings. Intimate partner violence has been noted in 3-13% of pregnancies in many studies from around the world, and is associated with detrimental outcomes to mothers and infants. I recommend increased assessment and interventions for intimate partner violence in health-care settings.

URL: <http://www.thelancet.com/journals/lancet/article/PIIS0140673602083368/abstract>

Domestic violence and childhood sexual abuse in HIV-infected women and women at risk for HIV Cohen M, Deamant C, Barkan S, Richardson J, Young M, Holman S, Anastos K, Cohen J, Melnick S. *Am J Public Health* Vol.90(4) Apr 2000:560-5

Abstract

OBJECTIVES: The purpose of this study was to determine the prevalence and effect of domestic violence and childhood sexual abuse in women with HIV or at risk for HIV infection.

METHODS: Participants with HIV or at risk for HIV infection enrolled in the Women's Interagency HIV Study. Childhood sexual abuse; all physical, sexual, and coercive violence by a partner; HIV serostatus; demographic data; and substance use and sexual habits were assessed. **RESULTS:** The lifetime prevalence of domestic violence was 66% and 67%, respectively, in 1288 women with HIV and 357 uninfected women. One quarter of the women reported recent abuse, and 31% of the HIV-seropositive women and 27% of the HIV-seronegative women reported childhood sexual abuse. Childhood sexual abuse was strongly associated with a lifetime history of domestic violence and high-risk behaviors, including using drugs, having more than 10 male sexual partners and having male partners at risk for HIV infection, and exchanging sex for drugs, money, or shelter. **CONCLUSIONS:** Our data support the hypothesis of a continuum of risk, with early childhood abuse leading to later domestic violence, which may increase the risk of behaviors leading to HIV infection.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10754970

Influence of abuse on condom negotiation among Mexican-American women involved in abusive relationships Davila YR. *Assoc Nurses AIDS Care* Vol.13(6) Nov-Dec 2002:46-56

Abstract

This study explored cultural and gender perspectives of abuse on condom negotiation behaviors for AIDS prevention among Mexican-American women in abusive intimate relationships. A convenience sample of 20 abused women participated in the study. Data were collected through a demographic questionnaire and audiotaped responses to a semistructured interview guide. Content analysis using QSR NUDIST was used to analyze the verbatim transcriptions of all participant interviews. The predominant category, "He always got his way," was developed in response to the content of the verbatim transcriptions. The category was further expanded to

include the self-descriptive subcategories of "He beat me," "He made me feel bad," and "He forced me." Through content analysis, a relationship between abuse by male sexual partners and condom negotiation for AIDS prevention was identified. Trustworthiness of the data collection and analysis was established through methods suggested by Lincoln and Guba.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12469543

When HIV-prevention messages and gender norms clash: the impact of domestic violence on women's HIV risk in slums of Chennai, India Go VF, Sethulakshmi CJ, Bentley ME, Sivaram S, Srikrishnan AK, Solomon S, Celentano DD. *AIDS Behaviour* Vol.7(3) Sep 2003:263-72

Abstract

This paper examines how marital violence affects women's ability to protect themselves from HIV/AIDS. In-depth interviews (n = 48) and focus groups (n = 84, 3-7 per group) were conducted among men and women in two randomly selected slums of Chennai, India. The study showed that community gender norms tacitly sanction domestic violence that interferes with adopting HIV-preventive behaviors. Given the choice between the immediate threat of violence and the relatively hypothetical specter of HIV, women often resign themselves to sexual demands and indiscretions that may increase their risk of HIV acquisition. In conclusion, AIDS-prevention interventions must incorporate gender-related social contexts in settings where husbands strictly enforce their locus of control. HIV-prevention messages targeting men may effectively reduce women's exposure to HIV/AIDS.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=14586189

Coerced first intercourse and reproductive health among adolescent women in Rakai, Uganda Koenig MA, Zablotska I, Lutalo T, Nalugoda F, Wagman J, Gray R. *Int Fam Plan Perspect* Vol.30(4) Dec 2004:156-64

Abstract

CONTEXT: Although there is increasing recognition of the scope and significance of sexual coercion experienced by adolescent women in developing countries, evidence on its consequences for reproductive health remains limited. **METHODS:** A sample of 575 sexually experienced 15-19-year-old women were interviewed in 2001-2002 as part of the ongoing Rakai surveillance project in rural Uganda. Chi-square tests and logistic regressions were used to investigate associations between coerced first intercourse and selected reproductive health behaviors and outcomes. **RESULTS:** Fourteen percent of young women reported that their first sexual intercourse had been coerced. After the effects of respondents' demographic characteristics were accounted for, young women who reported coerced first intercourse were significantly less likely than those who did not to be currently using modern contraceptives, to have used condoms at last intercourse and to have used them consistently during the preceding six months; they were more likely to report their current or most recent pregnancy as unintended (among ever-pregnant women) and to report one or more genital tract symptoms. **CONCLUSIONS:** Coerced first intercourse is an important social and public health problem that has potentially serious repercussions for young women's reproductive health and well-being. Interventions to improve adolescent women's reproductive health should directly address the issue of sexual coercion.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15590381

Narrative case analysis of HIV infection in a battered woman Stevens PE, Richards DJ. *Health Care Women Int* Vol 19 (1) Jan-Feb 1998: 9-22

Abstract

The narrative case analysis of HIV infection in a battered woman, taken from a qualitative study of women's experiences living with HIV/AIDS, conveys unusual insights into the context of violence that surrounded this woman's exposure to HIV. In her narrative, she describes the complex web of abuse she lived with day-to-day and the road she travels with AIDS as a result. Her abuse perpetrator infected her with HIV, and the whole atmosphere of violence, annihilation of self-worth, and oppressive restrictions likely contributed to the late-stage identification and treatment of her HIV-related disease. The discussion explores how domestic violence may place battered women at increased risk of becoming HIV infected. Clinical recommendations suggest that efforts to stop the battering of women and to prevent the spread of HIV in women must be combined to offer effective protection for women.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=9479091

Intimate partner violence and HIV risk among urban minority women in primary health care settings Wu E, El-Bassel N, Witte SS, Gilbert L, Chang, M. *AIDS Behav* Vol.7 (3) Sep 2003: 291-301

Abstract

This study describes the associations between intimate partner violence (IPV) and HIV risk among urban, predominantly minority women. Interviews were conducted with 1,590 women, predominantly African American and Latina, attending hospital-based health care clinics. Approximately 1 in 5 women reported experiencing IPV in their current primary heterosexual relationships; about 1 in 8 women reported experiencing IPV in the preceding 6 months. Compared to women who reported no IPV in their primary relationships, women reporting past or current IPV perpetrated by their primary partners were more likely to report having multiple sexual partners, a past or current sexually transmitted infection (STI), inconsistent use or nonuse of condoms, and a partner with known HIV risk factors. These findings indicate that urban minority women experiencing IPV are at elevated risk for HIV infection, results that carry important implications in the efforts to improve HIV and IPV risk assessment protocols and intervention/prevention strategies for women in primary health care settings.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=14586191

6. HIV as a risk factor for GBV

Incidence of violence against HIV-infected and uninfected women: findings from the HIV Epidemiology Research (HER) study Gruskin L, Gange SJ, Celentano D, Schuman P, Moore JS, Zierler S, Vlahov D. *Urban Health* Vol.79(4) Dec 2002:512-24

Abstract

HIV/AIDS and Gender-Based Violence (GBV) Literature Review

Program on International Health and Human Rights, Harvard School of Public Health

August 2006

The effect of human immunodeficiency virus (HIV) infection on the incidence of violence against women was addressed in a prospective cohort of HIV-infected and uninfected women. Participants were enrolled between 1993 and 1995 in four US cities and followed up semiannually through 1998. Among 1,087 women with a total accrual of 2,988 person-years (PY) of follow-up, there were 185 reports of abuse (incidence rate = 6.19 per 100 PY). The rate of abuse among HIV-infected women with a CD4+ count less than 350 cells/ micro L was lower than that among HIV-infected women with more CD4+ cells/ micro L or among uninfected women (4.87, 6.92, and 6.44 per 100 PY, respectively). In multivariate analysis, being separated or divorced, having a history of abuse in adulthood, using marijuana, using crack, and having multiple sex partners were each significantly associated with an elevated abuse rate; being older was inversely associated with abuse. Among HIV-infected women, those with fewer CD4+ cells/ micro L continued to show a decreased abuse rate (hazard ratio = 0.55, 95% CI = 0.36, 0.82) after adjustment for these factors. It is important to complement existing and future HIV prevention and intervention strategies with efforts to reduce violence against women.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12468671

HIV-positive women report more lifetime partner violence: findings from a voluntary counseling and testing clinic in Dar es Salaam, Tanzania. Maman S, Mbwambo JK, Hogan NM, Kilonzo GP, Campbell JC, Weiss E, Sweat MD.

Am J Public Health. 2002 Aug;92(8):1331-7.

Abstract:

OBJECTIVES: Experiences of partner violence were compared between HIV-positive and HIV-negative women. **METHODS:** Of 340 women enrolled, 245 (72%) were followed and interviewed 3 months after HIV testing to estimate the prevalence and identify the correlates of violence. **RESULTS:** The odds of reporting at least 1 violent event was significantly higher among HIV-positive women than among HIV-negative women (physical violence odds ratio [OR] = 2.63; 95% confidence interval [CI] = 1.23, 5.63; sexual violence OR = 2.39; 95% CI = 1.21, 4.73). Odds of reporting partner violence was 10 times higher among younger (< 30 years) HIV-positive women than among younger HIV-negative women (OR = 9.99; 95% CI = 2.67, 37.37). **CONCLUSIONS:** Violence is a risk factor for HIV infection that must be addressed through multilevel prevention approaches.

URL:

<http://www.ajph.org/cgi/content/abstract/92/8/1331?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=1&title=HIV+lifetime+violence&andorexacttitle=and&andorexacttitleabs=and&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT>

Does HIV status make a difference in the experience of lifetime abuse? Descriptions of lifetime abuse and its context among low-income urban women McDonnell KA, Gielen AC, O'Campo P. *Urban Health* Vol.80(3) Sep 2003:494-509

Abstract

Women living in poor urban communities are doubly disadvantaged with regard to increased risk for two major public health crises in the United States today--HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome) and violence. This study moves beyond the comparison of rates of lifetime abuse among women to incorporate contextual information of the abusive situation and experiences of HIV-positive women and a sample of sociodemographically similar HIV-negative women. A total of 611 women, 310 of whom were

diagnosed as HIV positive, provided interviews integrating quantitative data and qualitative text on their lifetime experience of abuse. Quantitative results yielded few statistically significant differences between the lifetime experiences of violence between HIV-positive women and their HIV-negative counterparts. Of the women, 62% reported intimate partner violence, and 38% reported experiencing nonpartner abuse as an adult. A majority of the abused women reported that their alcohol or drug use or their partner's alcohol or drug use was associated with the abuse experienced. Significant differences were found between HIV-positive women and HIV-negative women in the pattern of abuse experienced as a child, the frequency of abuse as an adult, and the involvement of women's drinking before or during a violent episode. Qualitative excerpts from the interviews were found to differ thematically and were integrated with the quantitative data to provide a more comprehensive understanding of the women's contextual situation in understanding interpersonal violence experienced by both HIV-positive and HIV-negative women.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12930886

Young women living with HIV/AIDS have rights too: a personal testimonial. Mthembu P. Bangkok 2004. *HIV AIDS Policy Law Rev.* 2004 Dec;9(3):72-4.

Abstract

Many women living with HIV/AIDS continue to be treated as second-class citizens. In this presentation prepared for "Acting on rights: women, HIV/AIDS and the Barcelona Bill of Rights," a satellite meeting held on 11 July 2004, Promise Mthembu poignantly describes the stigma, discrimination, and abuse that she has faced as a young HIV-positive woman in Africa. The presentation discusses the issues of violence, disclosure, power imbalances in relationships, reproductive rights, safer sex, and access to health care. The presentation concludes with a series of specific recommendations for helping women living with HIV/AIDS realize their rights. Because Ms Mthembu was unable to attend the meeting in person, her presentation was read by Kanjoo Mbaindikua, who told the delegates at the meeting that she shares many of Ms Mthembu's circumstances and experiences.

URL: <http://www.aidslaw.ca/Maincontent/otherdocs/Newsletter/vol9no32004/bangkok04-03e.htm>

Experiences of violence in HIV-seropositive women in the south-eastern United States of America Sowell R, Seals B, Moneyham L, Guillory J, Mizuno Y. *Adv Nurs* Vol.30(3) Sep 1999:606-15

Abstract

Women represent one of the fastest growing groups being diagnosed with HIV infection. Because of the circumstances under which they live, women at the highest risk for HIV infection may also be at risk for verbal, physical and sexual violence. The purpose of this study was to examine the frequency and type of violence experienced by women infected with HIV, and describe associations between reported violence, self-esteem and sense of competence. The study used a descriptive design and was conducted in the south-eastern United States. The sample consisted of 194 women infected with HIV. Women were primarily single, African-Americans residing in urban areas with an annual household income of less than \$10,000 per year. Participants completed face-to-face interviews using a structured questionnaire which included a frequency of violence scale, Rosenberg's self-esteem scale, and Pearlin and Schooler's mastery scale. Approximately 15% of women reported at least one event of physical

abuse and 55% at least one event of verbal abuse in the past 6 months. Verbal abuse experienced by women was the strongest net negative predictor of self-esteem and competence. These findings indicate that HIV-infected women are at risk for experiencing physical abuse and verbal abuse, and the experience of violence is associated with lower self-esteem and competence.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10499217

Violence victimization after HIV infection in a US probability sample of adult patients in primary care Zierler S, Cunningham WE, Andersen R, Shapiro MF, Nakazono T, Morton S, Crystal S, Stein M, Turner B, St Clair P, Bozzette SA. *Am J Public Health* Vol.90(2) Feb 2000:208-15

Abstract

OBJECTIVES: This study estimated the proportion of HIV-infected adults who have been assaulted by a partner or someone important to them since their HIV diagnosis and the extent to which they reported HIV-seropositive status as a cause of the violence. **METHODS:** Study participants were from a nationally representative probability sample of 2864 HIV-infected adults who were receiving medical care and were enrolled in the HIV Costs and Service Utilization Study. All interviews (91% in person, 9% by telephone) were conducted with computer-assisted personal interviewing instruments. Interviews began in January 1996 and ended 15 months later. **RESULTS:** Overall, 20.5% of the women, 11.5% of the men who reported having sex with men, and 7.5% of the heterosexual men reported physical harm since diagnosis, of whom nearly half reported HIV-seropositive status as a cause of violent episodes. **CONCLUSIONS:** HIV-related care is an appropriate setting for routine assessment of violence. Programs to cross-train staff in antiviolence agencies and HIV care facilities need to be developed for men and women with HIV infection.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10667181

7. The increased susceptibility of sub-populations to the linked risks of HIV/AIDS and GBV

Women migrant workers' vulnerability to HIV infection in Hong Kong Bandyopadhyay M, Thomas J. *AIDS Care* Vol.14(4) Aug 2002:509-21

Abstract

Research on population mobility and HIV/AIDS risk among migrant populations is quite limited, and research on migrant women workers' vulnerability is further limited. Hong Kong, the Special Administrative Region of China, has currently about 200,000 women migrant workers working as domestic helps. This paper reports migrant women worker's access to AIDS-related health information and health care facilities, perceptions about vulnerability, and risk behaviour profile. Data was collected through a pre-tested questionnaire from a random sample of 2,010 women migrant workers. A majority of the migrant women workers (63.6%) have been living and working in Hong Kong for between 4-10 years. Fifty-four per cent of the respondents felt that being a female they were vulnerable to HIV infection. Overall, the knowledge regarding HIV/AIDS and its route of transmission is inadequate amongst the migrant women workers in

Hong Kong. It appears that AIDS-related information education and communication needs of women migrants workers are not met by the current HIV prevention and care activities in Hong Kong. The study indicates that migrant women workers who experienced sexual violence (9%) in Hong Kong perceive themselves to be 'at risk' of HIV infection. Seventy per cent of the respondents reported that they have felt discriminated against in Hong Kong, of which 42% felt discriminated against in Hong Kong hospitals. Addressing discrimination in health care settings is an essential element of AIDS prevention. The discussion urges researchers and policy makers to pay more attention to the vulnerability of migrant women workers.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12204153

Understanding the social and cultural contexts of female sex workers in Karnataka, India: implications for prevention of HIV infection. Blanchard JF, O'Neil J, Ramesh BM, Bhattacharjee P, Orchard T, Moses S. *Journal of Infectious Diseases* Vol.191(1) Feb 2005:S139-46

Abstract

The objective of the present study was to compare the sociodemographic characteristics and sex work patterns of women involved in the traditional Devadasi form of sex work with those of women involved in other types of sex work, in the Indian state of Karnataka. **METHODS:** Data were gathered through in-person interviews. Sampling was stratified by district and by type of sex work. **RESULTS:** Of 1588 female sex workers (FSWs) interviewed, 414 (26%) reported that they entered sex work through the Devadasi tradition. Devadasi FSWs were more likely than other FSWs to work in rural areas (47.3% vs. 8.9%, respectively) and to be illiterate (92.8% vs. 76.9%, respectively). Devadasi FSWs had initiated sex work at a much younger age (mean, 15.7 vs. 21.8 years), were more likely to be home based (68.6% vs. 14.9%), had more clients in the past week (average, 9.0 vs. 6.4), and were less likely to migrate for work within the state (4.6% vs. 18.6%) but more likely to have worked outside the state (19.6% vs. 13.1%). Devadasi FSWs were less likely to report client-initiated violence during the past year (13.3% vs. 35.8%) or police harassment (11.6% vs. 44.3%). **CONCLUSION:** Differences in sociobehavioral characteristics and practice patterns between Devadasi and other FSWs necessitate different individual and structural interventions for the prevention of sexually transmitted infections, including human immunodeficiency virus infection.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15627224&query_hl=28&itool=pubmed_docsum

Correlates of partner violence among female street-based sex workers: substance abuse, history of childhood abuse, and HIV risks El-Bassel N, Witte SS, Wada T, Gilbert L, Wallace J. *AIDS Patient Care STDS* Vol.15(1) Jan 2001:41-51

Abstract

This study examines the prevalence of physical and sexual abuse by intimate and commercial sexual partners among street-based sex workers and explores correlates of partner abuse by commercial partners using the following factors: sociodemographics, substance abuse, sexual behavior, and physical and sexual childhood abuse. One hundred thirteen street sex workers were recruited from December 1996 through May 1997 while receiving services from the Foundations for Research on Sexually Transmitted Diseases (FROST'D), a nonprofit organization based in New York City. Partner abuse is a common occurrence among street sex

workers. Two of three street prostitutes have experienced lifetime physical or sexual abuse by either an intimate or commercial partner. In addition, one of eight reported physical and sexual abuse by both intimate and commercial partners during her lifetime. Women who were homeless in the last year, those who reported exchanging for drugs and money as their main source of income, used injection drugs in the past year and had sex in crack houses, and who were human immunodeficiency virus (HIV)-positive were more likely to be report combined physical and sexual abuse. Understanding the relationship between partner violence, victim's substance abuse, and HIV-risk behavior is important for the development of public policies and treatment and prevention strategies to address the constellation of problems that drug-using female street sex workers face.

URL:

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=11177587

Gender, violence and HIV: women's survival in the streets Epele ME. *Cult Med Psychiatry* Vol.26(1) Mar 2002:33-54

Abstract

In this article I propose that gender inequality promotes--directly or indirectly--vulnerability to HIV as a consequence of a multidimensional violence (structural, symbolic and physical) experienced by injection drug using (IDU) women in The Mission District (San Francisco). Given the female subordinated position stipulated by the street ideology, I analyze how drug dependence afforded by precarious strategies of subsistence places IDU women under multiple dangers and threats. In this setting, unequal gender relations are part of a complex system of transactions in the street economy and a way to reduce or increase the everyday violence. Facing multiple dangers and risks, some women adopt a subordinated position, some try to negotiate the conditions of the exchanges and the others resist the exploitation. Finally, everyday violence under conditions of gender inequality and scarcity of resources imposes a logic defined by the challenge of survival under the threat of immediate dangers, which transform HIV into a secondary risk.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12088097

The lives of incarcerated women: violence, substance abuse, and at risk for HIV Fogel CI, Belyea M. *Assoc Nurses AIDS Care* Vol.10(6) Nov-Dec 1999:66-74

Abstract

High rates of human immunodeficiency virus (HIV) infection and sexually transmitted diseases (STDs) are seen in women prisoners. These high rates may be related to the nature of their lives, which may include violence, substance abuse, promiscuity, prostitution, and exchange of sex for drugs--all of which increase their risk for acquiring HIV. The purpose of this study was to examine the HIV-related risk behaviors and protective practices of women prisoners in a rural southern state and factors related to these behaviors. The sample included 57 women incarcerated in a medium-to-maximum security prison. Key findings included high rates of substance abuse, extensive past and current violent experiences including sexual abuse, high percentage of multiple partners, and low use of condoms. Additionally, women in this sample did not perceive themselves to be at risk for HIV infection. Practical suggestions for reducing the HIV risks of incarcerated women are offered.

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HIV/AIDS and Gender-Based Violence (GBV) Literature Review

Program on International Health and Human Rights, Harvard School of Public Health

August 2006

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=10546175

Sexual coercion, domestic violence, and negotiating condom use among low-income African American women Kalichman SC, Williams EA, Cherry C, Belcher L, Nachimson D. *J Womens Health* Vol.7(3) Apr 1998: 371-8

Abstract

Coercion to engage in unwanted sex places women at risk for human immunodeficiency virus (HIV) infection. A survey of 125 women living in low-income housing developments in Fulton County, Georgia, showed that 53 (42%) women had engaged in unwanted sex because a male partner threatened to use force or used force to obtain sexual access. Women who had been sexually coerced were more likely to have used marijuana and crack cocaine and to have abused alcohol. Coerced women were more likely to have been physically abused by a domestic partner. These women were also more likely to perceive that requesting male partners to use condoms would create a potentially violent situation. These results suggest that women experience an interactive constellation of social problems that create risks for HIV infection and, therefore, that efforts to prevent HIV infection among women will require multifaceted intervention strategies to reach both men and women at risk.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=9580917

Sexual abuse of children: intersection with the HIV epidemic Lindegren ML, Hanson IC, Hammett TA, Beil J, Fleming PL, Ward JW. *Pediatrics* Vol.102(4) Oct 1998:E46

Abstract

OBJECTIVE: Sexual transmission of human immunodeficiency virus (HIV) is the predominant risk exposure among adolescents and adults reported with HIV infection and acquired immunodeficiency syndrome (AIDS). Although perinatal transmission accounts for the majority of HIV infection in children, there have been reports of HIV transmission through sexual abuse of children. We characterized children <13 years of age who may have acquired HIV infection through sexual abuse. **METHODS:** All reports by state and local health departments to the national HIV/AIDS surveillance system of children with HIV infection not AIDS (n = 1507) and AIDS (n = 7629) through December 1996 were reviewed for history of sexual abuse. Information was ascertained from data recorded on the case report form as well as investigations of children with no risk for HIV infection reported or identified on initial investigation. For children with a possible history of sexual abuse, additional data were collected, including how sexual abuse was diagnosed; characteristics of the perpetrator(s) (ie, HIV status and HIV risks); and other possible risk factors for the child's HIV infection. **RESULTS:** Of 9136 children reported with HIV or AIDS, 26 were sexually abused with confirmed (n = 17) or suspected (n = 9) exposure to HIV infection; mean age of these children at diagnosis of HIV infection was 8.8 years (range, 3 to 12 years). There were 14 females and 3 males who had confirmed sexual exposure to an adult male perpetrator at risk for or infected with HIV; of these, 14 had no other risk for HIV infection, and 3 had multiple risks for HIV infection (ie, through sexual abuse, perinatal exposure, and physical abuse through drug injection). The other 9 children (8 females, 1 male) had no other risk factors for HIV infection and were suspected to have been infected through sexual abuse, but the identity, HIV risk, or HIV status of all the perpetrator(s) was not known. All cases of sexual abuse had been reported to local children's protective agencies. Sexual abuse was established on the basis of physician diagnosis or physical examination (n = 20), child

disclosure (n = 15), previous or concurrent noncongenital sexually transmitted disease (n = 9), and for confirmed cases, criminal prosecution of the HIV-infected or at-risk perpetrator (n = 8). For the 17 children with confirmed sexual exposure to HIV infection, 19 male perpetrators were identified who were either known to be HIV infected (n = 18) or had risk factors for HIV infection (n = 17), most of whom were a parent or relative. **CONCLUSIONS:** These 26 cases highlight the tragic intersection of child sexual abuse and the HIV epidemic. Although the number of reported cases of sexual transmission of HIV infection among children is small, it is a minimum estimate based on population-based surveillance and is an important and likely underrecognized public health problem. Health care providers should consider sexual abuse as a possible means of HIV transmission, particularly among children whose mothers are HIV-antibody negative and also among older HIV-infected children. The intersection of child abuse with the HIV epidemic highlights the critical need for clinicians and public health professionals to be aware of the risk for HIV transmission among children who have been sexually abused, and of guidelines for HIV testing among sexually abused children, and to evaluate and report such cases.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=9755283

Vulnerability on the streets: female sex workers and HIV risk Pyett PM, Warr DJ. *AIDS Care* Vol.9(5) Oct 1997:539-47

Abstract

In-depth interviews were conducted with 24 purposively selected female sex workers who were perceived to be vulnerable to risks associated with their lifestyle and occupation. Brothel workers were found to be considerably less exposed to risk than the women working on the streets. Client resistance was the major obstacle to women maintaining safe sex practices. Physical threats and coercion from clients, the absence of legal protection for street workers, the workers' extreme social isolation and lack of community support added to the difficulties experienced by women in their attempts to insist on condoms for all sex services. Youth, homelessness and heavy drug use had contributed to women being at times even more vulnerable because they had less capacity to manage situations of potential violence or STD risk. Whether through sex work or in their private relationships, HIV remains a risk for some of these women. This study highlights the dangers associated with illegal sex work. While decriminalization of prostitution would reduce some of the dangers to which women were exposed and increase women's capacity to insist on safe sex practices, it is also important for community education programmes to address men's failure to accept responsibility for condom use when seeking the services of sex workers.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=9404396

Native women, violence, substance abuse and HIV risk Saylor K, Daliparthi N. *Journal of Psychoactive Drugs* Vol.37(3) Sep 2005:273-280

Abstract

Violence has become a critical public health issue in the United States. It has had a particularly devastating impact on the health and well being of Native American women and children. The relationship between aggression and substance use is an intrinsic one: Native women often bear the brunt of violence in drinking situations, which places them and their children at extremely high risk for physical and sexual abuse. In urban environments, many Native

American women find themselves in adult relationships that mirror the abuse they experienced and witnessed as children or adolescents. Not only does violence often occur while substances are being used, but conversely, substance use is a frequent consequence of sexual abuse. Clearly, the mental health repercussions of physical or sexual abuse are often severe. Trauma is associated not only with psychological distress, but also with risky behavior and social role impairment. Traumatized women engaging in substance abuse and unsafe sex are at high risk for contracting HIV/AIDS. This article explores the intersection of substance abuse, sexual and physical abuse, and increased HIV risk among urban Native American women in the San Francisco Bay Area.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&list_uids=16295010&dopt=Abstract

Violence against substance-abusing South African sex workers: intersection with culture and HIV risk Wechsberg WM, Luseno WK, Lam WK. *AIDS Care* Vol.17(S1) Jun 2005:S55-64
Abstract

The Republic of South Africa has become an epicentre of heterosexual HIV transmission among Black women, and the interface between violence against women, substance abuse, and HIV risk is becoming evident. This paper describes the characteristics of Black South African women who engage in sex work in Pretoria and examines their intersecting experiences of high-risk sexual behaviour, substance abuse, and victimization. Ninety-three women were recruited into the study. Field staff collected biological measures of drug use and administered a structured, self-report interview. Findings indicate that young South African women who engage in sex work and use drugs rely on this activity as their main source of income and are supporting other family members. The majority of sample women reported experiencing some victimization at the hand of men, either clients or boyfriends, with many reporting childhood abuse histories; young women also report great fear of future victimization. Findings also suggest that as a result of their decreased likelihood of using protection, women who reported any sexual or physical victimization are at increased risk for HIV and other STIs. Results support the critical need for targeted, comprehensive interventions that address substance abuse, sexual risk, and violence as interrelated phenomena.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=16096118&query_hl=26&itool=pubmed_docsum

Prevalence and co-occurrence of violence, substance use and disorder, and HIV risk behavior: a comparison of sheltered and low-income housed women in Los Angeles County Wenzel SL, Tucker JS, Elliott MN, Hambarsoomians K, Perlman J, Becker K, Kollross C, Golinelli D. *Prev Med* Vol.39(3) Sep 2004:617-24

Abstract

BACKGROUND. Violence against women, substance use and disorder, and HIV represent three significant threats to the health of women, yet little is known about the extent of these epidemics among indigent women. This study investigates and documents differences in the prevalence and co-occurrence of physical and sexual violence, substance use and disorder, and HIV risk behavior in sizable probability samples of sheltered homeless and low-income housed women. **METHODS.** Retrospective self-reports were obtained through structured interviews with stratified random samples of women residing in shelters (N = 460) and low-income housing (N = 438) in Los Angeles County, California. **RESULTS.** Sheltered women were

more likely than housed women to report experiencing physical and sexual violence, substance use and disorder, HIV risk behavior, and co-occurrence of these problems in the past year. Differences remained when propensity weights were used to equate the groups on demographic and background characteristics. **CONCLUSIONS.** Findings suggest remarkable need for services among communities of indigent women. Higher rates of problems among women in shelters highlight the importance of differentiating among subgroups of indigent women in community-based prevention and intervention activities and tentatively suggest a protective influence of housing.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15313103

8. Effective approaches for addressing the joint risk factors of GBV and HIV/AIDS

Culture and context of HIV prevention in rural Zimbabwe: the influence of gender inequality Duffy L. *Journal of Transcultural Nursing* Vol.16(1) Jan 2005:23-31

Abstract

After many years of HIV prevention in Zimbabwe, AIDS morbidity and mortality rates continue to rise. This study explores factors facilitating or hindering rural Ndau women's participation in HIV prevention that might influence health promotion programming. Ethnographic methods were used with a sample of 38 females and 10 males. Women's existence is revealed as difficult and oppressive. Their socialization to become workers and mothers occurs within a context of limited voice, subservience, violence, and economic powerlessness, all barriers to HIV prevention. Through analysis of sociocultural and economic factors, it is suggested that cultural beliefs and practices, along with national and international forces, support and sustain gender inequality. For a change in the AIDS crisis, prevention strategies need to be multifaceted, consider people's culture and context, and include gender analysis. It is imperative that nurses working with diverse populations be sensitive to culture while challenging unjust and oppressive systems.

URL: <http://tcn.sagepub.com/cgi/content/abstract/16/1/23>

Integrating systematic screening for gender-based violence into sexual and reproductive health services: results of a baseline study by the International Planned Parenthood Federation, Western Hemisphere Region Guedes A, Bott S, Cuca Y. *Int J Gynaecol Obstet* Vol 78 Suppl 1, Sep 2002: S57-63

Abstract

Three Latin American affiliates of the International Planned Parenthood Federation, Western Hemisphere Region, Inc. (IPPF/WHR) have begun to integrate gender-based violence screening and services into sexual and reproductive health programs. This paper presents results of a baseline study conducted in the affiliates. Although most staff support integration and many had already begun to address violence in their work, additional sensitization and training, as well as institution-wide changes are needed to provide services effectively and to address needs of women experiencing violence.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=12429440

A brief sexual barrier intervention for women living with AIDS: acceptability, use, and ethnicity Jones DL, Weiss SM, Malow R, Ishii M, Devieux J, Stanley H, Cassells A, Tobin JN, Brondolo E, LaPerriere A, Efantis-Potter J, O'Sullivan MJ, Schneiderman N. *Urban Health* Vol.78(4) Dec 2001:593-604

Abstract

Interventions aimed at reducing sexual transmission of human immunodeficiency virus/sexually transmitted diseases (HIV/STDs) have focused primarily on male condom use among seronegative men and women. However, female-controlled sexual barriers (female condoms and vaginal microbicides) offer women living with acquired immunodeficiency syndrome (AIDS) alternative methods to protect themselves and others from disease transmission. A pilot behavioral intervention was conducted to increase sexual barrier use and enhance and assess factors related to acceptability. Participants (N = 178) were drawn from the Stress Management and Relaxation Training with Expressive Supportive Therapy (SMART/EST) Women's Project, a multisite phase III clinical trial for women living with AIDS (Miami, FL; New York City, NY; Newark, NJ). Intervention participants (n = 89) were matched for age and ethnicity with control condition participants (n = 89). Women were African American (52%), Haitian (15%), Hispanic (19%), Caucasian (10%), and other ethnicities (4%). The intervention condition received barrier products (male and female condoms and spermicides based on nonoxynol-9 in the form of vaginal gel, film, and suppositories) during three sessions held over 3 months. Data on barrier use and acceptability were analyzed at baseline and 3 and 9 months postintervention. Use of N-9 spermicides on a trial basis increased significantly by 3 months in the intervention conditions (22%-51%, $P < .05$). Cultural differences in acceptability were greatest between Haitian women and women in other ethnic groups. Exposure to this pilot behavioral intervention was associated with increased acceptability and use of chemical barriers without decreased use of male condoms.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=11796806

Rape and HIV post-exposure prophylaxis: addressing the dual epidemics in South Africa.

Kim JC, Martin LJ, Denny L. *Reprod Health Matters*. 2003 Nov;11(22):101-12. **Review.**

Rural AIDS and Development Action Research Programme (RADAR), School of Public Health, University of the Witwatersrand, South Africa. jkim@soft.co.za

In South Africa, a country notable for both a rapidly escalating AIDS epidemic and high levels of sexual violence, the issue of HIV post-exposure prophylaxis (PEP) following rape has recently come to the fore, and a policy supporting provision of PEP has been approved by the national government. This paper compares the conditions for providing PEP in Europe and North America with the conditions faced by two initiatives in South Africa, one serving a primarily rural base, and one urban. It is based on a review of the literature on sexual violence in South Africa and use of PEP following occupational and non-occupational exposure. It incorporates perspectives from in-depth interviews in 2000 with 18 key informants, including survivors of sexual violence, gender and HIV activists, domestic violence NGOs, rape crisis centres, physicians, lawyers, researchers and HIV/AIDS advisors in the Department of Health. The paper argues that given the scientific evidence for PEP, and the nature of the dual epidemics of HIV and sexual violence in South Africa, the public health and social justice rationale for implementing PEP equals and indeed exceeds that put forward in industrialised countries. However, delays in accessing PEP caused by the public justice system and lack of training for

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Program on International Health and Human Rights, Harvard School of Public Health

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service providers constitute significant obstacles to effective implementation. In this respect, provision of PEP presents an opportunity to reform and strengthen existing services for post-rape care and to link attention to the epidemic of sexual violence to HIV/AIDS prevention.

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<http://scholar.google.com/scholar?hl=en&lr=&q=cache:6t5IVYT6mrEJ:www.wits.ac.za/radar/PDF%2520files/Rape%2520and%2520PEP%2520-%2520Kim%2520et%2520al.pdf+rape+HIV+post-exposure+prophylaxis>

Intimate partner violence and safer sex negotiation: effects of a gender-specific intervention Melendez RM, Hoffman S, Exner T, Leu CS, Ehrhardt AA. *Arch Sex Behav* Vol.32(6) Dec 2003:499-511

Abstract

This study examined the effects of a gender-specific HIV/STD prevention intervention with two dosage levels (four-session, eight-session) among women reporting physical abuse by a current or recent (past year) intimate partner. From 360 women included in the full randomized trial, we conducted subgroup analyses among 152 women who experienced partner physical abuse within the past year. Unprotected vaginal and anal sex occasions and negotiation skills were examined as outcomes. We also assessed whether the intervention increased previously abused women's subsequent risk of physical abuse. Among abused women, those in the eight-session, but not the four-session, intervention decreased their unprotected sex occasions or maintained consistent safer sex at both 1-month (OR = 3.63, 95% CI = 1.50-8.80) and 1-year (OR = 2.88, 95% CI = 1.17-7.10) postintervention. In the short-term, abused women in both the four- and eight-session groups had a greater odds of using an alternative strategy (e.g., refusal, "outercourse," or mutual testing) and of having a safer sex discussion with their partners relative to their controls, and they scored higher on intention to negotiate safer sex. The intervention did not increase or decrease the incidence of subsequent abuse during the 1-year follow-up period. A gender-specific intervention that focuses on negotiation skills in the context of potentially abusive partners benefits, and does not appear to harm, recently abused women.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=14574094

Peer led HIV/AIDS prevention for women in South African informal settlements O'Hara Murdock P, Garbharran H, Edwards MJ, Smith MA, Lutchimiah J, Mkhize M. *Health Care Women Int* Vol.24(6) Jul 2003:502-12

Abstract

South African women who live in informal settlement communities are at high risk of HIV/AIDS infection due to their poor economic and social status. Prevention programs must include methods for improving their social conditions as well as their sexual risk behaviors. Members of Partners trained 24 women from informal settlements to lead HIV/AIDS education workshops for 480 residents. When these participants reached out to their neighbors, this participatory community-based approach resulted in providing HIV/AIDS prevention messages to more than 1,440 residents. Program leaders from three settlements said in focus group discussions that results from this social influences peer led approach demonstrated that women residents are a valuable resource in providing effective HIV/AIDS prevention programs to South Africa's most vulnerable residents.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=14574094

ds=12851170

Women in South Africa - Intentional violence and HIV/AIDS: Intersections and prevention
Outwater A, Abrahams N, Campbell JC. *Journal of Black Studies* Vol.35 (4) Mar 2005: 135-154

Abstract

South Africa is experiencing the turbulent aftermath of apartheid and the ravages of HIV/AIDS. Levels of violence are extremely high. In South Africa, violence has become normative and, to a large extent, accepted rather than challenged. Unusual for sub-Saharan Africa, there is a strong national research institute and rigorous data-based scientific literature describing the situation. Much of the research has focused on violence against women. This article reviews the intersection of HIV/AIDS and violence in the lives of women in South Africa. The evidence for the need for positive change is solid. The potential for positive change in South Africa is also very strong. There are suggestions that an African renaissance based on the principle of ubuntu has already begun on national, community, family, and individual levels. If so, it can lead the way to a society with decreased levels of violence and decreased levels of HIV transmission.
URL: <http://jbs.sagepub.com/cgi/content/abstract/35/4/135>

Relationship violence and women's reactions to male- and female-controlled HIV prevention methods Saul J, Moore J, Murphy ST, Miller LC. *AIDS Behav* Vol.8(2) Jun 2004:207-14

Abstract

This study examined the association of relationship violence and preference for three HIV prevention methods among 104 African American and Hispanic women who were at some risk for heterosexual transmission of HIV and other sexually transmitted diseases (STDs). Women completed a brief questionnaire on sexual behaviors and history of relationship violence. All women then watched a video describing three HIV/STD prevention methods (male condoms, female condoms, and vaginal spermicide) that included a discussion of method effectiveness, how to use each method, and their benefits and limitations. Participants then completed a questionnaire assessing their reactions to each of the three HIV prevention methods discussed in the video. Women in violent relationships indicated less likelihood of using male condoms and greater likelihood of using female-controlled methods, particularly vaginal spermicide, than women in nonviolent relationships. In addition, a higher percentage of women in violent compared to nonviolent relationships expected their partners to prefer the vaginal spermicide and a lower percentage expected partners to prefer male condoms. These data suggest that the current focus on finding alternative HIV prevention methods for women in violent relationships is warranted and that a vaginal microbicide product may be the preferred alternative for this group of women and their male partners.

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http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Citation&list_uids=15187482