

HIV/AIDS and Gender-Based Violence

What is Gender-Based Violence?

Gender-based violence is rooted in the historically unequal power relations (social, economic, cultural, and political) between males and females. Gender-based violence takes many forms, and can include physical, emotional, or sexual abuse. It can occur in wartime, or in times of peace. While both males and females can suffer from gender-based violence, studies show that women, young women, and children of both sexes are most often the victims. Gender-based violence can include rape and sexual assault, violence between intimate partners, and violence associated with war. The most pervasive form of gender-based violence is violence committed against a woman by her intimate partner. “Violence against women is perhaps the most shameful human rights violation...As long as it continues, we cannot claim to be making real progress towards equality, development, and peace.”¹

¹ Source: Koffi Annan, UN Secretary-General, “A World Free of Violence Against Women,” 1999.



Studies show that up to 50% of all women worldwide report being physically abused by an intimate partner.

Gender-based violence contributes to HIV transmission:

Rape

- **Biological Vulnerability:** In situations of rape, the victim may experience bleeding and tearing of the genital area. This can create passageways for HIV to enter the bloodstream.
- **Lack of Communication:** Conversations about safer sex, HIV status, or HIV risk reduction are unlikely to take place in situations of rape, particularly when the rapist has a weapon.
- **Lack of Condom Use:** Condoms are not likely to be used in situations of rape or coerced sex, placing both victim and perpetrator at risk of HIV and other sexually transmitted infections.

Violence Between Intimate Partners

- **Biological Vulnerability:** Violence between intimates can lead to a range of medical problems for the sufferer, such as reproductive health disorders. Open wounds can create passageways for HIV infection.
- **Lack of Communication:** Violence between intimates often contributes to HIV transmission by harming the ability of partners to communicate openly with each other about safe sex, their HIV status, or ways to reduce the risk of infection.
- **Lack of Condom Use:** Where partners cannot speak freely about safer-sex practices, condoms are not likely to be used. Some women may avoid speaking about condoms with a partner for fear of violent retaliation.

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Violence and HIV/AIDS risk throughout a woman's life

CHILDHOOD	The immature genital tract and lack of power against adult sexual aggressors place children at risk of HIV infection from sexual abuse and child prostitution.
ADOLESCENCE	The immature genital tract and lack of power against adult or peer sexual aggressors place adolescent females at risk of HIV infection from rape and coerced sex, economically-motivated sex, forced prostitution, and courtship or date rape.
ADULT REPRODUCTIVE YEARS	Violence from the following contributes to the HIV risk of women in their adult reproductive years: intimate partner violence; marital rape; violent retaliation of husbands or partners at the suggestion of condom use; and forced prostitution.
OLDER AGE	Women later in life may be particularly vulnerable to violence as a result of economic insecurity and (in some societies) diminished social status. Violence against older women can include rape and violence between intimates, both of which pose a risk of HIV transmission.

Violence against women: possible direct and indirect pathways to STIs and HIV



Source: Adapted from Heise, L., Ellsberg, M., and Gottemoelle, M. Ending Violence Against Women. *Population Reports*, December 1999, Series L(11).