

Gender Based Violence and HIV & AIDS: Affecting Everyone

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Introduction

Gender-based violence (GBV) is one of the driving forces of the HIV/AIDS epidemic worldwide. GBV, defined as any form of violence directed towards an individual or group on the basis of their gender, illustrates more than any issue how gender shapes HIV vulnerability.

Although violence against women (VAW) is by far the most common form of GBV, it is not the only one. By diminishing the impact of GBV on boys, men and the lesbian, gay, bisexual and transgendered (LGBT) community in the interest of promoting awareness of VAW, there is risk of perpetuating damaging gender stereotypes: *females get hurt; males don't*.

Understanding that males and LGBT are also systemically vulnerable to GBV is an important step in breaking down gender barriers and improving the effectiveness of HIV & AIDS programming.

Without diminishing the magnitude of VAW, the goal of this factsheet is to use examples of GBV to provide the reader with an understanding of how GBV, in its many forms, fuels the HIV epidemic globally.

GBV: a cause and consequence of HIV

GBV can directly and indirectly lead to HIV infection. Sexual violence is the most direct link between GBV and HIV. The aggressor uses physical violence, verbal threats or coercive tactics to pressure the victim into submission. The victim, unable to negotiate safer sex, is at risk for HIV infection.

HIV can trigger GBV. People may experience GBV from partners and family members following disclosure of HIV+ status. For example, women are often diagnosed with HIV during prenatal screening and are blamed for bringing HIV into the family.

• SEXUAL VIOLENCE

Globally, it is estimated that one in every three females is physically or sexually abused in their lifetime.ⁱ This contributes to the increased HIV prevalence among women who now make up 50% of people living with HIV and AIDS worldwide. The vast majority of women victims experience sexual violence from an intimate partner or a known abuser. (See next section below.)

In the US, it is estimated that as many as 10% of males are sexually assaulted in their lifetimes and that 5-10% of all sexual assaults involve male victims.ⁱⁱ In a Canadian study of men who have sex with men (MSM), 14% experienced non-consensual sex as adults.ⁱⁱⁱ

Over 90% of the perpetrators of reported sexual assault against males are men. The other 10% of reported sexual assaults against males do not fit into our gendered frame of reference because their aggressors are women. Women are not traditionally seen as violent, as wanting sex or as equally or more powerful than men. Boys and men who are sexually assaulted by women are often locked in shame and silence because males are supposed to always want sex with women and sex initiated by a woman should be viewed as “a rare and exciting opportunity... [they] should be grateful.”^{iv} Allegations of assault are often met with disbelief or mockery.

Both male and female aggressors take advantage of the physical response of male victims -- erection and ejaculation may result from physical contact or even extreme stress and do not indicate that a male wanted or enjoyed the sexual assault. Involuntary physical responses confuse and humiliate male victims and discourage them from reporting the crime.^v

• INTIMATE PARTNER VIOLENCE

More than 80% of new HIV infections in women occur in marriage or long-term relationships with primary partners. In sub-Saharan Africa, an estimated 60-80% of women have been infected by their sole partners; in India, 90% of HIV+ women said they have only ever had sex with their husbands.^{vi} Women face gender norms, such as expectations around fertility, fidelity, and sexual availability, which increase their HIV risk even in the absence of GBV. However, intimate partner violence (IPV) contributes to HIV transmission in primary relationships.

IPV is the control or domination of a partner by using abusive behaviour, including sexual, psychological, verbal and economic abuse. Fear of violence increases HIV-risk by making it impossible for victims to negotiate condom use or safer sex. Women who are desperate to leave a violent home but have no means of escape or self-support may turn to sex work to support themselves and their children, or they may become targets for trafficking.

Fleeing IPV, therefore, leaves them vulnerable to other forms of GBV and HIV risk.

• LESBIAN, GAY, BISEXUAL AND TRANSGENDER

LGBT face escalated risk of GBV because (a) they do not act within dominant gender roles and are targeted by hate motivated crime (e.g., gay bashing and ‘corrective rape’ of lesbians) and (b) GBV within LGBT communities is often unacknowledged.

A study in Kenya revealed that almost 40% of MSM were raped outside their home.^{vii} Fear of hate-motivated GBV leads to covert lifestyles, making it difficult to reach LGBT with sexual health and HIV services. In 2005, only 9% of MSM globally had access to targeted HIV prevention services.^{viii} Denial and discrimination can cause low self-esteem and discomfort with their own sexuality, which can lead to sexual risk taking.

IPV occurs in LGBT relationships to a similar degree as heterosexual relationships – studies show evidence of IPV in 12-39% of gay men’s relationships.^{ix} LGBT victims of GBV are often unprotected, especially in countries where domestic laws do not include male victims in their definitions of sexual violence or where homosexual activities lead to legal penalties.^x (IPV exists within lesbian communities but is not shown to contribute to HIV vulnerability.)

• SEX WORK

Women and men enter sex work for many reasons: it may be the only or best paying option; they may be coerced through violence, trafficking or debt bondage; there may be traditional roots; or it may be freely chosen as an occupation.^{xi} While there are considerable global differences in sex work in terms of organization of work, legal status, and HIV prevalence, there are similarities that magnify HIV-vulnerability: many sex workers debut while still children or adolescents and they are frequently controlled by pimps or bar owners.^{xii}

Sex workers are routinely targeted by police for harassment and sexual abuse. This makes it difficult for sex workers to file complaints about violence or abuse against them and makes them vulnerable to GBV from pimps and clients. A recent report indicated that 80% of sex workers in Eastern European countries experienced physical violence from their clients and 55% from their pimps.^{xiii} Because many sex workers are tightly controlled by their pimps, they have limited ability to seek HIV services or to negotiate safer sex.

Although fewer than females, male and transgendered sex workers are found in diverse regional settings. A Canadian account reports that male sex workers are less

likely than females to encounter violence from pimps or clients, but more likely to be victimized by onlookers.^{xiv}

• TRAFFICKING

Over 400,000 people are estimated to be trafficked into Europe annually. Most are girls and women under 25 who are lured by lucrative offers to work as dancers, models or nannies and find themselves forced to work as sex slaves to repay a sizable sum to their traffickers or sold into prostitution.^{xv} Their movements are highly controlled and they have little say about who they have sex with or if they can use condoms. Many traffickers are relatives, including women, who use trust to manipulate their victims.^{xvi}

The ILO estimates that 1.2 million children are trafficked each year.^{xvii} In Sri Lanka, 10-12,000 children are trafficked annually by organized crime groups and it is estimated that 5000 to 30,000 boys are used by Western pedophile sex tourists.^{xviii} Globally there is a high demand for children in prostitution, in part because they are perceived to be HIV negative. Sadly, however, trafficked children are highly vulnerable to HIV because their immature bodies are prone to injury during violent sex against their will; they may be forced into the highest risk sexual practices; they have sex with multiple partners; they can not insist on condom use, and they suffer a high rate of STIs as a result of unprotected sex.^{xix}

While all children are protected from trafficking by widely ratified international law, regardless if they were coerced or acquiesced, the response to child trafficking is gendered in nature: girls are more likely to be considered victims who need rescue and protection while boys are more likely to be considered responsible for their illegal migration and punished.^{xx}

• PRISON

Male prisons are hyper-masculine environments where sexual violence is used by staff and inmates for punishment, intimidation and discrimination.^{xxi} While any prisoner may become a victim of prison rape, the risk is higher among those who do not fit masculine stereotypes, such as those who are physically weak, not prepared to use violence or that were incarcerated for non-violent crime. Homosexual and transgendered prisoners face the highest rates of victimization.^{xxii} Studies show that up to 20% of males in American prisons have been coerced into sex and 10% have been raped.^{xxiii}

Women prisoners from many countries have reported sexual violence from male prison guards. Aside from using actual force, guards use their authority to deny goods and privileges to female inmates to coerce them to have sex or provide them as rewards for having sex. In Canadian prisons, almost 4% of female inmates are

known to be HIV positive,^{xxiv} an unsurprising figure given that the sex trade and drug use are high HIV-risk activities that often lead to incarceration. In one US prison, more than 25% of the female inmates said they have been pressured into sex.^{xxv}

With high prevalence of HIV and sexual violence, prison systems present an increased risk of HIV infection for victims, aggressors and their sexual partners outside the prison system.

• WAR & PEACEKEEPING

Most reports about GBV in conflict situations focus on women as victims. In Rwanda, for example, it is estimated that between 250,000 and 500,000 women were systematically raped during the 1994 genocide; a 1999 study reported that 2/3 of the survivors are HIV positive.^{xxvi} In 1995, the small sex industry in Bosnia boomed when girls and women were trafficked from other countries to satisfy the sexual demands of the incoming 50,000 international peacekeepers.^{xxvii}

Men and boys, as soldiers and civilians, are also victims of GBV in conflict situations, though little is known about the scope and nature of this abuse. In the last decade, sexualized violence against men and boys, including “rape, sexual torture, mutilation of the genitals, sexual humiliation, sexual enslavement, forced incest and forced rape,” was reported in 25 armed conflicts across the world.^{xxviii} In some places, over 50% of male detainees reported sexualized torture.^{xxix} Sexualized torture by US soldiers was revealed in photos from the Abu Ghraib prison in Iraq that show male prisoners forced to stand naked, masturbate and simulate gay sex.^{xxx}

Men enlisted under mandatory conscription may be compelled by threat of GBV to commit sexual atrocities as an act of war. While individuals are ultimately responsible for their actions, the impact of this is unknown. For example, how do these men reintegrate with their families after conflict? How many men are exposed to HIV as sexual aggressors?

• DISABILITY

People with disabilities in Africa are up to three to four times more likely to be victims of physical and sexual violence than people without and are at equal or greater risk for HIV infection.^{xxxi} The majority of offenders are family members or caregivers who control their victims. People with intellectual disabilities are easy targets for aggressors because they might not understand or cannot communicate what has happened. Because women are seen to be victims, the vulnerability of boys and men with disabilities is often overlooked. Studies show that males with disabilities in the US are twice as likely as males without disabilities to be victims of GBV.^{xxxii}

• CULTURAL PRACTICES: CIRCUMCISION

GBV is ingrained in a number of cultural practices that systemically increase HIV risk for participants. For example, it is estimated that between 100 and 140 million girls and women alive today have undergone female genital cutting or circumcision.^{xxxiii} The procedure is performed by women on girls and is intended to ensure their chastity and sexual purity. Genital cutting increases the risk for STI infection and may cause bleeding during intercourse, both of which increase risk of HIV infection.

While circumcision of males is being promoted for HIV-risk reduction, ritual circumcision of boys can introduce HIV infection. In ritual ceremonies, a male traditional surgeon performs the procedure without anesthesia so the boys can prove they can endure pain like a man. Groups of boys may be circumcised with the same unsterilized instruments, potentially transferring HIV through the whole group.

GBV: toward a new framework for analysis

The above examples are intended to demonstrate that the links between GBV and HIV cannot be understood or addressed by a narrow focus on women as victims. While male violence against women is the most common form of GBV, other forms of GBV increase HIV vulnerability for both women and men.

Many men who are infected through prison rape, sexual torture during war or other sexual violence have female sexual partners. Many men who are infected through MSM or homophobic hate crimes also have female partners. Boys who witness or experience GBV are predisposed to become its perpetrators. A complete understanding of GBV requires recognition of the underlying violence that exists within masculine cultures and the vulnerability of men to HIV.

Best Practices

Best practices to address GBV and HIV & AIDS include:

- Promote HIV prevention methods that women can control (female condoms, microbicides)
- Teach about HIV disclosure techniques in VTCs and prevention-of-mother-to-child transmission (PMTCT) programs
- Criminalize all forms of GBV
- Increase access to comprehensive sexual health programs for most vulnerable populations (e.g., sex workers, LGBT, street children)
- Include men and LGBT in program design
- Mainstream gender equality in all HIV programs
- Include masculinity and LGBT issues in gender analysis frameworks

- Offer services to accommodate the specific needs of men, women and LGBT
- Avoid gendered sexual stereotyping in HIV prevention strategies
- Integrate sexual health into general health programs to help people access services without fear
- Promote role of men as caregivers
- Promote gender training in traditionally masculine environments
- Develop programs to ensure and promote freedom from abuse, discrimination and persecution
- Widely circulate information on human rights, HIV, sexual health, condom use, safer sex and available health services.

Conclusion

It is only now, three decades into the HIV epidemic, that women comprise half of the people living with HIV globally. This flags two major concerns: (1) there is an increased rate of HIV infection of women in the general population that is largely unrelated to their own high-risk

behaviour (i.e., they are infected by primary partners); and (2) there has been an uncritical acceptance of the high rate of transmission among men due, in part, to the gendered notion that men are risk-takers and they cannot be victimized.

The fight against HIV and AIDS is contingent on understanding how gender and GBV increase the HIV risk of women, men and children. Links between VAW and HIV are fully developed; links between GBV against males and HIV tend to be sporadic and context-specific rather than being woven into the greater understanding of gender and HIV vulnerability.

Gender-sensitive HIV programs, with limited budgets and mandates, provide short-term solutions, but they cannot change deep-rooted gender inequalities that fuel the epidemic. Women cannot be protected against HIV if the men who infect them are not also protected. Men and LGBT must be meaningfully integrated into all efforts if there is to be a sustainable response to HIV and AIDS.

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