

# INTIMATE PARTNER VIOLENCE AND THE SPREAD OF HIV/AIDS

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## Vickie's Story:

"I can still vividly remember that day. He's screaming on the phone at my mother, and he hangs up with her and he starts to close the curtains in the house...and I knew what was about to happen. So I ran towards the front door and that's when the billy club came down across my face. I just wanted to get out of there. I just wanted to leave. I didn't feel like I had choices and couldn't make decisions on my own and had to do whatever he told me to do which put me at greater risk of HIV. Once I found out I was living with HIV, that put me at greater risk for intimate partner violence. I went to therapy for a very long time and I was able to deal with some of the issues that I didn't want to deal with; issues that I had stuffed so far down in my soul is how I put it. Understanding that I am worth it. Even though I have been through what I have been through, I can have an amazing life and there are a lot of caring people who can help you move past what you're going through."<sup>1</sup>

## Introduction:

Vickie's story will come as no surprise to many women living in the United States today as she is a part of the 35.6% of women in the United States who will experience intimate partner violence (IPV) in her lifetime<sup>2</sup>. Violence against women in the United States frequently manifests as intimate partner violence which is defined by the CDC as, "physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former inti-

mate partner."<sup>3</sup> Intimate partner violence and the spread of HIV share a unique relationship because not only does IPV perpetuate the spread of HIV among women, but also HIV-positive women are more likely to experience IPV, oftentimes as a direct result of their diagnosis. Women who experience intimate partner violence are more vulnerable to HIV for two distinct, but equally important reasons. Primarily, women who lack autonomy in their sexual relationships are at higher risk of being infected by their partner because modes of protection are not in their control. Secondly, the psychological impact of IPV will cause women to engage in more high-risk behaviors such as precarious sexual behavior and drug use--behaviors where HIV infection is more likely to result.

The reciprocal nature of the relationship between HIV infection in women and IPV insinuates that regardless of having experienced IPV before, women who are HIV-positive are more likely to experience IPV, sometimes explicitly due to their HIV status which is used against them as a means for shame and leverage of power.

The following analysis of the interconnectedness of IPV and HIV transmission is generalized to assume that men are perpetuating the violence against women. It is important to note however that violence exists in all forms of relationships, both heterosexual and homosexual, and can also be perpetuated by women. However, the specific form



1 "Empowered: Women, HIV & Intimate Partner Violence" Greater Than AIDS, Vickie's Story <https://www.greaterthan.org/campaigns/empowered/empowered-women-hiv-intimate-partner-violence-about/>

2 "Intersection of Intimate Partner Violence and HIV in Women." Center for Disease Control and Prevention, February 2014, 1

3 "Intersection of Intimate Partner Violence and HIV in Women." 1

of IPV that will be analyzed in this paper is violence perpetrated by men against women. Furthermore, it is important to note that there are various demographics of women who are more vulnerable to IPV, and these distinctions will be made later on in the paper.

## How Does This Issue Come About?

Vickie's story is representative of the larger issue at hand, namely, the interconnectedness of IPV and the spread of HIV. This issue, however, is a manifestation of the power differential that exists in society today between men and women. Rachel Jewkes writes that, "It is not a new idea that among the key drivers of the HIV/ AIDS epidemic in women are gender inequalities- i.e., differences in social value, power, opportunities, and behavioral expectations of men and women- and consequent violence."<sup>4</sup> Gender based violence is visible evidence of the unequal society that currently exists, and this has put women at a greater risk for contracting HIV. Women are at risk of contracting HIV as a result of violent relationships, and women who are living with HIV are more likely to experience IPV, sometimes specifically related to their diagnosis.

Thus, women find themselves in a vicious cycle, in which violence puts women at risk of HIV that often leads to contraction of HIV that often leads to more violence, as indicated by figure 1.<sup>5</sup>

## Victims of IPV Are More Likely to Contract HIV

Women experiencing IPV are four times as likely to contract an STI (including HIV) than their female counterparts in healthy relationships.<sup>6</sup> Why does violence perpetuate the spread of HIV? Primarily, women are at risk of being infected by their partner. The CDC reports that "forced sex occurs in approximately 40-45 percent of physically violent intimate relationships and increases a woman's risk for STIs by 2-10 times that of physical abuse alone."<sup>7</sup> Thus, sexual

4 Jewkes, Rachel. "Gender Inequities Must Be Addressed in HIV Prevention." *Science*, New Series, 329, no. 5988 (2010): 145, accessed November 18, 2017, <http://www.jstor.org/stable/40731917>

5 "HIV, Intimate Partner Violence, and Women: New Opportunities Under the Affordable Care Act." The Henry J. Kaiser Family Foundation. <https://www.kff.org/hiv/aids/issue-brief/hiv-intimate-partner-violence-and-women-new-opportunities-under-the-affordable-care-act/>.

6 "Intersection of Intimate Partner Violence and HIV in Women." 2

7 "Intersection of Intimate Partner Violence and HIV in Women." 3

abuse is a common manifestation of IPV and increases the likelihood of contracting HIV up to 10 times. Additionally, men who are abusive towards their partner are more likely to be engaging in sexual relationships with multiple other partners. This puts them at increased risk to contracting HIV themselves and thus passing it along to their partner.<sup>8</sup> Some might say that the easy answer to this is for women to demand use of protective measures, such as condoms, in their violent relationships as a means of protecting themselves. Unfortunately, this solution is neither viable nor realistic. The reality is that women often are not in a position to be able to demand that their partner use a condom in violent relationships because "condom use also requires the active participation of the male partner, who may be uncooperative."<sup>9</sup>

Furthermore, the second reason women are more likely to contract HIV when they experience IPV is due to the psychological impact it has and the subsequent behavior women exhibit as coping mechanisms for their abuse and diagnosis. Women who have experienced IPV are more likely to resort to dangerous coping mechanisms to deal with their trauma, such as "using drugs, engaging in sex work, initiating sexual activity at a younger age, drinking alcohol before having intercourse or having intercourse with multiple partners."<sup>10</sup> Thus, abused women find themselves in situations in which contracting STDs (including HIV) is more common, and women run the risk of becoming HIV



abuse and diagnosis. Women who have experienced IPV are more likely to resort to dangerous coping mechanisms to deal with their trauma, such as "using drugs, engaging in sex work, initiating sexual activity at a younger age, drinking alcohol before having intercourse or having intercourse with multiple partners."<sup>10</sup> Thus, abused women find themselves in situations in which contracting STDs (including HIV) is more common, and women run the risk of becoming HIV

8 Moore, Melissa. "Reproductive Health and Intimate Partner Violence." *Family Planning Perspectives* 31, no. 6 (1999): 304. Accessed November 18, 2017, <https://www.jstor.org/stable/pdf/2991541.pdf>.

9 Moore, "Reproductive Health and Intimate Partner Violence." 304

10 Moore, "Reproductive Health and Intimate Partner Violence." 304

positive as a result of these behaviors. Specifically, women who have existed in a pattern of abuse throughout their lives become more tolerant of abusive partners and may enter the sex trading market because they are financially and emotionally limited in their opportunities.<sup>11</sup>

For women in violent relationships who are not infected with HIV, these behaviors increase their chances of becoming infected as drug use, sex work and having multiple sexual partners all increase one's risk for contracting HIV. For women in violent relationships who have already been infected with HIV, these behaviors increase the risk for infecting other people, as well as offer no long term relief or solution for the abused and infected woman. As written by Karen McDonnell, women resort to "the use of drugs and other substances, that may provide a temporary relief from the stressors of IPV and HIV, but in the long run may serve to exacerbate an already demanding environment."<sup>12</sup> The implications that this has is that women who enter into the vicious cycle of HIV infection, HIV risk factors, and IPV have little hope of exiting.

#### Women Infected With HIV Experience Higher Rates of IPV

As previously articulated, what is unique about the interconnectedness of HIV and IPV is that it is a reciprocal relationship. This means that in addition to IPV putting women at risk for HIV, Figure 2 also illustrates that HIV-positive women experience IPV at higher rates.<sup>13</sup> In one particular study, since their diagnosis with HIV, 20% of women experienced violence and half of those women claimed their abuse to be explicitly connected to their diagnosis.<sup>14</sup> Additionally, while violence manifests in all relationships, "women living with a male sexual partner vs. a female sexual partner were nearly 3 times more likely to report violence since their HIV diagnosis."<sup>15</sup>

11 Jewkes, "Gender Inequities Must Be Addressed in HIV Prevention" 146.

12 Karen A. McDonnell, Andrea C. Gielen, Patricia O'Campo, and Jessica G. Burke. "Abuse, HIV Status and Health-Related Quality of Life among a Sample of HIV Positive and HIV Negative Low Income Women." *Quality of Life Research* 14, no. 4 (2005): 955. Accessed November 18, 2017 <http://www.jstor.org/stable/4039358>.

13 "HIV, Intimate Partner Violence, and Women: New Opportunities Under the Affordable Care Act."

14 Zierler, S., W. E. Cunningham, R. Andersen, M. F. Shapiro, T. Nakazono, S. Morton, S. Crystal, M. Stein, B. Turner, P. St Clair, and S. A. Bozzette. "Violence victimization after HIV infection in a US probability sample of adult patients in primary care." *American Journal of Public Health*, February 2000: Table 1, 209. Accessed December 03, 2017. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446146/>.

15 Zierler, "Violence victimization after HIV infection in a US probability sample of adult patients

Why are women with HIV at greater risk for IPV? Well, there are two specific reasons. Primarily, and arguably more importantly, women with HIV are often vulnerable to other factors that contribute to IPV. In a study done by the CDC, the highest rates of HIV transmission in women persisted in communities where there were higher levels of poverty, lower levels of education, median household income levels below \$36,000, and lower levels of employment.<sup>16</sup> Additionally, the CDC identifies factors that increase a woman's likelihood of experiencing IPV, namely low levels of education, low income, poverty, unemployment, substance abuse and many others.<sup>17</sup> Notably, the risk factors for HIV almost identically resemble the risk factors for IPV. Thus, women who are HIV-positive are more likely to also experience factors that render them vulnerable to IPV. Thus, the first reason isn't a direct result of their HIV status, but rather the combination of many factors that lead women to falling victim to violent relationships.

The second reason why HIV-positive women are more likely to experience IPV is directly related to their HIV status. Some examples of abuse that women face after disclosing their HIV status to their male partner include, "denial of communication, accusations of infidelity, blame for "bringing the virus"; abandonment following status disclosure; sexual coercion (refusal to use condoms); and withdrawal of material support."<sup>18</sup> Their HIV status is used against them and as leverage for men to justify violence and manipulative behavior. More common in homosexual relationships, but certainly still prevalent in heterosexual relationships, is the dynamic that the HIV positive partner is threatened by their partner that they will "out" them as either being gay, or as being HIV-positive unless they do what the partner wants. Thus, a person's HIV status is used against them in **an abuse of power.**

in primary care." 211

16 "Social Determinants of Health Among Adults with Diagnosed HIV Infection in 18 Areas, 2005-2009," *Center for Disease Control and Prevention*, Volume 8, No. 4: 7. [https://www.cdc.gov/hiv/pdf/statistics\\_2005\\_2009\\_hiv\\_surveillance\\_report\\_vol\\_18\\_n4.pdf](https://www.cdc.gov/hiv/pdf/statistics_2005_2009_hiv_surveillance_report_vol_18_n4.pdf)

17 "Violence Prevention." *Centers for Disease Control and Prevention*. August 22, 2017. Accessed November 30, 2017. <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

18 Colombini, Manuela, Courtney James, Charity Ndwiwa, Integra Team, and Susannah H. Mayhew. "The risks of partner violence following HIV status disclosure, and health service responses: narratives of women attending reproductive health services in Kenya." *Journal of the International AIDS Society*. 2016.

#### Who is Most Vulnerable?

An important topic to breach when analyzing the connection between IPV and HIV transmission is which demographics of people are most vulnerable. That way, more effective policy changes can be implemented to directly help the demographics of people most vulnerable to IPV and HIV. Primarily, women are most vulnerable to IPV during their reproductive years.<sup>19</sup> Additionally, physical abuse manifests most frequently in women who are "young, unmarried, nonwhite, less educated and with low household incomes."<sup>20</sup> Like many other issues in the world, racism and socioeconomic status are big determinants of what problems one is more likely to face. Jonathan Mann articulates very well that the marginalized, stigmatized, and discriminated populations that existed before HIV became the most vulnerable to contracting it, and "thus in the United States, the epidemic has turned increasingly towards minority populations in inner cities, injection drug users, and women."<sup>21</sup> Thus, the most vulnerable and hidden populations become even more exploited and endangered in terms of IPV and HIV.

#### Why Do Women Stay in these Relationships?

A common response that is proposed regarding violent relationships, is that the abused partner should simply leave the abusive partner. Unfortunately, this is not always possible as oftentimes the abused partner does not have an option to leave for various reasons. Karen Rosen identifies five social reasons why women stay in abusive relationships: external orientation, socialization to violence, socialization to abuse of power, caretaker identity and cultural factors.<sup>22</sup>

In simpler terms she describes external orientation as women's inability to see their worth independent of their partner, and thus any abuse they suffer is justifiable. She

19 Moore, "Reproductive Health and Intimate Partner Violence." 302.

20 Ibid., 303.

21 Michelle Teti, Mariana Chilton, Linda Lloyd, and Susan Rubinstein. "Identifying the Links between Violence against Women and HIV/AIDS: Ecosocial and Human Rights Frameworks Offer Insight into US Prevention Policies." *Health and Human Rights* 9, no. 2 (2006): 42. Accessed November 18, 2017. Accessed November 18, 2017. <https://www.jstor.org/stable/pdf/2991541.pdf>.

22 Few, April L., and Karen H. Rosen. "Victims of Chronic Dating Violence: How Women's Vulnerabilities Link to Their Decisions to Stay." *Family Relations* 54, no. 2 (2005): 271-272, <http://www.jstor.org/stable/40005254>

describes socialization to violence and abuse of power as how women who experience violence and abuse of power throughout their lives begin to see it as normal. She describes women who identify as caretakers as more likely to fulfill that role even with abusive partners. Lastly, she describes how cultural factors make women more likely to stay in abusive relationships because in cultural minorities, women are trying to protect themselves and their partner from labels like "dysfunctional" or from institutional discrimination. There are also some very practical reasons why women are forced to stay in abusive relationships, namely a woman's financial dependence on the abusive partner and the fear of losing a custody battle for children.<sup>23</sup> These sorts of restraints are common reasons for not leaving a partner, even someone who acts violently or abusively.

#### What Can Be Done to Combat This Issue?

Gender based violence, and the intersection of IPV and the transmission of HIV are somewhat daunting concepts that are complex and seemingly impossible to solve. However, there have been many policy initiatives that have been successful in combating this overwhelming topic. As in all circumstances where there is victimization and violence, the primary societal shift that needs to happen is reverting the blame and responsibility away from the victim. By slut-shaming, victim blaming, and putting the responsibility on women to fix their own circumstances, sexism and male dominance is perpetuated in society. Perpetrators of IPV demonstrate that "male sexual behaviors, attitudes, expectations, and violence flow from underlying ideas of masculinity, differential valuation and power of men and women, and culturally based expectations for men to demonstrate their 'manhood' in relations with women."<sup>24</sup> By changing this mentality and instead addressing the underlying power differentials and toxic masculinity that exist in society, then progress can be made. To combat this issue, South Africa implemented a very progressive program called "Stepping Stones" which essentially educated both men and women about what it means to live in a gendered society. As a

23 "Understanding and addressing violence against women." WHO. Accessed November 30, 2017. [http://www.who.int/reproductivehealth/topics/violence/vaw\\_series/en/](http://www.who.int/reproductivehealth/topics/violence/vaw_series/en/).

24 Jewkes, "Gender Inequities Must Be Addressed in HIV Prevention." 145

result, “men significantly changed their sexual behavior, including less perpetration of IPV.”<sup>25</sup> Melissa Moore argues similarly that just as important as providing more resources to women is educating men about IPV and teaching anti-violence behaviors.<sup>26</sup>

Additionally, screening for IPV at doctor and clinic appointments is an important way to help women escape the vicious cycle of IPV and HIV transmission. Not surprisingly, abused women are going to require more visits to clinics and doctors offices to seek treatment for signs and symptoms of their abuse, both physical and psychiatric.<sup>27</sup> Thus, by screening for IPV at doctor’s appointments, it will be easier to connect women to resources and hopefully get them out of dangerous and risky situations.

Finally, the Affordable Care Act has made progress in addressing IPV: actions which have and will continue to help women in this vicious cycle. Primarily, the ACA has eliminated IPV as a pre-existing condition to which insurance companies can refuse coverage for, provided free screenings and counseling for victims, and implementation of a visitation program for women and youth to focus on domestic violence.<sup>28</sup> All of these actions specifically will help identify women in dangerous situations, offer a lasting way out, and provide resources for recovery. Not only will this lower numbers of IPV victims, but will in turn prevent HIV transmission in these cases the earlier they are identified.

#### Conclusion:

In conclusion, the interconnectedness between IPV and the transmission of HIV is a major issue facing women across the United States, as well as on a global scale. The transmission of HIV as a result of IPV is manifestation of the power differential that exists in today’s society resulting in gender-based violence against women. Risk of HIV transmission is one of the many consequences that women face resulting from IPV. As indicated previously in the paper, women who are HIV positive are twice as likely to experience IPV as the national average.<sup>29</sup> While it is clear that this abuse is a direct

result of their HIV status in some cases, what is even more convincing is that women who are vulnerable to HIV share many of the same characteristics of women who are vulnerable to IPV. Thus, the pattern of abuse has more to do with which vulnerable population is being targeted, more so than the actual HIV status itself. Additionally, IPV can result in HIV transmission from an infected partner as a result of forced and/or unprotected sex, as well as behaviors exhibited after experiencing IPV such as risky sexual contact, intravenous drug use, and prostitution.

At the end of the day, IPV and the transmission of HIV are manifestations of gender based violence and power dynamics that exist between men and women. While certain policy initiatives are going to be helpful in mitigating the transmission of HIV in violent relationships and helping women get out of dangerous situations, the underlying issue here needs to be addressed for this cycle of violence and HIV transmission to be broken for once and for all. Until society can resolve power differentials between men and women and until women have access to enough opportunities and resources, we are faced with the inevitable reality that IPV and HIV transmission will persist.

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<sup>25</sup> Ibid., 145

<sup>26</sup> Moore, “Reproductive Health and Intimate Partner Violence.” 305-306.

<sup>27</sup> Ibid., 304

<sup>28</sup> “HIV, Intimate Partner Violence, and Women: New Opportunities Under the Affordable Care

Act.” *ct/*.

<sup>29</sup> “Intersection of Intimate Partner Violence and HIV in Women.” 2