

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

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## 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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## Introduction

Violence towards women is an indicator of HIV risk. This violence can take the form of rape, especially during wartime (Acquaro & Landesman, 2003), childhood abuse (Cohen et al., 2000) and intimate partner violence (IPV), including domestic violence (Wyatt et al., 2002). Most studies of violence in relation to HIV risk in US women focus on a "continuum of risk" that begins with childhood abuse, followed by risk-taking through sexual promiscuity and illicit drug use, and vulnerability to rape and other violent acts. These studies often refer

to co-factors such as own or partner's drug use, trading sex for money, drugs or shelter, having multiple partners, and having sexually transmitted infections (STIs) (e.g., Eby, Campbell, Sullivan, & Davidson 1995; Coker, Smith, McKeown, & King 2000). The focus on violence as an HIV risk factor for women throughout the lifespan is a sharp reminder of how child abuse has long-term health implications (Dunne & Legosz, 2000).

Few specific explanations other than the "continuum of risk" factor exist about the link between violence and HIV risk in women and, in the related instance of domestic violence, women's inability to negotiate safe sex in abusive relationships (Wingood & DiClemente, 1997). Furthermore, studies of domestic violence as a major and separate risk factor for HIV/AIDS in women are rare. One exception is the focus group research of

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El-Bassel, Gilbert, Rajah, Foleno, and Frye (2000) who found that beatings, verbal denigration, rape, and sexual coercion of women in domestic partnerships were indicators of HIV risk through being too “worn down” to resist unsafe sex at the hands of an infected partner. Another observation was in Zierler’s (1997) chapter on HIV and violence in which she noted that most HIV-positive women have been infected by partners who threaten or use violence to control them. The consensus of these writers is that domestic violence, like other forms of violence, increases HIV risk in women. The dynamics of sexual control are important here, but are little understood in relation to the specific factors that signal a likelihood of HIV transmission in abused women. Further, the men are often omitted in these descriptions or are presented as silent partners, although their interactions with women are critical to understanding how HIV risk is engendered in abusive relationships. A review of the literature on men, domestic abuse and HIV/AIDS revealed little on the specific factors that signal HIV risk in women through violence or gender subordination.

The present study was conducted in Alabama, USA. The study examined the links between domestic violence and HIV risk by interviewing HIV-positive women who were abused and often infected by an intimate partner. The large majority of these women were African Americans from an impoverished area of the state known as the “Black Belt.” The impetus for research on this topic came from two physicians providing AIDS care in Alabama who reported that most of their women clients had experienced domestic violence and, further, that women who were abused often failed to keep appointments (Dill & Mobley, 2002). These reports suggested it was important to understand the role that domestic violence might play in women being infected, and in barriers to care. The results of this study were intended for use in educational materials on domestic violence for the workplace, colleges, shelters, drug treatment programs, churches, and social service agencies in Alabama, and to provide information to health clinics and emergency rooms on the need for domestic violence screening for intervention purposes.

The focus on HIV risk in the Deep South is particularly salient to domestic violence as a risk factor for transmission in African American women. First, HIV incidence is higher in the southeast than in other regions of the United States (The Henry J. Kaiser Family Foundation, 2002). Second, women (mostly African American) comprise over thirty percent of the HIV-positive population in some parts of the Southeast, including Alabama (Centres for Disease Control and Prevention, 2002; Alabama Department of Public Health, 2003). In some rural counties in Alabama, especially in the Black Belt, this figure is closer to 50 percent (Dill & Mobley, 2002). The figure is higher than

in the United States as a whole, and is attributed, in large part, to sexual relations with infected men. It is important to know how domestic violence fits into this overall pattern of HIV transmission, and whether or not gender constructs in this context are a contributing factor.

### **Theoretical framework**

The theoretical framework is based upon Butler’s (1990) ideas of “performative gender,” that is, how gender is performed, enacted, and reconstituted in everyday life. Butler writes that gender as a male/female binary is not innate, but is naturalized through social repetition (the stylized repetition of acts) over time. Gender is therefore “a tacit collective agreement to perform, produce, and sustain discrete and polar genders as cultural fictions.” (140) Such performances, writes Butler, are regulated in order to sustain what she calls “the heterosexual contract.” This regulation is both punitive and reconstitutive, as evidenced in the fact that “we regularly punish those who fail to do their gender right.” (140) Butler’s framework is a challenge to gender polarity as a cultural institution in the social ordering of sexuality. The framework offers a basis for examining gendered performances in order to denaturalize and expose them as hegemonic systems of race, class, and sexual oppression.

The “stylized repetition of acts” that constitutes gender identity involves multiplicity, that is; differentiated forms of gender through styles of dress, gestures, mannerisms, speech, and other performances. An element of stylized performance is domestic violence which is usually described in feminist terms as physical, emotional, or verbal abuse of women within a context of patriarchal control. The enforcement of a gender hierarchy through domestic violence signifies what Butler describes as “efforts to preserve cultural fictions of gender polarity that are tenuously constituted in time.” (140) This temporality suggests that gender absolutes in terms of hyper-masculinity and hyper-femininity can (and will) be enforced to maintain cultural fictions as regulatory functions within a cultural status quo. It also suggests that “punitive reiterations” may also occur as a result of cultural anxiety, as in times of social or political upheaval or cultural disempowerment of marginal groups. The present paper examines the mutually constitutive relationship between race, gender and class in Alabama in relation to domestic violence and HIV risk in women within the rubric of cultural disempowerment of African Americans in the Black Belt. This area has been described as Alabama’s “underbelly” or “America’s third world” because of its chronic poverty, rigid class system, and historical disenfranchisement of Blacks (Archibald, et al., 2002).

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