For references, please see: https://nccid.ca/publications/gender-based-and-intimate-partner-violence-stbbis-and-public-health/

Gender-based and intimate partner violence, STBBIs, and public health

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Key terms: gender-based and intimate partner violence

Gender-based violence (GBV) refers to any form of abuse – physical, sexual, psychological, emotional, technology-facilitated, or financial – that is directed at an individual on the basis of their gender or perceived gender. Gender itself is complex and experiences of GBV differ widely among women, men, non-binary people, and 2SLGBTQ+ communities.

Intimate partner violence (IPV) is a form of GBV that occurs between current or former intimate partners. Some common forms of IPV are physical aggression, sexual coercion, psychological abuse, and controlling behaviour.

Who is affected by gender-based and intimate partner violence?

Anyone can be affected by gender-based and/or intimate partner violence. Globally, women and gender-diverse people are most likely to be affected. In Canada, the risk is highest for:

- Indigenous women, who face significantly higher rates of all forms of violence
- 2SLGBTQIA+ individuals, particularly trans women and racialized people
- Women who use drugs, who are involved in sex work, and/or who live in precarious housing
- Newcomers and refugees, particularly those who are isolated and legally dependent on their partners
- Women who live with disabilities

How is GBV/IPV connected to colonization?

Indigenous women are significantly more likely to experience violence than non-Indigenous women, as has been documented extensively, including in the Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. More than 60% of Indigenous women have experienced assault in their lifetime; 46% percent of Indigenous women have experienced sexual assault; 17% percent of Indigenous women have experienced intimate partner violence, and the homicide rate for Indigenous women is 6 times higher than that for non-Indigenous women. Indigenous women are approximately 3.5x more likely to experience intimate partner violence than non-Indigenous Canadians.

These experiences of violence are rooted in colonization. The forced imposition of patriarchal gender norms by the legal system and church undermined the social role and rights of women and Two-Spirited people in Indigenous societies, creating intergenerational trauma, violence, and determinants of health that increase the likelihood of experiencing violence (such as poverty and substance use). Colonial laws and practices reduced Indigenous women's status in their communities, dismantled family structures, and created earned mistrust of the law enforcement and criminal justice systems, thereby making reporting less safe for Indigenous women and their children. Residential schools, tuberculosis hospitals, the Sixties Scoop, and other experiences of displacement caused trauma and intergenerational violence: a survey of 282 Indigenous Canadians found that 50% of girls and 57% of gender diverse children experienced sexual abuse as children; those whose parents or extended family members attended residential schools were at greatest risk.

GBV/IPV and STBBI acquisition

People who are affected by GBV and/or IPV are at higher risk of acquiring sexually transmitted and blood-borne infections (STBBI) like HIV, chlamydia, gonorrhea and syphilis. Survivors may be unable to negotiate condom use due to fear of violence. Forced, coerced, or survival sex can result in mucosal trauma, which directly increases the risk of acquisition. Abusive partners may deny care by blocking testing, prevention methods like PrEP (pre-exposure prophylaxis), PEP (post-exposure prophylaxis), and treatment with antiretroviral therapy (ART). Trauma from GBV/IPV is associated with increased substance use, survival sex, and engagement in multiple partnerships, all of which elevate HIV/STBBI risk.

GBV/IPV survivors are more likely to:

- Delay or avoid HIV/STBBI testing and treatment due to coercive control, stigma, and fear
- Experience greater difficulty with ART adherence, and worse HIV outcomes
- Face higher rates of mental health conditions like depression and post-traumatic stress disorder
- Experience poverty. Poverty is a risk factor for GBV/IPV, but GBV/IPV can also cause poverty, due to social and economic exclusion, job loss, and housing insecurity
- Lose access to housing, experience “hidden homelessness”, be unhoused and unsheltered
- Use substances to cope with trauma or to increase perceived safety (for example, staying awake to avoid assault)
- Encounter stigma and judgment from healthcare providers and the legal system, leading to underreporting of abuse or risk behaviours

What does this mean for public health?

Gender-based and intimate partner violence are preventable population-level health issues, underpinned by structural inequalities that affect individuals, families, and communities across generations. GBV is shaped by inequalities besides gender – such as experiences of colonization, poverty, housing insecurity, or substance use - which create multiple and intersectional forms of discrimination and disadvantage.

Public health interventions can take three forms:

- Primary interventions: these focus on prevention by reducing the risk factors associated with violence and promoting protective factors. Examples include: comprehensive sexual health education, addressing poverty and houselessness, and implementing the Calls for Justice.
- Secondary interventions: short-term steps that treat the immediate injuries and harms caused by GBV. Examples include: the services provided by women's shelters, routine screening for GBV and IPV in sexual health clinics, provision of harm reduction and safe sex supplies, and treatment of injuries and infections.
- Tertiary interventions: longer-term steps aimed at minimizing the impact of gender-based violence. These include: support groups for victims/survivors; skill development/training programs to enable survivors to find employment, housing programs, and educational programs for offenders

To decrease STBBI and HIV acquisition in Canada, an equity-based approach is needed, one that addresses violence and the multiple forms of discrimination and marginalization that underly it. Public health responses to gender-based and intimate partner violence should acknowledge that individual cases do not tell a complete story: an understanding of colonial violence, patriarchy, and the present-day impact of these ideologies in Canada is essential. The National Inquiry into Missing and Murdered Indigenous Women and Girls has compiled extensive evidence on violence against Indigenous women and girls, and the Calls to Justice should be considered and put into practice in all public health interventions related to violence. Indigenous women's organizations like the Native Women's Association of Canada have spent years researching and developing programs and offer excellent tools and recommendations for how to prevent and address violence. Interventions should be trauma-informed, survivor-centred, culturally-safe, and empowerment based. Community partnerships and "wrap-around" services are essential to address interconnected issues. The regular collection of disaggregated data is necessary to predict who is at risk and plan better interventions.

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