

STOP VIOLENCE AGAINST WOMEN FIGHT AIDS



A UNAIDS Initiative

**The Global Coalition
on Women and AIDS**

WHAT'S REAL

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"We have to speak more and more about violence. Because wherever you find violence — whether it's physical, psychological, or sexual — there will be AIDS. HIV entered my life through violence, as it has for so many, and we must actively commit to bring this to an end."

Violeta Ross, National Chair of the Bolivian Network of People Living with HIV/AIDS (REDBOL)



Photo Credit: UNAIDS

Violence against women is a global health crisis of epidemic proportions and often a cause and consequence of HIV.¹ Violence and the threat of violence dramatically increase the vulnerability of women and girls to HIV by making it difficult or impossible for women to abstain from sex, to get their partners to be faithful, or to use a condom. Violence is also a barrier for women in accessing HIV prevention, care, and treatment services. That is why the UNAIDS-led Global Coalition on Women and AIDS² has made stopping violence against women a top priority.

High rates of violence make women more vulnerable

Growing evidence from around the world shows that a large proportion of women and girls are subjected to violence by family members, acquaintances, and strangers.³

- A multi-country study by the World Health Organization (WHO) found that 59% of women in Ethiopia and 50% in Bangladesh reported sexual violence by an intimate partner; and 34% of women in Brazil and 47% in Tanzania said they had experienced physical violence.⁴
- A multi-site study by the International Center for Research on Women (ICRW) found that almost 40% of Indian women interviewed reported physical violence; 26% reported severe physical abuse – of whom half reported being beaten during pregnancy.⁵

Violence against women is a fundamental violation of their human rights and is often fueled by longstanding social and cultural norms that reinforce its acceptability in society – by both men and women.

- In Kenya, the 2003 Demographic and Health Survey (DHS) showed 68% of women agreed that a husband would be justified in beating his wife, including if she refused to have sex with him.⁶
- Reports from a range of nations, including Thailand, South Africa, and New Zealand indicate that between 20 and 44% of men admit that they are violent towards their wives or intimate partners.⁷



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Violence against women increases their risk of HIV infection

Numerous studies from around the globe show the growing links between violence against women and HIV. These studies demonstrate that HIV infected women are more likely to have experienced violence, and that women who have experienced violence are at higher risk for HIV.⁸

- Studies from Rwanda, Tanzania, and South Africa indicate that the risk for HIV among women who have experienced violence may be up to three times higher than among those who have not.⁹
- A Horizons report found that HIV infected women in Tanzania were significantly more likely to have had a violent partner in their lifetime, and to have experienced physical or sexual violence with their current partner. The report also found that younger HIV-positive women were ten times more likely to have experienced violence than HIV-negative women their age.¹⁰

- Sexual violence against women has been a feature of recent conflicts from around the world, including in the Darfur region of Sudan, Rwanda, and the former Yugoslavia. During the 1994 Rwandan genocide, an estimated 250,000 women were subjected to sexual violence as a tool of genocide, and many later became HIV-positive.¹¹
- A multi-country WHO review found that fear of violence was a barrier to HIV disclosure for an average of 25% of participating women, with rates reaching as high as 51% in Kenya.¹²

Violence impedes access to essential AIDS services

Violence, or fear of violence, makes it difficult for women and girls to disclose their HIV status or to access essential AIDS services.

- A study in Uganda found that women were often powerless to access AIDS services because their husbands physically attacked, threatened, and intimidated them.¹³
- A report on Cambodia pointed to fear of domestic violence as a contributing factor in the low numbers of women accessing voluntary HIV counseling and testing services at antenatal clinics.¹⁴

The Chelstone Clinic, in Lusaka, Zambia, provides free AIDS treatment to women who test positive for HIV in the antenatal clinic. Still, some 60% of clinically eligible women decide to “opt out” of treatment, due in part to their fears of violence and abandonment that might result from disclosing their HIV status. A counselor at the clinic explained that many women who disclose their status, or try to encourage their partners to be tested, “were beaten and withdrew from the program.” Despite the program’s success in treating some 750 women, violence continues to present challenges to its work.¹⁵

WHAT WORKS

A range of promising programs are already working to prevent violence against women and HIV infections among women and girls.

- By fostering greater community dialogue, **Stepping Stones** workshops in 29 countries – mostly in Africa but increasingly in Asia and Europe – have helped to reduce the acceptability and prevalence of violence and to promote discussion and awareness about HIV. By changing attitudes and behavior related to violence against women, and reducing stigma and discrimination in the community, these programs work to lower HIV vulnerability for women.¹⁶
- The **Intervention with Microfinance for AIDS & Gender Equity (IMAGE)** program in Limpopo Province, South Africa integrates HIV prevention and violence training into its microfinance programs for rural women.¹⁷ The aim: to provide women with small loans to start a business and gain greater economic independence. When combined with training on HIV prevention, the program empowers women to stand up to violence, stay safe from HIV, and changes the way they are perceived by their families and communities.¹⁸
- Also in South Africa, the **Men as Partners (MAP)** program uses community-based workshops to challenge the attitudes and behaviors that perpetuate violence against women and increase their vulnerability to HIV. Through frank discussions of gender stereotypes and power dynamics, the program engages men and boys as positive forces for change in reducing violence, particularly as it contributes to the spread of HIV. A preliminary evaluation showed that workshop participants were more likely to believe that men and women should have equal rights and that wife-beating was wrong.¹⁹
- With funding from the UN Trust Fund to End Violence against Women, the **Soma Development Organization** in Puntland, Somalia conducts psychosocial training of peer counselors on violence and HIV. Counselors, who include traditional birth attendants and other health workers, are taught to recognize and respond to the signs of violence, and to provide appropriate referrals to AIDS services.²⁰
- Other programs provide essential services for survivors of violence, particularly given their increased risk for HIV:
- The **Nairobi Women’s Hospital Gender Violence Recovery Centre** in Kenya provides specialized medical and psychological treatment, including AIDS services, to survivors of domestic violence and sexual abuse. To date, the Centre has provided medical assistance and counseling to more than 3,000 women, including basic lab tests and medical examinations, post-exposure prophylaxis (PEP),²¹ HIV tests, and interventions to prevent mother-to-child transmission (pMTCT).²²
- The **Cambodian Women’s Crisis Center (CWCC)** assists abused and trafficked women through its crisis shelters, drop-in center, and counseling program, which includes information on HIV. CWCC also provides referral to clients for HIV testing and, where appropriate, to AIDS care, including anti-retroviral (ARV) treatment.²³

WHAT'S NEEDED

Addressing violence against women is essential to achieve key international targets articulated in the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) Declaration of Commitment and the Millennium Development Goals, such as reducing new HIV infections, increasing access to AIDS services, and promoting women's human rights and gender equality.²⁴ This will require far greater acceptance of the links between violence against women and HIV, and enhanced political leadership, resource investments, and sustained commitment at national and international levels.



Photo Credit: UNAIDS/Hervé Vincent-AVECC

Actions for National Governments

- Integrate strategies to reduce violence against women into national AIDS plans, and strategies to increase access to essential AIDS services within violence prevention efforts – and ensure that these linkages are funded. Such strategies should include:
 - ⇒ Supporting community-based training and information campaigns to change harmful norms and behaviors that perpetuate violence against women and reinforce its social acceptability. This includes working with men and communities to address violence, as well as engaging women's, faith-based, and other groups in preventing and coping with violence and its links to HIV.
 - ⇒ Promoting economic opportunities for women through microfinance and skills training to give women the tools and economic independence they need to avoid or escape violence, and reduce their risk for HIV.
 - ⇒ Ensure that HIV programs begin to address the realities of violence against women as a barrier to HIV services by providing training for HIV service providers to recognize the signs of violence, to offer basic counseling and social support, and appropriate referrals for additional assistance, including legal services, where available.
 - ⇒ Providing training to law enforcement officials and others who may encounter victims of violence about the risk of HIV and proper referrals to prevention information, medical treatment, and post-exposure prophylaxis (PEP), where appropriate, to reduce the immediate risk of HIV infection.
- Strengthen the legal and policy environment so that laws prohibiting violence against women are enacted and enforced, that systems to report on the prevalence and acceptability of violence against women are established and maintained, and that these monitoring mechanisms effectively feed into the design of national AIDS programs.
- Ensure that organizations, particularly those with experience addressing violence against women, are represented on national AIDS councils and other relevant fora to help ensure that the link between violence against women and HIV is effectively addressed within the design and implementation of national AIDS programs.



Photo Credit: UNAIDS

Actions for International Partners

- Increase support for programs that address the linkages between violence against women and HIV through bilateral and multilateral funding mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the World Bank's Multi-Country HIV/AIDS Program (MAP).
- Maximize coordination between AIDS and violence prevention and mitigation services, particularly in countries highly affected by these intertwined epidemics, and remove barriers to integrating these essential services on the ground.
- Provide funding and technical support to civil society groups seeking to stop violence against women and to reduce its impact on access to essential AIDS services. Target specific funding to help women's organizations and others with experience in working on violence to participate actively in public fora and national consultations about AIDS.
- Provide funding for research and evaluation of program strategies to reduce violence against women and its links to HIV, including through the UN Trust Fund to End Violence Against Women. Support national surveys tracking the acceptability of violence against women to inform the design of AIDS programs.

- ¹ "WHO Multi-country study on women's health and domestic violence. Summary report of the initial findings on prevalence, health outcomes and women's responses." World Health Organization, Geneva, 2005. Medical Research Council of South Africa, "Violence Against Women: an Emerging Health Problem," www.mrc.ac.za/mrcnews/june2001/violence.htm.
- ² The Global Coalition on Women and AIDS is a worldwide alliance of civil society groups, networks of women living with HIV and AIDS, governments, and UN organizations supporting AIDS strategies that work for women and girls. This brief is the second in a series that will explore a range of key issues that particularly affect women and girls in the global fight against AIDS. The first briefing, *Educate Girls, Fight AIDS*, can be found at: <http://womenandaids.unaids.org>.
- ³ Sarah Bott, Andrew Morrison, Mary Ellsberg, "Preventing and responding to gender-based violence in middle and low-income countries: a global review and analysis," World Bank Policy Research Working Paper 3618, June 2005, p. 10-11.
- ⁴ "WHO Multi-Country Study on Women's Health and Domestic Violence Against Women. Summary report of the initial findings on prevalence, health outcomes and women's responses." World Health Organization, Geneva, 2005.
- ⁵ ICRW, "Domestic Violence in India II: Exploring Strategies, Promoting Dialogue," January 2001, <http://www.icrw.org/docs/indiainfobulletin.pdf>.
- ⁶ Demographic and Health Surveys, "Profile: Gender in the Kenya 2003 DHS," http://www.measuredhs.com/gender/full_profile_2005-01-kenya2003.cfm.
- ⁷ ICRW, "Men, Masculinity and Domestic Violence in India: Summary Report of Four Studies," June 2002, p. 1-2.
- ⁸ amfAR, "Gender-Based Violence and HIV Among Women: Assessing the Evidence," Issue Brief No. 3, June 2005.
- ⁹ The Global Coalition on Women and AIDS, WHO, "Violence Against Women and HIV/AIDS: Critical Intersections, Intimate Partner Violence and HIV/AIDS," 2004, p. 1.
- ¹⁰ Horizons, "HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam, Tanzania," The Population Council: February 2001, p. 1, 30.
- ¹¹ Human Rights Watch, "Struggling to Survive: Barriers to Justice for Rape Victims in Rwanda," http://hrw.org/reports/2004/rwanda0904/5.htm#_Toc82319926.
- ¹² WHO, "Gender Dimensions of HIV Status Disclosure to Sexual Partners: Rates, Barriers, Outcomes," Geneva, 2003, p. 13.
- ¹³ Human Rights Watch, "Just Die Quietly: Domestic Violence and Women's Vulnerability to HIV in Uganda," August 2003, p. 2.
- ¹⁴ N. Duvvury and J. Knoess, "Gender Based Violence in Cambodia: Links, Opportunities and Potential Responses," WHO, Global Campaign for Violence Prevention, International Center for Research on Women, German Development Agency (GTZ), August 2005, p. 27.
- ¹⁵ J. Fleischman, "Strengthening HIV/AIDS Programs for Women: Lessons for U.S. Policy from Zambia and Kenya," (Washington D.C.: the Center for Strategic and International Studies, May 2005), p. 11.
- ¹⁶ See Stepping Stones at <http://www.steppingstonesfeedback.org/index.htm#indexcontents>.
- ¹⁷ Pronyk PM, Kim JC, Harvreaes JR, Makhubele MB, Morrison, LA, Watts C, Porter JDH, "Microfinance and HIV prevention – perspectives and emerging lessons from a community randomized trial in rural South Africa," forthcoming.
- ¹⁸ Interview with IMAGE staff, Acornhoek, South Africa, April 22, 2004.
- ¹⁹ S Bott, p. 30.
- ²⁰ The UN Trust Fund to End Violence against Women, established by the UN General Assembly within UNIFEM in 1996, has supported innovative programs to address violence against women in nearly 100 countries. In 2005, it began a small grants program to address the intersection of violence against women and HIV. Information on this project was provided by UNIFEM.
- ²¹ Where the risk of HIV infection is high, post-exposure prophylaxis (PEP), a 28-day course of anti-retroviral therapy to begin within 72 hours of rape or other exposure, has been used to reduce risk of HIV infection. Unfortunately, information about and access to PEP is still not widespread in countries most highly affected by AIDS, and it must be better integrated within a broader, more comprehensive response to rape.
- ²² J. Fleischman, p. 13.
- ²³ N. Duvvury, p. 22.
- ²⁴ A range of international and regional agreements also provide for women's right to protection against violence and right to health, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the International Covenant on Civil and Political Rights, and the International Covenant on Economic, Social and Cultural Rights.



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