

**UNITE
WITH
WOMEN**

**UNITE
AGAINST
VIOLENCE
AND HIV**

The AIDS response is producing exciting results and we can already foresee a time when the AIDS epidemic could end. Yet, the promises of science, politics and economic development will not be realized if we do not unite with women against violence as an integral part of the HIV response.

Violence is a key risk factor for HIV among women, including sex workers, transgender women and other women from key populations. Global and regional estimates of violence against women and the related health consequences show that it is a significant public health concern as well as a violation of women's rights.¹

Yet, there is much that can be done to address the impact that violence against women has on the HIV epidemic. Based on global and regional estimates for violence against women, the World Health Organization (WHO) has identified no fewer than 16 programmatic opportunities to address violence against women in the context of HIV.² Building on that work, this advocacy brief provides key messages to inspire actions that respond to the needs and rights of women. As this brief makes plain, the widespread prevalence of violence against women means there is no time to lose and everything to gain.

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1 VIOLENCE AGAINST WOMEN IS A HUMAN RIGHTS VIOLATION

“ Almost one in three women have been physically and/or sexually abused by their intimate partner, according to the World Health Organization (WHO), with more than a third of all murders of women worldwide committed by their partners. ”

Violence against women is a violation of their human rights. It has profound psychological and physical effects that can result in permanent disability and death. More than one in three women become victims of violence in their lifetime. According to WHO, nearly one third of all women have been physically and/or sexually violated by their intimate partner and almost 40% of all murders of women worldwide are committed by their partners.³

Physical and sexual intimate partner violence pose serious threats to women's safety. Moreover, intimate partner violence perpetuates gender inequalities undermining women's ability to take control of their lives and protect their health and well-being.

Violence also begets violence: evidence from a major study in the Asia-Pacific region found that sexual violence starts at an early age and leads to further violence in later life. Men who reported having perpetrated violence against a partner were significantly more likely to have been physically, sexually or emotionally abused as a child or to have witnessed their mother being abused. The study also found that violence by a partner is more frequent than violence by a non-partner.⁴ These findings are in line with evidence from other regions and highlight the detrimental impact of child abuse on the future perpetration of violence.⁵

In regions with recurrent conflicts—for example, West and central Africa—social instability created by conflict increases the risk of sexual and gender-based violence against women and children, particularly unaccompanied children. Conflict situations also push more women and girls living in camps for refugees and internally displaced persons into sex work and put girls and women at an increased risk of early and forced marriage and sexual slavery.⁶ The post-conflict period is also a highly risky time for women due to intimate partner and other types of violence that may increase their risk of HIV.

As recognized in the Universal Declaration on Human Rights and reaffirmed in multiple international conventions and regional agreements, all human beings have the right to bodily integrity and to be free from violence. In 2011, United Nations Member States recognized the link between HIV and violence against women, with a call to end gender-based abuse and violence.^{7,8}

IN THE WORDS OF WOMEN LIVING WITH HIV

“In our homes, women and girls face multiple forms of violence, including sexual violence, as well as forced and early marriages and emotional abuse, all of which contribute to increasing our vulnerability to HIV and other complications.”

— Annie Banda (Malawi), Hajjarah Nagadya (Uganda) and Martha Tholanah (Zimbabwe)

2 WOMEN WHO EXPERIENCE VIOLENCE ARE MORE LIKELY TO ACQUIRE HIV

“ Women are 55% more likely to be HIV-positive if they have experienced intimate partner violence.²⁰ ”

Mounting evidence is clarifying the link between intimate partner violence and HIV infection. Recent research in sub-Saharan Africa has established a direct association between intimate partner violence and confirmed incident HIV.^{9,10}

Women and girls both within the general population and within key affected populations are more likely to acquire HIV if they have experienced intimate partner physical or sexual violence.^{11,12} In some contexts, partner violence directly contributes to the HIV epidemic. A landmark study from South Africa showed that 12% of new HIV infections among young women could be attributed directly to intimate partner violence. A study among women aged 15–49 in Uganda found that any lifetime experience of intimate partner violence increased the odds of being HIV-positive by 55%.^{13,14}

The odds were even higher for women who had also experienced sexual abuse in childhood. Those women were 2.5 times more likely to be HIV-positive than women who had never experienced any intimate partner violence nor any childhood sexual abuse. The study also found that the longer the duration of exposure to intimate partner violence, the greater the risk of HIV infection tended to be.

Childhood abuse is also associated with a greater likelihood of engaging in risky behaviour, such as sex without a condom, having multiple sexual partners and trading sex for money or goods.¹⁵ Studies in Guatemala and Ukraine have shown that girls from minority groups, orphans and street-based adolescent girls are especially vulnerable.^{16,17} Given the associated stigma, few girls who experience sexual violence disclose it to anyone. Data from Kenya illustrate this—30% of girls who reported coerced or forced sex before the age of 18 became pregnant.¹⁸

A 2008 study among married women in India established that physical and sexual violence by husbands was associated with a nearly four-fold increase in the prevalence of HIV infection. However, the study was not able to clarify whether violence was a risk marker or a risk factor.¹⁹

IN THE WORDS OF WOMEN LIVING WITH HIV

“Patriarchal systems render women more likely to be subjected to non-consensual sex or sexual exploitation and less able to convince partners to agree to abstinence, monogamy or condom use.”

— Patricia Omowumi Ukoli
(Nigeria) and Calorine KenKem
(Cameroon)

3 WOMEN LIVING WITH HIV ARE MORE LIKELY TO BE SUBJECTED TO VIOLENCE

“ Women living with HIV in many countries have reported coerced abortion or forced sterilization because of their HIV status. ”

Several studies have found that women are also more likely to experience intimate partner violence if they are known to be living with HIV.^{21,22,23,24} Regardless of geographic location and socioeconomic status, women living with HIV report a variety of threats and violence. In a UK survey of 191 women living with HIV, 50% reported that they had experienced intimate partner violence, while one in every seven had experienced it within the past two months alone. A similar proportion had experienced intimate partner violence while pregnant. The study also found that women reported increased violence following their HIV diagnosis or disclosure.²⁵

Similarly, in a survey of 397 people living with HIV in Cambodia, 36% of the women feared physical assault due to their HIV status. The vast majority reported their physical abuse was perpetrated by individuals from their own household.²⁶

The *People Living with HIV Stigma Index* shows that women living with HIV in the Asia-Pacific region are more likely than men living with HIV in the same region to be the target of verbal abuse and physical violence as a direct result of their HIV status.²⁷ Women living with HIV across several regions have reported coerced abortion and forced sterilization because of their HIV status.^{28,29,30}

A survey of more than 750 women living with HIV in six countries in the Asia-Pacific region found that almost one third of those who reported having had an abortion did not want to terminate their pregnancy. However, they reported that they were persuaded to do so against their wishes by health-care workers or family members. In most cases, this was a direct result of their HIV status. In addition, 228 of the women surveyed were encouraged to consider sterilization, with 86 of them indicating that they did not have the option to decline. At the same time, women reported neglect, abuse and discrimination by health-care workers during their delivery and post-natal care as a result of their HIV status.³¹

IN THE WORDS OF WOMEN LIVING WITH HIV

“I was told I needed surgery on my uterus to get rid of cancer. It was during the post-surgical recovery when I learned from the doctor during a check-up that I had been sterilized.”

— Hendrina Haikango (Namibia)

4 WOMEN MOST VULNERABLE TO HIV ARE ALSO MOST VULNERABLE TO VIOLENCE

“ Violence against sex workers is perpetrated not only by their clients, but also by venue managers, other sex workers, intimate partners, police officers, uniformed men and other agents of the state.³² ”

Women from key populations, including sex workers, transgender women and women who use drugs or whose partners use drugs, tend to have higher rates of HIV infection than women in the wider population. They also face a greater risk of violence.

Violence against sex workers is perpetrated not only by their clients, but also by venue managers, other sex workers, intimate partners, police officers, uniformed men and other agents of the state.³² Studies across Europe have shown consistently high incidences of sex workers reporting physical or sexual violence.³³ A study of female sex workers in Moscow found that experiencing physical violence at the hands of their clients in the past year conferred a three-fold higher risk of having a sexually transmitted infection and/or being HIV-positive.³⁴

Intimate partner violence is one of multiple health issues faced by women who inject drugs.^{35,36} Unsafe sexual practices and restricted access to harm reduction and drug treatment services are intertwined with this violence.³⁷ In eastern Europe and central Asia, where injecting drug use is fuelling the HIV epidemic, women who inject drugs frequently experience sexual and domestic violence.³⁸ Partners of male injecting drug users are also affected by intimate partner violence: a study in Georgia found that 42% of women living with men who inject drugs had been physically abused by their partners.³⁹

Transgender people are among the most marginalized people at increased risk of HIV. Rape is also commonly reported by transgender women, with studies estimating the incidence of rape in a range of 21–68%.⁴⁰ According to a review of studies from 15 countries, an estimated 19% of transgender women globally were living with HIV.⁴¹ Transgender women engaged in sex work are often among the most marginalized sex workers. As such, they are more likely than other sex workers to be living with HIV. Transgender sex workers report that they often face additional risks because some clients react violently when they discover that the sex worker is a transgender women.^{42,43}

IN THE WORDS OF WOMEN LIVING WITH HIV

“Sex workers usually try to use condoms, but many customers do not want to use them; they offer to increase the price and beat you up if you refuse. What do you do when you are HIV-positive? I was beaten up because I refused to not use a condom, but I did not want to pass on HIV.”

— N.D.S. (Senegal)

5 VIOLENCE UNDERMINES THE HIV RESPONSE BY CREATING A BARRIER TO ACCESSING SERVICES

“ The fear of violence starts with the intimate partner and can be an insurmountable barrier to revealing HIV status, including during pregnancy. If women are tested first, they are often accused of bringing the virus into the home. ”

Violence, or the fear of it, can undermine access to treatment, care and support services for women living with HIV. Fear of violence by an intimate partner can be an insurmountable barrier to revealing one's HIV status including during pregnancy.⁴⁴

In many countries, pregnant women are routinely tested for HIV, often without their consent or even being aware of it. If women are tested first, they are often accused by their family members of bringing the virus into the home. For example, a study in Malawi and Uganda found that women were concerned about the risk of increased violence when disclosing their HIV status.⁴⁵ A recent study in Canada showed that women living with HIV who experience intimate partner violence had decreased, and interruptions in the use of, antiretroviral therapy as well as increased hospitalization rates (both related and unrelated to HIV).⁴⁶

A longitudinal study on the impact of intimate partner violence on condom and diaphragm non-adherence among 4 505 women in southern Africa found that fear of violence and emotional abuse were common experiences (reported by 41% and 38% of women, respectively). The study also found an association between intimate partner violence and condom non-adherence: the odds of not using condoms were approximately 40% higher among women who experienced intimate partner violence. These findings show that intimate partner violence can act as a barrier to HIV prevention. Dedicated attention or awareness from health-care workers regarding the potential occurrence of partner violence among women accessing HIV services is required.⁴⁷ Applying this same logic, all women at risk of violence, regardless of their HIV status, require vigilance and support—and not only from health-care workers.

IN THE WORDS OF WOMEN LIVING WITH HIV

“We know how challenging it is for women living with HIV to access quality health care from health-care workers who do not discriminate against them. Medical care poses a huge issue for women living with HIV in most countries in the Middle East and North Africa region.”

— ‘Eman’ (Egypt)

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