This fact sheet explores how violence against women and girls increases vulnerability to HIV, why women living with HIV face violence, and current interventions to address violence.

Suggested pathways linking violence to HIV vulnerability include higher incidences of unsafe sex, lower ability to negotiate condom use or discuss safer sex practices, and a tendency among men who perpetrate violence to have had more sexual partners, more unsafe sex, and higher prevalence of HIV and other sexually transmitted infections. Figure 1 depicts the complex interplay of violence and HIV vulnerability in women and girls.

VIOLENCE AGAINST WOMEN LIVING WITH HIV

Women living with HIV regularly face discrimination and are more likely to experience violence – a direct result of their HIV diagnosis. Living with HIV exposes women to new sites of violence, not only from partners, family members and the wider community, but also within institutional settings, such as health care and prisons, and as a result of gender-blind laws and policies around HIV. Women from key populations affected by HIV, such as female sex workers, women drug users, and women in the criminal justice system are even more likely to experience violence.

In Panama, it was found that 35% of women living with HIV had suffered abuse and 33% indicated that their family discriminated against them due to their HIV status. In Tanzania, women living with HIV were 10 times more likely to report partner violence.

“I started [HIV] medication in 2006. [My husband] does not know... he comes back at 18:00hrs, drunk, closes the door and says, “Today you are going to freak out.” He locks [me] in, he beats me up and locks me out of the house .... As a result of that I miss doses sometimes. I feel very bad.”

“Women who experience intimate partner violence have 1.5 times higher risk of acquiring HIV”

HALE AND VAZQUEZ, 2010

FIGURE 1: Links between violence against women and HIV

1. Whilst we recognise that violence against men and boys is also strongly linked to vulnerability to HIV infection – especially in conflict settings – this fact sheet specifically focuses on violence against women and girls.
The result of this double layer of discrimination is a web of complex, reciprocal and self-perpetuating links between VAW, HIV and lack of access to sexual and reproductive health rights which have implications for the wellbeing of women living with HIV and onward transmission of the virus.

INTERVENTIONS TO ADDRESS VIOLENCE AGAINST WOMEN

Change must occur at all levels to address the burden of violence that falls on women and the resulting vulnerability to HIV infection. UN Women has called for greater investment in gender equality and women’s empowerment to tackle the root causes of VAW. They recommend addressing the interlinkages of violence with HIV/AIDS, however funding for women’s rights advocacy around these issues is chronically limited. To assist healthcare providers, WHO has released new policy guidelines on the health sector response to VAW.

Civil society involvement is central to confronting VAW. A set of actions for development partners working on HIV and VAW has been recommended by GCWA. These include supporting women with experience of violence to participate actively at both policy and community level; supporting youth leadership in HIV and GBV prevention; supporting civil society and host governments to develop and implement initiatives aimed at including men and boys; and providing funding for advocacy and activism aimed at advancing VAW in the context of HIV.

Working with faith communities and leaders is also vital. The We Will Speak Out Coalition is an alliance of like-minded faith-based groups, international aid agencies and individuals who together commit themselves to see the end of sexual violence. Focusing on joint international advocacy and shared learning, the coalition is focused on equipping faith leaders and communities to prevent and respond to sexual violence within their communities.

Since 2007, Development Connections has had a strong focus on the intersections between HIV and VAW. It has produced a series of needs assessments, manuals and recommendations on integrating HIV and VAW. It coordinates an HIV/VAW community of practice, and also hosts online courses and virtual fora on the integration of HIV and VAW.

The Stepping Stones programme on HIV and gender-transformative communication and relationship skills works separately and simultaneously with men and women, old and young, to build understanding and collaboration across genders and generations. In Malawi, the programme has reduced IPV caused by arguments over income, expenditure, HIV status, hospital visits, alcohol use, condom use, sex and other related issues.

References


ii. Ibid.


iv. Ibid (i).


