



## Violence against Women and HIV&AIDS—Promoting Prevention

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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)

### Overview

Violence against women and girls and HIV&AIDS are two pandemics that impact millions of women and girls worldwide. An estimated 1 in 3 women worldwide has experienced emotional, sexual, or physical abuse in her lifetime, with rates reaching 70 per cent in some countries, according to the World Health Organization. HIV&AIDS is on the increase among the female population. In 2007, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that 33.2 million people were living with HIV&AIDS, 50 per cent of whom were women. Two-thirds of HIV-positive young people (aged 15-24) worldwide are women and girls. In Sub-Saharan Africa, women account for almost 61 per cent of adults living with HIV&AIDS.

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Among the social determinants of violence against women and girls are many of the same issues that also contribute to heightened vulnerability to HIV. Overarching underpinnings include patriarchy, sexism, racism, and poverty/unequal distribution of resources.<sup>2</sup> More specific key determinants of both HIV and violence against women and girls include: low socioeconomic status and resulting dependence on remaining in abusive relationships, gender inequity which puts women in an unequal role in relationships, low levels of education, substance abuse issues, sexual identity discrimination, lack of culturally

appropriate support mechanisms such as prevention and mitigation programming in communities, racial, ethnic, and indigenous discrimination as well as xenophobia, immigration and fear of deportation, stigma and fear of isolation, disproportionate incarceration of women of color, distrust of “the system” and particularly law enforcement, and related forced choice of “racial/ethnic/tribal/nationhood loyalty” over justice for individual or women’s rights, etc.

Individually, both violence against women and girls and HIV&AIDS have damaging effects on women and girls, as well as families, communities and nations. A growing body of research has demonstrated the interconnectedness of these pandemics with compounded devastating results. VAWG is both a cause and consequence of HIV&AIDS. These pandemics are linked via physical/biological, emotional, and social mechanisms. Women who are HIV positive are more likely to experience violence due to stigma and discrimination, dependence and inability to leave relationships, and otherwise. And women in violent situations are at higher risk for HIV due to inability to negotiate safe sex for fear of violence, through vaginal tears from forced sex, and other means.

*“Gender-based violence, and particularly intimate partner violence, is a leading factor in the increasing ‘feminization’ of the global AIDS pandemic. Simultaneously, HIV/AIDS is both a cause and a consequence of the gender-based violence, stigma and discrimination that women and girls face in their families and communities, in peace and in conflict, within and outside of intimate partnerships, and by state and non-state actors. Women and girls*

*"Violence against women is perhaps the most shameful human rights violation. It knows no boundaries of geography, culture or wealth. As long as it continues, we cannot claim to be making real progress towards equality, development, and peace."--Kofi Annan, United Nations*

<sup>2</sup> Piot P., et al. 2007. Squaring the circle: AIDS, poverty, and human development. *PLoS Medicine* 4:e314.

*encounter violence in their homes, communities, schools, workplaces, streets, markets, police stations and hospitals. And women who are HIV-positive face an additional danger: the stigma and threat of violence against people living with HIV and AIDS.”*

Statement made by the Women Won't Wait Campaign at a 2007 Meeting of the G8

## High Risk Situations for Women and Girls

Where and how do women and girls experience heightened exposure to risk of violence, HIV&AIDS, and the intersection? In some ways, the answer is everywhere. As we pointed out, gender inequality fosters a tendency by society to view women as sex objects, property, and chattel, and constantly puts women and girls at a disadvantage in terms of having control of their bodies and their lives, and in terms of contributing to and benefiting from society in a way that is on par with men. Therefore women as a whole face heightened risk of experiencing violence in all of its forms, and have an elevated likelihood of being in a circumstance of not being able to negotiate when, where, and how they engage in sexual activity. So these aspects must be the basis for our understanding of the depth of the challenge women and girls face in general.

Women and girls are exposed to violence and/or unsafe sex in multiple circumstances. Additionally, certain populations are at particularly heightened risk of exposure to both violence and HIV&AIDS.

**Home:** For many women and girls across the world the home is very far from the idyllic concept of a 'haven'. There are multiple circumstances wherein women and girls experience risk in the home: a) Women and girl-youths find themselves in intimate partner relationships where they are at risk for contracting HIV because they do not have the power to negotiate safe sex. Intimidation, physical and emotional abuse, and lack of power characterize many marriages and intimate partner relationships for women and youth, and for girls who find themselves in the circumstance of being child brides; b) Girls have also been physically, emotionally, and sexually abused by family members during their childhood years. When girls experience these circumstances at an early age, it is emotionally and physically scarring at the time and subsequently puts them at risk for HIV. Studies have shown that child abuse increases the likelihood of the child to contract HIV later in life due to subsequent increase in sexual risk-taking.<sup>3</sup> c) Additionally, when girls are driven from the home due to the abuse, they are at risk for abuse or HIV due to insecurity or subsequent situations of unsafe dependency. D) When parents or caregivers die, girls may have to take on the role of head of household. Girl heads-of-households often experience higher levels

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<sup>3</sup> K.M. Prillo, R.C. Freeman, C. Collier, et al, 'Association between early sexual abuse and adult HIV-risky behaviors among community-recruited women', *Child Abuse & Neglect*, 25 (2001), 335-346; G.E. Wyatt, H. Myers, D. Longshore, et al, 'Examining the effects of trauma on HIV risk reduction: the women's health intervention', presented at the International Conference on AIDS, Barcelona, Spain (2002): Abstract WePeF6953.

of sexual abuse and exploitation as they try to provide for their siblings, thus increasing their risk of exposure to HIV.<sup>4</sup> e) In the home, women and girls who are HIV positive are subject to stigmatization and emotional abuse, as well as physical abuse, from family members and intimate partners. f) If an intimate partner dies of AIDS, some women find themselves in the position of being in a home where her position is relegated to that of a virtual slave, with no status in the home but to bear stigmatization, do chores, and suffer routine physical, emotional, and sexual abuse.<sup>5</sup> g) Violence or fear of violence may affect women and girls' likelihood to seek HIV testing as well as access treatment and other services.

**School:** Whereas school is supposed to be a place of safety and a forum for education and advancement, for many girls this is far from the case. Whether it is from teachers or other students, many girls encounter unsafe conditions and abuse in the school setting or even on the way to or from school.<sup>6</sup> Also, girls who are in an insecure situation at home have often resorted to becoming engaged in relations with males encountered at school in order to gain necessities such as food, school fees, and sanitary products.<sup>7</sup>

**In Transit:** For women and girls, the simple acts of walking to school, work, to the water source, or elsewhere are situations of risk for violence and/or HIV. In Mpumalanga, South Africa in conversation with a group of HIV-positive peer counsellors, when asked about some of the useful materials they would need to do their work, they replied that they would like to distribute female condoms. When queried on this choice, their reply was that risk of rape was so high in their area, coupled with saturation level rates of HIV, it was safer to assume you might be sexually assaulted and therefore wear protection whenever you leave the home.<sup>8</sup>

**Trafficked/Coerced Labour:** Women and girls who are trafficked for sexual exploitation are more vulnerable to HIV infection for a number of reasons. These include a lack of bargaining power regarding condom use and other potentially dangerous sexual practices, and limited access to medical and educational services available to non-trafficked persons. UNICEF-ILO studies find that girls infected by HIV are twice as likely to be engaged in child labour and sexual exploitation.<sup>9</sup>

**Immigration/Migrant Labour:** Often, even when cross-border movement is voluntary, it puts women in insecure and at-risk situations. Some women are compelled to engage in transactional sex, which is often unprotected due to the power imbalance, to ensure safe

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<sup>4</sup> United Nations Division on Advancement of Women, 'Elimination of all forms of discrimination and violence against the girl child', (Florence, Italy, 2006) [http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/egm\\_elim\\_disc\\_viol\\_girlchild.htm](http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/egm_elim_disc_viol_girlchild.htm), accessed 10 August 2008.

<sup>5</sup> Human Rights Watch, 'Just Die Quietly: Domestic Violence & Women's Vulnerability to HIV-infection in Uganda', (2003), <http://www.hrw.org/reports/2003/uganda0803>, accessed 10 August 2008.

<sup>6</sup> ActionAid International, *Stop Violence against Girls in Schools* (Johannesburg: ActionAid International, 2004).

<sup>7</sup> N. Murray, et al, *The Factors Influencing Transactional Sex Among Young Men and Women in Twelve Sub-Saharan African Countries* (Washington, DC: USAID Policy Project, 2003).

<sup>8</sup> Excerpt from interviews conducted by Health GAP (Global Access Project) regarding needs of health care workers. [www.healthgap.org](http://www.healthgap.org)

<sup>9</sup> United Nations Division on Advancement of Women, 'Elimination of all forms of discrimination and violence against the girl child', (Florence, Italy, 2006) [http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/egm\\_elim\\_disc\\_viol\\_girlchild.htm](http://www.un.org/womenwatch/daw/egm/elim-disc-viol-girlchild/egm_elim_disc_viol_girlchild.htm), accessed 10 August 2008.

passage if they are not migrating through standard/legal means. Some find that when they are away from their homes and protection of community, they end up in unsafe places where they are vulnerable to sexual violence and risk of HIV infection.<sup>10</sup>

**Disaster:** After the Tsunami of 2004 that struck several countries in, Hurricane Katrina in 2005, and the 2001 earthquake at Gujarat, women reported high rates of sexual violence, primarily unprotected, due to the dearth of security and protection. Also, in post-disaster situations, the likelihood of engaging in unsafe sex practices that may result in HIV increases due to lack of access to barrier methods of protection. Devoid of resources to which they would normally have access, some women and girls have been compelled to engage in transactional sex post-disaster in order to gain basic necessities.<sup>11</sup>

**Food and Water Insecurity:** As women and girls are primarily responsible for securing water for the family as well as providing food, in situations of food scarcity many women are more likely to engage in unprotected transactional sex and are consequently at risk for HIV infection.<sup>12</sup> Also, lack of access to proper nutrition compromises the immune system, resulting in heightened vulnerability to HIV infection, as well as an increase in opportunistic infections for women who are HIV positive.

**War/Conflict:** Violence against women has been an aspect of conflict and insecurity the world over for as long as history has been recorded; this was acknowledged via the Rome Statute of 1998, which established rape as a war crime.<sup>13</sup> Additionally, violence against women in situations of conflict is even greater because of 'ready availability of weapons, high levels of frustration among men, and a general breakdown in law and order.'<sup>14</sup> Conflict and, particularly, the secondary consequences of conflict—transactional sex, rape, and the breakdown of communities—are risk factors for the spread of HIV.<sup>15</sup>

*"In Mozambique the overall rate of HIV infection among girls and young women, 15 percent, is twice that of boys their age, not because the girls are promiscuous, but because nearly three out of five are married by age 18, 40 % of them to much older, sexually experienced men who may expose their wives to HIV and sexually transmitted diseases. Abstinence is not an option for these child brides. Those who try to negotiate condom use commonly face violence or rejection..."*

Former Minister of Health in

<sup>10</sup> International Labour Office, United Nations Commission on Human Rights 58<sup>th</sup> Session, 'Migrant Workers, Protection of Human Rights in the Context of HIV/AIDS, and Indigenous Issues', Statement by International Labour Office (18 March-26 April 2002).

<sup>11</sup> United Nations Development Programme, *Scaling Up HIV/AIDS Services for Populations of Humanitarian Concern* (UN System Wide Work Program, 23 March 2006).

<http://www.sd.undp.org/doc/prodocs/HIV%20AIDS%20Programme%20for%20Persons%20of%20Humanitarian%20Concern.pdf>

<sup>12</sup> S.D. Weiser, K. Leiter, D.R. Bangsberg, L.M. Butler, F. Percy-de Korte, et al, 'Food Insufficiency Is Associated with High Risk Sexual Behavior Among Women in Botswana and Swaziland', *PLoS Medicine*, 4/10 (2007), 1589-1597.

<sup>13</sup> *Rome Statute of the International Criminal Court*. United Nations Diplomatic Conference of Plenipotentiaries on the Establishment of an International Criminal Court (Rome, 17 July 1998).

<sup>14</sup> WHO (World Health Organization), *Violence Against Women and HIV/AIDS: Critical Intersections* (Geneva, 2004).

<sup>15</sup> A.J. Khaw, P. Salama, et al, 'HIV Risk and Prevention in Emergency Affected Populations: A Review', *Disasters* 24/3 (2000), 181-97.

*"Crises driven by the oppression of women do not simply fade away if they are ignored. They explode. The AIDS virus thrives on armed conflict. Sexual violence thrives on armed conflict".*  
-Stephen Lewis, former UN special envoy for AIDS in Africa<sup>16</sup>

**Traditional and Customary Practices:** Female genital mutilation (FGM), bride price, wife inheritance, and curative sex with virgins are examples of practices which are directly abusive or render women and girls at risk for abuse and risk of HIV transmission.<sup>17</sup> Both wife inheritance and bride price can effectively result in women being viewed as chattel in marital relations; they do not have any choice regarding when and how they engage in sexual intercourse. Female genital mutilation is a form of violence that can result in HIV transmission, due to the use of instruments that are often not cleaned during ceremonies where multiple procedures with many women and girls are performed in succession. In some cultures, there is a belief that having sex with virgins keeps men young and prevents or cures HIV infection; thus young girls are at risk of forced intercourse from older men in the community.

**Health Care Access:** Access to quality, comprehensive health care is at the crux of needs for women and girls experiencing gender-based violence and/or HIV&AIDS. When women and girls don't receive preventive care, well-health messaging, and/or direct treatment, they are left exposed to illness and physical and psychological harm, which results in dependence and vulnerability to abuse, and even death from lack of proper treatment. Lack of access to reproductive health services, prevention of sexually transmitted infections (STIs) such as HIV&AIDS and access to post-exposure prophylaxis and other care in circumstances of sexual violence, puts women and girls at high risk for both violence and HIV. Lack of access to mental health services for women and girls who have experienced violence, are HIV positive women and girls, or are caring for family members who are sick or have died from HIV or violence, results in unresolved emotional issues that yield fragile states and vulnerability to risk.

### **High Risk Settings—Vulnerable Populations**

**Lesbian/Transgender Women:** Globally lesbian, gay, bisexual, transgender, queer and questioning, and intersex (LGBTQQI) populations suffer acts of physical, sexual, and emotional abuse due to varying intensity of stigma and discrimination that ranges from attitudes of judgement and disapproval to murder. Early linkages of gay men with transmission of HIV, (for example, in the early days HIV&AIDS was called "GRID"—Gay

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<sup>16</sup> "DRC: Call to Address Sexual Violence in the East". PlusNews Global. September 2007. <http://www.irinnews.org/Report.aspx?ReportId=74304>

<sup>17</sup> Human Rights Watch, 'A Dose of Reality: Women's Rights in the Fight against HIV/AIDS', Human Rights Watch (2005), <http://www.hrw.org/english/docs/2005/03/21/africa10357.htm> , accessed 10 August 2008.

Related Infectious Disease) caused escalation of discrimination and resulted in further animosity and abuse. Lesbian women have often been subjected to rape,<sup>18</sup> forced marriages, beatings by family or community, and 'honour killings'.<sup>19</sup> Transgendered persons have extremely high rates of HIV infection, yet the needs and contexts of this population are largely missing from discussion of the pandemic. Transgendered persons, through stigma and discrimination which forces them into hiding or societal restrictions that do not accommodate gender altering practices, or because of economic constraints that hinder access to health care from standard medical facilities, are exposed to risk of HIV transmission associated with various procedures, including non-sterilized injections of gender presentation altering substances, such as hormones or silicone, particularly in geographic areas where it is illegal and therefore not regulated.<sup>20</sup>

**Women with Disabilities:** Women with disabilities are at higher risk for both HIV transmission and experiencing violence due to factors such as typically lower socioeconomic status and resulting dependence;<sup>21</sup> stigma and discrimination, which often make people with disabilities targets of abuse;<sup>22</sup> combined with less ability to defend themselves physically as well as report maltreatment or comprehend the concept of abuse; and because of differential access to reproductive health messaging and services.<sup>23</sup> Also, women and children with disabilities are often assumed to be virgins and thus are more prone to experience rape at the hands of HIV-positive men, believing that sex with a virgin is curative.<sup>24</sup>

**Injecting Drug Users (IDUs):** Injecting drug use presents elevated risk of HIV and violence via several factors. Use of unclean needles can result in exposure to HIV.<sup>25</sup> Being under the influence of drugs may cause a woman to be in a less secure setting and thereby expose her to violent situations; it may also lower her risk of using HIV prevention methods.<sup>26</sup> Given the higher rates of HIV among injecting drug users and the heightened likelihood of sexual relations between IDUs (because of lowered inhibitions and heightened sexual drive that

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<sup>18</sup> K. Murungi and N.P. Mabele, 'Anti-lesbian Rape, HIV, and the Human Rights of South African Lesbians', presented at International AIDS Conference, Barcelona, Spain 7-12 July 2002, Abstract ThOrG1419.

<sup>19</sup> S. Mojab, 'Honor Killings: Culture, Politics, Theory', *Middle East Women's Studies Review*, (17/Nos. 1/2 (Spring/Summer 2002)). <http://www.amews.org/review/reviewarticles/mojabfinal.htm>

<sup>20</sup> J. Herbst, E. Jacobs, T. Finlayson, V. McKleroy, M.S. Neumann, N. Crepaz, 'Estimating HIV Prevalence and Risk Behaviors of Transgendered Persons in the United States: A Systemic Review', *AIDS and Behavior*, 12/1 (2008), 1-17.

<sup>21</sup> Economic and Social Commission for Asia and the Pacific. *Hidden sisters: women and girls with disabilities in the Asian Pacific region* (New York: United Nations, 1995).

<sup>22</sup> UNICEF. *Global survey of adolescents with disability: an overview of young people living with disabilities: their needs and their rights* (New York: UNICEF Inter-Divisional Working Group on Young People, Programme Division, 1999).

<sup>23</sup> L. Chenoweth, 'Violence and women with disabilities: silence and paradox', *Violence Against Women*, 2 (1996), 391-411.

<sup>24</sup> UNICEF. *Global survey of adolescents with disability: an overview of young people living with disabilities: their needs and their rights* (New York: UNICEF Inter-Divisional Working Group on Young People, Programme Division, 1999).

<sup>25</sup> R. Heimer and E. Kaplan, 'A model-based estimate of HIV infectivity via needle sharing', *Journal of Acquired Immune Deficiency Syndromes*, 5/11 (1992).

<sup>26</sup> United Nations Office on Drugs and Crime, *HIV/AIDS Prevention and Care for Female Injecting Drug Users* (Vienna: United Nations Office on Drugs and Crime, 2006). [http://www.unodc.org/pdf/HIV-AIDS\\_femaleIDUs\\_Aug06.pdf](http://www.unodc.org/pdf/HIV-AIDS_femaleIDUs_Aug06.pdf)

can result from drug use in general,<sup>27</sup> as well as in the course of transactional sex for drugs),<sup>28</sup> the exposure risk is significant.

**Racial/Ethnic and Indigenous Groups:** Racial, ethnic, and indigenous minority groups are often marginalized due to historical, social, ideological, and cultural events and biases, and colonialism. Minority groups typically have the least social and economic power in society and are therefore at elevated risk for HIV&AIDS and various forms of violence.<sup>29</sup> Poverty, lack of access to health care, as well as lack of access to linguistically and culturally appropriate services and educational materials are some of the factors that increase vulnerability to HIV. Women in minority groups are often targeted for hate crimes ranging from physical abuse to rape to murder, at individual and population levels (in the case of genocide/ethnic cleansing).<sup>30</sup>

*“Violence against women occurs in all communities and across all social groups in Macedonia. An estimated 70 per cent of Romani women have reported domestic abuse. However, when Romani women report—if they report such violence at all—law enforcement officers often fail to respond appropriately and may further subject them to racist abuse and discriminatory treatment”.*-Amnesty International Report on Macedonia<sup>31</sup>

**Sex Workers:** HIV prevalence is disproportionately high amongst sex workers.<sup>32</sup> The stigma of sex work often cultivates violence toward sex workers and attitudes that excuse the violation of sex workers’ human rights. Also, more often than not, because sex work is largely deregulated, women in the sex work industry are often not in a position to negotiate safe sex and are thus at heightened risk for HIV; this is exacerbated by the frequent presence of violence.<sup>33</sup> Sex workers often do not have access to health care services and messaging, which further prevents acquisition of the knowledge, skills, and tools necessary to maintain sexual health.<sup>34</sup>

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<sup>27</sup> M. Gorman, ‘A tale of two epidemics: HIV and stimulant use’, *Focus*, 13 (1998), 4; J. Hayaki, et al, ‘Sexual risk behaviours among substance abusers: relationship to impulsivity’, *Psychology of Addictive Behaviors*, 20 (2006), 3.

<sup>28</sup> Geeta Rao Gupta, M. Blackden, and F. Tornieri, *The Gender Dimension of HIV/AIDS* (Washington, DC: Africa Region Gender Team, World Bank, 2001).

<sup>29</sup> Joint United Nations Programme on HIV/AIDS and WHO (World Health Organization), *Fighting HIV Related Intolerance: Exposing the Links Between Racism, Stigma, and Discrimination* [online text], [www.unhcr.ch/html/menu2/7/b/hivbpracism.doc](http://www.unhcr.ch/html/menu2/7/b/hivbpracism.doc).

<sup>30</sup> Human Rights Watch, ‘Shattered lives: sexual violence during the Rwandan genocide and its aftermath’, (1996), <http://www.hrw.org/reports/1996/Rwanda.htm>

<sup>31</sup> “Macedonia: Government Failure to Address Double Discrimination against Romani Women and Girls”. Stop VAW. December 2007. [http://www.stopvaw.org/Macedonia\\_Government\\_s\\_Failure\\_to\\_Address\\_Double\\_Discrimination\\_against\\_Romani\\_Women\\_and\\_Girls.html](http://www.stopvaw.org/Macedonia_Government_s_Failure_to_Address_Double_Discrimination_against_Romani_Women_and_Girls.html)

<sup>32</sup> L. Morison, H.A. Weiss, A. Buve, M. Carael, et al, ‘Commercial sex and spread of HIV in four cities in sub-Saharan Africa’, *AIDS*, Suppl 4 (2001), S61-69.

<sup>33</sup> H. Alexander H, ‘The impact of violence on HIV prevention and health promotion: The case of South Africa’, *Research for Sex Work*, 4 (2001), 20-22.

<sup>34</sup> AIDS and STD Control Programme, Directorate General of Health Services, *Report on the second national expanded HIV surveillance* (Dhaka, Bangladesh, 2000), 47.

## Prevention Strategies

Given the common underpinnings of VAWG and HIV&AIDS, some of the prevention strategies to address each pandemic are similar, such as poverty alleviation/economic security, public education, anti-stigma programming, access to education/literacy, population specific interventions, etc. Some approaches are specific to each pandemic. Yet others address the intersection between violence against women and girls and HIV&AIDS. Because it can be challenging to make a direct correlation in terms of proving that women and girls did not become HIV positive or did not experience violence, or that the intersection was averted, as a result of interventions, many of these are in the category of “promising practices”. However, there are studies that show, for example, that women and girls who undergo certain interventions, are more educated or who have economic security have lower rates of HIV or higher likelihood of practicing safe sex. Violence statistics are harder to capture because of the shroud of silence and stigma around violence against women and girls. For example, there is some indication that women of higher socioeconomic status are less likely to report violence so capturing correlation between economic security and violence mitigation can be challenging.

### ***Preventing HIV&AIDS in Women and Girls***

- *Comprehensive Sexuality Education* will provide women and girls with the tools of knowledge of the range of prevention methods available to them and has been shown to reduce number of partners, and incidence of unprotected sex.<sup>35,36</sup>
- *Access to Female Controlled Prevention Methods* mitigates against the challenge of women having to negotiate safe sex practices, though even some of these methods require negotiation.<sup>37,38</sup>
- *Community Anti-Stigma Programming*, including focus on health care settings, breaks the shroud of silence around HIV&AIDS which acts as a barrier to community education on effective prevention strategy.<sup>39,40</sup>

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<sup>35</sup> Jemmott, J.B., Jemmott, L.S., Braverman, P.K., & Fong, G.T. (2005). HIV/STD risk reduction interventions for African American and Latino adolescent girls at an adolescent medicine clinic: A randomized control trial. *Archives of Pediatric and Adolescent Medicine*, 159, 440-449.

<sup>36</sup> Hobfoll, S. E., Jackson, A. P., Lavin, J., Johnson, R. J., & Schröder, K. E. E. (2002). Effects and generalizability of communally oriented HIV-AIDS prevention versus general health promotion groups for single, inner-city women in urban clinics. *Journal of Consulting and Clinical Psychology*, 70, 950-960.

<sup>37</sup> Fontanet AL, Saba J, Chandelying V, et al. “Protection Against Sexually Transmitted Disease By Granting Sex Workers in Thailand the Choice of Using the Male or Female Condom: Results From A Randomized Controlled Trial.” *AIDS*. 1998; 12(14): 1851-59.

<sup>38</sup> Trussell J, Sturgen K, Strickler J, Dominik R. “Comparative Contraceptive Efficacy of The Female Condom and Other Barrier Methods.” *Family Planning Perspectives*. 1994; 26(2): 66-72.

<sup>39</sup> Nyblade L, Stangl A, Weiss E, Ashburn K. “Combating HIV stigma in health care settings: what works?” *Journal of the International AIDS Society* 2009, 12:15

<sup>40</sup> HIV & AIDS—Stigma and Violence Reduction Intervention Manual

- *Access to Education for Girls* provides pathways out of poverty and provides choices for women and girls as alternative to being in a relationship where they are dependent and lacking power to negotiate safe sex.
- *Increased economic security and independence of women and girls* similarly ensures that women can earn their livelihood instead of having to rely on an intimate partner for support.
- *Interrogating traditional practices such as bride price, hyenas, etc* has been a proven successful strategy, such as through the Grandmother's Project, in helping communities to eliminate or find alternatives to harmful acts.

*“The HIV/AIDS epidemic has put the spotlight on deep-rooted constraints that hold women back in many areas of life. Traditional attitudes and behaviours change gradually, sometimes over several generations. This epidemic gives us no such luxury of time.”*--Dr Margaret Chan, Director-General of the World Health Organization

### **Preventing Violence Against Women and Girls**

- *Public Education* mitigates against societal sanctioning of abuse of women and girls and fosters community norms around gender equality, protection, and stewardship of the wellbeing of all community members. Through these programs, women are informed of their right to be free of violence.
- *Population appropriate programming for high risk/vulnerable groups* (LGBTQ, immigrants, women living with HIV&AIDS, trafficked persons, IDUs, Sex workers, women with disabilities, racial/ethnic minority groups, etc) provides specialized prevention strategies such as increased monitoring and protection at border crossings, elevated sentencing for hate crimes for violence against racial/ethnic minority groups and LGBTQ persons, etc.
- *Increased economic security and independence of women and girls* provides avenues for alternatives so that persons aren't compelled to stay in unsafe relationships or situations.

- *Enactment of legislation enabling severe repercussions for physical and sexual violence against women and girls may act as a deterrent to abusers, through fear of repercussions.*

*"I believe that oppression and cruelty against women will not end until women raise their voices against these things themselves. My slogan is 'End Oppression with Education.' In the light of dawn, mothers, sisters, and daughters will be recognized."*

- Mukhtaran Bibi, Pakistani rape survivor who used the compensation money she was given by prosecuting her attackers to start schools in her village.

--Translated by Amna Buttar,

### **Breaking the Link Between VAWG and HIV&AIDS: Mitigating the Impact of the Intersection**

Multifaceted problems require multi-sector solutions. As demonstrated, the intersection of violence against women and girls (VAWG) and HIV&AIDS pervades many contexts and is driven by a multitude of factors and situations. Thus, the responses are varied, diverse, and involve multiple actors, settings, and systems. Below is a summary review of types of methods in addressing the intersection.

**Health Care Setting Based Interventions** — In medical care settings, including voluntary counselling and testing centres, facilities provide integrated services so that if a woman presents as HIV positive she is also screened for violence, and if a woman presents with injury from sexual violence she is also screened for HIV. Another way that the intersection is addressed is that at voluntary counselling and testing sites, facilities ensure that when women test positively counsellors work with families so that women do not experience violence as a result of disclosure. Also, with women experiencing violence or HIV, mental health services are offered where available in order to mitigate impact by improving women's psychological/emotional state, consequently reducing subsequent risk for engagement in risky situations and/or relationships.

The member healthcare facilities of the Christian Health Association of Kenya offer comprehensive physical, emotional, sexual, and social as well as legal support. Facilities provide psychosocial assessment, emergency care, referrals for HIV testing, and linkage for ARV treatment and follow-up if necessary, as well as post-trauma counselling and support.

**Gender Based Violence Recovery Centers**— Facilities that work with survivors of violence have instituted HIV screening processes, HIV prevention counselling, and referral systems that provide women resources so that they are subsequently able to leave violent circumstances. Survivors of violence receiving such care are also more independent and less likely to be subjected to violence and situations where they are unable to negotiate when, with whom, and how they engage in sexual activities, thereby reducing risk for HIV transmission.

Nairobi Women’s Hospital Gender Violence Recovery Centre of Kenya, in *advancing cross-sector integration*, acts as an intersection point between the health and the legal and social service systems for survivor recovery and justice, as well as HIV prevention.

[www.nwch.co.ke](http://www.nwch.co.ke)

**Legal/Law Enforcement Settings** —Law enforcement agents, including police and border control personnel, must be trained to be vigilant for violence in a situation, as well as risk for HIV transmission. They must also be prepared to provide facilitation of access to resources such as post exposure prophylaxis. Given the myriad implications of human rights abuses associated with both violence against women and girls and HIV&AIDS, legal approaches are a critical component of comprehensive responses.<sup>41</sup>Inheritance and property rights issues for widows and WLWHA, as well as right to justice and protection when threatened by or victimized by physical/sexual violence, are examples of legal matters that are addressed. Many legal programmes work to ensure that laws are both known by citizens and enforced by duty bearers. The Fern Holland Legal Aid Clinic is located in N’Zerekore town in the Republic of Guinea, West Africa. Its primary objective is to defend survivors’ rights and to diminish perpetrators’ impunity. Based on feedback forms, nearly 100% of the beneficiaries have reported being “satisfied” or “extremely satisfied” with the Clinic’s services. Whereas once a culture of impunity existed, women now feel empowered to pursue charges against those in the community who have raped, exploited, or abused them. Through focus group discussions, beneficiaries have also indicated a notable decrease in cases of GBV in the camps where the clinic operates.

*“In Rwanda, where almost half the legislators are women, several laws protecting the rights of women have been adopted, including one giving females the right to inherit parents’ property. This was especially important for women who survived the 1994 genocide and who*

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<sup>41</sup> Okie, S. 2006. Fighting HIV—Lessons from Brazil. *New England Journal of Medicine* 354:1977–1981.

*would otherwise have been dependent on, and possibly subject to abuse by, male relatives”.*<sup>42</sup> -Mary Kimani of Africa Renewal

**School Based Approaches**— Though schools have been cited as places of risk for girls, they have also served as a venue for delivering key messages, identifying girls at risk of violence and/or HIV, and providing various forms of support. Schools often have trusted persons such as teachers, guidance counsellors, or supportive peers. There are a variety of programmes that have organized this support into programmes that ensure that girls have the information they need to protect themselves from HIV. They also ensure that girls have the understanding, motivation, and means to stay in school so that they can be independent and less vulnerable to violence and unequal power relations.

Bezawit Demessu, Yodit Tesfaye and Medhanit Bogale, who excelled at raising awareness about HIV/AIDS and gender-based violence (GBV) through their school's mini media — a media center on campus that students use to inform, educate and entertain fellow classmates. Demessu educated her schoolmates about HIV/AIDS and reproductive health through organized traditional coffee ceremonies and her school's mini media. In addition to raising awareness through her school's media outlets, Demessu also continually encouraged her schoolmates to get tested for HIV and accompanied them to test centers if asked. Tesfaye raised funds to strengthen the HIV-related programming in her school and for empowering and encouraging fellow female students to participate in mini media. Bogale provided leadership in the revival of her school's mini media and her innovative and outstanding HIV-related mini media programs.

**Interventions in Humanitarian Settings** —Dedicated attention to protectionism for women and girls from violence is instituted during conflict, disaster, and other humanitarian circumstances. Recently passed measures through the United Nations offer higher penalties for war crimes related to gender based violence, in recognition of women being used as weapons of war, sometimes with the intent of transmission of HIV, with the hope that these repercussions will act as a deterrent. Availability of post exposure prophylaxis in these situations is important, so that if women and girls experience violence in humanitarian situations can protect themselves from HIV infection.

In Ngora Tanzania, UNHCR and NGO partners working on Community Services assisted the refugee community to form Crisis Intervention Teams. Members of the CIT were the first line of support to survivors including referral to medical and legal services, survivor accompaniment to medical and legal appointments, crisis intervention, emotional and psychological support for the survivor and her family, documentation of SGBV incidents,

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<sup>42</sup> “Stopping Violence against Women in Africa”. Africa Renewal. Feb. 2008. <  
<http://www.un.org/ecosocdev/geninfo/afrec/newrels/stopping-violence-against-women.html>>

provision of physical and material needs, ensuring safety, engaging the community in providing, safe shelter, and home visits/home-based support.<sup>43</sup>

**Working with Vulnerable/High Risk Populations** (LGBT, Drug Users, Sex Workers, Racial and ethnic minority groups, immigrants, women with disabilities) Provision of specialized appropriate programming for education, support, protectionism, upholding of rights, and access to services is critical.<sup>444546</sup> For each high risk group there are cultural, situational, and dynamic specific measures that are uniquely effective. Thus, it is important to have tailored and focused interventions to address the intersection among these populations.

SANGRAM in India [www.genderhealth.org/pubs/SANGRAMdesc.pdf](http://www.genderhealth.org/pubs/SANGRAMdesc.pdf) and Helping Individual Prostitutes Survive (HIPS) in the US [www.hips.org](http://www.hips.org) are examples of programs that work specifically with sex workers.

Criola of Brazil focuses its work on addressing the *intersectionality* of race, gender, and sexuality by supporting civil society activism through training, assisting with strategizing, and community organizing specifically with Afro-descendant women. Criola's three tiered approach to addressing the intersection of VAW and HIV&AIDS includes awareness raising, teaching individual skills in condom negotiation and recognizing risky situations, and developing tools for political participation. [www.criola.org.br](http://www.criola.org.br)

**Community Based Programming**—Sensitization around the intersection, anti-stigma programming, and increase understanding of how to support women and girls living with HIV as well as survivors of violence These programmes aim to teach about transmission routes for HIV, in order to disassociate the disease from such perceptions as thinking it is a curse, believing it can be transmitted by casual contact, and assuming that persons who are HIV positive have brought the condition on themselves and are thus being punished. As a result of anti-stigma campaigns, persons are more apt to heed prevention messages, and persons who are at risk for HIV infection are more prone to seek testing as well as access support services if test results are positive. Similarly for the pandemic of violence, anti-stigma programmes seek to ensure that those who are at risk for, or experiencing, violence know that they are not to blame, and that there is no shame in coming forth to report their situation and demand justice as well as assistance, including screening for HIV. A community empowerment approach Societies Tackling AIDS Through Rights (STAR) which was developed by ActionAid and arose from the Stepping Stones Curriculum, has been used in multiple countries to generate community dialogue on the underlying issues associated

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<sup>43</sup> Prevention and response to sexual and gender-based violence in refugee situations: Inter-agency lessons learned conference proceedings, 27-29 March 2001. <http://www.unhcr.org/3bb44cd811.html>

<sup>44</sup> Wechsberg, W.M., Lam, W.K., Zule, W.A. et al. (2004). Efficacy of a woman-focused intervention to reduce HIV risk and increase self-sufficiency among African American crack abusers. *American Journal of Public Health*, 94, 1165-1173.

<sup>45</sup> Foss, A.M., et al. 2007. A systematic review of published evidence on intervention impact on condom use in sub-Saharan Africa and Asia. *Sexually Transmitted Infections* 83:510–516.

<sup>46</sup> Okie, S. 2006. Fighting HIV—Lessons from Brazil. *New England Journal of Medicine* 354:1977–1981.

with HIV, gender and rights. It involved participatory tools such as power analysis, gender activity charts, and ranking to get community members to identify and discuss issues such as gender inequality, domestic violence and sexual exploitation of minors and how this is linked to HIV and AIDS. [www.actionaid.org](http://www.actionaid.org) In Nigeria, the program continued to work with traditional healers: The project tried to address the issues of GBV and HIV with first points of contact for ill health by training and collaborating with the association of traditional healers (AMETRAMO) in Machaze District. Both male and female traditional healers were trained as trainers in STIs and HIV, screening for GBV, counselling, referral mechanisms, and documentation/bookkeeping for illiterate populations.

**Media Outreach:** Radio, television, billboards, and other forms of media are important avenues for messaging. Through these routes the experiences of women and girls who are HIV positive and/or are survivors of violence are shared to let others know that they are not alone, and to give information on the options for navigating life on their own terms. Also, HIV and prevention messages are delivered, often through dramatizations illustrating how to recognize risky situations/relationships as well as how to negotiate safe sex. Directions on how women and girls can access support services are also provided.

Equal Access Nepal uses an innovative approach to *foster community ownership* particularly through training of “Community Reporters” to provide leadership for radio programming which aims to sensitize and educate listeners about violence against women and HIV&AIDS. [Http://www.equalaccess.org/country-nepal.php](http://www.equalaccess.org/country-nepal.php)

**Economic Empowerment/Income Generation Projects:** Recognizing the direct link between livelihood and independence, and the vulnerability of women and girls to HIV transmission and situations of violence, many programmes focus on establishing economic security for women and girls. Programmes for women and girls living with HIV&AIDS, and those who have experienced violence, may provide skills building and micro-enterprise training to ensure self-sufficiency and independence.

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.<sup>47</sup> IMAGE provides women with small loans to start a business and gain greater economic independence. They also conduct trainings with an aim to strengthen communication skills, critical thinking, and leadership abilities, as well as provide lessons in gender roles, cultural beliefs, relationships, communication, domestic violence, and HIV infection.

<http://gateway.nlm.nih.gov/MeetingAbstracts/ma?f=102281315.html>

**Women Living with HIV/AIDS (WLWHA) and Violence Survival Support Groups:** Women and girls who have experienced violence and WLWHA learn, grow, and are emotionally and socially supported from linking with others who are in similar circumstances. These groups

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<sup>47</sup> Kim JC, Watts CH, Hargreaves JR, Ndhlovu LX, Phetla G, Morison LA, et al. [Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa](#). Am J Pub Health 2007 Aug 29; Epub.

provide a place where they can share what they have gone through and receive affirmation, hear from others who have overcome, and learn coping strategies and options for recovery and renewal. Within these conversations and relationships, women living with HIV learn how to protect themselves from being in risky situations where they may experience violence, and women who have experienced violence learn HIV prevention methods and how to negotiate safe sex, as well as how to get out of violent situations. These support group programmes are attached to churches, temples, mosques; community centres; schools; health centres; and non-governmental organizations.

Positive Women's Network of South Africa embodies "*nothing about us without us*" by its leadership of positive women in supporting each other as well as advocating for appropriate policies, programs, and practices to address HIV&AIDS and the intersection.

<http://www.idex.org/what-we-do/partners-pwn.php>

Similarly, the US Positive Women's Network strengthens the collective power of women living with HIV in the U.S. by 1) Identifying, supporting and cultivating meaningful leadership and relationships among HIV-positive women; 2) Building capacity for collective action between individuals and organizations working in the field of women and HIV; and 3) Engaging in policy analysis and strategic campaigns to change policy.

<http://www.womenhiv.org/positivewomen>

**Family Support Programs:** Home and family environments are both places of risk and potential refuge for women and girls. Programmes that provide family support aim to mitigate risk and capitalize on strengths of families so that security and nurturance of women and girls by their families is ensured. Support takes the form of counselling upon disclosure of a woman or girl's HIV status; post-violence counselling to ensure that the survivor has appropriate support of loved ones; assistance with basic necessities and facilitation of income generation activities; and referrals for needs that are outside of the capabilities of the family support programme, such as legal, or housing/land, with all interventions aiming to ensure that family life represents a secure and stable environment for women and girls.

MILANA, located in India, operates a holistic family support program that supports comprehensive approaches to improving physical, emotional, sexual and social health through cross sector integration work in linking families as well as the legal, health, and social systems that seek to support them.

**Engaging Men and Boys:** Oft-relegated only to categories of perpetrators and targets of prosecution, men and boys have been engaged by several programmes that have focused on strengthening their role in addressing violence against women and girls and HIV&AIDS. Education, counselling, and support focus on facilitating men and boys in identifying their attitudes toward women and girls, altering those perceptions and beliefs where necessary, helping them to examine their behaviour, and, if warranted, working with them to change.

Also, programmes have enlisted men and boys to be peer leaders working with their colleagues/friends/family members to hold them accountable for their attitudes and behaviour toward girls and women. Specific messages delivered are about defining loving and caring relationships, women's right to be free of violence, and the importance of HIV prevention.

Sonke Gender Justice, located in South Africa, provides leadership in the area of *engaging men and boys*. In its approach Sonke also centralizes *addressing root causes* by fostering dialogue on challenging masculinities and gender inequality. Sonke has several program areas through which they address the intersection: policy, arts and media, refugees and migrants, legal, and prison work. [www.genderjustice.org.za](http://www.genderjustice.org.za) Other male focused models include Men Can Stop Rape [www.mencanstoprape.org](http://www.mencanstoprape.org) and Men's Resources International [www.mensresourcesinternational.org](http://www.mensresourcesinternational.org).

## Conclusion

National and multilateral governments, civil society, NGOs, communities, and families all have roles in addressing the attitudes, behaviours, systems, and structures that continue to drive gender inequality and thus perpetuate climates that drive violence against women and girls and HIV&AIDS. In order to achieve the goal of ending these pandemics, responses require the sustained engagement of all of these approaches and more.

*"To reduce the burden of Violence on individuals and communities, action must move beyond providing services, detecting violence, and punishing perpetrators. Creative solutions must be found to address the underlying societal conditions that lead people to believe that violence is reasonable alternative."*

(Bruntland in Health and Human Rights 2003:12).

*To truly eliminate violence against women and girls and HIV/AIDS, strategies must be deep and systemic in nature. Societies and their infrastructure must change in order to begin to remedy the structurally, culturally, and systemically perpetuated contexts and dynamics that support gender and racial inequality.*

—Women of Colour United

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