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** The views expressed in this paper are those of the author and do not necessarily represent those of the United Nations*

Discussion Notes on Addressing Violence Against Women and HIV/AIDS

1. Evidence of the linkages between VAW and HIV[1]

An impressive amount of evidence now documents that VAW is both a risk factor for HIV and a consequence of being known or suspected to have HIV.

- In Rwanda, women who had been sexually coerced by male partners were 89% more likely to be HIV positive.
- In Tanzania, young women (under 30 years) tested for HIV in a Voluntary Counselling and Testing (VCT) centre who had experienced violence were 10 times more likely to be HIV positive.
- In South Africa, women seeking routine antenatal care who had experienced physical or sexual violence were 53% more likely to test HIV positive. Other evidence from an ongoing study in South Africa suggests that women who have experienced violence or high levels of gender inequality in their relationships have an elevated risk of becoming infected with HIV.
- In India, a study of 28,000 married women found that those who had experienced both physical and sexual intimate partner violence were over three times more likely to be HIV positive. Another Indian study of 20,000 couples confirmed that abused wives face increased HIV risk.
- Early sexual activity, whether through sexual abuse, sexual assault or early marriage, heightens female risk for HIV.
- Sex-trafficked females are at heightened risk for HIV relative to non-trafficked female sex workers, particularly trafficked girls and adolescents.
- Conflict situations increase women's and girls' exposure to all forms of VAW and to HIV transmission, though chronically abusive relationships (even without over sexual violence) create more risk of HIV than a single act of coercive sex outside a relationship.
- Evidence from India and South Africa confirms that men who commit acts of VAW are more likely to be already infected with HIV, and emerging evidence from South Africa, India and the U.S.A. shows that VAW perpetrators also engage in higher levels of sexual risk behavior.

2. Impacts of the linkages between VAW and HIV

[1] This section summarizes evidence presented in WHO and UNAIDS, 2010, ***Addressing violence against women and HIV/AIDS: What works?*** pages 9-11.
http://www.who.int/reproductivehealth/publications/violence/9789241599863/en/index.html

VAW and HIV are linked both directly (through coerced unsafe sex) and indirectly (through physical violence and control which create conditions in which women are unable to protect themselves against either HIV or VAW). Women who fear partner violence are less willing or able to:

- negotiate safer sex practices
- discuss relationship fidelity issues
- seek HIV counselling, testing and treatment
- attend antenatal care or have supervised deliveries in facilities where HIV testing is routine
- access STI treatment
- report sexual assault and seek post-rape services (e.g. counselling, and prevention of HIV, STIs and pregnancy)
- disclose a diagnosis of HIV or another STI even if they know they were infected by their partner
- enroll for Prevention of Mother to Child Transmission (PMTCT) programmes, or follow through with them if enrolled
- use family planning services to prevent unwanted pregnancies.

The experience of childhood sexual abuse for girls is linked with an increase in behaviours that create risk of HIV infection in later life[2], such as:

- tolerance of violence in relationships
- low use of condoms
- multiple sexual partners, both concurrently and serially, and a higher number of sex partners overall
- substance abuse
- early and unwanted pregnancies
- transactional and commercial sex.[3]

3. Strategic entry points for addressing VAW in HIV planning and programming, with examples from Papua New Guinea (PNG)

[2] In Papua New Guinea, for example, adult women who had been sexually abused as children were twice as likely to be HIV positive than women who had not been sexually abused as children. Lewis I. et al, 2008, ***Final Report on Links Between Violence Against Women and the Transmission of HIV in 4 Provinces of PNG.*** http://www.nacs.org.pg/resources/documents/I_Lewis_Final_Report.pdf

[3] WHO and UNAIDS 2010, previously cited, p11

Planning and programming for HIV and AIDS offer many opportunities for strengthening the work on reducing VAW. A recent evaluation of VAW interventions has cited PNG's approaches to using HIV and AIDS as an entry point for preventing VAW as an example of promising practices in VAW reduction.[4]

3.1 National HIV Plans:

Gender inequality is accepted by all international authorities as a primary driver of the HIV pandemic[5], requiring responses which employ gender analysis, ensure gender equality in implementation and address the structural aspects of gender inequality. These include gender based violence, especially against women and girls. PNG provides an example of a country facing a generalized epidemic which has engendered its HIV planning with a strong focus on GBV. It began with a separate policy and plan on gender, GBV and HIV, and has now integrated gender and GBV issues into its new national HIV plan.

- ***National Gender Policy and Plan on HIV and AIDS 2006 - 2010***[6]: GBV is the third of eight strategic priorities, aimed at:
    - the integration of activities and skills building to prevent and respond to GBV into HIV-related programming at all levels
    - the development of partnerships with other government and non-government sectors to reduce GBV
    - creation of a Gender Officer position in the National AIDS Council to lead the roll-out of gender and GBV programmes.

- ***National HIV Strategy 2011 – 2015***[7]***:***
    - Reducing GBV is one of the "Top Ten Essential Actions".
    - Expanding the network of local committees on family and sexual violence is one of the "Top Ten Targets" for the Plan.
    - Strategic objectives include: establishing multisectoral responses to GBV with comprehensive services for survivors; involving men and boys in GBV programming; GBV rights-based education for young people in and out of school; building of national and local capacity and leadership on GBV reduction; and interventions which advocate against and address cultural practices that increase gender-related vulnerability and GBV (.e.g. brideprice, polygamy, child marriage,

[4] AusAID Office of Development Effectiveness, 2008, ***Violence Against women in Melanesia and East Timor: Building on Global and Regional Promising Approaches***.
http://www.ausaid.gov.au/publications/pubout.cfm?ID=7821_6079_155_5278_287&Type=

[5] E.g. UNGASS (United Nations General Assembly Special Session on HIV and AIDS) 2001, articles 59-61; UNAIDS, UNFPA and UNIFEM, 2004, ***Women and AIDS: Confronting the Crisis.***

[6] PNG National AIDS Council 2006,
http://www.nacs.org.pg/resources/documents/National_Gender_Policy_and_Plan_on_HIV_and_AIDS(2006-2010).pdf

[7] PNG National AIDS Council 2010,
http://www.nacs.org.pg/resources/documents/NHS_DRAFT__v6_15_March_final__2_.pdf

and customs on property ownership, inheritance and divorce). Health sector interventions included in the Strategy are covered below.

- ***Integrating Gender into HIV and AIDS Activities, A Guide for Implementers***[8]: This handbook guides implementers of HIV programming at national and subnational levels, with particular emphasis on and practical examples for addressing GBV as an AIDS prevention approach.

3.2 HIV training:

- In PNG, all persons involved in paid or volunteer work on HIV or AIDS are required to take a one-week introductory training on HIV and AIDS in which gender inequality, GBV and human rights are compulsory sessions. This has been in place for eight years so far, and has had an enormous impact on raising the profile of GBV and other gender issues across the country.

- The PNG National AIDS Council has introduced an accredited course for men and boys, addressing gender equality and GBV in the context of male sexual health.

3.3 HIV and VAW interventions in the health sector

UNGASS[9], UNAIDS[10] and WHO[11] have greatly increased efforts to prevent mother to child transmission of HIV, which has resulted in a scale-up of HIV testing of women during pregnancy and childbirth in countries experiencing an HIV epidemic. HIV testing, especially in antenatal services, can itself lead to partner violence if a positive diagnosis is disclosed without safeguards. For effective PMTCT, the mother needs to follow special measures from early in the pregnancy throughout the WHO-recommended two year breast-feeding period, putting her at risk of discovery throughout this period. Women whose HIV positive status becomes known through antenatal HIV testing often face blame and punishment for "bringing HIV into the family", since their partners' status is usually not known unless they are also tested (something which many men resist).

The scale-up of HIV testing has also involved a switch in the recommended modality for testing from "opt- in" (VCT) to "opt out", in which all pregnant women accessing antenatal or childbirth services are routinely tested for HIV unless they specifically refuse. This is known as Provider Initiated Testing and Counselling (PITC).[12] In VCT, counselling, protocols allow for discussion

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[8] PNG National AIDS Council, 2006, http://www.nacs.org.pg/resources/documents/Implementers'_Guide2.pdf

[9] The targets of the United Nations General Assembly Special Session on HIV/AIDS (2001) were to reduce the proportion of infants infected with HIV by 50% by 2010, and to reach 80% of pregnant women accessing antenatal care with HIV prevention services.

[10] http://www.unaids.org/en/PolicyAndPractice/Prevention/PMTCT/default.asp

[11] http://www.who.int/hiv/topics/mtct/en/index.html

[12] WHO and UNAIDS, 2007, ***Guidance on Provider-Initiated Testing and Counselling in Health Facilities.*** http://whqlibdoc.who.int/publications/2007/9789241595568_eng.pdf

of violence and safety issues. In PITC, counselling is much more limited, and probably non-existent in resource poor settings.

The international guidance recognizes that certain population groups, such as women (particularly pregnant women seeking antenatal care) are at risk of unintended negative outcomes associated with HIV testing and recommend that PITC not be upscaled until safeguards are in place. Some elaboration of the need for safeguards is provided in a recent WHO publication, ***Integrating gender into HIV/AIDS programs in the health sector***.[13], but follow-through into PICT of proposals for addressing VAW risks through VCT[14] has been weak.

In PNG, examples of addressing VAW in HIV/AIDs programming in the health sector include:

- ***Training for HIV testers*:** Testing protocols for VCT require counselors (who now operate mostly in non-health care settings) to address violence risks, and training involves role plays exploring safe disclosure scenarios. PITC training for health care workers retains some coverage of safety issues.

- ***Operational Plan on PPTCT[15] and Paediatric AIDS 2010, PNG***: This recognizes that fears of violence and abandonment are a major factor contributing to the low access to maternal and child health services and to enrolment and follow-through for PPTCT. One of the five strategic objectives includes addressing the potential negative consequences of HIV testing, by the following strategies:

    - improving linkages between PPTCT services and GBV services (health sector and social sector), with family planning, HIV prevention and enhanced counselling services
    - promoting couple and partner counselling, using specially trained counsellors, to minimize blaming of women
    - targeted efforts to reach men and male leaders to increase awareness of services and strengthen acceptance of behavioural prevention (including abstaining from physical and sexual relationship violence)
    - utilizing HIV positive mothers (e.g. Mothers to Mothers[16] programme), their partners and other men (e.g. Men Taking Action) to enhance safety for women enrolled in PPTCT programmes.

[13] WHO, 2010, http://www.who.int/gender/documents/gender_hiv_guidelines_en.pdf

[14] WHO 2006, Addressing violence against women in HIV testing and counselling – A meeting report. http://www.who.int/gender/documents/VCT_addressing_violence.pdf

[15] In PNG, PMTCT is known as PPTCT (Prevention of Parent to Child Transmission) to reduce blaming of women and highlight the need for both parents to be involved in the prevention of HIV transmission to their infants.

[16] www.m2m.org

- training curricula for all cadres of health worker involved in PPTCT which cover GBV implications, safe disclosure techniques, couple testing and referral options; training for community volunteers already covers GBV and HIV links

- ***Minimum Standards for HIV and AIDS Services and Activities, PNG National Department of Health:*** This document requires measures for reducing GBV, such as:
  - prohibiting any mandatory testing for HIV (crucial for pregnant women)
  - integtrating GBV into PPTCT and antenatal services, labour and delivery, post-natal and paediatric services, and family planning and nutrition programmes.

- ***Integrating post-rape care into hospital-based one-stop centres on GBV services, PNG:*** Where these centres exist, women and girls seeking treatment for rape can receive all urgent services in one location: prevention of HIV infection (PEP), STI infection and pregnancy from the rape, treatment of injuries and psycho-social counselling, and referrals to HIV services for longer-term treatment where necessary. The programme is more than half-way through its national rollout.

3.4 HIV surveillance and research:

In countries with HIV epidemics, routine sero-surveillance and case reporting usually shows that many more female than males are infected in the 15 to 30 age-group. In part, this is a proxy indicator of women's fears of violence linked to HIV status disclosure, since the majority of testing of young people is done on women in antenatal care. In most cases their partners will also be HIV positive. If positive women are afraid to disclose their test results, their partners may remain ignorant of their status until much later when health problems propel them to seek testing.

Behavioural surveillance is conducted routinely at intervals of 2 to 5 years to track the impact of HIV prevention activities on certain population sectors and can be a rich source of information on VAW, if appropriate questions are included. For example, HIV behavioural surveillance in PNG has found that:

- 76% of female clients of an STI clinic have experienced forced sex by their partners
- 50% of clients at an antenatal clinic had experience forced sex by their partners, and 9% had been raped by others, some by multiple men.[17]

HIV behavioural surveillance of male and female workers in high-risk sectors is expected to provide PNG's first data on the extent of sexual harassment in the workplace as one of its outcomes. PNG's National HIV Research Council has included VAW and HIV research in its list of priorities for funding. Participatory action research on HIV, such as that being carried out

[17] PNG National Department of Health, ***The2009 STI, HIV and AIDS First Quarter Surveillance Report.***

with young people in PNG by Save the Children, also provides an avenue for highlighting the need for action on sexual and gender based violence.

3.5 Workplace HIV prevention:

A great deal of HIV prevention work takes place in workplaces, and ILO guidelines[18] for workplace policies on HIV include the recommendation for workplaces to address sexual harassment in the workplace. This offers the opportunity for further education also on other forms of sexual and gender-based violence.

- ***Guidelines for Workplace Action to Reduce HIV and AIDS 2010 (PNG)***[19]: This manual suggests how the private sector can address HIV, STIs and VAW together, through both workplace policies and education and awareness activities.

3.6 HIVand AIDS legislation:

Some countries with HIV epidemics have introduced legislation to protect human rights and reduce violence and other harmful consequences affecting people living with HIV or AIDS. Women are more vulnerable than men because the sexual double standard and association of HIV with promiscuity mean that women face more blame when they are infected, and because male involvement in the transmission of HIV to babies is not commonly acknowledged.

- ***The HIV and AIDS Management and Prevention Act (PNG):***[20] This makes it a criminal offence to knowingly transmit HIV to another person, but makes an exception for mothers who transmit HIV to their babies. Mothers cannot be forced to take measures to prevent infection of their infants. The Act also guarantees the right to confidentiality and voluntary and informed consent in HIV testing, which help protect women from coercive testing and violent reprisals.

3.7 Community mobilisation on HIV and AIDS:

- ***Community Conversations (PNG):*** This is a method for mobilising communities around HIV and AIDS which addresses gender power imbalances and stimulates local action. One of two indicators of success is that communities develop responses to rape which support survivors, rather than following the common customary responses of blaming or punishing them, forcing them to marry their rapist, or allowing the offence to be settled by the payment of compensation to the victim's relatives.

3.8 Protection of children and young people in the context of HIV and AIDS:

- ***Protection, care and support for children vulnerable to violence, abuse, exploitation and neglect in the context of HIV/AIDS epidemic in PNG. National strategy 2008-***

[18] International Labour Organisation, 2001, **ILO Code of Practice on HIV and AIDS and the World of Work.** http://www.ilo.org/global/What_we_do/Publications/lang--en/docName--KD00015/index.htm
[19] Available from Lae Chamber of Commerce, www.lcci.org.pg
[20] http://www.paclii.org/pg/legis/consol_act/hmapa2003313/

2011: This Act includes measures for protecting AIDS orphans and other children infected and affected by HIV from sexual and physical assault and abuse, in a systems approach to child protection linked with HIV and AIDS programmes.

4. Recommendations for other legal measures on HIV and VAW:

- That criminal laws on sexual assault and commercial sexual exploitation of children recognize HIV risk as an aggravating factor if the offender knows he has HIV.
- That HIV legal aid services include support for VAW linked with HIV testing or status disclosure.
- That the judiciary has powers to impose reporting restrictions to protect confidentiality in cases involving HIV.
- That abortion laws recognize rape as grounds for abortion, especially if it is known/likely that the offender was HIV positive.
- That Protection Order legislation recognizes the HIV positive status of an abuser as aggravating grounds for issuing a Protection Order.
- That sex work and same-sex practices be decriminalized.

5. "Evaluated interventions on VAW and HIV: What Works?"

This recently released publication by WHO and UNAIDS presents case studies of promising approaches to addressing VAW through HIV programming.[21] The evaluated interventions described are presented under the following categories:

- ***Addressing gender equality, VAW and HIV through community engagement and women's empowerment:*** examples are Stepping Stones (community development peer education in 30 countries), IMAGE microfinance (South Africa), SASA!, (gender power dynamics, Uganda), and RHANI wives (health relationships and economic empowerment, India).

- ***Service-based programmes:*** examples are post-rape care (Kenya), HIV post-test support (South Africa)

- ***Key populations:*** examples are sex workers (Avahan, India; Protirodh, Bangladesh), adolescents who sell sex (unmet need), and women who use drugs (Project Connect, U.S.A.).

- ***Mass media:*** example is Soul City (Mozambique)

[21] WHO and UNAIDS, 2010, ***Addressing violence against women and HIV/AIDS: What works?*** http://www.who.int/reproductivehealth/publications/violence/9789241599863/en/index.html

- ***Addressing gender equality through work with men:*** examples are One Man Can (mass media and community mobilization, South Africa) and Program H (young men in Brazil).

Based on the above cases studies, the authors made **33 recommendations** on policy and practice for VAW and HIV integrated interventions. Recommendations relating to international and national strategic planning cover the following issues:

- United Nations organisations should prioritise work with young women and men on GBV prevention and gender-equality perspectives; support the integration of gender equality initiatives into national HIV strategies and implementation; and facilitate the development of regional networks focused on gender equality and the elimination of VAW as an integral part of HIV planning.

- National strategic plans should incorporate measures to redress VAW, gender inequality and poverty; include assessments of the impact of HIV prevention, treatment and care efforts on VAW and gender inequality; prioritise community level action; provide for the evaluation of interventions; base scale-up on evidence; and allocate sustainable funding.

Some practical tools for following through on the above recommendations can be found in a recent UNIFEM-sponsored publication, ***A Manual for Integrating the Programmes and Services of HIV and Violence Against Women.***[22]

[22] Dinys Luciano Ferdinand, 2009, http://www.dvcn.org/Documents/ManualHIVVAWEN.pdf