

Women's Realities... Mitigating the impact of violence

Luisa Orza

Domestic violence is a form of interpersonal communication in which one of the family members, a partner or an ex-partner wishes to control or suppress another. It is representative of unequal and inequitable gender relations in society. It is a global phenomenon, which takes multiple forms of control and suppression, including, but by no means limited to the following.

- A drunk husband hits his wife;
- A woman's partner often tells her that she is unattractive;
- A woman's partner refuses to use condoms;
- A father demands from his adult daughter to dress according to his wishes;
- A man says to a woman that he will kill himself if she leaves him;
- A mother forbids her adult daughter to have intimate relationships, due to her HIV positive status;
- A woman's partner does not allow her to communicate with her friend who he believes may negatively influence her.

During a session in the Women's Networking Zone, a small group of 8 participants from the UK, Russia, and Dominican Republic were asked about their lived experiences of violence. Only 2 members of the audience said they had not experienced violence or witnessed violence at close hand.

My father used to shout all the time. It was terrifying.

In my culture violence is part of daily life. A striking experience for me was when a father of one of my best friends tried to rape me when I visited her.

My father used to beat my mum up when I was little.

My father had [sexual] relationships with two women living in the same house – my mother and another woman. He

created a patriarchal hierarchy of control.

I was in a previous relationship where I experienced different kinds of emotional violence.

Our clients are HIV positive women most of them face violence and violations of human rights in clinics when health care workers refuse to provide services to them.

Linking participants' lived experiences of violence with study findings on violence against women living with HIV, this session emphasised the need to mitigate the impact of all forms of violence.

Violence against women living with HIV is widespread and takes on additional forms in both the domestic/intimate realm and in healthcare settings, workplaces and the broader society, including stigma, judgemental attitudes and denial of rights and services.

A pilot study into violence against HIV positive women carried out in St Petersburg, Russia, among 200 HIV positive and 200 HIV negative women revealed that HIV positive women were significantly more likely to experience domestic violence than their HIV negative peers, due to stigma, discrimination, psychological and social problems. These can lead women into a cycle of depression and feelings of low self-esteem, which in turn leaves women more vulnerable to domestic and institutional forms of violence. In addition, women living with HIV were found to be less aware of support services and more likely to try to cope with problems on their own. HIV positive women who decide to have children are particularly vulnerable to violence, which can lead to the abandonment of children. An estimated 20% of infants born to HIV positive mothers in St Petersburg each year are abandoned often as a result of actual or fear of intimate partner violence, or stigma, discrimination, judgemental attitudes and violence from partners, family members, community members and service providers.

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In 2008 to 2010, *Doctors for Children* and *Healthright International* developed and tested inter-agency model for prevention of violence against HIV positive women in St Petersburg, Russia, providing training to professionals on issues related to HIV and violence against women; developing an inter-agency protocol for effective services to HIV positive women who had experienced violence and their children; and, providing psycho-social support and services to HIV positive women who had experienced violence and their children, including through safe 'halfway' houses.

A second survey carried out to measure the results of the project revealed increases in awareness among women living with HIV about services to support women who had experienced violence and a reduction in the number trying to cope with violence on their own. Skills and knowledge among professionals on issues related to HIV and violence against women was found to have increased.

Halfway houses provided a safe space for women living with HIV and their children, and enabled children to remain with their mother. One woman, whose partner became violent after she tested positive for HIV during pregnancy describes the experience of moving to the halfway house as a life changing experience.

I moved to the half way house and a social worker talked with me and improved my emotional condition. My daughter began to sleep calmly again. They helped me to get money from the state and find work. I now work in a hostel for people living with HIV. I have met a great guy who loves me and now we are married. He also loves my daughter so much.

Luisa is a women's rights and HIV consultant and the WNZ coordinator.

* For more information on this and other *Doctors for Children* activities, please contact pr@vd-spb.ru or see the newly launched Russian web portal for HIV positive women www.womenhiv.ru