POLICY AND PRACTICE BRIEFING #3

SAFEGUARDING THE RIGHTS OF WOMEN LIVING WITH HIV AND AFFECTED BY DOMESTIC VIOLENCE

NONE in 3

Preventing Domestic Violence

Hazel Da Breo

Adele D Jones

Ena Trotman Jemmott

University of HUDDERSFIELD
Inspiring tomorrow's professionals

SWEET WATER FOUNDATION

POLICY AND PRACTICE BRIEFING # 3

Safeguarding the Rights of Women Living with HIV and affected by Domestic Violence

This Policy and Practice Briefing is drawn from qualitative research carried out as part of the None in Three Project, an EU-funded initiative for the prevention of domestic violence in the Caribbean (www.noneinthree.org). Overall 109 participants (49 women and 60 men) from Grenada and Barbados participated in the research, which was carried out between April and July 2016. (Full report available here - http://eprints.hud.ac.uk/30898/). The focus of Policy and Practice Briefing No 3 is on safeguarding the rights of Women Living with HIV and affected by Domestic Violence. A total of five such briefings are available as follows:

- No 1 –Safeguarding the Rights of Pregnant Women affected by Domestic violence
- No 2 - Safeguarding the Rights of Disabled Women affected by Domestic Violence
- No 3 - Safeguarding the Rights of Women Living with HIV and affected by Domestic violence
- No 4 - Safeguarding the Rights of Women in Same-sex Relationships affected by Domestic Violence
- No 5- Engaging Men and Youth in Tackling Domestic Violence.

Overarching Themes from the Research

There is a high degree of intentionality that lies behind much abuse. Domestic violence is rarely a one-off incident of aggression which happens as a consequence of loss of control and for the women in this study was more likely to reflect a continuum of violence and abuse.

From the evidence provided by women, perpetrators often plan how best to inflict harm; they make choices that suggest the acts of coercion, control and violence they inflict are intended and targeted. Where violence was regarded as being a consequence of the loss of control, this was primarily because of the influence of drugs or alcohol.

Violent behaviour (physical, sexual and emotional) as a feature of interpersonal relations can become embedded within family and community life and in this, women as well as men are implicated in that this becomes the primary means by which children learn to emulate adversarial rather than non-violent conflict resolution skills.

There are clear links between early abuse in childhood (especially child sexual abuse) and domestic violence in adulthood – for many of the women in our research, these experiences simply could not be disentangled.

The influence of gender inequality, gendered identities and gendered role expectations is geared towards promoting patriarchal values and seems unremitting in protecting male privilege and sense of entitlement and in creating the social and cultural conditions in which domestic violence flourishes.

Men and youth are impacted by violence too (though to a lesser extent) but they have no avenues to access support. Male victims of abuse by women are treated in a derisory manner by peers and professionals since they are expected to be in control. Furthermore there are few social spaces available for men to challenge cultural expectations and pressure to behave in dominant ways.

KEY RESEARCH FINDINGS

- Women living with HIV find themselves victims of a complex cycle of stigma, biases and institutionalised harm. It begins with discrimination and shunning at social and structural levels and goes on to include particular forms of physical and psychological abuse from male intimate partners. IPV experiences further compound their vulnerability to other forms of societal abuse

- Some women choose to stay with a battering partner rather than risk leaving and having to face rejections from new partners once their HIV status is disclosed. Perpetrators take advantage of this, and use women's HIV+ status as a psychological weapon to keep them silenced and isolated

- A woman's HIV+ status therefore acts to shield perpetrators from discovery, since their threat of status disclosure is a powerful silencer, and is a protective factor for abusive men

- While psychological violence is generally a component of all other forms of abuse, some HIV+ women report that it is often so effective as to pre-empt the need for other types of violence

- The fear that abusive partners will disclose a woman's HIV+ status as a shaming or abusive tactic, causes women to fear that whomever she discloses to (including medical and mental health workers) will use that information in harmful ways. This acts as a barrier to treatment and lends to social isolation

- Fear of violence can influence women's decisions regarding disclosing their status, accessing services, changing their place of residence, accessing education for their children, participating in the labour market, and in interpersonal relationships with relatives, partners, and neighbours (Hale & Vazquez, 2011; Luciano, 2013)

- Victims become so worn down they can end up complying with the controlling behaviours of perpetrators. Complicity can be a coping or survival mechanism however it contributes to intergenerational violence since it teaches children that one has to put up with violence

- The effects of the various forms of violence experienced by HIV+ women include: fear, abandonment, death fright, death wish or suicidality, plummeting morale and depression. They were also challenged by the premature death of loved ones due to AIDS related illnesses, by the unsupportable burden of relentless health care and for women who acquired the virus as a consequence of rape, the lack of access to justice was especially hard to bear.

POLICY IMPLICATIONS

- Health professionals providing services to women living with HIV are uniquely placed to identify issues of domestic violence. This is because the woman does not have to fear that reporting abuse in this environment may lead to disclosure of HIV status (since this is already known). The importance of this cannot be overestimated since threatening to disclose status is used as a weapon to control and intimidate women by some perpetrators of violence

- HIV screening, counselling and treatment services should therefore routinely provide opportunities for women living with HIV to report domestic violence and should also ensure effective referral systems so that they can access appropriate services. As Allen highlights however, greater collaboration between sectors 'should ensure that referral does not cause additional trauma, and that confidentiality is upheld' (Allen, 2011, p. 54)

- Breaching confidentiality about DV places women in considerable danger and breaching confidentiality about HIV status compounds the problems women face in multiple ways. The biggest fear HIV positive women may face in telling someone about the violence they experience and the impact this has on managing HIV is the fear of how this information might be used. For some, this will echo the threat of disclosure their partner holds over them

- The misuse of information in working with victims of domestic violence is so serious that we consider this a form of institutional abuse. These issues should be addressed through joint-training, joint protocols and procedures and effective management. When breaches occur, there is also need for effective penalties levied against those responsible

- Staff working with persons living with HIV should be trained to identify the ways in which HIV can be both a consequence of sexual violence and also a contributing factor to physical violence and economic abuse so that they can signpost women towards the right services

- Anti-stigma HIV-AIDS public education programmes should address the ways in which stigma functions as a powerful silencer of victims and actually helps to hide the behaviours of perpetrators of domestic violence

- An integrated HIV Prevention / Domestic Abuse Prevention plan needs to be woven into each intervention. Women at risk can thus be identified before any violence occurs, or escalates

- Risk-reduction education and counselling with individuals, couples or groups is a core part of HIV prevention strategies. Violence against women can be integrated into HIV risk-reduction counselling by including specific messages about equitable decision making with partners and regarding violence against women and its links to HIV; supporting women in developing skills to negotiate safer sex in the context of violence and unequal power relationships; providing referrals to support services (e.g., shelters, legal services); and supporting women with safety management when exposed to violence

- Training police and judiciary about relevant laws affecting violence, women's human rights and the rights of key populations affected by HIV, better policing and procedural practices, and supportive responses to survivors.

PRACTICE IMPLICATIONS

- All programmes must be grounded in a solid Human Rights based approach. This approach must be visibly advertised and upheld, with clear organisational sanctions for staff who breach women's rights (e.g. to confidentiality)

- All trainings delivered to individuals and groups working with women who are living with HIV and violence, must include a segment on local and international human rights laws and instruments

- All methods to protect women's confidentiality must be observed, inclusive of location, privacy, timing of scheduled visits to professionals, access to files, interaction with other family members, and so on

- All women presenting for HIV related services should be sensitively screened for domestic violence

- Care providers must be trained to recognize signs of violence against women; to assess women's risk of violence; and provide women-centred care (e.g., being non-judgmental, empathetic listening, ensuring confidentiality, helping women access information and resources)

- Clinical enquiry must include learning the language, tone and manner of such non-judgmental, woman-centred intake and assessment

- Clinical services to women who fear or experience violence must include instruction or training programmes on how to increase their safety, access support services and access justice

- Programmes should be developed and routinely offered to women, which teach partner communication and negotiation skills, taking into account unequal power in decision-making and fears or experience of violence

- Further to the initial clinical enquiry, women living with HIV should be monitored and followed up to ensure than subsequent violence is not occurring

- Programmes for children of women who have been subject to domestic violence over a long period (including women living with HIV) should be developed and offered as a matter of course, as these children are at high risk for inter-generational violence, social ostracism, and faulted sexuality education.

USEFUL RESOURCES

http://www.womensaid.org.uk/default.asp
http://refuge.org.uk/

REFERENCES

Allen, C.F. (2011) Intersections between HIV/AIDS and violence against women: Research to develop pilot projects in Barbados and Dominica. *Journal of Eastern Caribbean Studies*, 36(4), 39-59. Retrieved from http://search.proquest.com/docview/1040723971?accountid=11526.

Cabezas, A.L. (2009) *Economies of Desire: Sex and Tourism in Cuba and the Dominican Republic*. Philadelphia: Temple University Press. 122.

Caribbean Community Secretariat (CARICOM) (2011) CARICOM Publications. http://www.caricom.org/jsp/communications/publications.jsp?menu=information

Franklin, C.A. and Kercher, G.A. (2012) The intergenerational transmission of intimate partner violence: Differentiating correlates in a random community sample. *Journal of Family Violence*, 27, 187-219.

Kempadoo, K. (2009) Caribbean Sexuality: Mapping the Field. CRGS - *Caribbean Review of Gender Studies*. A Journal of Caribbean Perspectives on Gender and Feminism, 3.

NICE (2011) A model for service provision for pregnant women with complex social factors
NICE guidance 2011 http://guidance.nice.org.uk/CG110

Responding to violence against women and girls –the role of the NHS. The report of the Taskforce on the Health Aspects of Violence Against Women and Children (2010).
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113824.pdf

Responding to domestic abuse: a handbook for health professionals Department of Health (2005)
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4126619.pdf

Barrow, C. (2005) The 'At Risk' Behaviours, Sub-Cultures and Environments of Adolescent Girls in Barbados: Sexuality, Reproductive Health and HIV/AIDS. UNICEF (Caribbean Area Organization).

Free online training on identifying and responding to domestic abuse: http://www.seeabuse.com/