



POSITIVELY WOMEN

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Consultation Response to: Mainstreaming the Commissioning of Local Services to Address Violence against Women and Girls

From the Sophia Forum and Positively Women.

Consultation Questions

What is the best way to build a joint commissioning platform across areas such as adult social services, children and young people services, housing, community safety, health and crime, upon which a coherent response to violence against women and girls (VAWG) can be marshalled?

Commissioners and boroughs need to consult women's groups, refugee groups, and vulnerable groups through the various mediums available. They can pro-actively support women's initiatives and introduce ideas about how to - and frameworks to - identify and sensitize women about the importance of women's rights - and raise awareness about VAWG.

What is the best way to engage victims affected by VAWG?

VAWG is a sensitive subject to many and women should be encouraged and supported by professional VAWG organizations, or through women's groups that they are associated with, to input and share their experiences. VAWG service providers also need to widen their remit and reach out to women from high risk groups, such as asylum seekers and refugees, Women Living with HIV and AIDS, Injection Drug Users¹, sex workers and women who are, or have been, in prison.

¹ See ICW report, *Silent Voices*, 2006. Available at:

<http://sophiaforum.net/resources/Healthsilentvoicesfullreport06.pdf>

See also PozFem UK report, *Women, HIV and Sexual Health in the UK*. Available at:

<http://www.poz-fem-uk.org/docs/WomenHIVandSexualHealth.pdf>

Sophia Forum

The UK Chapter of the Global Coalition on Women and AIDS

Registered Office: c/o Positively Women, 347-349 City Road, London, EC1V 1LR

Tel: +44 20 7704 0606 / Fax: +44 20 7704 8070

www.sophiaforum.net

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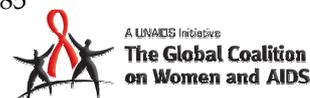
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A UNAIDS Initiative
**The Global Coalition
on Women and AIDS**

What can be done to influence and encourage mainstream services to work together to provide the most effective mix of services to support victims of VAWG?

Professional support and understanding of the vulnerabilities that women in the categories highlighted above face is a good starting point. GP practices and hospitals need to be made aware of the many hidden social and political factors that women in these categories face. Some professional medical personnel in UK hospitals and clinics lack experiences and conceptualization of the magnitude of VAWG and its long term impact on women from “developing” countries, for instance. This leads to misdiagnosis and failure to provide required support.

Which community based interventions and services are effective in preventing violence and providing support to those affected by violence? How should they be best nurtured, supported and commissioned?

From a refugee perspective, the Congolese women’s initiatives supported by Women for Women International is a good initiative that can encourage women from war-torn regions where VAWG is rampant and under-documented. The strategy needs to allow room for dialogue to create effectively a supportive mechanism on peer-support models, based on shared experience. Refugee Women from Northern Uganda, for example, have no support mechanism to address the massive VAWG there - and particularly sexual violence. This has remained a silent subject that some of them experienced before arrival in the UK. This leaves a gap regarding how they can be best supported here. For some, they feel that they cannot seek services because their needs are not understood. Therefore they do not make the effort to engage with the authorities.

What can be done at the local area level to build multi-agency efforts to prevent VAWG from happening in the first place?

In the UK, women’s empowerment, educational support and incentives are very important for women to gain the self confidence to make informed decisions that can protect them from putting themselves in

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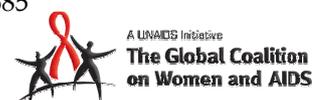
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danger in the first instance, where it is possible. There is also a need to raise the profile of local champions at a local community level, to empower other women through awareness raising. Sophia Forum organized an event in the UK Parliament on VAWG in November (2009) and refugee community members were invited to the event. Many of those who attended felt that their issues were beginning to be heard by policy makers and politicians.

A key recommendation from the strategy is to 'encourage every local authority to have a coordinated VAWG strategy with a director-level champion working across partnership structures to encourage areas to make arrangements that best suit the local circumstances to drive this forward'. Who do you propose to nominate as your lead and why?

Borough-wide initiatives are always good, although they may not always provide the services individuals need as women affected by VAWG.

Do you know of examples of best practice in your local area around preventing VAWG and providing a service to those affected by violence?

VAWG is a sensitive issue and the needs may not always be addressed within a borough strategy. Commissioning of services needs to be jointly delivered by and in collaboration with affected communities in ways that they most feel comfortable with and with which they feel able to engage meaningfully. This is particularly important to encourage more women to champion the cause pro-actively and empower other women to speak out against VAWG.

We are keen to provide practical support to local areas on implementing actions to address VAWG. For example, we have produced the 'ready reckoner' to enable local areas to estimate the need for local services in their area. What further practical support/guidance do local areas need to ensure they reflect preventing VAWG and providing services for people affected by VAWG as a local priority?

The local borough approach is a good initiative: but for some of the vulnerable groups, in particular political refugees, local services may not always address the heart of the problem. This is because women's

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and girls' experiences link to a much bigger picture. These include, for instance, post traumatic stress resulting from one's experiences in growing up; living in the middle of an active war; loss of family members in the process of war; and witnessing brutal acts. On top of all this, some women and girls have also contracted HIV through their experiences (see below for more details about this). Women and girls who have survived these multiple traumas will not feel comfortable discussing these issues with some local services providers, because their ignorance of the complexity of the issues faced, combined with a lack of an appropriate conceptual and theoretical approach leave a "victim" feeling more victimized than supported.

Considering the refresh of the National Indicator Set and data sources available locally and nationally, how best can a national indicator be framed to ensure local bodies and local commissioners work together; drive delivery of services and measure performance; prevent violence against women and provide services for those affected?

VAWG services needs to be provided to cater for women with different levels of understanding, exposure and experiences. VAWG happens at every level in society: women with higher educational or professional standing are sometimes failed in service design, because their needs do not fit in within the service level and standards. There is a need for specialists who are able to address VAWG at all levels and make distinction between vulnerable groups; their social standing in society regardless of the categorization of their vulnerability, i.e. whether they are HIV positive, disabled, they are from a refugee background etc.

OVERALL RESPONSE

The Sophia Forum is a network of women and organisations around the UK working for the protection and promotion of the good health of women, in particular women who are HIV positive or who are at risk of sexually transmitted diseases, including HIV. Positively Women is a national charity providing support for women living with HIV by women living with HIV, through: providing specialist support by women living with HIV; enabling women to make informed choices; and challenging stigma and discrimination.

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The Sophia Forum is the UK Chapter of the UNAIDS Global Coalition on Women and AIDS. One key area of the work of this Global Coalition has been on the **inter-connections between gender-based violence and HIV**. There is now considerable evidence globally of the ways in which gender-based violence can cause HIV in women and girls; and how an HIV diagnosis can cause gender-based violence for women and girls. At the same time, for many women and girls who have experienced severe violence, in conflict settings, for instance, HIV can ironically often become a relatively *minor* issue in relation to all the others that they are also having to deal with².

The Sophia Forum and Positively Women welcome Government efforts to mainstream the Commissioning of Local Services to Address Violence against Women and Girls. However, we are concerned that the guidance is lacking any consideration of this relationship between Violence against Women and Girls (VAWG) and HIV, a parallel pandemic which intersects with VAWG in a number of ways. The Sophia Forum and Positively Women are keen to see awareness of and responses to the role of HIV in VAWG integrated into responses to it from all local service providers.

There are an estimated 35,000 women living with HIV in the UK. Many of these women are at risk from VAWG. HIV is both a cause and a consequence of violence against women and girls³. Violence increases women's vulnerability to HIV, prevents women accessing care and treatment for HIV and makes HIV positive women reluctant to access health services. The Global AIDS Alliance⁴ summarises the risks of the interaction between HIV and VAWG:

² See Lesley Doyal and Jane Anderson, *HIV-positive African women surviving in London: Report of a qualitative study*, 2003. Available at:

<http://sophiaforum.net/resources/CrimEventDoyal%20and%20Anderson3.jpg>

³ For more information on this subject, see: The Global Coalition on Women and AIDS web page on violence, <http://www.womenandaids.net/resource-centre/violence-against-women.aspx> including the WHO report, *Sexual Violence: strengthening the health sector response*, available at:

http://www.who.int/violence_injury_prevention/violence/activities/sexual_violence/en/index.html. Also see: ICW, *Violence against HIV Positive Women Briefing*, 2008, available at:

<http://www.icw.org/files/Violence.pdf> and PozFem UK report, *Women, HIV and Sexual Health in the UK*. Available at: <http://www.poz-fem-uk.org/docs/WomenHIVandSexualHealth.pdf>

⁴ Global AIDS Alliance, *Violence against Women and Girls & HIV/AIDS*, 2008. Available at: <http://sophiaforum.net/resources/GAAfactsheet.pdf>

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- “Violence against women is associated with an increased risk of acquiring sexually transmitted infections, a risk factor of HIV.
- Violent sexual assault can cause trauma to the vaginal wall that allows easier access to HIV.
- Fear of violence prevents women from negotiating safe sex.
- A study in South Africa⁵ found that women who have been forced to have sex are almost six times more likely to use condoms inconsistently than those who have not been coerced.
- Children who are sexually abused are more likely to engage in behaviours known to be risky for HIV as adults. They are also more likely to experience sexual or domestic violence.
- Boys who witness or experience family violence are more likely to commit rape.
- Men who are violent toward their intimate partners have been found to be more likely to have multiple sexual partners than men who are not violent toward their partners.
- Abused women are at greater risk of acquiring HIV, and women living with HIV have more lifetime experience of violence than HIV-negative women.
- A WHO study found that fear of violence was a barrier to HIV disclosure for an average of 25% of participating women. In some countries the proportion was as high as 86%.
- Fear of violence prevents women from seeking voluntary counselling and testing for HIV, returning for their test results, or getting treatment if they are HIV positive or services to prevent mother-to-child HIV transmission.”

The link between VAWG and HIV has also been outlined by the UN Special Rapporteur on Violence against Women⁶. She highlights the links between rape and sexual assault and increased risk of HIV, given that the use of condoms in such situations is unlikely, and violent sex carries a higher risk of HIV transmission, as well as HIV risk associated with domestic and intimate partner violence involving sexual abuse, where it is often difficult if not

⁵ Amnesty International, *'I am at the lowest end of all'. Rural women living with HIV face human rights abuses in South Africa*, 2008. Available at:

<http://www.amnesty.org/en/library/info/AFR53/001/2008/en>

⁶ UN Special Rapporteur on Violence against Women, *Intersections of violence against women and AIDS*, 2005. Available at:

<http://sophiaforum.net/resources/UNReportGenderViolence.pdf>

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impossible for a women to negotiate condom use. Further, increased HIV risk is associated with the commercial sexual exploitation of women, as women who in sex work who are unable to negotiate condom use or ensure safety from violence in their work are more highly susceptibility to violence than other population groups⁷.

VAWG therefore contributes to a greater risk of HIV transmission. A positive HIV status can also contribute to VAWG, as women living with HIV face stigma and discrimination that can manifest itself in physical, psychological, sexual, financial and institutional⁸ violence, both within and outside the home.

At the same time, the Sophia Forum, in line with UNAIDS and many other leading organisations, wishes to make it clear that it does *not* support in any way the criminalisation of HIV transmission as a means of protecting women against acts of violence. There is much literature on this to support our stance⁹.

Given the multitude of ways in which HIV intersects with VAWG, it is of real concern to the Sophia Forum and Positively Women that the strategy to mainstream VAWG services does not explicitly incorporate a response to HIV. Whilst it is to be welcomed that the Government is taking steps to mainstream such services, it is an absolute imperative that all local services working to prevent VAWG and assist victims are informed of associated HIV risks and possible realities - and equipped to respond to them.

⁷ NB it is also important to point out here that UNAIDS reports that young married women in sub-Saharan Africa are more at risk of HIV - owing to gender imbalances in the marriage - than are single women of the same age.

⁸ For example: in health care settings, prisons, and courts of law.

⁹ The Sophia Forum webpage *HIV, Women and the Law*, available at: http://sophiaforum.net/index.php/Articles/HIV,_Women_and_the_Law has a number of relevant resources, including: Baroness Helena Kennedy QC, *Legal rights and social wrongs*, Transcript of Sophia inaugural lecture, 2008.

See also: UNAIDS, *Criminalization of HIV Transmission*, 2008, available at: <http://sophiaforum.net/resources/UNAIDScriminalization.pdf>; ATHENA, *10 reasons why criminalization of HIV exposure or transmission harms women*, 2009, available at: <http://sophiaforum.net/resources/Athena10Reasons.pdf>; and IPPF, *Verdict on a Virus*, 2010, available at: <http://www.ippf.org/NR/rdonlyres/D858DFB2-19CD-4483-AEC9-1B1C5EBAF48A/0/VerdictOnAVirus.pdf>.

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RECOMENDATIONS

- 1) The strategy should incorporate a response to HIV, as outlined above.
- 2) Reality of gender inequality and violence has to be addressed in HIV policies and programs, including: youth and adult HIV prevention activities; interventions focused on vulnerable and marginalised populations; Post-Exposure Prophylaxis (PEP) to stop HIV, as well as Early Contraception (EC), together with appropriate counselling and referral for survivors of rape and child sexual abuse.
- 3) Work with local HIV support organisations to produce guidance for local service providers to enable them to include interventions that address the VAWG support needs for women living with or at risk of HIV.
- 4) Enable collaborative working between local service providers and HIV organisations that support women living with HIV.
- 5) HIV experts should be consulted on forming policies responding to VAWG. The Sophia Forum has access to a range of sector experts to discuss all the points raised here further, including Professor Jane Anderson, Dr Alice Welbourn, Ms Belinda Tima and several key staff members of Positively Women; and we are also in close and regular contact with international experts on these issues at WHO and elsewhere.
- 6) Commissioners and boroughs need to consult women's groups, refugee groups, and vulnerable groups through the various mediums available - e.g. by pro-actively supporting women's initiatives and introducing appropriate ideas and frameworks, to identify and sensitize women about the importance of women's rights and raise awareness about VAWG.
- 7) VAWG is a sensitive subject to many and women should be encouraged and supported by professional VAWG organizations, or through women's groups that they are associated with, to input and share their experiences. VAWG service providers also need to widen their remit and reach out to women from high risk groups e.g.; asylum seekers and refugees, Women Living with HIV/AIDS, Injection Drug Users, sex workers and women who are or have been in prison.

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