

WHY IS VIOLENCE A CRITICAL ISSUE FOR KEY AFFECTED WOMEN AND GIRLS?

VIOLENCE AGAINST WOMEN AND HIV IN ASIA AND THE PACIFIC

The Asia-Pacific region has some of the highest recorded levels of violence against women in the world (World Health Organisation, 2013). A UN study of 10,000 men in Asia and the Pacific, released in 2013, found that overall nearly half of the men interviewed reported using physical and/or sexual violence against a female partner, ranging from 26% to 80% across the sites studied. Nearly a quarter of men interviewed reported perpetrating rape against a woman or girl, ranging from 10% to 62%, across the sites.

In the context of HIV, violence against women and girls can interfere with their ability to access life-saving prevention, treatment, care and support. Research conducted across Asia and the Pacific shows that violence has a direct and indirect bearing on the ability of women and girls to protect themselves from HIV, prevent sexual and vertical transmission of HIV, and to access HIV testing, treatment, care and support.

Globally, studies show that women living with HIV in all their diversities are more likely to have experienced violence, and HIV itself is a risk factor for violence. Forced sex may directly lead to HIV transmission; and violence or threat of violence may inhibit women and girls from negotiating safer sex. Studies from the region also indicate that women from key populations experience higher levels of **intimate partner violence** compared to women in the general population:

- In a study of **123 sex workers in Indonesia, Myanmar, Nepal and Sri Lanka**, female participants reported more frequent and severe incidents of intimate partner violence than the male and transgender participants. In most cases, the violence was described as severe, routine and chronic. Of the female participants, almost half of those in Indonesia, one third in Myanmar and several in Nepal and Sri Lanka reported being raped by their intimate partner.
- In **Pakistan**, a study among **female sex workers** reported that 66% faced physical violence and 34% faced sexual violence from their intimate partners.
- In a study of **1,022 female sex workers in China**, 58% of respondents had experienced violence from their intimate partners (as compared to 10–38% of women in the general population) and 45% suffered violence from clients.
- A survey conducted with **1,043 female entertainment workers across seven provinces in Cambodia** found that they were more likely to experience violence from a client (55%) when negotiating condom use, although a significant proportion also reported abuse from husbands and regular partners (26 and 31%, respectively) when suggesting they use a condom.
- **Sex workers in India** have acknowledged that acts of violence are probably underreported, particularly violent incidents involving intimate/regular partners.
- A study among **women who inject drugs in Bangkok, Thailand** found that violence was an integral part of these women's lives; the majority of respondents reported that they regularly experience violence at the hands of their male partners.

In addition to intimate partner violence, women and girls living with HIV in all their diversities as well as women sex workers and women who use drugs are also at risk of human rights violations, including violence, within the public sphere. Female and transgender sex workers, as well as female drug users, are often vulnerable to violence perpetrated by police/law enforcement agencies particularly where they operate in countries which criminalize sex-work and drug use.

VIOLENCE AGAINST KEY AFFECTED WOMEN AND GIRLS

- **Violence as a risk factor for HIV:** Studies from the region indicate that women living with HIV are more likely to report a history of intimate partner violence than women who are not.
- **HIV as a risk factor for violence against women and girls living with HIV:** Studies show that threats and acts of violence can be a barrier to HIV disclosure, access to services and adherence to treatment. The People Living with HIV Stigma Index shows that women living with HIV in Asia and the Pacific are more likely than men living with HIV in the same region to be the target of verbal abuse and physical violence as a direct result of their HIV status. In addition to intimate partner violence, women and girls living with HIV experience human rights violations within the context of healthcare settings, including forced sterilizations, forced abortions, forced disclosure of HIV status and the denial of access to sexual and reproductive health (including family planning) information and services.
- **Young women's risk for violence and HIV:** With 1 in 2 girls married before the age of 18, South Asia has the highest prevalence of child marriage in the world. Child marriage negatively impacts married adolescents as they are vulnerable to poor maternal health outcomes, a higher risk of HIV infection and are more likely to suffer from domestic and sexual abuse. For women in sex work, age can also heighten both HIV risk and risk for violence. Studies from India, Nepal and Thailand have found that initiation into selling sex prior to the age of 18 confers increased risk of physical and sexual violence and relates to a two to fourfold increase in HIV infection.
- **Sex work, violence and HIV:** Many women (including transgender women) in sex work experience violence on the streets, in the course of their work, and/or in their personal lives, increasing their vulnerability to HIV. Police are among the most common perpetrators of violence against sex workers. In India, research found that sex workers who have experienced a police raid are three times more likely to report an STI and four times more likely to report client violence. Across the region, the law and law enforcement authorities play a key role in the violence experienced by women sex workers. At the same time, this contributes to an environment in which violence is largely unreported, leaving many sex workers unprotected and unable to access life-saving HIV prevention, treatment, care and support services.
- **Drug use, violence and HIV:** Women face gender-specific risks, vulnerabilities and consequences of their drug use as well as gender-specific barriers to information and access to harm reduction, violence survivor services, and sexual and reproductive health and STI/HIV services. In addition, women who use drugs face conditions of marginalization, criminalization and police surveillance, which places them at heightened risk for violence and HIV.
- **Migration, violence and HIV:** Female migrant workers are vulnerable to abusive practices, including sexual violence and exploitation, from the side of the employer or other actors in the migration process (e.g. recruiters and agents), increasing their vulnerability to HIV. A 2008 study conducted with female migrant workers from Sri Lanka, the Philippines and Bangladesh working in the Arab states as domestic workers highlighted the complex relationship between mobility, migration, violence and HIV. Of the 145 migrant women from Sri Lanka who were interviewed as part of the study, 17% reported being sexually harassed, 5% had been raped and 10% were HIV-positive.

VIOLENCE IN HEALTHCARE SETTINGS

Key affected women and girls can also face different forms of violence in healthcare settings. This includes breach of confidentiality, denial of service and being subjected to discriminatory, degrading, humiliating or cruel treatment.

- In a survey of 757 women living with HIV in Asia, 30% reported having been advised to undergo sterilisation. Many stated they did not feel they had the right to refuse the recommendations. More than half (61%) indicated these recommendations came from gynaecologists and HIV clinicians on the basis of the women's HIV-positive status.
- The People Living with HIV Stigma Index report for Pakistan shows that 37% of the 228 female respondents stated that they had been coerced by a healthcare professional into an abortion.
- The People Living with HIV Stigma Index report for Fiji revealed that 13% of respondents had experience forced disclosure of HIV status to sexual partners.

Sources: UNDP, UNAIDS & Asia Pacific Interagency Task Team on Women, Girls, Gender Equality and HIV, (pending publication in 2013) *Linkages Between Violence Against Women and HIV in Asia and the Pacific*, Bangkok; ASEAN Foundation, UNZIP the Lips, UNAIDS, UN Women (2013) *Cambodia, Indonesia Country Briefs: HIV and Key Affected Women and Girls*. Bangkok; The Global Coalition on Women and AIDS, (2011) *Issue Brief: Stopping violence against women and girls for effective HIV responses*; (2011) *Women who use drugs, harm reduction and HIV*; (2005) *Violence against sex workers and HIV prevention*, Geneva; UNDP, IOM et al., (2008), *HIV Vulnerabilities of Migrant Women: from Asia to the Arab States*, Colombo; UNAIDS, GNP+, ICW, IPPF, (2011) *People Living with HIV Stigma Index: Asia Pacific Regional Analysis*, Geneva; WHO, (2009) *Podcast: Persons with disabilities particularly vulnerable to HIV/AIDS*. Geneva. Available at http://www.who.int/mediacentre/multimedia/podcasts/2009/disabilitiesshiv_20090610/en/ [accessed 25 May 2013]; Womensenews.org, (2010) *Left Out Twice: Living with HIV and Disabilities*. Available at <http://womensenews.org/story/commentary/100720/left-out-twice-living-hiv-and-disabilities#.Ua4Su5WDTdk> [accessed 25 May 2013]; Higgins et al. (2010), "Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS," *American Journal of Public Health* 100: 435–445; Dunkle, K. L. and M. R. Decker (2013), "Gender-based violence and HIV: Reviewing the evidence for links and causal pathways in the general population and high-risk groups," *American Journal of Reproductive Immunology* 69 (Suppl. 1, 2013): 20–26; Bhattacharjya, M., Fulu, E. and Murthy, L. with Seshu, M.S., Cabassi, J. and Vallejo- Mestres, M. (2015). *The Right(s) Evidence – Sex Work, Violence and HIV in Asia: A Multi- Country Qualitative Study* (Bangkok: UNFPA, UNDP and APNSW (CASAM)); Hong et al., "Partner Violence and Psychosocial Distress among Female Sex Workers in China," *PloS ONE* 8.4: e62290.doi:10.1371; FHI 360/PRASIT Project (2010). *SMARTgirl Program Review: Providing HIV/AIDS Prevention and Care for Entertainment Workers. Reporting period October 2008–June 2010* (Phnom Penh); Reza-Paul et al. (2012), "Sex worker-led structural interventions in India: A case study on addressing violence in HIV prevention through the *Ashodaya Samithi* collective in Mysore," *Indian Journal of Medical Research* 135.1, Jan 2012: 98–106; Haritavorn, N. (2014), "Surviving in two worlds: Social and structural violence of Thai female injecting drug users," *International Journal of Drug Policy* 25: 116–123.