

Do internationally recognised links between HIV and gender-based violence have relevance in the UK?

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Background

International studies (Garcia-Moreno & Watts, 2000, Maman et al., 2002, Hale & Vazquez, 2011) have reported strong reciprocal links between gender-based violence (GBV) and HIV. Women are more vulnerable to contracting HIV than men, especially if they are forced or coerced into sex. Moreover, distorted power structures in relationships often result in women being unable to negotiate safer sex practices. Similarly, women with HIV are particularly vulnerable to gender-based violence for multiple and complex reasons including the stigma linked to HIV, which makes them, in the eyes of their persecutors, deserving of ill treatment and violence. This is often because they are blamed for 'bringing HIV into the family', since (through antenatal care) they are often the first to be tested. Moreover, violence can infringe upon a woman's ability to access testing and treatment and to consistently take medication (Human Rights Watch, 2007).

Despite extensive international research, the UK is yet to recognise such links, partly because of a dearth of formal investigations in the UK. This study aimed to address the lack of UK evidence around HIV and its links to GBV and to fill the resulting policy gap by proposing recommendations for service providers in both the HIV and domestic violence sectors.



"HIV on its own doesn't cause someone to display violence; I think people use it as an excuse to escalate what they already do in terms of violence."

Methods

This qualitative study involved a focus group discussion with six women living with HIV who had experienced GBV in the UK.

The discussion took an empowerment approach and developed strict ethical guidelines to ensure the security and safety of participants, working with WHO (2001) recommendations on involving women affected by GBV and living with HIV in all research process stages.

Results

The focus group revealed a number of key findings:

- ‡ The **breadth and extent of violence**, including physical, sexual, psychological, economic, legal and institutional violence. All of the participants had some experience of GBV and many had experienced several different types of violence
- ‡ Perpetrators of violence were often partners, however women had also experienced **violence from other family members** and from institutions
- ‡ Already **violent relationships often became more violent** following HIV diagnosis
- ‡ Complex **emotional bonds** with persecutors combined with **stigma around both HIV and GBV** made the women reluctant to seek help
- ‡ Legal, financial and psychological **dependence on perpetrators** of violence made seeking help or leaving the violent partner difficult, especially for immigrant women
- ‡ **Fault and blame** was ascribed to women living with HIV, even when it was the violent partner who brought HIV into the relationship. Subsequent emotional or other blackmail by violent partners was common, especially within relationships between positive women and negative partners
- ‡ Structural **support networks** for women in the UK are inadequate
- ‡ The **enduring burden of violence** has significant implications for women's future relationships and their mental health
- ‡ Multiple problems with the **prosecution process** were identified. One participant highlighted the current limitations regarding how police authorities deal with GBV, referring to it as a 'domestic' and therefore outside the jurisdiction of English courts. Another raised the **lack of police awareness** of links between GBV and HIV and a failure to recognise her human rights as a woman with HIV. The participant felt that her situation was treated with less importance, given that the perpetrator of violence had identified and denounced her publicly as a woman with HIV.



"It doesn't matter how long ago it's been, the violence still goes on. I'm not angry but it hurts when you think about it and a very small thing sets you backwards again. Sometimes your confidence goes to zero and to lift it up again is hard work. I'd like a man. But I'm always cautious. I'm always measuring, comparing – he says one word and I think 'that's how it started with the other one' so I'm not going there. Even a very nice guy, you turn him away because you still think of all the rapes that went on, all the insults that went on, all the demeaning behaviour"

Conclusions and Recommendations

The study proposed the following recommendations for policymakers and service providers:

- ‡ The government must **formally recognise** the link between GBV and HIV
- ‡ Better **training** for healthcare professionals in human rights and in recognising signs of violence
- ‡ Importance of **peer networks** to empower women with HIV to overcome GBV
- ‡ Better **human rights awareness** for women with HIV

The links between HIV and GBV in the UK is a nascent area of research. While this **study has yielded strong anecdotal** evidence, further quantitative and qualitative research should be undertaken to reinforce these findings.

"I want to feel a sense of security, that sense that 'this is my safe home and nothing is going to happen to me, I'm totally safe!'"