



Gender Based Violence and HIV

Roundtable
2nd Wits HIV/AIDS in the workplace
research symposium

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- This presentation seeks to highlight the complexity of domestic violence as a form gender-based violence.
- Domestic violence affects women's health, places them at risk of HIV and affects their ability to manage their health if they are living with HIV.



Domestic Violence

- “All crime has harsh effects on society. What distinguishes domestic violence is its hidden, repetitive character and its immeasurable ripple effects on our society and in particular on family life. It cuts across class, race, culture and geography, and is all the more pernicious because it is so often concealed and so frequently goes unpunished”
- “To the extent that it is systemic, pervasive and overwhelmingly gender-specific, domestic violence both reflects and reinforces patriarchal domination, and does so in a particularly brutal form”
 - SACHS J, S v Baloyi 2000(2) SA 425 (CC)



Domestic violence

- “The ineffectiveness of the criminal justice system in addressing family violence intensifies the subordination and helplessness of victims. This also sends an unmistakable message to the whole of society that the daily trauma of vast numbers of women counts for little. The terrorisation of the individual victims is thus compounded by a sense that domestic violence is inevitable. Patterns of systemic sexist behaviour are normalised rather than combatted.”
 - SACHS J, S v Baloyi 2000(2) SA 425 (CC)



Domestic violence impacts on women's health

- Violation of women's reproductive rights – physical abuse during pregnancy, induced abortions, miscarriage
- Injury
- Significantly higher levels of emotional distress, suicidal
- More likely to have difficulties with carrying out daily activities and walking, memory loss, dizziness, pain, vaginal discharge etc.



Partner abuse
Sexual assault
Child sexual abuse

Fatal outcomes

Homicide
Suicide
Maternal mortality
AIDS-related illness

Nonfatal outcomes

Physical health

Injury
Physical symptoms
Poor subjective health
Permanent disability
Severe obesity

Chronic conditions

Chronic pain syndromes
Irritable bowel syndrome
Gastrointestinal disorders
Somatic complaints

Mental health

Post-traumatic stress
Depression, Anxiety
Phobias/ panic disorder
Eating disorders
Sexual dysfunction
Low self-esteem
Substance abuse

Reproductive Health

Unwanted pregnancy
STIs/HIV infection
Gynaecological disorders
Unsafe abortion
Pregnancy complications
Miscarriage/low birth weight
Pelvic inflammatory disease

Negative health behaviours

Smoking, Alcohol and drug abuse
Sexual risk-taking
Physical inactivity
overeating



Domestic violence and women's access to health care services

- Factors reducing women's likelihood to approach a health facility:
 - Health care workers' lack of respect for women's privacy, unhelpful and blaming attitudes to those experiencing abuse, absence of facilities, particularly rural areas, lack of access to transport
 - Of 1000 women, 42% sought medical assistance in dealing with the worst experience of abuse they had undergone in the last 5 years

Rasool, Vermaak, Pharaoh, Louw and Stavrou (2002)



Screening for domestic violence?

- Health care workers do not always recognise or ask if their patients are being abused
 - Mitchell's Plain – in more than 50% of cases abuse neither recognised or documented

Jacobs & Suleman (1999) Breaking the silence: A profile of domestic violence in women attending a community health centre, Health Systems Trust.
 - Alexandra – where women present with history of assault, the assailant and cause of injury recorded in only 22% of cases

Motsei (1993) Detection of women battering in health care settings: the case of Alexandra Health Clinic, Women's Health Project.



Recognising domestic violence

- If health care workers asked women about the violence in their lives it could lead to:
 - Appropriate referral of women to helping agencies
 - Better record-keeping of women's attempts to seek help
 - Earlier intervention into the problem of domestic violence
 - More effective medical treatment as health workers no longer treat symptoms (high blood pressure, psychosomatic complaints) but underlying problem of domestic violence instead



Domestic violence & HIV

- Study of 1366 women attending ANC in Soweto
 - women with violent or controlling male partners are at increased risk of HIV infection
 - Intimate partner violence associated with increased risk of several risk factors for HIV infection (involvement in transactional sex, having multiple male sex partners, problem drinking)

Duncle, Jewkes, Brown, Gray, McIntyre, and Harlow (2003) *Gender-based violence and HIV infection among pregnant women in Soweto, MRC*



Domestic violence & HIV

- Domestic violence includes physical, emotional, sexual, psychological and economic abuse as well as harassment, intimidation and stalking.
- Women in violent relationships cannot always negotiate safe sex and often engage in sex without their consent.
- Women in violent relationships are not always ready to lay criminal charges.
- Currently the new Criminal Law (Sexual Offences Act) 2007 allows a woman to access post-exposure prophylaxis (PEP) after rape if she lays a criminal charge or reports to a designated health facility.
- PEP is taken for 28 days and can cause various side-effects which could hamper work.



Domestic violence & HIV

- Anecdotal evidence of women who have experienced range of abuses from intimate male partners after disclosing HIV status – assaulted, evicted abandoned.
- Abusive relationship could hinder woman's ability to look after her health and take antiretrovirals regularly



Impact of HIV

- Stigma & discrimination
 - Impacts on dignity, prevention, access to VCT, health care services, adherence to treatment
 - Knowledge of HIV status could lead to discrimination, ostracism, abuse, eviction, dismissal, death
 - Openness important but complex
- Impact of HIV/AIDS on women
 - Poverty
 - Increased burden of care: children, dependants, sick
 - Increased burden on salaries of employed
 - Social & psychological
 - Gender-based violence



Effect of abusive partner on work

- Abusive partner:
 - deliberately decide not to work and force woman to work
 - don't want the woman to work
 - control when and how she works
 - frequently take woman's earnings
 - affect woman's ability to work
 - interferes in woman's work, calls her workplace, threatens her at work

Vetten & Hoosain (2006) Money, money, money; an exploratory study of the economics of abuse, CSV



Effect of GBV on woman's work

- Frequent absenteeism to attend court (criminal case, maintenance, protection order, divorce), police station, social worker, hospital, doctor
- Avoid work when beaten and bruised on face
- Stress and anxiety from abuse affects work performance and relationships with colleagues
- Health affected
- Do not pursue other remedies effectively to avoid more time away from work or because tired of fighting – violence would recur again
- Additional concerns when children in relationship



What does this mean for the workplace?

- Women in domestic violence relationships struggle to find support to utilise remedies to stop the domestic violence
- This leads to ongoing abuse, impacts on health, and affects her work
- Workplaces are well placed to intervene to assist where abuse is present
- Such interventions must be based on the principles of consent and confidentiality
- The law further encourages flexibility to accommodate the needs of women in abusive relationships



Promotion of Equality and Prevention of Unfair Discrimination Act

- “No person may unfairly discriminate against any person on the grounds of gender including gender-based violence...”
s8(a)



Unfair discrimination at the workplace

- Section 6 of *Employment Equity Act* includes gender, sex, pregnancy, marital status, family responsibility and harassment as grounds of unfair discrimination
- *Code of Good Practice on Integration of EE into HR policies and practices:*
 - *Section 5.2.2* ‘In certain circumstances, the refusal to make **reasonable accommodation** of an employee’s needs and circumstances where this can be done without undue hardship to the employer, can constitute unfair discrimination’



What can be done?

- Supportive human resource departments
 - Requires adequate training
 - Allow for open communication, especially in cases of danger
- Assist with access to health care services, PEP
- Understand difficulties faced when accessing services (only available weekdays, during working hours)
- Assist employee with information about remedies, appropriate referral
- Do not disclose information about employees (address, phone number)