Gender-Based Violence and HIV/AIDS among Women Workshop 21st - 22nd July 2011

Holiday Inn Hotel, Rosebank, Johannesburg







Workshop Introduction

The UN Declaration on the Elimination of Violence against Women defines gender-based violence (GBV) as, "Any act...that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life." It is broadly defined as any harm to a person resulting from the power disparities caused by gender inequality.

According to a World Health Organization (WHO) report, among women aged 15-44 years, gender violence accounts for more death and disability than cancer, malaria, traffic injuries, and war put together. And in Africa, it is estimated that 1 in every 3 women will be raped in their lifetime. GBV poses a serious threat to both personal and public health. Those survivors who live through the experience may face unwanted pregnancies, STI infections (including HIV/AIDS), chronic pain, and/or disability.GBV also contributes to infertility and other reproductive health problems, and often leads to unsafe self-induced abortion. The psychological trauma of GBV leaves lasting scars as well; survivors may struggle with depression and are at higher risk for suicide, GBV also robs the community of productive women and girls, who would otherwise be working and contributing to the well-being of other community members.

Workshop Highlights!!

Understand:

- Gender-based Violence
- Gender based violence as a cause of HIV Infections
- Sexual and relationship difficulties result as a consequences of GBV & HIV
- Gender based Violence as a consequence of HIV infection
- Intersectionality" when working with GBV/HIV/AIDS
- How to intervene and address GBV and HIV
- The link between HIV/AIDS and Gender Violence
- Human Trafficking as Gender violence
- Policy and action

Who Should Attend?

Gender Co-coordinators

- * HR Managers
- * Gender Focal Persons
- * Members of Women's Forums
- * Special Program Managers
- * Budget officers
- * Gender Practitioners
- * Transformations Officers
- * Peer Educators
- * Immigration Officers
- * Representatives from NGO's & International organizations
- * Community Leaders
- * Councilors

Your Facilitators



Dr Marlene Wassermann (A.K.A DR EVE) Clinical Sexologist

Dr Marlene Wasselman (A.K.A Dr Eve) has a BA in Social Work from the University of Witwatersrand, MA(Clinical social work) cam laude, University of the Orange free state, Doctorate in Human Sexuality from the Institute of Advanced Study in Human Sexuality, San Francisco, USA and she is an internationally accredited Couple & Sex

Therapist (AASECT) and a Director of ISSWSH (International Society for the Study of Women's Sexual Health), a member of BASRT (British Association of Sexual and Relationship Therapy) and Editor and board member of the Academic Journal Sexual and Relationship Therapy. As an academic and educator

she is a part time lecturer at Medical School, Department O&G, and University of Cape Town. She is an award winning columnist and author of Pillowbook, (Oshun, 2007) Dr Eve Sex Book - A Guide for Young People - Rights, Responsibilities, Rewards (Human and Rousseau 2008).



Tshegofatso Pule

- MBA from UNISA
- Worked with OSISA for 8yrs
- Consulted in West Africa- implementing financial systems
- She currently trains in the following areas Financial Management, Budgeting and strategy, Gender Mainstreaming, Gender Budgeting,

Women in Leadership, Governance, Finance for non-finance managers, Disability mainstreaming, Leadership strategy, Emotional Intelligence, Mentoring and Coaching, Change management, Diversity, Prevention of sexual harassment, Trafficking of children and women. She also carries out skills audit, disability audits and gender



Dumisani Rebombo

Senior Manager Programme Development



Day One

Day One - 21st July 2011

08:30 Registration

08:45 Gender Based Violence

- Economic Violence
- Physical abuse
- Genital cutting
- Sexual abuse
- Psychological abuse including belittling, humiliating an individual.

09:30 Sexual Gender-Based Violence as a cause of HIV infections

There is emerging evidence connecting the rapidly expanding HIV epidemic and SGBV, particularly among young women

- Gender-based violence may increase a woman's risk for HIV infections
- The physiology of the female genital tract
- Forced sex
- Controlling behavior from male partners
- Multiple partners
- Transactional sex
- Ethnic cleansing

10:00 Intersectionality" when working with GBV/HIV/AIDS

This new concept is presently being used in the language of the UN. It means that there are a number of factors at play and it does not always play out in the same way: Different intersectionalities include;

(1) race (2) disability (3) profession (4) class (5) poverty (6) wealth (7) sex (8) culture (9) age (10) citizenship (11) education (12) stereotypes (13) religion (14) caste (15) power (16) Violence (17) sexual orientation (18) Gender identity

10:30 Tea Break

10:45 Sexual Gender-Based Violence as a Consequence of HIV infection

Not only can sexual gender-based violence lead to HIV infection, but verbal as well as physical abuse it may also be a consequence of it. The risks associated with disclosure of HIV infection deter many women from revealing their serostatus.

Fear of Abandonment, Rejection and Discrimination Accusation of infidelity from families and their communities

11:15 Building African skills in GBV-HIV prevention

There is an urgent need for **African skill development** in high level research. Existing initiatives need full government, regional and international commitment.

- Policy and political appreciation of the value of and the way
 to use local high quality evidence related to GBV and its role
 in the epidemic can be transferred in brief executive
 retreats, which could be regional or national.
- Short courses can transfer the skills needed for detailed interaction on AIDS prevention research, with a special focus on GBV. A national or regional consensus team could standardise instruments and define and refine structured outcomes, this will build local skills and optimise research to national needs.
- Hands-on training in GBV prevention implementation research: a combination of in-service internships, degree courses and fully funded research posts could help to bring this to pass. A permanent university research chair in GBV-HIV in each one of the eight priority countries should be a priority.
- Community capacity is crucial for AIDS prevention Current HIV prevention research focuses on individuals and largely ignores the powerful influence of communities and networks. As communities engage in collective and cluster interventions, they can acquire the confidence and skills to lead their own HIV prevention initiatives.
- Media sensitisation and training Much has been done across the region to use mass media for edutainment and awareness programmes. There is also room for general awareness among journalists of the GBV dimensions of HIV and AIDS

12:00 Explaining the link between HIV/AIDs and Gender-Based Violence (Relationship)

- Rape: this may directly increase women and girl's risk of contracting HIV
- Abusive relationships: this may limit women's ability to negotiate safe sex
- Women who experience sexual abuse in their childhood may engage in riskier sexual behavior as adolescents or adults, thus increasing their risk of HIV infection
- Women who receive HIV counseling and testing may be at risk of partner violence should they disclose their

HIV status In the light of the above, it is imperative that HIV and AIDS are addressed in the context of gender-based violence programs

12:30 Framework for a comprehensive model of care, support and prevention of SGBV

- Management of sexual violence at point of first contact with the survivor
- Psychological cancelling of rape survivors
- Strong links between police and health
- Sensitive approach to managing child survivors of sexual violence

13:00 Lunch Break

14:00 Continuation

- · Collection of forensic evidence
- New or strengthen community-based prevention strategies
- Physical (and psychological/emotional) between domestic or intimate addressed through
- messages communicated during the prevention strategies
- Screening for signs and symptoms of such violence during routine health consultations

14:30 Factors influencing Men's Risk of Committing Violence

- Alcohol and drug use
- Hostility towards women
- Preference for impersonal sex
- Poverty, mediated through forms of crisis of male identity
- Weak laws and policies related to sexual violence

15:00 End of day one

Day Two – 22nd July 2011

08:30 Registration and Morning Tea

09:00 Interventions Addressing Gender-Based Violence & HIV

- Increase work with communities in engaging boys and men in GBV and HV
- Prevention efforts. Microfinance intervention to rigorously designed and evaluated interventions to address it
- Negotiation skills
- Economic independence from men
- Increased national-level dialogue on GBV as an HIV issue

10:00 Tea Break

10:30 Rationale for a Response to Sexual and Gender-Based Violence

- Treatment of injuries and clinical evaluation
- Pregnancy testing and emergency contraception(EC)
- Prophylaxis of sexually transmitted infections (STIs)
- HIV diagnostic testing and counseling (DTC) and Post Exposure Prophylaxis (PEP)
- Forensic examination
- Trauma counseling.

11:15 Some proved effective guidelines for research on Violence:

- The safety of respondents and the research team is paramount and should infuse all project decisions.
- Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the underreporting of abuse.
- Protecting confidentiality is essential to ensure both participants' safety and data quality.
- All research team members should be carefully selected and receive specialized training and ongoing support.
- The study design must include a number of actions aimed at reducing any possible distress caused to the participants by the research.

12:30 Continuation: improved guideline for Research on Violence

- Fieldworkers should be trained to refer participants requesting assistance to available sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
- Violence questions should be incorporated into surveys designed for other purposes only when ethical and methodological requirements can be met.

13:00 Lunch Break

14:00 Discussions and Exercise on SGBV

14:30 Solutions to Gender-Based Violence

- Setting Measurable Goals
- Monitoring Progress
- Identifying options

15:00 End of Workshop