



# Building a safe house on firm ground

**Core Team Members:** Luisa Orza | Alice Welbourn | Susan Bewley | E. Tyler Crone | Marijo Vazquez

**GRG members:** Nushinaro Ao, Cecilia Chung, Sophie Dilmitis, Calorine Kenkem, Svetlana Moroz, Suzette Moses-Burton, Hajjarah Nagadya, Angelina Namiba, L'Orangelis Thomas Negrón, Gracia Violeta Ross, Sophie Strachan, Martha Tholanah, Patricia Ukoli, Rita Wahab.

**WHO:** Manjulaa Narasimhan



GLOBAL NETWORK OF PEOPLE LIVING WITH HIV



Transgender Law Center  
*Making Authentic Lives Possible*

## Background: WHO survey

- Values and Preferences Survey to update SRH & HR **guidelines**
- Led by a **Global Reference Group** of 14 women living with HIV
- User-led, **participatory**, community-based research
- **7 languages** & 5 more through Focus Group Discussions
- Used positive, future-oriented “**appreciative inquiry**”
- ✧ **945** women living with HIV from **94** countries
- ✧ Aged **15-72**, women with HIV in all their **diversities**
- **Largest** global survey of women living with HIV



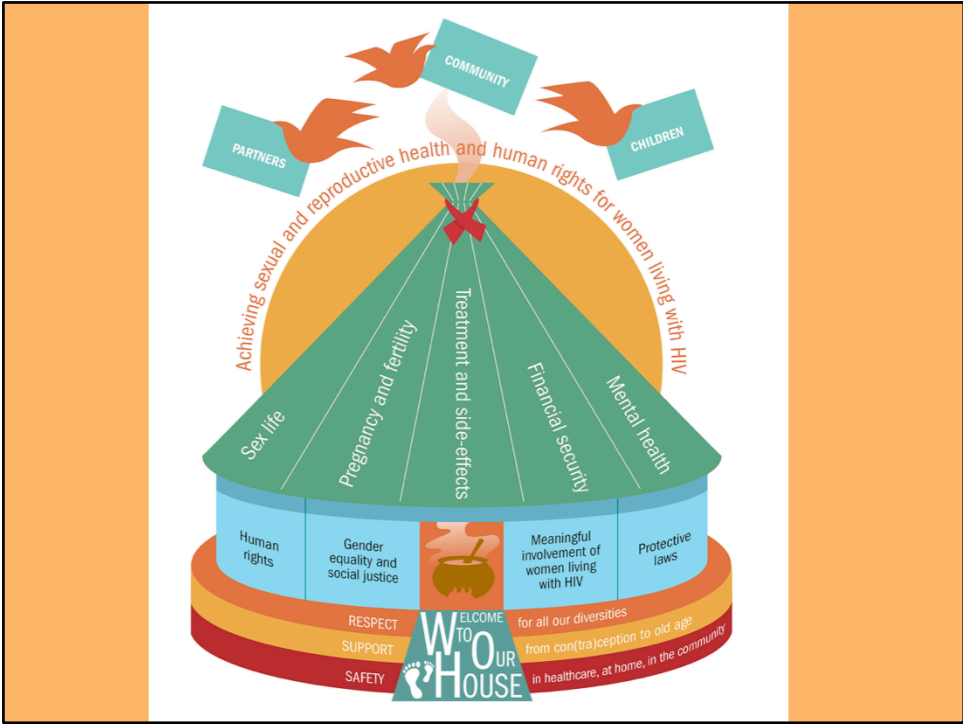
## Process

*"... I found the experience to be cathartic, much to my surprise. Surveys don't generally have that effect. It was meaningful to answer questions that truly reflected my experiences both as a girl and young woman before HIV and since my diagnosis."*



Narasimhan, M., Orza, L., Welbourn, A., Bewley, S., Crone, T. and Vazquez, M. (2016). Sexual and reproductive health and human rights of women living with HIV: a global community survey. *Bulletin of the World Health Organization*, 94(4), pp.243-249.

Namiba, A., Orza, L., Bewley, S., Crone, E., Vazquez, M. and Welbourn, A. (2016). Ethical, strategic and meaningful involvement of women living with HIV starts at the beginning. *Journal of Virus Eradication*, [online] 2, pp.110-111. Available at: [http://viruseradication.com/journal-details/Ethical,\\_strategic\\_and\\_meaningful\\_involvement\\_of\\_women\\_living\\_with\\_HIV\\_starts\\_at\\_the\\_beginning/](http://viruseradication.com/journal-details/Ethical,_strategic_and_meaningful_involvement_of_women_living_with_HIV_starts_at_the_beginning/) [Accessed 10 May 2016].



## Results from 58% of 832 survey respondents on Gender-Based Violence (GBV)

- **89%** reported experiencing at least one type of violence
  - From an **intimate partner**: 59%
  - From **family or neighbours**: 45%
  - In the **community**: 52%
  - In the **health care setting**: 53%
  - From **police / military / prison or detention**: 17%
  - **Fear** of violence: 68%
- High IPV levels before and after diagnosis. Higher levels of violence experienced **post**-diagnosis in **health settings** & in the **community**
- Experiences of violence in the health care setting often **worse** for women with *other* socially disadvantaged identities



Orza L et al. Journal of the International AIDS Society 2015, 18(Suppl 5):20285  
<http://www.jiasociety.org/index.php/jias/article/view/20285> | <http://dx.doi.org/10.7448/IAS.18.6.20285>

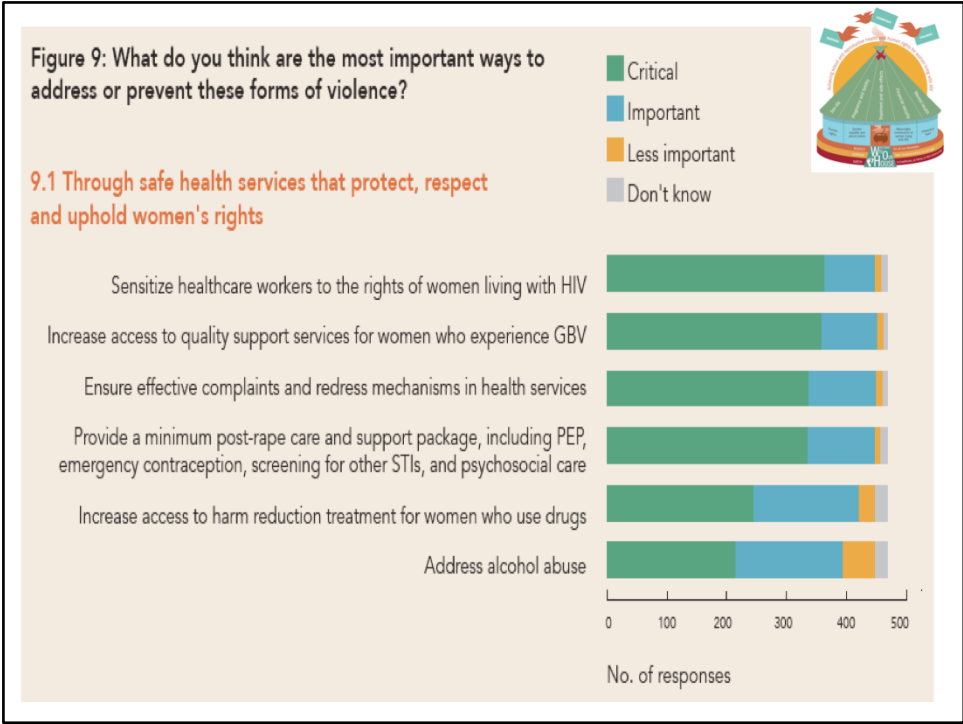
## “Violence against women with HIV”

*“any act, structure or process in which power is exerted in such a way as to cause physical, sexual, psychological, financial or legal harm to women living with HIV.”*

Hale and Vazquez 2011



Hale and Vazquez definition – see also Galtung J 1969 and Farmer P et al 2006 regarding structural violence, which includes psychological violence



<http://tinyurl.com/mzn3on5>

## Results from 59% of 832 survey respondents on Mental Health\*

- **82%** reported depression; **78%** rejection
- 1/5 reported MH issues *before* diagnosis
- This increased by **3.5 times** *after* diagnosis
- 45.8% had multiple 'socially disadvantaged identities' (SDIs)
- More SDIs ⇔ More mental health issues
- MH affected ability to enjoy SRH and to access services
- MH included: depression, rejection, social exclusion, sleep problems, intersectional stigma, challenges with sexual & intimate relationships, substance use, sexual risk, repro health barriers, human rights (HR) violations

**Respondents recommended** psychological support & counselling, funding for peer support & interventions to challenge GBV and to promote HR

\* Thanks to Carmen Logie for additional analysis of quantitative responses



One-fifth reported mental health issues before HIV diagnosis. Respondents reported experiencing a 3.5-fold higher number of mental health issues after diagnosis (8.71 vs 2.48,  $t[488]23.00$ ,  $p<0.001$ ). Nearly half ( $n=224$ ; 45.8%) had multiple socially disadvantaged identities (SDIs). The number of 'SDIs' was positively correlated with experiencing mental health issues ( $p<0.05$ ). Women described how mental health issues affected their ability to enjoy their right to sexual and reproductive health and to access services. These included depression, rejection and social exclusion, sleep problems, intersectional stigma, challenges with sexual and intimate relationships, substance use and sexual risk, reproductive health barriers and human rights (HR) violations. Respondents recommended that policymakers and clinicians provide psychological support and counselling, funding for peer support and interventions to challenge gender-based violence and to promote HR. Orza L et al. *Journal of the International AIDS Society* 2015, 18(Suppl 5):20289 <http://www.jiasociety.org/index.php/jias/article/view/20289> | <http://dx.doi.org/10.7448/IAS.18.6.20289>

## Contact:

Alice Welbourn PhD

alice@salamandertrust.net

www.salamandertrust.net

<http://tinyurl.com/BuildingASafeHouse>



## Building a safe house on firm ground

KEY FINDINGS FROM A GLOBAL VALUES AND PREFERENCES SURVEY  
REGARDING THE SEXUAL AND REPRODUCTIVE HEALTH AND  
HUMAN RIGHTS OF WOMEN LIVING WITH HIV

