NO EXCUSE
FOR VIOLENCE

STUDY ON VIOLENCE AGAINST WOMEN LIVING WITH HIV IN EASTERN EUROPE AND CENTRAL ASIA

Analytical report 2019

DISCLAIMER

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1. Executive summary

The study analysed issues encountered by women living with HIV who have experienced violence after being diagnosed with HIV. What makes the study unique is that it was designed, organized and conducted by the community of women living with and vulnerable to HIV within the framework of the "No Excuse for Violence!" regional campaign against gender-based violence. The study included 464 women living with HIV with prior experience of violence and 120 women specialists[1] from 12 countries in Eastern Europe and Central Asia.

The average age of study participants was 36.6 years. Over half of the women living with HIV (56.5 per cent) have sexual partners who use drugs. Almost half (42 per cent) indicated experience of using drugs themselves. Every fifth respondent (19.2 per cent) had experience of being in prison.

A large proportion (42.2 per cent) of the women who took part in the study did not have permanent work), and every fifth (21.3 per cent) was unemployed. Some women (11.9 per cent) did not work because they were on maternity leave.

The material situation of the women was also assessed. Half the respondents (51.2 per cent) were living in poverty.[2] In particular, 13.4 per cent noted that they did not have sufficient resources for food, while purchasing clothes was a significant problem for 37.7 per cent due to lack of financial resources.

68.5 per cent of the women living with HIV indicated economic violence. One in four women (24.4 per cent) were forbidden from seeking medical, social and other support services. More than a quarter of the women living with HIV (29.5 per cent) stated that they had been forbidden to work.

Forty per cent of the women living with HIV indicated that, in situations of psychological aggression, perpetrators of violence used children as a means of manipulation.

Every fifth woman living with HIV (18.5 per cent) reported that her right of custody over her children had been challenged.

A total of 464 women who had experienced violence took part in the study, and 52 per cent had experienced violence after being diagnosed with HIV. One third (34 per cent) faced physical violence during the last year.

More than half the respondents (56 per cent) lived with a permanent partner. Sixty per cent stated that they were not the one who initiated sex and the partner proposed exactly how to have sex. Almost half (45.7 per cent) of the women were afraid of contracting sexually transmitted infections. At the same time 37.7 per cent of the women indicated that use of the male condom was a significant problem for their partners.

28 per cent of the women living with HIV experienced sexual violence of which 19.2 per cent associated the sexual abuse with their HIV status.

It is important to note that 71 per cent of women who had faced physical violence did not seek assistance. 60.5 per cent of respondents who suffered sexual violence did not seek assistance. The main reasons for not seeking assistance were fear of publicity, public condemnation and lack of trust that assistance would be provided.

Gender stereotypes and HIV-related self-stigmatization contribute to the fact that women living with HIV can remain in situations where they face violence for many years.

In the opinion of the surveyed women living with HIV who had experienced violence, a key advocacy objective is work to change legal environments. A majority of specialist respondents stressed the need to improve law enforcement practices.

The study confirms the importance of prioritizing issues of violence against women living with HIV in the development agendas of countries in the Eastern Europe and Central Asia (EECA) region.

1 Women specialists in public or non-governmental organizations who provide direct or indirect assistance to women living with HIV who have experienced violence (hereinafter referred to as specialists).

2 Monitoring of the socio-economic situation and social well-being of the population. National Research University Higher School of Economics. Institute of Social Policy. 2016 https://isp.hse.ru/data/2016/05/20/1131909477/01_Апрель_Мониторинг_ВШЭ.pdf

2. Introduction and methodology

Globally, violence is a key risk factor for HIV among women,[3] including sex workers, women who use drugs, transgender and other women. According to global and regional assessments of prevalence of violence against women and its implications for health, this problem is a major barrier to effective provision of services by public health systems. Violence against women is a human rights violation. World Health Organization (WHO) data estimates that 35 per cent of women worldwide have experienced physical and/or sexual intimate partner violence or sexual violence by a non-partner (not including sexual harassment) at some point in their lives. Evidence shows that women who have experienced physical or sexual intimate partner violence report higher rates of depression, having abortions and contracting HIV than women who have not.[4] More than a third (30,000) of the women intentionally killed in 2017 were killed by their current or former intimate partner.[5]

Fifty young women worldwide are newly infected with HIV every hour. The risk of HIV infection is 50 per cent higher for women who have experienced violence.[6] A close connection was established between women being subjected to physical and emotional violence by their intimate partners and their contracting HIV.[7] In 2018, at the 62nd session of the Commission on the Status of Women, the United Nations Secretary-General noted the rise of cases of primary HIV infection among adolescent girls and young women from key populations in the region of Eastern Europe and Central Asia (EECA).[8] In 2017, the United Nations Committee on the Elimination of Discrimination against Women (CEDAW) strongly called on State Parties to increase the professional capacity of law enforcement officers in sexual and reproductive health, including HIV, to enable them to take action to prevent and address violence against women[9].

The Eurasian Women's Network on AIDS (EWNA) operates in 12 countries of the EECA region and understands the importance of working with women living with HIV who have experienced violence. Within the annual "No Excuse for Violence" campaign, which EWNA has been conducting for the past five years, documented stories of women are evidence of the high levels of violence among women living with HIV and of the barriers they face to receiving comprehensive services.

Limited research has been carried out on this issue, and most of it outside Eastern Europe and Central Asia. Given the overall lack of data and the strong requests from national non-governmental community-based organizations that provide support to women living with HIV who have experienced violence, the research was led, driven and conducted by the community of women living with HIV.

3 Commission on the Status of Women. Report on the sixtieth session. 20 March 2015 and 14-24 March 2016. https://undocs.org/pdf?symbol=en/e/2016/27

4 Facts and figures: Ending violence against women. UN Women. 2018 http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures

5 Global Study on Homicide. Gender-related killing of women and girls. UNODC. 2018, p. 10. https://www.unodc.org/documents/data-and-analysis/GSH2018/GSH18_Gender-related_killing_of_women_and_girls.pdf

6 Women out loud: How women living with HIV will help the world end AIDS, UNAIDS, 2012 https://www.unaids.org/sites/default/files/media_asset/20121211_Women_Out_Loud_en_1.pdf

7 Reinvigorating the AIDS response to catalyze sustainable development and United Nations reform. Secretary-General Report, June 2017 https://www.unaids.org/en/resources/documents/2017/SG_report_2017

8 Women, the girl child and HIV and AIDS. Report of the Secretary-General. Commission on the Status of Women. 62nd session, 12–23 March 2018 https://undocs.org/en/E/CN.6/2018/8

9 CEDAW General Recommendation #35 (30, e). https://www.ohchr.org/EN/HRBodies/CEDAW/Pages/GR35.aspx

Goal of the research

- To identify the key characteristics of violence against women living with HIV and the specifics of organising assistance for women and girls living with HIV who have experienced violence in 12 EECA countries.

Objectives

- To examine women's personal assessments of their lived experience of gender-based violence (GVB).
- To examine the experiences of women who seek and those who do not seek assistance.To examine the specifics of organizing assistance, including access to shelters, for women who have experienced violence.
- To analyse existing barriers to receiving assistance.
- To develop recommendations for non-governmental organizations (NGOs) and other partners that provide assistance to women who have been subjected to violence.

The four types of GBV indicated in the Istanbul Convention[10]

- Physical
- Sexual
- Psychological or
- Economic harm to women

The definitions of each form of violence can be found in the European Institute for Gender Equality's (EIGE's) Gender-Statistics Database[11].

Geographical coverage of the study

12 EECA countries (Armenia, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Republic of Moldova, Russian Federation, Tajikistan, Ukraine and Uzbekistan).

Study target groups

- Women living with HIV;
- Women specialists in public or non-governmental organizations who provide direct or indirect assistance to women living with HIV who have experienced violence (hereafter referred to as *specialists*).

Criteria for inclusion in the study

- Women living with HIV, reached through support organizations.
  - Above 18 years of age.
  - Diagnosed with HIV.
  - With experience of violence after having been diagnosed with HIV.
- Women specialists.
  - Direct and/or indirect service provider to women living with HIV who have experienced violence;
  - Experts or advocates who are well informed about the system of GBV-related response.

10 Council of Europe Convention on preventing and combating violence against women and domestic violence. https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e

11 EIGE's Gender-Statistics Database. 2019 https://eige.europa.eu/gender-based-violence/forms-of-violence

The sample was created based on the access of EWNA country representatives to the study target groups. It should be noted that women aged 30 to 39 seek assistance from country representatives more frequently, which explains why this age group is the largest in the study's randomized sample. Moreover, according to UNAIDS, new HIV cases are most frequently identified among women aged 30 to 39.[12]

Research participants:

- **120 specialists and 464 women living with HIV** participated in the study.

Data collection and analysis process

Two semi-standardized questionnaires, designed for the two target groups, were developed for the use in the study. The questionnaires consist of closed and opened questions. Most of the respondents answered the questions independently, in writing, using the Google form. The authors of the report retained the original spelling and punctuation of the responses in the text of the report. The period of data collections was 5 November – 5 December 2018.

Qualitative analysis of data was performed in Excel spreadsheet format. The open-ended questions were analysed by means of identifying and grouping common themes.

Twenty women living with HIV did not give permission for their data to be disclosed, so their responses were not included in the narrative and their quotes are not used in this report.

Language of the study

- Russian.

In Armenia and Latvia, the questionnaires were translated into national languages. Information about the study was disseminated by organizations that provide assistance to women living with HIV.

12 L. Zograbyan, Presentation "UNAIDS' 90-90-90 Strategy", EECAAC, 2018
http://congress-ph.ru/common/htdocs/upload/fm/vich/18/may/prez/14-23.pdf

3. Data analysis: women who have experienced violence

3.1. Social and demographic characteristics

The Social and demographic characteristics of the women living with HIV surveyed by the study are presented in Annex 7.1.

Every second respondent (54.7 per cent) was between 30 and 39 years of age; there were fewer women aged 40 to 49 (27.5 per cent), 20 to 29 (13.5 per cent), and 50 and above (3.7 per cent). There were few younger respondents (0.7 per cent of the sample were aged 18 or 19). The average age of the women was 36.6 years. The oldest respondent was 58 years old.

Over a third of the women (43.6 per cent) have elementary and secondary school education. There were fewer women with vocational education (30.6 per cent), and considerably fewer women with higher and incomplete higher education (16.2 per cent and 9.3 per cent respectively).

Over half the respondents (56 per cent) lived with a permanent partner. Some of them (29.3 per cent) are officially married and some (26.7 per cent) are in a civil union. Almost a third of the respondents (29.7 per cent) indicated that they were not married and not in a permanent relationship. Significantly fewer respondents (14.2 per cent) said that they were in relationships but did not live with their partners.

A high proportion of the respondents (42.2 per cent) did not have permanent jobs, and every fifth (21.3 per cent) was unemployed. Some women did not work because they were on maternity leave (11.9 per cent). In total 5.8 per cent of the respondents were self-employed, while 2.6 per cent were retired including due to a disability.

The material wealth of women was the next to be assessed. Half the respondents (51.2 per cent) were living in poverty. In particular 13.4 per cent noted that they did not have sufficient resources for food, while purchasing clothes was a significant problem for 37.7 per cent due to lack of financial resources.

A substantial proportion of the respondents (73.7 per cent) lived with their children, and approximately half of them (46.7 per cent) had more than one child. The maximum number of children reported by respondents was seven.

More than half the respondents (56.5 per cent) had sexual partners who used drugs, while 42 per cent said they had had experience of using drugs. Every fifth respondent (19.2 per cent) had been in prison. The study participants also included sex workers (16.2 per cent); lesbian, bisexual and transgender (LBT) women (12.5 per cent); homeless women (14 per cent); migrants (9 per cent), including some who had changed their places of residence due to their HIV status; and clients on substitution therapy programmes (6.7 per cent).

3.2. Psychological and economic violence. Using children as a means of manipulation.

This section describes psychological and economic violence. The authors included the use of children as a means of manipulation that aggravates the violence against the women. Detailed results are presented in Annex 7.2.

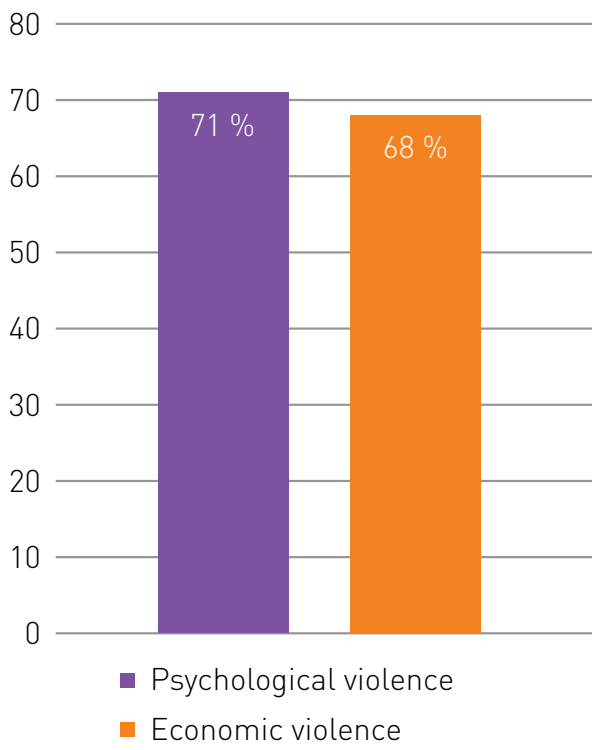
The women living with HIV reported the following types of violence: psychological violence (71 per cent) and economic violence (68 per cent).

67.6 per cent of the women living with HIV reported that psychological violence occurred in the presence of other people.

One in five (22.5 per cent) reported constant psychological violence.

68.5 per cent of the women living with HIV indicated economic violence. One in four women (24.4 per cent) were forbidden from seeking medical, social and other support services. More than a quarter of the women living with HIV (29.5 per cent) stated that they had been forbidden to work.

Types of violence



Forty per cent of the women living with HIV indicated that, in situations of psychological aggression, perpetrators of violence used children as a means of manipulation. Every fifth woman living with HIV (18.5 per cent) reported that her right of custody over her children had been challenged. Six women (1 per cent) stated that relatives used children to put psychological pressure on them: threatened to tell the child about the women's HIV status; threatened to take away the children; spoke about the risk of transmitting HIV to the child.

3.3. Physical violence and HIV infection

This section describes the physical violence experienced by women living with HIV. Detailed findings are given in Annex 7.3.

Of 464 respondents who reported having experienced violence, 52 per cent had experienced physical violence after being diagnosed with HIV;

One third of the respondents (34 per cent) had experienced physical violence during the past year.

Respondents also answered questions about the most recent case of violence.

When describing the last instance of violence, the most frequently reported types included:

- being shaken and pushed (81 per cent);
- being slapped (59 per cent);
- being punched or beaten with an object (49 per cent);
- being grabbed by the hair (42 per cent);
- being choked (37 per cent).

The most common consequences of physical violence are physical pain, feelings of fear, anxiety, panic attacks or depression (73 per cent), as well as feeling lonely (67 per cent) and feeling guilty and ashamed (51 per cent).

A quarter of the respondents (24 per cent) admitted having had suicidal thoughts and/or attempts, as well as inability to work (28 per cent). Two-fifths (39 per cent) of women living with HIV had suffered injuries during violent acts.

A third (32 per cent) of respondents reported that physical violence towards them was connected with their HIV status. Further responses of the women living with HIV were grouped into topics based on the question: "Elaborate on situations of physical violence related to your HIV status". Twenty respondents stated that physical violence had been accompanied by psychological aggression. Threats and insults contained stigmatizing phrases regarding their HIV status:

"He told me that I was an AIDS slut and that I don't deserve to be with normal people"

Uzbekistan

Fifteen respondents reported that their sexual partners connected their HIV status with cheating, were jealous of their former partners, and when doing so, called the respondent a whore or an AIDS slut. Seven respondents believed that the abuse was because of the HIV-negative status of their partners.

"My husband is HIV-negative. For years he's been accusing me of cheating"

Republic of Moldova

Ten women were found to be self-stigmatizing as they justified continuing the relationship by the fact that both of them were living with HIV. In such relationships, the respondents were told by their sexual partner that they didn't have a choice.

"I was in a relationship with that man and I had to bear the violence because I contracted HIV from him and was afraid to leave him because of self-stigmatization".

Russian Federation

"I had a feeling that I was handicapped, as if I had died and didn't have anything to strive for, no goals to set, no need to achieve them. As if there was nothing to be happy about, as if it didn't matter what would happen to me in the future. I felt inferior, defective, different from normal people. Lonely, with low self-esteem. Not a person, but a thing."

Uzbekistan

Seven respondents said that their partners had accused them of infecting them with HIV.

"He told me I was guilty, that he had contracted HIV from me and that I destroyed his life"

Estonia

"After I was diagnosed, my ex-husband beat me. Then it turned out that he was also living with HIV. He started drinking and beating me regularly, accusing me of infecting him. But I know he had infected me."

Ukraine

Six respondents indicated that men were violent after being intoxicated with alcohol or drugs.

Five respondents said they experienced violence from family members (brothers, biological parents or parents-in-law):

"When my brother learned about my HIV status, he insulted me, pushed me in front of my children and convinced my mother to kick me out of our family home. Now I have to live with three children in a rented apartment".

Ukraine

"My mother told me not to come too often, to prevent any scandal because of me. Nobody wants my children, they [my family members] are scared we will infect them, and they don't want their neighbours to see me come and to think that I left my husband. I have bruises everywhere, you know".

Kyrgyzstan

Five women noted that being discriminated against because of their drug addiction:

"I used drugs, and because of that we had quarrels, and he beat and humiliated me".

Tajikistan

Three women highlighted a combination of factors, in particular that violence happened when the intimate partner did not have a job and money to pay for their living costs:

"[He was] drunk, [he had] no job, no money. So he lost his temper, and I was always to blame. 'Where will you go? I'll bury you and no one will find you. No one needs you; no one will look for you'".

Kyrgyzstan

One woman reported experiencing violence from police and healthcare staff:

"When I was in a medical facility, medics made me lay down on the bare floor (because I could not walk); they explained that otherwise they would need to disinfect the place. When I tried to crawl from the concrete floor to a warmer place, police officers started beating me, kicking me to the corner of the admission room".

Ukraine

One woman stated that her intimate partner did not allow her to take antiretroviral drugs:

"When I was pregnant, my boyfriend did not allow me to take treatment [to prevent mother-to-child transmission]. I was taking it secretly, and when he found out, he started a scandal. I later found out that he was just afraid that I would tell someone that he had infected me with HIV".

Belarus

One of the women said that her intimate partner had forced her to have an abortion because of her HIV status:

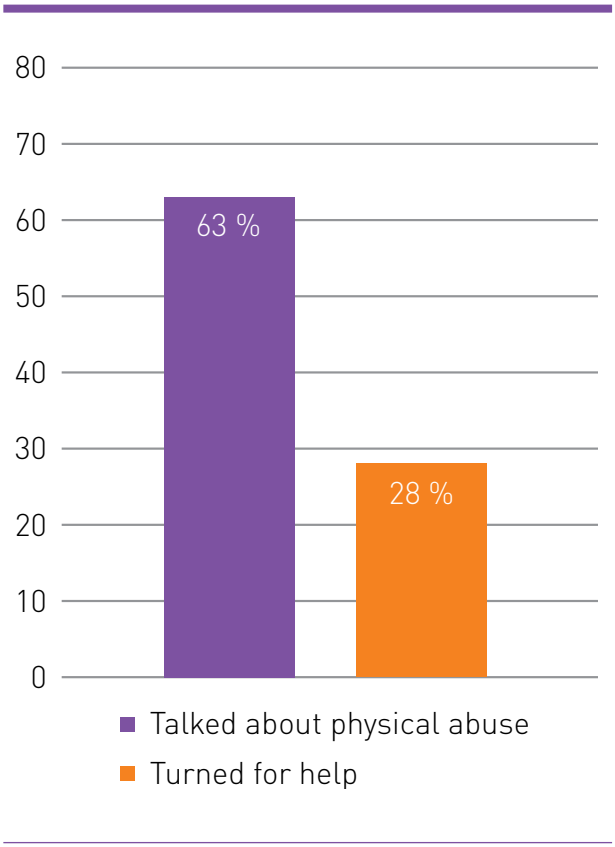
«When my man learned that I was pregnant he forced me to have an abortion because of my HIV status.»

Belarus

3.4. Physical violence and seeking assistance

This section describes the physical violence experienced by women living with HIV. Detailed findings are given in Annex 7.4.

More than half the respondents (63 per cent) who reported experiencing physical violence sought assistance from a friend (56 per cent) or a relative (51 per cent).



The specialists who the women living with HIV talked to about the abuse experienced, and sought assistance from included:

- social workers (41 instances);
- police officers (23 instances);
- psychologists (22 instances);
- health care workers (21 instances);
- lawyers (11 instances).

Social workers and psychologists were identified as the most helpful specialists. **Respondents mentioned the following organizations and institutions as places where they sought help:**

- the police (31 instances);
- health care facility (22 instances);
- NGOs (21 instances).

On average, the women living with HIV who have sought assistance rated the quality of professional assistance as 4.81 out of 7 points.

Only 1 out of 464 respondents reported addressing a crisis centre after having experienced violence.

The main reasons given for not seeking help were fear of publicity and public condemnation (47.6 per cent) and not believing that the assistance would be provided (43.5 cent).

Other reasons included:

- fear for personal security (35.4 per cent);
- feeling of shame (35 per cent);
- HIV status (30 per cent);
- lack of confidence in the justice system (28 per cent);
- not knowing one's rights (24 per cent);
- fear to lose family and/or children (18 per cent);
- reluctance to tell male police officers about intimate issues (17 per cent);
- lack of financial resources (16 per cent);
- financial dependence on the partner (15 per cent);
- seeking assistance goes against the religion, culture or traditions (6 per cent).

3.5. Sexual life. Sexual violence

This section addresses sexual relations. The data collected are presented in Annex 7.5.

Sixty per cent of the respondents stated they were not the ones who initiated sex and that their partners usually proposed how to have sex. Almost half (45.7 per cent) of the women living with HIV reported being afraid of contracting a sexually transmitted infection from their partners. At the same time 37.7 per cent of the women indicated that their partners reported having problems using condoms during sex. A third of the respondents (32.5 per cent) could not have open conversations about their HIV status with their partners, while 36.6 per cent do not feel secure with their partners.

Over half (54.5 per cent) of the respondents cannot discuss their sexual health and needs with their doctors, with 48.9 per cent feeling judged if they have a sexually transmitted infection.

An overwhelming majority of respondents (82.5 per cent) know where to get information about sexually transmitted infections, safe sex, and use of condoms and other contraceptives. At the same time, 45.9 per cent of respondents do not have access to free condoms, lubricants and contraceptives.

A total of 132 women living with HIV (28 per cent) experienced sexual violence after being diagnosed with HIV, including 19.2 per cent who associated sexual abuse with their HIV status. Notably, 10.7 per cent of respondents had experienced violence during the last year. One of the respondents wrote:

"When my partner is drunk, he almost always rapes me. He threatens to disclose my HIV status, so I do not resist".

Republic of Moldova

Some women continue their relationship because their partner is also living with HIV:

"He infected me, so now he can do anything".

Kyrgyzstan

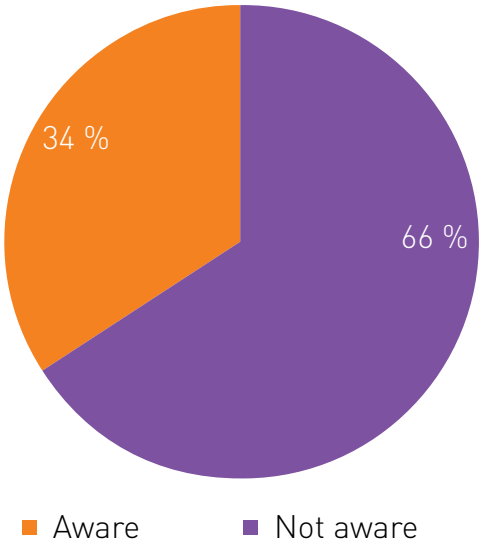
Importantly, **60.5 per cent of respondents who suffered sexual violence did not seek assistance.**

3.6. Awareness of available assistance

Types of assistance the respondents were aware of:

- Face-to-face psychological assistance—counselling, support groups (70.7 per cent);
- Social assistance (67.7 per cent);
- Psychological hotline (56 per cent);
- Legal assistance—consultations, litigation (53.9 per cent);

Awareness of the existence of shelters and crisis centres



- Medical assistance to people who experienced violence (37.7 per cent);
- Shelters, crisis centres (34.5 per cent);
- Financial support (22.4 per cent).

Therefore, 66 per cent of women who had experienced violence were unaware of the existence of crisis centres and shelters.

3.7. Interventions that contribute to reducing violence and promoting access to services for women who have experienced violence

Four hundred and two of the 464 respondents answered the open-ended questions about the main role of decision makers. Below is the list of advocacy goals identified by the 402 respondents:

- changing legislation (amending existing laws and adopting new laws) (32 per cent);
- establishing, and ensuring access to, assistance services for people who experienced violence and people who display aggression (25 per cent);
- informing and training women to increase legal literacy: what violence is and the rights they have (14 per cent);
- working with the media, reducing stigma, creating new norms in society (11 per cent);

- changing educational and cultural norms (5 per cent);
- generating information about services for people who experienced violence and for people who display aggression (5 per cent);
- including training about what violence is and in which forms it may be manifested in school curricula (4 per cent);
- enhancing women's status in society, ensuring and/or promoting equal rights (2 per cent);
- ensuring access to education and financial independence for women (3 per cent).

I did everything to change Armenian cultural norms, so that relatives and parents did not leave their daughters alone after they get married, and always supported them".

Armenia

Every fifth respondent (19.9 per cent) noted the importance of changing laws, in particular to toughen responsibility for perpetrators of violence:

"...to change criminal law, because instead of being imprisoned, perpetrators are punished by fines, and those fines are paid from the family budget".

Republic of Moldova

Sixteen respondents (4 per cent) stressed the importance of improving law enforcement practices:

"...too often women go to law enforcement agencies, and their claims remain ignored".

Kazakhstan

Four women (1 per cent) highlighted **the importance of supporting human rights defenders' work to reduce HIV-related discriminatory practices,** because some organizations require persons seeking employment to bring certificates confirming their HIV-negative status.

Also, respondents indicated **the need for protecting information about persons living** with HIV who have experienced violence.

In terms of informing and training women, 15 respondents (4 per cent) noted that **prevention work needs to begin "at school"**. It is important to inform and train women about types of violence, their rights, how to act when facing violence and where to seek assistance. In the opinion of five women, **there is a need for self-defence training courses**. One respondent said that women need "to be educated on issues of sex and relationships".

Eleven respondents (3 per cent) displayed violence-related stereotypes: a woman "should not go out after 9 p.m., should not be dressed garishly"; a woman "should listen to her parents and do what her husband says".

Every fourth respondent (25.8 per cent) finds it important **to create and ensure access to programmes of assistance for people who have experienced violence** and for those who display aggression. The following responses were given:

- "More crisis centres need to be opened, at least one in every town";
- "I would establish a special fund to help such women";
- "I would fund organizations that help women and support them";
- "I would make crisis centres safer and better protected";
- "Crisis centres should play the role both of a shelter/social service and of an investigating authority at the same time";
- "There should be courses on GBV, maybe even some kind of anonymous groups, because not everyone is willing to share their nightmare experiences with social workers or anybody else";
- "I would develop new approaches—such as online counselling—to support women";
- "I would establish more crisis centres and programmes for women who have experienced violence. There would have to be mobile professional teams, which would quickly respond to calls related to violence";
- "Introduction of correction programmes for perpetrators of violence";
- "I would send the perpetrator of the violence, not the victim, to the crisis centre, so that they work with him".

According to some respondents, **it is important to organize mass information campaigns in the media on violence:**

"People do not fully understand what violence means. They think it is just about physical pain. I suppose there should be more information about violence being conveyed through all possible channels"

Belarus

"[There should be] more information campaigns on GBV throughout the year for all groups in society. Campaigns for men should explain that violence exists and what forms of violence men constantly use in their lives. It is important for people to understand that violence is not acceptable, that this is not just the internal business of the nation or the family ("it's the same everywhere"), and that it is not normal".

Ukraine

The survey also included answers suggesting the importance of enhancing the status of women in society, in particular the value of women leaders, whose voices has to be heard:

"I would create jobs for women in the senior management of all administrative institutions".

Uzbekistan

"I would make men and women absolutely equal".

Tajikistan

"I want our women to know their rights, and I will make sure that women in our country are heard and take an active role in the society".

Armenia

4. Data analysis: specialists

The data collected are presented in Annex 7.7.

Two-fifths (39.2 per cent) of specialist respondents were heads of organizations and 27.5 per cent were coordinators. The survey also included heads of departments, managers, experts and NGO workers.

Seventy per cent of respondents work in NGOs, 23.3 per cent in public institutions, 2.5 per cent are country representatives of international organizations, and 4.2 per cent represent private companies

The types of assistance that are most commonly available in public institutions are: social worker support (83 per cent), legal support (76 per cent) and violence hotlines (75 per cent).

NGOs most often offer the help of a social worker (97 per cent), legal support (94 per cent) and peer counselling (90 per cent). Mobile teams are less typical for NGOs (41 per cent).

Of the types of assistance provided by NGOs, the highest rating was given to HIV peer counselling (5.56 out of 7 points); while for public institutions, it was the help of a social worker (4.46 out of 7 points).

Specialist respondents gave the lowest rating to provision of financial support (2.88 out of 7 points).

Specialist respondents were interviewed in more detail about the availability of shelters. Of 51 towns where respondents lived with populations of 12,000 and above, 10 did not have shelters for women who had experienced violence. These are Ribnita, Comrat and Slobozia in Moldova; two towns in Lori Province of Armenia; Bokhtar, Tursunzade and Kulyab in Tajikistan; Mazyr in Belarus; and Kuldiga in Latvia. Most of the other towns where the respondents live have one or two shelters each (71 per cent).

Specialist respondents identified the following criteria for shelters' effectiveness:

- 28 per cent identified being staffed with various professionals;
- 27 per cent identified offering adaptation follow-up after the stay in the shelter;
- 21 per cent identified allowing long-term stay in the shelter.

32 per cent of the respondents could not answer if their countries had government-run shelters. According to 7 per cent of respondents, women living with HIV cannot receive services in the shelters due to their diagnosis. Twenty-five per cent of respondents indicated that without documents, a woman would be unable to benefit from assistance from government shelters; while for NGO-run shelters this indicator was lower (15 per cent).

Specialist respondents identified the following challenges faced by women who had experienced violence when seeking assistance from government shelters:

- 45.1 per cent fear that is based on negative experience of discriminatory treatment or violation of rights;
- 43.4 per cent cited bureaucratic barriers: in order to receive help, one needs to provide numerous documents, certificates and so on.; limited capacity; long queues and so on.;
- 36 per cent mentioned stigmatizing attitudes towards persons living with HIV;
- 36.5 per cent stated that to receive help one needs to provide documents that may have been lost or are not accessible.

Respondents believe that the following elements are the most important for effective systems of help for women who have experienced violence:

- 32.5 per cent cited opening low-threshold crisis centres that would be accessible without providing any documents;
- 31.7 per cent mentioned building the capacity of specialists who work to prevent violence;
- 26 per cent reported toughening the sentencing for people who are perpetrators of violence;
- 22.5 per cent cited integration of violence prevention into HIV care and support programmes;
- 22 per cent called for adoption of domestic violence laws;

- 22 per cent mentioned supporting work to prepare and submit shadow reports;
- 21 per cent cited ratification of the Istanbul Convention.

"Government support is available in the form of the [Istanbul Convention], which is incorporated into the work of primary healthcare facilities and the forensic examination system".

Head of organization from Kyrgyzstan

Specialists also assessed the effectiveness of measures for implementation of the Istanbul Convention on preventing and combating violence against women and domestic violence in the countries. In the opinion of respondents, the most successful are measures to strengthen collaboration with civil society, the media and the private sector to raise public awareness about issues of violence (4.57 out of 7 points).

At the same time, the worst progress is seen in ensuring a sufficient number of shelters and free round-the-clock helplines (4.07 out of 7 points) and in implementing measures to change behaviour, gender roles and stereotypes that make violence acceptable (3.98 out of 7 points).

"The 7 December 2017 law on preventing and addressing domestic violence does not work fully, because not all the necessary by-laws have been developed and adopted"

Coordinator from Armenia

"In general, law enforcement practices are not yet sufficiently developed, though there is willingness and a general trend in this direction—thanks to NGOs. Neither the government nor the donor community provide enough funding for scaling up this work".

Senior manager from Kyrgyzstan

Every fifth specialist (19 per cent) spoke about the insufficiency of funding for comprehensive measures for women who have experienced violence.

"Government policy has been developed, but it is practically not funded at all. The contribution of NGOs and donor support is not enough".

Coordinator from Kazakhstan

Four respondents specified that "a shelter may not have funding for operational expenses and staff costs".

At the same time, the package of measures for helping women who have experienced violence is not limited to shelters—it should be noted that some countries are actively supporting the development of a system of assistance.

"In every state body, even in the most remote areas, there are branches of the Women's Committee of Uzbekistan. There are mahalla committees [local self-governance bodies], which have commissions on the issues affecting women. These structures deal with prevention of violence and assistance to women in difficult situations. When national programmes on supporting women are being developed, NGO recommendations are taken into consideration".

Specialist from Uzbekistan

Many specialists spoke about the need to work with the media:

"It is important to strengthen work on training media professionals on violence, stigma, discrimination and the consequences of unconsidered publications. I also think that negative public opinion is mostly due to the social status of women [...]. Training of and building partnerships with the media should not just be limited to important dates, but should be done through the development of guidelines for journalists and by conducting training cascades. It is also important to review laws and policies that regulate the work of the media."

Manager from Kyrgyzstan

13 Council of Europe Convention on preventing and combating violence against women and domestic violence https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e

5. Summary and conclusions

This study analysed issues encountered by women living with HIV who have experienced violence after being diagnosed with HIV. What makes the study unique is that it was designed, organized and conducted by the community of women living with and vulnerable to HIV, within the framework of regional "No Excuse for Violence!" campaign against gender-based violence. The study included 464 women living with HIV with experience of violence and 120 women specialists who provide direct or indirect assistance to women living with HIV who have experienced violence, from 12 countries in Eastern Europe and Central Asia.

The main conclusions of the study are:

- Despite the short period available for data collection, there was no difficulty in reaching women survivors of violence who are living with HIV. This indicates that HIV-service NGOs have regular access to this target group. The average age of the study participants was 36.6 years. This is a category of women who often seek help from service providers (NGOs). Programmes and projects should take into account the age characteristics of this group of women. At the same time, it is necessary to study the barriers that women living with HIV of other ages face, and what prevents them from accessing GBV-related services.
- Analysis of socio-demographic data shows that more than half (56.5 per cent) of the women living with HIV who faced violence have sexual partners who use drugs. Almost half (42 per cent) of the women indicated that they have used drugs themselves. Every fifth (19.2 per cent) had experience of being in prison. Half of the respondents (51.2 per cent) lived in poverty; and some of them (13.4 per cent) noted that they do not have enough money for food, while others (37.7 per cent) reported that buying clothes is a serious problem due to poor financial situation. Thus, the development of a package of actions for women survivors of violence who are living with HIV should include an integrated approach and take into account issues of poverty, as well as the existing system of support for persons who use drugs.
- For a long time, discussions have focused on how to prevent HIV vertical transmission. The sexual health of women living with HIV was not considered a priority, including by the women themselves. This report reveals that 56 per cent of the respondents live with permanent partners. A significant proportion of women living with HIV highlighted that their emotional context prevents them from having healthy sexual lives, as a result of the form of partner relationships they have. In particular, 60 per cent of respondents are not comfortable to initiate sex and to make suggestions about how they have sex with their partners. Nearly half (45.7 per cent) of women are afraid of contracting sexually transmitted infections. In many cases, despite the women's wishes, men do not use condoms during the intercourse, and 37.7 per cent of women have problems motivating their partners to use male condoms. It is imperative to develop gender-sensitive programmes that increase women's ability to communicate about safe sex. It should also be noted that one in four women (24.4 per cent) were forbidden from seeking medical, social, and other support services. Continued training of health care professionals is needed on GBV issues to enable them to assess harm in situations of violence and offer women quality and comprehensive assistance. Fear of being judged and discriminated against because of their social environment means the women often find it impossible to have open conversations with doctors or to discuss their HIV status or sexual lives with their partners.
- Of the 464 women who experienced violence that took part in the study, 52 per cent faced violence after being diagnosed with HIV and 10 per cent were experiencing ongoing violence.
- It is worth noting that 71 per cent of women living with HIV who suffered physical violence, did not seek help. The women themselves give the following reasons for not seeking help: fear of publicity and public condemnation, and not believing that assistance would be provided.
- In the opinion of the surveyed women living with HIV who had experienced violence, a key advoca-

cy objective is work around changing legal environments, to toughen responsibility and punishment for perpetrators of violence. The majority of specialist respondents stressed a need to improve law enforcement practices.

The main conclusions from the survey of 120 direct or indirect service providers to women living with HIV who have experienced violence or experts and advocates who are well-informed about the system to respond on GBV-related issues (hereafter: specialists) are as follows:

- 43 per cent of the specialists believe that there are bureaucratic barriers to obtaining assistance in shelters. Therefore, it is necessary to develop low-threshold crisis centres that can be contacted without providing documents,
- 10 of the 51 towns in which respondents live with populations of 12,000 and above do not have shelters for women who have experienced violence,
- It still a big challenge to receive emergency assistance (being admitted on the same day). This issue should be addressed and advocated about by women organizations, for instance by organizing mobile assistance which is the rarest services provided by public and non-governmental organizations.

General conclusions

- **Every second women living with HIV who has experienced violence after being diagnosed with HIV stated that it was physical violence.** At the same time 65.5 per cent of the women indicated that they were not aware about shelters. This is due to the low level of knowledge and low legal literacy of women survivors of violence who are living with HIV, and the underdeveloped system of low threshold shelters that require minimal documentation for admission.
- According to the respondents, the most important requirement for operating programmes to support women living with HIV who have suffered violence was **to ensure funding of the programmes, including from the State budget.**
- Gender stereotypes and HIV-related self-stigmatization contribute to the fact that women living with HIV remain in situations where they are facing violence for many years. The study confirms the importance of putting the issues of violence against women living with HIV onto the mainstream development agenda for countries in the EECA region.

6. Recommendations

Analysis of the current situation and assessment of interventions aimed at addressing violence against women living with HIV will allow policy-makers and service providers to maintain and improve the quality of their work. The evidence and data gathered from stakeholder participation can help with the development of recommendations to increase the efficacy of existing methods of work.

Activity description	Proposed lead	Timeline
Organization of assistance and legal environment		
1. Training of women community activists and service providers on enforcement of legal documents on domestic violence.	CSO	immediate
2. Advocacy for adoption of domestic violence laws in countries in the region where such laws do not exist.	CSO	long-term
3. Promotion of the Istanbul Convention[15] with engagement of women's community activists.	CSO	long-term
4. Scaling up human rights defence activities aimed at improving the enforcement of laws and engagement of the media.	CSO	medium
5. Monitoring and evaluation of existing service quality standards for crisis centres and shelters, in particular of current legal documents concerning the opening of shelters in settlements of certain population sizes.	CSO/GO	long-term
6. Ensuring sustainable financing of crisis centres and shelters, including those run by NGOs.	GO	long-term
7. Removing barriers by organizing low-threshold assistance free of burdensome bureaucratic and stigmatizing criteria for accessing assistance (residence registration; and limitations for persons living with HIV, sex workers, women who use drugs, and so on).	GO	immediate
8. Provision of resources and technical assistance for the development and submission of shadow reports to United Nations treaty bodies, including through community-led research and documenting cases of violence.	CSO/UN	immediate
9. Planning of violence prevention and assistance, including HIV care and support programmes with the active participation of women living with HIV.	CSO/GO	immediate
10. Maintaining effective communication and coordination with gender, human rights and HIV service organizations.	CSO	medium
11. Advocacy for decriminalization of HIV transmission, sex work and drug use as a means of reducing vulnerability of women to violence.	CSO	long-term
12. Development of paralegal networks of women living with HIV and/or vulnerable to HIV and violence.	CSO	medium

Provision of assistance		
1. HIV training and sensitization for specialists working in prevention of and response to violence.	CSO/GO	immediate
2. Improvement of mechanisms of emergency intervention by specialists in cases of violence against women.	CSO/GO	immediate
3. Strengthening of awareness raising activities, taking into account those who are first to know about incidents of violence (close ones—friends and relatives). These groups need to be considered when planning advocacy campaigns and provision of comprehensive services to inform and support women.	CSO/GO	medium
4. Creating a reference system connecting governmental and non-governmental agencies providing assistance to women who have experienced violence.	CSO/GO	medium
5. Organizing community-based assistance, which helps to build the confidence of service recipients and reduce gender- and HIV-related stigma.	CSO	medium
6. Putting in place diagnostic services and assistance for survivors of violence in all HIV prevention and support programmes.	CSO/GO	immediate

The recommendations from the survey should be operationalized in national and/or regional action plans and presented for the donor community, stakeholders and the general public for further advocacy efforts and support.

7. 7. Annexes

7.1. Annex. Socio-demographic characteristics

Country	**n**	**%**
Armenia	30	6.5
Belarus	32	6.9
Estonia	32	6.9
Georgia	26	5.6
Kazakhstan	30	6.5
Kyrgyzstan	36	7.8
Latvia	30	6.5
Moldova	30	6.5
Russian Federation	113	24.4
Tajikistan	32	6.9
Ukraine	44	9.5
Uzbekistan	29	6.3
Total:	*464*	*100.0*

Age	**n**	**%**
18-19	3	0.7
20-29	62	13.5
30-39	251	54.7
40-49	126	27.5
50 and older	17	3.7
Total:	*459*	*100.0*

Average age	36.6
Lowest age	19
Highest age	58
Modal age	38
	Most respondents of this age

Actual family status	**n**	**%**
Married and living with partner	136	29.3
Living with partner in civil (non-registered) union	124	26.7
Relationship with partner, but not living together	66	14.2
Not married nor in a relationship	138	29.7
Total:	*464*	*100.0*

Education	**n**	**%**
Elementary (1-8 grades of school)	56	12.1
Secondary general (9-11 grades of school)	146	31.5
Elementary vocational (lyceum, junior vocational school)	45	9.7
Secondary vocational (college, vocational school)	97	20.9
Incomplete higher education or first degree (1-4 years of university study)	43	9.3
Higher education or second degree (5-6 years of university study)	75	16.2
Post-graduate school or degree	2	0.4
Total:	*464*	*100.0*

Social status	**n**	**%**
(Co-)owners of a company or enterprise	11	2.4
Heads, deputy heads, heads of department	20	4.3
Specialists with higher or secondary vocational education	84	18.1
Qualified employees or civil servants	82	17.7
Non-qualified employees or civil servants	67	14.4
Self-employed, freelancers	27	5.8
Unemployed	99	21.3
Students	7	1.5
Temporarily unemployed, including on maternity leave	55	11.9
Retired, including disability pensioners	12	2.6
Total:	*464*	*100.0*

Permanent job	**n**	**%**
Yes	268	57.8
No	196	42.2
Total:	*464*	*100.0*

Assessment of financial situation	**n**	**%**
Not enough money even for food	62	13.4
Enough money for food, but buying clothes is a serious problem	175	37.7
Enough money for food, clothes and small home appliances, but it would be difficult to buy a television, refrigerator or washing machine	157	33.8
Enough money for home appliances, but cannot afford a new car	39	8.4
Enough money for everything, except for expensive assets such as a holiday home or apartment	21	4.5
No financial difficulties	10	2.2
Total:	*464*	*100.0*

Minor children living in the household	n	%
No	122	26.3
Yes	342	73.7
Total:	*464*	*100.0*

Number of minor children living in the household	n	%
1	182	53.2
2	106	31.0
3	33	9.6
4 or more *(Maximum number: 7)*	21	6.1
Total:	342	100.0

Belonging to particularly vulnerable groups	n	%
Uses or used drugs	195	42.0
Sexual partner(s) use(s) or used drugs	262	56.5
Clients of opioid substitution programme	31	6.7
Are or were involved in sex work	75	16.2
Current or former prison inmate	89	19.2
Have or had disability	79	17.0
Moved to another country, migrant woman	42	9.0
Internally displaced women	82	17.7
Heterosexual women, have or had sexual contacts only with men	360	77.6
Bisexual women or lesbians, have or had sexual contacts with women, transgender women	58	12.5
Currently or previously homeless	65	14.0

7.2. Annex. Psychological and economic violence, and manipulation using children

	Never		Sometimes		Often	
	n	*%*	*n*	*%*	*n*	*%*
Somebody has called the woman names or verbally insulted	132	28.4	249	53.7	83	17.9
Somebody has intimidated, verbally threatened, promised to harm the woman herself or someone she cares about	172	37.1	230	49.6	62	13.4
Somebody has abused, humiliated or degraded the woman or her actions, including in the presence of other people	150	32.4	242	52.3	71	15.3
Someone has displayed excessive jealousy towards the woman, controlled her, prevented her from communicating with other people	144	31.1	215	46.4	104	22.5
Someone had persecuted, made calls, sent messages, tried to communicate against the woman's will	193	41.6	205	44.2	66	14.2

	Never		Sometimes		Often	
	n	*%*	*n*	*%*	*n*	*%*
Someone with whom the woman cohabits refused to give enough money for household expenses, even when he had it	211	45.5	162	34.9	91	19.6
Someone with whom the woman cohabits spent common financial resources without consulting with her	146	31.5	212	45.7	106	22.8
Someone with whom the woman cohabits refused to contribute to the common financial resources	226	48.7	150	32.3	88	19.0
Someone with whom the woman co-habits did not allow her to work	327	70.5	108	23.3	29	6.3
Someone with whom the woman co-habits did not allow her to seek medical, social and other assistance	351	75.6	96	20.7	17	3.7

	Never		Sometimes		Often	
	n	*%*	*n*	*%*	*n*	*%*
Someone has had psychological, physical or other influence on the woman's children to hurt her	281	60.6	147	31.7	36	7.8
Someone has challenged the woman's right to custody over her children	378	81.5	66	14.2	20	4.3
Someone has used the woman's children or other close ones to put pressure on her	273	58.8	140	30.2	51	11.0
Someone has held woman's children with the goal of intimidating her or forcing her to do something	379	81.7	63	13.6	22	4.7

7.3. Annex. Physical violence and HIV infection

Frequency of facing physical violence since being diagnosed with HIV	**n**	**%**
Never	219	47.2
Sometimes	196	42.2
Often	49	10.6
Total:	*464*	*100.0*

Frequency of facing physical violence over the last year	**n**	**%**
Never	80	32.7
Sometimes	131	53.5
Often	34	13.9
Total:	*245*	*100.0*

From here on, questions are about the most recent incident

Actions performed (multiple choice)	**n**
Slapped with a palm	122
Shaken or pushed	167

Punched or hit with an object	101
Suffocated	77
Grabbed by the hair	86
Burned	10
Threatened with a knife or another weapon	33
Performed other actions	17

Connection between the incident of physical violence	**n**	**%**
and the HIV status	n	%
Not connected	166	68.0
Connected to a certain extent	*78*	*32.0*
Total:	*244*	*100.0*

Consequences of physical violence	**n**
Physical pain	162
Injury	93
Alcohol or drug use for the sake of relief	95
Inability to work or perform other responsibilities	67
Feeling of fear, anxiety, panic attacks, depression	174
Feeling of guilt or shame	122
Feeling of loneliness	160
Suicidal thoughts, attempts to commit suicide	63
Other consequences	11

7.4. Annex. Physical violence and seeking assistance

Told someone about experiencing physical violence	**n**	**%**
Yes	152	63.1
No	89	36.9
Total:	*241*	*100.0*

Who was told about experiencing physical violence	**n**
Male or female relative	78
Male or female friend	87
Unfamiliar person	9
Psychologist	22
Social worker	41
Police officer	23
Healthcare worker	21
Lawyer	11

Who could help most	n	%
Male or female relative	40	27.4
Male or female friend	53	36.3
Unfamiliar person	6	4.1
Psychologist	14	9.6
Social worker	21	14.4
Police officer	3	2.1
Healthcare worker	6	4.1
Lawyer	3	2.1
Total:	*146*	*100.0*

Seeking assistance	n	%
Yes, assistance was sought	72	29.5
No, assistance was not sought	172	70.5
Total:	*244*	*100.0*

Where the assistance was sought	n
Someone close	40
Police	31
Health care facility	22
NGO	21
Crisis centre	1
Other	1

Church

Assessment of professional assistance (how helpful it was)		
Average score	4.58	on scale from 1 to 7
Modal score	7	chosen most often

Reasons for not seeking assistance	n
Fear for personal security	104
Seeking assistance goes against the religion, culture or traditions	17
Not believing that the assistance would be provided	128
Reluctance to tell male police officers about intimate issues	49
Fear of publicity and public condemnation	140
Financial dependence on the partner	43
HIV status	89
Lack of confidence in the justice system	83
Feeling of shame	103
Lack of financial resources	47
Lack of awareness of rights	71
Fear to lose family and/or children	53
Other reasons	5

7.5. Annex. Sexual life. Sexual violence

Attitudes towards sexual relations	Agree		Disagree	
	n	%	*n*	%
I find sex pleasurable both for myself and my sexual partner(s)	399	86.0	65	14.0
I have sex to satisfy my partner(s)	208	44.8	256	55.2
I myself initiate sex with my partner(s) and make suggestions about how we have sex	185	39.9	279	60.1
I have sex when I want it	254	54.7	210	45.3
I have sex only when my partner(s) want(s) it	251	54.1	213	45.9
I know where to get information about STIs, safe sex, condom use and contraceptives	383	82.5	81	17.5
I have sex without fear of contracting any STIs from my partner(s)	252	54.3	212	45.7
If I have a STI, I can get diagnosed and treated without fear of being condemned by healthcare workers	237	51.1	227	48.9
I have sex without fear of transmitting HIV to my partner(s)	293	63.1	171	36.9
I feel safe with my sexual partner(s)	294	63.4	170	36.6
I can talk to my doctor about my sexual health and needs	211	45.5	253	54.5
I can receive everything I need for sexual relations—condoms, lubricants, contraceptives, etc.—free of charge	251	54.1	213	45.9
I can intimately discuss my HIV status with my sexual partner(s)	313	67.5	151	32.5
My sexual partner(s) use(s) condoms, when I want it, without any problems	289	62.3	175	37.7
I can use a female condom, if I want to	188	40.5	276	59.5

Frequency of facing sexual violence after being diagnosed with HIV	n	%
Never	332	71.6
Sometimes	113	24.4
Often	19	4.1
Total:	*464*	*100.0*

Frequency of facing sexual violence over the course of last year	n	%
Never	60	45.8
Sometimes	57	43.5
Often	14	10.7
Total:	*131*	*100.0*

Connection between the incident of sexual violence and the HIV status	n	%
Not connected	105	80.8
Connected	25	19.2
Total:	*130*	*100.0*

Consequences of the sexual abuse (multiple choice)	n
Physical pain	69
Injury	40
Alcohol or drug use for the sake of relief	56
Inability to work or perform other responsibilities	22
Feeling of fear, anxiety, panic attacks, depression	64
Feeling of guilt or shame	81
Feeling of loneliness	73
Suicidal thoughts, attempts to commit suicide	26
Other consequences	2

Told someone about experiencing sexual violence	n	%
Yes	42	34.4
No	80	65.6
Total:	*122*	*100.0*

Whom did you tell about the sexual abuse? (multiple choices)	n
A relative (female or male)	13
A friend or girl friend	23
A stranger	4
A psychologist	9
A social worker	11
A police officer	7
A medical professional	4
A lawyer	2

Who provided the most support?	n	%
Relative (female of male)	8	20.5
Friend or girl friend	16	41.0
Stranger	2	5.1
Psychologist	6	15.4
Social worker	6	15.4
Police officer	1	2.6
Medical professional	0	0.0
Lawyer	0	0.0
Total:	*39*	*100.0*

Sought help	n	%
Yes, I sought help	17	39.5
No, I did not seek help	26	60.5
Total:	*43*	*100.0*

Where the assistance was sought (multiple choice)	n
Someone close	9
Police	6
Health care facility	2
Public organization	8
Crisis centre	1

Assessment of the professional assistance (how it was helpful)		
Average score	5,63	variation
Modal score	7	most often chosen

Reasons for not asking for help (multiple choice)	n
Fear for personal security	18
Seeking assistance goes against the religion, culture or traditions	0
Not believing that the assistance would be provided	17
Reluctance to tell male police officers about intimate issues	14
Fear of publicity and public condemnation	16
Financial dependence on the partner	12
HIV status	12
Lack of confidence in the justice system	15
Feeling of shame	15
Lack of financial resources	7
Lack of awareness of rights	6
Fear to lose family and/or children	8

7.6. Annex. Awareness of available assistance

Awareness about possibilities to receive assistance

Awareness about possibilities to receive assistance	Aware		Not aware	
	n	%	*n*	%
Psychological assistance through a telephone helpline	258	56.0	203	44.0
Face-to-face psychological assistance—counselling, support groups	324	70.7	134	29.3
Shelter, crisis centre	157	34.5	298	65.5
Legal assistance, consultations and litigation	246	53.9	210	46.1
Social assistance	310	67.7	148	32.3
Financial support	102	22.4	354	77.6
Medical assistance for people who have experienced violence	172	37.7	284	62.3

7.7. Annex. Data analysis: specialists

Position	**n**	**%**
Leader	47	39.2
Coordinator	33	27.5
Manager	20	16.7
Expert	13	10.8
NGO employee	6	5
No data	1	0.8
Total	*120*	*100.0*

Position	**n**	**%**
NGOs	84	70
State institute	28	23.3
Country representatives of international organizations	3	2.5
Private institutions	5	4.2
Total	*120*	*100.0*

www.ewna.org

Eurasian Women's Network on AIDS (EWNA) is a regional network of 55 women leaders living with and vulnerable to HIV who advocate for the rights of their peers in 12 countries in the EECA region. These rights are related to access to health care services, including reproductive health, the elimination of violence against women and the right to be involved in political and public debate on which they depend on for their lives and health. EWNA was created so that the political declaration on the fight against HIV and AIDS becomes a reality for women in the EECA region. It unites women leaders with the intention of further developing and strengthening their capacities and potential and making their stories and voices more visible and heard in decision-making processes at all levels. EWNA was established in 2013 and officially got registered on 5 May 2015 in Georgia.