

# Seeking Safety

Increasing awareness of the **IMPACT OF DOMESTIC VIOLENCE** in Namibia



Legal Assistance Centre

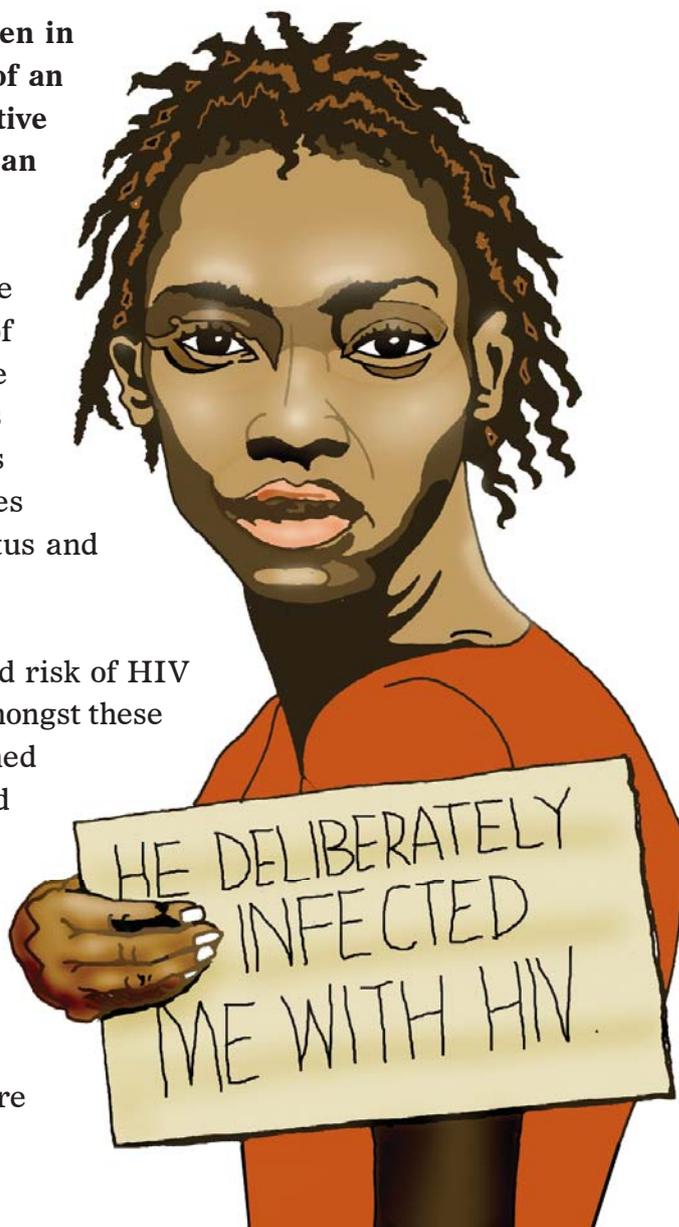
Circular No. 2  
January 2013

## Domestic Violence and HIV

It is estimated that more than one third of women in Namibia have experienced violence at the hands of an intimate partner.<sup>1</sup> Domestic violence has many negative emotional and physical consequences, including an increased risk of HIV infection.

There is considerable evidence to support a linkage between gender-based violence (GBV) and risk of HIV infection.<sup>2</sup> The risk can be direct, for example through forced sex. It can also be indirect, such as where violence or threats of violence limit women's and girls' ability to negotiate safer sexual practices or make them too afraid to disclose their HIV status and access services.<sup>3</sup>

Pre-adolescent and adolescent girls are at increased risk of HIV infection due to the high incidence of coerced sex amongst these age groups. For example, a Namibian study published in 2006 found that 25% of the respondents aged 10-14 and 15% of the respondents aged 15-24 had experienced one or more forms of sexual abuse. In fact, looking only at those who had already engaged in sex, 42% of the 10-14 year-olds with sexual experience and 18% of the 15-24 year-olds with sexual experience reported that they had been forced to have sex.<sup>4</sup> Safer sex practices are unlikely to be an option in the context of coercion.



This circular was produced by the **Legal Assistance Centre** with support from the **US Embassy**.

**Legal Assistance Centre:**

4 Marien Ngouabi Street (former name Körner Street), Windhoek  
PO Box 604, Windhoek, Namibia

Tel. 061-223356 • Fax 061-234953 • Email [info@lac.org.na](mailto:info@lac.org.na) • Website [www.lac.org.na](http://www.lac.org.na)

## **Domestic violence increases the possibility of HIV infection through physical injury**

Domestic violence directly affects the likelihood of HIV infection because physical injury during forced sex may increase the risk of sexual transmission of infection. The violence of non-consensual sex, combined with the fact that the woman is unlikely to be aroused in such circumstances, increases the possibility of blood transmission through cuts and abrasions if no condom is used.<sup>5</sup>

## **Links between domestic violence and multiple sexual partners**

Women with violent partners are significantly more likely than women with non-violent partners to report that their partners are having simultaneous sexual relations with other women.<sup>6</sup> Having multiple sexual partners greatly influences the likelihood of HIV infection.

## **Links between domestic violence and sexual frequency**

Sex is more frequent in violent relationships because men in violent relationships feel that they have the right to decide when sex should take place and that women have no right to refuse. Furthermore, women who are victims of domestic violence often have a reduced sense of self-worth, which can in turn cause them to accept risky sexual practices.<sup>7</sup>

## **Discussion about HIV status in violent relationships**

Women who are subjected to violence by intimate partners may be afraid to request HIV testing or disclose their HIV status out of fear of violence or because of the power imbalances in

the relationship.<sup>8</sup> Moreover, women in violent relationships who know they are infected with HIV may be too afraid to inform their partners of their status. Such fears are probably not groundless; one Kenyan study found that HIV positive women were five times more likely than HIV negative women to report domestic violence.<sup>9</sup>

## **Inability to access services**

Women with violent partners may be afraid to disclose their HIV status and access treatment or other appropriate services. For example, the Legal Assistance Centre study uncovered one case where a victim of domestic violence stated that the abuser threatened to kill her if she revealed her positive HIV status to anyone.<sup>10</sup>

## **The impact of domestic violence and HIV on unborn children**

The transmission of HIV infection through domestic violence could also affect unborn children. Where a woman becomes pregnant through forced sex with an HIV positive man, or where a pregnant woman is infected by means of forced sex, mother-to-child transmission of the virus could mean that the child is born HIV positive.<sup>11</sup>

## **Links between childhood abuse and HIV**

Another link between domestic violence and HIV is found where children have been abused or exposed to domestic violence. For example, child abuse has been associated with a lifetime history of domestic violence and high-risk behaviour such as drug abuse, having multiple sexual partners, and trading sex for money, drugs or shelter.<sup>12</sup> These are all risk factors for HIV infection. Moreover, the literature also shows that some victims of violence may become abusers themselves in later life.<sup>13</sup>

## How can service providers address the linkages between domestic violence and HIV?

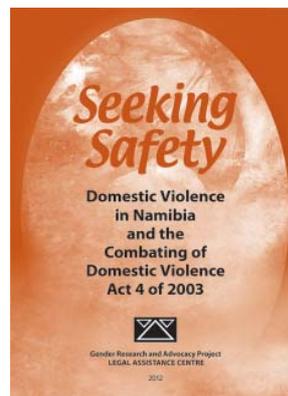
- People experiencing ongoing, unrecognised or unaddressed abuse might not make the healthiest choices to reduce the risk of HIV infection, improve their health, or obtain the most complete and most effective care for HIV infection.<sup>14</sup> **Courts and police stations, including the Woman and Child Protection Units, should make sure that complainants can access health care information at the courts, by ensuring that the courts are well stocked with pamphlets about HIV testing, prophylactic treatment and living positively with HIV.** For example, there is a medicine that can reduce the chances of being infected with HIV after rape or forced sex. It is called post-exposure prophylaxis (PEP). It will work only if taken soon after the rape – at best within 72 hours or sooner. The victim must take PEP for 28 days; if the treatment is stopped too soon, it will not work. The government can provide PEP for free if the victim cannot pay. This may be important information for the complainant.
- **When a victim of domestic violence comes to report a case, it is important that the person taking the statement writes down all of the relevant information, including any health-related information that the complainant may wish to discuss.** The clerk or police officer who is taking the statement should also ask the complainant if he or she would like a referral to support persons such as a doctor, nurse or social worker.
- **Service providers who assist victims of GBV and healthcare providers who treat victims of GBV should receive cross-training on each other's respective areas.** The Magistrates Commission and the Ministry of Health and Social Services should work together to implement capacity-building training whenever possible.

## Notes

- <sup>1</sup> Ministry of Health and Social Services (MoHSS), 2004.
- <sup>2</sup> Andersson, Cockcroft, & Shea, 2008 at 75.
- <sup>3</sup> World Health Organization, 2000 at 7.
- <sup>4</sup> UNICEF, 2006.
- <sup>5</sup> World Health Organization, 2000 at 11.
- <sup>6</sup> García-Moreno C et al, *WHO Multi-country Study on Women's Health and Domestic Violence against Women, Initial results on prevalence, health outcomes and women's responses*, Geneva: WHO, 2005 at 67.
- <sup>7</sup> Andersson, Cockcroft, & Shea, 2008 at 74.
- <sup>8</sup> World Health Organization, 2000 at 12.
- <sup>9</sup> Kiarie, Farquhar, Richardson et al, 2006
- <sup>10</sup> Legal Assistance Centre, 2012 at 297
- <sup>11</sup> Family Health International, 2005 at 8.
- <sup>12</sup> Cohen, et al., 2000
- <sup>13</sup> Andersson, Cockcroft, & Shea, 2008 at 77.
- <sup>14</sup> Cohen, et al., 2000 at 564

## Bibliography

- Andersson N, Cockcroft A, Shea B, Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa, *AIDS*, vol 22 (suppl 4), 2008, pages S73–S86.
- Cohen M, Deamant C, Barkan S, Richardson J, Young M, Holman S et al, Domestic violence and childhood sexual abuse in HIV-infected women and women at risk for HIV, *Am J Public Health*, vol 90, 2000, pages 560–565.
- Family Health International, Nonconsensual sex, *Network*, vol 23/4, 2005.
- García-Moreno C et al, *World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women, Initial results on prevalence, health outcomes and women's responses*, Geneva: World Health Organization, 2005.
- Jewkes R, Levin J, Penn-Kekana L, Risk factors for domestic violence: findings from a South African cross-sectional study, *Soc Sci Med*, vol 55, 2002, pages 1603–1617.
- Kiarie JN, Farquhar C, Richardson BA, Kabura MN, John FN, Nduati RW, John-Stewart GC, Domestic violence and prevention of mother-to-child transmission of HIV-1, *AIDS*, vol 20, 2006, pages 1763–1769.
- Legal Assistance Centre, *Seeking Safety: Domestic Violence in Namibia and the Combating of Domestic Violence Act 4 of 2003*, Windhoek: Legal Assistance Centre, 2012.
- Ministry of Health and Social Services (MoHSS), “*An Assessment of the Nature and Consequences of Intimate Male-Partner Violence in Windhoek, Namibia: a sub-study of the WHO multi-Country Study on Women's health and domestic violence*”, Windhoek: MoHSS, 2004.
- UNICEF, *HIV and AIDS Knowledge, Attitudes, Practices and Behaviour (KAPB) Study in Namibia: Key Findings*, Windhoek: UNICEF, 2006.
- World Health Organization, *Violence against women and HIV/AIDS: Setting the research agenda*, Geneva: World Health Organization, 2000.



Digital versions of "Seeking Safety" and most of the Legal Assistance Centre (LAC) publications are available on the LAC website: [www.lac.org.na](http://www.lac.org.na)