



**Community-led monitoring:  
Types of violence against  
women living with HIV  
in Kazakhstan**



**2023**

*"When I was 5 months pregnant, he pushed me downstairs from the 2nd floor, I fell to the ground, I had many bruises and severe injuries. He forbade me to seek medical assistance, I barely came back to my senses. Perhaps this is why our second child was born special, but the diagnosis has not yet been officially established, since we are migrants and only recently received a residence permit. I haven't contacted the clinic yet".*

**Woman living with HIV  
Almaty**

*"My parents told me to put up with it, because it is "uyat bolady" (it is a shame)".*

**Woman living with HIV.  
Astana**

*"I always blame myself because I love him so much".*

**Woman living with HIV.  
Pavlodar**

*"Instead of helping me, the police told me: "You're a Muslim, you read prayers, wear a hijab, you have children, why are you writing a statement against him, you chose him yourself".*

**Woman living with HIV.  
Almaty**

*"The father of my children was always telling me that I was dirty and unworthy because I had HIV. He does not have HIV. Sometimes he harassed me against my will and said that I was obliged to him, that nobody needed me and that I should obey".*

**Woman living with HIV.  
Oskemen**

*"I was diagnosed with HIV during pregnancy, and he does not have HIV. At first, he humiliated me, after the birth of the child he began to beat me, then he took the child to his mother and did not allow me to see him. According to Muslim customs, he made a "talaq bain" refusal to marry me. All my attempts to see the child end either in me being beaten or simply in nothing".*

**Woman living with HIV.  
Almaty**

*"Impunity led to him setting fire to my apartment at the time I was there with the child. All property was destroyed, my child and I miraculously survived".*

**Woman living with HIV.  
Almaty**

*"In our city, women with HIV are not admitted to the crisis centre; I wish there was such a centre".*

**Woman living with HIV.  
Astana**

*"I avoid going to doctors because they treat women who have HIV very badly".*

**Woman living with HIV.  
Oskemen**

*"I got help, but after disclosing my HIV status, I felt neglected".*

**Woman living with HIV.  
Astana**

*"At that time there was Covid and the police rejected my statement, saying that being beaten was not the worst thing that could happen. I wrote a statement, but the police began to put pressure on me and I took it away. And in the hospital, I was treated like a homeless person, because I was covered in blood and dirty. Only after the doctor realized that I didn't smell of alcohol did she become more friendly".*

**Woman living with HIV.  
Oskemen**

## Organisers of the research

[Eurasian Women's Network on AIDS](#) (EWNA) is a network of women leaders and activists who advocate for the rights of women living with HIV and women vulnerable to HIV 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 established in 2013 and officially got registered on 5 May 2015 in Georgia.

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## Disclaimer

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## INTRODUCTION

In 2018, EWNA conducted community-led [study](#) on violence against women living with HIV in Eastern Europe and Central Asia. The study included 464 HIV-positive women with prior experience of violence and 120 women specialists from 12 EECA countries, including Kazakhstan. 52% of study participants experienced violence after being diagnosed with HIV. 71% of women who had experienced physical 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. In 2019, such [monitoring](#) was carried out in Ukraine under the leadership of the national network of women living with HIV, the Charitable Organisation “Positive Women”.

Women have been disproportionately affected by the impact of COVID-19, as well as the steps taken to prevent its spread. COVID-19 has highlighted and exacerbated existing inequalities and vulnerabilities that impact the health and lives of women and girls every day, including their economic stability, food and nutrition security, overall health and safety (including safety in the face of violence), self-determination and the ability to exercise one’s sexual and reproductive rights and health.

[According to the UN Women estimates](#), in Kazakhstan, 47% of women experienced physical and/or sexual violence from an intimate partner in the past 12 months (2017). According to the National Commission on Women’s Affairs and Family and Demographic Policy under the President of the Republic of Kazakhstan, 63,447 cases of domestic violence against women were registered in 2020, which is 34.4% lower than the level of 2019. There has been a steady downward trend in registered cases of domestic violence against women since 2017. But already during the reporting meeting with the population, the Minister of Information and Social Development of the Republic of Kazakhstan announced that the level of domestic violence in Kazakhstan during the quarantine period increased by 25%<sup>[1]</sup>. In 2020, the Committee of Ministers of the Council of Europe decided [to invite Kazakhstan](#) (and Tunisia) as the first non-member states to accede to the Istanbul Convention. This is the first known case for Central Asian countries.

In Kazakhstan, HIV testing is voluntary, with informed consent and not mandatory before marriage. In 2022, Kazakhstan removed legal barriers to the adoption of children by people living with HIV. However, the country has criminalised HIV exposure and transmission (Article 118 of the Criminal Code). Until July 1, 2023, access to crisis centres was legally limited for women living with HIV in accordance with the standard for the provision of special social services to victims of domestic violence (Chapter 2, paragraph 13, sub-paragraph 2)<sup>[2]</sup>.

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1. Архитектура реагирования на гендерное насилие в странах Центральной Азии. Региональный обзор, 2022. Инициатива «Луч света» [Architecture for responding to gender-based violence in Central Asia. Regional Review, 2022. Spotlight Initiative].  
 2. [Об утверждении стандарта оказания специальных социальных услуг жертвам бытового насилия \[On approval of the standard for the provision of special social services to victims of domestic violence\]](#). Repealed by Order of the Deputy Prime Minister – Minister of Labour and Social Protection of the Population of the Republic of Kazakhstan dated June 29, 2023 No. 263

The new standards for the provision of special social services in the field of social protection of the population include no basis for refusal of admission due to the presence of an infectious disease[3].

Community-led services to address gender-based violence for women living with HIV and women who use drugs were taken into consideration by the Technical [Working Group](#) on COVID-19 Funding Request development to obtain funding from the Global Fund (2021). However, this intervention was not included in the final funding request.

Community-led organisations, including Moy Dom (Temirtau) and Revansh (Almaty), document cases of gender-based violence and provide support to women living with HIV and women who use drugs who have experienced violence. The mentoring programme of the Answer NGO provides counseling and support to women living with HIV who are experiencing violence in 10 regions of Kazakhstan.

In 2022, a [Coordination Council](#) to combat gender-based violence was created in Almaty. It is focused on marginalized women and includes representatives of the city Department of Employment and Social Programmes, representatives of the community of women living with HIV, sex workers and women who use drugs, the AIDS Centre, law enforcement agencies, crisis centres, deputies and civil society. The Association of Crisis Centres of Kazakhstan, together with Revansh, is developing standards for the provision of GBV services for women from key population groups.

In the [concluding observations](#) on the fifth periodic report of Kazakhstan (2019), the UN Committee on the Elimination of Discrimination against Women (CEDAW) noted with concerns:

- ✔ lack of shelters for women and girls who are victims of gender-based violence and the denial of access to such shelters to women living with HIV;
- ✔ lack of shelter, medical, social and legal services, rehabilitation and reintegration programmes for victims of trafficking, in particular women living with HIV, and budgetary allocations for such assistance;
- ✔ limited access to health care for and the discrimination and violence faced by women living with HIV, [...] and women using drugs, including in prisons.

The Committee recommended to State party:

- ✔ Strengthen the availability and accessibility, through funding from the State budget, of long-term and short-term shelters, medical and psychological care and legal assistance, in urban and rural areas, to all women who are

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3. [Об утверждении стандартов оказания специальных социальных услуг в области социальной защиты населения \[On approval of standards for the provision of special social services in the field of social protection of the population\]](#). Order of the Deputy Prime Minister – Minister of Labour and Social Protection of the Population of the Republic of Kazakhstan dated June 29, 2023 No. 263. Registered with the Ministry of Justice of the Republic of Kazakhstan on June 29, 2023 No. 32941

victims of, or who are at risk of, gender-based violence, regardless of whether they are living with HIV or are engaging in prostitution.

- ✓ Ensure access to integrated support, rehabilitation and reintegration programmes for women and girls who are victims of trafficking, regardless of whether they are living with HIV, and ensure that such programmes are not conditional on cooperation with the police and prosecutorial authorities.
- ✓ Register, investigate and prosecute cases of gender-based violence and discrimination against women in prostitution and bring perpetrators to justice, and end the practice of forced HIV testing.
- ✓ Provide free or subsidized contraceptives to vulnerable groups in urban and rural areas, including [...] women living with HIV.
- ✓ Eliminate discrimination, violence and stigma against women living with HIV, [...] and women using drugs, including in institutions or prisons, and ensure that they have access to adequate health services, including sexual and reproductive health services and HIV and drug treatment.



## SUMMARY

Community-led monitoring on types of violence against women living with HIV in Kazakhstan was held by the Eurasian Women's Network on AIDS from June to August 2023. The survey involved 130 women living with HIV with an average or high risk of domestic violence. It is important to note that the monitoring tool does not measure the level of violence among women – it studies four types of violence (physical, psychological, economic, sexual) against HIV-positive women in Kazakhstan who have already experienced it (or are experiencing now).

The social profile of a woman living with HIV and experiencing violence in Kazakhstan can be described as follows. She is most likely heterosexual, aged 25–35 or 36–45 years old, has a secondary general or vocational education, is married or in an unregistered marriage, is unemployed and lives in poverty (or on the verge of poverty), has no children or is caring for one minor child, she and/or her husband/partner have used drugs.

The diagnosis of HIV infection is used to increase psychological pressure on a woman – she is accused of having an HIV-positive status, blackmailed with its disclosure, the woman's value as an individual is reduced, and she is reproached for past sexual relationships. Among the dominating signs of psychological violence are insults and name-calling (98%), as well as humiliation and devaluation (94%). Half of the monitoring participants reported constant psychological violence.

Almost one in three HIV-positive women who had experienced violence were prohibited from seeking medical services, social and other types of assistance (29%), or were forbidden to work (35%). Every second woman reported using children or other close people to put pressure on her (48%), slightly less often – psychological, physical or other influence on her children in order to hurt a woman (40%).

A third of women who have experienced physical violence (34%) and one in six women who have experienced sexual violence (15%) connect it with their HIV status. The examples given in the study show how violence is justified by woman's HIV-positive status, including by women themselves due to internalised stigma.

Among all types of violence, the physical violence (98%), along with the psychological one, has the highest 'rating'. Over the past year, more than half of women living with HIV sometimes (58%) experienced physical violence, and one in six experienced it constantly (16%). The vast majority of women who had experienced physical violence had mental health consequences – feelings of loneliness, fear, anxiety, panic attacks, depression, and one in four women considered committing suicide.

Since being diagnosed with HIV infection, 42% of respondents have sometimes or often experienced sexual violence, and 25% of women have experienced sexual violence within the last year.

Only a fifth of women living with HIV sought assistance in incidents of physical violence (19%), even less – one in every ten women – in situations of sexual violence. Women gave the highest rating to non-governmental organisations for the quality of assistance provided in incidents of physical violence, the lowest – to the police and the crisis centre. It is difficult for the Research Team to conclude on the quality of professional assistance in incidents of sexual violence due to the small number of respondents who sought assistance and assessed it (3 out of 54).

The most frequently identified reasons for not seeking assistance in incidents of physical violence are lack of trust that assistance would be provided, lack of faith in justice, shame, fear of publicity and public condemnation. In incidents of sexual violence, the reasons are almost the same, only the feeling of shame takes first place, and in fourth place is the reluctance to tell male police officers about intimate issues. Every third woman living with HIV does not seek assistance after experiencing sexual violence because of her HIV status, and every fourth does not seek assistance in incidents of physical violence.

Despite the fact that the vast majority of monitoring participants took part in HIV programmes, only half of women living with HIV who have experienced violence are aware of shelters and crisis centres, and even less of psychological assistance through a telephone helpline (46%), social assistance (33%), legal assistance (consultations, litigation) (29%), medical assistance for people who have experienced violence (19%).

In terms of the actions that could help reduce violence and improve access of women who have experienced violence to services, respondents most often suggested developing systems for providing assistance and information to women, including sensitivity to the HIV issues in the system of providing services in case of violence (57%). Women also called attention to improvements in legislation and enforcement; increasing the practice of bringing to responsibility; harsher punishment for aggressors (29%), as well as women's empowerment and development (24%). As expected, study participants noted the legal ban on admission to crisis centres for women living with HIV in Kazakhstan (repealed on June 26, 2023, during data collection).

Based on the results of the monitoring, it is recommended that national consultations be held by activists and leaders of the women's community to develop consolidated recommendations and an action plan in response to all identified types of violence against women living with HIV in Kazakhstan, including with the involvement of a wide range of stakeholders and organisations.

Community activists can use the exemplary list of recommendations (two sections: “Legal environment, access to justice and social stereotypes” and “Organisation and delivery of services”) prepared based on the findings of the community-led study and/or monitoring in EECA countries, adapting them to the national context of Kazakhstan.

## STUDY OBJECTIVES AND METHODOLOGY

**Goal:** to identify the key characteristics of violence against women living with HIV and the specifics of organising assistance for HIV-positive women who have experienced violence in Kazakhstan.

**Objectives:**

- ➔ To examine women's personal assessments of their lived experience of gender-based violence.
- ➔ To examine the experiences of women who seek and those who do not seek assistance.
- ➔ To examine the specifics of organising assistance, including access to crisis centres and shelters, for women who have experienced violence.
- ➔ To analyse existing barriers to receiving assistance.
- ➔ To develop recommendations for organisations that provide assistance to women living with HIV who have been subjected to violence.

**Geographical coverage of the study:** Almaty, Astana, Kokshetau, Pavlodar, Taldykorgan, Temirtau, Oskemen.

**Study target group and sample:** 130 women living with HIV.

**Data collection and analysis process:**

A semi-standardized questionnaire was developed for the use in the study. The questionnaire consists of closed and opened questions. Respondents answered questions that were read out by trained interviewers who were representatives of the community of women living with HIV. The respondents' answers were first entered into a printed questionnaire and then transferred to an online Google form.

Qualitative analysis of data was performed in Excel spreadsheet format. The open-ended questions were analysed by means of identifying and grouping common themes. Information about the study was disseminated among HIV service NGOs providing assistance to HIV-positive women. The report retains the original spelling of the respondents' answers.

During the field work, weekly Research Team calls were held, upon completion of which the interviewers provided reports (so-called checklists) on the implementation of planned indicators and the maintenance of related documentation (see annexes).

**Data collection period:** June-August 2023.

## PREPARATORY STAGE AND PRIMARY SCREENING

### In May 2023, EWNA adapted a tool containing:

1. **Primary screening** – domestic violence risk assessment (based on materials of [Sherin K., “HITS”](#)).
2. **Survey of women**, whose screening received more than 50% positive responses.

The questionnaire contains questions that measure levels of physical, psychological, economic and sexual violence against women living with HIV, as well as barriers to seeking assistance. The questionnaire is an adapted version of the international community-led [study](#) of women living with HIV “Study on violence against women living with HIV in Eastern Europe and Central Asia”, conducted by EWNA in 12 countries at the end of 2018. Using a similar methodology, violence among women living with HIV in Moldova was monitored over the same period of time.

### Criteria for inclusion in the survey:

- ➔ woman living with HIV, who is resident of Kazakhstan,
- ➔ above 18 years of age,
- ➔ with an average or high risk of domestic violence (scored at least 10 points during the primary screening).

All respondents signed **an informed consent** to participate in the study, which involves:

- ➔ **voluntary participation** (participation in the study is entirely voluntary; a woman may decide not to participate in the study from the very beginning or refuse to continue to participate at any stage of filling out the questionnaire);
- ➔ **confidentiality** (the woman’s name, surname and place of residence will not be mentioned along with the information she reports; all results will be presented only in the general array, and not individually; all data collected during the study will only be available to the Research Team);
- ➔ **possible inconvenience** (some questions in the questionnaire may concern intimate, personal and/or emotionally difficult topics; the study does not imply emergency situations, however, if such arise, the woman will be provided with psychological assistance).

If necessary, crisis or motivational counseling was offered to each respondent.

On June 6, 2023, EWNA conducted a **training “Monitoring violence among women living with HIV in Kazakhstan and Moldova”** for interviewers and Secretariat staff. The training was aimed at strengthening the community’s capacity to monitor gender-based

violence against women living with HIV. During the training, participants improved their knowledge of gender-based violence and related issues; received practical skills in working with monitoring tools – primary screening and a semi-structured questionnaire for monitoring cases of gender-based violence; planned the process of collecting, storing and exchanging data; discussed study ethics and provision of support to women respondents, as well as coordination and reporting documentation. After completing several questionnaires, the interviewers provided recommendations for improving the proposed questionnaire.

## TYPES OF VIOLENCE UNDER STUDY

This monitoring studied four types of violence specified in the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention)[4]: physical, sexual, psychological, economic. Links to define each form of violence can be found on the website of the European Institute for Gender Equality (EIGE)[5].

**PHYSICAL VIOLENCE – any act which causes physical harm as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty and manslaughter.**

**PSYCHOLOGICAL VIOLENCE – any act which causes psychological harm to an individual. Psychological violence can take the form of, for example, coercion, defamation, verbal insult or harassment.**

**ECONOMIC VIOLENCE – any act or behaviour which causes economic harm to an individual. Economic violence can take the form of, for example, property damage, restricting access to financial resources, education or the labour market, or not complying with economic responsibilities, such as alimony.**

**SEXUAL VIOLENCE – any sexual act performed on an individual without their consent. Sexual violence can take the form of rape or sexual assault.**

It is also important to recognise that gender-based violence may be normalised and reproduced due to structural inequalities, such as societal norms, attitudes and stereotypes around gender generally and violence against women specifically. Therefore, it is important to acknowledge **structural or institutional violence**, which can be defined as the subordination of women in economic, social and political life, when attempting to explain the prevalence of violence against women within our societies.

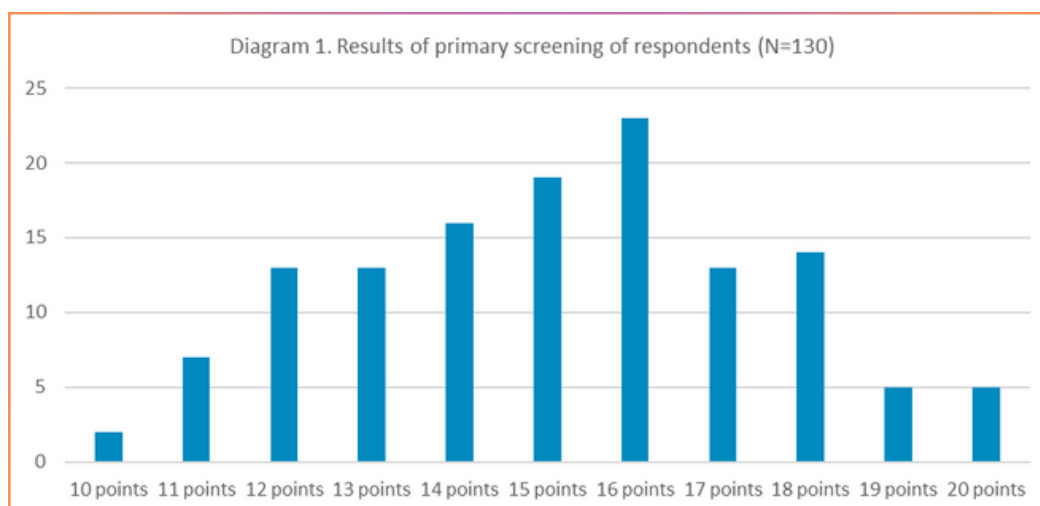
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[4] [The Council of Europe Convention](#) on preventing and combating violence against women and domestic violence (Istanbul Convention)

[5] [European Institute for Gender Equality](#) (EIGE)

## FINDINGS OF THE STUDY

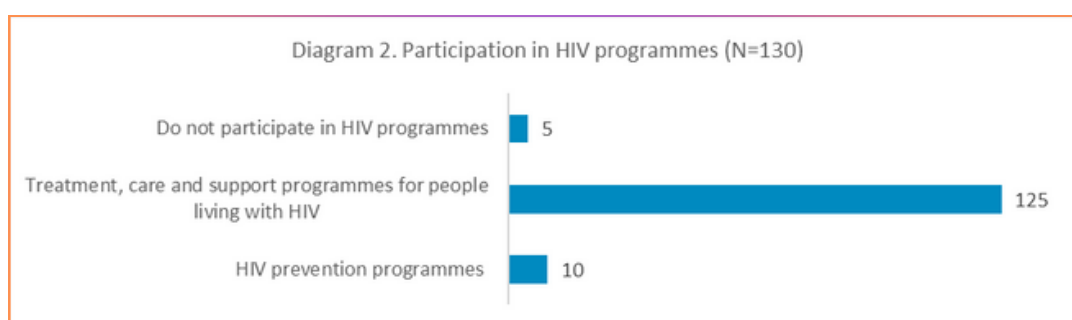
Using the identified tool, primary screening of more than 180 women living with HIV in Kazakhstan and 130 individual surveys of women whose primary screening scored 10 or more points out of 20 possible (more than 50%) were conducted. The women selected for the survey had an average primary screening score of 15.15. The distribution of points among them is shown in Diagram 1:



As can be seen in the Diagram above, 5 women (3.8%) scored the maximum number of points on the primary screening, which indicates a situation of constant domestic violence.

The survey involved 130 women living with HIV, among whom:

- ➔ 10 women (7.7%) participate in HIV prevention programmes among key populations
- ➔ 125 women (96.2%) participate in treatment, care and support programmes for people living with HIV
- ➔ 5 women (3.8%) do not participate in HIV programmes.

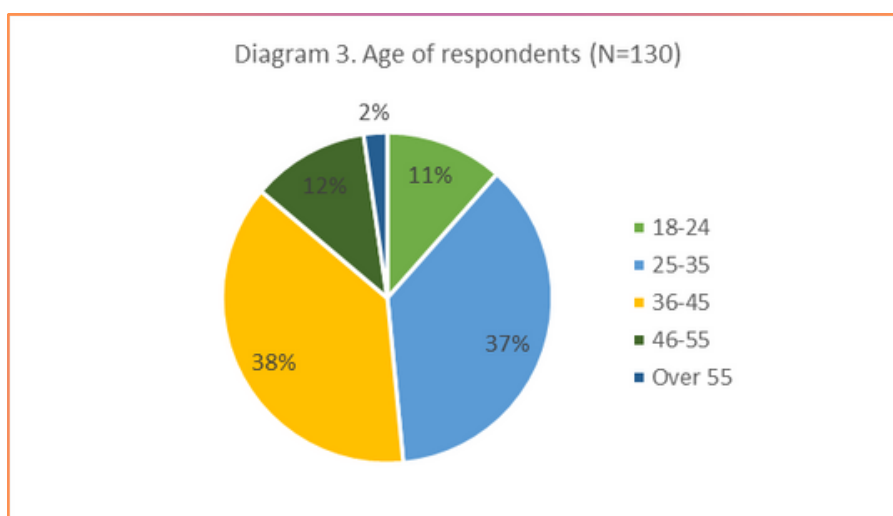




## SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

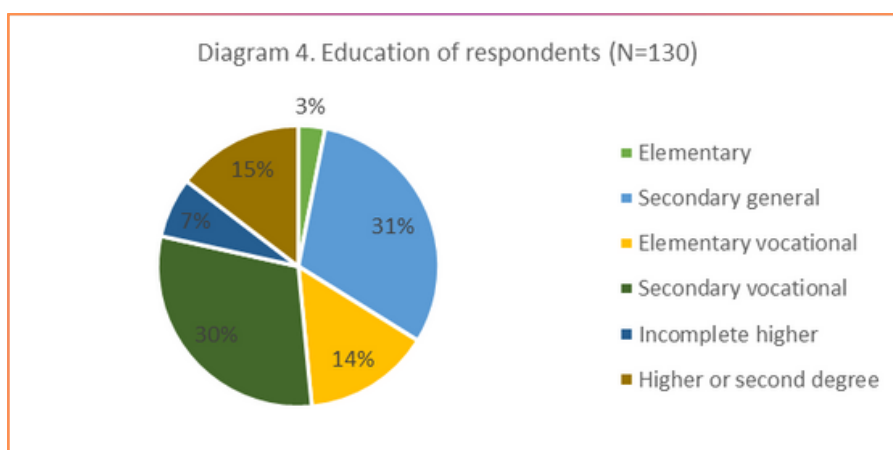
### Age

The vast majority of respondents at the time of the survey were aged 36–45 years (37.7%) and 25–35 years (36.9%). Women in the age groups 18–24 years (11.5%) and 46–55 years (11.5%) are less represented, and those aged 55 years and older (2.3%) are significantly less represented.



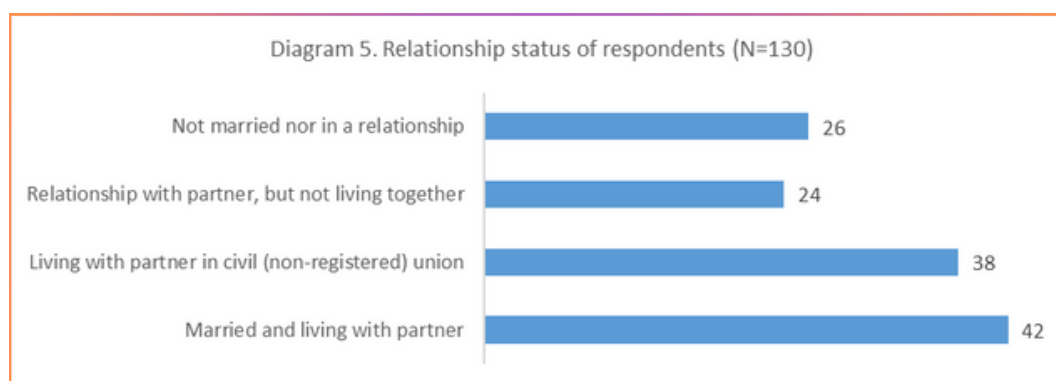
### Education

Almost a third of women have secondary general education (30.8%) and another third have secondary vocational education (30%). Women with elementary vocational education (14.6%) and higher education or second degree (14.6%) are significantly less represented; incomplete higher education (6.9%) and elementary education (3.1%) are even less represented.



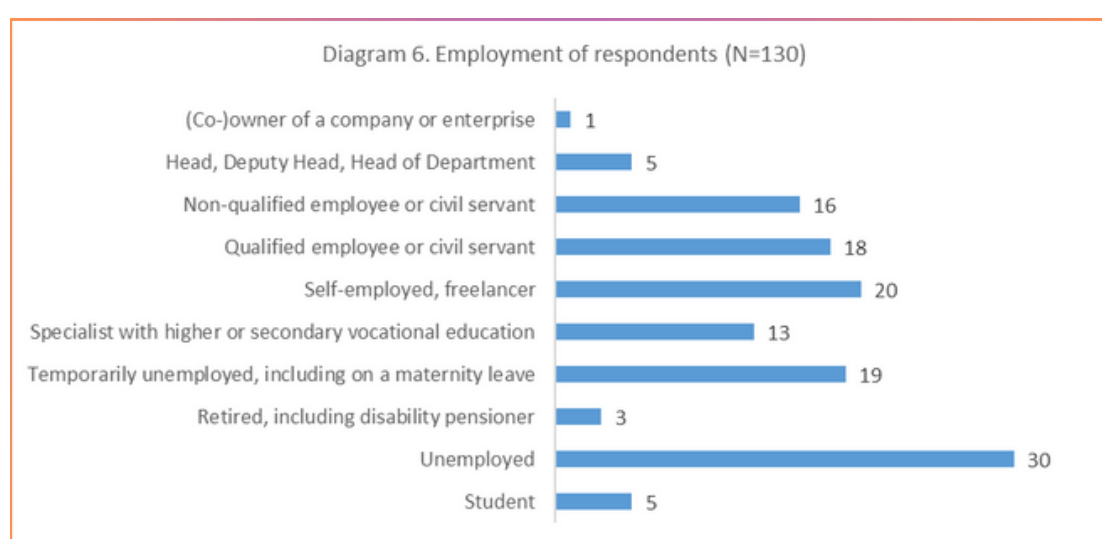
## Relationship status

More than half of the respondents (61.5%) live with a permanent partner – 32.5% are officially married and 29.2% are in civil union. Every fifth (20%) of the women surveyed indicated that they were not married nor in a relationship. 18.5% of respondents said that they were in relationship but did not live together with their partners.



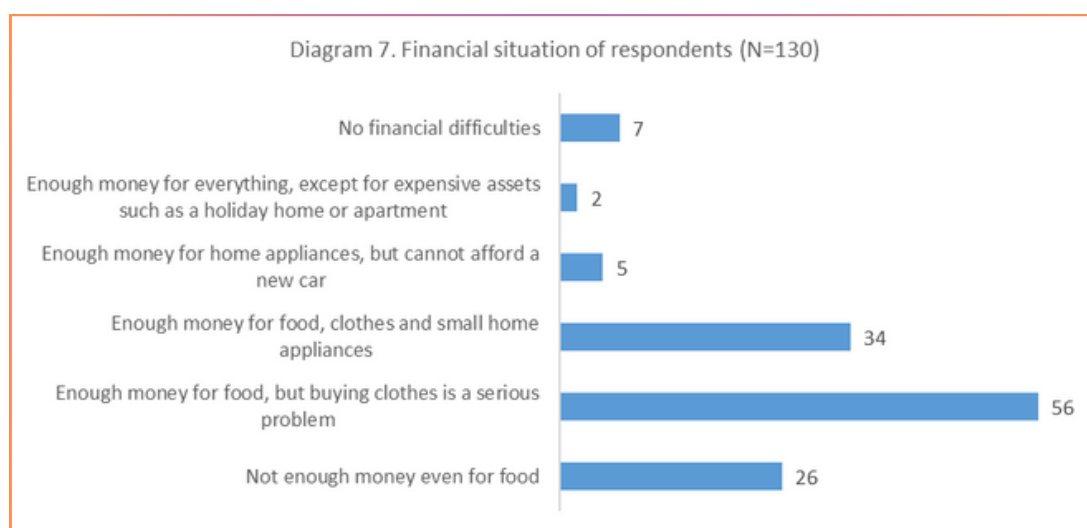
## Employment

Less than half of the women who took part in the study (46.9%) had a permanent job. Almost a quarter of respondents are unemployed (23.1%). 15.4% of women identified themselves as freelancers; 14.6% are temporarily unemployed, including on maternity leave; 13.8% are qualified employees or civil servants; 12.3% are non-qualified employees or civil servants. Every tenth is a specialist with higher or secondary vocational education. A small proportion of respondents have management positions (3.8%) or are students (3.8%). 2.3% of women are retired, including disability pensioners, and only one is an owner of a company or enterprise (0.8%).



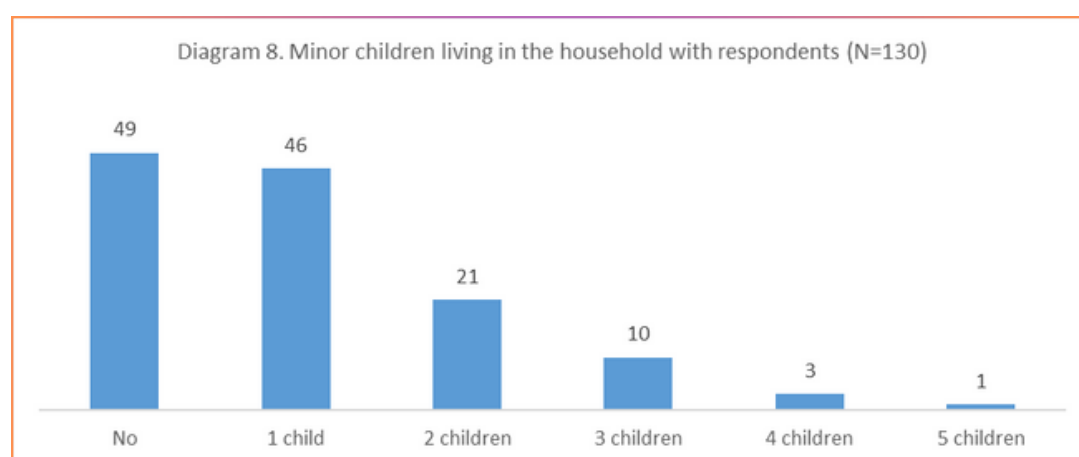
## Financial situation

The majority of respondents live in poverty (63.1%). In particular, when assessing their financial status, women noted that they did not have enough money for food (20%), buying clothes was a serious problem due to lack of financial resources (43.1%). Only 9 women noted that they had no financial difficulties (6.9%).



## Children

37.7% of women do not have minor children living in the household. 35.4% of women surveyed have one child living in the household, 16.2% – two children, 7.7% – three children, and 2.3% have four children. One woman has five children.



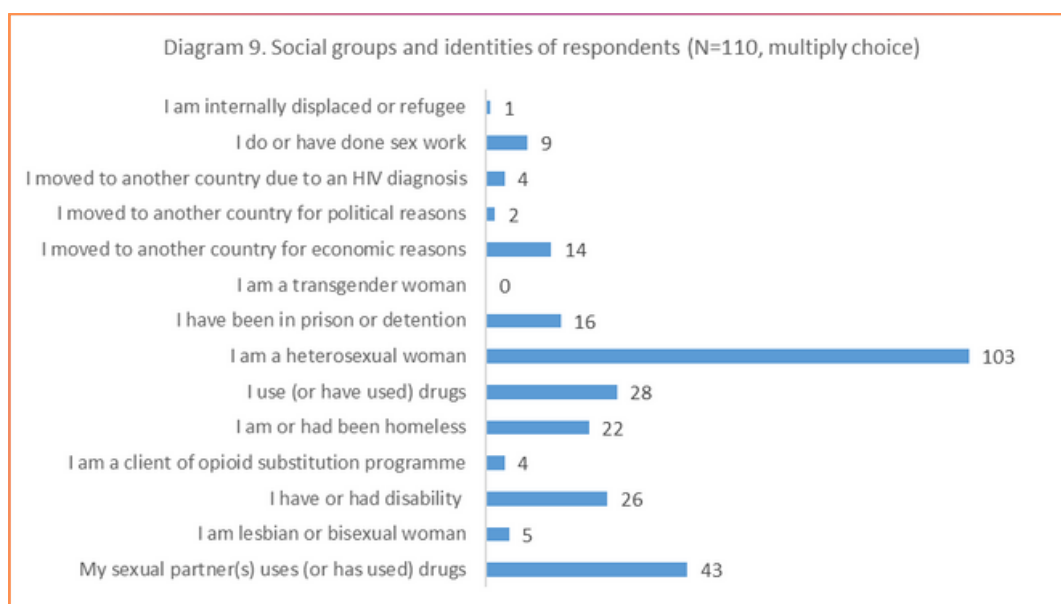
## Social groups and identities

The majority of respondents were heterosexual women (82.3%). More than half of the surveyed HIV-positive women have sexual partners among people who use drugs (53.8%), and 40.8% have used drugs. One in four had been in prison (25.4%) or are (or were in the past) homeless (23.8%). Every fifth (14.6%) do or have done sex work. 6.2% of

women participate in the OST programme. Every tenth HIV-positive woman has (or had) disability (10%). Bisexual women, lesbians and trans\* women made up 7.7% of respondents.

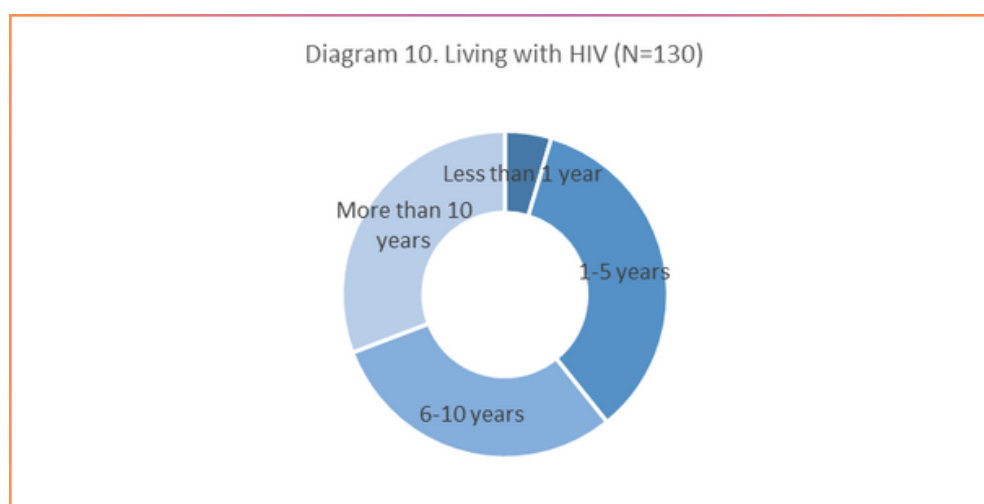
### Intersectionality

The majority of women surveyed have two or more vulnerabilities. For example, three women have experience of drug use, sexual partners who use drugs, experience of being in prison and experience of homelessness.



### Living with HIV

Women were approximately equally distributed according to their experience of living with HIV in the following age groups: 34.6% of respondents have been living with HIV from 1 to 5 years; 30% – from 6 to 10 years and 30.8% of respondents have been living with HIV for more than 10 years. The least represented are women living with HIV for less than 1 year (4.6%).

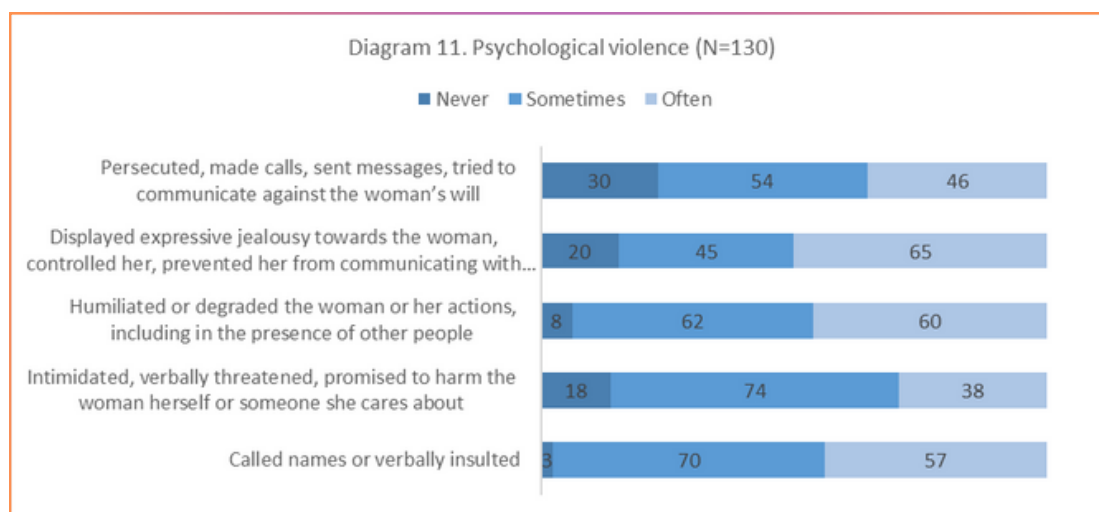


## PSYCHOLOGICAL VIOLENCE

Study participants noted that, since being diagnosed with HIV infection, someone often or sometimes:

- ➔ verbally insulted or called the woman names – 98%,
- ➔ humiliated or degraded the woman or her actions, including in the presence of other people – 94%,
- ➔ intimidated, verbally threatened, promised to harm the woman herself or someone she cares about – 86%,
- ➔ displayed expressive jealousy towards the woman, controlled her, prevented her from communicating with other people – 85%,
- ➔ persecuted, made calls, sent messages, tried to communicate against the woman's will – 77%.

Half of the women reported constant psychological violence.



Respondents' quotes:



*“I lived with an abuser and a psychopath”*

*“He was always dissatisfied with me”*

*“He said that he was so good that he was dating a woman with HIV and that no one needed me like that with my HIV”*

*“He infected me with HIV and says that it is my fault”*

*“He said that I infected him with HIV, although this is not true”*

*“Very jealous, keeps on saying that I've had worked it up”*

*“He likes to control everything; any disobedience is punished”*

*“He says that I am a little whore, although he was my first man, I was 16 years old at the time, he was 37, but he still says that I am to blame for his illness”*

*“I am infertile, and he says I am defective”*

*“My husband is inadequate. He has already told several people about my status”*

*“Constant threats from my partner and his sister that they will tell everyone that I have HIV; they treat me with disgust”*

*“My husband is always nervous, especially when he is not sober”*

*“My partner threatens to disclose my status to everyone”*

*“He says that he regrets taking me out of the aul, he thought I was clean, but it turned out that I am defective, with a disease, although it was not me, but he infected me with this disease”*

*“He constantly reminded me that I had AIDS and I would not live anyway”*

*“Says I am trash”*

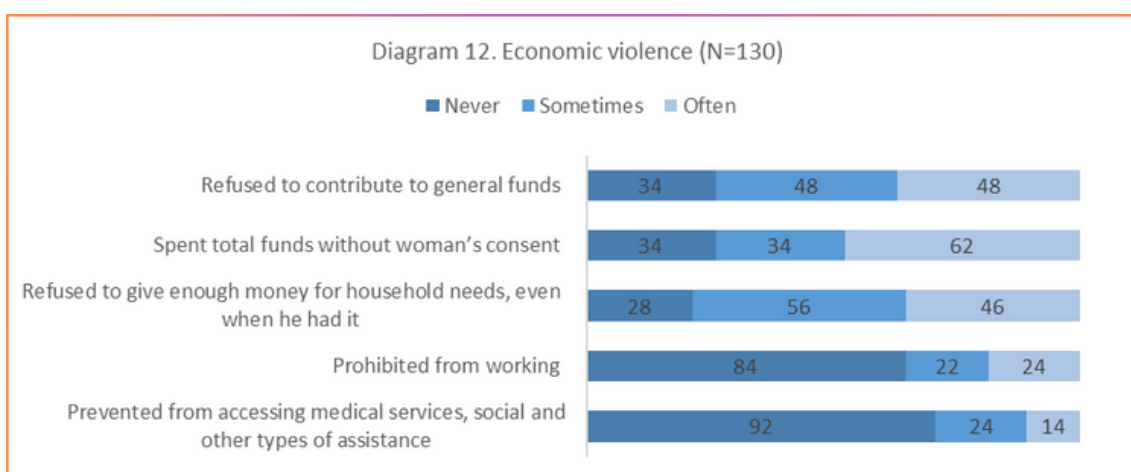
*“He does not have HIV, and he reproaches me for HIV all the time and treats me like an object”*

*“My partner without status thinks he “picked” me up”*



## ECONOMIC VIOLENCE

Almost every third woman living with HIV has experienced being prevented from accessing medical services, social and other types of assistance (29%) or being prohibited from working (35%). Often, physical violence is accompanied by economic violence and vice versa.



From the time of receiving an HIV diagnosis, the person with whom the woman has a shared household often or sometimes:

- ➔ refused to give enough money for household needs, even when he had it – 78%,
- ➔ spent total funds without woman's consent – 74%,
- ➔ refused to contribute to general funds – 74%.

Respondents' quotes (in response to a question about physical violence):

“

*“Sometimes he beat me because I asked to buy food. He forbade me to work. When he was binge drinking, he was finding money only for vodka. There was no money left to feed the child”*

*“He took the last money, and I went on telling him this”*

*“When I cannot give him money, he beats me”*

*“He needed money for a dose”*

*“He demanded money for another dose of drugs”*

*“He needed money”*

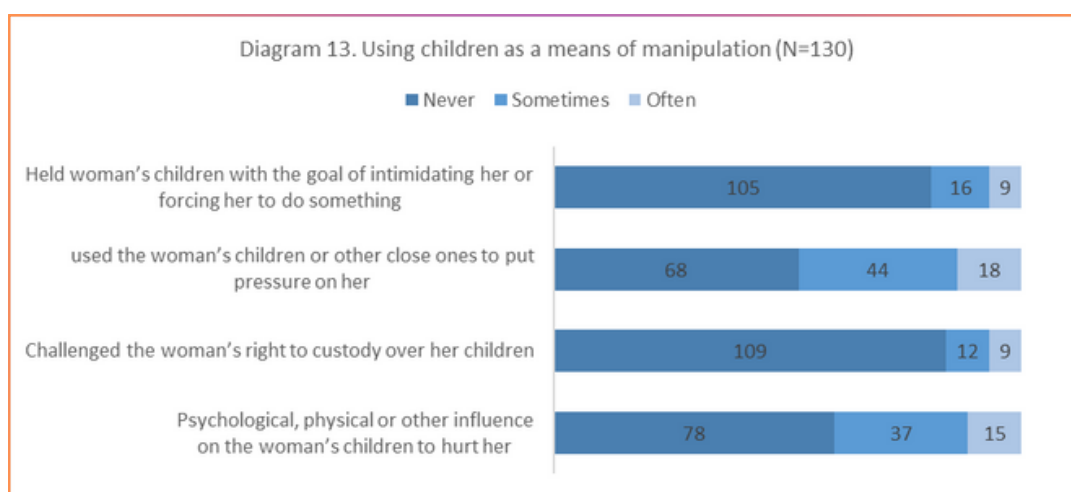
*“After he learned about my diagnosis, he found himself a young woman and began to live with two families. Our relatives think that we are an official family; in fact, he spends less time with us. He comes to us only to chat with the children and eat delicious food. At the same time, he does not constantly bring money into the house, he is always aggressive with me, he can raise his hand. For the sake of the children, I endure all this, although I am very upset about his behavior, because he also has HIV and it was he who infected me”*

*“He was begging money for drugs”*

”

## USING CHILDREN AS A MEANS OF MANIPULATION

40% of HIV-positive women reported psychological, physical or other influence on their children with the purpose of hurting the woman. One in six said they had been fought over custody of their children (16%), and one in five reported that their children had been held to intimidate or force the woman to do something (19%). Almost half of women have experienced a situation where children or other close people were used to put pressure on them (48%). If the sample is considered only in terms of women living with minor children, then the rates of violence will increase by 1.6.



Respondents' quotes:

“

*"I left home during the "marathon"; he beat me when I returned. Above all else, he deprived me of parental rights to the child"*

*"I was diagnosed with HIV during pregnancy, and he does not have HIV. At first, he humiliated me, after the birth of the child he began to beat me, then he took the child to his mother and did not allow me to see him. According to Muslim customs, he made a "talaq bain" refusal to marry me. All my attempts to see the child end either in me being beaten or simply in nothing"*

*"My partner's grandmother and mother insulted me in front of my child and strangers"*

*"I was afraid for my eldest son from my first marriage, since he also punished him"*

*"He always says that no one needs me with two children"*

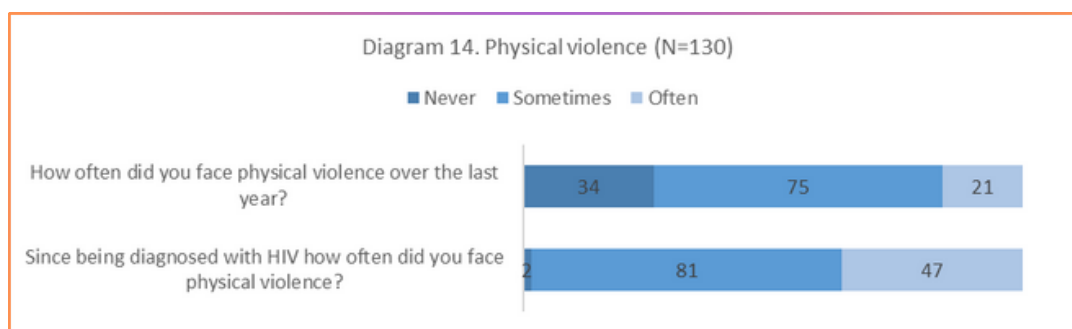
*"Drunk, he would throw me and my children out of the house"*

”



## PHYSICAL VIOLENCE

Among all types of violence, the physical violence (98%), along with the psychological one, has the highest “rating”. Over the past year, more than half of women living with HIV sometimes (58%) experienced physical violence, and one in six experienced it constantly (16%).

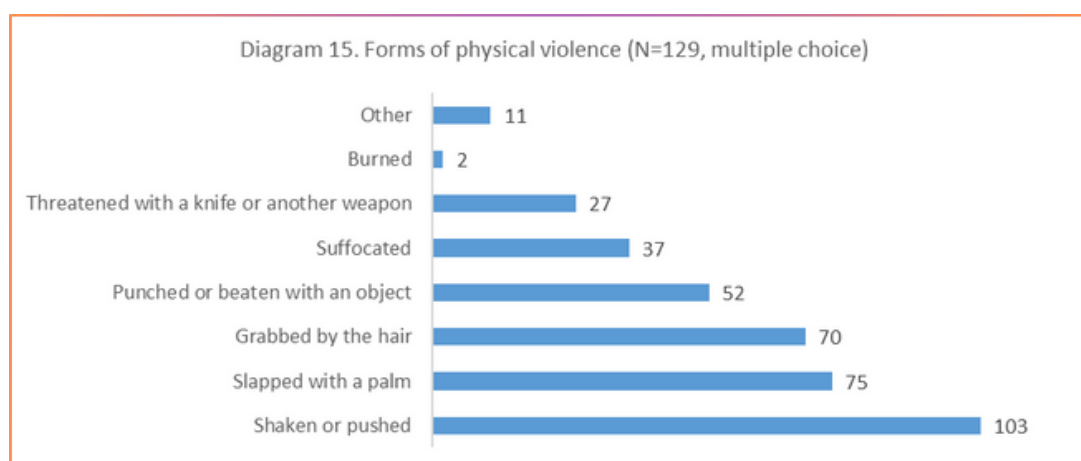


### Forms of physical violence

During the last incident of physical violence, women experienced being:

- 79.8% - shaken or pushed,
- 58.1% - slapped with a palm,
- 54.3% - grabbed by the hair,
- 40.3% - punched or beaten with an object,
- 28.7% - suffocated,
- 20.9% - threatened with a knife or another weapon,
- 1.6% - burned.

Additionally, women reported the following *forms of violence*: “kicked a pregnant woman in the stomach”, “tied me up with tape”, “kicked me with his legs and knees”, “waved my arms as if he wanted to hit me”, “tied me up”, “beat me before sex”, “threw heavy objects (iron, chair) at me”, “closed me in the room”.



### Connection with HIV status

A third of women who have experienced physical violence connect it with their HIV status (34%). The examples below show how violence is justified by woman's HIV-positive status, including by women themselves due to internalised stigma.

Respondents' quotes:



*"My older brother, he doesn't have HIV, and he beats me because I am not like others. This causes aggression in some of my relatives"*

*"With any scandal, it comes out as a reproach"*

*"It so happened that I am to blame for the fact that we have HIV"*

*"He does not have HIV, and he beat me out of fear that I might infect him"*

*"No one needs me like that, but he is generous, lives with me and can treat me like that. I am still afraid"*

*"Yes, our illness is my fault"*

*"As soon as he found out about the disease, he changed completely, began to mock and threaten, to beat. He is out of control"*

*"It always starts with a domestic quarrel, but ends with the fact that I have HIV and am contagious. My partner is HIV negative"*

*"Kept on saying that I've had worked it up"*

*"When he gets angry, he says anything and hits. Then he apologizes and swears that this will never happen again"*

*"He found out about my HIV status"*

*"When he drinks, we start fighting focusing on the disease"*

*"He constantly says that no one needs me with HIV; when he beat me, he always mentioned HIV and called me "AIDS slut"*

*"When beating me, he was always shouting that I have HIV and nobody needs me like that"*

*"My partner constantly, including while beating, reminded me that I have HIV"*

*"My partner always accused me of infecting him with HIV"*

*"He says I am his punishment for his sins, I brought him an infection"*

*"My husband thinks I infected him with HIV"*

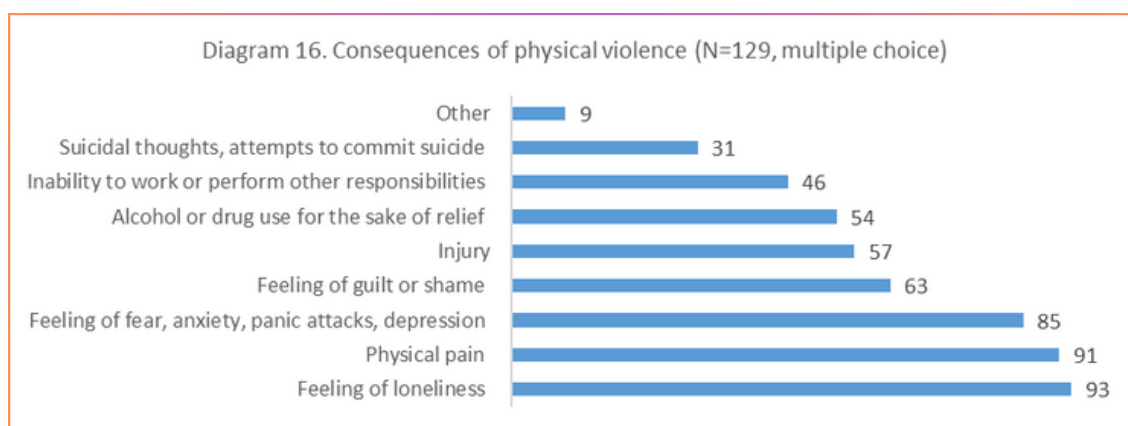


### Consequences of physical violence

After incidents of physical violence, women experienced the following states:

- Feeling of loneliness – 72.1%
- Physical pain – 70.5%
- Feeling of fear, anxiety, panic attacks, depression – 65.9%
- Feeling of guilt or shame – 48.8%
- Injury – 44.2%
- Alcohol or drug use for the sake of relief – 41.9%
- Inability to work or perform other responsibilities – 35.7%
- Suicidal thoughts, attempts to commit suicide – 24%.

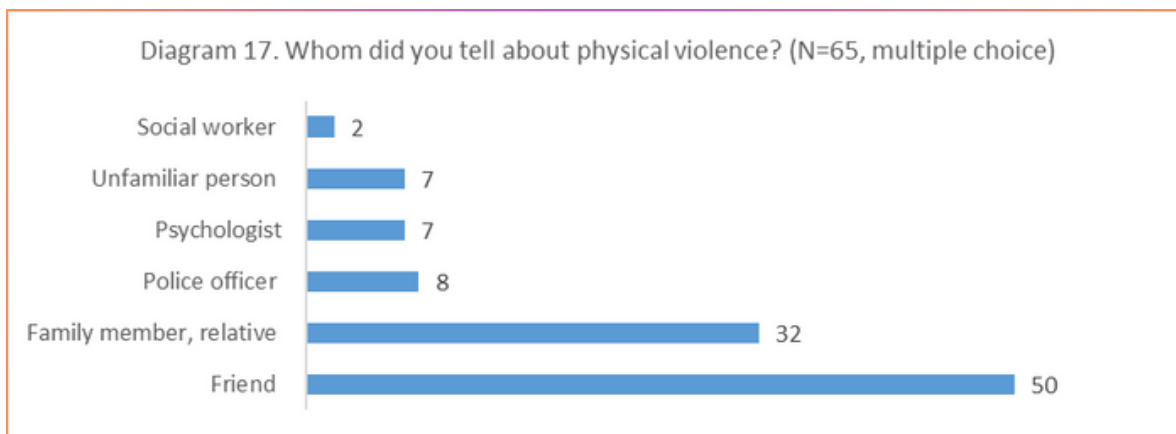
Additionally, women reported the following states: *“resentment, misunderstanding”, “emptiness, powerlessness”, “fear for the children”, “anger”, “I try to forget everything quickly”, “I feel disgusted with myself”, “severe hysterics and non-acceptance of the situation”, “misunderstanding what for and why this happens”.*



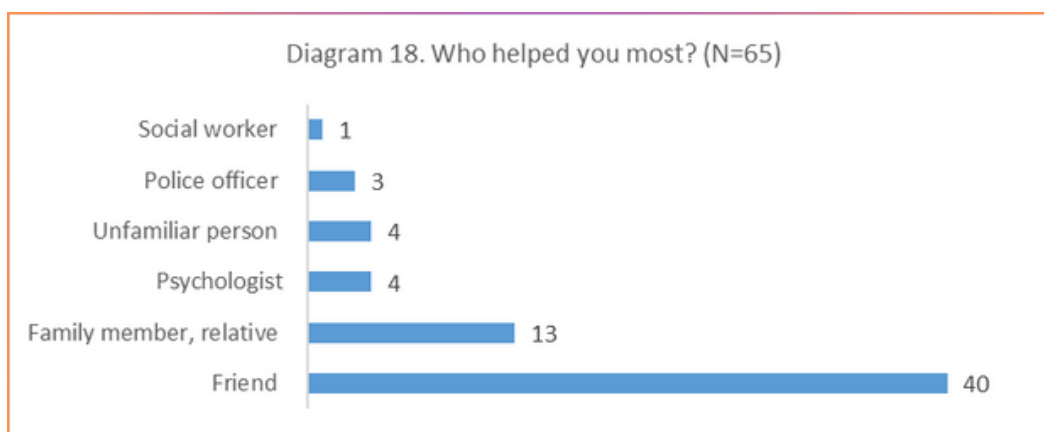
### Seeking assistance in incidents of physical violence

Only half of HIV-positive women who had experienced physical violence (51%) told someone about it, namely:

- Friend (50 women)
- Family member, relative (32 women)
- Police officer (8 women)
- Psychologist (7 women)
- Unfamiliar person (7 women)
- Social worker (2 women)
- Lawyer (1 woman)
- Health care worker (0 cases).

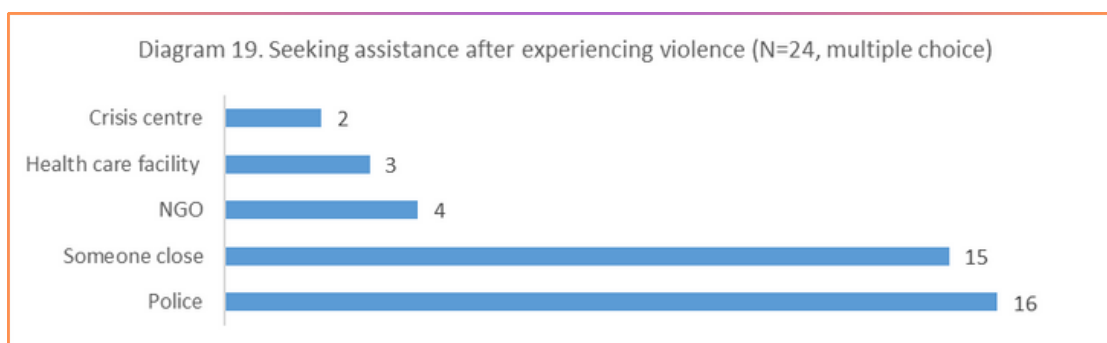


Women received the greatest support from friends, family members and relatives.



Only a fifth of women who had experienced physical violence sought assistance (19%), in most cases from the police or someone close:

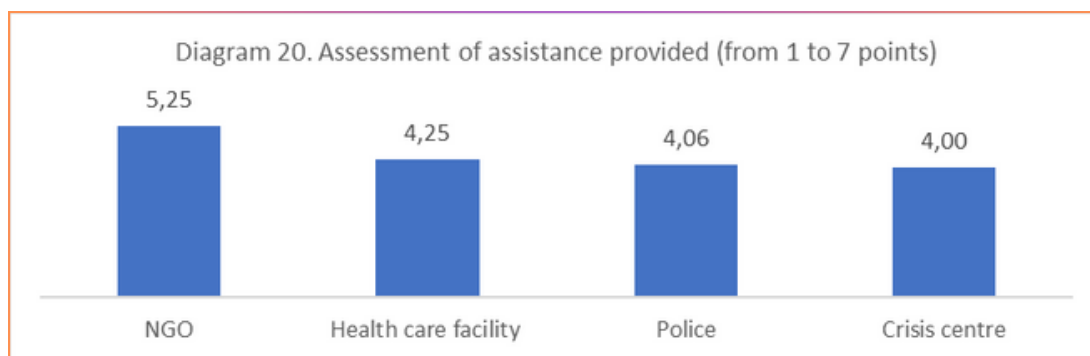
- Police (16 women)
- Someone close (15 women)
- Health care facility (4 women)
- NGO (4 women)
- Crisis centre (2 women).



### Assessment of assistance provided

On scale from 1 to 7, NGOs have the highest rating of professional assistance, the lowest – the police and the crisis centre:

- NGO – 5.25 points
- Health care facility – 4.25 points
- Police – 4.06 points
- Crisis centre – 4 points.



Respondents' quotes:

Experience in obtaining assistance in various settings in connection with the incidents of physical violence:

— “ —————

*“Everyone was cold and distant, doing their job automatically”*

*“At first the police did not want to accept my statement. They said to make peace and withdraw the statement. At the medical institution, it took a very long time, no one was in a hurry to examine and document the beating”*

*“They helped me”*

*“At that time there was Covid and the police rejected my statement, saying that being beaten was not the worst thing that could happen. I wrote a statement, but the police began to put pressure on me and I took it away. And in the hospital, I was treated like a homeless person, because I was covered in blood and dirty. Only after the doctor realized that I didn't smell of alcohol did she become more friendly”*

————— ” —

Experience in obtaining assistance from the police:

— “ —————

*“The police helped me and the incidents of physical violence no longer occurred”*

*"The police came, took him away and released him an hour later, saying that I chose him myself"*

*"Despite the fact that the police did not arrive immediately, they closed him for five days (by court decision)"*

*"For some reason, instead of helping me, the police told me: "You're a Muslim, you read prayers, wear a hijab, you have children, why are you writing a statement against him, you chose him yourself"*

*"They took him away for 2-3 hours, then he came back and it was worse"*

*"The police didn't help at all, they released him after a couple of hours, supposedly, according to the law, he could no longer be detained"*

*"The police arrived, but I didn't write a statement because he would be released in 2 hours"*

*"They want to get away as soon as possible, they would have released him after a couple of hours anyway"*

*"When I contacted them, they helped me a lot"*

*"There was help, but he was quickly released and after returning home he behaved even worse"*

*"Nothing has changed, there are many questions, but no solution"*

*"They didn't help me in any way, I had nowhere to go with the children, we spent the night at the station"*

Experience in obtaining assistance from the NGO:

*"The psychologist tried, it helped, but the effect was not strong"*

*"Public organizations provide with self-confidence, you can learn a lot, gain experience and knowledge. And understand that you are not the only one on earth"*

Experience in obtaining assistance from the crisis centre:

*"I was discriminated during my last stay at the crisis centre"*

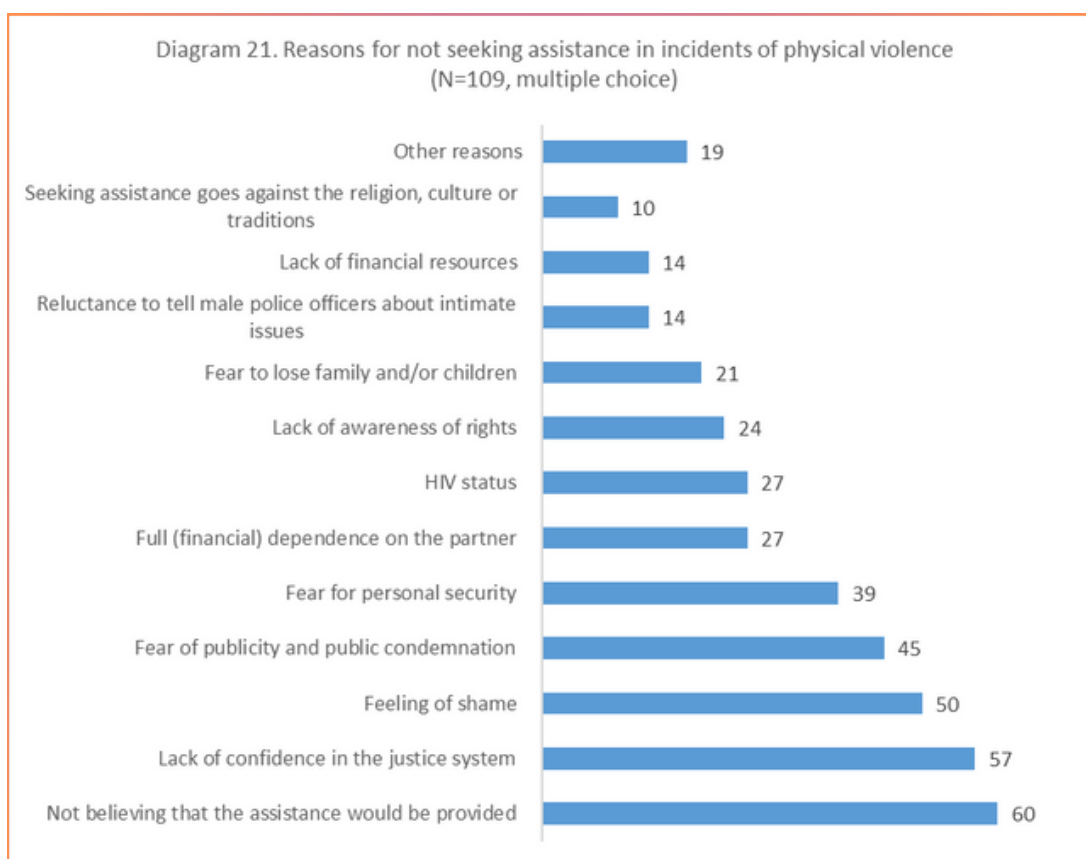
Experience in obtaining assistance from the health care facility:

*"I was given help, but after I told about HIV, I felt neglected"*

### Reasons for not seeking assistance

The vast majority of women who had experienced physical violence did not seek assistance (81%) for the following reasons:

- Not believing that the assistance would be provided – 55%
- Lack of confidence in the justice system – 52.3%
- Feeling of shame – 45.9%
- Fear of publicity and public condemnation – 41.3%
- Fear for personal security – 35.8%
- Full (financial) dependence on the partner – 24.8%
- HIV status – 24.8%
- Lack of awareness of rights – 22%
- Fear to lose family and/or children – 19.3%
- Reluctance to tell male police officers about intimate issues – 12.8%
- Lack of financial resources – 12.8%
- Seeking assistance goes against the religion, culture or traditions – 9.2%.



Additionally, women reported the following reasons:

— “ “ —————

*“It is not acceptable for me to complain, my principles do not allow”*

*“I needed a psychologist, not law enforcement”*

“

*“My husband has a lot of connections, if I go against him, it will be even worse for me”*

*“I have nowhere to go, my parents told me to tolerate everything”*

*“I’m from an orphanage, I have nowhere to go”*

*“But who cares, he’ll be even angrier later, they’ll hold him for an hour and let him go, and then I’ll have to endure even more”*

*“I don’t want people to look at me askance, we have a prosperous family”*

*“My relatives are far away, I have no one to turn to for help”*

*“Who needs me like that”*

*“I did it my way, I punished with my own efforts”*

*“I never tell anyone, I don’t like to do it, and I also earn a little, my husband earns a lot more, and he could deprive me of this support”*

*“I always blame myself because I love him so much”*

*“I know that there is a boomerang principle and he himself would receive his punishment”*

*“I did not see the point in asking for help”*

*“God will punish”*

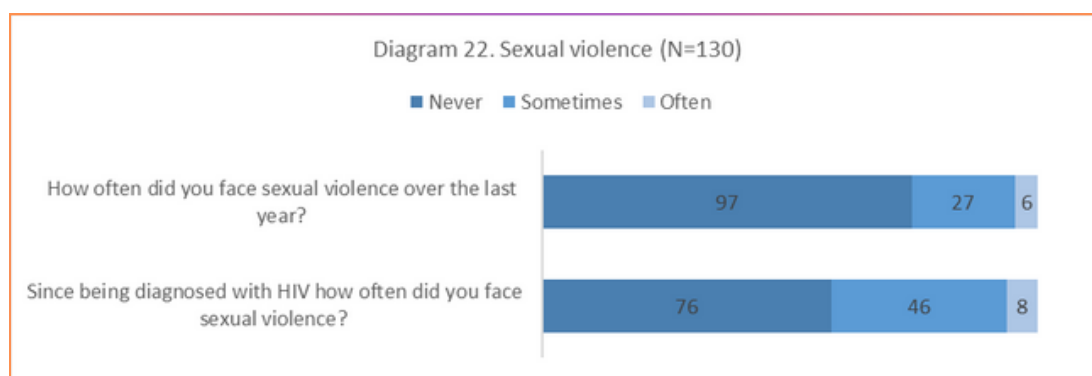
*“After the beating, he filed a police report against me saying that I had robbed him”*

”



## SEXUAL VIOLENCE

Since HIV diagnosis, 42% of women with HIV have sometimes or often experienced sexual violence, and 25% of women have experienced sexual violence within the past year. 8 out of 52 women who have experienced sexual violence connect it with their HIV status[6].



Respondents' quotes:



*“My boyfriend forced me to have sex”*

*“When he drinks, he starts to pester me, but I don't want to. And he forces me to have sex»*

*“After I refused sexual intimacy, he forced me”*

*“My cohabitant was intoxicated”*

*“He rapes me after a scandal. Or he watches enough erotica/porn and then forces me to have sex in various perverted forms”*

*“I just had to, I had to sleep with him”*

*“According to him, I just shouldn't have refused him”*

*“I did not want to have sex with him, he kept on forcing me to”*

*“For him it's the norm that I don't want it, but he wants it. He gets a thrill from it”*

*“Partner constantly coerces”*

*“He has sex with me after arguments, but I do not want to have sex after stress”*

*“When my partner drinks, he needs to either argue with me or have sex, most often he hits me first, and then – sex”*

*“Marital duty”*



[6] 2 women did not answer this question



*“He told me “Who would need you, an AIDS slut”*

*“My boyfriend also has HIV, I had sex with him, but I did not want it”*

*“I have to sleep with him because we both have HIV status. He says so”*

*“The father of my children always told me that I was dirty and unworthy because I had HIV. He does not have HIV status. Sometimes he harassed me against my will and said that I was obliged to him, that nobody needed me and I should obey”*

*“I am pregnant with my 4th child; he does not use protection, and abortion cannot be done according to Muslim laws. I have uterine fibroids and I am afraid that this baby will also be born special”.*

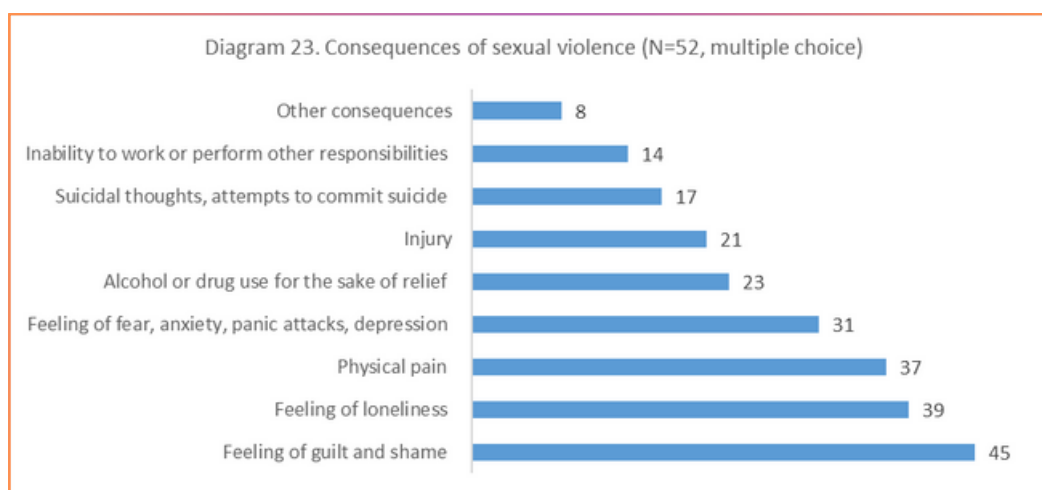


### **Consequences of sexual violence**

After sexual violence, women experienced the following conditions<sup>[7]</sup>:

- Feeling of guilt and shame (45 women)
- Feeling of loneliness (39 women)
- Physical pain (37 women)
- Feeling of fear, anxiety, panic attacks, depression (31 women)
- Alcohol or drug use for the sake of relief (23 women)
- Injury (21 women)
- Suicidal thoughts, attempts to commit suicide (17 women)
- Inability to work or perform other responsibilities (14 women).

Additionally, women reported the following conditions: *“unbearable depression”, “it was disgusting”, “hopelessness”, “fear of pregnancy”, “disgust of this person”, “I feel dirty”.*



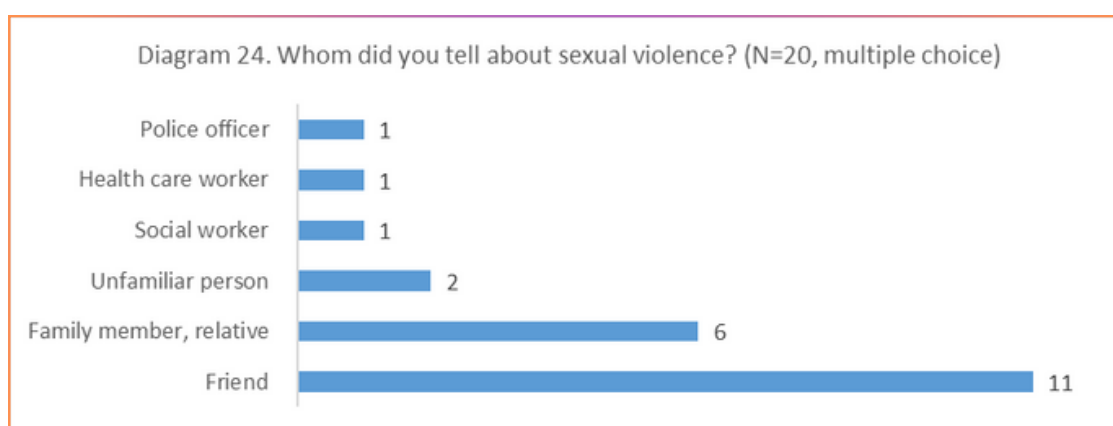
[7] 2 women did not answer this question

### **Seeking assistance in incidents of sexual violence**

20 out of 54 HIV-positive women who had experienced sexual violence told someone about it:

- Friend – 11 women
- Family member, relative – 6 women
- Unfamiliar person – 2 women
- Social worker - 1 woman
- Police officer – 1 woman
- Health care worker – 1 woman
- Psychologist – 0 cases
- Lawyer – 0 cases
- No answer (2 women).

Women received the greatest support from friends, family members and relatives.



Only 5 out of 54 women who had experienced sexual violence sought assistance from:

- Someone close (3 women)
- Police (2 women)
- NGO (1 woman)
- Health care facility (1 woman)
- Crisis centre (0 cases)
- Psychologist (0 cases)
- No answer (2 women).

### **Assessment of assistance provided**

It is difficult for the Research Team to conclude on the quality of professional assistance in incidents of sexual violence due to the small number of respondents who

sought assistance and assessed it (3 out of 54). On scale from 1 to 7, women assessed professional assistance as follows:

- Police – 2 women 7 points each
- Health care facility – 1 woman, 7 points
- NGO – 1 woman, 4 points.

Respondents' quotes:

Experience in obtaining assistance from the NGO:

— “

*“I could have given a higher rating, but the organisation provided insufficient support, I did not feel at ease, I was very ashamed, and no one asked what help I further needed”*

— ” —

Experience in obtaining assistance from the police:

— “

*“When I contacted them, they helped me a lot”*

— ” —

Experience in obtaining assistance from the police and the health care facility:

— “

*“After going to the hospital, I got a refusal, and the police took me to the morgue for an examination. The morgue workers were understanding and provided adequate medical care. All this time the local police officer accompanied me and assisted me in the process”*

— ” —

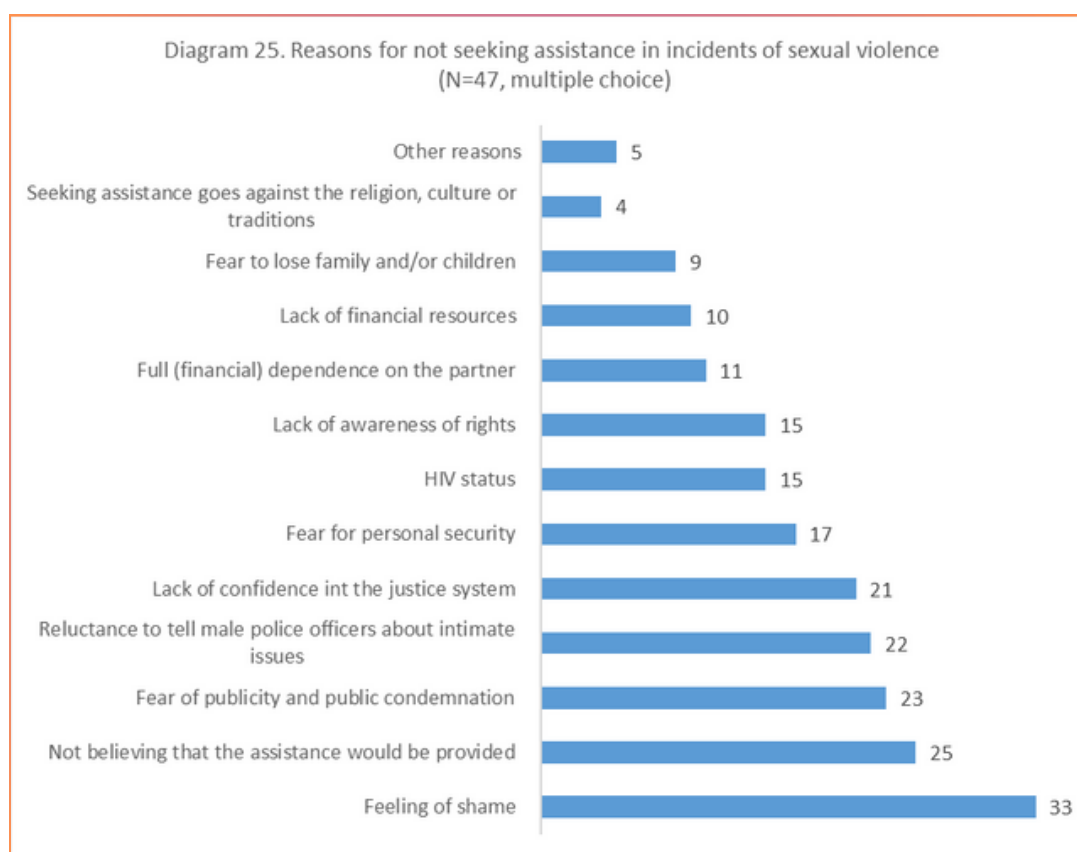
### **Reasons for not seeking assistance**

Reasons for not seeking assistance after experiencing sexual violence:

- Feeling of shame (33 women)
- Not believing that the assistance would be provided (25 women)
- Fear of publicity and public condemnation (23 women)
- Reluctance to tell male police officers about intimate issues (22 women)
- Lack of confidence in the justice system (21 women)
- Я испытывала страх за свою безопасность (17 женщин)
- Fear for personal security (17 women)

- ➔ HIV status (15 women)
- ➔ Lack of awareness of rights (15 women)
- ➔ Full (financial) dependence on the partner (11 women)
- ➔ Lack of financial resources (10 women)
- ➔ Fear to lose family and/or children (9 women)
- ➔ Seeking assistance goes against the religion, culture or traditions (4 women).

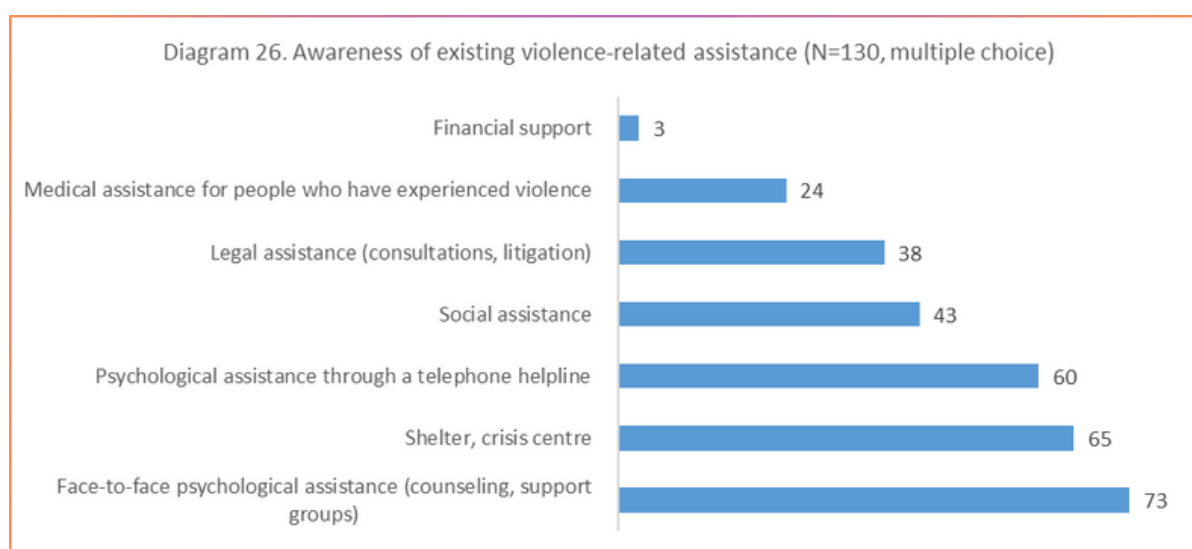
Additionally, women reported the following reasons: *“I was afraid that I would be misunderstood. But now I’m not afraid to talk about the fact that I was harassed”, “I have nowhere to go, and I don’t want to be homeless with my child”, “I was afraid of my father and brother, they could have a terrible reaction”, “I was afraid that he would kill me, because he said this more than once, if I told anyone or complained”, “at that time I had no one to turn to”.*



## WOMEN'S AWARENESS OF EXISTING VIOLENCE-RELATED ASSISTANCE AND PROPOSALS FOR ITS IMPROVEMENT

Researchers asked women living with HIV who had experienced violence whether they were aware of different types of assistance and received the following responses regarding their awareness of violence-related assistance:

- Face-to-face psychological assistance (counseling, support groups) – 56.2%
- Shelter, crisis center – 50%
- Psychological assistance through a telephone helpline – 46.2%
- Social assistance – 33.1%
- Legal assistance (consultations, litigation) – 29.2%
- Medical assistance for people who have experienced violence – 18.5%
- Financial support – 2.3%.

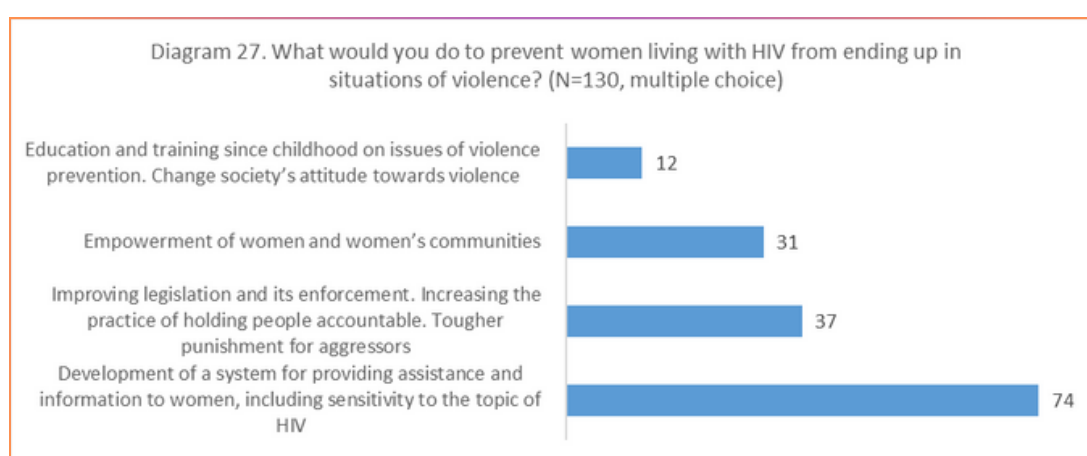


Despite the fact that the vast majority of the monitoring participants take part in HIV programmes, only half of women living with HIV who have experienced violence are aware of shelters and crisis centres, and even less – of psychological assistance through a telephone helpline (46%), social assistance (33%), legal assistance (consultations, litigation) (29%), medical assistance for people who have experienced violence (19%).

The researchers also asked respondents to imagine themselves as a person in a position of power and asked about the actions of decision-makers that could help reduce violence and improve access to services for women who experienced violence. Women's answers can be grouped into the following thematic blocks:

- Development of a system for providing assistance and information to women, including sensitivity to the topic of HIV – 56.9%
- Improving legislation and its enforcement. Increasing the practice of holding people accountable. Tougher punishment for aggressors – 28.5%
- Empowerment of women and women’s communities – 23.8%
- Education and training since childhood on issues of violence prevention. Change society’s attitude towards violence – 9.2%
- Do not know – 0.8 %.

Respondents noted refusals or difficulties in admission to crisis centres due to HIV-positive status.



Examples of respondents’ answers to the question: “What would you do to prevent women living with HIV from ending up in situations of violence?”

— “ “ —————

*“The law should punish domestic violence and any violence with strict criminal sentences and subsequently prohibit approaching”*

*“I would strengthen liability for domestic violence”*

*“I would create programmes that teach women that violence is not the norm, that beats does not means loves, and much more about how to recognise violence and how to get out of such relationships”*

*“Call centre, crisis centres in all regions, financial assistance funds”*

*“I would help women believe in themselves and become independent”*

*“More information about domestic violence and where to seek help. Tightening penalties for domestic violence (it is important in general to protect the woman before trial) so that she can be calm about her life and the lives of her children, because the main fear is that they will not be protected from the rapist. So that law enforcement agencies objectively consider complaints of domestic violence and carry out their work within the framework of the law of the Republic of Kazakhstan”*

————— ” —

“

*“More information about social services, crisis centers where you can seek help. Strengthen laws against domestic tyrants and detain them pending trial”*

*“In our city, women with HIV are not admitted to the crisis centre; I wish there was such a centre”*

*“Police officers must be educated and trained on all issues related to HIV (so that there is no disdain for HIV positive people)”*

*“Judge, judge and, once again, judge them. Give a long sentence and protect women from pressure from relatives and from the man himself”*

*“Women need to be given information and be educated on the topic of violence. Many women, like me, do not consider certain things to be violence and live like this all their lives. Maybe in clinics they could receive such information as a consultation, or such a survey could be part of screening in clinics when women are examined by a gynaecologist, for example”*

*“I would open more centres for women who are experiencing violence, so that they can stay there for a very long time; women are not always admitted to such centres, especially if they have HIV or drug use. Where to go then? Some women simply have nowhere to go after the centre; they are afraid to return to the place where they are being beaten and humiliated. But often women simply have no other choice”*

*“I would strengthen the prevention of violence starting from the school setting, training girls to recognise and resist violent behavior”*

*“Open some asylum accommodation for such women so that they can pack their things and leave the rapist. So that there is a place where they will be helped and supported”*

*“We need to teach people to ask for help, to teach them that it’s not shameful to say that there was violence, otherwise the death could happen”*

*“First of all, we need to open crisis centres for women with HIV, we don’t have one in our city, and they are not admitted to other places because of this disease (HIV). Some kind of assistance should be paid until the woman finds work and housing so that she can feed her children”*

*“We need more information for women with HIV who find themselves in difficult life situations, so that the woman knows where to turn for help. I don’t know where to get help, because there is no or little information”*

*“If I were a decision-maker, I would provide all possible support to women with HIV and a criminal record, since they have nowhere to turn for help, and they are forced, either because of housing or lack of finances, to endure domestic violence or return to prison”*

*“The law on domestic violence should be tightened, and I would open many more crisis centres where a woman can get a profession if she does not have one”*

”



“

*“It is very important to open more crisis centres where women can get different support, where there is no discrimination due to HIV and drugs”*

*“The most important thing is support, so that there is somewhere to go, and not to the station. Centres are needed. Make laws combatting violence tougher”*

*“I would open a help centre for women living with HIV. This centre would have a lawyer, doctors, rehabilitation, psychologists”*

*“Everything is useless as long as we are not respected and held for a piece of furniture. I should, I must. Change the laws”*

*“They understand only when they are deprived of their freedom. He beats and offends me, and tells me that no one will do anything to him”*

*“I would tighten the law on violence. It is necessary to work more with medical workers so that there is no discrimination and they change attitudes towards women living with HIV and those who use drugs”*

*“I would make it a criminal offense for men to beat women. I would create a social assistance centre, where women would receive knowledge about their rights. And it's important to work with doctors, I try not to go to doctors, because they treat women who have HIV very badly”*

*“All clinics should have separate rooms with all special services, so that a woman can seek help without fear and doubt and not hear back, “Oh, this is the one with B-20”*

*“I would give my full support. Most often, women living with HIV have financial and housing problems, especially if they have children. When they visit an AIDS centre, it is necessary to provide information that there are crisis centres; many do not know about their existence”*

*“I would eradicate the culture of “Uyat”, “if he beats you, it means he loves you” etc.”*

*“We have decided to keep our laundry at home, even if I complain to my relatives, they will say that everyone lives like this, be patient. First of all, we must start from the family. I would introduce subject in school about a family as a union of equal partners, and not the worship of men”*

*“I would invest in the equality of men and women in society”*

*“I would hold support groups; I feel much better now after talking with you. And I would also open a centre for women”*

*“Women need support groups where they can receive information about their rights. The emergency room will definitely call the police, and many people do not come for this reason. It is necessary to open crisis rehabilitation centres, because some women are completely socially maladapted and dependent on men, husbands, and partners”*

*“I would introduce a separate subject at school for girls and boys, where they could discuss all this, understand laws, situations, etc., and explain it from childhood”*

”

## RECOMMENDATIONS

**Key recommendation** of the community-led monitoring “Types of violence against women living with HIV in Moldova” is for women activists and leaders of women’s community to hold national consultations to develop consolidated recommendations and an action plan to prevent and respond to all identified types of violence against women living with HIV in Moldova, including with the involvement of a wide range of stakeholders and organisations.

Women activists can use the following list of recommendations developed based on the findings of the community-led study and/or monitoring in EECA countries, adapting them to the national context of Moldova:

### **Legal environment, access to justice and social stereotypes:**

1. To scale up advocacy and human rights activities aimed at improving the enforcement of laws on protection from violence, including with the engagement of the media.
2. To carry out regular community-led documentation of cases of violence against women living with HIV and members of key communities.
3. To monitor the accessibility and friendliness of crisis centres and shelters to women living with HIV and representatives of key populations.
4. To improve women’s access to justice: support interventions aimed at protecting rights in the context of violence, including in litigation, provide legal assistance and social support to women who experienced violence. To involve the media in covering precedent and strategic cases.
5. To ensure cooperation and support for effective communications of the community of women living with HIV with human rights and feminist organisations.
6. To conduct an assessment of existing standards for the provision of services and assistance to women who have experienced violence, in the context of their availability and accessibility for women living with HIV and representatives of key populations.
7. To ensure sustainable funding for crisis centres and shelters, including those based on non-governmental women’s and HIV service organisations.
8. To remove barriers to access to protection from violence through the organisation of low-threshold assistance without burdensome bureaucratic or stigmatizing criteria or requirements (registration, HIV and syphilis testing, restrictions for HIV-positive women, women sex workers or women who use drugs, restrictions for women with children). Creation of crisis apartments.
9. To include representatives of the community of HIV-positive women in coordination structures on gender policy and the prevention of domestic violence.

10. To provide resources and technical assistance for the development and submission of shadow reports to UN treaty bodies, in particular the UN Committee on the Elimination of All Forms of Discrimination against Women (CEDAW), including resources for consultation, community-led research and documenting cases of violence.
11. To plan programmes for prevention and assistance in cases of violence with the active engagement of women living with HIV and representatives of key communities.
12. To conduct gender audits of HIV programmes including the topic of gender-based violence.
13. To advocate for policies and strategies to decriminalise HIV, sex work and drug use as enablers to reducing vulnerability of women to violence.
14. To develop paralegals' networks of women living with HIV and representatives of key communities, including resources for training and case management in relation to violence.
15. To promote the ideas of equal rights and opportunities in the field of employment and its remuneration (eradicate the wage gap between men and women; adopt legislation allowing men to take parental leave). To eliminate discrimination in the field of employment based on HIV status.
16. To build in society a culture of active consent to sex.
17. To form skills in families/civil partnerships for joint budget planning and division of household labor.
18. To conduct national information campaigns on types of violence (psychological, economic, physical, sexual, institutional) and their identification, including led by women's communities.
19. To collaborate with the Ministry of Education to educate and teach children behaviors that respect human rights, challenge harmful gender stereotypes and demonstrate zero tolerance for violence.

### **Organisation and delivery of services:**

1. To ensure advanced training of specialists working in the field of violence prevention and response (especially workers of crisis centres and shelters) in issues of HIV infection, sex work, substance use, SOGI.
2. To integrate services for women who experienced violence into projects of HIV service organisations, in particular, into harm reduction, care and support for HIV-positive people. To use violence diagnostic tools in HIV programmes.
3. To ensure widespread awareness of women living with HIV and women from key communities about existing services for protection from violence by HIV service providers, using various communication channels and interventions (for example, self-help groups, patient schools, harm reduction counseling, support for pregnant women, websites, helplines, national hotlines, closed groups and chats, etc.).

4. To train community activists and service providers on the enforcement of relevant domestic violence legislation and response mechanisms.
5. To improve mechanisms of emergency intervention in cases of violence against women (medical, psychological, social, legal assistance).
6. To organise index testing for HIV, guided primarily by the safety of an HIV-positive woman, in cases where she is already exposed to violence or is at risk of experiencing it after informing her intimate partner about her HIV status.
7. To create a system of effective management and support for women between state and non-state institutions providing assistance to women who experienced violence.
8. To organise community-based assistance to increase the trust of service beneficiaries and reduce stigma related to HIV, sex work, drug use, gender identity, etc. To increase women's awareness and ability to address various forms of violence using the WINGS methodology and other tools.
9. To create safe spaces for women, in particular those vulnerable to violence and HIV, primarily on the basis of non-governmental organisations and community-led organisations.
10. To provide services solely in the interests of the woman, taking into account her safety, overall condition and vulnerabilities. For example, among the reasons for not seeking help among women with HIV, the dominant factors are lack of faith in justice, fear of publicity and public condemnation; in cases of sexual violence, shame and unwillingness to tell male police officers about intimate things.
11. To encourage and maintain the principles of safety and self-care among community activists of women living with HIV and representatives of key communities.

## IMPACT ON COMMUNITY CAPACITY

Training and participation in community-led monitoring of types of violence, preparation and promotion of recommendations based on the results of monitoring of gender-based violence by community representatives of women living with HIV, as well as their participation in the formation of strategies and policies that prevent or respond to gender-based and other violence against women with HIV affects

- the ability of representatives of the community of women living with HIV to prevent or respond to gender-based violence;
- the ability of representatives of the community of women living with HIV to demand government accountability for the implementation of international obligations and laws of Kazakhstan to prevent or respond to violence;
- the ability to use legal mechanisms to protect against violence;
- the increase in cases of women living with HIV seeking help and protection;
- the increase in the visibility of the legal needs of women living with HIV for the community of human rights activists and defenders.

## REFLECTIONS OF THE RESEARCH TEAM

At the end of data collection, the research interviewers, who are activists of the women's community, shared their observations, thoughts and feelings about the course of the monitoring of types of violence against women living with HIV in Kazakhstan.



*"Before screening, each woman received counseling about gender-based violence and its types. It is important to note that all my respondents had no idea what gender and gender-based violence are.*

*Many women experience extremely difficult financial situations and live "from loan to loan". Half of my respondents did not have a bank account; some of them had their accounts seized for non-payment of loans or utility debts.*

*After the question about sexual violence, all the women paused; 4 respondents thanked that this question existed; for them it was an opportunity to speak out. I assume that most of the women interviewed had experienced sexual violence, but did not talk about it (I felt how their gaze, mood, posture, tone, facial expressions changed).*

*Half of the respondents do not know where to get services for women who have experienced violence and have never heard of social support services. Two respondents answered that because of the diagnosis they would never seek assistance from a crisis centre, as there they would have to talk about their HIV status and drug addiction.*

*The patriarchal structure contributes to women's ignorance of their rights and types of support, creates low self-esteem or "I can decide everything myself, I don't need help, I can handle it, I'll endure it, that's what our mothers and grandmothers did, a man is always right, etc."*

*Most of the women who have ever been homeless had experience of being imprisoned and using psychoactive substances; in situations of violence, they never turned to the police for help".*

Valentina Mankiyeva



*"The survey evoked mixed feelings and as the number of respondents increased, I became immersed and lived their stories in my head. How close and widespread violence is in our society, how often the "Stockholm syndrome" manifests itself. These behaviour patterns are passed on to our children.*

*The life stories of the respondents ranged from setting fire to an apartment, in which a woman was staying with her child, that just went unpunished, to earning money with her body to support a man who was taking away everything, beating her and sending her back to the highway.*

*The biggest explosion of emotions was caused by the case of a woman in a hijab. After her story, I lived in shock for a couple of days, so many insults and humiliations, what a terrible disregard for a woman. In addition to economic (he takes away the money that mosque parishioners give her), physical (weekly beatings), sexual violence (her husband watches enough porn, and then "embodies" what he saw against her will), lack of her own home, one out of 3 children has HIV infection, the second child, after being beaten by her husband during pregnancy, grows up special (the child has not been officially diagnosed due to the lack of medical supervision). The woman wanted to terminate her fourth pregnancy; I assigned her to the clinic. But, having made peace with her husband, she changed her mind, because her husband wants a boy, and she hopes that his attitude towards her will change after the birth of his son.*

*Another woman was leaving her husband more than once and returning to save the family, until the eldest son insisted that his mother leave his father, because it was impossible for a teenager to watch this calmly. He stood up for his mother and his father stopped bullying him in his presence. The son went to work in his free time from school, helping his mother with his younger brother. At the time of the interview, she had already left her husband, but was very worried about divorce and division of property".*

Lyudmila Polyakova





*“Basically, my respondents are women with experience of drug use and an HIV diagnosis, who are financially dependent on their partners. They rarely seek official help and have no faith in justice. State crisis centres are not available to this category of women or assistance is conditional.*

*Several years ago, the crisis centre of the Astana city akimat refused to admit our client, a woman living with HIV. The centre's management justified their refusal with the paragraphs of the Standard for providing special social services to victims of domestic violence, namely Chapter 2, paragraph 13. Refusal to provide services is carried out if persons have: 2) infectious diseases. Since July 2023, the Standard has changed and there is no longer such a basis for refusal. I hope that not only normatively, but also in practice, women living with HIV will receive more opportunities for protection from violence”.*

*Ayna Mukusheva*



## ANNEXES

### Annex 1. Domestic Violence Risk Assessment. Primary Screening Form

#### Risk Assessment for Domestic Violence Situations

(based on materials of Sherin K., "HITS")

Locality \_\_\_\_\_

Please read the description of your partner's possible behavior and indicate in the appropriate box how often your partner behaves this way.

<i>How often does your partner?</i>	<i>Never</i>	<i>Seldom</i>	<i>Sometimes</i>	<i>Often enough</i>	<i>Often</i>
<b>1. Causes you physical harm</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2. Offends you or speaks to you dismissively</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3. Threatens to harm you</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4. Screams at you or scolds you?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

TOTAL: \_\_\_\_\_ points

Analysis of responses:

- Points for each answer range from 1 to 5.
- Total number of points for answers can amount from 4 to 20.
- A point of more than 10 confirms the situation of domestic violence.



## Annex 2. Monitoring Questionnaire

### **Monitoring of types of violence against women living with HIV in Kazakhstan**

Community-led study

#### **QUESTIONNAIRE**

The Eurasian Women's Network on AIDS monitors the access of women living with HIV, who experienced violence, to social and medical services. The results of the monitoring will help improve services provided to women living with HIV, who experienced violence.

#### *How to answer questions*

- Filling out the questionnaire will take about 30 minutes.
- Most questions already have ready-made answer options. You will only need to choose the one that most matches your opinion.
- In several questions, we will ask you to provide a more extended answer and write it down in a special field. Please do not leave this field empty, your opinion is very important to us!

#### *Sensitivity of questions*

- The survey contains sensitive questions about experiences of incidents of violence that can evoke strong emotions. Please take this into account when deciding whether to participate in the survey.
- Remember that you can stop filling out the questionnaire at any time.

#### *Anonymity and confidentiality*

- The survey is completely anonymous: we do not ask for your first and last name.
- All information you provide is completely confidential and will never be associated with you personally.

*Thank you in advance for your assistance in conducting the survey!*

**Attention!** This survey is intended to be completed only by or with the assistance of trained interviewer of the Eurasian Women’s Network on AIDS.

**001. Please confirm your HIV-positive status**

- |                          |                                    |  |
|--------------------------|------------------------------------|--|
| <input type="checkbox"/> | 2. Yes, I am an HIV-positive woman | ==> Continue filling out the questionnaire |
| <input type="checkbox"/> | 1. No                              | ==> Finish filling out the questionnaire   |

**002. By filling out the questionnaire, you consent to the use of your answers in publications**

- |                          |        |  |
|--------------------------|--------|--|
| <input type="checkbox"/> | 2. Yes | ==> Continue filling out the questionnaire |
| <input type="checkbox"/> | 1. No  | ==> Finish filling out the questionnaire   |

**003. Participant code \_\_\_\_\_**

**004. Number of points according to the primary screening \_\_\_\_\_**

**005. Participant of the programme**

- HIV treatment, care and support
- HIV prevention among key populations
- Do not participate in HIV programmes

*1. A few questions about you*

**1.1. Name of the city or town where you live:**

\_\_\_\_\_

**1.2. Your age (full years) \_\_\_\_\_**

**1.3. Your actual family status:**

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. Married and living with partner                     |
| <input type="checkbox"/> | 2. Living with partner in civil (non-registered) union |
| <input type="checkbox"/> | 3. Relationship with partner, but not living together  |
| <input type="checkbox"/> | 4. Not married nor in a relationship                   |

#### 1.4. Your education (Already completed at the moment)

- 1. Elementary (1-8/9 grades of school)
- 2. Secondary general (9/10-11 grades of school)
- 3. Elementary vocational (lyceum, junior vocational school)
- 4. Secondary vocational (college, vocational school)
- 5. Incomplete higher (1-3 years of university study)
- 6. Higher or second degree (4-6 years of university study)
- 7. Post-graduate school or degree

#### 1.5. Your social status

- 1. (Co-)owner of a company or enterprise
- 2. Head, Deputy Head, Head of Department
- 3. Specialist with higher or secondary vocational education
- 4. Qualified employee or civil servant
- 5. Non-qualified employee or civil servant
- 6. Self-employed, freelancer
- 7. Unemployed
- 8. Student
- 9. Temporarily unemployed, including on a maternity leave
- 10. Retired, including disability pensioner

#### 1.6. Do you currently have a permanent job?

2. Yes       1. No

#### 1.7. Please assess your financial situation

- 1. Not enough money even for food
- 2. Enough money for food, but buying clothes is a serious problem
- 3. Enough money for food, clothes and small home appliances, but it would be difficult to buy a television, refrigerator or washing machine

- |  |   |
|--|---|
|  | 4. Enough money for home appliances, but cannot afford a new car                                |
|  | 5. Enough money for everything, except for expensive assets such as a holiday home or apartment |
|  | 6. No financial difficulties  |

### 1.8. Number of minor children living in the household

(Put the number. If you do not have children, then put "0")

\_\_\_\_\_

**1.9. There are a number of groups among women that require special attention and support. Please mark if you belong to any of them:** (Please give an answer for each line)

Name of the group	Yes, I belong to this group
1. I use (or used) drugs	
2. My sexual partner uses (or used) drugs	
3. I am a client of opioid substitution programme	
4. I am or was involved in sex work	
5. I am current or former prison inmate	
6. I have or had disability	
7. I moved to another country for economic reasons	
8. I moved to another country for political reasons	
9. I moved to another country due to an HIV diagnosis	
10. I moved to another country for other reasons	
11. I am a heterosexual woman, I have (or had) sexual contacts only with men	
12. I am a bisexual woman or lesbian, I have (or had) sexual contacts only with women	

13. I am a transgender woman	
14. I am currently or previously homeless	

### 1.10 Experience of living with HIV

	Less than 1 year
	1-5 years
	6-10 years
	More than 10 years

1. Since being diagnosed with HIV how often has **someone...**

**2.1 .called you names or verbally insulted?**

1. Never                       2. Sometimes                       3. Often

**2.2. intimidated, verbally threatened, promised to hurt you or someone you care about?**

1. Never                       2. Sometimes                       3. Often

**2.3. abused, humiliated or degraded you or your actions, including in the presence of other people?**

1. Never                       2. Sometimes                       3. Often

**2.4. displayed excessive jealousy towards you, controlled you, prevented you from communicating with other people?**

1. Never                       2. Sometimes                       3. Often

**2.5. persecuted, made calls, sent messages, tried to communicate against your will?**

1. Never                       2. Sometimes                       3. Often

**3. Since being diagnosed with HIV how often has *the one you cohabitate...***

**3.1. refused to give enough money for household expenses, even when he had it?**

1. Never                       2. Sometimes                       3. Often

**3.2. spent common financial resources without consulting it with you?**

1. Never                       2. Sometimes                       3. Often

**3.3. refused to contribute to the common financial resources?**

1. Never                       2. Sometimes                       3. Often

**3.4. did not allow you to work?**

1. Never                       2. Sometimes                       3. Often

**3.5. did not allow you to seek medical, social and other assistance?**

1. Never                       2. Sometimes                       3. Often

**4. Since being diagnosed with HIV how often has *someone...***

**4.1. had psychological, physical or other influence on your children to hurt you**

1. Never                       2. Sometimes                       3. Often

#### 4.2. challenged your right to custody over your children

1. Never       2. Sometimes       3. Often

#### 4.3. used your children or other closed ones to put pressure on you

1. Never       2. Sometimes       3. Often

#### 4.4. held your children with the goal of intimidating you or forcing you to do something

1. Never       2. Sometimes       3. Often

### 5. Since being diagnosed with HIV how often did...

#### 5.1. you face physical violence?

This question refers to cases where someone: physically hurt you, kicked, pushed or shook you, hit you, grabbed by the hair, etc.)

1. Never       2. Sometimes       3. Often

#### **ATTENTION!**

*If you **have faced physical violence** (answered "Sometimes" or "Often"),  
then continue answering **question 5.2 onwards.***

*If you **have never faced physical violence**,  
then go **to question 6.1.***

#### 5.2. How often did you face physical violence over the last year?

1. Never       2. Sometimes       3. Often

**Please remember the last time you faced physical violence.** (It does not matter whether this incident occurred within the last year or earlier.)

### 5.3. Please mark actions performed

- |                          |  |                          |                                      |
|--------------------------|--|--------------------------|--------------------------------------|
| <input type="checkbox"/> | 1. Slapped with a palm                       | <input type="checkbox"/> | 2. Shook or pushed                   |
| <input type="checkbox"/> | 3. Punched or hit with an object             | <input type="checkbox"/> | 4. Suffocated                        |
| <input type="checkbox"/> | 5. Grabbed by the hair                       | <input type="checkbox"/> | 6. Burned                            |
| <input type="checkbox"/> | 7. Threatened with a knife or another weapon | <input type="checkbox"/> | 8. Performed other actions:<br>_____ |

### 5.4. In your opinion, was there connection between the incident of violence and the HIV status?

- |                          |                  |                          |                                  |
|--------------------------|------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | 1. Not connected | <input type="checkbox"/> | 2. Connected to a certain extent |
|--------------------------|------------------|--------------------------|----------------------------------|

**Please explain your answer:**

---



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### 5.5. Please mark the consequences of physical violence.

(This question refers to the last time you experienced physical violence. Mark ALL THAT APPLY)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | 1. Physical pain                                       |
| <input type="checkbox"/> | 2. Injury  |
| <input type="checkbox"/> | 3. Alcohol or drug use for the sake of relief          |
| <input type="checkbox"/> | 4. Inability to work or perform other responsibilities |
| <input type="checkbox"/> | 5. Feeling of fear, anxiety, panic attacks, depression |
| <input type="checkbox"/> | 6. Feeling of guilt or shame                           |
| <input type="checkbox"/> | 7. Feeling of loneliness                               |
| <input type="checkbox"/> | 8. Suicidal thoughts, attempts to commit suicide       |
| <input type="checkbox"/> | 9. Other consequences: _____                           |

### 5.6. Have you told someone about experiencing physical violence?

(This question refers to the last time you experienced physical violence.)

- |                          |        |                          |       |
|--------------------------|--------|--------------------------|-------|
| <input type="checkbox"/> | 2. Yes | <input type="checkbox"/> | 1. No |
|--------------------------|--------|--------------------------|-------|



**ATTENTION!**

If you **have told someone about experiencing physical violence** (answered “Yes”), then continue answering **question 5.7 onwards**.

If you **haven’t told anyone** (answered “No”), then go to **question 5.9**.

**5.7. Whom did you tell about experiencing physical violence?**

(Mark ALL THAT APPLY.)

<input type="checkbox"/>	1. Family member, relative	<input type="checkbox"/>	2. Friend
<input type="checkbox"/>	3. Unfamiliar person	<input type="checkbox"/>	4. Psychologist
<input type="checkbox"/>	5. Social worker	<input type="checkbox"/>	6. Police officer
<input type="checkbox"/>	7. Health care worker	<input type="checkbox"/>	8. Lawyer
<input type="checkbox"/>	9. Other people: _____		

**5.8. Who helped you most? (Mark ONLY ONE answer.)**

<input type="checkbox"/>	1. Family member, relative	<input type="checkbox"/>	2. Friend
<input type="checkbox"/>	3. Unfamiliar person	<input type="checkbox"/>	4. Psychologist
<input type="checkbox"/>	5. Social worker	<input type="checkbox"/>	6. Police officer
<input type="checkbox"/>	7. Health care worker	<input type="checkbox"/>	8. Lawyer
<input type="checkbox"/>	9. Other people: _____		

**5.9. Did you seek assistance after experiencing physical violence?**

(This question refers to the last time you experienced physical violence.)

<input type="checkbox"/>	2. Yes	<input type="checkbox"/>	1. No
--------------------------	--------	--------------------------	-------

**ATTENTION!**

If you **sought assistance after experiencing physical violence** (answered “Yes”), then continue answering **question 5.10 onwards**.

If you **did not seek assistance** (answered “No”), then go to **question 5.12**.

**5.10. Mark where the assistance after experiencing physical violence was sought:**  
(MARK ALL THAT APPLY.)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Someone close 3. Health care facility 5. Crisis centre	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Police 4. NGO 6. Other: _____
--	---	--	--

**ATTENTION!**

*If you **sought professional assistance** – from the police, a health care facility or an NGO – then the next **question 5.11 is for you.***

*If you did not seek professional assistance (answered “No”), then go **to question 6.1.***

**5.11. Please assess on a scale from 1 to 7 how helpful professional assistance was.**

(Select the score that corresponds to your assessment: 1 - minimum score, professional help did not help at all; 7 - maximum score, professional help was very helpful)

5.11 - 1. Police

1    2    3    4    5    6    7

5.11 - 2. Health care facility

1    2    3    4    5    6    7

5.11 - 3. NGO

1    2    3    4    5    6    7

5.11 - 4 Crisis centre

1    2    3    4    5    6    7

**Please explain your answer. Why did you give this score:**

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**ATTENTION!**

Question 5.12 – only for **those who did NOT seek assistance** after experiencing physical violence (who answered “No” to question 5.9.)

Otherwise go to **question 6.1.**

**5.12. What were the reasons for not seeking assistance after experiencing physical violence:**

**(you can choose any number of answers)**

Fear for personal security		Lack of confidence in the justice system	
Seeking assistance goes against the religion, culture or traditions		Feeling of shame	
Not believing that the assistance would be provided		Lack of financial resources	
Reluctance to tell male police officers about intimate issues		Lack of awareness of rights	
Fear of publicity and public condemnation		Fear to lose family and/or children	
Full (financial) dependence on the partner		HIV status	

Other reasons \_\_\_\_\_

**6. Since being diagnosed with HIV how often**

**6.1. ...have you faced sexual violence?**

This question refers to situations where someone forced you to engage in sexual activity against your will, including through threats, intimidation, or physical force.

1. Never

2. Sometimes

3. Often

**ATTENTION!**

**If you have faced sexual violence** (answered “Sometimes” or “Often”),  
then continue answering **question 6.2 onwards.**

*If you have never faced sexual violence,  
then go to **question 7.1**.*

**6.2. How often have you faced sexual violence over the course of last year?**

1. Never

2. Sometimes

3. Often

**Please remember the last time you faced sexual violence.** *(It does not matter whether this incident occurred within the last year or earlier.)*

**6.3. In your opinion, was there connection between the incident of violence and the HIV status?**

1. Not connected

2. Connected to a certain extent

**Please explain your answer:**

---

---

---

**6.4. Please mark the consequences of sexual violence.**

*(This question refers to the last time you experienced sexual violence. Mark ALL THAT APPLY)*

1. Physical pain

2. Injury

3. Alcohol or drug use for the sake of relief

4. Inability to work or perform other responsibilities

5. Feeling of fear, anxiety, panic attacks, depression

6. Feeling of guilt or shame

7. Feeling of loneliness

8. Suicidal thoughts, attempts to commit suicide

9. Other consequences: \_\_\_\_\_

**6.5. Have you told someone about experiencing physical violence?**

*(This question refers to the last time you experienced sexual violence.)*

2. Yes

1. No

**ATTENTION!**

*If you **have told someone about experiencing sexual violence** (answered "Yes"), then continue answering **question 6.6 onwards**.*

*If you **haven't told anyone** (answered "No"), then go to **question 6.8**.*

**6.6. Whom did you tell about experiencing sexual violence?**

*(MARK ALL THAT APPLY)*

1. Family member, relative

3. Unfamiliar person

5. Social worker

7. Health care worker

9. Other people: \_\_\_\_\_

2. Friend

4. Psychologist

6. Police officer

8. Lawyer

**6.7. Who helped you most? (Mark ONLY ONE answer.)**

1. Family member, relative

3. Unfamiliar person

5. Social worker

7. Health care worker

9. Other people: \_\_\_\_\_

2. Friend

4. Psychologist

6. Police officer

8. Lawyer

**6.8. Did you seek assistance after experiencing sexual violence?**

*(This question refers to the last time you experienced sexual violence.)*

2. Yes

1. No

**ATTENTION!**

If you **sought assistance after experiencing sexual violence** (answered “Yes”), then continue answering **question 6.9 onwards**.

If you **did not seek assistance** (answered “No”), then go to **question 6.11**.

**6.9. Mark where the assistance after experiencing sexual violence was sought: (MARK ALL THAT APPLY.)**

	1. Someone close		2. Police
	3. Health care facility		4. NGO
	5. Crisis centre		6. Other: _____

**ATTENTION!**

If you **sought professional assistance** – from the police, a health care facility or an NGO – then the next **question 6.10 is for you**.

If you **did not seek professional assistance**, then go to **question 7.1**.

**6.10. Please assess on a scale from 1 to 7 how helpful professional assistance was.** (Select the score that corresponds to your assessment: 1 - minimum score, professional help did not help at all; 7 - maximum score, professional help was very helpful)

6.10 - 1. Police

1      2      3      4      5      6      7

6.10 - 2. Health care facility

1      2      3      4      5      6      7

6.10 - 3. NGO

1      2      3      4      5      6      7

## 6.10 - 4. Crisis centre

1      2      3      4      5      6      7

**Please explain your answer. Why did you give this score:**


---



---



---

**ATTENTION!**

**Question 6.11 – only for those who did NOT seek assistance after experiencing sexual violence (who answered “No” to question 6.8.)**

Otherwise go to **question 7.1.**

**6.11. What were the reasons for not seeking assistance after experiencing sexual violence: (you can choose any number of answers)**

Fear for personal security		Lack of confidence in the justice system	
Seeking assistance goes against the religion, culture or traditions		Feeling of shame	
Not believing that the assistance would be provided		Lack of financial resources	
Reluctance to tell male police officers about intimate issues		Lack of awareness of rights	
Fear of publicity and public condemnation		Fear to lose family and/or children	
Full (financial) dependence on the partner		HIV status	

Other reasons \_\_\_\_\_

**ATTENTION!** Questions for all.

**7. Awareness about possibilities to receive assistance and necessary changes**

**7.1. Are you aware where the following types of assistance can be sought:**

(Please give an answer for each line)

Types of assistance	Aware
1. Psychological assistance through a telephone helpline	
2. Face-to-face psychological assistance – counselling, support groups	
3. Shelter, crisis centre	
4. Legal assistance – consultations and litigation	
5. Social assistance	
6. Financial support	
7. Medical assistance for people who have experienced violence	

**7.2. Imagine that you are a person on whom a lot depends on in your country. What would you do to prevent women living with HIV from ending up in situations of violence?**

*Please do not leave this field blank. Your opinion is very important to us.*

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*Thank you for participating in the survey!*



### Annex 3. Informed Consent to Participate in the Study

#### Informed Consent to Participate in the Study

The Eurasian Women's Network on AIDS invites you to take part in social study aimed **to monitor violence among women living with HIV in Kazakhstan.**

Before you decide to participate in this study, we would like to provide you with the following information:

##### Voluntariness of participation

Your participation in the study is entirely voluntary. You may decide not to participate in the study now or refuse to continue to participate at any stage during the survey.

##### Confidentiality

Your first name, second name and place of residence will not be mentioned anywhere in connection with the information you provide. All results will be presented only in a common array, and not individually. All data collected during the study will be available only to the Research Team.

##### Possible inconveniences

Some survey questions may address intimate, personal and/or emotionally difficult topics. Remember that you can refuse to participate in the study at any stage, but then, unfortunately, no reward will be paid. This study does not imply emergency situations, however, if one occurs, you will be provided with psychological assistance.

The following statement requires consent to participate in the study:

***By signing this informed consent form, I certify that I understand the purposes, procedure, methods, and potential harms of participating in the study. I had the opportunity to ask all the questions that interested me. I received satisfactory answers and clarifications on all questions that interested me in connection with this study.***

Code and signature of the study participant \_\_\_\_\_

Date: \_\_\_\_\_ 2023      Phone No. \_\_\_\_\_

I explained to the respondent the purpose, procedure, methods, and possible inconveniences of participating in the study, and answered all questions regarding participation in the study. Her decision to take part in the study is informed and voluntary, and the respective consent was obtained.

Name and signature of the interviewer \_\_\_\_\_ Date: \_\_\_\_\_ 2023

## Annex 4. Research Team Training

**TRAINING SEMINAR****Monitoring of violence against women living with HIV in Kazakhstan and Moldova**

Community-led study

**Date:** 06 June 2023**Time:** 12 p.m. Kyiv/Chisinau time and 15 p.m. Almaty time.**Format:** online**Trainer:** Svitlana Moroz, Lead Researcher, Eurasian Women's Network on AIDS**Participants:** research interviewers in Kazakhstan and Moldova**Goal:** *To strengthen community capacity to monitor types of gender-based violence against women living with HIV.***Objectives:**

1. To improve interviewers' awareness of gender-based violence and related issues.
2. To train interviewers to use a tool for women's community-led monitoring of types of violence. To develop interviewers' practical skills in working with a structured questionnaire.
3. To plan the process of collecting, storing and sharing data throughout the study.

**AGENDA**

Time*	Session	Presenter
12.00	Welcome speech of the organisers	Nataliia Gerasymchuk
12.05	Introduction and expectations of participants	Nataliia Gerasymchuk
12.15	Types of violence: updating the participants' knowledge. HIV and violence – what is the connection?	Svitlana Moroz
12.30	Goals, objectives and methodology of the monitoring	Svitlana Moroz
12.45	Working with tools. Primary screening (domestic violence risk assessment) and questionnaire (semi-structured questionnaire)	Svitlana Moroz
13.00	Planning the process of collecting, storing and sharing data	Svitlana Moroz
13.10	Ethics and support for respondents	Svitlana Moroz
13.20	Coordination and reporting documentation	Nataliia Gerasymchuk
13.30	Summing up	Svitlana Moroz

\* Kyiv/Chisinau time is indicated

The training is carried out with the financial support of the Regional project "Sustainability of services for key populations in the region of Eastern Europe and Central Asia" (SoS\_project 2.0), implemented by a consortium of organisations led by the Alliance for Public Health in partnership with the CO "100% Life", with financial support from the Global Fund.



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