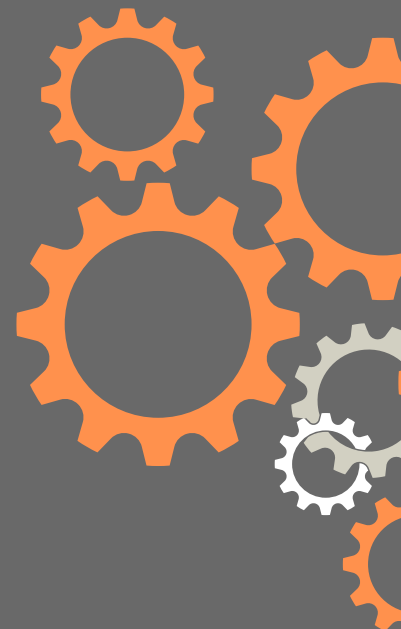




**Community-led monitoring:
Types of violence against
women living with HIV
in Moldova**



2023

"When the partner found out about the status, he became more aggressive".

**Woman living with HIV.
Chişinău**

"He didn't want to give a divorce, he blamed me for infecting him and even wrote a statement to the police about the infection, although he himself is HIV-negative".

**Woman living with HIV.
Tiraspol**

"The NGO offered to redirect me to a crisis centre, live apart from my husband and work with specialists there, but I'm not ready to leave my husband and tear my children away from home".

**Woman living with HIV.
Parcani**

"My husband broke my nose, but I didn't tell the hospital, I said that I fell myself. If he had been arrested, my children and I would have been left without a livelihood. They helped me and I went straight home".

**Woman living with HIV.
Tiraspol**

"When my husband drinks, he becomes aggressive, starts blaming me for allegedly cheating on him and sometimes forces me to have sex against my will".

**Woman living with HIV.
Bender**

"After beating me, my partner may "put up" like this, saying that he loves him, but as in cases of beatings, he believes that I will not go anywhere now and will not leave him because of HIV, and threatens to tell everyone about the diagnosis if I leave him".

**Woman living with HIV.
Grigoriopol**

"When he uses, I am afraid of him and cannot cope with him. I agree to intimacy though I do not feel like it".

**Woman living with HIV.
Orhei**

"Due to the fact that I am HIV+ and my husband is not, he believes that he accomplished a feat by marrying me. He thinks that I am his thing and only he needs me".

**Woman living with HIV.
Tiraspol**

"The guy knows that I worked abroad as an escort, threatens to tell my family and friends, and about HIV too".

**Woman living with HIV.
Dubăsari**

"He beat me out of jealousy; the diagnosis was delivered during pregnancy, but he turned out to be HIV-negative. He thinks that I cheated on him. When he drinks, he starts to reproach me".

**Woman living with HIV.
Dnestrovsc**

"We need HIV decriminalisation. Training doctors and police officers in basic knowledge about HIV, tolerance towards people with HIV and non-discrimination".

**Woman living with HIV.
Chişinău**

"The police said that as long as we are husband and wife, they will not do anything. That we will make peace tomorrow, and they will work in vain".

**Woman living with HIV.
Tiraspol**

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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The views expressed in this publication are those of the authors and may not reflect the views of the consortium organisations, the Global Fund, UNFPA, the United Nations or any of its affiliated organisations.

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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.

In Moldova, 34% of women experienced physical and/or sexual [violence](#) from an intimate partner during their lifetime; 9,4% of women experienced physical and/or sexual violence from an intimate partner in the past 12 months, and the prevalence of child marriage is 12.2% (OSCE-led study, 2019). In 2020, 12,970 cases of [domestic violence](#) were reported to authorities (UNDP). In 2017, Moldova signed and on January 31, 2022 [ratified](#) the Istanbul Convention.

In Moldova, HIV testing is voluntary, with informed consent and not mandatory before marriage. Existing provisions allow access to shelter for women who have experienced violence, regardless of HIV status. In December 2020, Moldova removed legal barriers to the adoption of children by people living with HIV. However, the country has criminalised HIV exposure and transmission (Article 212 of the Criminal Code).

Women living with HIV conducted [a study](#) on access to sexual and reproductive health, including issues violence (2018) led by the Positive Initiative. Almost a quarter of the women surveyed (23.0%) experienced fear of any form of violence due to their HIV diagnosis. Because of their HIV-positive status, women experienced violence from their sexual partners or husbands (5.0%), from a family member or neighbor (10.7%), in the community (13.3%), in health care facilities (24 .0%), from the police/military/prison or colony staff (4.0%). Participants from rural areas (31.3%) and participants aged 55+ years more often experienced fear of any form of violence due to their HIV diagnosis. Because of their diagnosis, violence from a husband or intimate partner was more often experienced by participants from a rural environment (8.8%) and aged 35–44 years.

[REAct data](#) from Moldova (2020-2022) shows that about 3% of women living with HIV and key populations have experienced physical violence from other people, intimate partner violence, sexual violence and harassment.

The UN Country Team in Moldova implemented [a mentoring programme](#) with approximately 100 women living with HIV to improve their knowledge of the signs of gender-based violence and discrimination and available mitigation services; and to strengthen their skills in identifying abusive behavior, self-awareness, and COVID-19 prevention measures (2020-2021). Women living with HIV have strong [partnerships](#) (Union for Justice and Health, Sotis Municipal Family Crisis Center, UNAIDS, UN Women) and conduct the [“No Excuse for Violence!”](#) campaign dedicated to 16 days of activism against gender violence and targeted inter alia at women who use drugs, led by the Association for Creative Development of Personality (2022) and the Alliance for Public Health (2023).

The representatives of women living with HIV in Moldova participated in the preparation and submission of [shadow report](#) (2020) to the UN Committee on the Elimination of Discrimination against Women (CEDAW) (75th session, 6th periodic report of Moldova). In [the concluding observations](#) on the sixth periodic report of the Republic of Moldova (2020), the Committee noted with concerns: “stigmatization of and discrimination against women living with HIV”; “criminalization of women in prostitution and the absence of exit programmes for women in prostitution”; and “the fact that the provision of support services for women who use drugs has been largely delegated to civil society organizations”. The Committee recommended the State party:

- ✔ Eliminate discrimination and stigma against women living with HIV/AIDS through awareness-raising and extend the programme on the prevention and control of HIV/AIDS to women belonging to disadvantaged groups, particularly transgender women.
- ✔ Repeal article 89 (1) of the Contravention Code to decriminalize women in prostitution and provide alternative income-generating opportunities, educational programmes and exit programmes for women in prostitution.
- ✔ Eliminate stigma and discrimination against women and girls in prostitution to ensure that they have adequate access to health care, legal services and shelters.
- ✔ Provide adequate funding to civil society organizations that offer support and rehabilitation services to women who use drugs.

SUMMARY

Community-led monitoring on types of violence against women living with HIV in Moldova was held by the Eurasian Women's Network on AIDS from June to August 2023. The survey involved 110 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 Moldova who have already experienced it (or are experiencing now).

The social profile of a woman living with HIV and experiencing violence in Moldova can be described as follows. She is most likely heterosexual, aged 25–35 or 36–45 years old, has a secondary general 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.

Although this question was not asked directly, open-ended questions revealed that at least 13 women do not disclose or hide their HIV status from their husbands or partners (12%).

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%), humiliation and devaluation (98%), display of expressive jealousy, control, prevention from communicating with other people. 61% of monitoring participants reported constant psychological violence.

More than a third of HIV-positive women who had experienced violence were prohibited from seeking medical services, social and other types of assistance (36%). More than half of women were forbidden to work (58%). 59% of women reported using children or other close people to put pressure on her, slightly less often – psychological, physical or other influence on her children in order to hurt a woman (56%).

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.

Every fifth woman who has experienced physical violence (21.5%) and one in ten women who have experienced sexual violence (10.7%) 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 (97%) has the highest 'rating'. Over the past year, two thirds of women living with HIV sometimes (67%) experienced physical violence, and one in seven women experienced it constantly (14%). The vast majority of women who had experienced physical violence had mental health consequences – feelings of fear, anxiety, panic attacks, depression, feeling of loneliness, and one in five women considered committing suicide.

Since being diagnosed with HIV infection, 60% of respondents have sometimes or often experienced sexual violence, and 38% of women have experienced sexual violence within the last year.

Only a third of women living with HIV sought assistance in incidents of physical violence (36%), even less – in situations of sexual violence (4.5%). Women gave the highest rating to crisis centres and non-governmental organisations for the quality of assistance provided in incidents of physical violence, the lowest – to the police. 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 66).

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

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 (50%). Women also called attention to improvements in legislation and enforcement; increasing the practice of bringing to responsibility; harsher punishment for aggressors (44.5%), as well as women's empowerment and development (21.8%).

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 Moldova, 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 Moldova.

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 Moldova.

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: Right bank of the Dniester: Anenii Noi, Glodeni District, Chişinău, including Ghidighici and Durleşti, Nisporeni, Orhei, Straseni, Hincesti, Soldanesti, Ialoveni;

Left bank of the Dniester: Bender, Hlinaia, Grigoriopol, Dnestrovsk, Dubăsari, Camenca, Crasnoe, Mălăieşti, Parcani, Pervomaisc, Rybnitsa, Slobodzeya, Ternovka, Tiraspol, Şipca.

Study target group and sample: 110 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 Kazakhstan was monitored over the same period of time.

Criteria for inclusion in the survey:

- ➔ woman living with HIV, who is resident of Moldova,
- ➔ 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.

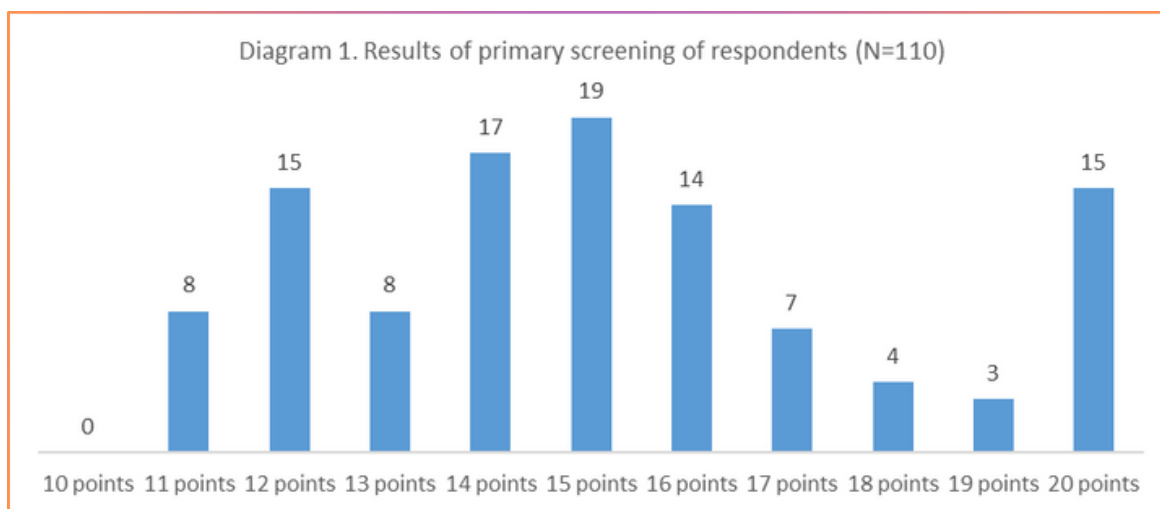
It is also important to recognise that gender-based violence may be normalised and reproduced due to structural inequalities, such as societal norms, attitudes and stereotypes around gender generally and violence against women specifically. Therefore, it is important to acknowledge **structural or institutional 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.

[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

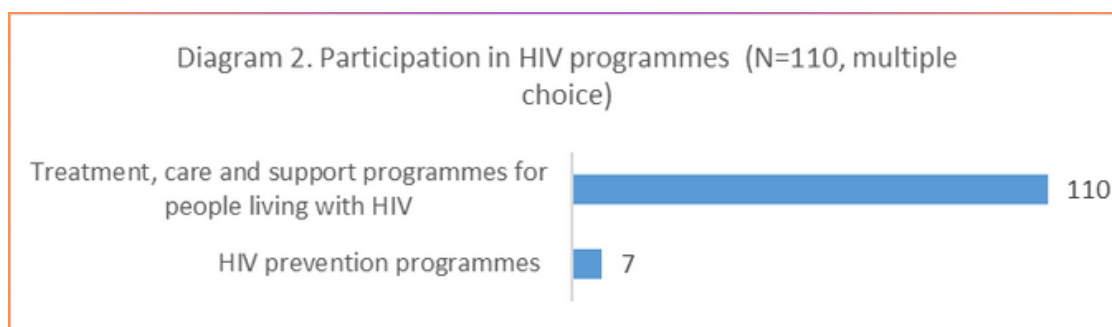
Using the identified tool, primary screening of more than 120 women living with HIV in Moldova and 110 individual surveys of women whose primary screening scored 10 or more points out of 20 possible (more than 50%) were conducted. The women selected for the survey had an average primary screening score of 15.15. The distribution of points among them is shown in Diagram 1:



As can be seen in the Diagram above, 15 women (14%) scored the maximum number of points on the primary screening, which indicates a situation of constant domestic violence.

The survey involved 110 women living with HIV, among whom:

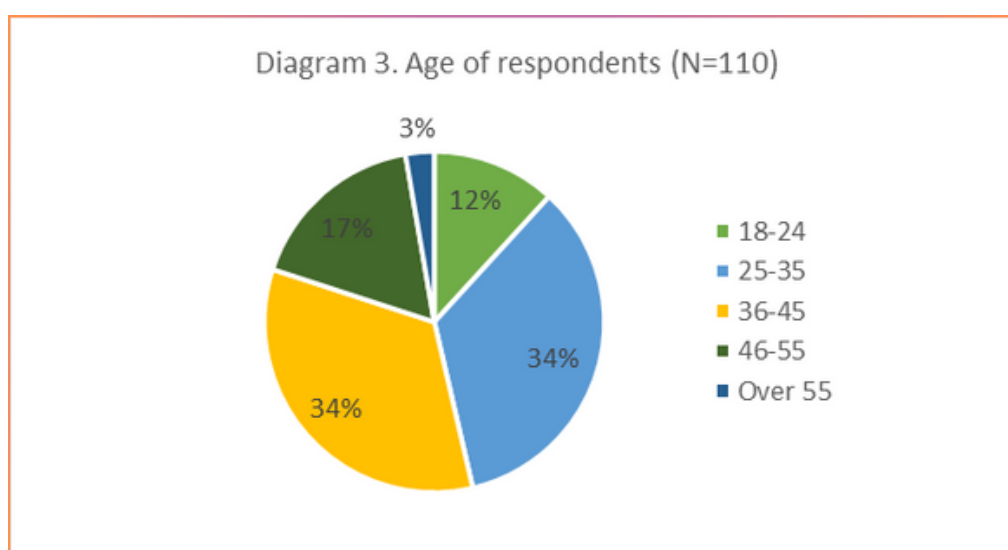
- ➔ 7 women (6.4%) participate in HIV prevention programmes among key populations and treatment, care and support programmes for people living with HIV
- ➔ 110 women (100%) participate in treatment, care and support programmes for people living with HIV



SOCIAL AND DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

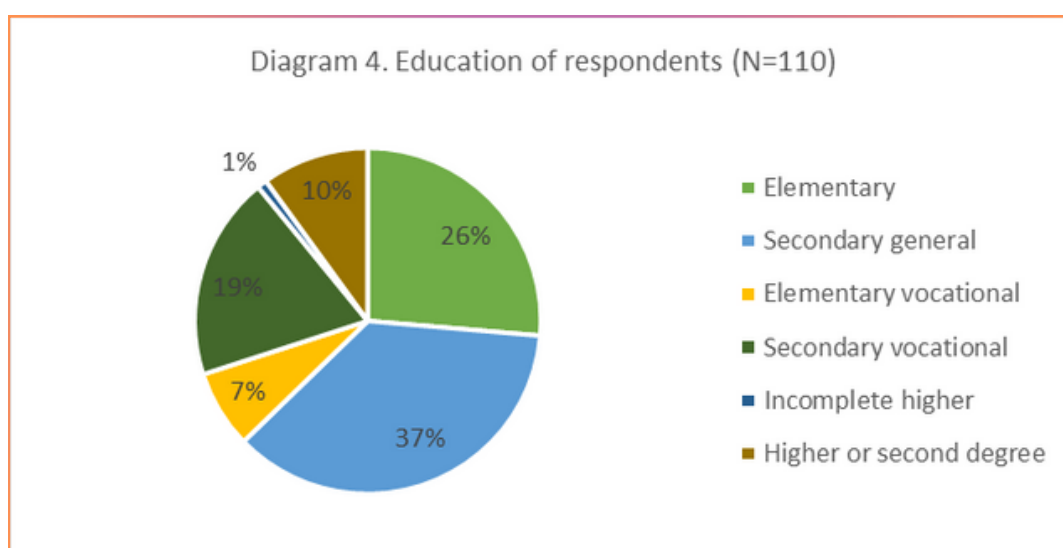
Age

The vast majority of respondents at the time of the survey were aged 25–35 years (34.5%) and 36–45 years (33.6%). Women in the age groups 46–55 years (17.3%) and 18–24 years (11.8%) are less represented, and those aged 55 years and older (2.7%) are significantly less represented.



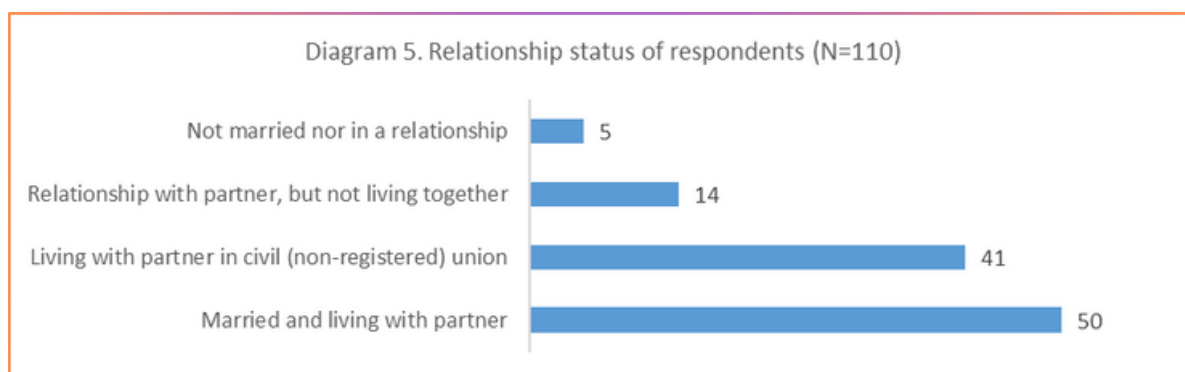
Education

More than a third of women have secondary general education (36.4%) and another fifth of women have secondary vocational education (19.1%). A quarter of women have elementary education (26.4%). Women with higher education or second degree (10%) and elementary vocational education (7.3%) are significantly less represented.



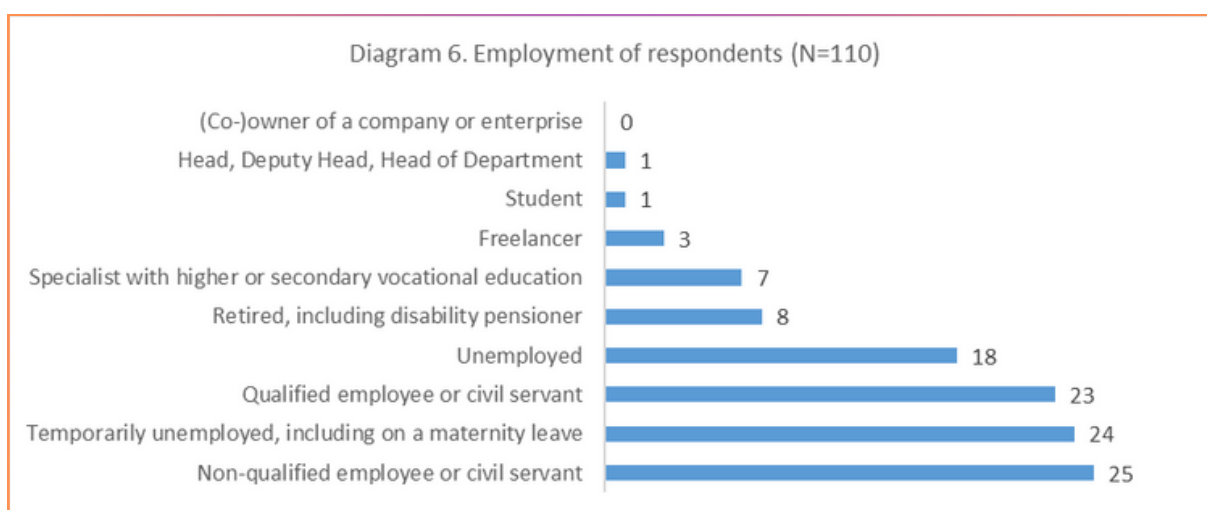
Relationship status

The vast majority of respondents (82.8%) live with a permanent partner – 37.3% are officially married and 45.5% are in civil union. 12.7% of respondents are in a relationship, but are not living together with their partners. 4.5% of the women surveyed indicated that they were not married nor in a relationship.



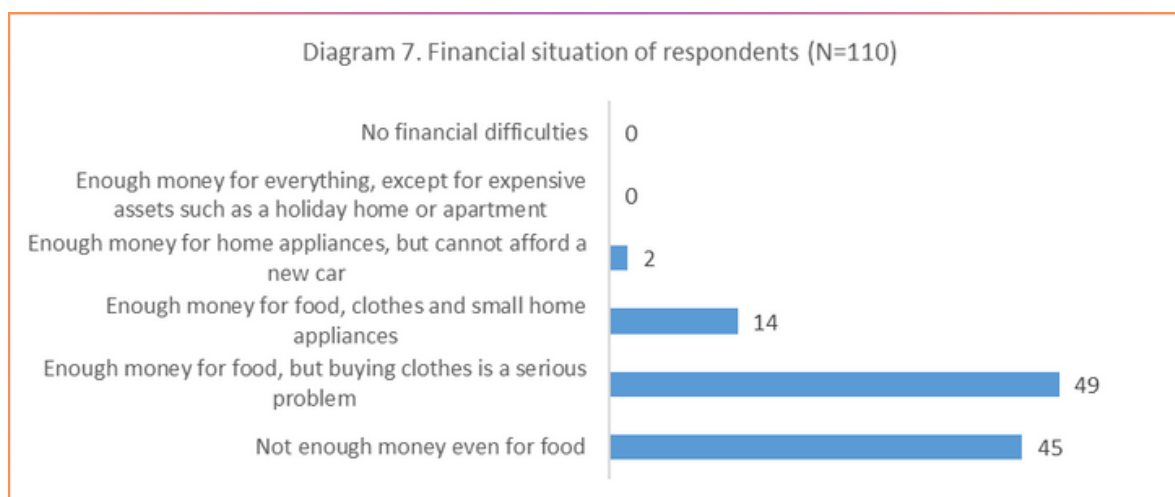
Employment

Less than half of the women who took part in the study had a permanent job (48.2%). Every fifth woman is temporarily unemployed, including on maternity leave (21.8%). Roughly the same percentage are qualified (22.7%) non-qualified employees or civil servants (20.9%). Every sixth respondent is unemployed (16.4%). 7,3% of women are retired, including disability pensioners. 6,4% are specialists with higher or secondary vocational education. 2.7% of women identified themselves as freelancers. One respondent is a student and one is an owner of a company or enterprise.



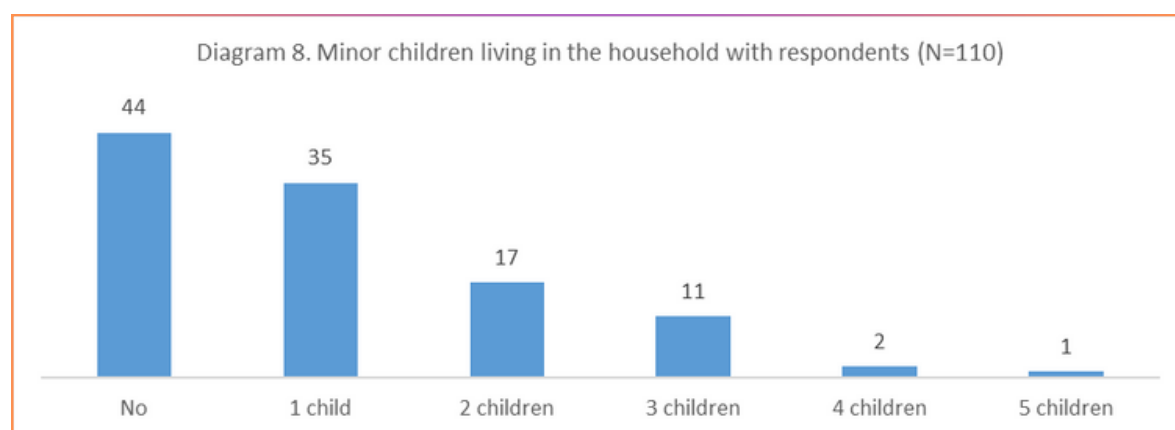
Financial situation

The vast majority of respondents live in poverty (85.4%). In particular, when assessing their financial status, women noted that they did not have enough money for food (40.9%), buying clothes was a serious problem due to lack of financial resources (44.5%). Only two women (1.8%) noted that they had enough money for home appliances, but none indicated absence of financial difficulties.



Children

40% of women do not have minor children living in the household. 31.8% of women surveyed have one child living in the household, 15.5% – two children, 10% – three children, and 1.8% have four children. One woman has five children.



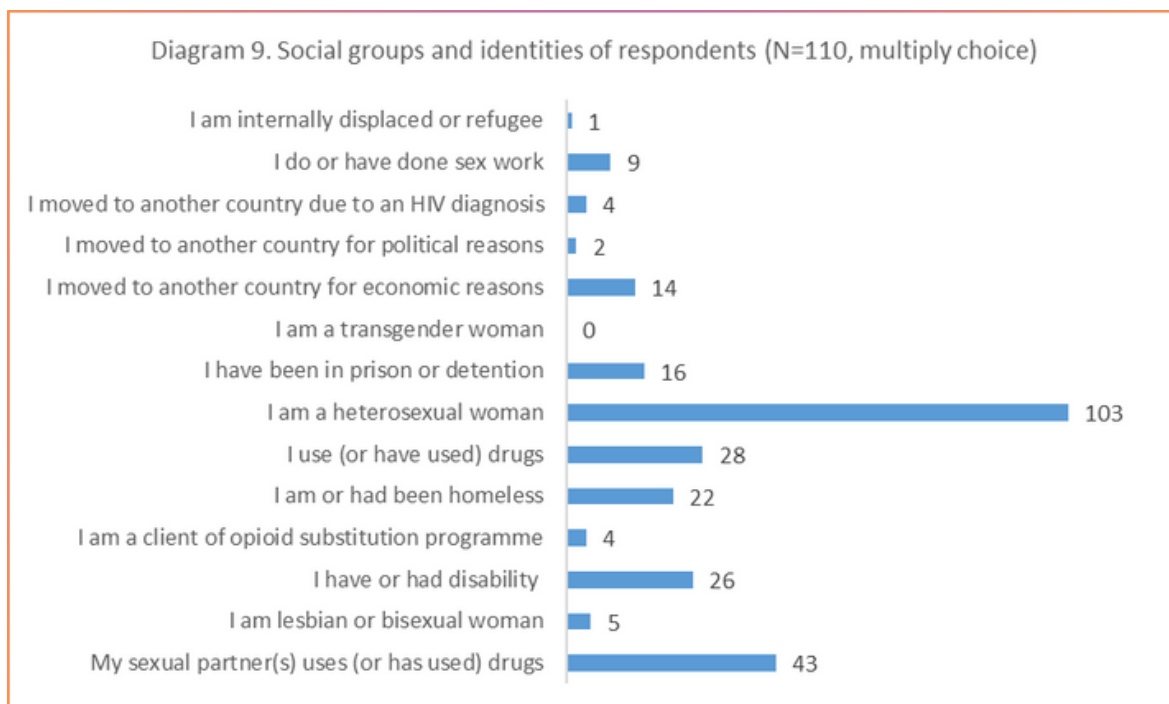
Social groups and identities

The majority of respondents were heterosexual women (93.6%). Bisexual women and lesbians made up 4.5% of respondents. 39.1% of the surveyed HIV-positive women have sexual partners among people who use drugs, and every fourth woman (25.5%) used drugs. One in five women is (or was) homeless (20%). Almost every fourth HIV-positive woman has (or had) disability (23.6%). One in seven women had been in prison (14.5%).

8.2% of women do or have done sex work. 3.6% of women participate in the OST programme. Four women moved to another country due to their HIV status (3.6%). 12.7% of women moved to another country for economic reasons.

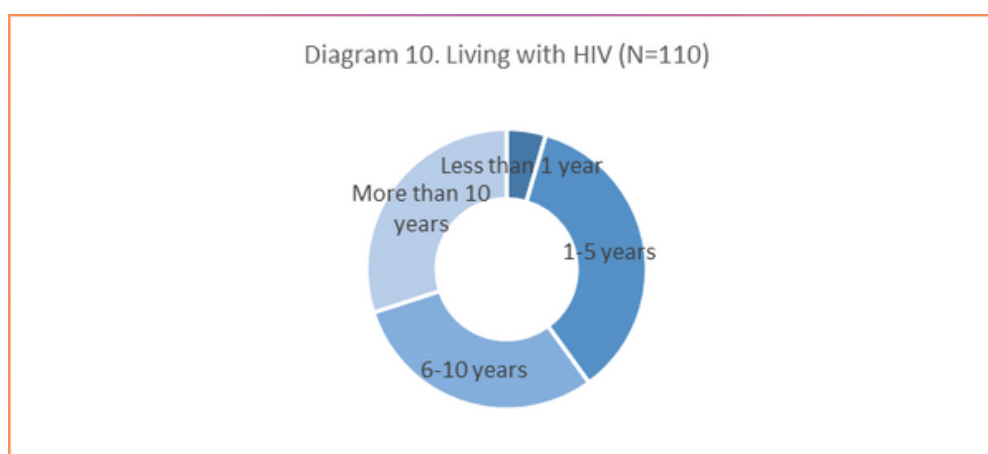
Intersectionality

The majority of women surveyed have two or more vulnerabilities. For example, two women live with disabilities, have experience of being in places of detention and experience homelessness. Two more 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: 35.5% of respondents have been living with HIV from 1 to 5 years; 30% - from 6 to 10 years and 30% 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 (4.5%).

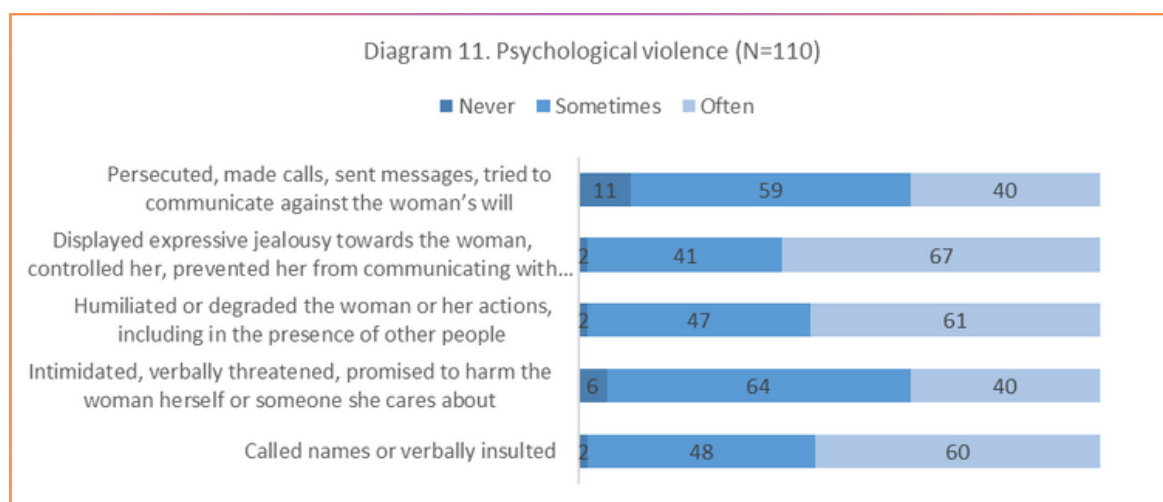


PSYCHOLOGICAL VIOLENCE

Among all types of violence, the “highest” rating belongs to 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 – 98%,
- ➔ displayed expressive jealousy towards the woman, controlled her, prevented her from communicating with other people – 98%,
- ➔ intimidated, verbally threatened, promised to harm the woman herself or someone she cares about – 95%,
- ➔ persecuted, made calls, sent messages, tried to communicate against the woman’s will – 90%.

61% of the women reported constant psychological violence.



Respondents' quotes:



“My husband considers himself “superior” due to the lack of status, looks down on everyone who is HIV+, believes that I am some kind of an object, a property”

“My cohabitant himself is aggressive”

“He thinks that I will not leave him for someone else because of HIV”

“He doesn't know about HIV, he's a policeman and if he finds out he'll kill me”

“He hasn't been tested yet, but he thinks I infected him”

“He didn't want to give a divorce, accused me of having infected him and even wrote a statement to the police about being infected, although he himself is HIV-negative”

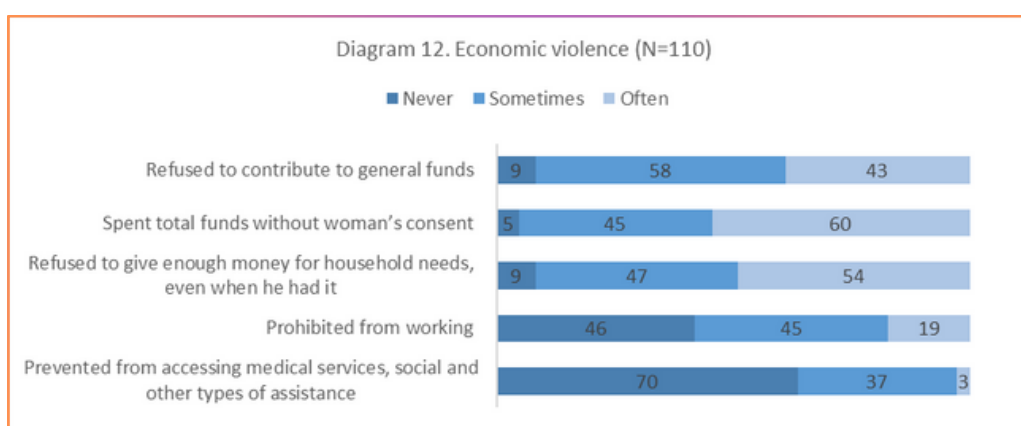
“He accused me of having infected him (I was the first to be registered)”

“He's just aggressive”

ECONOMIC VIOLENCE

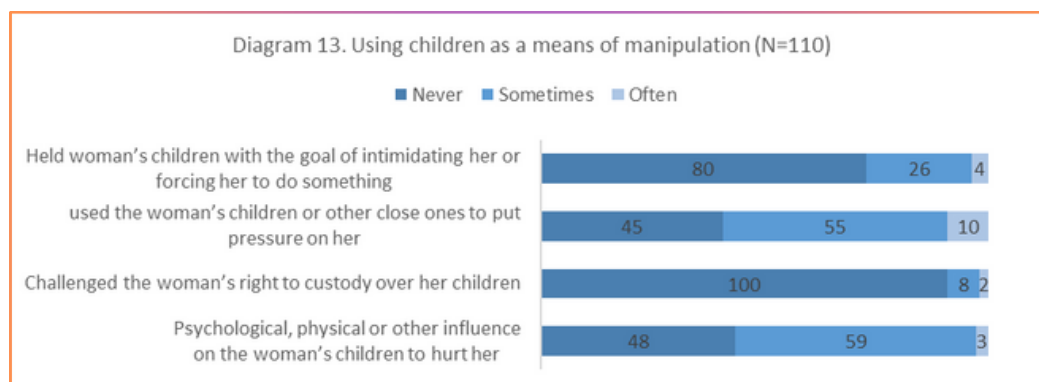
More than every third woman living with HIV experienced being prevented from accessing medical services, social and other types of assistance (36%), and more than a half of women were prohibited from working (58%). From the time of receiving an HIV diagnosis, the person with whom the woman has a shared household often or sometimes:

- ➔ refused to give enough money for household needs, even when he had it – 92%,
- ➔ spent total funds without woman's consent – 95%,
- ➔ refused to contribute to general funds – 92%.



USING CHILDREN AS A MEANS OF MANIPULATION

More than half of HIV-positive women reported psychological, physical or other influence on their children with the purpose of hurting the woman (56%). More than a quarter reported that their children had been held to intimidate or force the woman to do something (27%), and one in ten said they had been fought over custody of their children (9%). More than half of women have experienced a situation where children or other close people were used to put pressure on them (59%). If the sample is considered only in terms of women living with minor children, then the rates of violence will increase by 1.66 times.



Respondents' quotes:

— “ —

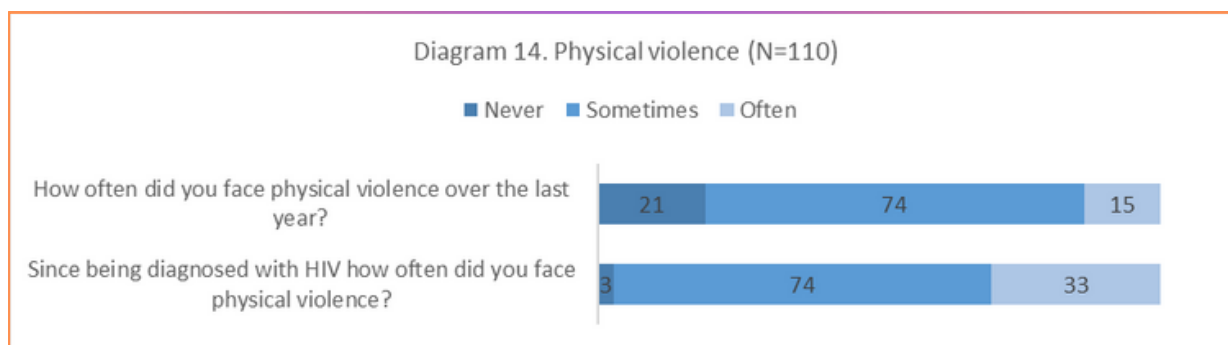
“My civil partner thinks that I will not leave him because I have HIV, no one needs me anymore, and I won't be able to raise children on my own”

“He reproached me (the child also has HIV) for not paying enough attention to him”

— ” —

PHYSICAL VIOLENCE

Since being diagnosed with HIV, 97% of respondents experienced physical violence. Over the past year, two thirds of women living with HIV sometimes (67%) experienced physical violence, and one in seven experienced it constantly (14%).

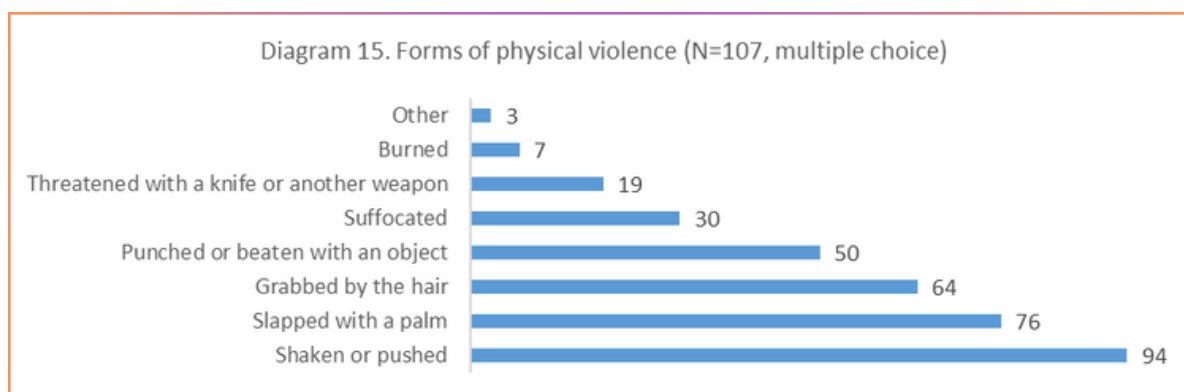


Forms of physical violence

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

- 87.9% - shaken or pushed,
- 71% - slapped with a palm,
- 59.8% - grabbed by the hair,
- 46.7% - punched or beaten with an object,
- 28% - suffocated,
- 17.8% - threatened with a knife or another weapon,
- 6.5% - burned.

Additionally, women reported the following forms of violence: “kicked”, “may have tripped me up to make me fall over or removed the chair to make me fall”.



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:



"When the partner found out about the status, he became more aggressive"

"He beat me out of jealousy; the diagnosis was delivered during pregnancy, but he turned out to be HIV-negative. He thinks that I cheated on him. When he drinks, he starts to reproach me"

"He was jealous"

"I infected my cohabitant and stopped treatment for two years. Now he gets angry and often beats me because of this"

"People told him that I have HIV"

"He did not believe that I had HIV and accused me of listening to my mother"

"He accuses me of infecting him and says that the doctors told his mother that I had infected him"

"I am HIV-positive, but my partner is not"

"Hates me for infecting him"

"My husband thinks that I'm cheating on him because he hasn't tested positive for HIV, and that's why he's showing aggression"

"I got HIV while married. My husband is HIV-negative and, thus, accuses me of cheating"

"The situation was related to the fact that I was using alcohol and drugs"

"My partner was not in the mood"

"My husband reproaches me for being HIV+"

"This situation was related to his stupid drug use"

"I hide my diagnosis from my husband, he thinks that I am deceiving him. Having recently found pills (I always hide them without boxes), he thought that I was pouring it to him so that he would stop drinking"

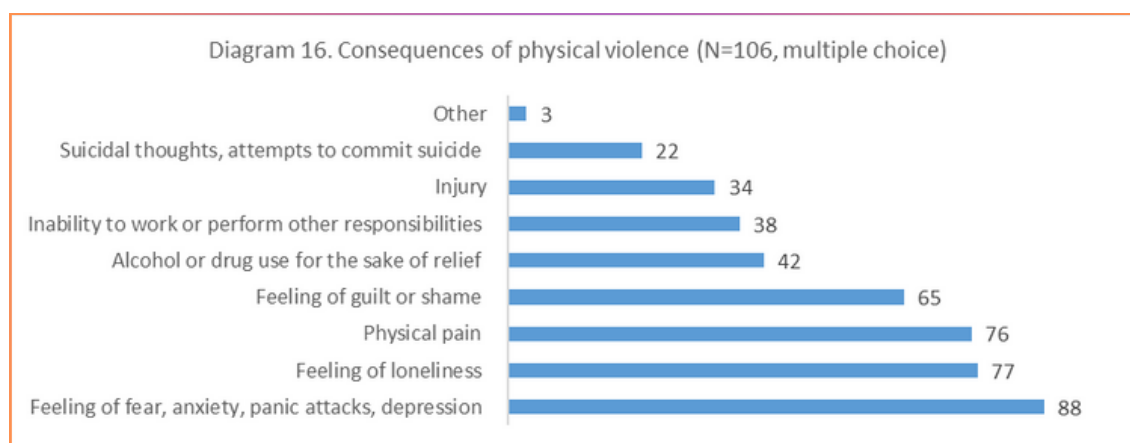


Consequences of physical violence

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

- Feeling of fear, anxiety, panic attacks, depression – 83.2%
- Feeling of loneliness – 72.6%
- Physical pain – 71.7%
- Feeling of guilt or shame – 61.3%
- Alcohol or drug use for the sake of relief – 39.6%
- Inability to work or perform other responsibilities – 35.8%
- Injury – 32.1%
- Suicidal thoughts, attempts to commit suicide – 20.8%.

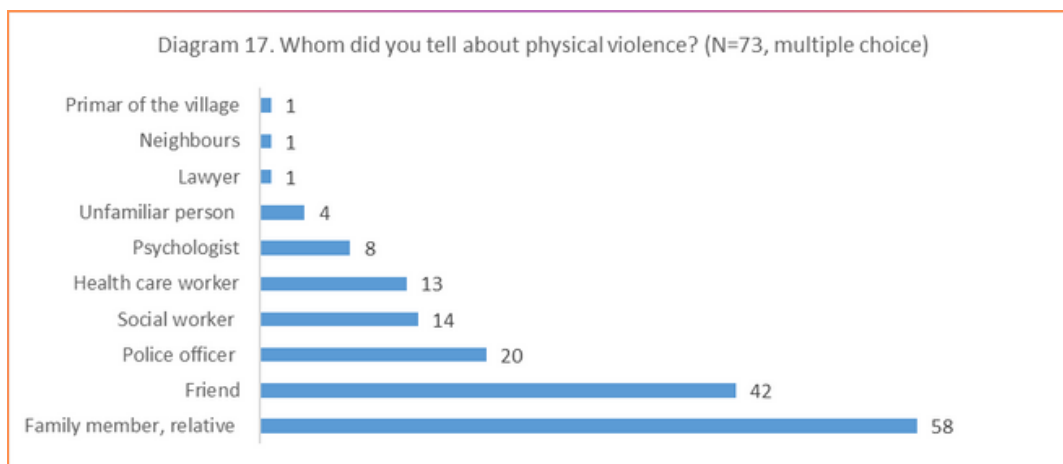
Additionally, women reported the following states: “*resentment*”, “*hatred towards him*”, “*anger*”.



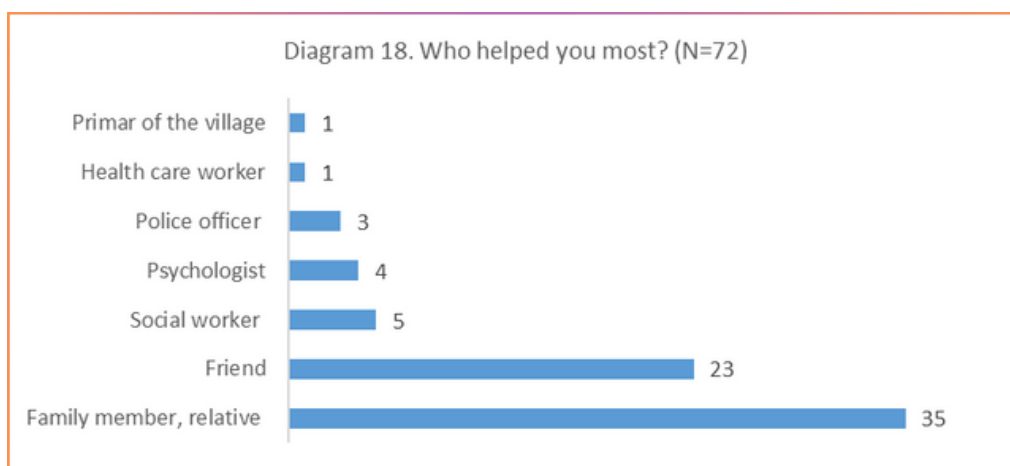
Seeking assistance in incidents of physical violence

Two thirds of HIV-positive women who had experienced physical violence (68.2%) told someone about it, namely:

- Friend (58 women)
- Family member, relative (42 women)
- Police officer (20 women)
- Social worker (14 women)
- Health care worker (13 women)
- Psychologist (8 women)
- Unfamiliar person (4 women)
- Lawyer (1 woman)
- Neighbours (1 woman)
- Neighbours (1 woman)

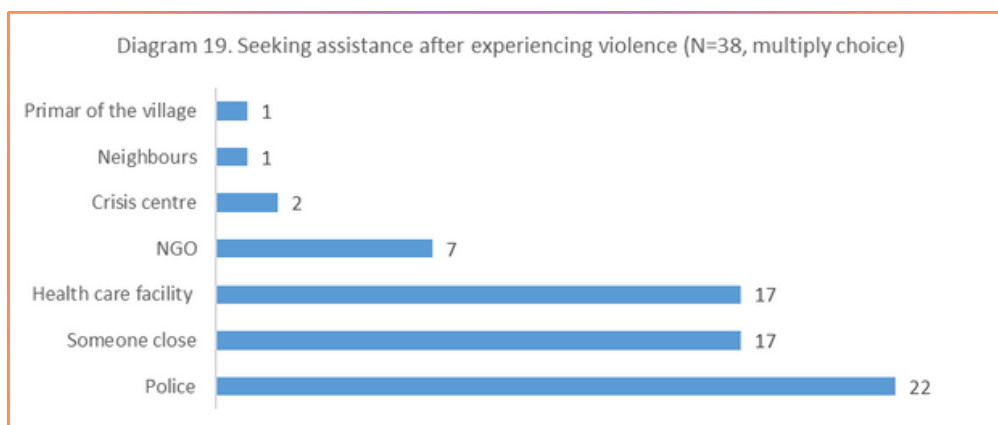


Women received the greatest support from family members, relatives and friends.



Only 36% of women, who had experienced physical violence sought assistance, in most cases from the police, health care facility or someone close:

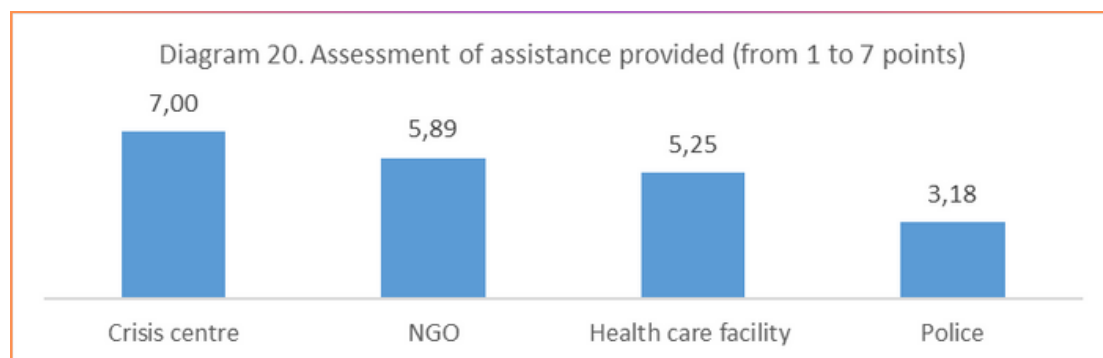
- Police (22 women)
- Someone close (17 women)
- Health care facility (17 women)
- NGO (7 women)
- Crisis centre (2 women)
- Neighbours (1 woman)
- Primar of the village (1 woman).



Assessment of assistance provided

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

- Crisis centre – 7 points
- NGO – 5.89 points
- Health care facility – 5.25 points
- Police – 3.18 points.



Respondents' quotes:

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

— “ —————

“The NGO provided me with professional assistance. The police ignored because I used alcohol and drugs, and the hospital treated me with disdain”

“The police did not punish, but the doctors provided medical assistance”

“The police did not investigate, saying that we were both drunk and it was my fault. The health care facility documented the beatings and said that it was not enough”

“The police did not respond, but the doctors provided assistance”

“The police fined my husband after he beat me, and the doctor is constantly in touch with me”

“They helped me a lot”

“The police drew up a report and took him away for a day. Nothing else was done. The HIV service organisation and crisis centre provided me with psychological and legal assistance and helped file a divorce”

“They supported me, provided moral support, provided assistance, he was locked in a police cell”

“They helped me a lot everywhere, and after that my husband behaved well”

————— ” —

— “

“The police did not help, they said that this was our family business. The doctor stitched up the wound, and his relatives beat me”

” —

Experience in obtaining assistance from the police:

— “

“It would be better not to contact the police, disgusting feelings and memories”

“The police didn't help at all; they just issued a fine”

“They refused to accept the statement, they said that it was my fault”

“Thanks to the police, he was deprived of his freedom, and I was able to become free from him and acquired protection with another man”

“They refused to accept the statement, they said that the fight is your everyday problems, sort it out yourself”

“The policeman helped in getting the husband punished”

“The police forbade him to come near me”

“She said it was a domestic quarrel and didn't take a statement”

“I have an alcohol addiction. They don't want to do anything; they say it's my own fault”

“The police said that as long as we are husband and wife, they will not do anything. That we will make peace tomorrow, and they will work in vain”

“I withdrew my statement myself. The lover persuaded me, he has a good position and he could lose his job. He lives with another family, but he controls me and is jealous”

“He was detained for a day, then simply released”

” —

Experience in obtaining assistance from the NGO:

— “

“I feel better psychologically, but I still can't radically solve the problem”

“I was not satisfied with the counseling provided, I did not agree with the recommendations and was not ready to do anything”

“The NGO offered psychological assistance, told about the shelter and offered legal assistance”

“I received consultations from a psychologist and a lawyer and was redirected to a specialised organisation. My husband also received psychological assistance”

“The NGO offered to redirect me to a crisis centre, live apart from my husband and work with specialists there, but I'm not ready to leave my husband and tear my children away from home”

” —

Experience in obtaining assistance from the health care facility:



“They provided first aid and sent me away, but I felt neglect and condemnation”

“My husband broke my nose, but I didn’t tell the hospital, I said that I fell myself. If he had been arrested, my children and I would have been left without a livelihood. They helped me and I went straight home”

“I was prescribed treatment for 10 days and I felt better”

“They gave me medications that didn't work for me”

“They stitched up my wound and gave me moral support”

“Provided a full range of medical services”

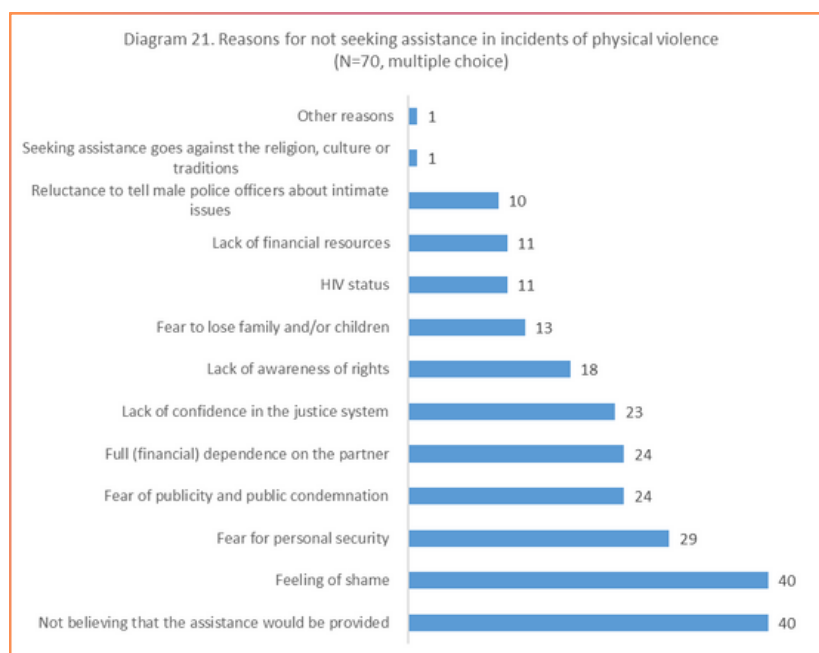


Reasons for not seeking assistance

The majority of women who had experienced physical violence did not seek assistance (64%) for the following reasons:

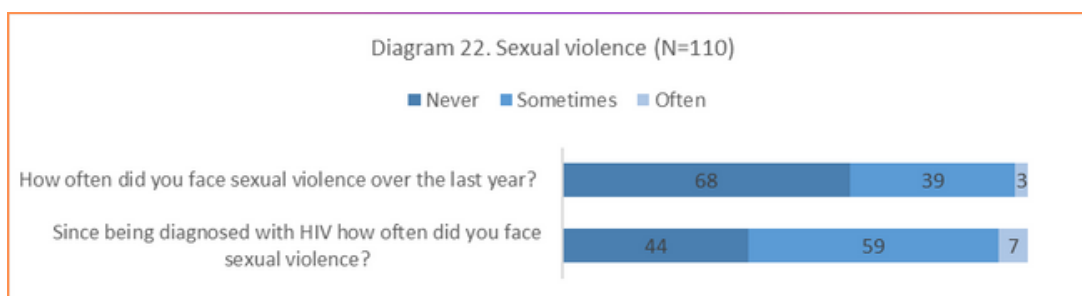
- Not believing that the assistance would be provided (40 women)
- Feeling of shame (40 women)
- Fear for personal security (29 women)
- Fear of publicity and public condemnation (24 women)
- Full (financial) dependence on the partner (24 women)
- Lack of confidence in the justice system (23 women)
- Lack of awareness of rights (18 women)
- Fear to lose family and/or children (13 women)
- HIV status (11 women)
- Lack of financial resources (11 women)
- Reluctance to tell male police officers about intimate issues (10 women)
- Seeking assistance goes against the religion, culture or traditions (1 woman).

Additionally, women reported the following reasons: *“Was restricted in movement”*.



SEXUAL VIOLENCE

Since HIV diagnosis, 60% of women with HIV have sometimes or often experienced sexual violence, and 38% of women have experienced sexual violence within the past year. 7 out of 65 women who have experienced sexual violence connect it with their HIV status[3].



Respondents' quotes:



“My husband was drunk and aggressive at that moment”

“When my husband drinks, he becomes aggressive, starts blaming me for allegedly cheating on him and sometimes forces me to have sex against my will”

“My husband was drunk and aggressive”

“After beating me, my partner may “put up” like this, saying that he loves him, but as in cases of beatings, he believes that I will not go anywhere now and will not leave him because of HIV, and threatens to tell everyone about the diagnosis if I leave him”

“Due to the fact that I am HIV+ and my husband is not, he believes that he accomplished a feat by marrying me. He thinks that I am his thing and only he needs me”

“My boyfriend knows that I worked abroad as an escort, threatens to tell my family and friends, and about HIV too”

“He was just taking his anger out on me”

“He was constantly punishing me and, as he said, was teaching me how to live”

“Because of jealousy (and jealousy is because of HIV) and the desire to subjugate”

“My husband constantly wants sex”

“A neighbour raped me. We drank together. He knew about the diagnosis and believed that I was a woman of easy virtue”

“When he uses, I am afraid of him and cannot cope with him. I agree to intimacy though I do not feel like it”.



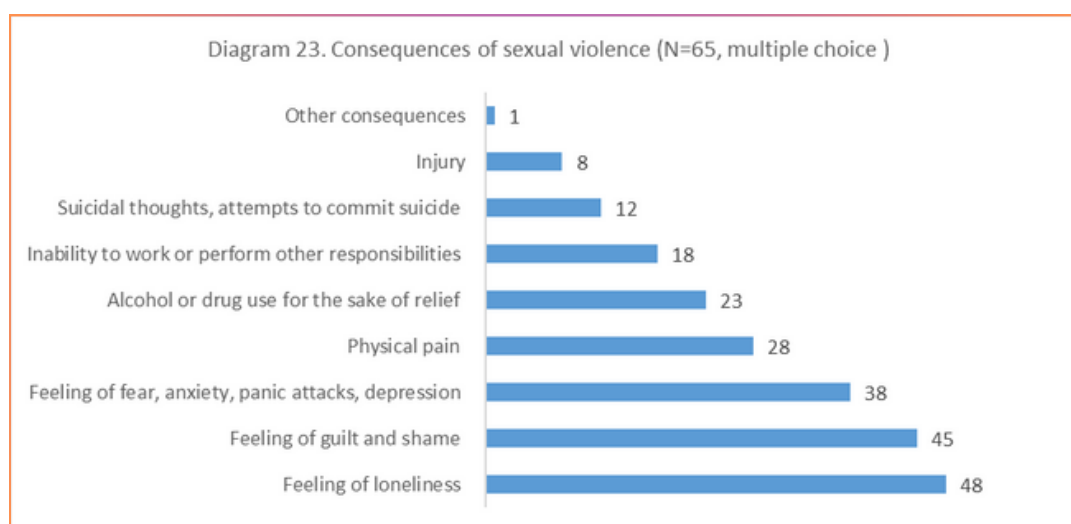
[3] 1 woman did not answer this question

Consequences of sexual violence

After sexual violence, women experienced the following conditions [4]:

- Feeling of loneliness (48 women)
- Feeling of guilt and shame (45 women)
- Feeling of fear, anxiety, panic attacks, depression (38 women)
- Physical pain (28 women)
- Alcohol or drug use for the sake of relief (23 women)
- Inability to work or perform other responsibilities (18 women).
- Suicidal thoughts, attempts to commit suicide (12 women)
- Injury (8 women)

Additionally, women reported the following conditions: *“anger and hatred”*.



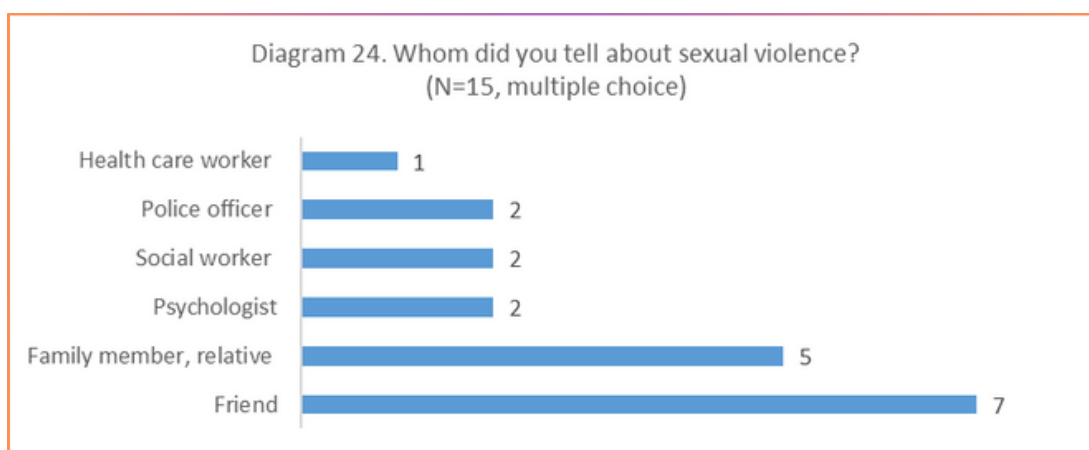
Seeking assistance in incidents of sexual violence

15 out of 66 HIV-positive women who had experienced sexual violence told someone about it:

- Friend – 7 women
- Family member, relative – 5 women
- Social worker - 2 women
- Police officer – 2 women
- Psychologist – 2 women
- Health care worker – 1 woman
- Lawyer – 0 cases
- Unfamiliar person – 0 cases.

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

[4] 1 woman did not answer this question



Only 3 out of 66 women who had experienced sexual violence sought assistance from:

- Health care facility (2 women)
- Police (1 woman)
- NGO (1 woman)

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 66). On scale from 1 to 7, women assessed professional assistance as follows:

- Health care facility – 2 women, 4 and 7 points
- Police – 1 woman, 6 points
- NGO – 1 woman, 4 points.

Respondents' quotes:

Experience in obtaining assistance from the NGO:

“I expected more from both the health care worker, the psychologist and the social worker. But still they offered me support and redirected me to another organisation working with victims of violence”

Experience in obtaining assistance from the police:

“The rape occurred in Odesa. I went to the nearest department, where at first the employee did not react, I just waited, although I didn't feel well, but then his replacement came and provided very high-quality comprehensive assistance, both psychological and medical redirection, and gave money for the ride from the hospital. Then they also called for identification, but the criminal was not found”



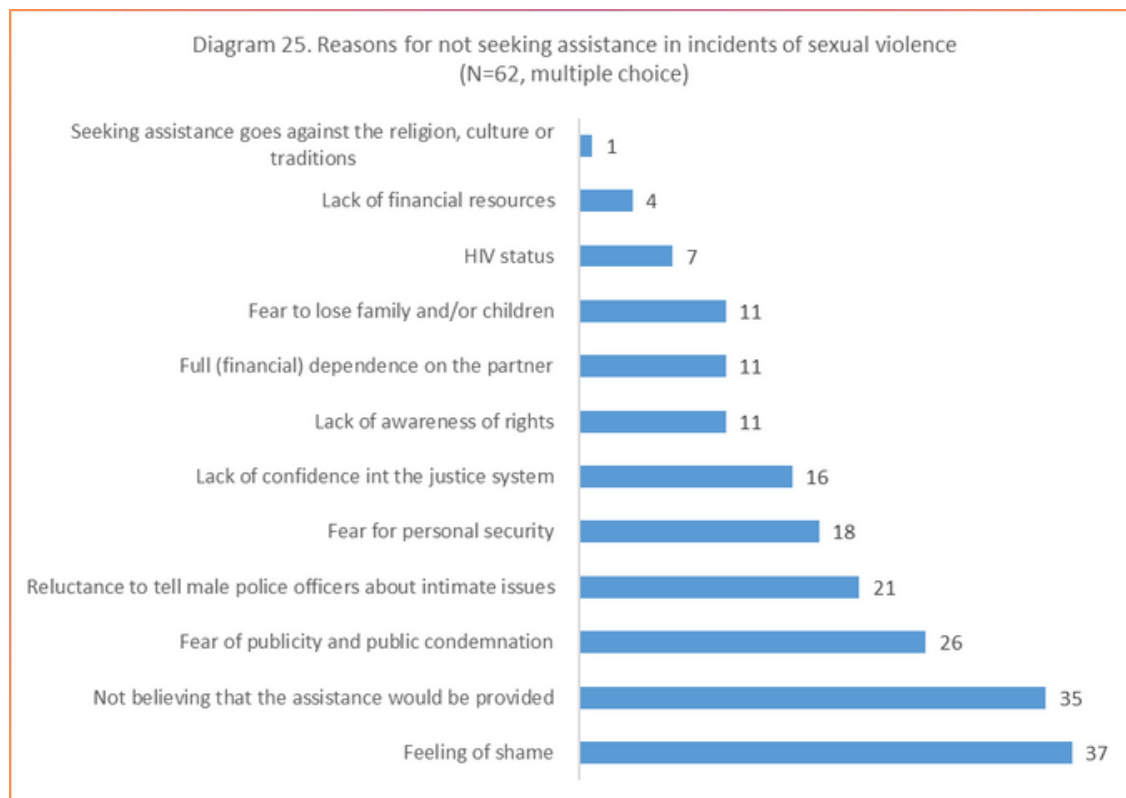
“They forbade him to communicate with me”.



Reasons for not seeking assistance

Reasons for not seeking assistance after experiencing sexual violence:

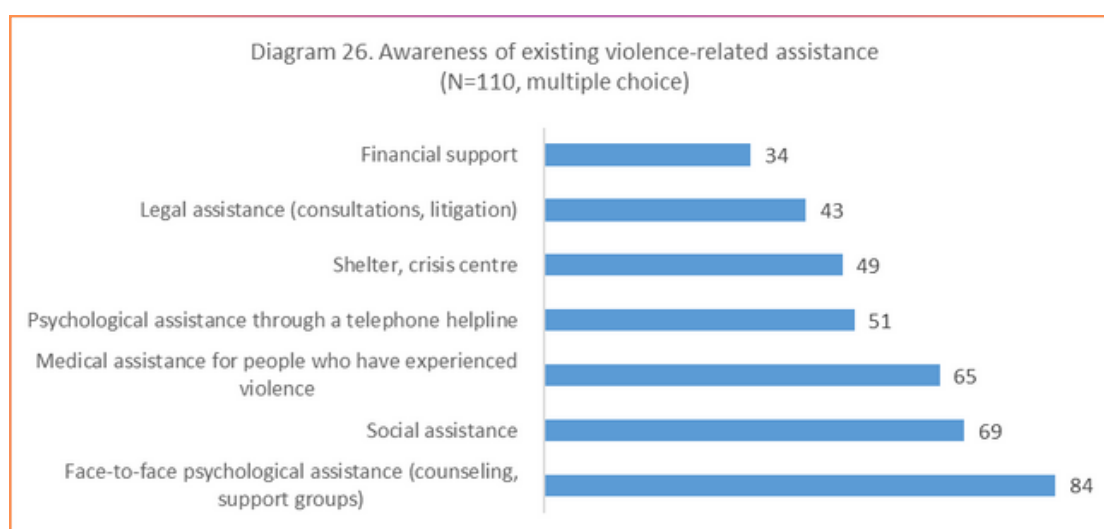
- Feeling of shame (37 women)
- Not believing that the assistance would be provided (35 women)
- Fear of publicity and public condemnation (26 women)
- Reluctance to tell male police officers about intimate issues (21 women)
- Fear for personal security (18 women)
- Lack of confidence in the justice system (16 women)
- Lack of awareness of rights (11 women)
- Full (financial) dependence on the partner (11 women)
- Fear to lose family and/or children (11 women)
- HIV status (7 women)
- Lack of financial resources (4 women)
- Seeking assistance goes against the religion, culture or traditions (1 women).



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) – 76.4%
- Social assistance – 62.7%
- Medical assistance for people who have experienced violence – 59.1%
- Psychological assistance through a telephone helpline – 46.4%
- Shelter, crisis centre – 44.5%
- Legal assistance (consultations, litigation) – 39.1%
- Financial support – 30.9%.

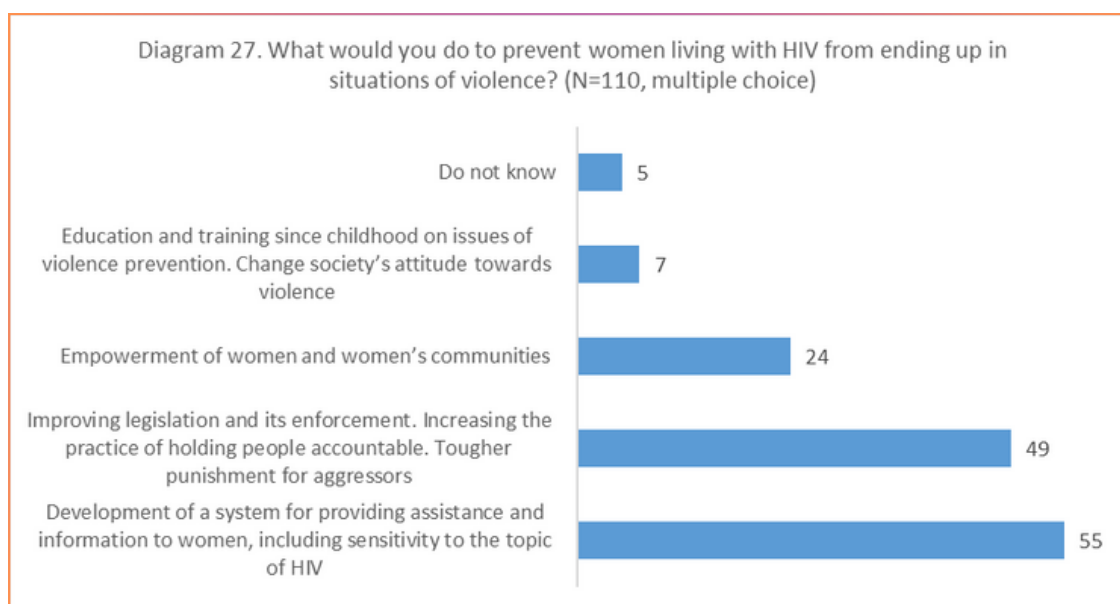


Despite the fact that all monitoring participants take part in HIV programmes, less than half of women living with HIV who have experienced violence are aware of psychological assistance through a telephone helpline (46.5%), shelters and crisis centres (44.5%), and even less – of legal assistance (consultations, litigation) (39.1%) and financial assistance (30.9%).

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 – 50%

- ➔ Improving legislation and its enforcement. Increasing the practice of holding people accountable. Tougher punishment for aggressors – 44.5%
- ➔ Empowerment of women and women’s communities – 21.8%
- ➔ Education and training since childhood on issues of violence prevention. Change society’s attitude towards violence – 6.4%
- ➔ Do not know – 4.5 %.



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

— “ —————

“I would create help centres for women. I would train the police and other authorities to work with women who have experienced violence. I would change the punishment for aggressors – instead of fines I would restrict freedom”

“I would change the way the police work, give a lot of information on TV and on social networks that would help women think about the need to change relationships that do not bring happiness”

“It is necessary to properly inform the population and protect the rights of HIV-positive people”

“I would introduce preventative lessons at school. I would provide financial support to victims of violence. I would change the law and types of violence-related punishment”

“I would provide round-the-clock assistance to victims from a lawyer and a psychologist”

“I would introduce tougher penalties for the aggressor”

————— ” —



"The state should tighten the law against rapists"

"Introduce compulsory lessons in schools (starting from at least 7th grade) on the issue of domestic violence, reproductive health and child rights. So that reports of violence are filed not only by victims of violence, but also by witnesses. It should be mandatory for the police to initiate criminal cases. To tighten punishment for the aggressor. And also, in help centres to work not only with victims, but also with aggressors"

"I would make the country rich so that women could be independent, could work and receive large salaries, and would not depend on men"

"Severely punish the rapist. Educate women about their rights"

"More crisis centres for women and more information about violence in the media"

"More centres where groups and trainings are held for women living with HIV so that they can know about their rights. Financial support"

"More information about types of assistance. Serious punishment for men who commit violence"

"Make sure the police work conscientiously. More help centres for women. Maintain confidentiality"

"Informing women and providing 24/7 available psychological assistance"

"More information about HIV disease and how it can be controlled"

"We need HIV decriminalisation. Training doctors and police officers in basic knowledge about HIV, tolerance towards people with HIV and non-discrimination"

"We need to set up places where you can come and get protection, so that women are not afraid to leave their husbands and know that there are safe places"

"So that men who beat their wives are punished and put in prison. Now beating is not considered a crime"

"I would open more crisis institutions, teaching women how to behave with an aggressor. Home-like centres"

"We need to teach women to ask for help"

"I would oblige local authorities not to ignore cases of violence, but to report on each one"

"To teach women not to be afraid to leave their husbands and ask for help"

"I would change public opinion, which justifies those who show violence and blame women, like it's their own fault"

"To empower women. To teach women not to be afraid and to defend themselves"

"I would help women make their lives independent"

"It is necessary that women receive an education and go to live in the city. Nothing will change in the village"



“

“To teach boys and girls from school about how to behave and what to do in situations where someone shows aggression towards you”

“It is necessary to create conditions for women to become economically independent and develop training programmes that will help women understand their rights and teach them how to protect themselves”

“To teach women to recognise violence and understand that violence is not the norm”

“It is necessary to create crisis centres in every city, and the authorities should cooperate with them”

“Free protection and rehabilitation programmes, including for women with drug addiction”

“I would develop a long-term mandatory programme of psychological assistance for girls and women to develop self-confidence”

”

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 Moldova.



"Many women tolerate violence, considering it the norm. They say that this is how they were raised: "a woman must endure" in order to "preserve the family" or "for the sake of the children," not realising that in this way they are further aggravating the problem of violence, since this also becomes the norm for their children.

Some women, not having their own income and housing, are completely dependent on their husband/partner and therefore endure violence. Women who use drugs are dependent on their partner and are forced to endure violence because he provides her with the substances.

I vividly remember one incident. An HIV-positive woman, an HIV-negative husband, works in the police, constantly shows physical and sexual violence, then reconciles with chocolates and flowers. They have 3 children and she is pregnant with their fourth child. The woman is tired and doesn't want to give birth anymore, but her husband does. He doesn't know that she is HIV positive. Initially, when they met, she didn't say anything, and after that she was afraid. Her husband doesn't care about her health, and she can't protect her reproductive rights."

“Almost all of the women surveyed endure insulting and disdainful treatment and are unable to rebuff the man. Women live with false beliefs that they can’t cope without men, that they won’t be fulfilled (where will I go, what will I live on, he will kill me, etc.). I concluded that the lower a woman’s self-esteem is, the more types of violence she experiences.

Many women, having lived with their husbands for years, are afraid to disclose their HIV status, including for fear of experiencing even more violence. This is especially aggravated in rural areas of Moldova.

In most cases of violence, the woman herself is blamed and this is one of the reasons why women do not seek assistance. There is no belief that the assistance would be provided”.

Irina Goreaceaia

“The majority of women surveyed do not identify themselves as victims and do not identify types of violence. Women feel guilty in situations of violence and often make excuses for abusers.

I noticed how taboo the topic of sexualized violence is for women. Many respondents do not know how or do not want to talk about topics related to sex. It was easier to talk with those women whom I had personally known for a long time (they were more open), others simply did not talk about sexual behaviour.

Women who used psychoactive substances were also more open. Women with vulnerabilities, for example, with addictions or who have served a sentence, are completely disappointed in the authorities and are afraid to seek assistance.

Most women do not seek assistance after experiencing violence or have negative experiences of seeking assistance from the police”.

Natalia Palamari

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>
1. Causes you physical harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Offends you or speaks to you dismissively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Threatens to harm you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Screams at you or scolds you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4	5

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 Moldova

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:
_____ |

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:

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:

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)

<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: _____		

6.7. 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: _____		

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.)

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

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 Moldova.**

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.



Eurasian Women's Network on AIDS

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