

# media & advocacy

fact sheet



# support

# Support others

Reaching out, giving support and asking for support makes us all stronger. As community members, we can support women experiencing violence or HIV/AIDS; men wanting to practice non-violence; and the activists organizing prevention efforts. Giving and receiving support can be extremely powerful. Joining your power with the power of others can prevent violence and HIV and increase our strength as a community. Use these fast facts and quotes in your presentations, papers, articles or speeches to inform, educate, provoke and inspire!

## Giving and Receiving Support

Women who are experiencing violence and who report having support from family and friends are consistently found to suffer fewer negative effects on their mental health, and are able to cope more successfully with the violence.<sup>1</sup>

In a WHO multi-country study, 55 percent of abused women received offers of help and support, the majority from family, friends and neighbors.<sup>2</sup>

In 10 different countries, of women who did seek some form of help, almost half did so because they were encouraged by friends or family.<sup>3</sup>

Men who use violence often keep women isolated from potential sources of help. In a WHO multi-country study, an average of 60 percent of women experienced controlling behavior by their partner, including being kept from seeing friends, having restricted contact with their family, or experiencing anger from their partner when they spoke with others.<sup>4</sup>

When women participate in social and economic development interventions, they experience more support and a greater sense of solidarity from their community in times of crisis. After an intensive intervention in South Africa, participation in social groups increased from 27 percent to 71 percent and the number of women who said they would join with others to take part in collective action rose from 41 percent to 76 percent.<sup>5</sup>

Women who receive support from peers and community members are more likely to discuss gender roles and sex with their partners. A study in Tanzania and Uganda found that the number of couples who talked about sex in the last three months more than doubled after they participated in supportive relationship training.<sup>6</sup>

After participating in training on health and gender, the number of women who were willing to take part in collective action to challenge established gender roles rose from 37 percent to 61 percent.<sup>7</sup>

Psychological support for those experiencing violence is important for recovery. When formal services are limited, telephone helplines can be effective. A “Stop Women Abuse”

helpline in South Africa answered 150,000 calls in the first five months of operation.<sup>8</sup>

Many women are sharing their experiences of domestic violence when they go to HIV testing facilities. In Kenya, comprehensive post-rape care services, including counseling, are now offered at HIV testing facilities, and national guidelines have been developed that are in use across the whole country.<sup>9</sup>

In a 10-country study, an average of 37 percent of abused women never told anyone about the abuse they experienced. Of those who did seek help, an average of 34 percent told friends and 36 percent told family.<sup>10</sup>

In a landmark WHO multi-country study, between 55 and 95 percent of women who had been physically abused by their partner had never sought help from formal services or people in a position of authority.<sup>11</sup>

In Malawi, two out of three women who did not tell anyone about being abused felt there was no need to tell anyone or that reporting it wouldn't achieve anything. One out of five said that they were too embarrassed to report the abuse to anyone.<sup>12</sup>

**Studies in South Africa report that less than one in twenty rapes are reported to the police and that less than 1 percent of reported rape cases are successfully prosecuted.<sup>13</sup>**

Three different studies all showed that disclosure by HIV positive women to mothers and friends was associated with increased social support, and that friends were the most unlikely to become angry or withdraw after disclosure.<sup>14</sup>

The benefits of HIV status disclosure to partners include: increased opportunity for social support; improved access to medical treatment and care; increased opportunity to practice HIV risk-reduction with partners; and increased opportunity to plan the future more carefully.<sup>15</sup>

**If a woman has been in a violent relationship, it is important to talk to her about how to disclose her HIV status to her abusive partner. A history of violence is an indicator that a woman may experience a negative outcome as a result of disclosure.<sup>16</sup>**

In thirteen different studies conducted in developing countries, women reported that fear of abandonment and loss of economic support were major barriers to disclosing HIV status to sexual partners.<sup>17</sup>

Three different studies in Africa showed that many HIV positive women do not share their results with anyone: 17 percent of HIV positive women from a VCT clinic in Tanzania, 50 percent of HIV positive women from rural South Africa, and 78 percent of the HIV positive pregnant women from urban Tanzania had not shared their results with anyone.<sup>18</sup>

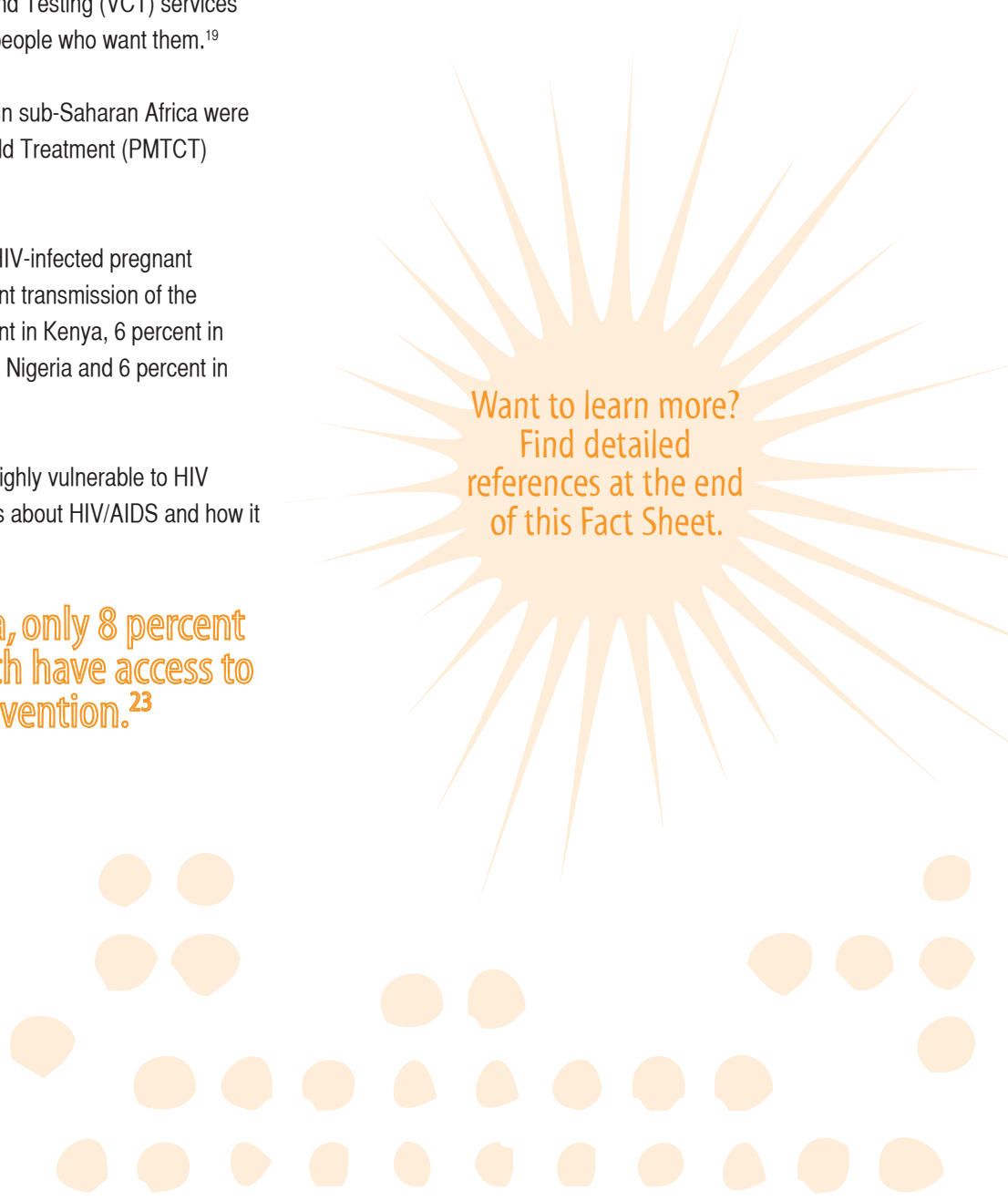
Worldwide, Voluntary Counseling and Testing (VCT) services are available to only 12 percent of people who want them.<sup>19</sup>

Only 5 percent of pregnant women in sub-Saharan Africa were offered Prevention of Mother-to-Child Treatment (PMTCT) services in 2003.<sup>20</sup>

Estimates from 2005 state that, of HIV-infected pregnant women who needed ARVs to prevent transmission of the disease to their child, only 20 percent in Kenya, 6 percent in Mozambique, less than 1 percent in Nigeria and 6 percent in Tanzania received them.<sup>21</sup>

Even though girls and women are highly vulnerable to HIV infection, they know less than males about HIV/AIDS and how it is transmitted.<sup>22</sup>

**In sub-Saharan Africa, only 8 percent of out-of-school youth have access to education on HIV prevention.<sup>23</sup>**



**Want to learn more?  
Find detailed  
references at the end  
of this Fact Sheet.**

# Voices<sup>for</sup> Change

Quotes about giving and receiving support in the prevention of violence against women and HIV

Many leaders have spoken out about the need to stand up and support women experiencing violence, men trying to change, communities examining their beliefs, governments addressing inequalities. Such leaders can be very persuasive. Their words can lend courage to those who would like to change, or those who would like to reach out to others, but feel they can do very little alone. These words show that any type of support makes a difference.

“We owe our children—the most vulnerable citizens in any society—a life free from violence and fear. In order to ensure this, we must be tireless in our efforts not only to attain peace, justice and prosperity for countries, but also for communities and members of the same family. We must address the roots of violence.”

- Nelson Mandela, former President of South Africa

“Countless women have put and continue to put their lives at risk by highlighting the issue (of violence against women and girls) and demanding justice. It is our job to support them.”

- Thoraya Ahmed Obaid, Executive Director, United Nations Population Fund (UNFPA) and Under-Secretary-General of the United Nations

“The beginning of safety is the safety to speak out. It is up to all of us to make space and listen more closely to the voices not often heard.”

- Mary Robinson, President, Ethical Globalization Initiative, former President of Ireland

“The good news is that attitudes are learned and can change; in fact human society is always in a situation of change.”

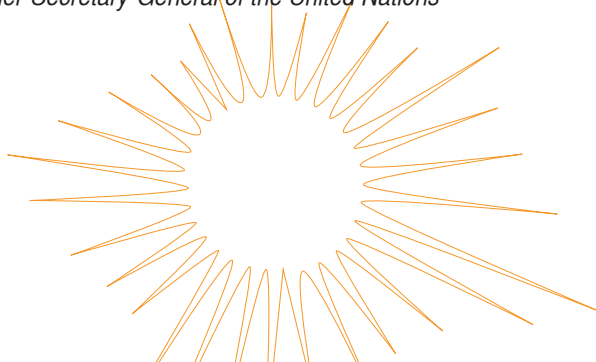
- Rima Salah, Former Deputy Executive Director, UNICEF

“Women and girls already traumatized by displacement or affected by conflict deserve our attention and support. No one actor or group can do this alone. It requires a joint effort.”

- Jan Egeland, former UN Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator

“It is absolutely essential that medical personnel, police, security, judges, lawyers, peacekeeping and humanitarian personnel be trained to recognize and respond to gender-based violence. It is critical that all sectors work together to create an environment that stops the victimization of women and supports survivors.”

- Thoraya Ahmed Obaid, Executive Director, UNFPA and Under-Secretary-General of the United Nations



**“The majority of men are not physically violent against women, but the majority have been silent about this violence...men have a responsibility to speak to, and challenge, other men. It doesn’t glibly say we were all responsible for incidents of violence, but rather that we have a shared responsibility for stopping it.”**

*- Michael Kaufman, International Director, White Ribbon Campaign*

“For too many years, the voices and demands of women, particularly women living with HIV, have fallen on deaf ears. The world can no longer afford to ignore them. We must find the money needed for care and treatment for all. We must put an end to the stigma and discrimination that limit women’s access to treatment and leave them responsible for taking care of the ill and dying. We must make it possible for them to envision a future.”

*- Noeleen Heyzer, former Executive Director, UNIFEM*

“Perpetrators of sexual violence during armed conflict are violating international law. States must hold them accountable, and there must be resources for victims to seek justice.”

*- Carol Bellamy, former Executive Director, UNICEF*

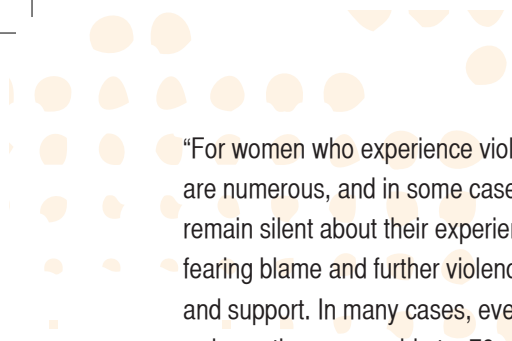
“Northern countries had already spent over \$200 billion on the war against terrorism, but we can’t find the money to provide anti-retroviral treatment for all those who need such treatment in Africa. This double standard is the grotesque obscenity of the modern world.”

*- Stephen Lewis, former UN special envoy for AIDS in Africa*

**“We must make sure that girls—who run a particular risk of infection—have all the skills, the services, and the self-confidence to protect themselves. Across all levels of society, we need to see a deep social revolution that transforms relationships between women and men, so that women will be able to take greater control of their lives — financially as well as physically.”**

*- Kofi Annan, former UN Secretary General*





“For women who experience violence, the consequences are numerous, and in some cases even fatal. The majority remain silent about their experiences and do not seek help, fearing blame and further violence due to lack of protection and support. In many cases, even if women want to seek legal redress, they are unable to: 79 countries currently have no law against domestic violence, and many more lack adequate enforcement of the laws that do exist. Fewer still provide comprehensive psychosocial, medical, financial and legal support to survivors of violence.”

- *Peter Piot, Executive Director, UNAIDS, and Under-Secretary-General of the United Nations*

“Safety is more than the absence of danger, although that isn’t such a bad thing either. Safety is proactive, the creation of a space in which all people, women and men, gay and straight, and of all colors can experience the fullness of their beings, can work to their potential, and can express themselves fully.”

- *Michael Kimmel, Activist, Writer*



Give Support.  
Get Support.  
Support is  
essential for  
positive change.



# References

- 1 García-Moreno C., Jansen H., Ellsberg M., Heise L. and Watts C. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization, 79. Originally from Coker A.L. et al (2002) Social support protects against the negative effects of partner violence on mental health. *Journal of Women's Health Gender-based Medicine*, 11, 465-476.
- 2 García-Moreno C., Jansen H., Ellsberg M., Heise L. and Watts C. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization, 188.
- 3 García-Moreno C., Jansen H., Ellsberg M., Heise L. and Watts C. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization, 190-91.
- 4 García-Moreno C., Jansen H., Ellsberg M., Heise L. and Watts C. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization, 34-35, 79.
- 5 Pronyk P., Hargreaves J.R., Kim J.C., Morison L.A., Phelita G., Watts C., Busza J., Porter J.D.H. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *The Lancet*, 368, 1973-83.
- 6 Hadjipateras A., Akullu H., Oweru J. de Fátima Dendo M., and Nyenga C. (2006). *Joining Hands: Integrating gender and HIV: Report of ACORD project using Stepping Stones in Angola, Uganda and Tanzania*. Kampala: ACORD/HASAP, 29.
- 7 Pronyk P., Hargreaves J.R., Kim J.C., Morison L.A., Phelita G., Watts C., Busza J., Porter J.D.H. (2006). Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: A cluster randomised trial. *The Lancet*, 368, 1973-83.
- 8 World Health Organization. (2002). *World report on violence and health*. Geneva: WHO. Retrieved on December 1st, 2007 from <http://whqlibdoc.who.int/hq/2002/9241545615.pdf> Originally from Christofides N. (2000). "Evaluation of Soul City in partnership with the National Network on Violence Against Women: Some initial findings. Johannesburg: Women's Health Project, University of the Witwatersrand.
- 9 Liverpool Care and Treatment Center. *Post-rape care program*. Retrieved December 1st, 2007 from <http://www.liverpoolvct.org/postrape.htm>.
- 10 World Health Organization. (2002). *World report on violence and health*. Geneva: WHO. Retrieved on December 1st, 2007 from <http://whqlibdoc.who.int/hq/2002/9241545615.pdf>, 96.
- 11 García-Moreno C., Jansen H., Ellsberg M., Heise L. and Watts C. (2005). *WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses*. Geneva: World Health Organization, 75.
- 12 Pelser E., Gondwe L., Mayamba C., Mhango T., Phiri W. and Burton P. (2005). *Intimate partner violence: Results from a national gender-based violence study in Malawi*. Pretoria, Crime & Justice Statistical Division, National Statistical Office, Institute for Security Studies, 39.
- 13 Moffett H. (2001). *Entering the Labyrinth: Coming to grips with gender war zones – the case of South Africa: Working paper No. 5 on men's roles and responsibilities in ending gender-based violence*. United Nations International Research and Training Institute for the Advancement of Women. Retrieved on December 2, 2007 at <http://www.un-instraw.org/en/docs/mensroles/Moffett.pdf>, 4.
- 14 Maman S. and Medley A. (2004). *Gender dimensions of HIV status disclosure to sexual partners: Rates, barriers and outcomes: A review paper*. Geneva: World Health Organization, 19.
- 15 Maman S. and Medley A. (2004). *Gender dimensions of HIV status disclosure to sexual partners: Rates, barriers and outcomes: A review paper*. Geneva: World Health Organization, 3.
- 16 Maman S. and Medley A. (2004). *Gender dimensions of HIV status disclosure to sexual partners: Rates, barriers and outcomes: A review paper*. Geneva: World Health Organization, 18.
- 17 Maman S. and Medley A. (2004). *Gender dimensions of HIV status disclosure to sexual partners: Rates, barriers and outcomes: A review paper*. Geneva: World Health Organization, 12.
- 18 Maman S. and Medley A. (2004). *Gender dimensions of HIV status disclosure to sexual partners: Rates, barriers and outcomes: A review paper*. Geneva: World Health Organization, 9.
- 19 UNAIDS, UNFPA & UNIFEM (2004). *Women and HIV/AIDS: Confronting the crisis*. Geneva: UNAIDS and New York: UNFPA and UNIFEM, 17. Originally from Stover J., Walker N., Garnett G.P., Salomon J.A., Stanecki K.A., Ghys P.D., Grassly N.C., Anderson R.M., Schwartzlander B. (2002) Can we reverse the HIV/AIDS pandemic with an expanded response? *The Lancet*, 360.
- 20 The Policy Project (2004). *Coverage of selected services for HIV/AIDS prevention, care and support in low and middle income countries*. Washington, D.C., USAID, UNAIDS, WHO, UNICEF and the Policy Project 13.
- 21 World Health Organization. (2007). *Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector*. Geneva: WHO/UNAIDS/UNICEF.
- 22 UNAIDS, UNFPA & UNIFEM. (2004). *Women and HIV/AIDS: Confronting the crisis*. Geneva: UNAIDS and New York: UNFPA and UNIFEM, 11. Originally from Global HIV Prevention Working Group (2003). *Access to HIV prevention: Closing the gap*.
- 23 UNAIDS (2004). *Report on the global AIDS epidemic*. Geneva: UNAIDS. Retrieved August 21st, 2006, from [http://www.unaids.org/bangkok2004/GAR2004\\_html/ExecSummary\\_en/ExecSumm\\_en.htm#P15\\_98](http://www.unaids.org/bangkok2004/GAR2004_html/ExecSummary_en/ExecSumm_en.htm#P15_98).