

**WE
HAVE
RIGHTS!**

**OUR
OUR**

WOMEN, VIOLENCE & DIVERSITY

REPORT

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Finally, we are grateful to the International HIV/AIDS Alliance for their support throughout this project.

EXECUTIVE SUMMARY

...in my ideal world, they would treat me the same...¹

Women in all their diversity have and continue to experience violations of their rights, and lack of agency to make free and informed choices about their bodies and lives. This reality is sustained by societal norms and values, seeking to control and ‘contain’ women’s sexuality and agency; societal and political structures limiting women’s access to and control over resources; and beliefs and practices explicitly criminalising women on the basis of their HIV status, sexual practices, gender identity and expression, occupational choices and lifestyles.

Although the intersectionality between women, HIV, gender violence and other rights abuses has long been recognised and is at the core of human rights-based discourse and debates, very few interventions effectively address correlations, as more often than not, programmes and interventions address ‘singular’ aspects, such as gender violence, without necessarily taking into account the multiple facets of the causes, forms and effects of gender violence. At the same time, most interventions and programmes focus on the ‘response to’ violence and not on the ‘prevention of’ violence against women, which increases women’s risks to HIV exposure and transmission.

THE DOCUMENTATION PROJECT

This particular part of the project intended to document women’s experiences and communities’ perceptions of gender violence and other rights abuses against women in their diversity; assess the occurrence and prevalence of rights and gender barriers to access

to healthcare; and to enhance the knowledge and evidence base of the impact of gender violence and other rights abuses on women’s agency to make free and informed decisions about their bodies and lives. In the context of this project, ‘women’s diversity’ is based on sexual orientation, gender identity, gender expression, sex work, and HIV status.

To facilitate the documentation process effectively, a number of tools were developed to capture women’s experiences of gender violence and other rights abuses and communities’ perceptions of the very same. These included a community questionnaire, a semi-structured interview guide, focus group discussion questions, and an incident report form. The community questionnaire was designed to ascertain peoples’ perceptions of women’s risks to violence and other rights abuses based on their diversity at a community level, as well as legal literacy levels and the extent to which rights literacy is applied in the context of ‘diversity’. Additional tools were designed to gain a deeper understanding of women’s experiences of ‘diversity’ at a family and community level, as well as within healthcare settings.

The documentation of communities’ perceptions and women’s experiences of violence and other rights abuses based on diversity and multiple identities took place in Mpumalanga, KwaZulu Natal, Eastern Cape, Northern Cape, Western Cape and Gauteng between March 2016 and October 2017. In total, 1738

community questionnaires were administered; 55 focus group discussions with women in their diversity were facilitated; and 268 incident forms were collated during this period.

FINDINGS

The project design is based on the principled understanding that women's experiences of violence and other rights abuses based on their identity and diversity are intrinsically linked to community members' perceptions of the realities, risks and needs of women in their 'diversity'. As such, the project sought to document and assess both women's experiences and communities' perceptions of violence and other rights abuses against women living with HIV, sex workers, lesbian women and transgender women.

The study is further premised on a broad understanding of violence, incorporating structural, institutional and systemic violence as key aspects of violence and other rights abuses against women in their diversity. In this context, violence is recognised as achieving and asserting power and control over others; thus, perpetuating and manifesting the gendered and normative context of society.

Perceptions of rights violations

The data clearly indicate high levels of legal literacy and understanding of what constitutes human rights violations among community members. However, the data also suggest greater levels of understanding in the context of HIV-related rights abuses, as compared to rights abuses against women based on being a sex worker, a lesbian or transgender woman. Although all scenarios involve women whose rights are often violated, community members' perceptions of what constitute a rights violation differ significantly between the identities of women as portrayed in the various

scenarios. Thus, the data implies that persistent levels of stigma, discrimination and prejudices against the 'other' and 'non-conforming' women seem to impact on the extent to which general knowledge of women's rights and agency is applied in the context of 'diversity'.

Treatment of women in their diversity

Overall, the data indicate high levels of knowledge and understanding that everyone has the right to be treated equally and not to be discriminated against on any ground, including on the ground of diversity. However, the data also suggest that community members apply this knowledge in varying degrees based on the particular identity of a woman. As such, community members are more likely to agree that a woman living with HIV should be treated equally, as compared to sex workers, lesbian women, or transgender women. The persistence of stigma, discrimination and other rights abuses, as suggested by community members' responses, are confirmed by women's experiences of 'different treatment', based on their identities.

Data also imply, to an extent, that women are more knowledgeable of the realities and needs of women in their diversity, in that women at a community level are more likely to affirm the need for all women, regardless of their identity, to be treated the same and have their rights protected. As such, women's responses overall arguably display not only greater levels of awareness and understanding, but also greater 'acceptance' of diversity, as well as a sense of 'solidarity' and 'support' for 'other' women. Yet, realities of women in their diversity are seldom determined by the 'acceptance' and 'support' of women, as illustrated by the experiences of women shared during focus group discussions.

Perceptions and experiences of women’s risks

Although with varying degrees between areas and between ‘identities’, the data overall indicate high levels of awareness amongst community members of the risks of violence and other rights abuses against women in their ‘diversity’. Communities’ perceptions of women’s risks to be violated and abused also correspond to an extent with women’s experiences of violence and abuse, as shared in the focus group discussions.

Responses further suggest that although the majority of community members participating affirmed risks of violence and abuse against women in their ‘diversity’, there is less understanding as to the extent to which women’s identities impacts on the risks of violence. Across the various ‘identities’, respondents made reference to ‘all women are abused’; thus, discounting to an extent the effects of multiple identities on the level of risks of violence and other rights abuses against women. Similarly, community members across areas believed that ‘things are better now’ and ‘there is no risk of violence’; a perception very contrary to the lived realities of violence and abuse experienced by women living with HIV, sex workers, lesbian and transgender women.

WOMEN’S EXPECTATIONS FOR CHANGE

Women’s expectations for change are intrinsically linked to creating an environment in which the ‘theory’ of women’s rights protections and women’s agency to make free and informed decisions about all aspects of their lives become a lived ‘reality’; an environment in which statements such as ‘I have the right to be who I want to be’ is responded to with affirmation and respect, and equally applied to all women, irrespective of their diversity. Women

claiming their agency also implies that women take ownership of the change that is anticipated.

...if we sit and do nothing, it’s not going to change... if we stand up and do something, they might listen and it might sort of have the impact it did before...taking a stand sometimes changes things, whereas just keeping quiet, allows it to continue...²

FOOTNOTES:

- 1 KwaZulu Natal, 14 June 2016, Lesbian Women Focus Group Discussion.
- 2 Eastern Cape, 06 April 2016, Lesbian Women Focus Group Discussion.

PART ONE: WOMEN, VIOLENCE AND DIVERSITY

Grounding HIV response efforts in human rights principles will enable us to address challenges associated with stigma, discrimination and exclusion.¹

[Judge Edwin Cameron]

Women in all their diversity have and continue to experience violations of their rights, and lack of agency to make free and informed choices about their bodies and lives. This reality is sustained by societal norms and values, seeking to control and ‘contain’ women’s sexuality and agency; societal and political structures limiting women’s access to and control over resources; and beliefs and practices explicitly criminalising women on the basis of their HIV status, sexual practices, gender identity and expression, occupational choices and lifestyles.

INTRODUCTION AND OVERVIEW¹

Violence and other rights abuses against women in all their diversity have become an integral part of the women’s rights discourse; of global, regional and national commitments to advance and protect women’s rights; and of women’s programming – both within and beyond the context of and the response to HIV.

However, women, despite global and national commitments, and the rights-based discourse

...continue to be criminalised for being women, in their diversity as women. Their [women’s] experiences reflect a society which does not encourage adherence to rights, agency, and the capability for one to choose how and when they use their body. It instead stresses containment of women’s bodies, binaries on women’s sexuality, and discrimination...²

Likewise, stigma, discrimination, violence and other rights abuses have long been recognised as causes and effects of HIV, especially for women in their diversity. A recent report on violence against sexual and gender minority women³ affirms violence and other rights abuses in their multiplicity and as a continuum against ‘non-conforming’ women. The report emphasises, among others, that in this specific context, ‘sexism, misogyny, homophobia and transphobia lead to violence’; that ‘through numerous pathways, women and their sexuality are subject to strict controls’; and ‘the more patriarchal a society, the more homophobic it tends to be’.⁴

Acknowledging high levels of stigma and discrimination and their implications for access to services, UNAIDS calls for ‘closing gaps in service coverage’, which requires

...to reach and empower women and girls, young people and key populations, to enhance their agency and to ensure their human rights are respected and protected.⁵

Translating these ‘commitments’ and ‘theories’ into ‘actions’ from a response and programming point of view demands not only ‘inclusiveness’ of all women’s realities, risks and needs into the analysis forming the foundation for programming, but also the ‘preparedness’ to challenge and transform the very same societal context that continues to create ‘barriers’ and seems to pervasively threaten the

concept of rights protections for women in all their diversity. It is within this context that one of the inherent challenges seems to be the status quo of a largely heteronormative analysis, discourse and response, which by default will limit the true potential of responses to women, violence and diversity.

...the bulk of discourse and actions surrounding gender equality and women's empowerment in the development community has assumed a heteronormative notion of 'women' as heterosexual and cisgender.⁶

Recent reports on the specific context of violence against transgender women, sex workers, and women living with HIV in South Africa⁷ reveal (and confirm) that despite an enabling legal environment guaranteeing the right to be free from of all forms of violence from public and private sources, women's realities are characterised by a 'rising tide of violence and discrimination', which 'comes in a variety of forms'⁸. As such, initiatives and programmes seeking to prevent and respond to violence and other rights abuses against women in all their diversity need to be not only cognisant of the specific risks and vulnerabilities caused by the diversity and multiple identities of women, but also multi-faceted and inter-related.

To ensure effective responses and outcomes that create an environment in which women in their diversity are in the position to realise rights, claim agency and access services free of stigma, discrimination and other rights abuses,

...service providers must know their obligations and be sensitised in order to reduce stigma and discrimination, key populations and people living with HIV must be aware of their rights and

have the skills and knowledge to enforce them; legal systems (including courts), monitoring bodies, ombudsmen, judges and police must be accessible and function without discrimination or stigma; and legal services – such as legal aid, paralegals and pro bono services – are needed to provide advice and representation that is available and affordable.⁹

Acknowledging (and commending) the many commitments and enabling law and policy provisions in place which guarantee the protection of rights and equal treatment of all women, 'what is lacking' is not necessarily the evidence 'that reflect injustices faced by the diversity of women', but instead a lack of 'commitment' to translate the 'theory' into 'tangible', 'measurable', 'sustainable' actions making a real difference in women's daily lives.¹⁰

...a transformative rights-based approach both through programming, service delivery and advocacy needs to be understood through the decriminalisation of women in their diversity, fundamentally based on the decriminalisation of women and women's bodies.¹¹

LEGAL AND POLICY FRAMEWORK

In South Africa, the right to equality and non-discrimination, the right to dignity and respect, the right to privacy, the right to autonomy, and the right to be free from all forms of violence, both in public and private spheres, are constitutionally guaranteed¹², with numerous laws and policies giving effect to these provisions.

Laws and policies most relevant in the context of women, violence and diversity include laws addressing various forms of violence (such as the

Domestic Violence Act¹³ and the Sexual Offences Act¹⁴); laws and policies regulating the provision of health services (such as the National Health Act¹⁵ and the National HIV Counselling and Testing Policy Guidelines¹⁶); and legislation and policies promoting equality and prohibiting discrimination (such as the Equality Act¹⁷).

Both, the Domestic Violence Act and the Sexual Offences Act are purposed to afford women in all their diversity who have been sexually or otherwise violated and abused the right to lay a charge against the perpetrator(s). Since both pieces of legislation are gender non-specific in their provisions, these laws move beyond the gender binary understanding of who is violated and who perpetrates the violence; hence, protection by the law is afforded to everyone, irrespective of sex or gender. However, prevailing implementation challenges and a general lack of knowledge about the applicability of these laws in the context of diversity, among women and service providers alike, impact on the extent to which these laws provide redress to women who have been violated and abused. In turn, for women who are aware of these provisions in the law, a general lack of trust and fear of further victimisation whilst accessing justice and redress mechanisms impact on the extent to which women will utilise the available avenues of legal redress. Similarly, while the Equality Act affords women in all their diversity the possibility of redress for violence and other rights abuses, a general lack of knowledge about the applicability of this law in the context of HIV and diversity combined with prevailing levels of mistrust limit women's access to justice.

Provisions in the National Health Act clearly outline the protection of rights in the context of healthcare access and provision, particularly with regard to

the right to autonomy and informed consent, the right to privacy and confidentiality, and the right to equality and non-discrimination.¹⁸ The National Health Act also provides for redress mechanisms as and when rights violations occur within the context of healthcare provision. In reality, however, experiences of women in their diversity accessing healthcare services evidenced that these rights protections are often violated within healthcare settings, especially in the context of sexual and reproductive healthcare and HIV services – ranging from lack of confidentiality and discrimination to coercion and, at times, denial of services.¹⁹

Similarly, the National HIV Counselling and Testing Policy Guidelines are premised on the protection of human rights in the context of providing access to HIV testing services; with specific reference to the right to dignity, informed consent and confidentiality.²⁰ Yet, various studies documented persistent challenges and inherent risks for rights violations in the context of HIV testing, due to amongst other, a lack of assured confidentiality and 'coerced' and 'conditional' HIV testing, so as to access sexual and reproductive health services. HIV and diversity based stigma and discrimination as barriers to HIV testing are well recognised and documented and have been the core of debate and critique from rights advocates for some time.²¹

In addition, the national response to women, violence, diversity and HIV is guided by a variety of strategic plans and frameworks, largely focusing on singular aspects of the response. As such, the HIV response is guided by the National Strategic Plan on HIV, TB and STIs, 2017 – 2022²², while the response to gender violence is largely guided by the National Strategic Plan for Gender-Based Violence²³. Recognising specific risks

and vulnerabilities to HIV exposure, transmission and related rights abuses in the context of diversity, as well as the subsequent need for ‘tailored’ responses, South Africa also developed the National LGBTI HIV Plan, 2017 – 2022²⁴, and the South African National Sex Worker HIV Plan, 2016 – 2019²⁵.

The various national strategic plans and frameworks affirm the protection of human rights in the response to women, violence, diversity and HIV; and are thus based on constitutional provisions, such as the right to equality and non-discrimination, dignity, autonomy, and freedom from all forms of violence.

Recognising that despite the progress made in the HIV response stigma, discrimination and other rights abuses continue to be main barriers to accessing HIV and other services, one of the main goals of the NSP is to reduce stigma and discrimination, facilitate access to justice and redress, and

*...promote an environment that enables and protects human and legal rights and prevents stigma and discrimination.*²⁶

In addition, the NSP strives to ‘address social and structural drivers’ increasing the risks of HIV exposure and transmission, including gender inequality²⁷, and to ‘reach all key and vulnerable populations with comprehensive, customised and targeted interventions’, so as to ensure that nobody will be ‘left behind’²⁸.

Gender violence as both a cause and an effect of HIV have long been recognised; hence, the NSP guiding the HIV response combined with the NSP guiding the response to gender violence, affords a unique policy framework to effectively address the

correlations between violence and HIV for women in their diversity.

Stigma as a cause of violence and other rights abuses is equally recognised and as such, arguably a premise for national responses to violence and ‘key and vulnerable populations’. Closely linked to the goals and objectives of the NSP, the South African National LGBTI HIV Plan recognises that

*...stigma and discrimination based on sexual orientation and gender identity and expression, as well as lack of knowledge about LGBTI health needs, prevents sexual minorities from accessing the necessary prevention, care and sexual health services in the public system. Social stigma is linked to poor mental health outcomes as well as sexual and other violence perpetrated against LGBTI people, and diminished economic opportunities.*²⁹

Highlighting, amongst other, the need for greater access to inclusive and ‘LGBTI-competent services’, the Plan is purposed to address specific realities, risks and needs of people in their diversity, and to create

*...a world in which members of the LGBTI population can realise their health and human rights in an environment that is affirming of their sexual orientations, gender identities, and gender expressions.*³⁰

Comparably, the National Sex Worker HIV Plan acknowledges the multiple realities, risks and needs of sex workers, including high levels of stigma, violence and other rights abuses against sex workers at a community level and within service provision, impacting on the extent to which rights are realisable and services are accessible. Realities and risks, mentioned in the analysis of the Plan, that needs to be addressed, include

...violence, including sexual violence and rape; lack of empowerment to negotiate condom use; legal barriers to accessing health and social services; stigma and discrimination; poverty and inequality; and the fragmentation of sex worker programmes.³¹

Providing for a 'standardised minimum package of services' for sex workers, 'peer groups form the backbone of the planned response', whilst the Plan is designed to 'foster an enabling environment' to decrease violence, stigma and discrimination.³²

...an enabling environment is one where various role-players, such as health and social workers, law enforcement officials, legal representatives and community members, help to improve sex workers' wellbeing. This includes moving towards legal reform in order to minimise the dangers involved where sex work goes unmonitored and unregulated.³³

The various national strategic plans arguably provide a comprehensive framework to ensure that the realities, risks and needs of all people can be responded to, inclusively, and comprehensively in the context of HIV, violence and diversity. Although commendable, it is however, the effective implementation of these newly launched policies and frameworks – not in isolation but intersected – that will define the adequacy of national responses to women, violence and diversity. In addition, it is crucial that progress in the implementation of these plans and policies are measured and assessed by peoples' experiences of change and the extent to which women in all their diversity are in the position to realise rights, claim agency and access services free of stigma, discrimination and violence.

South Africa has, undoubtedly, an enabling and

supportive legal environment premised on the recognition, promotion, protection and realisation of human rights and freedoms of all people. In the context of women, violence and diversity, further specific legislative and policy provisions are in place, including access to redress and justice, which recognise and protect women's rights.

Nonetheless, an enabling legal and policy environment does not automatically translate into a social environment in which rights and freedoms, as well as the protection of the law, are equally accessible to women in their diversity. Creating an enabling and supportive social environment for women would entail addressing the very same 'social and structural' barriers determining and perpetuating women's greater risk to HIV, violence and other rights abuses. Thus, an effective response to women, HIV and diversity arguably implies that responding to women's realities, risks and needs is as essential as responding to the societal context determining the specific realities, risks and needs of women in all their diversity. Without transforming the gendered and heteronormative societal context defining women's risks, the effectiveness of national responses to women will be limited accordingly.

WOMEN'S REALITIES, RISKS AND NEEDS

Women's HIV risks and vulnerabilities are well recognised and documented with data confirming that women remain to be at disproportionate risk of HIV exposure and transmission, and are more likely to be stigmatised, discriminated against, violated and abused based on and in the context of HIV and diversity.³⁴ Likewise, the implications of violence and other rights abuses on the effectiveness of the response to women, HIV and violence are evidenced.

...for decades, gender inequality, discrimination

and violence have put women, girls and key populations at heightened risk of HIV infection and eroded the benefits of HIV and other health services. Violence – or the fear of violence – impedes the ability of women to insist on safer sex and to use and benefit from HIV prevention, testing and treatment interventions, and sexual and reproductive health services.³⁵

Although the intersectionality between women, HIV, gender violence and other rights abuses has long been recognised and is at the core of human rights-based discourse and debates, only a few interventions effectively address these correlations, as more often than not, programmes and interventions address ‘singular’ aspects, such as gender violence, without necessarily taking into account the multiple facets of the causes, forms and effects of gender violence. At the same time, most interventions and programmes focus on the ‘response to’ violence and not on the ‘prevention of’ violence against women, which increases women’s risks to HIV exposure and transmission.

Notwithstanding the programmes and interventions that focus on women and diversity (e.g., sex worker programmes), programmes and interventions often fail to adequately address and respond to women’s multiple identities. For example, programmes for and by women living with HIV seldom take into account and respond to the specific realities, risks and needs of lesbian women living with HIV. Similarly, programmes for transgender women in particular do not necessarily cater for the realities and needs of transgender women sex workers living with HIV. As a result, many women in their diversity have limited to no access to inclusive and comprehensive rights protective services, despite the enabling legal and policy framework affording equal access to all, irrespective of HIV status,

sexual orientation, gender identity and gender expression, and sex work.

The protection and advancement of women’s rights, including women’s sexual and reproductive rights, as well as the protection of the rights of people living with and vulnerable to HIV exposure and transmission, are fully enshrined in the legislative and policy framework; form the basis of national responses to women, violence and HIV; and are at the centre of many commitments to ensure that ‘no one is left behind’. Equally, addressing stigma, discrimination and other rights abuses against women in all their diversity is acknowledged to be a key element to effective responses to HIV and violence. Yet, evidence of women’s experiences of persistent stigma, discrimination and violence at a community level and within service provision clearly highlight the gap between the ‘policy’ protecting women in all their diversity and the ‘reality’ of rights abuses in various forms as experienced by women, based on their diversity.

The extent to which women are in the position to realise their rights and claim their agency is largely determined by a societal context in which women make decisions about all aspects of their lives. A heteronormative societal context filled with gendered norms and expectations around sex and sexuality, as well as ‘womanhood’, not only extremely limits women’s rights and agency, but also fosters violence and other rights abuses against women who are perceived to be ‘non-conforming’ to these norms and expectations.

...by marginalising those deemed to be morally undesirable, stigma functions to maintain social order and control...sex work and LGBTI identities and practices may be stigmatised because they challenge deeply held beliefs about sex, sexuality

and gender, challenge moral codes and norms and challenge ideas around choice.³⁶

It is the very same societal context which both determines and perpetuates women's risks to HIV, violence and other rights abuses, whilst at the same time 'justifying' and 'condoning' the occurrence and prevalence of violence and other rights abuses against women in their diversity. Moreover, women's 'ability' to realise rights, claim agency, and access services and quality of care is limited accordingly. Hence, the protection of women's rights and agency can only be achieved as and when the societal context is challenged and transformed to be inclusive of *all* women, and when violence and other rights abuses are recognised in their multiplicity and as a continuum.

FOOTNOTES:

- 1 This chapter is in part based on a prior publication by the author. Kehler, J. 2015. 'Diversity in action?'. In: *Mujeres Adelante*, ICASA 2015 Edition, pp6-9.
- 2 Manley, S. 2016. 'At the margins of an inequitable society: Redefining the decriminalisation agenda'. In: *Mujeres Adelante*, CSW 2016 Edition, p1.
- 3 World Bank, Global Women's Institute, Inter-American Development Bank & International Centre on Research on Women. September 2015. *Violence Against Women and Girls Resource Guide: Brief on violence against sexual and gender minority women*. p2. [www.vawgresourceguide.org/sites/default/files/briefs/vawg_resource_guide_sexual_and_gender_minority_women_final.pdf]
- 4 *Ibid*, pp1-2.
- 5 UNAIDS, 2017. *Ending AIDS. Progress towards the 90-90-90 targets*. p14.
- 6 World Bank, Global Women's Institute, Inter-American Development Bank & International Centre on Research on Women. September 2015. *Violence Against Women and Girls Resource Guide: Brief on violence against sexual and gender minority women*. p1.
- 7 S.H.E. 2015. *Transilience: The realities of violence against transgender women in South Africa*. [www.transfeminists.org/]; WLC. 2016. *Police abuse of sex workers*. [<http://wlce.co.za/>

wp-content/uploads/2017/02/Police-abuse-of-sex-workers.pdf]; Leburu, G. Phetlho-Thekiso, N. 2015. *Reviewing gender-based violence against women and HIV/AIDS as intersecting issues*. [http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0037-80542015000300003]

- 8 *Ibid*.
- 9 UNAIDS, p76.
- 10 Manley, S., p1.
- 11 *Ibid*, p2.
- 12 Constitution of South Africa, Act 106 of 1996; Section 9, 10, 12 and 14.
- 13 Domestic Violence Act, No 116 of 1998.
- 14 The Criminal Law Sexual Offences and Related Matters Amendment Act, No 32 of 2007.
- 15 The National Health Act, No 61 of 2003.
- 16 National HIV Counselling and Testing (HCT) Policy Guidelines, 2015.
- 17 The Promotion of Equality and Prevention of Unfair Discrimination Act, No 4 of 2000.
- 18 Section 6, 7, 8 and 14 of the National Health Act.
- 19 UNAIDS, 2017; UNICEF. 2017. *Gender-based Violence and HIV in South Africa*. [www.unicef.org/southafrica/SAF_publications_gbvorgresponses.pdf]; see also Kehler, J. 2015. *They have no right to do that: Women's experiences of accessing healthcare*. Cape Town, AIDS Legal Network.
- 20 Chapter 2 of the National HIV Counselling and Testing Policy Guidelines.
- 21 *Supra* note 3, 6, 7, 19.
- 22 SANAC. *South Africa's National Strategic Plan for HIV, TB and STIs 2017-2022*. Pretoria, South Africa. [http://sanac.org.za/wp-content/uploads/2017/05/NSP_FullDocument_FINAL.pdf]
- 23 National Strategic Plan for Gender-Based Violence. [www.nacosa.org.za/wp-content/uploads/2017/10/GBV-shadow-frameworks-Web-Version.pdf]
- 24 South Africa National LGBTI HIV Plan, 2017 – 2022. [<http://sanac.org.za/wp-content/uploads/2017/06/LGBTI-HIV-Plan-Final.pdf>]
- 25 SANAC. *The South African National Sex Worker HIV Plan, 2016-2019*. Pretoria, South Africa. [<http://sanac.org.za/wp-content/uploads/2016/03/South-African-National-Sex-Worker-HIV-Plan-2016-2019-FINAL-Launch-Copy....pdf>]
- 26 Goal 5 of the NSP.
- 27 Goal 4 of the NSP.
- 28 Goal 3 of the NSP.
- 29 The South Africa National LGBTI HIV Plan, 2017 – 2022, Executive Summary.
- 30 Minister of Health, Dr Aaron Motsoaledi. Foreword to the South Africa National LGBTI HIV Plan, 2017 – 2022.
- 31 The South African National Sex Worker HIV Plan, 2016-2019, p8.
- 32 *Ibid*.
- 33 *Ibid*.
- 34 *Supra* note 21.
- 35 UNAIDS, p93.
- 36 National Strategic Plan for Gender-Based Violence, p13.

PART TWO: THE DOCUMENTATION PROJECT

This report is based on data collected as part of a broader project aimed at documenting experiences and perceptions of violence and other rights abuses against women living with HIV and/or from ‘key populations’ impacting on access to healthcare, while at the same time raise levels of awareness, capacity and skills to identify, monitor and effectively respond to rights violations, as and when they occur – so as to ultimately enhance women’s agency to access and benefit from safe and competent healthcare services and the continuum of treatment, care and support.

This particular part of the project intended to document women’s experiences and communities’ perceptions of gender violence and other rights abuses against women in their diversity; assess the occurrence and prevalence of rights and gender barriers to access to healthcare; and to enhance the knowledge and evidence base of the impact of gender violence and other rights abuses on women’s agency to make free and informed decisions about their bodies and lives. In the context of this project, ‘*women’s diversity*’ is based on sexual orientation, gender identity, gender expression, sex work, and HIV status.

The project design is based on the principled understanding that women’s experiences of violence and other rights abuses based on their identity and diversity are intrinsically linked to community members’ perceptions of the realities, risks and needs of women in their ‘*diversity*’. As such, the project sought to document and assess both women’s experiences and communities’ perceptions

of violence and other rights abuses against women living with HIV, sex workers, lesbian women and transgender women.

Similar to other ALN facilitated and led processes, this documentation study is based on a broad understanding of violence, incorporating structural, institutional and systemic violence as key aspects of violence and other rights abuses against women in their diversity. In this context, violence is recognised as achieving and asserting power and control over others; thus, perpetuating and manifesting the gendered and normative context of society. The very same societal context seems to further ‘*condone*’ and ‘*justify*’ violence and other rights abuses ‘*as part of normal social structures*’¹, which are used to not only ‘*control*’ women and women’s bodies, but also to ‘*respond*’ to women who are seen to be ‘*non-conforming*’ to assigned gendered roles and expectations. Violence is understood as ‘*any act, structure or process in which power is asserted in such a way as to cause*’ harm to women², and particularly women in their diversity.

METHODOLOGY

The documentation of communities’ perceptions and women’s experiences of violence and other rights abuses based on diversity and multiple identities took place in Mpumalanga, KwaZulu Natal, Eastern Cape, Northern Cape, Western Cape and Gauteng between March 2016 and October 2017.

To facilitate the documentation process effectively, a number of tools were developed to capture women’s experiences of gender violence and other rights

abuses and communities' perceptions of the very same. These included a community questionnaire, a semi-structured interview guide, focus group discussion questions, and an incident report form. The community questionnaire was designed to ascertain peoples' perceptions of women's risks to violence and other rights abuses based on their diversity at a community level, as well as legal literacy levels and the extent to which rights literacy is applied in the context of 'diversity'. Additional tools were designed to gain a deeper understanding of women's experiences of 'diversity' at a family and community level, as well as within healthcare settings.

In addition, ALN developed a short '*organisational assessment questionnaire*' to assess the extent to which programmes and interventions of organisations and networks of women in their diversity and/or organisations providing services to women in their diversity respond to women's multiple realities, risks and needs based on multiple identities.³

The overall project on women, violence and diversity also included legal literacy sessions with organisations of women in their diversity (e.g., Lowveld LGBT Group in Mpumalanga and Circle of Genders in the Eastern Cape), as well as Community Dialogues in all the areas in which the documentation process took place. The Community Dialogues created an additional space for engagement between women in their diversity, their communities and service providers to not only share realities, risks and needs, but also to collectively identify solutions for change.⁴

SAMPLE AND PROCESS

The documentation process took place in six provinces, namely Mpumalanga, KwaZulu Natal,

Eastern Cape, Northern Cape, Western Cape and Gauteng. Areas in these provinces were primarily selected based on prior knowledge and evidence of violence and other rights abuses against women in their diversity, collated by the AIDS Legal Network (ALN) through existing working relationships with partner organisations in these areas. In addition, the selection of areas for the documentation process was influenced by the socio-demographic characteristics within the provincial context.

Data presented in this report are based on various documentation activities (e.g., community questionnaires, focus group discussions, incident report forms) in Kabokweni and Kanyamazane (Mpumalanga); Pietermaritzburg (KwaZulu Natal); Galeshewe and Diamond Park, Kimberley (Northern Cape); Zwide, Port Elizabeth and Kwanobuhle, Uitenhage (Eastern Cape); Johannesburg and Vereeniging (Gauteng), as well as Atlantis, Site C/Khayelitsha and Tafelsig, Mitchell's Plain (Western Cape).

During the documentation process, ALN closely collaborated with organisations and networks of women in their diversity, including Lowveld LGBTI Group and Asiphileni Peer Educators in Mpumalanga, Circle of Genders and Sibanye LGBT in the Eastern Cape, Gay and Lesbian Network in Pietermaritzburg, KwaZulu Natal, and DGayle, Life Line and Compassionate Women in the Northern Cape, as well as SISONKE, SWEAT and S.H.E.⁵

Recognising the emphasis of the overall project, the documentation process focused on women in their diversity. As such, the primary participants were women living with HIV, sex workers, lesbian women and transgender women in the respective provinces.

Community members and women in their diversity alike, who participated in the documentation study, were informed about the purpose of the project and asked whether or not they would like to participate. All participants were informed about anonymity and confidentiality of the collected information.

As for the focus group discussions, women were given information about the purpose of the project, asked to volunteer to share their experiences, were informed about their rights, ensured confidentiality and anonymity, and consented to participate in the documentation.

All data collated during the process was captured, coded and analysed using Excel. Focus group discussions were transcribed and coded.

In total, 1738 community questionnaires were administered; 55 focus group discussions with women in their diversity were facilitated; and 268 incident forms were collated between March 2016 and September 2017.

LIMITATIONS

While the data presented in this report does not necessarily reflect the realities, risks and needs of women in their diversity from a provincial perspective, based on sample size and area selection criteria, it does, however, clearly highlight communities' perceptions and women's experiences of violence and other rights abuses for the selected areas in each of the provinces.

Similarly, based on specific contexts in each of the provinces, including the extent to which women in their diversity are based within and/or represented by community-based organisations, the amount of data collated during the focus group discussions in each of the provinces varies. Yet, women's experiences

of violence and other rights abuses, due to their diversity and multiple identities, as shared in the focus group discussions, provide evidence to the various realities, risks and needs of women living with HIV, sex workers, lesbian women and transgender women in all their diversity.

FOOTNOTES:

- 1 Kehler, J. et al. 2012. If I knew what would happen I would have kept it to myself: Gender violence and HIV. Cape Town, AIDS Legal Network, pp16-17.
- 2 Hale, F. & Vazquez, M.J. 2011. Violence against women living with HIV/AIDS: A background paper. Development Connections and International Community of Women Living with HIV, with the support of UN Women, pp7-13.
- 3 As part of the overall documentation process, 35 organisational questionnaires were administered. The data of these questionnaires will be reported separately by means of Fact Sheets.
- 4 In total, 21 legal literacy sessions (10 one-day, 5 two-day, 6 three-day) and 11 Community Dialogues were facilitated during the entire project; reaching 1001 women and 222 men.
- 5 Throughout the project, ALN collaborated with national sex worker organisations, such as SWEAT and Sisonke.

PART THREE: FINDINGS

...it's my right to be who I want to be... [Woman, 20s]¹

Women's experience of violence and other rights abuses and community members' perception of the realities, risks and needs of women in their diversity were documented and assessed through various means, including focus group discussions and community questionnaires.

SOCIO-DEMOGRAPHIC BACKGROUND

A total of 1738 community members (1001 women, 737 men) participated in the documentation process by responding to the structured questionnaire. Of these participants, 225 were from Mpumalanga, 437 were from the Eastern Cape, 440 were from the Northern Cape, 243 were from KwaZulu Natal, and 393 were from the Western Cape.

The majority of respondents were between the ages of 18 and 49 years old, with the highest number of respondents (28%, 495) between the ages of 20 to 29 years old.

As for the focus group discussions, a total of 431 people (aged 22 to 43 years) participated and shared their experiences of violence and other rights abuses against women based on diversity and multiple identities (53 in Mpumalanga, 108 in the Eastern Cape, 89 in the Northern Cape, 59 in KwaZulu Natal, 69 in the Western Cape, and 53 in Gauteng).

PERCEPTIONS OF RIGHTS VIOLATIONS

...nobody deserves to be treated like that... [Woman, 20s]²

The community questionnaire included a series of questions designed to assess peoples' understanding of whether or not certain scenarios constitute a rights violation. The scenarios included a nurse disclosing a woman's HIV status without her permission; the police not taking a woman's case seriously, because the person laying a charge is a sex worker; and a neighbour gossiping and/or insulting a woman, because she is a lesbian or transgender woman. Answer choices were 'Yes', 'No', 'Don't know', followed by an explanation for the choice of answer.

TABLE 1: COMMUNITY QUESTIONNAIRES BY AREA AND SEX

AREA	WOMEN	MEN	TOTAL
Kabokweni, Mpumalanga	147	78	225
Zwide, Port Elizabeth, Eastern Cape	245	192	437
Galeshewe, Kimberley, Northern Cape	193	247	440
Pietermaritzburg, KwaZulu Natal	122	121	243
Atlantis, Western Cape	83	21	104
Khayelitsha, Site C, Western Cape	109	48	157
Tafelsig, Mitchell's Plain, Western Cape	102	30	132
TOTAL	1001	737	1738

TABLE 2: FOCUS GROUP DISCUSSION PARTICIPANTS BY PROVINCE AND 'IDENTITY' [SELF-IDENTIFIED]

PROVINCE	WOMEN LIVING WITH HIV	SEX WORKERS	LESBIAN WOMEN	TRANSGENDER WOMEN	TOTAL
Mpumalanga	-	4	45	4	53
Eastern Cape	24	13	63	8	108
Northern Cape	6	27	45	11	89
KwaZulu Natal	10	14	35	-	59
Western Cape	15	12	11	31	69
Gauteng	-	53	-	-	53
TOTAL	55	123	199	54	431

TABLE 3: PERCEPTIONS OF RIGHTS VIOLATIONS [%]

AREA	NURSE			POLICE			NEIGHBOUR		
	YES	NO	?	YES	NO	?	YES	NO	?
Kabokweni	96	2	2	80	10	10	84	9	7
Port Elizabeth	96	2	2	82	8	9	92	4	4
Kimberley	94	5	1	84	13	3	88	8	4
Pietermaritzburg	96	3	1	91	6	4	93	3	4
Atlantis	94	2	4	94	3	3	94	3	3
Khayelitsha	90	5	4	85	8	7	86	9	5
Mitchell's Plain	95	2	3	88	6	6	87	5	8
TOTAL	95	3	2	85	9	6	89	6	5

because now, people will make fun of her and she will suffer for nothing...

[Man, 30s]³

...she is not allowed to do that...

[Man, 20s]⁴

...if a person talks about my status without my consent, its abuse...

[Woman, 40s]⁵

...it's up to the woman to tell people when she feels she is ready...

[Woman, 50s]⁶

A vast majority of respondents (95%, 1647) agreed that a nurse disclosing a woman's HIV positive status without her permission would constitute a rights violation. Further qualifying their responses, 61% of the respondents (998) stated that such an act would violate a woman's right to privacy, since an HIV status is 'private', 'personal' and a 'secret', and hence, has to be kept 'confidential'; an additional 22% specifically mentioned that a nurse disclosing a woman's HIV positive status without permission is 'against the law' (363 respondents).

...the nurse must be reported, she must go to jail, because she is killing that woman by telling people...

The data indicates that community members have a clear understanding of HIV-related rights abuses – both with regards to the agency of a woman living with HIV and the responsibility of a healthcare provider to respect and protect a woman's right to decide whether or not, when and to whom to disclose her HIV positive status.

The majority of respondents also agreed that the

police not taking a case of a woman because she is a sex worker and a neighbour gossiping and/or insulting a woman, because she is a lesbian or transgender woman would constitute a rights violation (85% and 89%, respectively). Response rates differed between samples, ranging from 80% and 84% in Kabokweni, Mpumalanga to 94% in Atlantis, Western Cape. In addition, response rates varied between women and men across provinces, in that women are more likely to agree that these acts are a violation of a woman's rights. For example, in Kimberley, Northern Cape, 93% of women participating affirmed that a neighbour insulting a woman because she is a lesbian or transgender woman would be a rights violation, as compared to 83% of men; and in Kabokweni, 87% of women, as compared to 65% of men, agreed that it would be a violation of rights for the police to refuse a case of a woman, because she is a sex worker.

Asked to further explain their answer, 47% of respondents (700) made reference to the police who is 'supposed to assist', 'must do their job' and 'take it serious', irrespective of the fact that the woman is a sex worker, because 'everyone' has 'equal rights' to open a case (42%, 616).

...they [sex workers] are people who should be respected, so the police must take the case serious... [Woman, 40s]⁷

...sex workers must be taken seriously, because their work is dangerous and they are living in danger and it's not that they are lying about the case... [Man, 30s]⁸

Of the 150 respondents (9%) who disagreed that the police refusing to take a woman's case because she is a sex worker would constitute a rights violation, 60% qualified their responses with reference to 'sex

work is illegal' (90), and sex workers are 'liars' and 'can't be trusted' (25%, 37); thus, the police 'is right' not to take the case.

...the police is right, they shouldn't take her seriously, because she sells her body for money... [Man, 20s]⁹

Responses suggest, that community members are well informed about everyone's right to open a case, as well as clearly knowledgeable about the fact that the police have no right to discriminate against sex workers by refusing to open a case. Like with the first scenario, this implies levels of knowledge and understanding about a woman's right and agency to access redress and justice, and the police's as well as institutional responsibility to facilitate such access to women in all their diversity.

Relating to the neighbour insulting a woman, because she is a lesbian or transgender woman, respondents continued to make reference to the 'right to choose' (33%, 509) and further emphasised that neighbours have 'no right to judge', or 'gossip' (45%, 696).

...everyone has the right to have the life they choose, without any discrimination... [Woman, 30s]¹⁰

...gossiping is disrespecting... [Woman, 20s]¹¹

Further explaining why respondents (105, 6%) thought that a neighbour gossiping or insulting a woman, because she is a lesbian or transgender woman would not be a human rights violation, 43% believed it is 'wrong' to be a lesbian or transgender woman, while an additional 17% specifically mentioned that it is against 'our culture' and against 'God'.

...they should stop what they are doing...and maybe then they will be taken serious... [Woman, 20s]¹²

...it's not right to be that way...because God created us to be women and men...

[Man, 30s]¹³

Overall, the data clearly indicate high levels of legal literacy and understanding of what constitutes human rights violations among community members. However, the data also suggest greater levels of understanding in the context of HIV-related rights abuses, as compared to rights abuses against women based on being a sex worker, a lesbian or transgender woman. Although all scenarios involve women whose rights are often violated, community members' perceptions of what constitute a rights violation differ significantly between the identities of women as portrayed in the various scenarios. Thus, the data implies that persistent levels of stigma, discrimination and prejudices against the 'other' and 'non-conforming' women seem to impact on the extent to which general knowledge of women's rights and agency is applied in the context of 'diversity'.

...it's not a matter of status, we have our rights...

[Woman, 30s]¹⁴

Seeking redress

This part of the questionnaire also included a question designed to ascertain whether or not respondents would report and seek redress as and when any of the incidents described in the scenarios would happen to them. To further assess levels of knowledge about avenues of redress as and when rights violations based on 'diversity' occur, participants were asked 'where' they would report such a case.

The majority of respondents (80%, 1398) confirmed that they would report the incident, 17% (294)

TABLE 4: SEEKING REDRESS

AREA	YES	NO	UNSURE
Kabokweni	89	10	1
Port Elizabeth	75	23	1
Kimberley	76	22	3
Pietermaritzburg	78	10	4
Atlantis	94	4	1
Khayelitsha	94	4	1
Mitchell's Plain	81	11	8
TOTAL	80	17	3

indicated that they would not report, and 3% (46) were unsure as to whether or not to report and seek redress. While response rates varied between samples, ranging from 75% of respondents in Port Elizabeth, Eastern Cape to 94% in Khayelitsha, Western Cape who would report and seek redress as and when their rights have been violated, there are insignificant variances between women and men across areas.

Further asked 'where' they would report a case, 67% of respondents (934) said they would go to the 'police', and a further 11% (159) mentioned that they would report to the 'police' or 'sister in charge' or 'social worker' or an 'NGO', depending on the situation.

Respondents who indicated that they would not report a case (17%, 294) explained that there is 'no need' to report, as it is 'not serious' and 'I can take care of it myself' (44%, 130); that there is 'no use in reporting', since 'it will not be taken serious' and 'nothing will be done about it' (25%, 73); and that there is a lack of knowledge of 'where to report' (8%, 24).

...even if you do report, it's not like people will stop gossiping about you... [Woman, 30s]¹⁵

Speaking out about abuse and reporting cases was also a theme discussed in various focus group discussions, emphasising among other the potential adverse effects of speaking out against abuse.

...the danger in that is that it is expected of people who have been abused or people who have been violated to speak up...but at the end of the day we don't understand the danger or the damage that is caused to that person. Because it is not easy to do such things. For instance, you go to the police station and lay a charge – that alone is difficult, speaking about the same trauma that happened to you in front of five, six, ten people on the day or even ten years later you are still speaking the same thing in court... So, if the community supports you, if you have got people who are there for you, then it makes the burden much less for you. But if they are not there, and you are consistently pushing that, it is now you against the community and imagine you facing the whole army alone...¹⁶

While the data indicate high levels of knowledge both about the right to access redress and 'where' to open a case as and when rights violations occur, community members' responses also suggest a certain amount of 'mistrust' in the effectiveness of redress mechanisms, despite the apparent knowledge of redress mechanisms and the right to access the very same.

TREATMENT OF WOMEN IN THEIR DIVERSITY

...people should stop judging, because at the end of the day we are all human... [Woman, 20s]¹⁷

Recognising the gap between the *policy* of rights protections for everyone, irrespective of 'diversity' and the *practice* of rights violations based on diversity, the questionnaire posed a series of questions designed to

assess the extent to which various forms of women's diversity impact on the treatment of women. To this effect, questions asked whether or not women should be treated differently, because they are living with HIV, they are sex workers, they are lesbian women, or they are transgender women. Answer choices were 'Yes', 'No', 'Don't know', followed by an explanation for the choice of answer.

Women living with HIV

An overwhelming majority of respondents (94%, 1628) thought that women living with HIV should not be treated differently, 4% (69) believed that they should be treated differently, and 2% (41) were unsure. Of the total sample, women in all areas were more likely to agree that an HIV positive status should not lead to 'different treatment' (96% of women, as compared to 88% of men).

Asked to further explain their responses, 66% (1072) of respondents who answered 'no' clarified that since women living with HIV are 'equal', the 'same', and 'human', there is no need for different treatment. Furthermore, an additional 12% (189) specifically mentioned women living with HIV should not be treated differently, because HIV is 'just an illness'.

...they are women, just women living with HIV...they are not different to other people... [Woman, 40s]¹⁸

...when you're treated differently that will make everyone to know about your status... [Woman, 30s]¹⁹

...HIV is just an illness and not who you are... [Woman, 30s]²⁰

The responses seem to indicate high levels of awareness and understanding of everyone's right to be treated equally and not to be discriminated against, based on an HIV positive status. However, contrary to community members' views, women living with HIV, during focus group discussions, shared various experiences of 'different treatment', with an emphasis on family and at clinic level. Women's experiences not only highlight the persistent risk of violence and other rights abuses post HIV status disclosure within families, but also the risk of indirect disclosure when accessing healthcare services, due to the infrastructural set-up and the provision of 'separate' services.

...I was totally rejected by my family...it's not like they are stupid [uninformed] but it is just that...they just took it like...you brought shame to the family ['jy steek die familie in die skande']...for them it is no longer about you are positive...for them it is about I brought shame/scandal to the family...I am the first one of my mother's children who gave birth to a child and now I come, [being] the first one who is positive so I just bring shame to the family...dip the family into scandal...and that is it...²¹

...I'm HIV positive, I'm on ARVs...sometimes when I go to the clinic I ask myself why people with HIV sit in a different place and people in the clinic know that those sitting there are HIV positive...and they start gossiping when they see you in the room...²²

...and the security [officer] is a person from the community...maybe the security is my neighbour...the security is going to tell other neighbours 'she was in the clinic in the VCT side'; that's so wrong...²³

Based on their experiences of living with HIV, women also underscored the need for more education at

a community level, as the fear of being 'treated differently', stigmatised and discriminated against based on their HIV positive status impacts on women's decisions, including whether or not and when to access services.

...it's not easy speaking about that...it's because so many people do not understand about being HIV positive...so that's why we form a support group to speak about that...²⁴

...it is mostly that people are not educated enough or really want to know about AIDS...it's like people think that they should be ashamed about the disease...what people tend to do today is if they get sick then they don't say look here I am HIV positive or anything like that, because they are scared of what peoples' reactions are going to be, so they just say I went to the clinic or give false information... And then they are ashamed to go to the clinic, because when you come to the clinic people look at you differently...so you don't even go for your treatments or anything to help you or go for the counselling, because you might find someone whom you know, who sees you going into that HIV counselling room, and then they might find out that you got the disease...²⁵

...no matter what they are talking, I'm going to take my medication there...even though I'm scared, but I have no choice because I'm sick, so I'm going to take my treatment even though they are talking...I have no choice not to...²⁶

Sex workers

Asked whether or not sex workers should be treated differently, more than two-thirds of respondents (79%, 1371) believed that there is no need for different treatment, 15% (264) thought that sex workers should be treated differently, and 6% (103) were

unsure. Of the respondents who stated that sex workers should not be treated differently, 47% (648) further explained that sex workers are 'equal', the 'same' and 'human beings', and an additional 30% (416) referred to 'it's work', a way of 'making a living' and 'making money'.

...they are trying their best to feed their families...

[Woman, 40s]²⁷

...they go there to work, not to be abused...

[Men, 40s]²⁸

...it's wrong for them to do that, but it is their way of getting an income... [Woman, 20s]²⁹

Explaining as to 'why' respondents believed that sex workers should be treated differently, more than half (57%, 151) mentioned that 'it is wrong to sell your body' and a 'disgrace', and 11% (29) stated that women should 'stop sex working' and 'get a real job'.

...their jobs are a disgrace...therefore they don't deserve to be treated with respect...the more they are ignored and rejected, they will change their ways, I am sure... [Woman, 40s]³⁰

Response patterns show that of all community members participating in the questionnaires, women (as compared to men) were more likely to agree that sex workers should not be treated differently (81% of women, 76% of men); implying not only different levels of knowledge of women's right to equal treatment, irrespective of 'identity', but also 'acceptance of' and 'respect for' women's right to choose to be a sex worker.

Similarly, when further explaining their responses, more women than men specifically mentioned that

'sex work is work' and a way of 'making a living' (63% of women, 37% of men of the 416 respondents making reference to this effect). Varying response rates between the areas further indicate different levels of understanding and awareness of sex workers' realities and needs amongst women respondents. For example, in Pietermaritzburg, Kwa Zulu Natal, of all women affirming that sex workers should be treated equally, 44% made reference to 'sex work is work', while only 21% of women in the Port Elizabeth sample referred to 'sex work is work'. The data seems to suggest that although some may perceive sex work as 'immoral' and 'wrong', while others 'don't understand why women do that', it is the fact that sex workers are 'putting food on the table' and 'keeping homes standing', which to an extent in and of itself demands 'equal treatment'. In addition, as in many communities, it is women who have the responsibility to ensure that there is 'food on the table'; hence, women are more likely to qualify why they believe sex workers should not be treated differently with reference to sex work as a way of 'making a living'.

...the community needs to understand that these people are making a living and helping lots of homes standing till today... [Woman, 30s]³¹

Although only few of the community members participating believed that women should be treated differently, because they are sex workers, sex workers' experiences of community members' treatment and reactions towards them illustrate a reality much to the contrary. Across provinces, sex workers shared experiences of ill-treatment, rejection, stigma and discrimination from family members and community members alike.

...they [family] take you like you came with a curse in our home so that's an issue we can't discuss, especially

*when your father is the head and the voice of the father is the only voice...so, you can't just come and say, I'm the sex worker here's the money. As much as you know that your family needs the money, but you can't give them, because they know where that money comes from...yes, so they don't accept the money, they don't accept you, they don't accept your children...*³²

*...when it comes to community, it's mostly married people...they normally say these filthy sex workers they take our men...they give our men diseases, they do this, they do that... I am just saying when it comes to community, do you think those women they will just stand by me as a woman and say ok fine you can do whatever it takes...*³³

Talking about their realities when accessing healthcare, sex workers highlighted many challenges and barriers in this regard – ranging from accessing preventative methods to STI and ARV treatment.

*...people they don't understand that the condom it's not only for sex workers. Condoms are for everyone who want to use a condom...*³⁴

*...number one is discrimination, especially when you disclose, maybe you are a lesbian or you are a sex worker...confidentiality will never be...like confidentiality for you and the sister. And the treatment will never be the same; even if you want to...it will never be the same as a normal woman comes in or a sex worker comes in...this will never be the same thing. They will never treat you the same...*³⁵

Lesbian women

In relation to lesbian women, 88% of respondents (1527) thought that they should not be treated differently, as lesbian women have 'the right to choose' (25%, 382) and are 'equal', the 'same' and 'human beings' (46%, 697).

*...they are true to themselves...they are living their lives... [Woman, 20s]*³⁶

*...a person is a person...there is no distinction between people... [Woman, 40s]*³⁷

*...I am not saying being a lesbian is the right thing, but it's her choice... [Man, 20s]*³⁸

While there are no significant differences between the areas, response patterns varied between women and men. As with other questions, women were more likely to agree that women should be treated equally, irrespective of their identity (90% of women, as compared to 85% of men), which indicate among other women's greater levels of knowledge and understanding of the right to be treated equally and not to be discriminated against.

Of the respondents who thought that lesbian women should be treated differently (10%, 177), qualified their responses with reference to 'this is wrong' (46%, 81), 'against God' (19%, 33), and 'they must change' (11%, 19).

*...[treat them differently], so they can change their ways and understand that sleeping with the same sex is not right... [Men, 30s]*³⁹

Despite community responses suggesting high levels of acceptance and understanding of the need for equal treatment, lesbian women's realities

across provinces are mostly determined by not only community members' prejudices, judgments, and discrimination, but also family members' ill-treatment, abandonment, and rejection.

Lesbian women shared that 'everything changed and then start treating you differently' at home after finding out that 'you are a lesbian'⁴⁰; since 'our parents don't understand at all'⁴¹. Most of the time, 'they will call you names, trying to make you feel ashamed of who you are'⁴². Both at home and in the community, 'they will try and prove the point that you are not real'⁴³.

...in the family once they find out that you are lesbian...they will treat you different from the rest of the family...you're not going to have that attention, they don't take you serious, they start losing respect for you, they start treating you badly...The others [siblings] are the superior kids...⁴⁴

...other parents when you come out that you're a lesbian they chase us away from home, they stop doing things for us, they abuse or treat us in a bad way, sometimes they don't even give you food to eat...⁴⁵

...the community, they will discriminate you to a point where you feel like you do not belong in a certain community...because of maybe it's the way I dress, maybe it's because I sit with my girlfriend hand-in-hand in the streets... They'll curse you... they'll do all those things...there's a lot of things that actually happens to a woman who is engaging with another woman sexually...⁴⁶

Taking into account that in most cases 'the community is deeply rooted in religion and in their cultural beliefs'⁴⁷ lesbian women spoke about the correlations between community expectations and family responses to the very same.

...it will depend which community you go to...if you're from a township the family wouldn't accept, because they're thinking the community what would they say... the family would think of church, the church people wouldn't accept that you have a person who's a lesbian or who's gay...⁴⁸

...there are still some people who are still very homophobic...and even though sometimes you'll find parents who would agree for the next-door neighbour's child to be gay or lesbian...but when it happens in their own home, then it becomes a problem... Then they will talk as if this child is bewitched, or whatever, or chase that kid away, or doing stuff like that...⁴⁹

Within the gendered and normative context of families, communities and society at large, women are, amongst other things, expected to behave and dress in a certain way, to be seen, accepted and treated as 'women' who are part of the community. As such, the 'dress code' was raised frequently by lesbian women as both a cause for different treatment and a preventative measure to avoid stigmatisation.

...when you're a lesbian you have to be well-dressed so they won't see that you're lesbian...you make sure that you put on your things, to not show that you're lesbian, because that's the sign that they're [community] going to look for and swear at you...⁵⁰

...I remember last year I was doing Grade 12, my father came at my school for the first time. It was weekend and I was wearing casual (a trouser, sneakers & t-shirt), then when he saw me he said, 'ha is this my daughter?' and I responded 'yes, it's me, dad', then all of a sudden, he just sat down and looked at me in the eye and said, 'I did not bear a boy, when I remember well I

bore a daughter, this is so disgusting'. He then promised to disown me in everything...even today as I speak we are still not talking to each other...⁵¹

Similarly, lesbian women experience ill-treatment, humiliation and at times, denial of services in healthcare settings. Lesbian women are often questioned by healthcare providers about their sexual practices, ridiculed for being a lesbian woman, and/or told that they must stop this behaviour as it is 'wrong' according to cultural and religious beliefs.

...if I go to the clinic, saying I've got a headache, give me tablets for a headache, stop asking if I'm a man or a woman...⁵²

...they stare at you, then gossip about you. Then you'll be uncomfortable and maybe don't even access the services you needed in that clinic, you just go...⁵³

...I felt like I was forced to come out and say, I'm lesbian, so stop asking me all of these questions... and I could see the shock in her face and she started treating me differently, so I decided this is the time to just sit down and educate her. So, we spent like almost 30 minutes talking about lesbians, gays, because I felt like she's not understanding, and in a way, I feel like she came to me with her values, because she's this Christian woman coming at me talking about God... She was giving me guidelines and I was like no, you know what, you are not treating me ethically, do not bring your personal values to work. And I don't know how she would've acted if I was HIV positive, because it was just a [bacterial] infection; it was nothing new to her...⁵⁴

...I think that we need to do more education with the facilities, the staff, the community. Because that's where

everything starts. Because I am a patient and I need to access healthcare and I need to access it effectively, and if I get there and I don't get the treatment that I need, then we have a problem. There is still a long way to go. We have to start there...⁵⁵

Transgender women

Of all respondents, 79% (1368) stated that transgender women should not be treated differently and qualified their responses referring to transgender women as being 'equal', the 'same' and 'human' (41%, 554), as well as a person's 'right to choose' (27%, 365).

...everybody has a right to decide how to live their life... [Woman, 20s]⁵⁶

...besides being transgender, they are human like everyone else... [Woman, 20s]⁵⁷

...they should not do that to people, they have rights... [Man, below 20]⁵⁸

Response rates varied between the areas, ranging from 65% of respondents who agreed that transgender women should not be treated differently in Khayelitsha, Western Cape, to 86% in Port Elizabeth, Eastern Cape, as well as between women and men, with women more likely to agree that transgender women need to be treated equally (83% of women, as compared to 73% of men). Response patterns between women and men also differed between the areas. For example, in Pietermaritzburg, KwaZulu Natal and Mitchell's Plain, Western Cape, a smaller percentage of women from the community agreed that transgender women should be treated the 'same' (76% and 78%, respectively), whilst in other areas women were far more likely to affirm transgender women's need for equal treatment

(77% of women, as compared to 59% of men in Kabokweni, Mpumalanga, and 90% of women, as compared to 80% of men in Port Elizabeth, Eastern Cape). These different response patterns between areas and between women and men suggest not only varying levels of awareness and understanding of transgender women's realities and needs, but also seem to imply that women have greater knowledge and understanding of women's agency and rights, irrespective of identity.

Respondents (12%, 214) who mentioned that transgender women should be treated differently (12%, 214), explained that 'this is wrong' (56%, 121) and 'against God' (34%, 16).

...it's wrong...and it's wrong in the Bible, so I don't care if they shoot them... [Woman, 20s]⁵⁹

...these people need to change their way... they need to understand that the ways they live their lives is not right... [Man, 30s]⁶⁰

The gap between community members' perceptions of transgender women's realities and women's experiences of 'equal treatment' becomes apparent through the lived realities shared during the focus group discussions. Transgender women's experiences underscore as much a lack of acceptance for who they are as a lack of safety within the communities they live in.

...I wish for the community to be more accepting of trans people...⁶¹

...if you are a trans woman in your community you rather leave there and build a new life somewhere else...⁶²

...it's a very difficult thing for a trans person, because you have to protect yourself, and you have to protect your family values and you have to protect yourself against the community, because they don't care about your values or who you are...⁶³

Acknowledging the many limitations in claiming agency and realising rights, transgender women also questioned the sincerity of the many commitments made to ensure equal treatment for all.

...politically, we want to join these kind of issues, we want to raise issues in South Africa, we want to be part of the rainbow, but we are neglected. To date, we don't have a freedom... Once we can get a freedom I think everything will be so much smoother... We are not getting access to anything. We are being denied who we are, but we are saying this is our democratic country... I can't even go to the public toilets... I don't have access to the toilet, a simple thing, a toilet. When I go to the ladies, ladies start screaming. When I go to the men, men start getting abusive... Why don't we have our own toilets? Let us have our own portion...⁶⁴

Focussing on change that is needed to ensure transgender women's equal treatment, the need for 'changing their mindsets' and 'education' was raised in all focus group discussions, as well as the need for transgender women to 'build communities and leadership' of transgender women.

...what we need to change is their mindsets, but we need to know it isn't going to happen today...that's why I said we need to build small communities of trans women with a leader... Sensitise them [community] on the issue of transgender and LGBTI communities, so they can see we're just normal human beings like anybody else trying to make a living on our own, in our communities and tell them our stories. Let them feel our pain that we feel...⁶⁵

...sometimes it's our duty to educate people, not the government to educate people about us. It's our duty to sensitise them that we are here to stay, that we are not going anywhere...⁶⁶

Based on the general lack of understanding combined with high levels of stigma and discrimination against women in their diversity, transgender women in particular experience accusations and insults based on their sexual desires and needs.

...I feel uncomfortable as a transwoman, because in my family they think that every family member that is there, I want him, trying to get him to be in my bed. So, I start feeling like I'm alone, because they will just move away from me, like this one is hungry, you just want sex with this one, he's hunting, you know what I mean. In most cases they are what we experience because they think when you are not in your own original sexuality, like when you're born a male you're not a male, you acting as a female. They'll start calling you a vulture, like sex slave, you always looking for a guy to get in bed, but that's not the case.⁶⁷

Summary

Overall, the data indicate high levels of knowledge and understanding that everyone has the right to be treated equally and not to be discriminated against on any ground, including on the ground of diversity. However, similar to prior responses, the data also suggest that community members apply this knowledge in varying degrees based on the particular identity of a woman. As such, community members are more likely to agree that a woman living with HIV should be treated equally (94%), as compared to sex workers, lesbian women, or transgender women (79%, 88%, and 79%, respectively). The persistence of stigma, discrimination and other rights abuses, as suggested by community members' responses,

are confirmed by women's experiences of 'different treatment', based on their identities.

Data also imply, to an extent, that women are more knowledgeable of the realities and needs of women in their diversity, in that women at a community level are more likely to affirm the need that all women, regardless of their identity, should not be treated differently and have their rights protected. As such, women's responses overall arguably display not only greater levels of awareness and understanding, but also greater 'acceptance' of diversity, as well as a sense of 'solidarity' and 'support' for 'other' women. Yet, realities of women in their diversity are seldom determined by the 'acceptance' and 'support' of women, as illustrated by the experiences of women during the focus group discussions.

Acknowledging women's experiences of 'different' treatment, stigma and discrimination, the data further suggest a disconnect between community members' perceptions and women's experiences, in that the vast majority of people believe that women in their diversity should be treated equally, while experiences of women in their diversity mostly illustrate that stigma, discrimination and other rights abuses are continuing to be an integral part of women's realities – mostly linked to the fact that women in their diversity are perceived to be 'non-conforming' to societal gendered expectations and norms of 'womanhood'.

PERCEPTIONS OF WOMEN'S RISKS

...we, as women are most prone to be abused...

[Woman, 30s]⁶⁸

Linked to the treatment of women in their diversity, additional questions were included to measure perceptions of women's risks to violence and abuse in the specific context of diversity. As such, people were asked whether or not they think women are at greater risks of violence and abuse because they are living with HIV, they are sex workers, they are lesbian and transgender women. Answer choices were 'Yes', 'No', 'Don't know', followed by an explanation for the choice of answer. An affirmative answer included a follow-up question as to the severity of risk (on a 5point rating scale ranging from 'not at all' to 'very much').

More than half of the respondents (58%, 1014) thought that women are at greater risk of violence and abuse, because of their HIV positive status, 33% of respondents (578) disagreed, and 8% (146) were unsure. Response rates varied between the areas, ranging from 48% in Khayelitsha, Western Cape, to 65% in Pietermaritzburg, KwaZulu Natal, suggesting amongst other different levels of awareness about the causes and prevalence of violence against women living with HIV. Similarly, response patterns varied between women and men, in that women were more likely to agree that an HIV positive status increases the risk of violence (62%, as compared to men, 54%).

Further elaborating as to 'why' there is a greater risk of violence, respondents mentioned that women living with HIV will be 'called names' and 'gossiped about' (36%, 361); 'ill-treated', 'discriminated against' and 'isolated' by family and community members (21%, 210); and 'abused' (21%, 210) after their HIV positive status becomes known.

...people still don't take women seriously...so, if they are HIV positive it becomes more difficult.You will be discriminated against at every chance people get...they will call them names and reject them...make their lives difficult... [Woman, 40s]⁶⁹

...if you are a man living with HIV no one talks about you, but if you are a woman most people talk about you, only saying bad things about you... [Woman, below 20]⁷⁰

...it's never easy for a woman to live with HIV and be happy, especially amongst families and communities; in most cases they are disowned by their family...or they send them away and cut them off, even call them names... [Woman, 20s]⁷¹

Respondents who believed that women are not at higher risk of violence and abuse, due to their HIV status, explained that now 'people are informed and educated about HIV' (27%, 158); women 'shouldn't be abused', as this is 'wrong' (24%, 140); and there is 'no risk in our community', because 'all women are abused' and violated, irrespective of their HIV status (30%, 171). These responses not only illustrate community members' beliefs that increased awareness decreases the risks of violence, but also show that community members are aware of high levels of violence, abuse and other rights violations against women, irrespective of women's diversity. In turn, however, this also implies a general lack of understanding and awareness of the increased risks of violence and abuse, due to women's HIV positive status.

...you can be violated just because you are a woman, not because of your status... [Woman, 30s]⁷²

Women shared their views on HIV status disclosure and its implications during the focus group discussions, raising, among other the risks associated with such disclosure, as well as the fear impacting on women's decisions as to whether or not and when to disclose her HIV positive status.

...they always say people living with HIV they need to just...disclose their status, and accept themselves to just stay healthy...so, but for some people, I don't know if it's lack of confidence, or because we care too much of what others think...but for me now when it comes to confidence, I'm not that confident...I will not dare talk, I will keep quiet, I will keep it to myself...⁷³

...most of the time people don't disclose their status, so they keep it private because they don't want to be discriminated...⁷⁴

...especially when the nurses stay around your area. Like the things people say, the things people do around your area...like we go to the same taverns with this person, she's a nurse maybe she has tested me positive. Then we go to the same tavern and now she's drunk and here I am coming in...oh my God. She is just going to disclose your status, do you see she's HIV positive and now everybody in the tavern knows. And everybody in the tavern knows they are going to tell the whole community about your status...⁷⁵

Sex workers

With regard to sex workers, an even higher percentage of respondents (78%, 1364) believed that sex workers are at greater risk of violence and abuse, 12% (213) of respondents disagreed, and 9% (161) were unsure. Response rates varied between samples ranging from 66% of respondents who thought that sex workers are at greater risk of violence in Khayelitsha, Western Cape, to 83% in

Pietermaritzburg, KwaZulu Natal. Whilst there are no significant differences in responses between women and men, data suggest that women are slightly less likely to agree that sex workers are at risk of violence (78% of women, 80 % of men).

Asked to qualify their responses, 39% of respondents (526) who affirmed the risk of violence and abuse explained that sex workers are 'treated badly', 'gossiped about', 'called names' and disrespected at a community level; as well as 'abused', 'beaten' and 'raped' (29%, 394). In addition, 17% of respondents (228) made reference to the 'lack of security' and 'dangers' that sex workers are facing, due to being sex workers.

...since they are sex workers, people look down on them and violate their rights... [Woman, 20s]⁷⁶

...they [community] say bad things and tend to rape them, because they say you are already doing this sex thing... [Man, 20s]⁷⁷

Respondents who did not believe that sex workers are at greater risk of violence and abuse mentioned sex workers' 'rights' and being 'the same' (44%, 93), and since communities are 'informed and educated' by now (13%, 28), there is no risk of violence against sex workers (22%, 46).

...they're just women like us... [Woman, 50s]⁷⁸

...if they know she does that they will ask her to explain why she is doing it...and then they will accept the reason... [Woman, 20s]⁷⁹

...the community will not abuse them, because they're putting bread on the table... [Woman, 30s]⁸⁰

Lesbian and transgender women

Asked whether or not women are at greater risk of violence and abuse, because they are lesbian or transgender women, 69% (1193) of respondents agreed that the risks of violence and other rights abuses increase with 'diversity', 22% (390) disagreed, and 9% (155) were unsure. Responses greatly varied between the areas, ranging from 48% of respondents affirming the risk of violence in Mitchell's Plain, Western Cape to 77% in Pietermaritzburg, KwaZulu Natal. Except for Mitchell's Plain and Atlantis (both Western Cape) response patterns also differed between women and men, with women being more likely to agree that there is a risk of violence against women based on various identities. For example, 78% of women in Kabokweni, Mpumalanga and 74% of women in Port Elizabeth, Eastern Cape, indicated women's greater risk to violence, as compared to 56% and 67% of men, respectively.

Respondents indicated that lesbian and transgender women are 'judged', 'discriminated against' and 'disrespected' by family and community members alike (47%, 559), as well as 'abused', 'beaten', 'violated' and 'killed', because of their identity (37%, 439), with specific reference to sexual violence and 'rape' (19%, 211).

...in my community, we believe that God made women and men to be together...they want to hit them and chase them out of the community...they are in continuous fights around the community, because they don't want these people here...⁸¹

...the community also treat them bad.They beat them and some abuse them. Some family reject them, and don't accept their own daughters who are lesbians...⁸²

Of the respondents who disagreed, 30% (119)

believed that 'it is better now', since people are 'informed and educated'; hence, there is no 'need to judge' women based on their identity (26%, 102). As with the previous question, respondents also explained that there is 'no risk of violence in our community' for lesbian and transgender women, whilst making reference that 'all women are abused', not only lesbian and transgender women (28%, 110).

...we love with them...some are families, brothers, sisters...they are out there, we tolerate them even if we don't understand... [Woman, 20s]⁸³

In the focus group discussions, lesbian women talked about their realities and risks of violence and abuse in all aspects of their lives. Women's experiences clearly illustrate that the family and home lack as much safety as the community, creating a situation in which many lesbian women live in fear of being abused, violated and raped.

...we are just so afraid of standing proudly and saying um, yes, I am a lesbian, because we're so afraid that they going to rape us and all the disgusting things they do...⁸⁴

The risks of rape were raised by lesbian women across provinces, as well as the reality of 'constantly living with fear of something might happen'⁸⁵; 'it's a fear of, because they know me, I would get raped just because of being me'⁸⁶.

...the big challenge that we face is rape, we always get raped and get threatened that if it happens they find you in a private place, they will rape you simply because you're lesbian...⁸⁷

...some of them they've been raped because of their sexuality and...some of them they've been murdered

*because of that. Lots of stuff have been happening to us, because they don't believe in us. They don't treat us like other people. They treat us different, especially when you walk with our girlfriends on the road...*⁸⁸

Women spoke about 'we're being abused, we're being drugged, so that they can sleep with us'⁸⁹. 'Others are being raped and they are pregnant now, they have children now because of that'⁹⁰. A common thread of women's experiences is that 'it's very dangerous out there' for lesbian women⁹¹, 'especially the butch ones; as they are a target'⁹².

*...name calling or ill-treatment, just because you're expressing your sexuality...and in most cases, that will be corrective rape. Correcting your sexuality, because you're not behaving to what the learned behaviour should be...*⁹³

The lack of safety and fear of violence, abuse and rape is not confined to the community. Many lesbian women shared experiences of violence in all forms within families and homes. As a result, for many lesbian women 'it's a constant feeling of always having to look over your shoulder'⁹⁴, whilst not only navigating the dangers 'out there', but also within homes and families.

*...it's not the mother that's going beat you, the mother needs to call the aunties and the aunties call the uncle. It's a family affair. They'll beat you straight...*⁹⁵

*...no, it is not easy...in my family they are actually trying to force me to be with guys. Because my uncle has a guy friend, they told the guy to come so that he can date me without my permission...*⁹⁶

While sharing that 'challenges are caused by the fact that the community doesn't know much about the

sexuality...that's why we are abused physically and verbally'⁹⁷, lesbian women also felt strongly that the lack of safety in the community is directly linked to the lack of safety at home.

*...I would always say if the protection starts at home, then the community won't be able to touch you in that manner. If you are protected by your family members, if they accept and understand the person that you are, it's not going be easy for the next-door neighbour to come and saying things about you. So, we need to start at a level of family and then the rest can just go wherever...*⁹⁸

*...they [family] say it in front of a lot of people so that people can judge you there outside, calling you 'koek stamper', because the people in the house call you 'koek stamper', what must the community say...the rest of the community does it, because they heard it from your family...*⁹⁹

Transgender women equally live with constant fear of violence and abuse and lack a sense of safety in all aspects of their lives.

*...I feel like there is no where we are safe. At this point in time, I feel no way we are fitting in... Yes, there are laws stating blah blah blah, there's constitution. But still we are getting attacked...we are getting rejected, pushed away...*¹⁰⁰

Speaking about the various forms of violence within families and communities, transgender women shared the impact of verbal abuse, insults and 'name calling'.

...in most cases you find that there is not physical abuse, but even emotionally abuse...that's the worst abuse that most of transwomen and other LGBTI

*community face, because words they hurt people more than the physical fear or anything... So, as long as you speak wrong things to me, you are killing me, so, that's what we mostly find in our communities...they call us names that are not acceptable...*¹⁰¹

Multiple identities

The various challenges and risks of violence, abuse and other rights abuses are further exacerbated by women's multiple identities, each of which a cause of violence and abuse in and of itself, which combined, multiplies the risks. Thus, multiple layers of identity lead to multiple layers of risks of stigma, discrimination and other rights violations. For example, recognising the gendered normative context of society, women are at risk of rights abuses based on being a woman. Within the context of persistent HIV-related stigma, discrimination and other rights abuses, women living with HIV experience an additional layer of abuse, based on their HIV positive status. For lesbian women living with HIV, the heteronormative societal context determines further layers of stigma, violence and other rights abuses.

The effects of multiple identities on not only realities and risks of violence and abuse, but also the extent to which services are accessible was a common theme in the focus group discussions across provinces and identities.

*...if you're lesbian and HIV positive at the same time... at the clinic you going to get double problems, because you are going to be judged according to your sexuality and now your HIV status... So, at the clinics they are going to treat you badly, badly, badly; they're going to call you names, they will treat you like you are a foreigner, but you are a South African...they will treat everyone in a good way, but when it comes to you, they will ill-treat you...*¹⁰²

*...I'm stigmatised for my job, I'm stigmatised for my gender...I am now stigmatised for being an AIDS carrier...*¹⁰³

*...at first it was very hard for me and it was doubled, because I'm a woman sex worker and a transgender woman too...so I was forced to move out of my home and go live with a friend because of these two characteristics that I have mentioned...but now, my family is getting better at respecting my job and understanding me...*¹⁰⁴

Conversations in the focus group discussions also highlighted challenges women experience in accessing support groups and structures, due to multiple identities. Sharing their experiences, women living with HIV spoke about the lack of understanding of multiple identities, as living with HIV and being a lesbian woman or a sex worker often lead to the exclusion from support groups; as well as misconceptions that, for example, lesbian women 'can't be infected' and sex workers 'wanted to be HIV' positive.

*...I think they'll be shocked to see me... How could you as a lesbian be HIV positive...because they don't believe that you can be infected as a lesbian...*¹⁰⁵

*...I think that's why lesbians are not here...I think they are scared, because they know that we live with it and that their life is not the same...they're not the same as we are...that's why they are not in our support group...*¹⁰⁶

I can say I am a trans woman and then I want to go there to the women's group and I am now infected with HIV and those people actually have no information

*about trans...how am I going to relate to that group, because they actually don't know anything about trans...*¹⁰⁷

*...they will never make you feel welcome, especially if you are a sex worker. They will say you went out and wanted to be HIV positive, because you are selling sex. And when you are transgender, they will say you are having anal sex... So, it won't be so easy to accept a sex worker or a transgender woman...*¹⁰⁸

Summary

Although with varying degrees between areas and between 'identities', the data overall indicate high levels of awareness amongst community members of the risks of violence and other rights abuses against women in their 'diversity'. Communities' perceptions of women's risks to be violated and abused also correspond to an extent with women's experiences of violence and abuse, as shared in the Focus Group Discussions.

Data however also suggest that HIV-related violence and abuse against women is not as 'visible' at a community level as violence against sex workers, lesbian and transgender women; with, for example, response patterns indicating significant lower perceived risks of violence against women living with HIV, as compared to sex workers (58% and 78%, respectively). Responses also imply that institutional and structural violence commonly experienced and shared by women living with HIV at a clinic level is not perceived as violence against women. To the contrary, violence against sex workers, lesbian and transgender women is largely occurring at a community level; hence data indicating community members' perceptions of risks of violence

and other rights abuses against women in their diversity correspond to women's realities of violence.

Responses further suggest that although the majority of community members participating affirmed risks of violence and abuse against women in their 'diversity', there is less understanding as to the extent to which women's identities impacts on the risks of violence. Across the various 'identities', respondents made reference to 'all women are abused'; thus, discounting to an extent the effects of multiple identities on the level of risks of violence and other rights abuses against women. Similarly, community members across areas believed that 'things are better now' and 'there is no risk of violence'; a perception very contrary to the lived realities of violence and abuse experienced by women living with HIV, sex workers, lesbian and transgender women.

While women (as compared to men) were more likely to confirm the risks of HIV-related violence, as well as violence against lesbian and transgender women, in relation to the risks of violence against sex workers, women were slightly less likely to agree. This data arguably implies that women perceive a greater risk of violence against women – which correlates to high levels of violence and abuse against women. In the context of sex work, women's response patterns seem to be closely linked to the common misconception at a community level that sex workers 'can't be abused' and 'violence is part of their job'.

FOOTNOTES:

- 1 Port Elizabeth, 08 September 2016, Questionnaire 146.
- 2 Khayelitsha, 01 July 2016, Questionnaire 65.
- 3 Khayelitsha, 24 November 2016, Questionnaire 126.
- 4 Port Elizabeth, 05 September 2016, Questionnaire 41.
- 5 Kabokweni, 30 June 2016, Questionnaire 9.
- 6 Port Elizabeth, 05 September 2016, Questionnaire 48.
- 7 Kabokweni, 26 May 2016, Questionnaire 39.
- 8 Port Elizabeth, 04 September 2016, Questionnaire 27.
- 9 Pietermaritzburg, 26 September 2016, Questionnaire 66.
- 10 Port Elizabeth, 04 September 2016, Questionnaire 67.
- 11 Khayelitsha, 08 September 2016, Questionnaire 35.
- 12 Kabokweni, 23 May 2016, Questionnaire 76.
- 13 Pietermaritzburg, 23 September 2016, Questionnaire 187.
- 14 Mitchell's Plain, 12 April 2016, Questionnaire 82.
- 15 Port Elizabeth, 02 September 2016, Questionnaire 90.
- 16 Northern Cape, 04 September 2017, Queer Women Focus Group Discussion.
- 17 Kabokweni, 21 June 2016, Questionnaire 33.
- 18 Khayelitsha, 06 September 2016, Questionnaire 4.
- 19 Kabokweni, 19 May 2016, Questionnaire 84.
- 20 Port Elizabeth, 31 August 2016, Questionnaire 67.
- 21 Western Cape, 13 April 2016, Women Living with HIV Focus Group Discussion.
- 22 Eastern Cape, 22 April 2016, Woman Living with HIV Focus Group Discussion.
- 23 KwaZulu Natal, 26 September 2016, Service Provider Focus Group Discussion.
- 24 Eastern Cape, 22 April 2016, Woman Living with HIV Focus Group Discussion.
- 25 Western Cape, 13 April 2016, Women Living with HIV Focus Group Discussion.
- 26 KwaZulu Natal, 15 June 2016, Women Living with HIV Focus Group Discussion.
- 27 Kimberley, 03 August 2017, Questionnaire 117.
- 28 Port Elizabeth, 06 September 2016, Questionnaire 174.
- 29 Mitchell's Plain, 12 April 2016, Questionnaire 96.
- 30 Kabokweni, 3 April 2016, Questionnaire 193.
- 31 Kabokweni, 16 June 2016, Questionnaire 23.
- 32 KwaZulu Natal, 26 September 2016, Service Provider Focus Group Discussion.
- 33 Northern Cape, 04 September 2017, Queer Women Focus Group Discussion.
- 34 KwaZulu Natal, 26 September 2016, Service Provider Focus Group Discussion.
- 35 Northern Cape, 04 September 2017, Queer Women Focus Group Discussion.
- 36 Kabokweni, 18 April 2016, Questionnaire 126.
- 37 Mitchell's Plain, 24 November 2016, Questionnaire 120.

- 38 Port Elizabeth, 31 August 2016, Questionnaire 69.
- 39 Kabokweni, 09 June 2016, Questionnaire 72.
- 40 KwaZulu Natal, 14 November 2016, Lesbian Women Focus Group Discussion.
- 41 Mpumalanga, 19 May 2016, Lesbian Women Focus Group Discussion.
- 42 *Ibid.*
- 43 *Ibid.*
- 44 Mpumalanga, 01 July 2016, Lesbian Women Focus Group Discussion.
- 45 Mpumalanga, 02 April 2016, Lesbian Women Focus Group Discussion.
- 46 KwaZulu Natal, 14 June 2016, Lesbian Women Focus Group Discussion.
- 47 Eastern Cape, 06 April 2016, Lesbian Women Focus Group Discussion.
- 48 KwaZulu Natal, 27 September 2016, Lesbian Women Focus Group Discussion.
- 49 Northern Cape, 01 August 2017, Lesbian Women Focus Group Discussion.
- 50 KwaZulu Natal, 24 September 2016, Lesbian Women Focus Group Discussion.
- 51 Mpumalanga, 06 April 2016, Lesbian Women Focus Group Discussion.
- 52 KwaZulu Natal, 24 September 2016, Lesbian Women Focus Group Discussion.
- 53 KwaZulu Natal, 14 June 2016, Lesbian Women Focus Group Discussion.
- 54 Eastern Cape, 06 April 2016, Lesbian Women Focus Group Discussion.
- 55 KwaZulu Natal, 14 June 2016, Lesbian Women Focus Group Discussion.
- 56 Khayelitsha, 27 June 2016, Questionnaire 92.
- 57 Kabokweni, 06 June 2016, Questionnaire 70.
- 58 Pietermaritzburg, 27 September 2016, Questionnaire 76.
- 59 Pietermaritzburg, 26 September 2016, Questionnaire 83.
- 60 Kabokweni, 09 June 2016, Questionnaire 72.
- 61 Gauteng, 21 June 2016, Transgender Sex Workers Focus Group Discussion.
- 62 Northern Cape, 04 September 2017, Queer Women Focus Group Discussion.
- 63 Western Cape, 31 May 2016, Transgender Women Focus Group Discussion.
- 64 Gauteng, 21 June 2016, Transgender Sex Workers Focus Group Discussion.
- 65 Western Cape, 31 May 2016, Transgender Women Focus Group Discussion.
- 66 Gauteng, 21 June 2016, Transgender Sex Workers Focus Group Discussion.
- 67 KwaZulu Natal, 22 September 2016, Lesbian Women Focus Group Discussion.

- 68 Kimberley, 01 August 2017, Questionnaire 385.
- 69 Kabokweni, 14 June 2016, Questionnaire 27.
- 70 Pietermaritzburg, 19 September 2016, Questionnaire 47.
- 71 Kabokweni, 06 June 2016, Questionnaire 70.
- 72 Khayelitsha, 11 April 2016, Questionnaire 30.
- 73 Northern Cape, 29 July 2017, Lesbian Women Focus Group Discussion.
- 74 Northern Cape, 01 August 2017, Lesbian Women Focus Group Discussion.
- 75 KwaZulu Natal, 14 June 2016, Lesbian Women Focus Group Discussion.
- 76 Kimberley, 30 August 2017, Questionnaire 375.
- 77 Port Elizabeth, 02 September 2016, Questionnaire 103.
- 78 Mitchell's Plain, 24 November 2016, Questionnaire 127.
- 79 Pietermaritzburg, 19 September 2016, Questionnaire 213.
- 80 Port Elizabeth, 02 September 2016, Questionnaire 104.
- 81 Pietermaritzburg, 21 September 2016, Questionnaire 50.
- 82 Kimberley, 28 July 2016, Questionnaire 267.
- 83 Kabokweni, 13 June 2016, Questionnaire 45.
- 84 KwaZulu Natal, 22 September 2016, Lesbian Women Focus Group Discussion.
- 85 KwaZulu Natal, 13 June 2016, Lesbian Women Focus Group Discussion.
- 86 *Ibid.*
- 87 Mpumalanga, 02 April 2016, Lesbian Women Focus Group Discussion.
- 88 KwaZulu Natal, 13 June 2016, Lesbian Women Focus Group Discussion.
- 89 Western Cape, 09 July 2016, Lesbian Women Focus Group Discussion.
- 90 Eastern Cape, 22 April 2016, Women Living with HIV Focus Group Discussion.
- 91 Northern Cape, 08 August 2017, Lesbian Women Focus Group Discussion.
- 92 KwaZulu Natal, 14 June 2016, Lesbian Women Focus Group Discussion.
- 93 KwaZulu Natal, 22 September 2016, Lesbian Women Focus Group Discussion.
- 94 KwaZulu Natal, 13 June 2016, Lesbian Women Focus Group Discussion.
- 95 *Ibid.*
- 96 Northern Cape, 08 September 2017, Lesbian Women Focus Group Discussion.
- 97 Mpumalanga, 02 April 2016, Lesbian Women Focus Group Discussion.
- 98 KwaZulu Natal, 13 June 2016, Lesbian Women Focus Group Discussion.
- 99 Northern Cape, 08 August 2017, Lesbian Women Focus Group Discussion.
- 100 Western Cape, 01 June 2016, Transgender Women Focus

- Group Discussion.
- 101 KwaZulu Natal, 22 September 2016, Lesbian Women Focus Group Discussion.
- 102 Mpumalanga, 02 April 2016, Lesbian Women Focus Group Discussion.
- 103 Gauteng, 21 June 2016, Transgender Sex Worker Focus Group Discussion.
- 104 Mpumalanga, 05 April 2016, Sex Worker Focus Group Discussion.
- 105 KwaZulu Natal, 27 September 2016, Lesbian Women Focus Group Discussion.
- 106 Eastern Cape, 22 April 2016, Women Living with HIV Focus Group Discussion.
- 107 Northern Cape, 04 September 2017, Queer Women Focus Group Discussion.
- 108 *Ibid.*

PART FOUR: CONCLUSIONS AND EXPECTATIONS

...it's my right to be who I want to be... [Woman, 20s]¹

The information clearly highlights the various causes, forms and prevalence of violence and other rights abuses against women in their diversity in all spheres of their lives. Women's experiences give evidence not only to the multiple forms of rights abuses, but also the continuum of violence based on sexual orientation, gender identity, gender expression, sex work and HIV status.

Although indicating high levels of rights literacy and understanding amongst community members that women are to be treated equally and not to be discriminated against based on their diversity, the data also demonstrate high levels of prejudice, stigma and discrimination against women living with HIV, sex workers, lesbian women and transgender women.

Overall, the results further suggest a great disconnect between women's experiences of diversity and community members' perceptions of women's realities based on diversity.

...teach the people that we are all the same, doesn't matter our gender, doesn't matter anything...we are all the same and South Africa is a free country...I am free to be who I want to be, nobody can judge me...it's my choice, it's my life...²

In summary, the data underscores the need for programmes and interventions to be designed and implemented based on and informed by women's experiences of diversity and related violence and other rights abuses, so as to ensure effective responses

to women's realities, risks and needs. In addition, recognising women's experiences of accessing healthcare as a form of violence, the data points to the urgency of redesigning service provision to protect women's rights and agency to make free and informed decisions as to whether or not and when to access services, without fear of stigma, discrimination and other rights abuses.

Taking into account the apparent disconnect between women's experiences of rights abuses and community members' perceptions of women's realities, risks and needs seems to suggest the need for programmes and interventions to be '*closing the gap*' and creating an enabling social environment for all women, irrespective of '*who they are*'.

WOMEN'S EXPECTATIONS FOR CHANGE

Focusing on change, women voiced strongly the need for '*transformation*' and '*changing attitudes*', '*changing mind sets*', so as to ultimately be in a position to

...access public services...access my rights as a human being and not being labelled...to be visible and for people to be happy for who I am...³

Moving away from experiences of '*they don't label us as human beings*'⁴, women in all their diversity see an environment in which '*everyone will mind their own business*'⁵ and '*we must be one, equal and treated the same*'⁶.

...I also think that peoples' minds, mindsets should

be changed in order for everyone to be accepted... a person should look at another person as a human, not because of their identity and then box them in a different box, because they are different from my society or from what I was taught as a child...⁷

Many spoke about their expectations for change within healthcare settings, as for women in their diversity accessing healthcare is often associated with ‘humiliation’ and ‘abuse’. Women’s asks ranged from ‘what is mostly needed in our clinics is education’⁸ to ‘they should stop separating the lines of people living with HIV from the others and start mixing them’⁹. In addition to being treated with respect and the need ‘to change their approach towards lesbians’¹⁰, women also asked for ‘finger cots and dental dams; please for free’¹¹.

Overall, women agreed that one area where change is urgently required,

...it’s the attitude of the nurses...they should be more open to every particular person...it doesn’t matter who you are, what you are, where you come from...if they change that, it will be perfect...¹²

...they should not come with their personal beliefs at work, because they are not there for their personal issues, but as professionals...they are there to work...¹³

While a main ask raised by sex workers is the decriminalisation of sex work, women also highlighted that legal reform in and of itself will not automatically translate into change and the way ‘they treat us’.

...I think decriminalising [sex work] will be something that everybody is looking forward to...but some other aspects, especially culture-wise, religion-wise, it wouldn’t change the way people would treat us...what I want is

information and getting people to know that there are certain people you just need to accept...¹⁴

Talking about the various means by which to achieve the expected change, women in all their diversity raised the need for ‘education, education, education; people need to be educated’¹⁵ and to ‘enlighten more people about us and make people aware to start accepting and not rejecting us’¹⁶. Acknowledging the little progress and lack of change in women’s realities and risks, despite the fact that ‘ten years ago we’ve been giving them training and today they still getting training’¹⁷, women concluded that ‘the only way forward now is for them to employ LGBTI people’¹⁸.

Women’s expectations for change are intrinsically linked to creating an environment in which the ‘theory’ of women’s rights protections and women’s agency to make free and informed decisions about all aspects of their lives become a lived ‘reality’; an environment in which statements such as ‘I have the right to be who I want to be’ is responded to with affirmation and respect, and equally applied to all women, irrespective of their diversity. Women claiming their agency also implies that women take ownership of the change that is anticipated.

...if we sit and do nothing, it’s not going to change... if we stand up and do something, they might listen and it might sort of have the impact it did before...taking a stand sometimes changes things, whereas just keeping quiet, allows it to continue...¹⁹

FOOTNOTES:

- 1 KwaZulu Natal, 14 June 2016, Lesbian Women Focus Group Discussion.
- 2 KwaZulu Natal, 22 September 2016, Lesbian Women Focus Group Discussion.
- 3 Gauteng, 21 June 2016, Transgender Women Sex Worker Focus Group Discussion.
- 4 KwaZulu Natal, 22 September 2016, Lesbian Women Focus Group Discussion.
- 5 Mpumalanga, 05 April 2016, Sex Worker Focus Group Discussion.
- 6 Western Cape, 09 July 2016, Lesbian Women Focus Group Discussion.
- 7 Northern Cape, 08 September 2017, Lesbian Women Focus Group Discussion.
- 8 KwaZulu Natal, 13 June 2016, Lesbian Women Focus Group Discussion.
- 9 Mpumalanga, 05 April 2016, Sex Worker Focus Group Discussion.
- 10 Western Cape, 09 July 2016, Lesbian Women Focus Group Discussion.
- 11 KwaZulu Natal, 24 September 2016, Lesbian Women Focus Group Discussion.
- 12 KwaZulu Natal, 27 September 2016, Lesbian Women Focus Group Discussion.
- 13 Northern Cape, 08 September 2017, Lesbian Women Focus Group Discussion.
- 14 Gauteng, 21 June 2016, Transgender Women Sex Worker Focus Group Discussion.
- 15 Northern Cape, 08 September 2017, Lesbian Women Focus Group Discussion.
- 16 Gauteng, 21 June 2016, Transgender Women Sex Worker Focus Group Discussion.
- 17 Northern Cape, 08 August 2017, Lesbian Women Focus Group Discussion.
- 18 *Ibid.*
- 19 Eastern Cape, 06 April 2016, Lesbian Women Focus Group Discussion.

