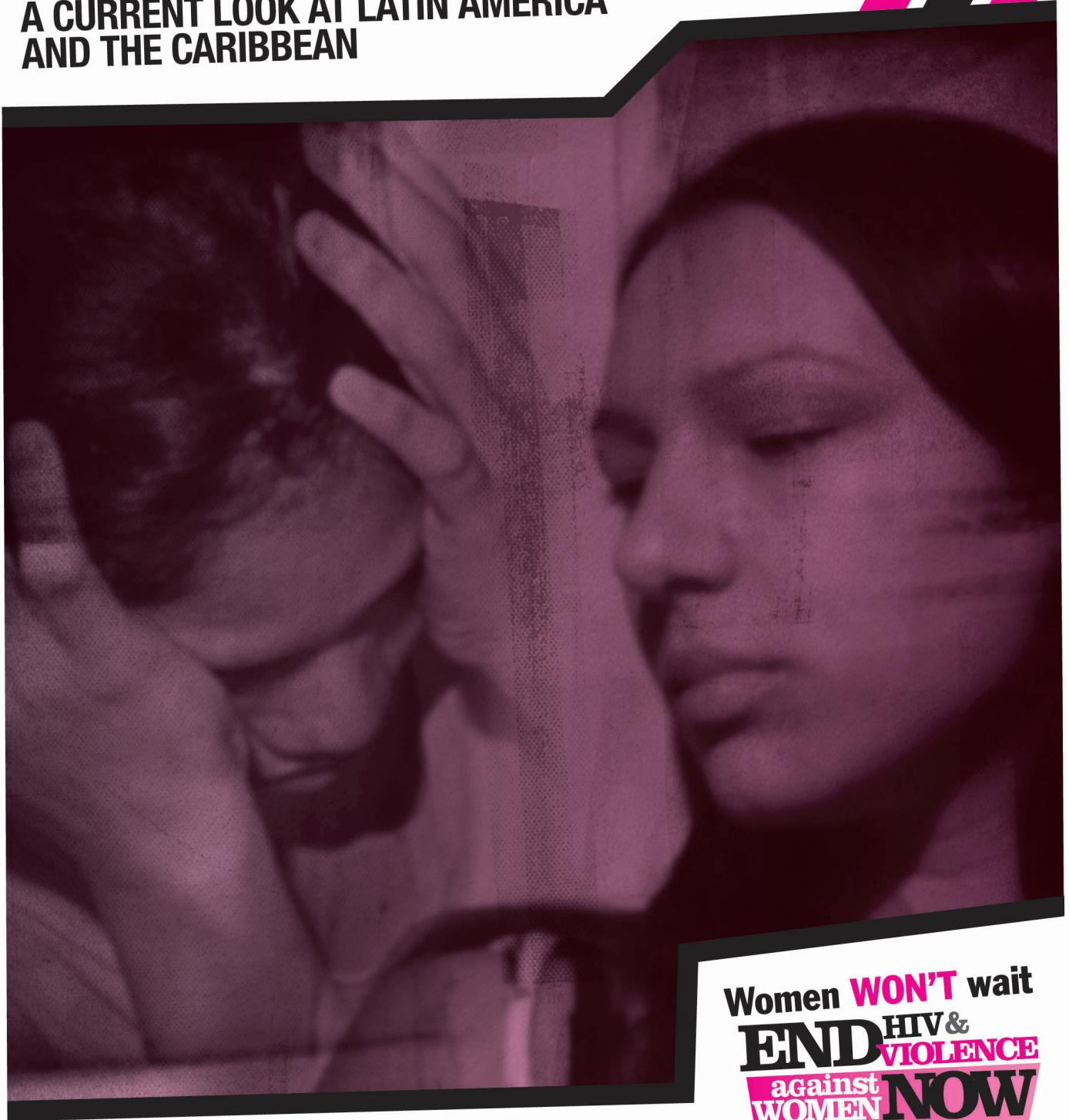


SILENCED LINKS: HIV IN WOMEN

A CURRENT LOOK AT LATIN AMERICA
AND THE CARIBBEAN



Women **WON'T** wait
END ^{HIV &} **VIOLENCE**
against **WOMEN** **NOW**



Text production
Dr. Mabel Bianco and Lic. Florencia Aranda

Design
Leandro Martín Correa
leandromartincorrea@yahoo.com.ar

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CONTENTS

• PRESENTATION	05
• FEMINIZATION OF THE HIV/AIDS EPIDEMIC	06
· Young Women, still the group most affected by the epidemic	07
• VIOLENCE AGAINST WOMEN AND GIRLS – VAWG –	08
· Intimate partner violence and HIV	09
· Sexual violence and its links with HIV	10
· Sexual abuse and rape in women and girls	10
• HIV AND VIOLENCE: EVIDENCE IN THE REGION	11
• VAW AND HIV: LEGISLATION AND POLICIES IN THE REGION	14
• RECOMMENDATIONS FOR HIV/AIDS AND VAW POLICIES AND PROGRAMS	15
• LINKS AND DOCUMENTS OF INTEREST FOR THE REGION	16

PRESENTATION

Gender inequality and hence the asymmetry of power in intimate, family and social relationships, place women in a context of greater social vulnerability to violence and HIV/ AIDS. The gender dimension interacts with variables that can also exacerbate social exclusion and discrimination against women, such as age, income, ethnicity, race, sexual orientation, education, among others.

Violence against women and HIV / AIDS affect the health and exercise of the rights of women and girls worldwide. While the links between the two pandemics are undeniable, and the effects of their interrelation threaten the lives of millions of women and girls in the world, governments, United Nations agencies and major donors, yet still address both issues separately, resulting in inadequate and incomplete responses to HIV, perpetuating the feminization of the epidemic.

In this context the **“Women Won’t Wait” Campaign – WWW-** seeks to accelerate effective responses to the linkages of violence against all women and girls and HIV through changes in public policies; programs and funding streams of national governments and international agencies. **WWW** is an international coalition of organizations and networks committed since 2006 in promoting the health of women and human rights in the fight against HIV and AIDS and all forms of violence against women.

Members of the **“Women Won’t Wait”** campaign: Action Aid; African Women’s Development and Communications Network (FEMNET); Association for Women’s Rights in Development (AWID); Centre for Women’s Global Leadership (CWGL); Centre for Health and Gender Equity (CHANGE); Foundation for the Study and Research on Women (FEIM); GESTOS -Seropositividade; Comunicação & Gênero; International Community of Women Living with HIV&AIDS Southern Africa (ICW-Southern Africa); International Women’s AIDS Caucus; International Women’s Health Coalition (IWHC); Latin American and Caribbean Women’s Health Network; Open Society Initiative for Southern Africa (OSISA); Program on International Health and Human Rights, Harvard School of Public Health; SANGRAM; United Nations Fund for Women (UNIFEM); VAMP; and Women and Law in Southern Africa (WLSA).

FEMINIZATION OF THE HIV/AIDS EPIDEMIC.

More and more women and girls around the world are living with HIV. According to UNAIDS estimates, 33 million people were living with HIV in 2007, in this context; women represent half of all people living with the virus ¹. In sub-Saharan Africa, approximately 61% of adults living with HIV in 2007 were women, while in the Caribbean, the percentage was 43% (compared with 37% in 2001) ². According to UNAIDS (2007), the percentages of women living with HIV are increasing in Latin America, Asia and Eastern Europe, where heterosexual intercourse is the main route of infection among women ³.

Women are more vulnerable than men to the virus for multiple factors: biologically because women are two to four times more vulnerable to HIV infection than men during sexual intercourse ⁴. Socially, gender inequality, has generated women social and economic vulnerability, difficulting their access to education, health, economic development opportunities, that leaves them in a subordinate place in relation to men. According to UNIFEM, the statistics suggest that women are more likely than men to be poor, representing 70% of people living in poverty ⁵. It is in this context of discrimination, powerlessness, and violence that HIV enters the lives of women.

The latest UNAIDS report “2007 AIDS Epidemic Update” for the Caribbean region, recognizes gender inequality and stigma as factors that promote the infection in the region: The Caribbean epidemics occur in the context of high levels of poverty and unemployment, gender and other inequalities, and considerable stigma—all of which can aid the spread of HIV...” ⁶. According to data provided by UNFPA in the past three years the HIV infection in women in Latin America has experienced an increase of 10% ⁷.

In many cases the increase of HIV in women is due to the transmission of the virus by their husbands or partners who have sex with other women or men, in some cases ignoring their HIV status and in others hiding it from their partners or wives.

- A recent study in Trinidad and Tobago found HIV prevalence of 20% among men who have sex with men, 25% of whom said they regularly also had sex with women ⁸.
- Increasing numbers of women in Brazil and Chile are acquiring HIV from their male partners, most of whom were probably infected during unprotected sex with other men or women ⁹.

“... When I went to have my baby to the hospital, I had not been tested for HIV during pregnancy ... I got tested and it was positive ... Then my husband and I were tested again... At home I asked my husband if he had picked up his test result and he said: “Yes, I did but it was negative”... When I went to pick up my second HIV test result he accompanied me, and my doctor said that it was confirmed and I cried “How is it possible doctor that my test came out positive and my husband’s was negative? “ And the doctor tells me, “What do you mean negative? He searched his history and it was positive, and the doctor said to him “How can you play with a thing like this?”. Nancy, 41. Argentina.

Study Violence and AIDS, FEIM, Bs. As., 2008.

¹ UNAIDS. Note from the Secretary-General. Report from UNAIDS Executive Director. May 2009

² UNAIDS, WHO. 2007 AIDS epidemic update. UNAIDS, November 2007.

³ Idem.

⁴ Herrera C., Campero L. “The vulnerability and invisibility of women to HIV / AIDS: constants and changes in the subject”. Mexico, 2002.

⁵ UNIFEM. Women, Poverty and Economics. http://www.unifem.org/gender_issues/women_poverty_economics

⁶ UNAIDS, Caribbean Fact sheet. 2007 AIDS epidemic update—regional summary. UNAIDS, 2008.

⁷ UNFPA 2007. In: ECLAC. Not One More: The Right to Live a Life Free of Violence in Latin America and the Caribbean. ECLAC. October, 2007.

⁸ UNAIDS, Caribbean Fact sheet. 2007 AIDS epidemic update—regional summary. UNAIDS, 2008.

⁹ UNAIDS, Latin American Fact sheet. 2007 AIDS epidemic update—regional summary. UNAIDS, 2008.

The ratio of male / female infected with HIV has decreased strongly in all regions of the world, in Latin America and the Caribbean the data from various countries reflects it:

- In Argentina the first woman with AIDS was diagnosed in 1987, and the male / female ratio was 92 / 1. In 2006 it was 2.4 among AIDS patients and for the new HIV infections it was 1.5 men per woman ¹⁰.
- In Brazil, the male / female ratio was 40 / 1 in 1983, declining to 1.6/1.7 men for every woman infected between 2000 and 2007 ¹¹.
- In the Dominican Republic, according to national reports (DIGECITSS 2006), the man / woman proportion among groups of 25 to 29 years of age was equal and in the groups of 20 to 24 years of age more women have been diagnosed with HIV than men ¹².
- In Chile, regarding the male / female ratio, women with HIV have increased their proportion within total cases until 1996 and has stabilized in the last two years with a similar growth in both sexes, with 6.5 in 1992 and 3.7 in 2007 ¹³.
- In Uruguay, the male / female ratio was 6.0 in 1988, declining gradually over the years, reaching 1.4 men for every infected woman in the first quarter of 2009 ¹⁴.
- In 2004 in Trinidad and Tobago the percentage of people aged 15 to 49 years old living with HIV had similar values for men and women, in Guyana and Haiti the percentage is higher among women, while in the Bahamas and Jamaica the number of women with HIV has equaled the number of men ¹⁵.

Young women, still the group most affected by the epidemic:

Globally one-third of women living with HIV are between 15 and 24 years ¹⁶ and according to figures provided by UNAIDS (2008), the rate of young women (15 to 24 years) worldwide living with HIV in 2007 was 0.6 and 0.4 in men from the same age group ¹⁷. Young women are 1.6 times more likely to be infected than men of their same age. In the Caribbean region this figure rises to 2.4 ¹⁸.

- In the Caribbean, according to UNAIDS in 2007 “young girls in the region are at high risk of HIV infection. An important contributing factor to their susceptibility is the common practice of young girls having relationships with older men, who, by virtue of their age, are more likely to have acquired HIV” ¹⁹.
- In Argentina, since 2006 in the new infections among the age group of 15 to 24 years old women predominate with a ratio of 0.9 men infected for each woman and in the group of 13 to 19 years there is 0.8 men for each woman ²⁰.
- In Chile the highest notification rates of HIV in women occur between the ages of 20 and 29. The notification rate of the last five years (2002-2006) is 15 times higher than the notification rate this group had between 1987 and 1991 ²¹.
- In Uruguay, the highest incidence of HIV occurs in the age group of 15 to 34 years old representing the 63.7% of the cases ²².

10 National Program to Fight Human Retrovirus, AIDS and STIs, Ministry of Health “Bulletin on AIDS in Argentina.” Year XII, No. 25, December 2007, Buenos Aires, Argentina.

11 Ministry of Health, National STD and AIDS Program. “Epidemiological Bulletin 2007”. Brazil. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM Buenos Aires. 2009.

12 Report of the National Directorate of Sexually Transmitted Diseases and AIDS. DIGECITSS / SESPAS. 2006. In: Betances, Bethania, MA, Galvan Ortega, Sergio, and Morales, Haydee, MA. Lives lived at Risk: Characterizing the link between Violence Against Women and HIV / AIDS in the Dominican Republic. UNFPA, UNICEF, 2007.

13 Bianco, M., Mariño, A. and Re, M.I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM Buenos Aires. 2009.

14 Ministry of Public Health, STD-AIDS Epidemiological Report . Uruguay, 2008. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM Buenos Aires. 2009.

15 UNAIDS, “AIDS epidemic update 2004”. Geneva 2004. In: ECLAC. Not One More: The Right to Live a Life Free of Violence in Latin America and the Caribbean. ECLAC. October, 2007.

16 UNAIDS. “At The Crossroads: Accelerating Youth Access to HIV/AIDS Interventions”. New York: UNAIDS Inter-Agency; 2004.

17 UNAIDS 2008. In: Development Connections, UNIFEM, PAHO, Inter-American Commission of Women and LACWHN. The multiple faces of the intersections between HIV and Violence Against Women. Washington D.C. 2008.

18 UNAIDS. At The Crossroads: Accelerating Youth Access to HIV/AIDS Interventions. New York: UNAIDS Inter-Agency; 2004

19 UNAIDS, Caribbean Fact sheet. 2007 AIDS epidemic update—regional summary. UNAIDS, 2008.

20 Bianco, M., Mariño, A. Ré, MI. Violence against women and HIV in MERCOSUR The Situation in Argentina. FEIM. Buenos Aires, November 2008.

21 Ministry of Health, Department of Epidemiology, Chile, 2008. In: Bianco, M., Marino, A. and Re, M. I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

22 Ministry of Public Health, STD-AIDS Epidemiological Report. Uruguay, 2008. In: Bianco, M., Marino, A. and Re, M.I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

- In Puerto Rico in the period 2003/2007 in the range of 10-19 years old, 51% of the cases were women, exceeding the number of men with HIV ²³.

"... My husband died of AIDS several years ago. When he died I got tested and was positive. I'm HIV positive and my husband was the one who infected me. My husband was a soldier in the Army and was working away from home. Many men are not faithful to their wives and we are afraid to ask them not to do it or to have sex with protection, we need to change this fear to ask men to use protection to not be vulnerable to sexually transmitted diseases like HIV..." . Rosa, 41. Guatemala.

Guatemalan Network of Positive Women in Action,
ActionAid Guatemala, ICW/Latina, "Many stories, and an end ... to
be written. HIV, Aids and Violence against women".
Guatemala, July 2007

VIOLENCE AGAINST WOMEN AND GIRLS

Violence against women shall be understood as any act or conduct, based on gender, which causes death or physical, sexual or psychological harm or suffering to women, whether in the public or the private sphere.

Every woman has the right to live free of violence, both in the public and the private spheres.

Every woman has the right to recognition, enjoyment, exercise and protection of all human rights and freedoms embodied in regional and international human rights instruments.

Belem Do Para Convention, 1994

Multiple forms of violence and discrimination affect women and girls worldwide. Both in public and private, women are exposed to abusive situations that threaten their health and their lives, not only due to the direct effects of violence but also because it limits their access to education and health care services and, exposes them to situations of social exclusion and violation of their rights.

- In Buenos Aires, Argentina, according to the Office of Domestic Violence, from Sept. 2008 to Sept. 2009, 82% (6021) of the people affected were women, 15% of this group were girls (0-18 years), 5% youth (19-21 years) and 51% adults (22-39 years). The type of violence reported was as follows: 89% psychological, 68% physical, 30% economic and 14% sexual ²⁴.
- In Brazil in 2001, 43% of women reported having suffered some type of violence and 33% reported physical violence ²⁵. In 2007, the Central for Women's Care registered 204.978 cases, 61% reported experiencing violence daily ²⁶.
- In Peru, 41% of women reported physical violence by their husbands and 28% by other men ²⁷.
- In Nicaragua 40% of women in reproductive age had experienced physical violence by their partner ²⁸.
- In Uruguay, domestic violence complaints suffered an increase of 49.3% between 2006 and 2007, totaling 10.682 for that year ²⁹.
- In Chile, in 2001 there were 55.517 family violence complaints from women, increasing in subsequent years with a total of 86.165 complaints in 2008 ³⁰.
- In Guyana it was revealed that one in four women in an intimate relationship had experienced physical violence, while in Suriname violence in marital relationships reaches 69% of women ³¹.

²³ HARS Reporting System, Cases of HIV confirmed in Puerto Rico from 6/2003-2/2007.

²⁴ Domestic Violence Office. Supreme Court of the Nation of Argentina. Most relevant data of the first year of operations of the DVO. Argentina. 2009

²⁵ Perseu Abramo Foundation. Core of Public Opinion. Brazilian Women in Public and Private Spaces (survey). Brazil, 2001. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

²⁶ Bianco, M., Mariño, A. and Re, M.I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

²⁷ Demographic and Family Health Survey (ENDESA 2000). In: ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

²⁸ Asling-Monemi and others, 2003. In: ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

²⁹ Ministry of Interior. Uruguay. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). "Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

³⁰ Observatory for Gender Equity in Health. Source of data for the years 2006 to 2008, Carabineros from Chile.

³¹ (UNIFEM) and ECLAC (2005) In: ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

The killing of women by their partners or former partners, family, neighbors or strangers is one of the forms that violence takes in order to control and dominate women and girls. It is alarming the number of women victims of femicide that occurred in the Latin American and the Caribbean the region in recent years.

- In Argentina, 208 women were victims of femicide in 2008 by their husbands, partners, lovers, boyfriends, ex-partners, strangers that committed sexual violence, relatives and neighbors ³².
- In Chile between 1990 and 2007, more than 900 women were killed, the vast majority victims of their partners or former partners ³³.
- In Puerto Rico 31 women were murdered as a consequence of domestic violence in 2004 ³⁴.
- In Uruguay, a woman dies every nine days as a consequence of intimate partner violence ³⁵.
- In the Dominican Republic, there were 974 murders of women between the years 2003-2006 ³⁶.
- In Brazil during 2005 the Civil Police recorded 1872 intentional homicides against women ³⁷.

According to a study by the World Health Organization-WHO- in 2002, between 13-61% of women have experienced physical and / or sexual violence by an intimate partner sometime in their lives ³⁸. In the WHO multi-country study on women's health and domestic violence against women, the percentage of women who experienced physical or sexual violence, or both, by an intimate partner over their lives ranged from 15 % and 71%, although in most environments the rates were between 24% and 53% ³⁹.

Intimate Partner violence and HIV

Partner violence is one of the major factors that increase the risk of women becoming infected with HIV/AIDS. Within these relationships, women lack the ability to exercise their rights, suffering situations of sexual violence, physical and psychological abuse by their partners that affect their self-esteem, autonomy and self-confidence. The control and power over women's sexuality and reproduction is one of the manifestations of this type of violence. Women lack power in the relationship to negotiate condom use, in many cases the only attempt to ask for the use of it to their partners, generates violent reactions that threaten their physical and psychological integrity.

"... One night my ex husband came to my room and raped me: he took out my clothes, he hurt me ... he penetrated me violently grabbing my face hard ... When he finished, he told me he thought I was in love with another man and felt bad because I was making more money than him and was studying. As a result of that rape I became pregnant. I did not know until the fourth month when I got tested. There I received the news of the pregnancy and that I had HIV..." Testimony 1

Study "Lives live at risk: Characterizing the links between Violence against women and HIV/AIDS", Betances, B and collaborators. PPNYC;/SCI, UNFPA, UNAIDS, UNICEF. Dominican Republic, 2008.

Intimate partner rape and the lack of power to request condom use put women at a direct risk of becoming infected with the virus. Also, the social vulnerability generated by the isolation and low self esteem, both results of intimate partner violence, limit women's access to information and health services, particularly HIV/AIDS information and services. According to a survey in the Dominican Republic, the proportion of women who had an STI in the last 12 months before the study was three times higher (3.7%) among those who had experienced violence than among those women who reported never have suffered such episodes (1.0%) ⁴⁰.

³² Civil Organization "Casa del Encuentro". Research Report: Femicide in Argentina, January 1 to December 31 2008. Buenos Aires 2009. <http://www.lacasadelencontro.com.ar/femicidios.html>

³³ ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

³⁴ Statistics from the "Oficina de la Procuradora de las Mujeres" of Puerto Rico, 2005. In: ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

³⁵ "El Nuevo Diario", Managua, Nicaragua, November 27, 2006 [online], <http://www.elnuevodiario.com.ni/2006/11/27/ultimahora/2374>. In: ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

³⁶ Department of Non-Violence. Secretary of State for Women. Dominican Republic 2007. In: Betances, Bethania, MA, Galvan Ortega, Sergio, and Morales, Haydee, MA. Lives lived at Risk: Characterizing the link between Violence Against Women and HIV / AIDS in the Dominican Republic. UNFPA, UNICEF, 2007.

³⁷ Ministry of Justice, National Secretary of Public Security, Brazil. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). "Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

³⁸ WHO. World Report on Violence and Health. Geneva, 2002.

³⁹ WHO. Multi-country Study on Women's Health and Domestic Violence against Women Initial results on prevalence, health outcomes and women's responses: report summary". WHO, 2005.

⁴⁰ Kishor,S,y K. Johnson. 2004. Profiling domestic violence: a multicountry study. MD USA: Measure DHS +, ORC Macr. In: Betances, Bethania, MA, Galvan Ortega, Sergio, and Morales, Haydee, MA. Lives lived at Risk: Characterizing the link between Violence Against Women and HIV / AIDS in the Dominican Republic. UNFPA, UNICEF, 2007.

Currently in the region there is little statistical information to demonstrate the links between intimate partner violence and HIV/AIDS. Systems for registering data that document the frequency of this violence and its links with the HIV infection must be implemented.

Sexual violence and its links with HIV

Worldwide women and girls face situations of sexual violence inside and outside their family which endanger their physical and psychological integrity, and their right to live a healthy sex life and freely decide on every aspect of their reproductive health. The impunity that often follows the acts of sexual violence, due to the absence or failure of legislation to penalize the offender and protect women, perpetuates and exacerbates sexual violence, silencing the impact it has on the lives of women, their families and communities.

Rape exposes women to HIV and other sexually transmitted infections directly; women who are forced to have sex may experience vaginal or anal injuries increasing their vulnerability to HIV. In a study following the 1994 Rwanda genocide, of the women surveyed who had been victims of rape, 67% had contracted the virus ⁴¹.

"... When I was 22, while returning from school ... I noticed that on the street there were three men looking at me. They yelled for me to stop. I started walking faster, one of them ran towards me, he was armed and attacked me ... There was a ditch near, they took me there, I was drugged and sexually abused by the three of them. I was given medication (ARVs) but I did not take them because I did not understand what their utility was. The first test was negative, three months later I learned I was infected ... " KG, 25. Haiti.

ActionAid Haiti, Fanm Pap Tann Coalition, 2008

- In Uruguay, in 2007 there were 1.118 complaints of sexual crimes, which have increased 19% between 2000 and 2007 ⁴².
- In Chile, in 2008 there were a total of 5229 complaints of rape and sexual abuse of women aged 14 and older, 2072 were female adolescents aged 14 to 19 years and 3157 women aged 20 and more ⁴³.
- In Colombia, in 2005, 20.6% of women reported have been sexually assaulted by a stranger, in Bolivia this percentage reached 32.8% in 2003 ⁴⁴.
- In Argentina, in the first six months of the year, on average one case of rape was reported every 150 minutes in the different courts of the country ⁴⁵. The same report notes that only one third of the abuses are reported.
- In Peru, one in ten women in Cusco and Lima has suffered sexual violence from the age of 15 by someone other than the partner ⁴⁶.

Sexual Abuse and rape in women and girls

According to UNICEF (2007) 20% of women and between 5% and 10% of men were sexually abused during childhood ⁴⁷. It is estimated that 40 million boys and girls are abused every year worldwide ⁴⁸. In Latin America sexual harassment in schools is widespread in the Dominican Republic, Honduras, Guatemala, Mexico, Nicaragua and Panama, among others ⁴⁹.

- In Peru, the Population and Family Health (2000) cites studies where it is estimated that 6 out of 10 pregnancies in girls aged 11 to 14 are the result of incest or rape ⁵⁰.
- In the Dominican Republic, Colombia and Bolivia, the percentage of adolescents aged 15 to 19 who suffer from sexual violence by an intimate partner ranged from 5.3% in Dominican Republic, 7.5% in Colombia and 11.1% in Bolivia ⁵¹.

⁴¹ Global Coalition on Women and AIDS. Sexual violence in conflict settings and the risk of HIV/AIDS. Global Coalition on Women and AIDS, 2004. In: Development Connections, UNIFEM, PAHO, Inter-American Commission of Women and LACWHN. The multiple faces of the Intersections between HIV and Violence Against Women. Washington D.C. 2008.

⁴² Ministry of Interior. Uruguay. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). "Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

⁴³ Figures provided by Carabineros from Chile. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). "Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

⁴⁴ Bolivia, ENDSA, 2003 and Colombia ENDS, 2005. In: ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

⁴⁵ National Directorate of Criminal Policy. In: Newspaper Online "Critica" from Argentina. "One rape every 150 minutes", 2008. www.criticadigital.com

⁴⁶ Quemes, A; Palomino, N. y Ramos, M. Sexual and physical violence against women in Peru. WHO Multicentre Study on intimate partner violence and health of women. Lima 2002. Cited in: Flora Tristan <http://www.flora.org.pe/agenda1.htm>

⁴⁷ Fact Sheet on the Protection of Children, UNICEF, 2007

⁴⁸ WHO. Prevention of Child Abuse and Neglect: Making the links between human rights and public health. Geneva: World Health Organization; 2001

⁴⁹ Amnesty International. Safe Schools: every girl's right. Amnesty International Publishing, 2008.

⁵⁰ ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

⁵¹ Idem

- In Argentina, in the province of Buenos Aires, in 2007, 2234 sexual abuse complaints were filed; most victims were women under age (under 21) ⁵².
- In Ecuador, in an educational institution, 22 percent of female adolescents reported having been sexually abused at school ⁵³.
- In Chile, in 2008 there were 2072 sexual abuse and rape complaints of female adolescents aged 14 to 19 years old ⁵⁴.

Several studies have associated the effects of having experienced situations of sexual abuse in childhood with increased vulnerability to HIV. A study in California (1993) found that African American adult women who had suffered sexual violence in childhood, were 6 times more likely to have sex with different people, 3 times more likely to report never used a condom, and three times more likely to not negotiate the use of it ⁵⁵. A study in the Dominican Republic, conducted by UNFPA and UNICEF (2007) found that women who were victims of psychological and physical violence in childhood were more likely to have sex without using a condom with a formal partner, boyfriend or fiancé, than those who did not report having experienced these forms of violence in childhood ⁵⁶.

“... I knew the violence in the world in my early teens, when I was 16 years old ... One day a man threatened me with a gun, took me to a bush and raped me. I don't know why he did not kill me. I got pregnant ... I contracted HIV ten years ago. My partner was contaminated with the virus but did not say anything ... ”. Testimony 3

Study: Woman, violence and AIDS: exploring the interfaces.
GESTOS, Recife 2007

Many girls and female adolescents worldwide are exposed to early marriage. In many cases girls are forced by their parents, by poverty or lack of employment opportunities to marry older men, who exercise control over them limiting their autonomy and the exercise of their rights. According to data from the Demographic and Health Surveys (DHS) conducted from 1996 to 2004 in seven countries in Latin America and the Caribbean, between one quarter and two thirds of young women in the region are married during adolescence ⁵⁷. In Colombia in 2000 about 21.4% of girls under 18 were married, in Haiti in the same year 24.1% and 18.7% in Peru ⁵⁸. Because of this asymmetry of power, married adolescents and girls, have difficulty negotiating condom use with their husbands, which increases their HIV risk.

HIV AND VIOLENCE: EVIDENCE IN THE REGION

In recent years in Latin America and the Caribbean different studies have been conducted about the links between violence against women and HIV, the results of these have provided evidence on how violence against women increases the risk of acquiring HIV, allowing to visualize the effects of the links between the two pandemics in the lives of women.

- During October and November 2006 an exploratory study was carried out by MSCI, UNFPA, UNAIDS and UNICEF in the Dominican Republic **“Lives lived at Risk: Characterizing the link between Violence against Women and HIV/AIDS in the Dominican Republic”**. The research included a study with 31 women living with HIV and who had experienced violence in childhood, domestic violence or sexual violence outside of an intimate relationship and with 39 health providers from HIV and VAW services. The study results showed the links between HIV and Violence against Women ⁵⁹:

- 74.2% of women reported having experienced psychological violence from relatives such as mother, uncles, brothers and father, and that situation was experienced at the time of adulthood perpetrated by their partners, a fact reported by all the women in the study.
- In childhood, nearly 60% of women were victims of physical violence and 71,0% reported sexual violence perpetrated by people close to the family or immediate family.
- In adulthood, 93,5% of women reported physical violence perpetrated by their partners. 87% of women reported having experienced sexual violence within an intimate partner relationship and 45.2% of women reported rape by non-partners.

⁵² Ministry of Security of the Province of Bs As, Directorate of Gender Policy. In: Human Rights Secretariat. “XIX Women Special Meeting of Mercosur, Buenos Aires Province Report, May 2008.

⁵³ UNICEF. Girls, HIV and education. New York, UNICEF; 2004.
⁵⁴ Carabineros from Chile. In: Bianco, M., Mariño, A. and Re, M.I. (eds.). “Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM. Buenos Aires. 2009.

⁵⁵ Wingood, Gina, and Diciemete, Ralph, 1998. USA. In: Betances, Bethania, MA, Galvan Ortega, Sergio, and Morales, Haydee, MA. Lives lived at Risk: Characterizing the link between Violence Against Women and HIV / AIDS in the Dominican Republic. UNFPA, UNICEF, 2007.

⁵⁶ Betances, Betania. Dimensions of HIV / AIDS and violence against women in the Dominican Republic. Cited in: Luciano Ferdinand, D. “Integrating HIV programs and services and violence against women.” Development Connections. USA. 2009.

⁵⁷ Clark S., Bruce, J. y Dude, A. Protecting adolescent girls against HIV/AIDS infection: the case against early marriage. 2006.

⁵⁸ Bruce, Judith and Shelley Clark. 2004. “The implications of early marriage for HIV/AIDS policy,” brief based on background paper prepared for the WHO/UNFPA/Population Council Technical Consultation on Married Adolescents. New York: Population Council

⁵⁹ Betances, Bethania, MA, Galván Ortega, Sergio y Morales, Haydee, MA. Lives lived at Risk: Characterizing the link between Violence against Women and HIV / AIDS in the Dominican Republic. UNFPA, UNICEF, 2007.

- The study revealed how various forms of violence in childhood, especially the psychological and physical violence, limit the abilities of women to negotiate condom use.
- 25.8% of women reported having had sex with men they believed could be at risk of contracting HIV. The partners or former partners were most frequently identified within this group, (18.1 and 24.3% respectively), in addition to casual acquaintances or clients of sex work.
- Higher percentage of female victims of sexual violence by an intimate partner, compared with those who did not experience this situation, had sex with men who could be at risk of contracting HIV (83.3% vs. 16.7%), and had low condom use with their partners.
- 80.8% of women reported having been afraid to reveal their HIV status. 41.9% of women felt discrimination from family members due to their serological status. 16.1% reported having been victims of some form of violence by their partners for having HIV (psychological violence 62.5%, physical 25% and sexual 12.5%).

“... I believe that HIV and violence are related, being with my partner, not knowing how to make him understand that he had to use a condom. I asked him only twice, but if asked him to use a condom he said I was with another man, then I stopped asking him...” *“Teresa, 42 years. Argentina.”*

Study Violence and AIDS, FEIM, Bs. As. 2008

• In 2007, GESTOS, as part of the campaign “Women Won’t Wait. End violence against women and HIV / AIDS. NOW”, conducted a thorough study with 26 HIV-positive women who had experienced violence in order to verify not only the occurrence of physical violence but also the continuum of violence and violation of rights over their lives, which increase their vulnerability to the virus. The publication **“Women, Violence and AIDS: Exploring interfaces”** (2008) includes the results from the interviews as well as some of the testimonies of the women participants, with some marked similarities between the women’s life stories ⁶⁰:

- The situations of violence in childhood were a recurring theme in the testimonies of women, inflicted by the father or stepfather but also by the mother, stepmother or brothers and sisters.
- Sexual initiation among women was precocious and usually occurs in situations of sexual violence perpetrated almost always by the father or stepfather, a family member or a supposed boyfriend.
- Sex work came into the lives of almost all of them as an alternative way of earning money, in some cases induced by the persons responsible for the girl.
- The amorous and conjugal relationships that are established are also permeated by violence, a repetition of the violence experienced during childhood.
- Condoms only begin to be present in their lives after the diagnosis of HIV.
- The discovery of HIV infection usually comes about because of opportunistic diseases.
- Many women reported situations of discrimination at work, in the family, in the neighborhood and even in the health services.

The publication states: ⁶¹ “It is within that background of multiple sexual, conjugal or commercial relationships whether by consent or under coercion, that HIV insidiously enters these women’s lives, installs itself and reproduces itself in their bodies...”, and then affirms: “...this interface is formed by situations of structural violence which are expressed in the form of gender and racial oppression and in the poverty that has marked the lives of the interviewed women right from the very start. Such situations compose a framework of extreme social vulnerability that in various ways facilitates their exposure to HIV”.

• The study, **“Many stories, an end ... to be written. HIV, AIDS and Violence Against Women”** conducted in Guatemala by the Guatemalan Network of Positive Women in Action, ActionAid Guatemala and ICW / Latina in 2007 aimed to investigate the experiences that made women vulnerable to HIV and the responses obtained of the public services as well as to assess the effectiveness of the legislation of Guatemala on the issues of violence and HIV. The testimonies of women living with HIV and affected by episodes of violence revealed ⁶²:

⁶⁰ Franco, A.; Nilo, A. (org.); Lopes F; Lima G.; Menezes, J.; Vieira, M.D.; Leitao, P y Villela W. Women, Violence and AIDS: exploring interfaces. GESTOS. Recife, December, 2007

⁶¹ Idem.

⁶² Guatemalan Network of Positive Women in Action, ActionAid Guatemala and ICW / Latina “Many stories, an end ... to be written. HIV, AIDS and Violence Against Women”. Guatemala July, 2007.

- 61 percent of positive women directly relate their condition to episodes of violence perpetrated by their intimate partner.
- Most women interviewed expressed having suffered aggressions from a very small age, some have suffered childhood sexual abuse and others reported being raped by their partners and strangers.
- Most women said that the fear and aggression lived during their childhood paralyzes them at adulthood to take action and defend themselves, and the lack of knowledge of their rights as women.
- Many women interviewed recounted how they have suffered discrimination and stigmatization by family members after learning they were living with HIV or AIDS.
- Most were infected with the HIV virus because of sexual violence and some still lived within the circle of violence against them.

• As part of the project “Two sides of one reality: Violence against women and feminization of HIV / AIDS in MERCOSUR” developed in Argentina, Brazil, Chile and Uruguay by FEIM; EPES; GESTOS and MYSU supported by UNIFEM, a multicenter exploratory descriptive study was carried out in each country in 2008 aimed to explore the existence of situations of violence prior to diagnosis in women living with HIV / AIDS and linkages between them. Some of the preliminary findings of the study were <http://doscargasdeunamismarealidad.blogspot.com/>⁶³:

- The 4 countries showed a high percentage of WLWHA who suffered some form of violence throughout their lives, with the highest rates in Brazil (97.5%) and Argentina (93.1%).
- In Argentina, 87.7% of the women surveyed suffered from psychological violence at some point in their lives. In Uruguay, 72%, in Brazil 66.3% and in Chile 52.9%.
- As for physical violence, in Argentina 76.2% of the women surveyed suffered from this form of violence at some point in their lives, 57.5% in Brazil, 57% in Uruguay and 31.4% in Chile.
- Argentina and Uruguay recorded the highest rates of sexual violence, with 43.6% and 38% respectively.
- In all countries, violence was experienced before the diagnosis of HIV: 79.2% in Argentina, 62% in Brazil and Uruguay and 55.9% in Chile.
- In most cases those who inflicted violence belonged to the intimate circle of women (partners, spouses, former spouses).

“... The biggest problem I have is not to be able to find a job for the simple reason of being HIV positive. People marginalize us, if you get a job you have to hide your appointment with the doctor, you have to hide the medication, so nobody asks you why you are taking all that medication. Recently I was working in a bakery and I was moved from attending the public to cleaning because they learned I had HIV ...” Estrella, 44, Puerto Rico.

Irene Rial for the video “Violence and AIDS”.
ActionAid Americas, GESTOS, FEIM, LACWHN, 2007.

These investigations have provided quantitative and qualitative information on the links between violence against women and HIV, showing the undeniable association of the two pandemics. They have also enabled deeper understanding of how situations of violence experienced by girls and women every day, result of gender inequality and asymmetry of power in relationships, form a context of psychosocial vulnerability that increases their risk of acquiring HIV. The impact of the continuum of violence in women's lives has an effect on their physical and reproductive health, on their self-esteem and ability to exercise their rights, exposing them to the infection.

63 FEIM; EPES; GESTOS; MYSU. HIV + Violence: two faces of the same reality. Violence against women and the feminization of HIV/AIDS in the MERCOSUR. Regional Fact Sheet. Bs. As. 2009.

VAW and HIV: legislation and policies in the region

In the field of violence against women in the past 10 years most of the countries of the region have moved forward as regards legislation, program development and implementation of care services for women victims of domestic violence. Almost all countries have passed laws or amended their penal codes to punish sexual crimes and violence within the family and most of them provide powers to issue protective orders⁶⁴. However, some national laws still do not criminalize certain offenses against sexual integrity as marital rape and sexual harassment. In the case of Argentina, the law that amended the Penal Code regarding crimes against sexual integrity, in 1999, does not include marital rape or the aggravation of penalty when the perpetrator is the spouse⁶⁵. In Uruguay, the criminal law in relation to sexual crimes stipulates as grounds for acquittal the passion caused by adultery, giving the judge the power to forgive the offender for the so-called “passion provoked by adultery”⁶⁶.

Also there are few countries in the region that have introduced legislation to prevent and punish violence experienced by women and girls in the public domain, as included in the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women “Convention of Belem Do Para”, which states:

“Violence against women shall be understood to include physical, sexual and psychological violence: that occurs within the family or domestic unit or within any other interpersonal relationship, whether or not the perpetrator shares or has shared the same residence with the woman, including, among others, rape, battery and sexual abuse; that occurs in the community and is perpetrated by any person, including, among others, rape, sexual abuse, torture, trafficking in persons, forced prostitution, kidnapping and sexual harassment in the workplace, as well as in educational institutions, health facilities or any other place; and that is perpetrated or condoned by the state or its agents regardless of where it occurs”.

The Convention of Belem Do Para is the only binding international instrument that has the Latin American and the Caribbean region to address violence against women, and although it was ratified by 32 of the 34 countries of the Organization of American States - OAS - has not been fully incorporated as legislative framework by most countries in the region. For example countries like Chile, Uruguay and Brazil, which ratified the Convention, have legislation to address violence against women only in the domestic sphere, ignoring the many forms of violence suffered by girls and women outside the family⁶⁷. Argentina approved in early 2009 a new law that addresses all forms of violence in all the spheres in which it occurs.

Even in those countries where progress has been made in a proper legislative framework in the field of gender violence, it is not sufficient to ensure the protection of girls and women in the region victims of violence. The Inter-American Human Rights Commission’s report “Access to justice for women victims of violence in the Americas”, says that although, “is mindful of the efforts that States have made to adopt a legal and political framework through which to address gender-based violence ... the formal existence of the law and policy is one thing, their practicality and effectiveness in remedying acts of violence against women is altogether another”⁶⁸. The report also states that “the judicial response to cases involving violence against women is notably deficient and hardly on a par with the severity and incidence of the problem”. The administration of justice is influenced by gender stereotypes and discrimination, resulting in measures that protect the aggressor and victimize women, leaving the violent act go unpunished.

As regards legislation and policies on HIV/AIDS, most countries in the region have incorporated legislation guaranteeing access to treatment and care of people with HIV / AIDS. However there is a gap in legislation and public policy with regard to addressing the growing feminization of the epidemic. According to the report developed in the framework of the project “Two sides of one reality: Violence against women and feminization of HIV / AIDS in MERCOSUR”, Argentina, Chile and Uruguay lack of government programs for addressing the two pandemics in an articulated manner. Only Brazil has a government program “National Plan to confront the feminization of HIV / AIDS and other STIs”, which is not yet fully implemented⁶⁹. The study also notes that one of the biggest shortcomings observed in the four countries is the lack of articulation of sexual and reproductive health and HIV/AIDS programs and services, resulting in inefficient and partial answers that ignore the needs and specificities of the sexual and reproductive health of women living with HIV / AIDS.

While in Latin America and the Caribbean sexual violence against women is growing alarmingly, few countries have developed and implemented national protocols for rape victims that include post-exposure prophylaxis to HIV and other STIs as well as emergency contraception, to be administered free of charge at all health facilities in the country. Brazil has been a pioneer in this field and has the most experience.

⁶⁴ Quoting ECLAC. Not one more! The right to live a life free of violence in Latin America and the Caribbean. October, 2007.

⁶⁵ CECYM. Marital Rape. Bs. As, 2002.

⁶⁶ Bianco, M., Mariño, A. and Re, M.I. (eds.). Violence Against Women and HIV / AIDS in four countries of Mercosur: Statistics, public policy, legislation and state of the art. FEIM Buenos Aires. 2009.

⁶⁷ FEIM; EPES; GESTOS; MYSU. HIV + Violence: two faces of the same reality. Violence against women and the feminization of HIV/AIDS in the MERCOSUR. Regional Fact Sheet. Bs. As. 2009.

⁶⁸ CIDH-OAS. Access to justice for women victims of violence in the Americas. 2007. <https://www.cidh.oas.org/women/Access07/chap2.htm#Administration>

⁶⁹ FEIM; EPES; GESTOS; MYSU. HIV + Violence: two faces of the same reality. Violence against women and the feminization of HIV/AIDS in the MERCOSUR. Regional Fact Sheet. Bs. As. 2009.

Recommendations for HIV/AIDS and VAW policies and programs:

1. Develop and implement national protocols for comprehensive care for women and girls victims of sexual and domestic violence, ensuring in cases of rape access to post exposure prophylaxis treatment of HIV and other sexually transmitted infections as well as Emergency Hormonal Contraception for pregnancy prevention. Monitor the effective implementation of the protocols in all health services that assist victims of violence as well as to promote psychological and legal counseling in the care provided for the victims.
2. Promote, finance and disseminate researches to study the causes and effects of violence and to analyze in depth the linkages between violence and HIV as well as to apply the findings and recommendations to HIV and violence against women programs.
3. Design and implement systems for registering data to document the number of women and girls victims of the multiple forms of violence against women, disaggregating data by sex, age and form of violence and the number of women and girls infected with HIV as a result of rape.
4. Promote the coordination and joint efforts among HIV/AIDS, sexual and reproductive health and violence against women programs and services as a way to give a comprehensive response to the intersections between the two pandemics.
5. Include in the services and programs for victims of all forms of violence against women HIV prevention services as well as counseling and testing, ensuring confidentiality and voluntary testing.
6. Incorporate in HIV prevention, care, and support services research and counseling on all forms, consequences and risks of violence against women, providing information about resources to assist women and girls victims of violence.
7. Train personnel from HIV/AIDS services as well as health, justice and law enforcement personnel about the care of victims of violence against women and their risk and vulnerability to HIV/AIDS.
8. Integrate women and girls victims of violence and women living with HIV/AIDS in the design and implementation of programs in response to violence against women and HIV.
9. Monitor compliance by law enforcement, justice and health personnel of existing laws to protect women and girls in the fields of health, education and employment as well as those aimed at punishing the crimes of violence against women.
10. Empower women and girls by ensuring their access to education, health and economic development opportunities, providing them with tools to recognize themselves as subjects of rights.

Links and documents of interest for the region:

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women “Convention of Belem Do Para”

<http://www.oas.org/cim/english/convention%20violence%20against%20women.htm>

ActionAID International

www.actionaid.org/

FEIM - Foundation for Studies and Research on Women

www.feim.org.ar

EPES – Popular Education for Health.

<http://www.epes.cl/index.html>

MYSU – Women and Health Uruguay

<http://www.mysu.org.uy>

RSMLAC – Women’s Health Network of Latin American and Caribbean

www.reddesalud.org/espanol

World Health Organization, Gender Ethnicity and Health Unit.

<http://www.paho.org/english/ad/ge/home.htm>

DVCN - Development Connections

<http://www.dvcn.org/>

UNIFEM, Gender and HIV/AIDS

www.genderandaids.org/

Global Coalition on Women and AIDS, UNAIDS

<http://womenandaids.unaids.org/default.html>

HIV/AIDS + Violence. Two sides of the same reality, Violence against women and the HIV/AIDS feminization in MERCOSUR.

<http://doscarasdeunamismarealidad.blogspot.com/>

ECLAC. Not One More: The Right to Live a Life Free of Violence in Latin America and the Caribbean. ECLAC. October, 2007.

<http://www.eclac.cl/publicaciones/xml/7/31407/Niunamas.pdf>

Network of Positive Women in Action, ActionAid Guatemala and ICW / Latina. Many stories, an end ... to be written. HIV, AIDS and Violence Against Women. July 2007.

www.actionaidguatemala.org/textos/VIH-SIDA.pdf

Betances, Bethania, MA, Galván Ortega, Sergia y Morales, Haydée, MA. Lives lived at Risk: Characterizing the link between Violence against Women and HIV / AIDS in the Dominican Republic. 2007

http://coalicion.ctc.org.do/files/BETHANI_BETANCES_vidas_vividas_al_riesgo_ESP_RD.pdf

Franco, A.; Nilo, A. (org.); Lopes F; Lima G.; Menezes, J.; Vieira, M.D.; Leitao, P y Villela W. Violence, Women and AIDS: Exploring the interfaces. GESTOS. Recife, December, 2007.

<http://www.genderandaids.org/downloads/topics/Women%20Violence%20and%20AIDS.pdf>

Development Connections, UNIFEM, PAHO, Inter-American Commission of Women and LACWHN. The multiple faces of the Intersections between HIV and Violence Against Women. 2008.

<http://www.dvcn.org/>

Fundación para Estudio e Investigación de la Mujer

Parana 135 Piso 3 "13"
(1017) Buenos Aires - Argentina
Tel./Fax: (+54 11) 4372 2763
feim@ciudad.com.ar / www.feim.org.ar

Gestos- Soropositividade, Comunicação e Gênero

Rua dos Médicos, 68-
Boa Vista Recife, PE - 50070-290
Tel: 55.81.34217670/ 34217727 / Fax: 55.81.32313880
www.gestospe.org.br

Actionaid International Americas

Rua Santa Luzia, 651
17º andar - Centro Rio de Janeiro - RJ - CEP: 20030-041 – Brasil
Tel: 55 21 2189 4600 (ext 150) / Fax: 55 21 2189 4629
www.actionaid.org.br

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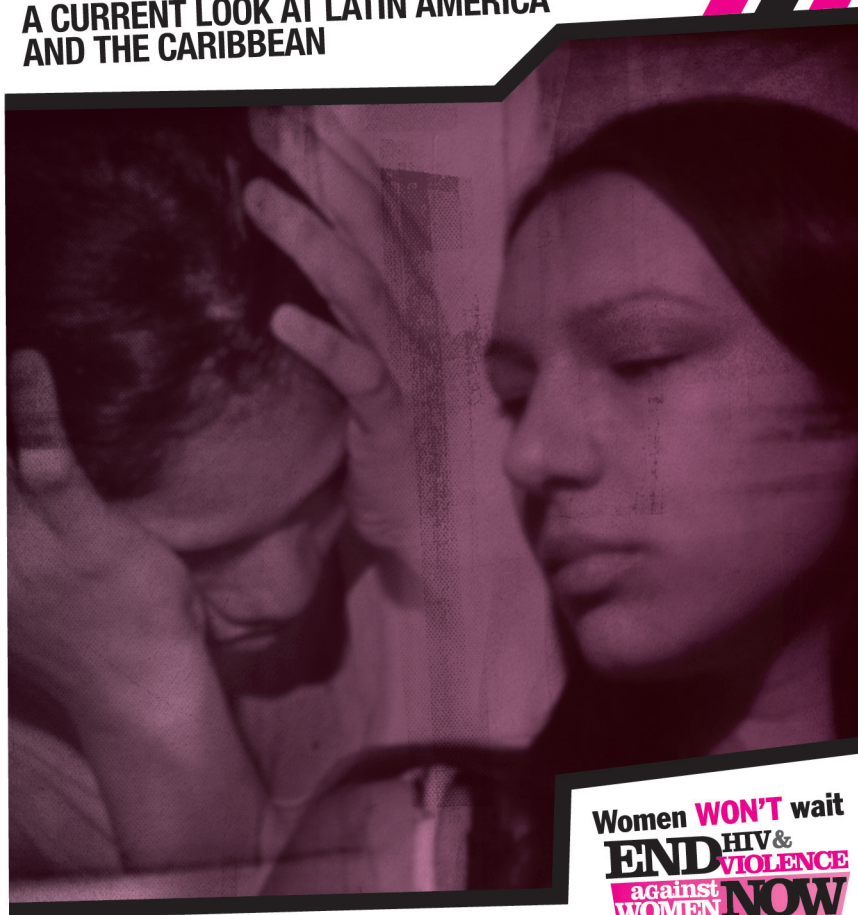
Simón Bolívar 3798, Ñuñoa
Cód.Postal: 6850892 Casilla 50610, Santiago 1, Santiago, Chile
Tel.: (56-2) 223 7077 / Fax: (56-2) 223 1066
www.reddesalud.org

Grupo Internacional de Mujer y SIDA - IAWC

Parana 135 Piso 3 "13"
(1017) Buenos Aires - Argentina
Tel./Fax: (+54 11) 4372 2763
feim@ciudad.com.ar / www.feim.org.ar

SILENCED LINKS: HIV IN WOMEN

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www.womenwontwait.org