



HIV/AIDS + VIOLENCE

Two sides of the same reality

Violence against women and feminization of HIV/AIDS in MERCOSUR



Two sides of the same reality: Violence against women and feminization of HIV/AIDS in Argentina, Brazil, Chile and Uruguay Evidence and proposals for reorienting public policies

Summary





HIV/AIDS + VIOLENCE

Two sides of the same reality

Violence against women and feminization of HIV/AIDS in MERCOSUR

Two sides of the same reality: Violence against women and feminization of HIV/AIDS in Argentina, Brazil, Chile and Uruguay Evidence and proposals for reorienting public policies Summary



TABLE OF CONTENTS

Introduction	5
Regional Summary	6
Summary of Argentina	10
Summary of Brazil	14
Summary of Chile	16
Summary of Uruguay	19

INTRODUCTION

This publication presents the results of the multicenter study carried out in four countries, Argentina, Brazil, Chile and Uruguay in the framework of the project ***Two faces of the same reality: Violence against women and the feminization of HIV/AIDS in the Mercosur***. The project was coordinated by the Foundation for Study and Research on Women-FEIM (Argentina). In each of the countries the project was conducted by GESTOS (Brazil), Popular Education and Health-EPES (Chile) and Women and Health-MYSU (Uruguay). The project was conceived and developed in 2007 due to the absence of information in our countries as regards the intersection between violence against women and HIV/AIDS. In 2005 a group of women's organizations from different countries of the world created the campaign: **Women Won't Wait. Stop violence against women and HIV/AIDS NOW!**, known by its initials **WWW**. The group of organizations in Latin America and the Caribbean and FEIM especially, as regional coordinator of the Campaign in 2006-2008, collected secondary data on studies and research. The lack of information reflected in the first report as regards this intersection in Latin America and the Caribbean showed the urgent need for such studies.

The goal of the project is to provide information about the intersection between violence against women and HIV/AIDS, intersection that had not yet been studied in the region. This was an obstacle to understand the magnitude of the problem and, therefore, implement public policies.

The study was possible thanks to the support of several institutions and organizations; especially the UN Development Fund for Women, UNIFEM, which through the Trust Fund awarded the necessary funds for its implementation.

We appreciate the enthusiasm, contribution and commitment provided by the organizations of women living with HIV in the four countries, who have been actors and key partners to consolidate the information gathered at each stage. We thank the women living with HIV who shared with the four organizations their experiences, concerns and expectations, for your patience and confidence in this work. We also wish to express our appreciation for the enthusiasm, perseverance and commitment of our partners and colleagues from the women's organizations that conducted the project: EPES in Chile, GESTOS in Brazil and MYSU in Uruguay. In Argentina we highlight the collaboration of Lic. Beatriz Kohen and Lic. Florencia Aranda from FEIM and the contribution of Lic. Eleonora Sacco. Finally thanks to the UNIFEM office in Argentina, to the office in Brazil and to the regional office that supported and accompanied the implementation of this project.

This publication is organized into six chapters. **Chapter 1** presents a review of the statistics, legislation, public policies and state of the art on the subject in each of the countries and at the regional level. **Chapter 2** describes the methodology and the research protocol developed. **Chapter 3** describes and analyzes the results of the survey administered to a sample of women living with HIV in the four countries. **Chapter 4** includes the analysis of the in depth interviews among a subgroup of women living with HIV from the sample and who had been victims of violence prior to their HIV diagnosis. **Chapter 5** presents the advocacy experience at country and regional level. Finally, **Chapter 6** presents a series of recommendations regarding the design, monitoring and reorientation of public policies and programs that respond to these two problems and their intersection.

Finally, we believe that this study is a contribution to the discussion and an input to generate and support the development of initiatives oriented to achieve an integrated approach to violence and HIV, at the public policy level and in the advocacy, awareness, prevention, assistance and support actions directed to women victims of violence and vulnerable to HIV, which are carry out by civil society organizations. We hope that this contribution is incorporated by those who design and adopt public policies, which is why this publication aims at government program managers and policy decision makers with whom we hope to be able to discuss and analyze it.

Mabel Bianco / Andrea Mariño
Buenos Aires, November 2010

VIOLENCE AGAINST WOMEN AND FEMINIZATION OF HIV/AIDS IN ARGENTINA, BRAZIL, CHILE AND URUGUAY

This publication presents a summary of the results of the multi-centered study conducted in the frame of the project: ***“Two sides of the same reality: Violence against women and feminization of HIV/AIDS in the MERCOSUR”***, carried out in four countries: Argentina, Brazil, Chile and Uruguay. The project was coordinated by the Foundation for the Study and Research on Women-FEIM (Argentina) and conducted in each of the countries by Gestos (Brazil), Popular Education and Health-EPES (Chile) and Women and Health-MySU (Uruguay), with the support of the United Nations Development Fund for Women -UNIFEM-.

The central objective of the study is to provide information about the intersection between violence against women and HIV/AIDS, an association that had not yet been studied in the region when the project was developed, making it impossible to visualize the magnitude of the problem, and therefore implement comprehensive public policies.

I. Statistics, Legislation and Public Policies on Violence against women and HIV/AIDS in Argentina, Brazil, Chile and Uruguay.

A major concern in these four countries is the limited official statistics on violence against women making it impossible to understand the real magnitude of the problem. In addition, the information available is outdated and difficult to access.

In relation to the types of violence, Chile and Uruguay are the countries with more detailed records. Uruguay has a record of complaints of sexual offenses, that discriminates rapes from attempted rape, and other sexual offenses. The information available in Argentina distinguishes crimes against sexual integrity of women from rape. Along the same line, the figures from Brazil make a distinction between rape and "violent indecent assault." In both countries there are not unified records of violence against women at country-level, which undermines the reliability of the data.

Regarding the demographic profiles of victims, the information available in all four countries is partial and incomplete. The only country in this study that keeps a systematic record of complaints is Uruguay,

through the National Observatory on Violence and Crime of the Ministry of Interior.

Although there is some information on women's deaths as a consequence of violence against women (mostly unofficial), there is very limited and incomplete information on the prevalence of non-lethal violence.

With regards to HIV/AIDS statistics, in the four countries there is updated and official information about the characteristics of the epidemic. The statistics show an urban concentration of the people living with HIV, an increased prevalence of the heterosexual transmission, a clear feminization of the epidemic, and a decrease in the age of infection that affects women more deeply.

The information compiled in the four countries showed a decrease in the male/female ratio in infections, revealing women's higher vulnerability to the epidemic. In Uruguay the ratio was 1.4 men for every woman infected in the first quarter of 2009. In Chile in the period 2003-2007, for every man there are 3.7 women with HIV. In Argentina, the ratio reached 1.7 between 2005 and 2007 and in Brazil 1.7 in 2007.

There are no official statistics that articulate gender violence with the feminization of HIV. It is essential the crossing of these two variables to diagnose the impact of violence against women (especially sexual) in the spread of HIV in women.

All four countries have specific legislation to address violence against women. However, progress in legislative and public policy has mainly focused on domestic violence. Chile's and Uruguay's legislation still has this approach, which avoids the consideration of all forms of violence suffered by women and girls in both spheres, private and domestic. However, Brazil and Argentina, the latter more recently, have started to adopt more comprehensive approaches.

Regarding HIV/AIDS legislation and public policies, the four countries have legislative frameworks that ensure universal coverage of treatment and care for people living with HIV/AIDS. For women, the actions are aimed at preventing mother to child transmission. A major shortcoming is the lack of

coordination of HIV/AIDS and Sexual and Reproductive Health programs and services, and a tendency to work in isolation, making it impossible to achieve a comprehensive response for the HIV/AIDS prevention and care of women.

It is noteworthy the lack of government programs to address both pandemics in a coordinated manner in Argentina, Chile and Uruguay, only Brazil has a government program "National Plan to address the feminization of the HIV/AIDS epidemic and other STIs", but is not yet fully implemented. Regarding the implementation of a national protocol for the care of sexual violence victims, with the exception of Argentina, the other three countries have national protocols in healthcare services for sexual violence victims.

II. Quali-quantitative Research

The multi-centered study *"Violence against women and the feminization of HIV/AIDS in the Mercosur". A quantitative and qualitative approach*, is an approach to the current situation of the intersection between violence against women and HIV/AIDS in four countries of the MERCOSUR: Argentina, Brazil, Chile and Uruguay. The exploratory study, conducted between September 2008 and March 2009, was intended to explore the links between the different forms of violence against women and HIV/AIDS.

Given the exploratory nature of the study and its objectives, it included quantitative and qualitative methods, and different tools and methodological strategies were used. Two techniques were used to collect information: a structured questionnaire and in-depth interviews, each of which was used to collect information on some of the dimensions of the objectives of the study.

For the quantitative component of the study a structured questionnaire was designed composed of four modules: The first module collects demographic information of women, the second one collects information on the diagnosis of HIV and issues related to sexual and reproductive health. The third module examines the existence of violence, considering psychological, physical and sexual abuse. It also explores the violent situations experienced by the women prior to their HIV diagnosis and subsequent to it. The instrument used was "Questionnaire to detect gender violence", developed and validated by a group of professionals from the City of Buenos Aires, with the support of the International Planned Parenthood Federation Western Hemisphere (IPPF). The fourth module

explores the injuries suffered by those women who reported having been victims of gender violence.

The in-depth interviews were organized into four modules with a series of guiding questions in each module. First module: explores the situations of violence experienced by women in their childhood and adolescence as well as and the situations of partner violence lived in the past or present. Second module: explores aspects related to sexual and reproductive health and HIV/AIDS. Third Module: collects information about the presence of institutional violence, particularly exploring whether they were victims of some form of discrimination. Finally, the last module explores the links between violence and HIV; particularly the women's perceptions on whether being or having been a victim of violence is related to HIV.

The fieldwork was conducted between September 2008 and March 2009. The survey was administered to women living with HIV, over 18 years of age, attending public health services in each of the countries. A total of 399 women living with HIV participated in the study. A group comprised of 34 of the women surveyed, who reported having experienced violent situations before their HIV diagnosis, were selected and participated in the interviews, which represent the qualitative component of the study.

The administration of the survey and the in-depth interviews met the requirements of confidentiality. Before the administration of the questionnaire, all the women gave their approval to be interviewed by signing an informed consent.

III. Analysis of Quantitative Information

78.1% (312) of the women living with HIV surveyed experienced some type of violence at some point of their lives. In the case of Argentina this percentage rises to 93.1%. 69.9% of the respondents (279 women) lived situations of psychological violence at some point in their lives, physical violence, 55.6% (222 women), sexual violence, 36.3% (145 women) and sexual abuse in childhood, 32.8% (131 women).

Many of the women surveyed suffered various forms of violence in their lives, showing that violence often occurs in association: 50% of the women (200) suffered psychological violence and physical violence, 22.8% (91 women) were victims of

childhood sexual abuse, psychological violence and physical violence, 28.1% (112 women) were victims of psychological, physical and sexual violence, and finally, **65 women, this is 16.3% of the total sample reported having been victims of all types of violence.**

Regarding the forms of psychological violence experienced by women, the most frequent were: "make her feel ashamed and humiliated" (48.4%), insults (39.1%), "mocking" and "rejection", which account for 25.3% and 25.1% of the cases. **In 75.7% the perpetrators of such violence were their partners or former partners.**

As for the physical violence, it includes various forms, among which prevailed: shaking (30.3%), pushing (29.1%), punches, slaps and beatings (16.5%, 15.8% and 15.5%), then kicking and pulling hair (11%). **It is noteworthy that 46.2% of the expressions of physical violence reported by the women may involve risk of life:** beating, burning, hanging, beating with objects, weapon damage. **In 83.7% of the cases the aggressor is the partner or former partner.**

This reveals, as well as it occurred in the psychological violence, how gender relations in intimate relationships are a relevant factor in the analysis of the situations of all kinds of violence, as they reproduced gender prejudices and the submission of women.

131 (32.8%) of the women surveyed reported having been sexually abused in their childhood. 44.7% said they were abused by a close family member, 23.6%, by her father/ mother or stepfather, and 20.3% by an acquaintance, confirming that most sexual abuse directed to children and adolescents occur within the family, hampering its visibility and criminalization. **Of the 131 women who experienced sexual abuse situations, 91 (69.5%) have also been victims of situations of psychological violence and physical violence.** These figures reveal that childhood sexual abuse works as a vulnerability factor for other forms of violence due to their effects on the self-esteem, autonomy and self-care of the women abused.

145 (36.3%) of the women living with HIV surveyed for the study have been forced to have sex at some point of their lives. In 51.0% of the cases the aggressor was a partner or former partner.

Of the women who suffered violence situations, 66.7% reported that these situations largely impacted their mental health, 21% said these

situations affected them "little" and 12.3% considered their mental health was not affected by the violence experienced.

38.9% of the women surveyed responded that they suffered some form of injury, damage to their body or genitals and/or acquired diseases or infections as a result of the violence experienced. 45.9% of the respondents reported having suffering injuries more than five times, 39.3% reported one or two times and 13.1% suffered injuries in three to five times.

258 (69.7%) of the women surveyed experienced situations of violence prior to their HIV diagnosis. 220 women (85.3%) suffered physical or emotional violence before their diagnosis, 171 women (66.3%) suffered severe physical damage, 107 women (41.5%) were victims of child sexual abuse and 120 women (46.5%) were forced to have sex before their diagnosis. Comparing these data with those obtained for the total of violent situations, it is noted that among those who reported having experienced situations of violence prior to their HIV diagnosis, the incidence of all types of violence increases.

These results revealed the undeniable weight of violent situations prior to HIV diagnosis as a risk factor for HIV infection. In this regard, the strength of these findings requires us to consider the urgent need to prevent and address violence against women to achieve a more comprehensive, effective and appropriate HIV/AIDS response as well as to reduce the feminization of the epidemic.

IV. Analysis of Qualitative Information

The accounts of most of the women interviewed for this study include experiences of physical and psychological violence during childhood and adolescence. Their life stories revealed that, **in most cases, the aggressors were their biological mother or father with whom they cohabitated at the time,** confirming that the family organization constitutes the space in which boys and girls are most defenseless and are at a higher risk of being subjected to serious forms of violence.

In many cases, the physical violence suffered during childhood put at risk the lives of many of these women (attempted asphyxia, beatings with hard objects, kicking, among others). In terms of physical violence in this stage, the expressions of violence mentioned by the women interviewed included insults and yelling to being blamed and abandonment. It is interesting to note that the

physical violence is generally described by the women in greater detail than is the physiological violence. This may be because many forms of psychological violence are naturalized and difficult to identify.

The experiences of the women interviewed included, in most cases, episodes of child sexual abuse, ranging from situations of forced physical contact to rape. In all the cases, **those exercising this form of violence were male figures, who, in most cases, belonged to the family environment** and were close to the women, be they biological or adopted fathers, the mother's partners, grandfathers, uncles, cousins, neighbors, etc.

Upon asking about their search for help in situations of violence during childhood, the women's accounts primarily revealed a lack of resources, a lack of people to turn to and difficulty in accessing care services. The lack of resources and lack of access to services exposes many girls and adolescents to unwanted pregnancy, HIV and other sexually transmitted infections, as well as other risks to their physical and mental health.

The majority of the women interviewed told about episodes of physical and psychological violence perpetrated by their current or former partners at some point in their lives. In many of these cases, their partner's excessive jealousy and control made it hard for them to access information and care services, increasing their vulnerability.

The rape and sexual abuse by husbands or partners was also an ever-present theme in the life experiences of the women interviewed. In some cases the coercion was exercised through physical violence and fear and in others through blackmail and manipulation. Sexual violence in the relationship exposes women to unwanted pregnancies as well as sexually transmitted infections including HIV/AIDS.

Husband's or partner's refusal to use condoms was found in the women's accounts in all four countries. The men's reasons for refusing to use a condom generally had to do with the collective imaginary, in which condom use is thought of as reducing pleasure and interrupting the moment of sexual arousal. In many cases, women's dependency on men in sex keeps them from using a condom. This is even worse when their partner is violent.

Regarding situations of institutional violence suffered by women, **discrimination and violence exercised by specialized or non-specialized**

health personnel were another ever-present theme in the women's and their families' life stories. The lack of information and the fears were the sustenance of the abuses, the discrimination and stigmatization, which resulted in refusal of services and treatment, long waits to be seen by health professionals, violation of confidentiality and informed consent, among others.

In regards to the women's perception of the links between violence and HIV in their lives, there were some differences between the countries. Regarding violence suffered before their diagnosis, in Argentina the majority of women, when asked, affirmed that there were links between violence and HIV in their lives. Some of the women **recognized this association in the difficulty of negotiating with or asking their partner to use a condom.** In Brazil and Argentina many of the women **connected their vulnerability to HIV with the continuum of situations of marginalization, abandonment and violence that they suffered** throughout their lifetime. In this sense, they mentioned the absence of information, formal education and opportunities as well as childhood and intimate partner violence, including infidelity, as factors that influenced their acquiring HIV.

It is important to point out that in all four countries the women interviewed recognized connections between their HIV diagnosis and situations of violence that followed their diagnosis. This demonstrates that women living with HIV tend to face abuse, discrimination and stigmatization by the partners, families and communities as a consequence of disclosing their diagnosis.

V. Conclusions of the quantitative and qualitative analyses

The life stories of the women from the four MERCOSUR countries showed how the presence of violence before the HIV diagnosis and its impact on the health and life of women is a major risk factor for HIV infection. In-depth interviews ratified the results of the quantitative phase revealing that most of the women interviewed experienced various forms of violence before their HIV diagnosis, either in childhood, adolescence and/or adulthood.

Although the intersections between the two pandemics are clear, only some of the women could recognize the linkages between violence and HIV in their lives. In this respect it is key to understand that violence limits women's ability to change their roles

in intimate relationships and to demand equality and view themselves as active subjects of their sexual, social, political and economic life. The experiences of the women in this study showed that gender is a structuring dimension of women's social, economic and political subordination and therefore their vulnerability to violence and HIV/AIDS.

This study's findings allow us to understand the issues of violence and HIV/AIDS as a highly complex interaction and an important factor in increasing the vulnerability of women victims of violence to HIV, understanding that all forms of violence-not only sexual violence- increase women's vulnerability to the epidemic.

VIOLENCE AGAINST WOMEN AND FEMINIZATION OF HIV/AIDS IN ARGENTINA



This report is a synthesis of the results of the research conducted in Argentina, as part of a multicenter study carried out in four countries of the Mercosur: Argentina, Brazil, Chile and Uruguay in the frame of the project: *"Two sides of the same reality: Violence against women and feminization of HIV/AIDS in the Mercosur"* coordinated by FEIM, with the support of the UNIFEM Trust Fund.

The study aims to provide information about the intersection between violence against women and HIV/AIDS, association that has not been studied in Argentina before, in order to visualize the magnitude of these problems and implement public policies that address comprehensively prevention and care of both pandemics.

Prior to the study, programs and actions as well as current legislation and information available about violence against women and HIV/AIDS in the country were compiled and analyzed.

Current Situation of Violence against Women and HIV/AIDS in Argentina.

In Argentina there is no statistics on the incidence and prevalence of violence against women¹ or a comprehensive system to collect this data across the country. **The information available is partial,**

1 Ministry of Foreign Affairs, International Trade and Worship and UNFPA. First Argentinean report for monitoring the application of the Convention to prevent, sanction and eradicate violence against women, National Women's Council presented on April 28, 2006. Published in "Woman against discrimination and violence for social development". Buenos Aires, 2007.

scattered and in some cases outdated. At the national level, there is no official information on women's mortality due to gender violence.

According to the National Office of Criminal Policy in 2007 10,557 sexual violence crimes were reported, of which 3,276 were rapes². According to the Domestic Violence Office in the city of Buenos Aires, from Sept. 2008 to Sept. 2009, there were 6,000 complaints that affected 7,300 people of which 82% were women. During 2009, 231 women and girls were victims of femicide in the country³.

As regards HIV/AIDS, it is estimated that the number of people infected reaches 120,000⁴. In 2008, 4,067 people were diagnosed with HIV and 1,403 with AIDS⁵. In the period 2007-2008, at the national level, the female/male ratio in HIV notifications was 1.6, showing a clear feminization of the epidemic. Among the age group of 15 to 24 years old the ratio was 0.9, and 2.2⁶, among the age group of 35 to 44 years old, indicating a greater vulnerability of adolescents and young women to the infection.

2 Ministry of Justice, Security and Human Rights, National Office of Criminal Policy, National System of Criminal Information. Country Report. Argentina, 2007.

3 Civil Organization "La Casa del Encuentro". Research report about Femicides in Argentina. January 1^o to December 31, 2009. Argentina: <http://www.lacasadelencontro.com.ar/2009.html>.

4 Ministry of Health. National Progress Report on the Application of UNGASS. January 2008 – December 2009. Argentina, 2010

5. Ministry of Health of the Nation, AIDS and STI Office. "Bulletin on HIV/AIDS in Argentina". Year XII, N° 26. Argentina. November 2009

6 Ministry of Health of the Nation. AIDS and STI Office. Op. cit.

It should be noted that **there is no official information that articulates the statistics on violence against women with the HIV feminization**; this articulation would allow an assessment of the impact of violence against women in the spread of HIV among women.

Regarding current legislation and public policies, in March 2009 the National Law 26,485 for the Comprehensive Protection of Women to prevent, punish and eradicate Violence against women was enacted. This law constitutes an advance in the national legislation since it incorporates a more comprehensive approach, addressing violence in all the possible domains, not only in the domestic sphere. It also incorporates all forms of violence, including obstetric and symbolic violence.

Although there are services and programs for the care and prevention of violence against women, they operate in a fragmented and disjointed manner, and generally are concentrated in urban centers.

With respect to HIV/AIDS, like the rest of the countries studied, Argentina has a legislative framework that guarantees universal coverage for treatment and care to people living with HIV/AIDS. **A major shortcoming is the lack of articulation between HIV/AIDS and SRH programs and services** which undermines the achievement of a comprehensive HIV response for women.

Also there no national government programs that articulate strategies to address the two pandemics or a national protocol that regulates the care for victims of domestic and sexual violence, ensuring in cases of rape access to post exposure prophylaxis for HIV prevention and Emergency Hormonal Contraception (EHC) for pregnancy prevention.

Methodology of the study

This is an exploratory and descriptive study with quantitative and qualitative components. Its purpose is to explore the existence of situations of violence prior and after the HIV diagnosis in women living with HIV/AIDS - WLWHA -, considering the links between both pandemics.

As a quantitative method of data collection a structured questionnaire was used composed of four modules. The first module aims to collect demographic information, the second one collects information on HIV diagnosis and sexual and reproductive health. The third module examines the existence of violence, using the "Questionnaire to

detect gender based violence" that has been developed and validated by a team of professionals of a hospital of the City of Buenos Aires, with the support of the International Planned Parenthood Federation Western Hemisphere. There was a last module that was administered only to the women who reported having experienced violence against women, which aimed to explore the type of injuries suffered.

The fieldwork was carried out between October and December 2008. The survey was administered to 101 women living with HIV, over 18 years old, attending public health services in the City of Buenos Aires and the north and west are of the Province of Buenos Aires.

During the administration of the surveys, eight women who reported being victims of violence before HIV diagnosis were invited to participate in the second part of the study, with in-depth interviews. The interview was organized into four modules with a series of guiding questions. The first module explores the situations of violence experienced by women, focusing on the violence experienced in childhood, and partner violence. The second module explores aspects of their sexual and reproductive health and HIV/AIDS. The third module aims to collect information about the presence of institutional violence, particularly access to care as well as health professionals' attitudes and responses. Finally, we explored the association between Violence and HIV; particularly the perceptions of the women interviewed on whether being or have been victim of violence and living with HIV are related.

The analysis of the quantitative information was made considering the frequencies of the variables and the crossings between them. The analysis of the qualitative information was made considering situations common to all the women interviewed to illustrate with their stories the quantitative information presented. A matrix for analysis was developed which main subjects were defined according to the main aspects explored by the questionnaire designed for the interviews: Domestic Violence in Childhood and Adolescence, Sexual Violence in Childhood and Adolescence, Partner Violence, Help Seeking behaviors, Birth Control Methods, HIV/AIDS, discrimination as a result of HIV/AIDS and perception of the relationship between HIV and violence in their lives.

Main Quantitative Findings

The first relevant fact is that **93.1% of women reported having experience some form of**

violence at some point in their lives. This means that of the 101 women surveyed, 94 reported having suffered some form of violence.

Regarding the different forms of violence against women, 76.2% of women suffered physical violence, 87.7% psychological violence, 43.6% sexual violence and 36.6% experienced sexual abuse in childhood.

When analyzing the type of violence experienced by women, it was found that most of them suffered various forms of violence in their lives, showing that a type of violence often occurs in association with other forms of violence: 29.8% of women suffered psychological and physical violence, 18.1% experienced psychological, physical and sexual violence, 22.4% suffered psychological, physical, sexual violence and childhood sexual abuse.

Of the 37 women surveyed who suffered sexual abuse 97.3% experienced other types of violence later in their lives. The impact of having experienced violence during childhood in private spheres is accentuated by the complex manner in which violence reproduces itself, as there is a broad consensus about the high probability that girls who are abused and/or witnesses of violence towards their mothers are more vulnerable to be victims of violence later in their lives.

Although social representations directly link violence to poverty, the study revealed that **the percentage of violent situations is distributed equally in all socioeconomic groups.**

87.7% of the women surveyed reported psychological violence at some point in their lives. Among the situations experienced they mentioned: insults, humiliation, put downs, abuse towards their children, disapproval for the tasks performed, destruction of property, threats, rejection and degradation, isolation from friends or relatives, among others.

As for the physical violence, 76.2% of women said they suffered some form of violence at some point in their lives, including shoving, pinching, pulling hair, slapping, punching, biting, beating, kicking, burning, beatings with objects and weapon damage.

36.6% (37 women) reported having experienced childhood sexual abuse and 43.6% of women said they were forced to have sex or some form of sexual contact at some point in their lives.

In all the forms of violence studied, men, specifically partners, husbands and close relatives are identified as the main aggressors.

76.4% of the cases of psychological violence and 89.7% of the cases of physical violence were perpetrated by ex-husbands, ex-partners, husbands or current partners. In 81.9% of the cases of sexual violence the perpetrators were people from women's intimate circle: husbands, partners, parents, uncles, brothers.

Regarding the life period where women suffered violence, the highest incidence occurred at young ages: 44.8% of the cases of physical violence, 49.5% of the cases of psychological violence and 36% of the cases of sexual violence occurred during this period, making visible the vulnerability of young women to gender based violence.

The intergenerational cycle of violence was also present. Many of the women witnessed violence towards their mothers during childhood. Nearly 70% of the women surveyed witnessed "always" or "sometimes" violence toward their mother by her husband, partner or boyfriend.

As for the consequences of violence, of all women who suffered violence situations, 51.6% reported that these situations highly affected their mental or psychological health, 25.8% said they affected a bit and 16.1% considered that had no impact on their health. In relation to the physical injuries received during violence, 52.1% of women reported a frequency between once and twice, and 33.3% reported more than five times. 61.5% reported having required medical care as a result of the violence experienced.

The women's life stories showed that the situations of violence prior to HIV diagnosis have a relevant place. **79.2% of women experienced some form of violence before HIV diagnosis.** Of those women who suffered physical violence 57.4% suffered this form of violence prior to HIV diagnosis, 68.3% in the case of psychological violence and 67.3% in the case of sexual violence.

These results revealed the undeniable weight of violent situations prior to HIV diagnosis as a determinant of the HIV infection. In this regard, the strength of these findings requires to consider the urgent need to prevent and address violence against women to achieve a more comprehensive, effective and appropriate HIV/AIDS response as well as to reduce the feminization of the epidemic.

Main Qualitative Findings

All the women interviewed for this study reported having suffered some form of domestic

violence in their childhood or adolescence, identifying their biological mother or father as the main perpetrators of this violence. Physical violence appears in each of the testimonies, from slapping to hitting with the hand or with objects such as tree branches, belts, shoes, among others. In general there is a tendency for women to name and describe situations of physical violence over psychological violence situations, this could be explained due to the naturalization of psychological violence and the difficulty to identify those forms of abuse that leave no visible marks or injuries, and which have traditionally been ignored or minimized.

Most of the women experienced one or more situations of sexual abuse during childhood and adolescence, from exhibitionism, inappropriate touching to rape, in most cases the perpetrator was a relative or from the women's intimate circle. When the women revealed the abuse to their mothers or a relative, they reacted re-victimizing the girls, who also had to suffer the stigma of being blamed for the sexual violence episode. Unfortunately, the belief that girls and women provoke the sexual assault is shared by many people and is also reflected in the attitudes and opinions of most of the policy makers, officials and legal services, security and health personnel who are responsible for the care of violence victims.

It is noteworthy that **many of the women who suffered childhood sexual abuse experienced abuse and violence situations later in their lives**, mainly partner violence. This shows that the consequences of child sexual abuse have effects on the physical and mental health in the short and long term, making women who have suffered it more vulnerable to other violence situations and perpetuating the cycle of violence.

Another relevant fact is that all of the women interviewed reported situations of violence by their partner at some point in their lives. Three of them reported having suffered some form of sexual violence by their partners. Only one of the women reported having sought help in a healthcare service as a result of the violence, **in general, women reported not having filed a domestic violence complaint due to shame and the fear of being humiliated, blamed and re-victimized**.

This is a clear indication of gender prejudices and the lack of information about domestic violence by health, police and justice personnel and therefore the need for training on these issues for everyone involved in assisting family violence victims. Seeking help and proper, efficient and respectful care

services are key factors for reducing the vulnerability that generates violence against women as related to HIV/AIDS and also for breaking the cycle of violence.

None of the women interviewed reported using condoms as a method of protection prior to the HIV diagnosis, in some cases due to the lack of information and in others due to difficulties in negotiating the use of it with their partners. The stories revealed that even when a woman can have access to information about condoms and contraceptive methods, in a violent relationship she will not be able to request or negotiate condom use; in many cases the attempt of negotiation triggers physical, verbal and sexual partner violence.

The in-depth interviews showed that prior to HIV diagnosis women lacked accurate information about HIV/AIDS, and what they knew about the disease was based on myths or misconceptions. Their partners or husbands also lacked this information. In this regard **it is crucial to implement Comprehensive Sex Education with a gender perspective in all levels of education**, as well as promoting the training of those men and women who no longer attend school.

Violence as a result of HIV was reflected in most women's stories through the violation of the right to confidentiality and informed consent by health sector personnel, resulting in a violation not only of the right to privacy and autonomy but also a breach of the current national law. However, health personnel are not trained on these issues, and also training is not promoted by those who are responsible of this public policy. This must be reversed.

Most of the women interviewed recognized an association between the two pandemics. The powerlessness of women in intimate relationships to negotiate condom use and the lack of information, formal education and opportunities were identified as factors that increased their vulnerability to HIV/AIDS.

In summary, the study revealed the condition of greater vulnerability to HIV/AIDS of women victims of violence. The continuum of violence was a common denominator in the life stories of all the women interviewed, all of them experienced violent situations prior to the HIV diagnosis from childhood to adulthood, affecting their self-esteem, self-care ability and autonomy, their social and labor relationships, their sexual and physical health,

reinforcing their subordination and increasing their vulnerability to HIV/AIDS.

VIOLENCE AGAINST WOMEN AND FEMINIZATION OF HIV/AIDS IN BRAZIL



Increasingly, empirical observations and academic studies have shown a link between violence against women and HIV infection⁷. For example, women who are affected by poverty, one of the hardest faces of the structural violence in Brazil, are also disproportionately affected by HIV.

Women who live in situations of social exclusion, such as black women, sex workers, drug users and homeless are more likely to be excluded from essential services such as health and education, and to suffer interpersonal violence as well as to be more affected by HIV. Finally, women who face in their daily life greater gender oppression, as those living in situations of domestic violence, whether in the condition of wives or daughters, will find more difficulties to protect themselves against HIV.

The relationship between violence and HIV is explained by the articulation of two types of factors: on one hand, inequalities of power between both genders that lead women to have unprotected sex are the same ones that make them more vulnerable to be subjected to humiliations and aggressions. The other is the fact that a life fraught with violence does not allow women to develop the necessary psychological resources (self-esteem, assertiveness) to protect themselves. And finally, the fact that women who experience a greater social exclusion are also excluded from other social benefits such as health, education, information and access to income, which also prevents them from developing the resources needed to protect themselves from HIV. Certainly, in countries where policies are guaranteed for people living with HIV/AIDS, as is the case of Brazil, for some women, the infection allows them greater access to health services and some social benefits. However, this does not mean that HIV will protect them from prejudice, stigma and

discrimination, which are also forms of violence, nor from the other challenges of living with HIV.

Thus, experiencing situations of violence, whether interpersonal, institutional or structural, may contribute to women's lack of resources to protect themselves from HIV, the same way that HIV can generate situations of violence⁸.

This project was developed to fill the gap of information and policies in northeastern Brazil on the intersection of HIV/AIDS and Violence. It seeks to compile qualitative and quantitative information in a sample of women from four countries - Brazil, Argentina, Chile and Uruguay - as part of a larger effort of four organizations FEIM (Argentina) MYSU (Uruguay), EPES (Chile) and GESTOS (Brazil), with the support of UNIFEM, with international reach. The study aimed to fill the void of data linking two major problems faced by women: violence and HIV. It intends to produce evidence, in the specific contexts of these countries, to support the implementation of inter-sectoral policies and services to address gender violence and AIDS in order to stop the increasing feminization of HIV, in addition to supporting the political actions of organizations working to defend women's rights and women living with HIV/AIDS organizations.

This project also began a partnership between the organizations from the four countries involved, establishing a joint platform of advocacy actions for the MERCOSUR countries.

METHODOLOGY

The survey sought to identify an association between the stories of abuse and HIV infection, with the following objectives:

7 UNIFEM - Time for Joint Action on HIV/AIDS and Violence

8 Nilo, Alessandra (Org) – Mulher, Violência e Aids: Explorando Interfaces. Gestos, Recife, 2008

1. To know the frequency of violence experienced by women with HIV before their diagnosis;
2. To know the beliefs, perceptions, experiences and attitudes of women about the links between the situations of violence experienced and HIV infection.

In order to identify the frequency of the violence experienced by women with HIV before their diagnosis a questionnaire was administered, it included socio-demographic data, questions about their sexual and reproductive health, HIV infection and the experience of violence. The questionnaire was administered to 100 women living with HIV/AIDS, over 18 years of age, attending services in the city where the study was conducted. Among the one hundred women, 10 were selected to be interviewed, as part of the qualitative component of the study.

Information Analysis

The quantitative analysis was made considering the frequency of simple events, and also some exploratory crossings were made. For the analysis of qualitative data, initially, the stories were categorized in terms of situations of violence experienced, the contexts of HIV infection, women's perceptions about the interaction between the situations of violence experienced and HIV infection, and the beliefs and attitudes of women with respect to violence and the infection. Secondly, we sought to identify convergences and divergences among the life stories in order to establish links among the experiences common to all women and understand how particular and specific situations are articulated.

In this study the quantitative and qualitative information are complementary mosaics of a reality invisible to public policies and services as it is the relationship between AIDS and violence against women.

The quantitative information showed that most women (67, 66.3%) reported having experienced some form of moral or emotional violence throughout life. The experience of the different types of violence situations involved family relationships. The evidence revealed that violence was more likely to take place within family, marriage and at home. In this sense, the different crossings demonstrate that psychological and physical violence increase with age and that most women were forced to have sex throughout life, mainly during adolescence. And

many continue in situation of sexual violence. This reveals the relationship between sexual violence and adolescents' vulnerability and/or susceptibility to HIV, and the need for strategies to protect and strengthen this population group.

As expected, not all first sexual experiences were wanted, forced sex or by means of threats occurred between adolescence and early youth. This situation appears to be similar to the epidemiological information, when analyzing the total number of AIDS cases (141,326) since 1980, we find that the age of notification is concentrated in the age period of 25 and 29 years (27,024 cases), and 30 and 34 years (26,986 cases), indicating that infections likely occurred during adolescence.

Information about time of diagnosis, prediction of the infection period (usually in adolescence and/or youth), situations of violence during lifetime and increase in violence over the years, warns of violence as a condition of vulnerability to AIDS. This situation strengthens the idea that most women living with HIV/AIDS lived situations of violence before diagnosis and continue to live these situations during their lives. The violence experienced is physical or/and psychological, exacerbated by the situations of violence as a result of their seropositivity.

The qualitative information reinforces the quantitative information of the study. The testimonies of the women interviewed expose the naturalization of violence that occurs due to the presence of violent situations early in women's life, since few were those who reported not having suffered violence and abuse in childhood and adolescence. The persistence of violent relationships throughout the lives of the women interviewed is also a common feature among them. The women's testimonies also confirm their home as an unsafe place due to violence from partners, family members and acquaintances pointed out as the main aggressors.

Finally the situations of violence suffered by women together with the misinformation on sexual and reproductive health translate into vulnerability to HIV, revealing a greater complexity between these two major public health, human rights and development problems, considering also the structural conditions related to poverty experienced by many women in the study.

This complexity derives, in some measure, from the fact that associations between violence and HIV can not be regarded as causal. The women's testimonies and the analysis of the quantitative information showed that intra-family violence seems to facilitate the spread of HIV among women. Maybe it exacerbates their condition of oppression, submission to a patriarchal society, even in situations where parents do not "exist" in the lives of these girls. The stories of violence experienced by a significant proportion of women interviewed certainly support this affirmation.

However, the study also reveals that there is a group of women with HIV (about 35%) that do not refer stories of domestic or interpersonal violence in their past or present, but they share with the others the effects of structural violence: poverty, racism and gender oppression.

This brings up a second factor of the complex relationship between violence and HIV: the understanding/perception of violence in its broadest sense and the particular way to articulate the various dimensions of this phenomenon. Structural violence seems to provide a favorable setting for the occurrence of episodes of interpersonal and institutional violence. But as regards HIV infection, each of these dimensions may establish specific situations.

This complexity poses a challenge for social movements and governments: to formulate integrated public policies that can simultaneously reduce HIV transmission and the impact of AIDS among women through ensuring their access to the conditions of citizenship.

VIOLENCE AGAINST WOMEN AND FEMINIZATION OF HIV/AIDS IN CHILE



"Two sides of the same reality: Violence against women and HIV/AIDS feminization in the MERCOSUR" is a project developed in Argentina, Brazil, Chile and Uruguay with the support of UNIFEM. Its main goal is to bring visibility to the magnitude of the intersection between violence against women and HIV/AIDS and to promote public policies that comprehensively address care and prevention of both pandemics.

The research carried out in the four countries consists of a quanti-qualitative, multi-centered, exploratory and descriptive study, whose main goal is to "Explore if there is an increased vulnerability to HIV among women victims of violence, and establish the ways that the two pandemics are linked". The specific objectives are to "Establish with what frequency women living with HIV experiences situations of violence before being diagnosed with the illness" (quantitative component) and to "Establish the beliefs, perceptions, experiences and

attitudes of women victims of both pandemics, regarding the relationship between the situations of violence they experienced and their condition as people living with HIV" (qualitative component).

In Chile the sample for the quantitative component of the study was made up of 102 women living with HIV who use antiretroviral medications provided by public health services in Santiago and Concepción. In this stage of the research, three institutions collaborated with EPES: VIVO Positivo, Fundación Savia y Molokai in Concepción.

The qualitative component of the study was undertaken by way of in-depth interviews with ten women who reported having experienced violence prior to knowing their HIV diagnosis, and who agreed to be interviewed by members of the EPES team. In both the quantitative and qualitative data collection, the requirements for protecting the identity and confidentiality of the women surveyed were fulfilled. Before applying the survey, the

participants gave their approval to be surveyed by signing a document (informed consent).

Among the most important findings of the research is the fact that in all four countries, experiencing violence before the HIV diagnosis was extremely frequent among women living with HIV⁹. In Chile it was found that 56% of the women participating in the study experienced violence before their HIV diagnosis (57 women), and, among them, 80.7% had suffered emotional or psychological harm, 50.9% physical violence, 42.1% sexual abuse and 24.6% had been victims of rape before their HIV diagnosis.

Another important finding is regarding experiences of sexual abuse in the lives of women currently living with HIV. In the case of Chilean women, these experiences affected 42.1% of those who reported having experienced violence before their HIV diagnosis.

The high frequency of experiencing violence before being diagnosed with HIV among women living with the virus is a key indicator that violence is a factor that increases women's vulnerability to HIV. In Chile, the study shows that a large proportion of women who experienced violence before their diagnosis had been victims of sexual abuse during their childhood. Several studies developed in different countries have shown the association between experiencing sexual abuse as a child and a higher probability of experiencing violence as an adult as well as the development of behaviors that put them at risk for acquiring STIs, such as having unprotected sex, multiple partners, etc.

Another notable result is that, among the women living with HIV, the average age at which they became sexually active was 17.7; that is, just before the age of 18, which was the national average found in the Second Survey on the Quality of Life and Health (2006). Although the two averages are close, it is important to note that more than half of those surveyed (57.8%) became sexually active at a younger age, having had sex for the first time between the ages of 11 and 17. This information is also consistent with other studies indicating that childhood experiences of sexual abuse are associated to behaviors of greater sexual precocity.

Another relevant finding that shows the connections between violence and HIV is that 7.8% of the women

participating in the study reported that their first sexual intercourse was a result of rape. This proportion is very high compared to that found in the study of sexual behavior developed by MINSAL/CONASIDA in 2000, which found that 3.3% of women had reported that their first sexual intercourse was a result of rape.

The in-depth interviews carried out with women who experienced violence prior to their diagnosis show that, for women living with HIV, exercising their sexuality is a deeply troubled part of their lives. It was detected that young and adult women do not have sex, some of whom live with their partners, while others deny themselves the possibility of establishing a relationship due to their serologic condition and out of fear or rejection caused by previous experiences of violence. Difficulties in exercising sexuality are also related to: the lack or ambiguity of information received regarding the possibility of re-infection; not accepting the condom as an effective means for having safe sex; as well as the socially constructed myths that people should cease their sexual lives due to the condition of seropositivity.

Regarding the sexual and reproductive health of women living with HIV, the information shows that the majority of sexually active women use some type of contraceptive method (CM). Therefore, the association between having sex and using some type of CM is statistically relevant. Nonetheless, there are women who do not use them, which –based on the in-depth interviews– is due to their partner's rejection of condom use regardless of their serologic condition. It should be noted that, of the 66 women who use some contraceptive method, 47 use condoms, and often do so only sporadically; that is, those who use them do not use them every time they have sex. This is due men's rejection of using this method, even in cases when their partner is not living with HIV. In the in-depth interviews, it was also detected that condom use is associated to the social imaginary—to the visible health conditions of both partners.

Among the findings it was noted that the second most common contraceptive method used by women participating in the study is surgical sterilization, which reaches 28.79% of women using CM and among them at least six young women (25 to 34 years of age) had undergone tubal ligation. This is especially relevant given that the percentage of female sterilization in Chile is 9.8%, and in this study testimonies of women living with HIV were gathered

9 In Uruguay 62%, in Brazil 79% and in Argentina 79.2% of the women living with HIV who participated in the study had experienced violence before their HIV diagnosis.

who reported having been pressured to undergoing sterilization or who were sterilized without their consent. It must be noted that two women who were sterilized without their consent both have low education levels, which demonstrates the abuse of power present in this type of practices and the presence of institutional violence toward women living with HIV and who are also in conditions of socioeconomic vulnerability.

Another result found in the study is the lack of perception of risk of contracting HIV among women who responded to the questionnaire, which contrasts with the testimonies provided by women who had experienced violence prior to their HIV diagnosis and who agreed to be interviewed, since nine of the ten interviewees reported having acquired HIV through sexual transmission from a partner, and only one of them reported a different route of transmission. Some of them expressed having seen HIV as a distant problem, as something that happens to “other kinds of people”, which meant that the confirmation of their or their partner’s diagnosis was deeply devastating, and even more so in cases where there was a possibility of their children also becoming infected.

The in-depth interviews showed that women do not see an association between their experiences of violence and having acquired HIV. This shows that there are processes by which violence is naturalized, or ways of constructing the daily lives of women in which they incorporate, justify and/or generate mechanisms to adapt to violence, and it therefore does not serve as a warning for preventing HIV.

It should be pointed out that the information provided by this study was highly valued by the organizations working on women’s health, sexuality, sexual and reproductive rights, groups of women living with HIV, as well as organizations working on issues of violence. This made it possible for EPES to convene a group of fourteen organizations (including networks) to generate debate and build consensus on a set of recommendations that aim to achieve a more adequate response to HIV prevention needs and violence against women in public policies.

The recommendations that were agreed upon and presented to the authorities are from a human rights, sexual and reproductive rights and gender perspective, aiming to overcome the fragmentation of current public policies and reduce inequities, by addressing policies on care and prevention of both

pandemics in a more comprehensive and inter-sectoral manner:

- I.** Promote better articulation between Ministries and HIV/AIDS, Sexual and Reproductive Health and Violence against Women Programs.
- II.** Develop articulated actions by the health sector with SERNAM, the Ministry of Justice and other government and non-governmental bodies, to offer comprehensive care to women in situations of violence, taking into account the multiple consequences of this issue.
- III.** Guarantee the effective implementation of the Care Protocol for Victims of Sexual Crimes.
- IV.** Implement a unified and systematic national registry of violence against women, disaggregating the information by type of violence and sociodemographic data.
- V.** Design and implement specific programs for HIV and STI prevention and treatment for women and girls, from a perspective that strengthens their condition as rights-holders.
- VI.** Develop prevention and promotion strategies regarding gender violence and HIV feminization directed especially at young women living in poverty.
- VII.** Finance research on the link between violence against women and girls and HIV/AIDS in order to establish, in an in-depth manner, the causes and consequences of violence and how it is linked to HIV/AIDS, so that the results contribute to planning effective actions in the response to both pandemics.
- VIII.** Train personnel in public health services, in public services that provide care to victims of violence, and in security and justice departments about violence against women and girls and how it is linked to HIV/AIDS and STIs. Working with the criteria “lost opportunities” is very important in detecting early situations of violence.
- IX.** Integrate HIV prevention, testing and counseling services with care services for women in situations of violence, and, in pre and post-HIV test counseling services, incorporate tools for detecting situations of violence and making the subsequent referrals.
- X.** Develop communication strategies for fulfilling the State’s duty of providing information to promote that its citizens effectively exercise their rights, especially their sexual and reproductive rights.
- XI.** Fulfill the international commitments undertaken by the Chilean State in regard to human rights, violence against women and HIV/AIDS.

With regard to the Education sector, the recommendations addressed the fulfillment of a

commitment signed with the international community in 2008, which refers to:

XII. Implement the agreements of the First Meeting of Health and Education Ministers to Stop HIV and STIs in Latin America and the Caribbean: "Prevent with Education", signed by Chile in August 2008, whose objective is strengthening the response to the HIV epidemic in the context of formal and informal education, affirming the government's commitment to guarantee the right to enjoy the highest possible level of health, the right to education, to non-discrimination and to the wellbeing of current and future generations. It also makes a call to inter-sectoral, coordinated action by health and education sectors to better confront HIV and STI prevention in the youngest population, as well as the importance of implementing comprehensive sexuality education programs in the school system.

The recommendations directed at the Health sector aim to support the implementation of existing services, overcome fragmentation in care for violence and HIV in women, and, overall, they raise the need to:

XIII. Promote better articulation between services in HIV/AIDS and STI, sexual and reproductive health

and violence against women, in order to achieve a comprehensive, human rights-based approach to prevention and care for women's health.

XIV. Raise awareness and train health teams about violence against women and girls and this population's greater vulnerability to HIV/AIDS and STIs, and provide them with information about HIV prevention and treatment services as well as the legal, psychological and social resources available in the community for women in situations of violence.

XV. Include adequate and effective responses to violence against women in care services, especially in emergency, sexual and reproductive health, adolescence, orthopedic, clinical, HIV/AIDS and STIs and mental health services.

XVI. Develop strategies that help women at risk or in situations of violence notify their partner of their seropositive diagnosis.

It must be noted that, at present, the spaces for dialogue and consultation created by the previous government coalition have not been reopened. This makes it difficult to determine the possibility of making advances in the implementation of these and other proposals that aim to achieve greater gender equity in public policies and especially in the health field.

VIOLENCE AGAINST WOMEN AND FEMINIZATION OF HIV/AIDS IN URUGUAY



"Two sides of the same reality: violence against women and feminization of HIV/AIDS in the Mercosur" is a project being developed since 2008 in four countries of the MERCOSUR: Argentina, Brazil, Chile and Uruguay, with the support of UNIFEM. It aims to give visibility to the magnitude of the intersections between violence against women and HIV/AIDS and to promote public policies that address comprehensively care and prevention of both pandemics.

In 2008 in Uruguay, as in the other countries studied, secondary information about the situation of

violence against women and HIV/AIDS was compiled and a research was conducted. The research is an exploratory and descriptive study with quantitative and qualitative components, which aims to explore the existence of situations of violence in women living with HIV/AIDS and the links between the two pandemics. This is the first exploratory study available in the country linking violence against women to HIV/AIDS in order to provide information and focus on their impact on the lives, wellbeing and rights of women.

Violence against women and HIV/AIDS in Uruguay: Statistics, legislation and public policies.

According to the Crime and Violence Observatory of the Ministry of Interior of Uruguay, in 2009, in the country, the number of domestic and sexual violence complaints filed by women increased markedly. In 2007 there were a total of 131,289 complaints, of which 1,118 were sexual crimes¹⁰. Sexual offenses increased by 19% between 2000 and 2007¹¹. While domestic violence complaints suffered an increase of 49.3% between 2006 and 2007, reaching a total for that year of 10,682. According to the report developed by the Ministry of Interior¹² "regarding rape victims, as was found for other violent crimes, the number of victims tends to decrease with age. It is also shocking to note that over one third of victims (38%) are under 15 years of age". Regarding deaths caused by gender violence, 17 were registered between November 2006 and October 2007.

In regard to HIV/AIDS, the trend shows an increase in the incidence of the infection among women. The male/female ratio in Uruguay in 1988 was 6.0; descending over the years and reaching in the first quarter of 2009 a ratio of 1.4 men for every woman infected. The main route of transmission is sexual transmission, 66.9% of HIV cases and 71.7% of AIDS cases.

In relation to information that links both pandemics, in the country there are no official statistics of HIV infected women as a result of situations of domestic and sexual violence.

The main progress in legislation regarding violence against women has been in relation to sexual crimes: the adoption of the Law 17,938 in 2006, which repealed the sections under which the crimes of rape, violent sex assault and abduction were annulled if the offender married the victim. Also, the law 18,039 in 2009 incorporated the legal figure of sexual harassment in work, educational or health settings.

In the area of public policies since 2007, there is a Guide of Procedures for the Health Sector to address

situations of domestic violence issued by the Ministry of Public Health. In 2007 the "Comprehensive System for the Protection of Children and Adolescents against Violence" was launched, as a system that aims to combat violence and sexual abuse against children and adolescents, and in December 2007 the National Plan for the Eradication of Commercial and Noncommercial Sexual Exploitation of children and adolescents 2007-2010 was presented.

An important fact is the lack of a national protocol for the care of victims of sexual violence that includes comprehensive care (emotional and psychological, biomedical, social, legal) and ensures the provision of emergency contraception and post exposure prophylaxis for HIV. Also, there are currently no laws or government programs that articulate strategies or actions to address domestic, sexual and gender based violence and HIV transmission.

Methodology of the study

A multicenter exploratory and descriptive study with quantitative and qualitative components was conducted, to explore the existence of situations of violence in women living with HIV/AIDS and the links between the two pandemics. The fieldwork was conducted between October and December 2008 and was based primarily on two techniques for gathering information: survey and in-depth interview.

The survey was administered to 100 women living with HIV/AIDS, over 18 years old, receiving care at the Institute of Hygiene in Montevideo. The selection of women for the implementation of the survey was random and the surveys were administered in the medical service by two doctors specially trained. Prior to this, informed consent was obtained from the women.

The survey was organized into four modules, the first module with demographic information, the second aimed at obtaining information on HIV diagnosis and sexual and reproductive health aspects. The third module included a questionnaire for the detection of situations of domestic violence - developed based on IPPF models and validated by Majdalani MP et al, and finally a section to be administered only to those women who reported having been victims of gender violence, which aimed to explore the types of injuries suffered.

In the second part of the study, in-depth interviews were conducted with women who reported having

10 Ministry of Interior. Data, Statistics and Analysis Department. Uruguay.

11 Ministry of Interior. National Observatory of Violence and Crime. Uruguay.

12 Paternain, R (coord.). Situation of violence, crime and insecurity in Uruguay. Data, trends and perspectives." Ministry of Interior, PNUD. Montevideo, 2008.

been victims of gender violence in order to deepen in the subject, following a series of guiding questions. Of the 100 women surveyed 10 were selected to be interviewed in-depth, of which a total of 6 interviews could be carried out. In order to facilitate the analysis, the themes were organized in the following modules: **Module 1:** violence situations lived in childhood and adolescence, partner violence and help seeking in health services as a result of violence; **Module 2:** sexual and reproductive health aspects and HIV/AIDS; **Module 3:** situations of institutional violence such as difficulties in accessing to medical care and other HIV services, discrimination, among others; and **Module 4:** links between violence and HIV, particularly the perceptions of the women interviewed on whether being or have been victim of violence and living with HIV are related.

Main Quantitative Findings

The results show that **72% of women surveyed reported having experienced some form of psychological violence at some point in their lives**, of which 28 (39%) said that they are currently suffering this type of violence. Among the types of emotional or psychological abuse, 45% were situations in which women were humiliated, 19% mocked, 17% rejection or contempt, 16% insults, 2% violence against their children and 1% threats. The perpetrators of the emotional abuse were partners (56%), relatives (36%) and friends or acquaintances (4%).

As regards physical violence, of the 100 women surveyed, 57 reported having experienced this kind of violence by someone emotionally significant to them, of which 12 (21%) confirmed they were currently suffering this form of violence. The forms of physical abuse reported included: hitting 58%, pushing 19%, burning 17% and biting 6%. The aggressors were in 72% of cases their partners, 25% relatives, 1.5% acquaintances and 1.5% unknown.

39% of the women reported having been sexually abused during childhood. Abusers in these situations where: 58.5% (parents, stepparents, grandparents, uncles), 39% were known to the family or friends and 2.5% unknown.

As for the situations of sexual violence experienced at different stages of life, **38% of the women surveyed reported having been forced to have sex or some form of sexual contact at some point of their lives**, of which 16% admitted to be living this type of situation today. The perpetrators of this

violence were: 39% partners, 25% relatives (parents, stepparents, grandparents, uncles, etc), 20% unknown and 16% were known.

It is noteworthy that the situations of violence were experienced by women of all socio-economic sectors breaking down the social representation that associates the occurrence of violence only in poor or marginalized sectors.

As regards the period of life in which these situations of violence occurred, the emotional and physical abuse mainly occurred in youth, while the highest frequency of sexual violence was observed equally during adolescence and youth.

When women were asked whether they have witnessed situations of violence against their mothers by husbands, partners or boyfriends in childhood or adolescence, 43% said "yes, always", 41% "no, never" and 13% "Yes, sometimes".

The survey also included questions about injuries, damage to the body or the genitals and/or contracting sexually transmitted infections as a result of the situations of violence experienced. 29% of the women surveyed had injuries between one and two times in their lifetime, 11.5% three to five times and 60% more than five times.

Finally, as regards the occurrence of violence prior to HIV diagnosis, **62% of the women surveyed experienced some form of violence prior to HIV diagnosis**: 56% suffered physical violence, 72% psychological, 38% sexual violence and 34% childhood sexual abuse.

Main Qualitative Findings

Half of the women interviewed suffered situations of psychological and physical violence perpetrated by their parents or foster family, which included alcohol abuse in two of the three cases. Situations of violence in childhood or adolescence were reported, ranging from abandonment and blaming to corporal punishment. The experiences of abandonment had a high emotional impact on women, leading to situations of lack of support, vulnerability and risk. In some of the women's testimonies, physical and psychological violence situations were linked to labor and sexual exploitation.

Most of the women reported having experienced situations of sexual violence in their childhood and/or adolescence, including sexual violence

involving penetration, sexual touching and serious injury. **The common denominator in these situations was that the perpetrators were family members:** mother's partner, stepfather and uncles. Also, all the sexual abuses took place at home. These results are consistent with the quantitative findings, confirming that most of sexual abuses during childhood occur in the private sphere and within the family.

Seeking help in situations of psychological, physical and sexual abuse in childhood and adolescence was complex. Some of the barriers included the lack of resources for girls and adolescents and the fact that the abuses were perpetrated by family members. In most cases girls turned instinctively to their mothers or neighbors, but the responses included punishment, suspicion about the veracity of the story and minimization of the event. Notably, none of the women mentioned seeking support in educational or community leaders and most of them recognized that many people were aware of the situations of violence they were living but no one intervened.

The physical and psychological violence suffered during youth and adulthood by the women interviewed was perpetrated by people with whom they had some type of sexual or emotional relationship. The violence was expressed through insults, threats, violence against their children, denigration and scenes of jealousy. The women also reported having suffered experiences of sexual violence at this stage of life perpetrated by their partners, relatives or clients, which included: violation of the limits set by the women during sex and rape.

The women's testimonies revealed two types of behaviors as a result of the situations of psychological, physical and sexual violence: to leave the matter in the privacy of the home and to seek external support or help. Some of the women sought help in health services, police, justice and non-governmental organizations working on the issue of violence against women. In some cases **the women mentioned the bureaucracy surrounding domestic violence complaints and the lack of monitoring of court decisions.** An important element to note is that even in those cases where women obtained protective orders; most of the time there was no follow-up.

Gender violence was also reflected in the reluctance of men (partners or clients) to use contraceptive methods, particularly condoms. In several cases,

women reported that the men used condoms only at the beginning of the relationship and irregularly.

Regarding institutional violence, discrimination from health personnel was expressed through the violation of the right to confidentiality. According to the women's testimonies the worst experiences of abuse in health care settings took place during pregnancy and delivery, increasing their feelings of guilt.

It is interesting to note that in the women's perception the situations of violence are recognized as a consequence of HIV, without being able to perceive a direct link between violent situations prior to HIV diagnosis and HIV/AIDS, except in the cases of rape.

Conclusion

The findings regarding the occurrence and frequency of violence in the women living with HIV surveyed show a clear trend in the direction of the hypotheses that guided this study. The percentage of women currently living with HIV/AIDS and who have suffered throughout their life situations of sexual violence and other forms of violence are a signal of alarm that calls for deepening in the intersection between HIV/AIDS and violence against women, in their theoretical aspects as well as in the implementation of services.

In this sense it is crucial to design and develop policies, programs, services and research to deepen and address the intersection between the two pandemics with a gender perspective.



FUNDACIÓN
PARA ESTUDIO
E INVESTIGACIÓN
DE LA MUJER



GESTOS
Soropositividade
Comunicação e Gênero



mYSU MUJER Y SALUD
EN URUGUAY



Tel./Fax: +54-11-4372-2763 | feim@feim.org.ar | Paraná 135- 3º "13", Buenos Aires, Argentina
<http://doscarasdeunamismarealidad.blogspot.com/>