CEDAW WATCH – Women's Movement Permanent Monitoring Action / Brazil 2013/2014

Report of the women's movement for the follow-up of the Brazilian 7th Periodic Report (CEDAW/C/BRA/7 - 51st Session) to be examined during the 57th Session of the Committee on the Elimination of Discrimination against Women (10 Feb 2014)

Produced by the Networks and Organizations Consortium – Cedaw Permanent Monitoring Action (CEDAW-WATCH BRAZIL)

- **Coletivo Feminino Plural**
- **Rede Nacional Feminista de Saúde, Direitos Sexuais e Direitos Reprodutivos** (Brazilian Feminist Network on Health, Sexual Rights and Reproductive Rights)
- **Comitê da América Latina e do Caribe para Defesa dos Direitos da Mulher (CLADEM/Brasil)** (Latin American and Caribbean Committee for the Defense of Women's Rights)
- **Núcleo Interdisciplinar de Estudos sobre Mulher e Gênero (NIEM/UFRGS)**
- Articulação de Organizações de Mulheres Negras Brasileiras (*Coalition of Brazilian Black Women's Organizations*)
- Associação Casa da Mulher Catarina
- Comissão de Cidadania e Reprodução
- ECOS – Comunicação em Sexualidade
- Gestos – Soropositividade, Comunicação e Gênero
- Instituto Brasileiro de Inovações pró-Sociedade Saudável- Centro-Oeste (IBISS-CO)
- Instituto Mulher pela Ação Integral à Saúde e Direitos Humanos (IMAIS)
- Plataforma DHESCA Brasil
- THEMIS Assessoria Jurídica e Estudos de Gênero

Porto Alegre (Brazil), December 2013.

Introduction

This Alternative Report is intended to be a contribution to the analysis of the Brazilian Government Report by the CEDAW committee, in its 57th follow-up session to be held in Geneva, on February, 2014. The present document was prepared by a consortium formed by thirteen women's and feminist networks and organizations working on the implementation of the Convention in Brazil, within the scope of the Project "Cedaw Watch – Permanent Monitoring Action by Women's Movement" (2013/2014).

The consortium is formed by: *Coordinating organizations*: Coletivo Feminino Plural; Brazilian Feminist Network on Health, Sexual Rights and Reproductive Rights; Latin American and Caribbean Committee for the Defense of Women's Rights (CLADEM/Brasil); and Núcleo Interdisciplinar de Estudos sobre Mulher e Gênero (NIEM/UFRGS). *Other participant organizations*: Articulação de Organizações de Mulheres Negras Brasileiras; Associação Casa da Mulher Catarina; Comissão de Cidadania e Reprodução; ECOS – Comunicação em Sexualidade; Gestos – Soropositividade, Comunicação e Gênero; Instituto Brasileiro de Inovações pró-Sociedade Saudável/CO; Instituto Mulher pela Ação Integral à Saúde e Direitos Humanos (IMAIS); Plataforma DHESCA Brasil; and THEMIS Assessoria Jurídica e Estudos de Gênero.

The consortium operates independently as a project, with financial support obtained through open bidding from the Ministry of Women's Policies, and provides information regarding the conclusive observations numbers 21 and 29 of CEDAW 51st session: 21) Trafficking and exploitation of prostitution; and 29) Health. For this purpose, the coalition developed a working method that included mobilizing people for action and participation; development of indicators and procedures for data collection; training; public awareness; CEDAW dissemination; and report writing.

The report is based on information extracted from government databases plus complementary data obtained directly either from government officials or in texts and articles published by universities and civil society organizations. It is drawn, furthermore, from news published in the media that provide facts to back the analyses. A participatory process urged the provision of information by women's movement.

Background

Throughout the preparation of this report (2013), women's human rights in Brazil have been increasingly under the risk of going backwards because of the activities of conservative groups in the National Congress. Debates on abortion rights in the Congress often undergo setbacks, illustrated in the recent attempts to create a Parliamentary Committee of Inquiry into activities of feminist organizations for abortion legalization. The Rapporteur of the Senate Revision Committee rejected a provision included in the Penal Code Amendment Bill aimed at decriminalizing abortions performed up to 12 weeks of pregnancy, thus keeping criminal proceedings against

women who carry out abortions. Furthermore, a bill proposing legal rights to unborn human fetuses is under debate in some Committees in the Chamber of Deputies and awaits plenary votes. On the other hand, the Supreme Court opened up a further legal permit for abortion, in case of anencephalic fetuses.

Regarding violence, the Parliamentary Committee of Inquiry on Violence Against Women considered that the government has devoted scant efforts to prevent the murder of women by their intimate partners, and that the judiciary has failed in the implementation of Maria da Penha Law. The Law on sexual violence, enacted on July 2013 by President Dilma Roussef, was fiercely attacked by religious sectors.

The spread of aids epidemic among women and the persistence of high rates of maternal mortality denote the abandonment of the comprehensive health care approach to women's health. This comes to the detriment of black and indigenous women, of those who live in frontier areas and of the poorest women generally.

Women and girls trafficking, and sexual exploitation of girls, do not constitute yet a State policy – one that could bind public officials at all levels of government to train public professionals for service delivery, and to promote awareness campaigns aiming to move Brazilian society for the eradication of these problems. Without long term initiatives backed by government financing, monitoring and evaluation, Brazilian women and girls remain lacking access to their human rights. On the eve of the FIFA World Cup (2014), the worsening of violence and sexual exploitation of girls, teenagers and young women is worrisome.

Brazilian government failure to sign important international documents, the endurance of discriminatory legislation, and the lack of specific legislations on health and trafficking referred to women and girls – themes of this follow up report – increase worries and alertness over the deficits in women's and girls' human rights.

ação permanente
CEDAW

REPORT

Recommendation 21 (Trafficking and Exploitation of Prostitution)

1. In 2005, Brazil ratified the Palermo Protocol and, in 2006, enacted a presidential decree setting forth a policy to combat human trafficking. This, however, does not constitute properly a public policy, since a decree could be easily revoked. Moreover, executive, legislative and judicial branches in both state and municipal governments are not legally bound to this policy, which relies on voluntary adherence. Such situation contravenes the observations of CEDAW/C/BRA/CO/7, paragraph 21, subparagraphs (b) and (c).

2. Human trafficking issues have gained prominence in both the Brazilian society and the actions of national government. Nevertheless, such actions are still sporadic and occur, mostly, through short-term projects. The governmental policy sets three levels for its implementation, which in 2013 were distributed in 17 of the 27 federal states as follows: 16 **centers**, 6 **committees** and 11 **outposts**.[1]

3. To collect official information on human trafficking in Brazil is still a challenging task. Two documents[2] published in 2013 poorly reflect the reality of trafficking in women and girls. Data from Compulsory Notification by the Healthcare System, presented in both documents, are inconsistent, for they have not been supervised. A survey into the 15 notifications in the state of Mato Grosso do Sul reveals that these are not properly cases of trafficking in persons, whereas cases featured in other sources were not registered.[3]

4. Official information from the network for protection of children and adolescent rights, particularly the Tutelary Councils and the Unified System of Social Security, is not available for consultation yet. This reality suggests a lack of either systematization of information or engagement with the issue.

5. Documents on the eradication of slavery reflect the priority given to men to the detriment of the distinct positions of women in the labor world.[4] Women specificities are also not considered in the Constitutional Amendment Bill, PEC 57-a, named PEC of Slavery, under analysis, in the Senate.[5]

6. In Brazil, there are several nationwide, toll-free, hotlines available for reporting abuses and/or getting advice. Data originated through the phone numbers 180[6], 100[7] and 190[8] still do

[1] Information available at: <http://portal.mj.gov.br/traficodepessoas/data/Pages/MJ16B51547PTBRNN.htm>
[2] National Report on Human Trafficking: consolidated data from 2005 to 2011; Analysis on human trafficking in border areas; both launched in 2013. Available at: <http://portal.mj.gov.br/traficodepessoas>
[3] Survey conducted by the CEDAW Monitoring Consortium.
[4] Atlas of Slavery in Brazil, based on data from the Ministry of Labor and Employment. Available at: <http://amazonia.org.br/wp-content/uploads/2012/05/Atlas-do-Trabalho-Escravo.pdf>
[5] Available at: <http://www.senado.gov.br/atividade/materia/detalhes.asp?p_cod_mate=105791>
[6] Aimed at protection of women's rights, it is being extended to other countries.

not reflect the reality of human trafficking (Hotline 180: 111 reports of abuses during 2010/2011; Hotline 100: 35 reports). According to the National Secretariat for Women's Policies, the number of reported abuses through the toll-free "Ligue 180" has increased in 2013: from January to July, 2013, the hotline received 263 reports of abuses, 173 out of which refer to international occurrences. We have no information, however, as to whether there is follow-up of the cases and their subsequent disclosure.

7. Despite human trafficking in Brazil being driven by different interests, public debates and actions are focused on trafficking for sexual exploitation. Yet, the ongoing legislative debate takes into account domestic and international human trafficking with purposes that go beyond sexual exploitation, as demonstrated by the outcomes of the Parliamentary Committees of Inquiry.[9]

8. Although Bill 479/2012[10] includes a wider list of motivations behind trafficking in persons, it still does not represent a comprehensive policy for confronting this problem, since it is not mandatory to all branches and to distinct levels of government, as set by Palermo Protocol[11]. Neither does it require from funders and entrepreneurs of large projects and events, such as the National Bank of Social and Economic Development (BNDES), compliance with the concept of **expanded responsibility** on the social impacts of the enterprises.[12]

9. Brazil has not ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CEDAW/C/BRA/CO/7, par.39).

10. The development model adopted in Brazil is based, among other drives, on heavy infrastructure construction either destined for public policies or for private or public-private enterprises. The fulfillment of such projects implies a labor-migration connection, as they are marked by "urgency" and take place in areas lacking in labor force. No social impact assessments of large civil constructions have been conducted, nor have measures to prevent human trafficking been taken.

11. The formal labor force in civil construction is mostly male, including in the projects for the World Cup 2014. These settings allow the development of markets such as food and maintenance services, which include female work. A sexual market is often established too, in which women work with distinct degrees of autonomy, and girls are victims of sexual exploitation.

12. Initiatives for combating human trafficking that are in consonance with human rights standards do not admit victim-blaming and social cleansing practices[13]. It is acceptable, as well, to

---

[7] It is nationwide and deals with human rights violations generally.

[8] Provided by the public security system, it is nationwide.

[9] SENATE. Final Report #2, 2012. Parliamentary Committee of Inquiry on Domestic and International Human Trafficking in Brazil. Dec/2012. Available at: <http://www12.senado.gov.br/noticias/materias/infograficos/2012/12/info-trafico-de-pessoas>. Visited on Nov 20, 2013.

[10] Available at: <http://www.senado.gov.br/atividade/materia/detalhes.asp?p_cod_mate=110044>

[11] Observation CEDAW/C/BRA/CO/7, para.21, a.

[12] http://www.plataformabndes.org.br/site/

[13] On the relation between traffic and public policies for HIV/Aids prevention, see UNDP. HIV and the Law: Risks, Rights & Health, jul,2012. Available at: <http://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/Commissions%20report%20final-EN.pdf.>. Visited on Nov 15, 2013

deal with migrant persons as trafficked persons. Besides, ignoring the rights of sex workers means putting at risk and penalizing women who have already been subjected to discrimination[14].

13. The incident involving the release of reportedly trafficked women from the surroundings of Belo Monte Dam's building site (Pará, 2013) exposes the following circumstances: (i) there is internal trafficking; women and girls from southern states either migrated or were trafficked to that northern locality; (ii) the social services network presents shortcomings, since those women accessed care services only once, without referral to other relevant social services; (iii) the police way of intervention and the media visibility caused collateral damage to the women, leaving them without livelihood prospects; and (iv) the *modus operandi* has confused public opinion regarding migration and trafficking[15].

14. In Madeira River Dams (Rondônia)[16] and in the distilleries (Mato Grosso do Sul)[17], Bolivian and Paraguayan women are found in the surrounding of large building sites and, in case of police intervention, they are forcibly "returned" to their countries, without either guarantee of migrant rights or protection aimed to trafficking victims.

15. Prevention is conducted by means of sporadic campaigns without taking into account groups' specificities. Campaigns carry a sexist bias, reproducing stereotypes and, in some cases, "blaming" migrant law. Prevention actions have been carried out mainly during major events and it is worrisome that this approach overlooks the impacts of infrastructure building stages.

16. Actions aimed at protecting children and teenagers' rights during big events (carnival, football matches etc.) violate the rights to leisure, culture and sport, as they restrict both time schedule and access to venues[18].

17. Trafficked women and girls still do not have access to comprehensive and coordinated healthcare and social care through the Unified Health System (SUS) and the Unified Social Security System (SUAS). The National Network of Occupational Health (RENAST), a public policy included in SUS, is not committed yet to cope with human trafficking. Regarding Paraguayan women found in Brazil, police intervention has not been coordinated with other public policies, so they are returned to their country without guarantee of their rights.

18. Training of public officials and health professionals occurs sporadically, mostly financed by the federal government. Training is more commonly directed to police officers and staff of women's policies departments, which scarcely deal with this issue.

---

[14] See World Cup, women trafficking and prostitution: myths and facts. Beijo da Rua, April 2012, Davida. Available at: <http://www.beijodarua.com.br/abril2012.pdf>.7 Visited on Nov 20, 2013.

[15] The CEDAW Monitoring Consortium analysed documents on the handling of Belo Monte Dam case sent by reliable governmental and non-governmental sources.

[16] http://revistaforum.com.br/blog/2012/07/forum-de-julho-traz-uma-outra-historia-sobre-a-construcao-das-hidreletricas/

[17] http://monitoramentocedaw.com.br/wp-content/uploads/2013/08/Para-que-se-traficam-pessoas-em-nossas-fronteiras-em-06082013_com-publica%C3%A7%C3%A3o.pdf

[18] See discussion at <http://www.comitenacional.org.br>

19. As to the combat of sexual exploitation of girls, most of the specific actions is accomplished by the Program of Integrated and Referential Actions (PAIR). PAIR is currently dedicated to the World Cup and major projects. It is run through projects, thus for fixed terms, and adherence depends on the willingness of local administrations.[19]

20. Despite a number of researches conducted in the frontiers, there is no particular plan coordinated between the states involved, which meet the specificities of each border area. Adherence is voluntary and federal financing is aimed to "projects". Brazil is developing the program PAIR MERCOSUL, aimed at combating sexual violence, whose implementation is also through projects.[20] Its priority actions are the coordination and training of networks for protection of the rights of children and teenagers.

21. There are Specialized Social Assistance Reference Centers - CREAS that provide social protection to victims of rights violations. Cases of sexual exploitation are not common in these services, for the weakness of local care services networks and the low visibility of the issue. Emphasis is given to intrafamily sexual abuse.

22. National legislation establishes that comprehensive care services should be delivered to victims in cases of sexual abuse. However, victims face institutional barriers, poor information and lack of coordination between social assistance, healthcare and mental health services.

23. Programs like "Consultório na Rua" (street clinic) (SUS) and CREAS-POP (SUAS) present very low coverage in the country, operate disjointedly and lack both infrastructure and human resources. Thus, these are unable to concretely meet the technical needs for approaching, proactive case finding and educational processes aimed at girls who are being sexually exploited. Sexual exploitation mediated by the new technologies (internet) is also mostly overlooked by public policies.

[19] http://pair.ledes.net/

[20] http://ninosur.ledes.net/site/pt_BR/index.php?toSection=15&ItemID=13

ação permanente
CEDAW

Recommendation # 25 - Women's Health

24. **Maternal Mortality:** According to UNDP[21] and IBGE[22], Brazil will not achieve the fifth Millennium Goal. Although maternal mortality ratio (MMR) has declined by 4% per year, according to data from the Ministry of Health, it is still much higher than the set goal[23]. In order to accomplish the MDG goal[24], MMR should decrease by 5,5% per year.

25. Between 2010 and 2011, the adjusted MMR was reduced from 77 deaths to 70 deaths per 100,000 live births. The absolute numbers of deaths are as follows: 2010 (1719), 2011 (1610), 2012 (1377) and 2013, up to October, (245). Data for 2012 and 2013 are preliminary and the MMR for 2012 is not available yet. Inquiry into deaths of women of reproductive age, a key measure for reducing underreporting of maternal death, has improved. Data for 2011 point that in 14 Brazilian states over 85% of these deaths had been investigated.

26. The poorest women, particularly the black ones, are the primary victims of maternal mortality in Brazil. Between 2009 and 2011, maternal deaths among black women totaled 3,034 deaths, an amount 73% higher than the 1,757 deaths among white women.

27. The measures adopted in the country thus far have not been adequate to eliminate preventable maternal deaths caused by abortion, hypertensive disorder, haemorrhage and sepsis. Therefore, human rights to health, as well as to opportune and quality pregnancy and obstetric care are still denied to women in Brazil.

28. "Rede Cegonha" Program, aimed at reducing maternal mortality rates, counted in 2013 on budgeted resources of R$240 million for its implementation. However, according to the Federal Senate's National Budget web portal, by November 2013, only 10.6% of the projected budget had been expended, suggesting that low priority was given to the program[25].

29. Furthermore, as it is exclusively aimed at the gestational period, the program disregards sexual and reproductive rights acknowledged by UN World Conferences, besides overlooking SUS guiding principles, particularly comprehensive healthcare. This, therefore, represents a setback for the previous policies, as the program omits, for instance, practices for postnatal and post-abortion family planning, menopausal healthcare, healthcare response to the impacts of violence, comprehensive mental health assistance and prevention of teenage pregnancy.

---

[21] http://www.pnud.org.br/ODM.aspx Visited on December 2, 2013.
[22] Avaliação da Situação de Saúde. Available at: <www.ibge.gov.br/home/.../saude/analise.shtm> Visited on December 2, 2013
[23] Boletim Morte Materna no Brasil, 1/2012. Ministério da Saúde. <http://tabnet.datasus.gov.br/cgi/deftohtm.exe?sim//cnv/mat10uf.def> Visited on November 29, 2013.
[24] Mortalidade Materna No Brasil. Available at: http://portalsaude.saude.gov.br/portalsaude/arquivos/saudebrasil2009_parte2_cap7.pdf. Visited on: December 1, 2013
[25] Source: SIGA BRASIL/Senado Federal http://www12.senado.gov.br/orçamento/loa

30. There is a clear paradox between maternal mortality rates and the data for prenatal care coverage (91%) and hospital deliveries (98.1%) in the country. Such dissonance suggests poor antenatal and obstetric assistance. Obstacles are many: low priority given to women's health policies; poorly trained health professionals in both prenatal and obstetric services; lacking access to a hospital; use of technologies not consistent with scientific evidence; and lacking access to timely and skilled emergency services. And yet, no measures seem to be in place to overcome them. Institutional violence is commonplace[26]and is also manifested in deny to the presence of a family member/friend and in the lack of privacy during delivery.

The case of Alyne Pimentel, who died in 2002 from obstetrical causes after traveling through maternal health services in Rio de Janeiro, is illustrative of the disregard for women's health, particularly black women. The disproportionate incidence of maternal deaths among these women exposes institutional racism and tolerance towards discrimination in obstetric healthcare[27].

31. **Abortion:** Brazilian legislation includes three exceptions to the abortion ban: pregnancy resulting from rape, to save the woman's life, and diagnosis of anencephalic fetus, this latter ruled by the Supreme Court (on April 12, 2012). Abortions performed under other circumstances are illegal, and constitute one of the main reported causes for maternal mortality. In 2012, hospital admissions resulting from unsafe abortions in Brazil totaled 99,633, a number that amounts to 10% of all admissions for delivery[28].

32. Governmental measures aimed at expanding women's reproductive rights to allow termination of pregnancy have been subject to reprisals from conservative and religious sectors in the Congress, and also in legislative bodies of states and municipalities. Nearly 30 bills are currently threatening women's rights to terminate pregnancy, by proposing deterring mechanisms generally based on heavier punishment[29].

33. Between 2012 and 2013, both a bill for ascribing legal rights to unborn fetuses and a proposal for setting a Parliamentary Committee of Inquiry into abortion made their way through Congress. Similar bills are being debated in the legislatures of some states and municipalities. In Rio Grande do Sul, for instance, a bill proposes to create the Day of the Unborn; a similar law is in force in Rio de Janeiro, since 2002[30]. Other bills propose to ban the use of emergency contraception. A Penal Code Amendment Bill is being debated in the Congress, including a proposal for decriminalizing abortions performed up to 12 weeks of gestation. However, further amendments introduced by the revision committee not only reject the progressive amendment as also increase penalties.

---

[26]Fundação Perseu Abramo. *Mulheres brasileiras e Gênero nos espaços público e privado*. Opinion poll, 2010

[27]Plataforma Dhesca. Available at: http://www.dhescbrasil.org.br/index.php?option=com_content&view=article&id=944:audiencia-expoe-descumprimento-recomendacoes-caso-alyne&catid=69:antiga-rok-stories. Visited on December 10, 2013

[28]Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

[29] http://cfemea.org.br/index.php?view=article&catid=399%3Anumero-174-janeiro-a-julho-de-2013&id=4023%3Amapa-do-fundamentalismo-no-congresso-nacional&format=pdf&option=com_content&Itemid=129

[30] http://arqrio.org/agenda/detalhes/198/missa-pelo-dia-do-nascituro

34. Services designed for termination of pregnancies resulting from sexual abuses are too little, poorly equipped and inadequately publicized. In 2013, the Ministry of Health recorded 65 of these services in the whole country for a population of 59 million women of reproductive age.

35. Access to emergency contraception, a key measure for preventing unintended pregnancy inclusive in cases of sexual violence, has improved in healthcare services with the new guidelines issue by the MS exempting services from requiring medical prescription.

36. **Violence against women and girls** The final report of the Parliamentary Committee of Inquiry into VAW[31] warns on the need for preventing the growing number of femicides by intimate partners and for stopping state tolerance in the trial of such crimes. During the last 30 years, nearly 91 thousand women were murdered in the country; 43.5 thousand of which in the last decade. Annual number of deaths increased by 217.6% in this period, from 1,353 to 4,297 per year.

37. During 2010, the Ministry of Health promoted the mandatory reporting of any kind of violence through SINAM the national information system on harms of mandated reporting [32], expanding the number of health services that must report violence, from 5,898 in 2011 to 8,425 in 2012. In 2011, services reported 70,270 cases of violence against women, mostly domestic violence (71.8%) and the partner being the primary batterer. Such initiatives, however, are still limited to emergency services and do not meet the needs of women who suffer continuous and not always visible violence.

38. The high incidence of self-inflicted injury (10%) also suggests healthcare practices that pay scant attention to the signs, symptoms and risk factors of psychic suffering.

39. **HIV/Aids and syphilis** The feminization of HIV/Aids in Brazil seems to have reached a plateau, except for the 13-19 age group, for which, between 2008 and 2011, the new cases reported in girls outnumbered the male ones, revealing absence of prevention policies with generational and gender-sensitive approaches. In 2012, reported new cases of HIV/aids infection totaled 39,185 in Brazil, 36.6% out of them in women[33]and 96% through sexual transmission. The prevalence sex ratio remained at 1.7 male/female cases since 2010.

40. Aids mortality rate was higher in men (8.1/100,000 inhabitants) than in women (4.2/100,000). Mortality sex ratio has been 1.9 male/female, steady since 2008. Although recorded cases are concentrated in white people, the highest mortality rates occur among black men and women.

[31] Brasil. Senado Federal. Comissão Parlamentar Mista de Inquérito – Relatório Final. Brasília, Julho de 2013

[32] Saúde Brasil 2011 - Uma análise da situação da saúde e a vigilância da saúde da mulher. Ministério da Saúde. Brasília - DF, 2012.

[33] BRASIL. Ministério da Saúde. Boletim Epidemiológico - Aids e DST. Ano II - nº 1 - até semana epidemiológica 26ª - December 2013.

41. The detection rate for HIV infection in children under age five was 3.4/100.000 inhabitants. The general rate for HIV vertical transmission has declined by 35.8% over the last 10 years. However, the Northern and Northeastern regions presented growing rates of respectively 41.9% and 3.7%.

42. HIV testing in pregnant women presented a detection rate of 2.4 cases per 1,000 live births, higher than in 2011 (2.3/1,000). Most infected women were in the 20-29 age group (50.9%); as to racial/ethnic identity, 52,5% were black women.

43. The coverage range for antiretroviral therapy has been 60%-79%, while episodes of drug shortage and fractioned distribution persist. Testing campaigns directed to the most vulnerable populations have endured pressures from conservative groups.

44. Official data connecting HIV/Aids incidence to forced sexual relations are largely missing, as well as effective public policies for preventing sexual violence. The association between sexual violence by intimate partner and HIV infection in women has recently been established by researches.[34]Women victims face a risk 50% higher of being infected.

45. The incidence of syphilis is also increasing in Brazil. Syphilis prevalence among women in labor, according to the Ministry of Health, is four times higher than HIV infection. Congenital syphilis cases are also growing in numbers. Low quality prenatal and poorly trained health professional are among the causes attributed to this escalation.

---

[34]<http://www.onu.org.br/unaids-pede-fim-da-violencia-baseada-no-genero-para-reduzir-o-risco-de-infeccao-por-hiv/>. Visited on December 2, 2013.

THIS REPORT WAS PREPARED BY:

Civil society organizations: Coletivo Feminino Plural, Brazilian Feminist Network on Health, Sexual Rights and Reproductive Rights, Latin American and Caribbean Committee for the Defense of Women's Rights (CLADEM/Brasil), Núcleo Interdisciplinar de Estudos sobre Mulher e Gênero (NIEM/UFRGS), Articulação de Organizações de Mulheres Negras Brasileiras, Associação Casa da Mulher Catarina, Comissão de Cidadania e Reprodução, ECOS – Comunicação em Sexualidade, Gestos – Soropositividade, Comunicação e Gênero, Instituto Brasileiro de Inovações pró-Sociedade Saudável/CO, Instituto Mulher pela Ação Integral à Saúde e Direitos Humanos (IMAIS), Plataforma DHESCA Brasil, THEMIS Assessoria Jurídica e Estudos de Gênero.

Raporteurs: Telia Negrão, Clair Castilhos, Ingrid Leão, Jussara Reis Prá, Maria José de Oliveira Araújo, Estela Rondina Scandola, Simone Cruz, Maria Helena Franco, Margareth Arilha, Juliana César, Maria Luisa Pereira de Oliveira, Fabiane Simioni, Virginia Feix, Lea Epping, Neusa Heinzelmann, Neusa Freire Dias, Regina Beatriz Vargas.

Contributors:

Acontece Arte e Política LGBT/ABGLT/CNCD-LGBT, Maria Guilhermina Cunha Salasario; Associação Brasileira de Defesa da Mulher da Infância e da Juventude (ASBRAD), Dalila E. M. D. Figueiredo; Centro Feminista de Estudos e Assessoria (Cfemea), Guacira César and Jolúzia Batista; Departamento de Polícia Federal – MS, Vânia Cristina Campos da Silva; Fundação do Trabalho de Mato Grosso do Sul, Aline Mendes Pleutin; Núcleo de Enfrentamento ao Tráfico de Pessoas - NETP/CE; Núcleo de Enfrentamento ao Tráfico de Pessoas - NETP/RS, Aléxia Meurer and Simone Reginato; Núcleo de Serviço Social e Relações de Gênero - Departamento de Serviço Social / UFSC, Teresa Kleba Lisboa; Pastoral da Mobilidade Humana e Migrantes de Corumbá – MS, João Hellensberger Filho; Universidade Católica do Salvador-BA, Vanessa Ribeiro Simon Cavalcanti; Universidade Federal de Pernambuco – CCSA - Departamento de Serviço Social/ UFPE, Maria de Fátima Gomes de Lucena.