BELIZE

GENDER BASED VIOLENCE (GBV) AND SEXUALLY TRANSMITTED INFECTIONS (STIs), INCLUDING THE HUMAN IMMUNODEFICIENCY VIRUS/ACQUIRED IMMUNODEFICIENCY SYNDROM

POPULATION SPECIFIC INFORMATION FOR WOMEN, GIRLS, LESBIAN, BISEXUAL AND TRANSGENDER WOMEN, SEX WORKERS AND OTHER WOMEN AFFECTED BY GENDER BASED VIOLENCE

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CVC, through funding from UN Women, implemented the project in three countries (Belize, The Bahamas and Jamaica). The objectives of the project were:

1. To assess the degree to which policies intended to enable the reduction of GBV/VAW and its associated risk of HIV infection have been implemented in Jamaica, Belize and The Bahamas.
2. To improve the capacity of selected CSOs in Jamaica, Belize and The Bahamas to use the rights based approach to address GBV and VAW especially in situations of vulnerability to HIV/STI infection.

For more information please visit our website: www.cvccoalition.org

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ACRONYMS

AIDS  Acquired Immunodeficiency Syndrome
ARV  Antiretroviral
BSS  Behavioural Survey Study
CDC  Centre for Disease Control
CEDAW  Convention for the Elimination of all Forms of Discrimination Against Women
CRS  The Caribbean Regional Strategic Framework
CSEC  Caribbean Secondary Education Certificate
CSOs  Civil Society Organisations
VC  Caribbean Vulnerable Communities Coalition
DPP  Director of Public Prosecution
FSWs  Female Sex Workers
GBV  Gender Based Violence
HIV  Human Immunodeficiency Virus
ILO  International Labour Organisation
IPV  Intimate Partner Violence
LAC  Latin America and the Caribbean
LB  Lesbian and Bisexual
LBT  Lesbian, Bisexual and Transgender
LGBT  Lesbian, Gay, Bisexual, and Transgender
MoH  Ministry of Health
MOT  Modes of Transmission
MSM  Men who have Sex with Men
NFPB  National Family Planning Board
NGO  Non-Governmental Organisations
PEPFAR  The United States President’s Emergency Plan for AIDS Relief
PLHIV  Person(s) Living with HIV
STIs  Sexually Transmitted Infections
SWs  Sex Workers
UN  United Nations
UN Women  United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
UNDP  United Nation Development Programme
UNGASS  United Nations Special Assembly on HIV/AIDS Declaration of Commitment
USAID  United States Agency for International Development
VAW  Violence against Women
WHO  World Health Organisation
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WHAT ARE SEXUALLY TRANSMITTED INFECTIONS (STIs)
Sexually transmitted infections (STIs) are infections that are spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmissible bacteria, viruses and parasites. The most common conditions they cause are gonorrhoea, chlamydial infection, syphilis, trichomonas’s, chancroid, genital herpes, genital warts, human immunodeficiency virus (HIV) infection and hepatitis B infection. Several, in particular HIV and syphilis, can also be transmitted from mother to child during pregnancy and childbirth, and through blood products and tissue transfer. A person can have an STI without having obvious symptoms of disease. Common symptoms of STIs include vaginal discharge, urethral discharge or burning in men, genital ulcers, and abdominal pain (World Health Organization, n.d.).

Prevention of STIs
- Counselling and behavioural approaches
- Counselling and behavioural interventions offer primary prevention against STIs (including HIV), as well as against unintended pregnancies. These include:
  - Comprehensive sexuality education, STI and HIV pre- and post-test counselling;
  - Safer sex/risk-reduction counselling, condom promotion;
  - Targeted interventions for key populations, such as sex workers, women, girls, LBT women, and other key populations
  - Education and counselling tailored to the needs of the specific populations

WHAT IS THE HUMAN IMMUNODEFICIENCY VIRUS?
The human immunodeficiency virus, known by its acronym HIV, is a type of virus that infects cells of the immune system or defence system. When we say that the virus causes an immunodeficiency we mean that our defence system, which under normal circumstances protects us against infection, is weakened and the body cannot fight against certain organisms that exploit this weakness and progress in our body and cause illnesses (Casares, 2015, p. 33).
WHAT IS ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)?

Acquired immunodeficiency syndrome (AIDS) is a set of signs and symptoms associated with a weakened immune system due to HIV. It refers to one of the most advanced stages of HIV infection which shows opportunistic infections or HIV-related cancers (Casares, 2015, p. 33).

The three conditions for HIV transmission are:

1. HIV must be present, that is, the person must live with HIV.
2. Sufficient quantity of the virus in bodily fluids: infectious fluids are blood, semen, vaginal fluids, and breast milk; other bodily fluids do not contain sufficient quantity of the virus for transmission, such as, urine, faeces, tears or sweat.
3. A route of entry into the blood, such as wounds, mucous membranes of the vagina or penis, mouth or eyes. HIV cannot enter through skin that is healthy and without wounds.

Different Forms of HIV Transmission:

- Unprotected sex (without a condom).
- Sharing of syringes or sharp objects (tattoos, piercing, etc.), blood transfusions or from mother-to-child through pregnancy, childbirth or breastfeeding.

HIV is Not Transmitted Through:

- Daily contact at home, school or work. HIV is transmitted through unprotected sex or sharing sharp objects, i.e. where there is exchange of blood or infectious fluids.
- Physical contact such as hugging, shaking hands and kissing, saliva, tears and sweat do not transmit HIV.
- Sharing objects such as bath or kitchen utensils (cups, plates, etc.). HIV is destroyed easily with products like soap, bleach or alcohol.
- By air or food. HIV barely survives outside of the human body.
- Contact with sneezes or tears. These fluids do not transmit HIV.
- Mosquito bites. HIV is destroyed upon contact with the saliva of the mosquito (Casares, 2015, p. 33).
Is There a Cure For HIV?
HIV has no cure, but there are medicines called antiretroviral which allow people living with HIV to lead many years of healthy living without developing AIDS.

How Can You Prevent HIV?
- Preventing sexual transmission of HIV: the only way to completely prevent sexual transmission of HIV is abstinence (not having sex with anyone), but you can reduce the risk of acquiring HIV through the proper use of male or female condoms, reducing the number of sexual partners, mutual fidelity (knowing in advance whether or not your partner has HIV) or delaying sex.
- Preventing the non-sexual transmission of HIV: demanding safe blood when getting a blood transfusion, not sharing needles if using drugs or injectable medications or other sharp objects (scissors, knives, needles for piercing and tattoos, etc.) Transmission from mother-to-child is prevented through treatment to reduce perinatal transmission (ARV treatment, caesarean section at 38 weeks and formula milk for breastfeeding) (Casares, 2015, p. 34).

WHAT IS GENDER BASED VIOLENCE?
According to the Convention for the Elimination of All Forms of Discrimination Against Women (CEDAW), gender based violence (GBV) is violence that is directed against women, gender non-conforming people and sexual minorities because they are women, gender non-conforming and/or sexual minorities. It includes acts that causes physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of social, physical and emotional needs. It is a form of discrimination that seriously affects one’s ability to enjoy the same rights and freedoms that heterosexual men experience.

GBV usually occurs when one does not meet societal stereotypical gender expectations, as well as when one is in a relationship with
uneven power dynamics. Lesbian, gay, bisexual and transgender (LGBT) people are often seen as not meeting society stereotypical gender expectations and this gives rise to most of the violence they are subjected to. The stigma associated with same sex relationships or being gender non-conforming is reinforced in many countries, such as Jamaica, Belize and The Bahamas, where same-sex sex acts are criminalized.

GBV is not limited to the private or public sphere and can be perpetrated by state actors, members of a community or intimate partners. Structural violence (at the state level) includes discriminatory social policies or social practices that can negatively impact health and wellbeing. Although stigma and discrimination can cause violence, in their most aggressive forms they may also themselves be acts of violence. The United Nations has noted that incidents of violence based on sexual orientation and gender identity tend to be especially vicious, and are carried out with a high degree of cruelty and brutality.

While gender based violence is directed at various persons, women and girls are most at risk and affected by gender based violence. Consequently, the terms “violence against women” and “gender based violence” are often used interchangeably. However, boys and men experience gender based violence as well, but more so when they are also sexual and gender minorities (such as gay and bisexual men, other men who have sex with men (MSM) or trans men). Women who are sexual and gender minorities, including lesbian, bisexual and trans women, and women who are already marginalized in society, because of age, poverty, sex work or migrant status, are also at a compounded risk. Regardless of the target, gender based violence is rooted in structural inequalities based on gender norms that value men over women, masculinity over femininity, and heterosexuality over homosexuality and cisgender people over trans people, and is characterized by the use and abuse of physical, emotional, or financial power and control.¹

¹ Definition adapted from Gender based Violence and HIV: A Program Guide for Integrating Gender based Violence Prevention and Response in PEPFAR Programs
While gender based violence is a global problem, the Caribbean as a region has particularly high incidences of violence against women and other forms of gender based violence. The worldwide average for rape was 15 per 100,000, however The Bahamas had an average of 133; St. Vincent and the Grenadines 112; Jamaica 51; Dominica 34; Barbados 25; and Trinidad and Tobago 18. The Due Diligence and State Responsibility to Eliminate Violence against Women’s Regional Report on Latin America and the Caribbean (LAC) further pointed to a survey which revealed that in nine Caribbean countries 48 percent of adolescent girls’ sexual initiation was ‘forced’ or ‘somewhat forced (Delgado, Facio, & Moussa, 2014).

Gender based violence is well recognized as a violation of human rights and also now as a public health issue – one that dangerously intersects with the HIV/AIDS epidemic. There has been a growing focus in the fight against HIV to recognize the ways in which gender based violence increases certain populations’ vulnerability. Research indicates that experiencing violence and trauma is associated with an increased risk for HIV and other sexually transmitted infections (STIs). This risk is due to both physical exposure to HIV during the violent or traumatic event and the mental burdens that may result from violence or trauma, which can interfere with one’s ability to protect oneself consistently from HIV transmission. For many girls and young women, their first sexual encounter is often coerced; the experience or fear of violence is a daily reality, and increasingly, so is HIV/AIDS (Delgado, Facio, & Moussa, 2014).

Violence against Women, Gender Based Violence and their intersection with HIV/AIDS are issues that need to be addressed in the Caribbean as the HIV epidemic in the Caribbean tends to be one that is both general and concentrated among sub populations, such as sex workers, migrants, trans women, and young girls who are rendered vulnerable because of GBV.
FORMS OF VIOLENCE

It is important to understand the various types of violence that can be inflicted on people and that are forms of gender based violence. Sometimes women and other gender and sexual minorities are not even able to recognize when violence is being inflicted upon them, especially if it is not only physical violence.

Physical violence: Being subjected to physical force which can cause death, injury or harm. It includes having an object thrown at one, being slapped, pushed, shoved, hit with the fist or with an object, being kicked, dragged, beaten up, choked, deliberately burnt, threatened with a weapon or having a weapon used against someone (e.g. gun, knife or other weapon). Other acts that could be included in a definition of physical violence are biting, shaking, poking, and hair-pulling and physically restraining a person.

Sexual violence: Any non-consenting sexual act (oral, anal, vaginal, exposure or suggestive touches), attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Coercion can cover a whole spectrum of degrees of force. Apart from physical force, it may involve intimidation, blackmail or other threats (for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought). It may also occur when the person aggressed is unable to give consent, for instance, while intoxicated, drugged, asleep or mentally incapable of understanding the situation. Sexual violence can also take the form of “corrective rape”, which is rape of an LGBT person with the purpose of punishing the victim and “curing” him or her of his/her sexual orientation.
Emotional or psychological violence: being insulted (e.g. called derogatory names) or made to feel bad about oneself; being humiliated or belittled in front of other people; being threatened with loss of custody of one's children; being rejected or isolated from family or friends; being bullied or threatened with harm to oneself or someone one cares about; repeated shouting, inducing fear through intimidating words or gestures; controlling behaviour; the destruction of possessions.

Socioeconomic violence: being refused or cheated of salary, payment or money that is due to the person, or being dismissed unfairly from employment; having money extorted; being unfairly restricted in access to social services or social benefits; being excluded from housing (denied housing opportunities or rejected or evicted from housing); being excluded from property rights and inheritance; being denied access to education which would increase one's socioeconomic stability; being subject to unfair fines or unjust criminal penalties.

Structural violence: policies that refuse to acknowledge sexual-health needs (such as not teaching about sexual harm reduction for
lesbian, bisexual or trans women); laws that criminalize sexual relationships; laws that require a person’s family, friends and social circles to report her to the authorities for incarceration or punishment.

Other human rights violations that should be considered in conjunction with gender based violence include forms of stigma or discrimination such as being:

- Denied or refused food or other basic necessities
- Harassed by landlords and neighbours or forced from one’s home
- Denied employment or discriminated against in one’s job
- Arbitrarily detained, subjected to invasive body searches or incarcerated in police stations, detention centres and rehabilitation centres without due process
- Arrested or threatened with arrest for carrying condoms
- Refused or denied healthcare services
- Subjected to coercive health procedures such as forced STI or HIV testing
- Publicly shamed or degraded (e.g. stripped, chained, spat upon, put behind bars)
- Coerced or forced into “reparative” treatment or therapy for homosexuality or being transgender
- Forced to subscribe to religious doctrine in order to obtain services
- Expelled from school based on real or perceived sexual orientation or gender identity

STRATEGIES TO ADDRESS GBV

- Develop and implement advocacy programmes that address legislation that supports enforcement of laws against GBV,
- Increase awareness of the scope of the problem of GBV and its impact,
- Develop, strengthen and implement prevention programmes that address the root cause of GBV,
• Develop and implement protection programmes that respond to the needs of persons affected by GBV,
• Develop programmes including places of shelter for survivors of violence and their children.

THE LINKS BETWEEN GBV AND HIV
Gender based violence causes an increased risk of contracting HIV in two overarching ways, physical and psychological. The risk of physical exposure to HIV increases during a violent or traumatic sexual assault via open wounds, torn tissues or transmission of bodily fluids that carry HIV. In addition, the mental burdens that may result from violence or trauma, such as depression, decreased self-esteem, fear of further threat, fear of isolation, denial of risk, can interfere with one’s ability to protect oneself consistently from HIV transmission in a variety of ways. GBV fosters the spread of HIV/AIDS by limiting one’s ability to negotiate safe sexual practices, disclose HIV status, and access services due to fear of reprisal. An estimated one in three women worldwide has been beaten or coerced into sex, or otherwise abused in her lifetime, with intimate partner violence as the most common form of violence experienced by women globally (The United States President’s Emergency Plan for AIDS Relief, 2013). Studies indicate that the risk of HIV among women who have experienced violence may be up to three times higher than among those who have not (The United States President’s Emergency Plan for AIDS Relief, 2013).

When women are in abusive relationships, particularly if they are having sex with men, repeated exposure to unsafe sex also heightens the risk of HIV transmission. Patriarchal gender norms often produce social contexts in which men’s infidelity or multiple partners are a sign of masculinity and thus women in relationships, including marriages, are exposed to HIV by partner’s who are having sexual relationships with multiple partners. Furthermore, physical or emotional abuse within such relationships often contributes to an inability to negotiate condom use and other safe sex methods. Women are less likely to insist on the use of condoms if they have a fear of being assaulted. This is particularly true when there is a significant age difference between girls or young women and older male partners. The uneven power dynamics of those
kinds of relationships mean that girls are less likely to be able to negotiate when and how sex occurs. Furthermore, women (including trans women) who do sex work are also put in a precarious situation when male clients use violence against them and refuse to practice safe sex. All of these kinds of violent or uneven relationships render women vulnerable to HIV and are a result of a larger structural level, as well as more daily manifestations of gender based violence.

On another structural level, violence, whether threatened or actual, and fear of being a target, can deter women, particularly marginalized women, such LBT women, young girls who are sexually active, and women who do sex work, from accessing HIV information and services. It can also prevent clinics and community-led organizations from providing information and services to them. Furthermore, HIV rates tend to be higher in countries where same-sex sex acts are criminalized. While there still needs to be significant research done on the relationship between GBV and HIV, particularly when it comes to trans women, it is clear from anecdotal information, estimated and calculated rates of prevalence, that there is a high correlation between the stigmatization, discrimination and violence that trans people face and HIV contraction.

Lesbian women, though not at high a risk for HIV, are at risk for other STIs and are not often provided with the kinds of sexual and reproductive health education that could reduce their risks for STIs. Many women are not even exposed to basic safe sex practices for having sex with other women or female assigned at birth people. Bisexual women are included in this population at risk for STIs, but are also at risk for HIV when they engage in sexual relations with men. Rape and corrective rape are also threats that increase LB women’s exposure to HIV contraction.

THE FORMS OF GBV

Rape/ sexual assault
Forced or coerced sex increases a person’s vulnerability to HIV infection by severely limiting, if not destroying, their ability to
negotiate safe sexual behaviour and in situations of rape, condom use is rare. Women’s biological vulnerability to infection may be increased through tissue tearing and/or physical trauma to the body resulting from violent sexual encounters. This is much more pronounced amongst young women and girls with immature reproductive tracts.

**Intimate partner violence (IPV) or domestic violence**
(IPV) is one form of violence that is Gender Based and is defined as "behaviour within an intimate relationship that causes physical, sexual, or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behaviours" (World Health Organization, 2012, p. 1).

**Violence against HIV positive women**
Women who are or are perceived to be infected with the HIV, face considerable risk of violence, discrimination, ostracization, and abandonment by others. This includes their partners and/or other family members. The threat of violence can inhibit women’s willingness to disclose their status to their partners or be tested it can also have a detrimental effect on HIV prevention and treatment efforts including in relation to mother-to-child transmission.

**Sexual violence in conflict**
Women and girls greatly increased risk in times of war and conflict, acts of violence includes strategic use of, rape and gang rape, forced pregnancy, forced marriage with enemy soldiers, sexual slavery and mutilation.

**Violence against sex workers**
Sex workers (SW) are more vulnerable to HIV infection and violence as they are often demonized and discriminated against and are not very visible in decision-making processes. Sex work as an occupation is criminalized thus driving the industry underground; out of reach of law enforcement and key health services. Sex workers work in a variety of settings and are often open to exploitation, harassment, physical and sexual abuse from managers, clients, and the police. Under these conditions, they may find it difficult to negotiate condom use.
**Trafficking**

People, primarily women and girls, are forcibly transported from their home communities through the use, or threat, of violence, other coercive means, and deception. They are then placed in forced labour, servitude, or slavery-like practices. This can include forced marriage and forced prostitution. Trafficking is at the nexus of many human rights violations, including those related to GBV and HIV/AIDS. Trafficking affects millions of women and girls worldwide. It usually takes place secretively and out of the reach of law enforcement.

(UN Women, 2015)
HIV/AIDS, Women and Key Populations in Belize

“According to the UNAIDS Report on the Global AIDS Epidemic of 2010, Belize has the highest HIV prevalence in Central America and the 3rd highest in the Caribbean” (UNDP, 2014). Belize like most other countries in the Caribbean has a generalized HIV epidemic of 2.1% among adults in the 15-49 age groups and the prevalence in pregnant women has remained stable at less than 1% over the past five years.

A Behavioural Survey Study conducted by the Ministry of Health in 2012 tested a total of 219 female sex workers (FSW) and 130 men who have sex with men (MSM) for HIV. The results found that the number of incidences of HIV were lower in FSWs (0.9%) compared to the general population (2.1%), and highest among MSM (13.8%) (Centers for Disease Control, 2013). Significant findings of the study also included very low levels of knowledge of HIV transmission in key populations and “suboptimal” condom use. The Belizean (2014) found:

- Overall consistent condom use ranged from less than 70% among MSM and PLHIV to 81% in FSW.
- Knowledge of HIV transmission was 33% for FSW and 57% for the MSM.
- The majority of PLHIV were from lower income levels.

According to the National AIDS Commission (2012), adults age 20-49 in Belize have the highest burden of HIV and adults 25-29 have the highest number of new infections. Women below the age of 25 are disproportionately affected by HIV/AIDS, with the prevalence among girls aged 15-19 being twice that of boys of the same age. However in adults aged 50-59, this dynamic changes; HIV prevalence is more than double for men than it is for women.

Stigma and discrimination have been a constant feature of the HIV epidemic globally and Belize faces similar challenges; PLHIV face
significant barriers to accessing HIV care, treatment and support services, including HIV-sensitive social protection networks, assistance with managing stigma and discrimination, as well as financial and emotional support (National AIDS Commission, 2012).

Key populations such as MSM, SWs and transgender people face heightened stigma and discrimination in an environment where there is an absence of human rights programmes to support and empower these individuals.

Belize has no data on its population size or the HIV prevalence among transgender people. However a meta-analysis that was conducted in 2013 in 10 low- and middle-income countries among 7197 transgender persons found HIV prevalence to be 17.7% (Baral, et al., 2013). Additionally, among 3869 transgender women sampled in five high-income countries prevalence increased to 21.6% (Baral, et al., 2013). Therefore it is very likely that Belizean transgender women also face a heightened risk of HIV infection.

**Gender Based Violence in Belize**

The UN Declaration on the Elimination of Violence against Women (1993) and the Beijing UN Platform for Action of (1995) describe GBV as any act “that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life” (Declaration on the Elimination of Violence against Women, 1993, p. article 1).

According to the Caribbean Human Development Report (2012), citizen insecurity and fear of crime are urgent human development challenges. In the context of GBV statistics demonstrate that gender is “the strongest predictor of criminal behaviour and criminal victimization” as women will more likely be the victims of physical and sexual assault and males will more likely become involved in organised crime (UN Women Caribbean, 2015, p. 1).

According to Belize’s National Gender Policy (2013) “Toledo, which has the largest share of the country’s poor population, [has] a majority of households [...] headed by men. However, alcoholism and gender-based violence is a serious concern within Maya
households in that District. Poverty for Maya women [...] extends beyond a lack of finance; it encompasses domestic violence, high fertility rates and low levels of access to quality health and education services” (p. 27).

It goes on to say that natural disasters pose an additional risk to women and children as it relates to violence in times of additional stress. Women employed in formal economies are subject to further vulnerabilities, as they have no access to public safety net programmes (National Women's Commission, 2013).

Although no local data on violence against transgender persons exists, according to Amnesty International (2006), violence experienced by transgender women, including physical and verbal abuse, appears severe. It is set apart by the fact that it is most often fuelled by stigma and discrimination for crossing gender roles and is also perpetrated by persons in the community, family, and even friends. Evidence points to the fact that it is common, reaching levels even greater than violence against women in some contexts.

Further, the Shadow Report to the United Nations on Human Rights Violations (2013) states:

"LGBT persons suffer from high levels of cruel, inhuman, and degrading treatment, including a constant threat of violence, from both State and non-State actors” The report also said that Belize has no systems in place to record violence perpetrated towards the LGBT community. (p. 2)

**Child Sexual Abuse**

Recent data on Child Sexual abuse in Belize appears to be limited. Reports from the US State Department website and from an International Labour Organization Situational Analysis carried out in 2006, both report increasing commercial sexual exploitation of children living in poverty in Belize. The United States Department of State website Diplomacy in Action page (2014) states:

"A common form of human trafficking in Belize is the coerced prostitution of children, often occurring through parents pushing their children to provide sexual favors to older men
in exchange for school fees, money, and gifts. Third-party prostitution of children under 18 is a form of human trafficking. Child sex tourism, involving primarily U.S. citizens, is an emerging trend in Belize (para. 1).

The Commercial Sexual Exploitation of Children and Adolescents in Belize-ILO Study (2006) reports:

Over one hundred and fifty people – men, women, and children – from all walks of life in three districts of Belize confirmed the occurrence of the commercial sexual exploitation of children and adolescents. Thirty of these respondents were victims themselves of the crime. [...] Consternation about these crimes against children was expressed at the level of the Chief Justice as well as the Director of Public Prosecution (DPP) even as they acknowledged gross under-reporting. (p. 13)

The (2006) report goes on to say,

“Complicity of parents. Hard cash, a meal, payment of utility bills, payment of school fees, purchase of school books, and sweets are some of the ways CSEC is paid for…” (p. 13).

(UN Women, 2015)
### BELIZE HIV STATISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Prevalence/Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult HIV Prevalence</td>
<td>1.4% 2013</td>
</tr>
<tr>
<td>PLHIV</td>
<td>3,300</td>
</tr>
<tr>
<td>MSM</td>
<td>13.9% (MOT 2014)</td>
</tr>
<tr>
<td>FSW</td>
<td>0.9%</td>
</tr>
<tr>
<td>Prison Inmates</td>
<td>Not available</td>
</tr>
<tr>
<td>Homeless</td>
<td>Not available</td>
</tr>
<tr>
<td>PWUD (crack, cocaine)</td>
<td>Not available</td>
</tr>
<tr>
<td>Girls and women</td>
<td>Female:39%</td>
</tr>
<tr>
<td>Transgender</td>
<td>Not available</td>
</tr>
<tr>
<td>Lesbian and bi-sexual women</td>
<td>Not available</td>
</tr>
</tbody>
</table>

### BELIZE GBV STATISTICS

<table>
<thead>
<tr>
<th>Category</th>
<th>Count/Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Violence</td>
<td>6522 (617 males)</td>
</tr>
<tr>
<td>Psychological Violence</td>
<td>2854 (366 males)</td>
</tr>
<tr>
<td>Sexual Violence</td>
<td>1079 (43 males)</td>
</tr>
<tr>
<td>Other violence</td>
<td>6656 (937 males)</td>
</tr>
<tr>
<td>Experienced IPV in their lifetime</td>
<td>1/3</td>
</tr>
</tbody>
</table>

(Belize Ministry of Health, 2004)
GBV AND HIV RISKS FOR LESBIAN AND BISEXUAL WOMEN

It is assumed that there is no risk of HIV transmission among lesbian women. This unfortunately is not true. Although the risk of HIV transmission between two women is relatively low, there are risks for transmission of STIs through the sharing of sex toys. In the context of bi-sexual women who sometimes engage in sex with men the risk is there.

Anecdotal evidence suggests that IPV is underreported among lesbian and bisexual women. No lesbian or bisexual woman should be discriminated against or hurt in any way, especially for living an authentic life, true to her identity. Unfortunately, many women experience various forms of discrimination and trauma. A lesbian woman’s identity puts her at risk of various hate crimes directed at her. For example, being raped because of her sexual orientation or gender presentation, based on the false notion that her identity can be “corrected” through sex with a man. The risk for rape is especially high for those women who dress and act masculine and who live openly as lesbian women.

GBV AND HIV RISKS FOR TRANSGENDER WOMEN

Gender based violence is violence directed at an individual based on biological sex, gender identity or socially defined norms of masculinity and femininity. Marginalised groups including persons with disabilities and those in the lesbian, gay, bisexual and transgender community are at a higher risk of experiencing GBV. GBV negatively harms individuals and societies.

IPV affecting the transgender community worldwide is a serious issue and very underreported. Transgender people often have difficulty acknowledging the abuse taking place in their relationships, both to themselves and others, especially when the abused is still closeted and not out and open about his/ her relationship and /or gender identity.
GBV AND HIV RISKS FOR FEMALE SEX WORKERS

Sex workers may face violence because of the stigma associated with sex work, which in most settings is criminalised, or due to discrimination based on gender, race, HIV status, drug use or other factors. Most violence against sex workers is a manifestation of gender inequality and discrimination directed at women or at men and transgender individuals who do not conform to gender and heterosexual norms, either because of their feminine appearance or the way they express their sexuality. They may also be made more vulnerable to violence through their working conditions or by compromised access to services. Some may have little control over the conditions of sexual transactions (e.g. fees, clients, types of sexual services) if these are determined by a manager.

Sex workers face high levels of violence, stigma and discrimination and other human-rights violation. Violence against sex workers is associated with inconsistent condom use or lack of condom use, and with increased risk of STI and HIV infection. Violence also prevents sex workers from accessing HIV information and services.

The availability of drugs and alcohol in sex work establishments increases the likelihood of people becoming violent towards sex
workers working there. Sex workers who consume alcohol or drugs may not be able to assess situations that are not safe for them.

Violence or fear of violence may prevent sex workers from accessing harm reduction, HIV prevention, treatment, healthcare, and other social services, as well as services aimed at preventing and responding to violence (e.g. legal, health). Discrimination against sex workers in shelters for those who experience violence may further compromise their safety.

RECOMMENDATIONS FOR IMPROVEMENT IN LAWS, POLICIES AND PROGRAMMES RELATED TO GBV AND HIV

Gender-Based Violence

- Put in place mechanism to monitor and evaluate the application and the impact of legislation related to GBV and the protection of women and vulnerable groups.
- Include LGBT citizens and refugees in national discourse and planning documents.
- Implement the GBV Action Plan and report on the indicators.
- Improve protection for women by providing access to shelters for rural women.
- Conduct an evaluation of the Women’s Department, its structure, and its effectiveness.
- Conduct a review of the role of the National Women’s Commission and membership.
- Conduct research to explore the reasons behind the limitations to progressing the rights of women and vulnerable groups in Belize.

Children

- Draft and adopt a National Policy on children.
- Review the child protection mechanisms as it relates to safeguarding all children from physical and sexual abuse and commercial sexual exploitation regardless of immigration status.
- Conduct an evaluation of the effectiveness of the National Committee for Families and Children and the independent Ombudsman.
• Conduct research into the safeguarding of migrant children in Belize.
• Monitor the impact of the youth policy and report.
• Establish a mechanism to monitor violence against children and remedial actions.
• Reform the child protection mechanism to improve the safeguarding of children and monitor the application of child protection laws.

**HIV/AIDS**

• Repeal all discriminatory legislation, including the Belize Criminal Code as it relates to criminalizing HIV transmission and anal sex among consenting adults.
• Expand on HIV Workplace policy to ensure multi-sector HIV Workplace policies are in place.
• Engage civil society groups and begin meaningful dialogue and consultation on GBV and HIV/AIDS among LGBT towards developing partnerships for the implementation of a targeted strategy to reduce vulnerability.

**HIV/AIDS and GBV**

• Establish a multi-sector HIV/AIDS and GBV technical committee. There may be opportunity to infuse this with the Country Coordinating Mechanism (CCM) or another existing structure. However the purpose of the committee will be to develop an integrated HIV/AIDS, GBV and VAW prevention strategy.
• Develop a policy Framework and monitoring tools to assist CSOs in building their capacity to monitor, evaluate and advocate on issues of HIV/AIDS, GBV, and VAW; train CSOs in M&E and the use of a policy monitoring toolkit.
• Lobby the government for amendments to the Belize constitution and the removal of discriminatory legislation and provisions that adversely affect the rights, freedoms and dignity of women, LGBT citizens and PLHIV.
List of relevant legislation governing GBV in the English-speaking Caribbean

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>DOMESTIC VIOLENCE</th>
<th>SEXUAL VIOLENCE</th>
<th>SEXUAL HARASSMENT</th>
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<tbody>
<tr>
<td>Dominica</td>
<td>Protection Against Domestic Violence Act 2001</td>
<td>*Sexual Offences Act 1998</td>
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<td>Grenada</td>
<td>Domestic Violence Act 2010</td>
<td>*Criminal Code Cap. 1(Continuous Revised Edition)</td>
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<td>*Criminal Code Amendment Act (2012)</td>
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<td>2) Child Pornography</td>
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<tr>
<td>COUNTRY</td>
<td>DOMESTIC VIOLENCE</td>
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<td>2) Criminal Law Amendment Act Cap. 4.05 “2002 Rev”</td>
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<tr>
<td>Trinidad &amp; Tobago</td>
<td>Domestic Violence Act 1999</td>
<td>Sexual Offences Act Chap. 11:28 “2006 Rev”</td>
<td>Offences Against the Person (Amendment) (Harassment) Act 2005</td>
</tr>
<tr>
<td>INTERNATIONAL CONVENTIONS</td>
<td>Signed</td>
<td>Ratified</td>
<td>Acceded</td>
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<td>Convention on the Consent to Marriage, Minimum Age for Marriage and Registration of Marriages 1962</td>
<td>Belize *</td>
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<tr>
<td>International Covenant on Civil and Political Rights 1966</td>
<td></td>
<td></td>
<td>Belize – 1996</td>
</tr>
<tr>
<td>American Convention on Human Rights 1969</td>
<td>Belize *</td>
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</tr>
<tr>
<td>Inter-American Convention On The Prevention, Punishment And Eradication Of Violence Against Women ”Convention Of Belem Do Para”</td>
<td></td>
<td></td>
<td>Belize – 1996</td>
</tr>
<tr>
<td>Optional Protocol to UN Convention on the Rights of Persons with Disabilities 2006</td>
<td>Belize - *</td>
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</tbody>
</table>

**INTERNATIONAL DECLARATIONS**

I. The Declaration on the Elimination of Violence against Women 1993
II. International Conference on Population and Development 1994
III. The Beijing Declaration and Platform for Action 1995
IV. The Millennium Declaration 2000
V. United Nations Special Assembly (UNGASS) on HIV/AIDS Declaration of Commitment 2001

**REGIONAL DECLARATIONS**

III. CARICOM Charter on Civil Society
GBV & HIV

GRAPHICS
The Genderbread Person v3.3

Gender is one of those things everyone thinks they understand, but most people don’t. Like inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. If you’re hungry for more, in fact, that’s the idea.

Identity

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align for what you understand to be the options for gender.

Gender Expression

Feminine

Masculine

The ways you present gender through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Biological Sex

Female-ness

Male-ness

The physical sex characteristics you’re born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosones, etc.

Sexually Attracted to

(Women/Females/Femininity)

(Men/Males/Masculinity)

Romantically Attracted to

(Women/Females/Femininity)

(Men/Males/Masculinity)

For a bigger bite, read more at http://bit.ly/genderbread
1 in 3 women worldwide have experienced physical or sexual violence — mostly by an intimate partner.

In 2012, 1 in 2 women killed worldwide were killed by their partners or family. Only 1 out of 20 of all men killed were killed in such circumstances.

1 in 3 women worldwide have experienced physical or sexual violence. ¹

(UN Women, 2015; USAID, n.d.)
Violence against women takes many forms, including:

- Intimate partner violence, including physical, sexual, and emotional abuse
- Honour killings
- Female genital mutilation
- Sexual violence, including conflict-related sexual violence
- Forced and early marriages
- Trafficking

The most common type of violence experienced by women is intimate partner violence.
Violence against women has serious health consequences.

- Death
- Physical injuries
- Unintended pregnancies, induced abortions
- Sexually transmitted infections, including HIV
- Depression, post-traumatic stress disorder
- Harmful use of tobacco, drugs, and alcohol

**Economic Impact**

Costs of intimate partner and sexual violence for countries are very high. They include the provision of health, social, and legal services and costs of lost earnings.
### Violence against women is preventable.

Violence against women is rooted in gender inequality.

Programs to reduce intimate partner violence need to address risk factors at multiple levels.

<table>
<thead>
<tr>
<th>Level</th>
<th>Risk Factor</th>
<th>Intervention</th>
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</thead>
<tbody>
<tr>
<td>Individual</td>
<td>History of violence in childhood</td>
<td>Parenting programmes to prevent child maltreatment</td>
</tr>
<tr>
<td>Relationship</td>
<td>Male control over women</td>
<td>Programmes targeting men and boys to promote gender equitable attitudes and behaviours</td>
</tr>
<tr>
<td>Community</td>
<td>Unequal gender norms that condone violence against women</td>
<td>Programmes promoting equitable gender norms through media, community mobilization, schools, and religious institutions</td>
</tr>
<tr>
<td>Societal</td>
<td>Male partner’s harmful use of alcohol</td>
<td>Reducing availability and access to alcohol</td>
</tr>
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<td></td>
<td>Women’s lack of access to education and employment</td>
<td>Laws, policies, and programmes that promote women’s access to employment and microcredit, girls’ access to education, and that ban or prohibit violence against women</td>
</tr>
</tbody>
</table>
END SCHOOL-RELATED GENDER-BASED VIOLENCE (SRGBV)

In many countries around the world, girls and boys are harassed and abused in and around school. Girls are particularly vulnerable to gender-based violence which often stems from deeply rooted cultural beliefs and practices, power imbalances and gender norms.

WHAT IS IT?
SRGBV can take the form of:
- Bullying
- Corporal punishment
- Sexual or verbal harassment
- Non-consensual touching, rape and assault

SRGBV is a violation of human rights and it is also a serious barrier to learning, particularly for girls.

IN NUMBERS
SRGBV is under-researched and under-reported. However, we do know that:

An estimated 246 million girls and boys suffer from school-related violence every year.

1 in 4 girls say that they never feel comfortable using school latrines.

WHAT CAN BE DONE
Advocate for policies that prevent SRGBV and protect girls and boys in schools.

Promote gender equality and non-violence in curriculum and teaching practice.

Strengthen links between schools, homes and services.

Engage youth, communities and teachers in creating solutions.

THE GLOBAL PARTNERS
The Global Partners Working Group on SRGBV is a coalition of 30 of the leading agencies and institutions promoting girls’ education and gender equality.

For more information, please visit www.ungei.org/247_srgbv.html
Domestic Violence Act.

In 2007 Belize drafted and enacted the Domestic Violence Act.

and Criminalise marital rape.

In 2003 the Criminal Code was amended to include

Aggravated Sexual Harassment Act.

In 2000 Belize drafted and enacted the Protection for Women.

has been doing more

Did you know that

under CEDAW, Belize
#ShockingButTrue

In Belize children are forced or coerced into prostitution. This occurs by parents pushing their children to provide sexual favours to older men in exchange for school fees, money, and gifts.
The prevalence of HIV & AIDS among girls age 15-19 is twice that of boys in the same age group. Women below the age of 25 are disproportionately affected by HIV & AIDS. Did you know that?
DID YOU KNOW THAT

Belize has the **highest** HIV prevalence in Central America.

Belize also has the **3rd highest** HIV prevalence in the Caribbean.
Infections. A number of adults aged 25-29 in Belize have the highest burden of HIV. Adults aged 20-49 in Belize have the highest number of new HIV infections.

You KNOW THAT?
DID YOU KNOW THAT the incidence of HIV among Men who have Sex with Men is 13.8% in Belize.
...but there is no protection for persons in same-sex cohabiting relationships.

Did you know that in Belize the legal definition of domestic violence has been expanded to include financial abuse?

The law also provides protection for persons in visiting relationships...
#ShockingButTrue

In Belize, it is illegal for a married or unmarried couple to engage in oral sex or anal sex.
References
(n.d.).


providers toward key affected populations in Jamaica and The Bahamas. *AIDS Care*, 538-546.


