

Women Who Use Drugs and Detention in Mexico

Analysis and Proposals Based on the
Experiences of Women Detained in
Prisons and Drug Treatment Centres

EXECUTIVE SUMMARY

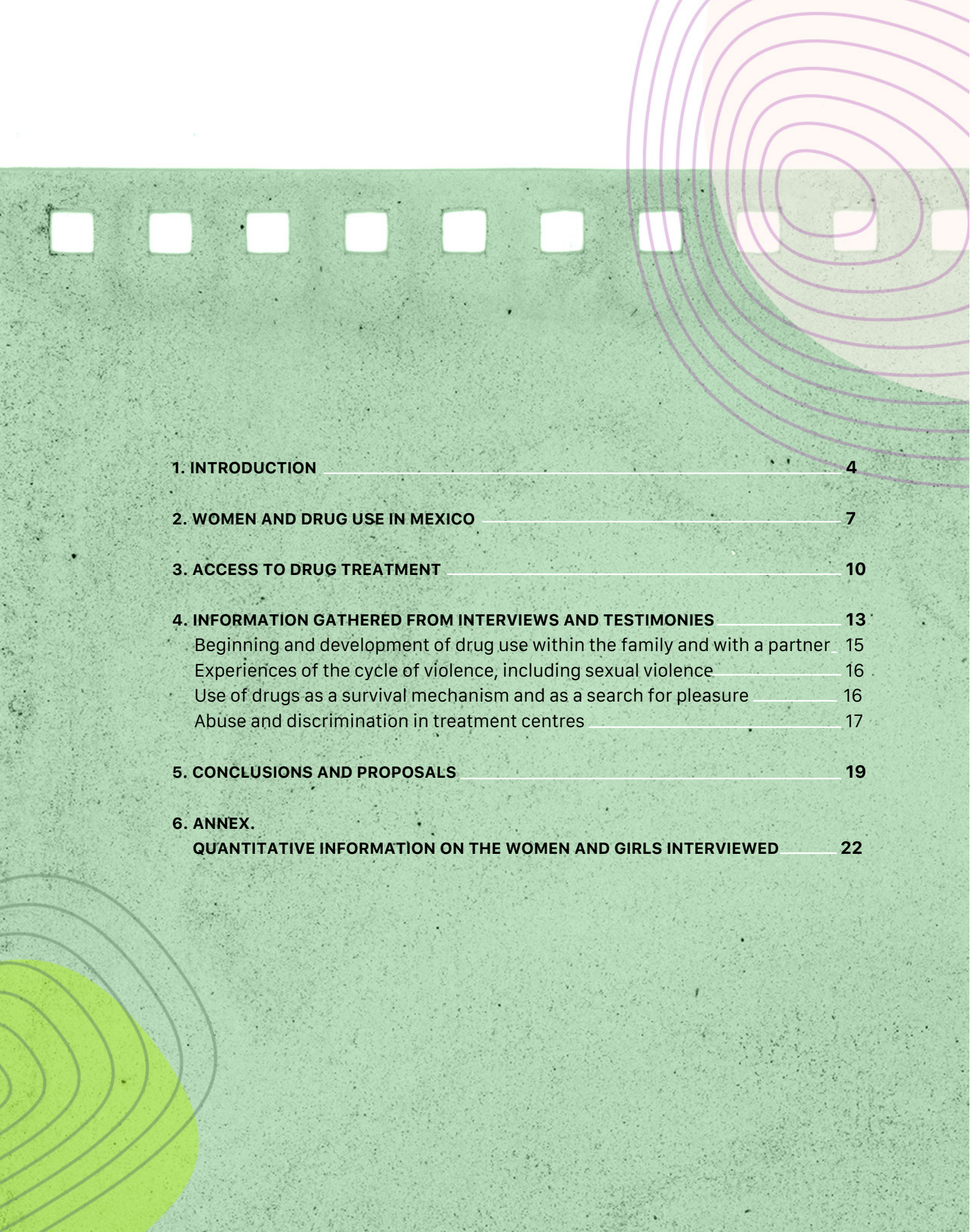


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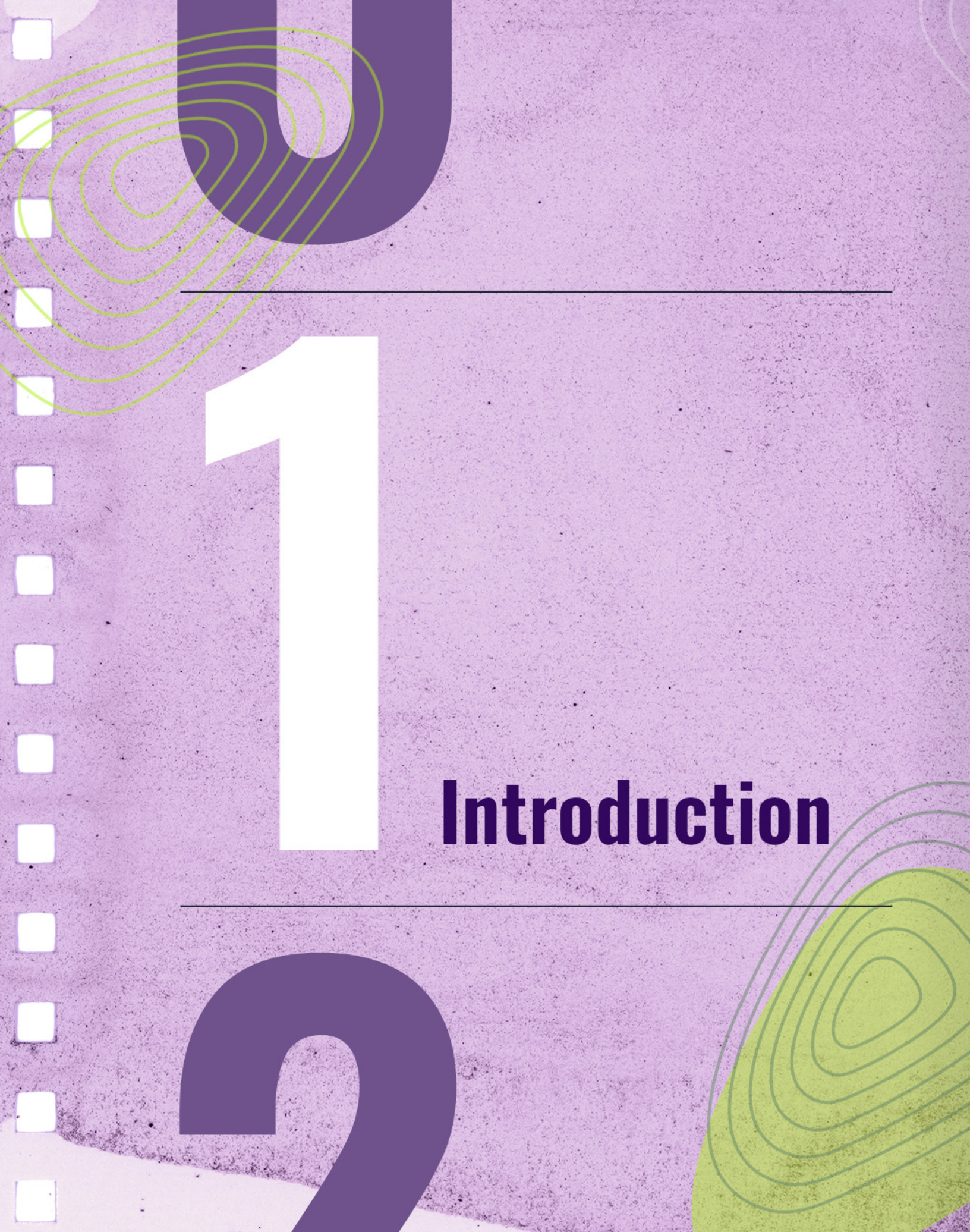
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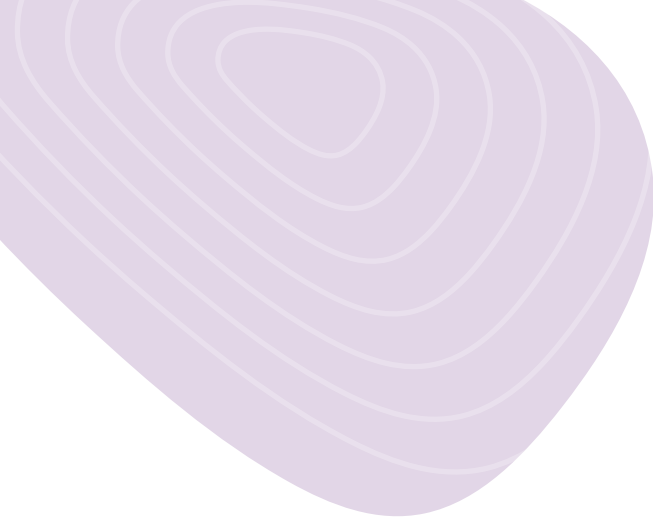
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1

Introduction

2



-“My family brought me here.”
-“Did you want to come?”
-“No.”
-“Did they force you to come here?”
-“They lied to me... they said we were going to lock
someone else up... but they left me instead.”

**Sol, fifteen years old,
detained in a compulsory drug treatment centre, Mexico.**

Since 2014, EQUIS: *Justicia para las Mujeres A.C.* (from now on EQUIS) has played an important role in the development of scientific evidence and public policy proposals addressed to the government and non-government organizations in Mexico, as well as to the international level. Among other purposes, our work – which is based on women’s accounts of their circumstances and realities, with an intersectional approach – seeks to understand how women are affected in particular ways by the War on Drugs and to improve women’s lives.

The present report focuses on women who use drugs and are in detention, either in prison or in drug treatment centres. Its main objectives are to create knowledge and proposals based on women’s stories and experiences and to contribute to reducing stigma around women who use drugs and drug use in general. This project intends to give visibility to the context of gender-based violence against women and violence against children, which are both shared by most of the women we spoke to and is part of a wider problem affecting millions of children and women worldwide.

Between February and November 2019, we carried out 62 interviews. In total we visited five private drug treatment centres in four states¹ situated in northern, central and southern Mexico; two public treatment centres in the state of Chiapas, belonging to the program CENTRA²; two Inpatient Units –north and south– and one Treatment Unit for People with Problematic Heroin Use belonging to Centres for

¹ To guarantee the safety of women we prefer not to specify in which entities, private centers and prisons the interviews were conducted.

² For more information, visit the following link <https://www.fge.chiapas.gob.mx/CENTRA>.

Youth Integration³, as well as three prison centres in two states, situated one in the North and the other in the South of Mexico.

The present executive summary displays core information about: i) women's drug use; ii) access to drug treatment and treatment conditions; iii) information gathered from interviews and women's testimonies; iv) conclusions and proposals.

³ For more information, visit the following link <https://www.gob.mx/salud/cij/>.



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Women and drug use in Mexico

The most updated source on drug consumption levels in Mexico is the National Survey on Drug, Alcohol and Tobacco Use 2016-2017 (ENCODAT) of the National Psychiatric Institute⁴. In accordance with international and national tendencies, the most used drug in our country is alcohol. Moreover, illegal drugs have low consumption levels, although they are rising and, as in the rest of the world, marijuana is the most used illicit drug. Women have lower levels of drug use and dependence in comparison with men.

The Survey points out that **0.6 per cent, or about 546 thousand people, of the general population between 12 and 65 years old was dependent on any drug (1.1 per cent per cent of men and 0.2 per cent per cent of women) in 2016.**

Table 1. Drug Dependence in 2016 among general population aged 12-65

	12-17 years old (%)	18-34 years old (%)	35-65 years old (%)	12-65 (% Total)
Men	0.7	2.0	0.4	1.1
Women	0.5	0.3	< 0.1	0.2
Total	0.6	1.2	0.2	0.6

SOURCE: CONADIC, *Informe sobre la situación del consumo de drogas en México y su atención integral 2019*, 2019, https://www.gob.mx/cms/uploads/attachment/file/477564/Informe_sobre_la_situacion_de_las_drogas_en_Mexico_.pdf, p. 23.

⁴ Instituto Nacional de Psiquiatría (National Institute of Psychiatry) Ramón de la Fuente Muñiz, Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco (National Survey on Drug, Alcohol and Tobacco Consumption 2016-2017) ENCODAT 2016-2017, 2017, <https://encuestas.insp.mx/ena/encodat2017.php>. Consultation date: 20 January 2020.

The *Report about the Drug Consumption Situation in Mexico and its Comprehensive Care 2019*, from the National Commission against Addictions (from now on CONADIC, by its acronym in Spanish)⁵, points out that most consumed legal drugs in the country are alcohol, followed by tobacco; while the most consumed illegal drug is marijuana. On the other hand, "Impact drugs", those that users identify as the ones with the most negative effects on their lives, are mainly amphetamine-type stimulants (ATS), followed by alcohol, cocaine, and tobacco⁶.

⁵ CONADIC, Informe sobre la situación del consumo de drogas en México y su atención integral 2019, 2019, (*Report about the Drug Consumption Situation in Mexico and its Comprehensive Care*) https://www.gob.mx/cms/uploads/attachment/data/file/477564/Informe_sobre_la_situacion_de_las_drogas_en_Mexico_.pdf Accessed on: November 13 2019.

⁶ Ibid, p 52.



3

**Access
to Drug
Treatment**



According to information provided by CONADIC from the report mentioned above, attention to people using drugs is prevalently outpatient. The current offer of inpatient treatment consists of “11 inpatient units from CIJ, 45 public residential units and by **2,108 private residential establishments** of attention to addictions [...] **1,045 centres are registered and 348 recognized**, that is to say, their services comply with the legal provisions to supply the population with high quality attention”⁷.

As a result, the population admitted in private treatment centres are mostly detained in semi-legal facilities or in ones that operate with no monitoring from authorities. Usually, family members take the person who uses drugs to the private centre (usually referred to as *granjas* – barns – or *anexos*, in Mexico), where he or she will be “welcome” and forced to enter with punches and pulls from the centre’s “guards”⁸. Alternatively, drug users are “picked up” by members of the so-called Spiritual Patrol⁹. The Spiritual Patrol consists of both centres’ inmates or the centres’ directors and other individuals and is called by the users’s family to collect the centre’s future guests from their home and forcedly take him or her to the centre, often recurring to physical and verbal violence; then, the Spiritual Patrol pushes the person who uses drugs inside vans and locks him or her in the centre for an indefinite time. In some centres, compulsory treatment, physical and psychological abuse are accompanied by torture, sexual violence, and, sometimes, homicides.

⁷ Ibid, p 44.

⁸ People who are admitted in the centers and exercise some function within them, including “guarding” other internal people.

⁹ This term was shared by one of the experts interviewed for this document.

Compulsory treatment centres exist in several countries around the world. A report by Open Society Foundations¹⁰ includes examples from Brazil, Colombia, Dominican Republic, Guatemala and Puerto Rico. Also Iran¹¹, China, Cambodia, Vietnam, Malaysia, Thailand, Russia, Peru, Ghana, and Nigeria are reported to carry out compulsory treatment and arbitrary detention in facilities where ill-treatment and appalling living conditions prevail¹².

In 2012 the United Nations published the Joint Statement “Compulsory drug detention and rehabilitation centres”¹³ in which twelve United Nations entities call for the closure of compulsory drug detention and rehabilitation centers and the immediate release of people arbitrarily detained. Nevertheless, compulsory treatment is still a reality in many countries, and there is no international body in charge of monitoring or reporting on them.

¹⁰ Open Society Foundations, *Ni socorro, ni salud: abusos en vez de rehabilitación para usuarios de drogas en América Latina*, 2016, <https://www.opensocietyfoundations.org/uploads/5bda2aff-6714-45d3-961d-763ad4b2a4d6/no-health-no-help-es-21060403.pdf>. Accessed on January 2 2020.

¹¹ Alexander Söderholm, in “Forced treatment, people who use drugs and the right to health: empirical evidence from Asia and Latin America”, Commission on Narcotic Drugs, Vienna, March 2020.

¹² The Lancet Commission, *Public Health and International Drug Policy*, *The Lancet*, 387(10026), 2016, pp. 1427-1480, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00619-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00619-X/fulltext). Accessed on: February 2 2020.

¹³ International Labour Organisation (ILO); Office of the High Commissioner for Human Rights (OHCHR); United Nations Development Programme (UNDP); United Nations Educational, Scientific and Cultural Organisation (UNESCO); United Nations Population Fund (UNFPA); United Nations High Commissioner for Refugees (UNHCR); United Nations Children’s Fund (UNICEF); United Nations Office on Drugs and Crime (UNODC); United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); World Food Programme (WFP); World Health Organisation (WHO); and Joint United Nations Programme on HIV/AIDS (UNAIDS), *Joint Statement. Compulsory drug detention and rehabilitation centres*, 2012, http://files.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf. Accessed on May 26 2020.



3

4

5

**Information
gathered from
interviews and
testimonies**

27 INTERVIEWS

The following analysis is based on 27 interviews carried out with women and girls detained in treatment centres, and 15 interviews with women in prison. The information provided by each of these women is systemized at the end of the document.

The information gathered during our interviews reflects the national trends shown above: alcohol is the most consumed drug, and it often appears to be both the first and the most problematic one. Besides, tobacco is also the first most consumed drug in circumstances of polydrug use. Amongst illegal drugs, marijuana is the most used drug. Furthermore, the most problematic drugs for women are crystal meth (methamphetamines), heroin, alcohol, and cocaine. The use of heroin was mainly reported among women from the North of Mexico. In contrast, the use of crystal meth was reported wide across the country; particularly, it appeared as an impact drug in a centre situated in a Northern state. It is worth mentioning that in all cases but three, drugs were used and dependence developed during childhood or adolescence, being the youngest ages six and nine years old.

Out of 42 women and teenagers, 21 declared having been victims of rape. Sexual violence repeats on multiple occasions throughout



women's lifetime, the first incidents taking place in the household and usually perpetrated by a male relative. Moreover, sexual abuse occurs in the context of drug use, partner relations, and in institutional settings, including drug treatment centres.

Twenty-three of the women interviewed have children, leading our attention to another phenomenon: teenage pregnancy. More than often, women's testimonies reveal a shared history: women attempt to escape domestic violence by engaging in relationships with male partners, frequently older than them. This usually results in teenage pregnancies and new forms of violence. It should be mentioned that both family and partner relationships also play a crucial role in the beginning and development of drug use.

In the following section, we will present some testimonies that sum up some of the most remarkable elements of the interviews.

BEGINNING AND DEVELOPMENT OF DRUG USE WITHIN THE FAMILY AND WITH A PARTNER

Viviana's father, a police officer, gave her marijuana and cocaine when she was twelve years old, so "nobody would fool her". During the interview, she said: *My dad was an addict who didn't teach me anything other than taking drugs.* Years after, Vivian's partner began injecting her with cocaine.

I began using drugs when I got married. When I was sixteen years old, I married a man older than me. Since my mum always had physically and verbally abused me, I thought that was the way she loved me; so when I started my relationship with that man who treated me exactly the same, I thought it was because he loved me. I told myself "If he physically abuses me, it's because he loves me". He always said to me that I was fat, ugly... and I believed him. We had a son together. He is an addict. He got me into the world of drugs, well not completely, I mean nobody puts a gun to your head to do it, but he offered me the drugs. (Angela).

EXPERIENCES OF THE CYCLE OF VIOLENCE, INCLUDING SEXUAL VIOLENCE

Gato's grandfather raped her since she was three until she was six years old; afterward, when she was sixteen years old, her father raped her. *I've been raped too many times, I don't want to be raped again, I don't want to be abused physically or verbally anymore,* she declares.

Catarina's father also raped her: *When I asked him why he did it, he told me it was normal, he said there was no problem.*

During her interview, **Alejandra** explained how she had a "really bad experience" when she was fifteen years old, which led her to spend one year and eight months in a Juvenile Detention Centre in the United States. She was charged with murder: *When I was fifteen years old, my grandfather raped me, and my mum didn't believe me: I stabbed him to death 16 times.*



USE OF DRUGS AS A SURVIVAL MECHANISM AND AS A SEARCH FOR PLEASURE

*When I first smoked marijuana it was like... [Breathes deeply] How come I hadn't tried this yet? I mean, **to me it was like a way out. I felt safe, more friendly, part of the group, and accepted, something I hadn't felt with my family. I stopped feeling alone. I felt older, and I wasn't afraid anymore. I stopped feeling many things I was experiencing before being in touch with drugs. I began taking drugs and I started feeling way better than I did before.*** (**Paz**).

*Ecstasy and marijuana were the first drugs I tried; it was like they made me feel veeery happy. Then came LSD and it made me feel like there wasn't any problem. I believe that at least **during that time, all the drugs***

I tried helped me a lot to break free, they were very therapeutic. The problem came when crystal meth got into my life. (Sara).

In some cases, when drugs like heroin, *the damn crack* (Berenice), and crystal meth, appear, or when the use of alcohol is no longer a means to other things but the goal in itself, then the relationship with drugs changes and these seem no longer to be beneficial to women's lives but everything starts to revolve around consumption.

ABUSE AND DISCRIMINATION IN TREATMENT CENTRES

This section focuses on women's testimonies regarding abuses, irregularities and severe violations of human rights reported in compulsory treatment centres. It is essential to clarify that the following extracts do not refer to situations in all the private treatment centres – "anexos" – that we visited. However, **given this document's objectives and the seriousness of these human rights violations, we focus on the negative aspects, which require urgent attention from the authorities.**

In some cases, people are held in **compulsory treatment centres for an indefinite time**, which equals an illegal deprivation of liberty.

*I remember being asleep – I had just returned home after trying to run away from it- when **three men came in, grabbed me by my arms and feet, got me inside a taxi and on the way to our destiny they told me I deserved it because I was a drug addict.** (Lilia).*

When you arrive voluntarily, yes, you can leave whenever you want; however, when your family takes you there and is paying for your stay, then, you can only leave when they say so. (Selma).

Likewise, in some of the private centres, people live in **appalling living conditions and are subject to torture and abuses.**

*During the time I spent at the clinic we used to be all day in therapy, for example: **You had limited time to shower, you could not talk during lunchtime, you could not see the others, and women and***

men were forbidden to look at each other. If you disobeyed, you were punished, (and) after three warnings, you were beaten. (Yuri).


I want to help to stop all the things they do to us, because, when the pastor punishes us... she wets us with cold water early in the morning. The other day she poured water on some of the girls to make them wash the blankets, they were freezing, and then she would give the wet blankets to the rest of us. And well, I don't want that to happen again, they throw garbage at us so we clean it up. (Ana).





5

Conclusions and proposals



All the stories shared by girls and women have a common path of violence against children. This problem also regards boys, teenagers, and men using drugs, and this phenomenon should be studied more in depth, adopting a gender perspective. Violence against children intersects with violence against women and girls. This is clear in the case of rape, but it can also be seen on how violence is addressed: victims are usually not believed but instead accused of provoking sexual abuse. Gender violence against girls continues during adolescence and adulthood, both in their relationships with men and in context of drug use.

Women and girls are alone against violence; violence is not reported to authorities, much less addressed or repaired. On the contrary, it seems that the role of state institutions in the lives of women is only to criminalize and detain them.

Drug use is one of the resilience mechanisms that women use to obtain pleasure, and overcome past trauma. Nevertheless, women's strength is not only unrecognized but also damaged by:

- i) the current implementation of drug policies, which stigmatizes women who use drugs.
- ii) lack of access to treatment for women who need it.
- iii) treatment conditions that violate human rights and further discriminate women who use drugs.

Violence against women and girls is reproduced and increased in prisons and "*anexos*". Prison centres lie far from public scrutiny, while "*anexos*" are shielded from public monitoring, thus operating arbitrarily and even illegally, with full impunity.

Proposals are divided in the following sections:

1. Participation of women using drugs, and acknowledgment and strengthening of their resilience.
2. Creation of knowledge.
3. Access and treatment conditions.
4. Comprehensive attention to childhood.
5. Comprehensive attention to women who use drugs and are victims of gender violence.
6. Prevention.

Some of our proposals are:

- The strength and resilience of women who use drugs must be acknowledged and encouraged in all the public policies directed at them.
- No research *on* women is possible without them. Hence, every work must be *with* them and this a principle Equis is committed to.
- Private treatment centres that operate illegally and in violation of human rights must be closed, and people arbitrarily detained must be released immediately.
- Religious ideologies are *not* a form of treatment, hence religious-based treatment centres should not be allowed.
- Institutionalization should be a last resort treatment option, whereas outpatient and harm-reduction-based drug treatment programs in the communities should be preferred.



6

Annex

QUANTITATIVE INFORMATION ON THE WOMEN AND GIRLS INTERVIEWED

In the following chart, we present the information available on the women and girls who consented to be interviewed. The first two columns indicate name and age; in the next nine columns the first drug used is marked with the interviewee's age at first use (either with the specific age, age range, or time period; for example, adolescence or high school). Drugs which are used afterwards are indicated by an "X". The letter "I" identifies impact substances, i.e., those described by women as more problematic. The column "Rape" reports whether the woman or girl has been a victim of sexual abuse. This question was never explicitly formulated, the topic was brought up only by the interviewees themselves. Therefore, when sexual abuse was not discussed, the case is labeled NS ("not specified"). The final column records the number of children with pregnancy at the time of the interview indicated by an asterisk.

Chart. Information about interviewed women

Women at treatment centres											
Name Age	Consumed substances and age of drug consumption initiation									Rape	Children
	Alcohol	Tobacco	Marijuana	Cocaine Crack	Inhalants	Controlled Medicament	Crystal Meth	Heroin Opioids	LSD Ecstasy ATS ¹⁵		
Carolina (46)	X	13		X		X		X	X	NS	1
Georgina (28)	X	14-16			X		X			NS	2
Rebeca (23)	Adolescence	X	X	X (I)			X		X	Yes	No
Yuri (19)	Adolescence	X								NS	No
Lilia (17)	X	X	15	X				X		NS	No
Silvia (37)	14 (I)									Yes	2
Gato (19)	X (I)	16		X (I)						Yes	No
Natalia (18)	13									NS	No
Atlaya (24)	12-13	X	X	X (I)						NS	2
Ari (21)	X	X				19				NS	No
Catarina (35)	Adolescence		X	X			X (I)			Yes	7
Rosa (52)	Adulthood (I)									No	2
Mariana (15)	13			14						Yes	No
Sandra (17)	High school			X			X (I)			No	No
Selma (33)	13		13	X			X (I)	X (I)	X	No	1
Sara (24)	15		15				X (I)	X (I)	X	Yes	1 *
Alejandra (20)				18 (I)						Yes	1
Rosaura (48)			15	X			X			NS	4
Ángela (23)							16 (I)	X		Yes	2
Fernanda (23)	16		16			16	X (I)	X (I)		NS	1
Paz (43)			11		X		X	X	X	NS	2
Ale (33)	High school		High school				X (I)			NS	NS
Johanna (NS)	NS 13-14							X (I)		Yes	1
Ana (NS)	Childhood				Childhood					Yes	1
Cinthia (21)	11		X				X			Yes	No
Sol (15)					6					Yes	NS

¹⁵ Amphetamine-type stimulants.

Women deprived of freedom											
Name Age	Consumed substances and age of drug consumption initiation									Rape	Children
	Alcohol	Tobacco	Marijuana	Cocaine Crack	Inhalants	Controlled Medicament	Crystal Meth	Heroin Opioids	LSD Ecstasy ATS		
Patricia (24)	14		X							Yes	2
Paola (NS)	X (I)				12					Yes	1
Viviana (NS)	X		12	12 (I)						Yes	1
Irene (NS)			12-13		X					NS	5
Janet (19)		NS	NS							NS	NS
Adriana (36)	9 (I)	X	X							NS	6
Berenice (27)	13	13	13	14 (I)	15					Yes	No
Briseida (23)	16-17	16-17		X						NS	Yes
Yolanda (19)	X	NS	X	X			X			NS	No
Graciela (NS)	12 (I)	X								NS	No
Alondra (21)			11		11		X (I)	X (I)		Yes	Yes
Verónica (23)				9 (I)						Yes	NS
Isidora (NS)			12				12			Yes	NS
Bella (NS)	14		14		14					Yes	NS
Catalina (NS)	12	12	X	X						Yes	NS

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Acknowledgements:

Open Society Foundations for the support provided

The following experts for their comments on this report:

Estefanía Vela

Luis Alberto Muñoz

July, 2020





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