

# VIOLENCE AGAINST WOMEN AND REPRODUCTIVE RIGHTS IN THE AMERICAS

**The consequences of violence for women’s reproductive and sexual health are extensive and include unwanted pregnancy, unsafe abortion, chronic pain syndromes, sexually transmitted infections including HIV, and gynecological disorders.<sup>1</sup>**

Numerous forms of violence against women<sup>2</sup> pose an obstacle to women’s individual development, violate their rights and limit their freedoms. Violence thus blocks the full development of their capacities and autonomy, and limits their public, economic, social, and political participation.<sup>3</sup> Violence against women—from sexual violence to domestic violence—is linked to reproductive health in three primary ways: i) the ability to control one’s body is essential to breaking the cycle of violence; ii.) violence can lead to reproductive rights violations; and iii.) laws, policies, and practices that restrict access to reproductive rights constitute violence against women.

One essential requirement for breaking the cycle of domestic violence against women, for instance, is that women be enabled to take control of their bodies and their sexuality, and decide freely when and if they want to be pregnant. Unwanted pregnancy occurs more frequently for victims of domestic violence, and women in situations of violence experience more difficulty ending abusive relationships when they are economically dependent upon their partners.<sup>4</sup> Another form of violence is institutional violence, established by laws and policies that limit access to reproductive rights.

Reproductive health is defined as “a general state of physical, mental, and social well-being and not merely the absence of disease or infirmity.”<sup>5</sup> According to the Pan-American Health Organization (PAHO), sexual and reproductive health “implies that people are able to have a satisfying and safe sex life, that they are able to reproduce, and that they have the freedom to decide if, when, and how often to do so.”<sup>6</sup> Similarly, reproductive

health is an integral part of the rights to health, life, non-discrimination, privacy, security, education and information, and freedom from violence.

Sexual violence affects an individual’s ability to enjoy healthy sexual and reproductive relations.<sup>7</sup> PAHO has long recognized that abuse and sexual violence are reproductive health problems that affect quality of life, cause emotional and behavioral problems, and complicate childbirth.<sup>8</sup> Nevertheless, the vast majority of countries in the region do not allow access to abortion in cases of rape.

Despite the facts, programs to prevent and eradicate violence against women do not often include access to sexual and reproductive health services. The absence of public policies in this area is linked to the criminalization of many sexual and reproductive health services. The criminalization of these services, exclusive to women, constitutes a systematic violation of human rights, causing physical and psychological suffering.<sup>9</sup>

Most countries in the Americas, particularly in Latin America and the Caribbean, have laws that criminalize sexual and reproductive health services. These laws are based on stereotypes of control and inferiority that perpetuate stigma and discrimination, and violate several international treaties including the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women, “Convention of Belém do Pará.” To prevent and eradicate violence against women, it is necessary to understand it in a holistic manner; it is essential that states recognize that reproductive rights are fundamental rights.

## I. CONTEXT

### Sexual Violence

Among women who have ever been married or in a union in the Americas, the number of victims of physical or sexual violence by a partner range from 1 in 5 to more than half of all women, depending on the country.<sup>12</sup> One in 10 women in the region will be a victim of non-partner sexual violence in her lifetime.<sup>13</sup> **Despite these statistics, only 8 countries in the Americas allow women to access safe abortion in cases of rape.**

### Domestic Violence

Depending on the sub-region, between 1 in 4 and 1 in 2.5 women are victims of domestic violence in the Americas.<sup>14</sup> Of all women killed in the Americas, approximately 38 percent are murdered by intimate partners.<sup>15</sup>

Domestic violence is closely linked to a number of key reproductive health indicators.<sup>16</sup> Women who experience domestic violence have difficulty using family planning effectively. They are more likely to use contraceptive methods in secret, be stopped by their abusive partner from using family planning, and have a partner who refuses to use a condom. **Unwanted pregnancies are significantly more common among women who have ever reported partner violence compared with those who have not.**<sup>17</sup> These women also experience a higher rate of unsafe abortions, and are more likely to become pregnant as adolescents.<sup>18</sup> Surveys have found that 5.6 percent to 11.3 percent of women are victims of physical violence during their pregnancy.<sup>19</sup>

Given the links between domestic violence and reproductive health, it is crucial for states to eliminate legal barriers to obtaining contraception, emergency contraception, and safe abortions. **When states do not integrate access to reproductive health services into their domestic violence programs, they create yet another barrier for women seeking to break the cycle of abuse.**

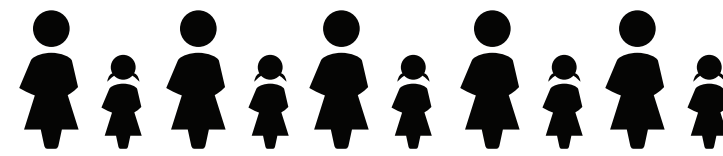
### Physical and Psychological Violence

**Survivors of abuse are more likely than non-abused women to practice high-risk sexual behaviors, such as not using protection, and to experience unintended pregnancies.**<sup>20</sup> Thirteen to 48 percent of women have watched their father beat their mother when they were children,<sup>21</sup> depending on the sub-region. Between 17 and 70 percent of women were beaten or physically abused themselves as children, also depending on the sub-region.<sup>22</sup>

According to police records, every year in the Americas—

# 185,000

## WOMEN AND GIRLS REPORT BEING RAPED.



However, this number only represents around

# 11%

OF THE ACTUAL

# 1,680,000

## INCIDENTS OF RAPE.

According to the World Health Organization (WHO), mental health problems and emotional distress are common among women who report having suffered from partner violence.<sup>23</sup> Mental health consequences of partner violence include fear, sadness, anger, self-blame, and guilt; anxiety disorders; depression; and substance abuse, in addition to thoughts of suicide and self-harm.<sup>24</sup> Individuals who have experienced partner violence, both physical and sexual, are associated with an increased risk of depressive symptoms, current poor health, and the development of a chronic disease or condition, both mental and physical.<sup>25</sup>

In selected areas in the Americas, 39 percent of women report that they have experienced suicidal thoughts as a



result of physical and/or sexual violence by an intimate partner.<sup>26</sup> **The WHO recommends that governments use reproductive health services—including prenatal care, family planning services, and post-abortion care—as entry points to identify women in abusive situations in order to provide support services.**<sup>27</sup>

In almost all countries, the prevalence of physical or sexual violence at the hands of a partner is significantly higher among women who report giving birth at a younger age, women with multiple children, and women whose last live birth was unintended or unwanted.<sup>28</sup>

### Teen Pregnancy

Increases in adolescent pregnancy also correlate with violence against women. Pregnancy is the third leading cause of death for women in the Americas (7.2 percent), and ranks eighth for adolescents and young adults overall.<sup>29</sup> **The Americas have one of the highest teen pregnancy rates in the world.**<sup>30</sup> According to the WHO, each year there are about 2 million mothers between the ages of 15 and 19, and approximately 54,000 births to mothers under the age of 15.<sup>31</sup>

Statistics show that high pregnancy rates among adolescents have not declined significantly since 1990, despite a decline in the region's total fertility. Pregnant adolescents face risks of maternal death that are 2 to 5 times higher than among women aged 20 or older. **Adolescents who live in an environment of violence are more likely to have early and unwanted pregnancies.**<sup>32</sup>

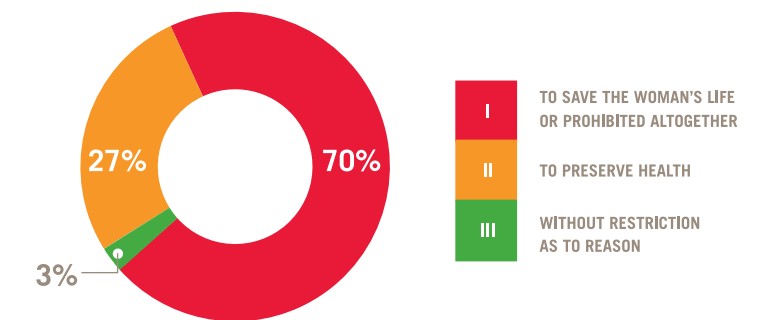
## II. THE LAW

Despite these facts, **Latin American and Caribbean countries have some of the most restrictive reproductive health laws and policies in the world**, particularly with regard to abortion and access to emergency contraception. Abortion is broadly legal in 6 of 33 countries in the region—i.e., permitted either without restriction as to reason or on socioeconomic grounds. Together, these countries account for less than 5 percent of the region's women aged 15-44. The remaining **95 percent of women of childbearing age live in countries where the abortion law is highly restrictive.**<sup>33</sup> This includes six countries in which abortion is not permitted for any reason, even to save the woman's life; five countries in which it is only permitted to save the woman's life; and only eight countries that permit abortion in the case of rape or incest.<sup>34</sup>

**Because of the highly restrictive laws, Latin America and the Caribbean have the highest rate of unsafe**

**abortion in the world, outside of East Africa.**<sup>35</sup> Of the 4.4 million abortions performed in the region in 2008, 95 percent (4.2 million) were unsafe, including virtually all abortions in Central and South America.<sup>36</sup> There is no data available after 2008; the number is likely much higher. About 1 million women in Latin America and the Caribbean are hospitalized annually for treatment of complications from unsafe abortion.<sup>37</sup> Unsafe abortion accounts for 12 percent of all maternal deaths in the region.<sup>38</sup> **Highly restrictive laws put women's lives and health at risk and contribute to the perpetuation of patterns of discrimination and violence.**

Abortion Laws in Latin America and the Caribbean



## III. CALL TO ACTION

As evidenced by the information on the impact of domestic and sexual violence on women's sexual and reproductive health and rights, there is a clear and immediate need for States in the Americas to take action. Women's sexual and reproductive health must be a priority for the States and part of their programs to eradicate violence against women. We ask that States join the Inter-American Commission on Human Rights and the Follow-up Mechanism to the Convention of Belém do Pará (MESECVI) in including the promotion of reproductive rights in their agenda in order to make these rights a reality for all women.

**States in the Americas must take steps to formally recognize that sexual and reproductive rights are grounded in other essential human rights**, including the rights to health; to be free from discrimination; to privacy; to not be subjected to torture or ill treatment; for all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so; and to make decisions concerning reproduction free of discrimination, coercion, and violence.<sup>39</sup>

## IV. OBLIGATIONS OF STATES PARTIES

The Inter-American System, with *the American Declaration on the Rights and Duties of Man*, *the American Convention on Human Rights*, *the*

**Additional Protocol to the American Convention on Economic, Social and Cultural Rights (Protocol of San Salvador), the Belém do Pará Convention, and the Inter-American Commission and Court of Human Rights**<sup>40</sup> expressly enshrines the duty of states to adequately protect women and to guarantee women access to health services free from discrimination.<sup>41</sup> Additionally, the **Protocol of San Salvador** affirms that everyone has the right to health, understood to mean the enjoyment of the highest level of physical, mental and social well-being, and states parties commit to recognizing health as a public good and, particularly, to adopting specified measures to ensure that right without discrimination of any kind. The Inter-American Commission has found that it is not possible for women to attain the full enjoyment of human rights without timely access to comprehensive healthcare services, as well as to information and education in this area, so that they

can make free, informed, and responsible decisions regarding reproduction, including family planning.<sup>42</sup>

By ratifying the **Belém do Pará Convention**, the states parties agreed to adopt policies oriented toward preventing, sanctioning, and eradicating violence against women; to act with due diligence to prevent, investigate, and sanction violence against women; and to modify sociocultural patterns of conduct of men and women. **The Declaration on Violence against Women, Girls and Adolescents and their Sexual and Reproductive Rights** from the Committee of Experts (CEVI) of the MESECVI, within the framework of the implementation of the Convention, calls on states to guarantee the sexual and reproductive health of women and their right to life, by eliminating unsafe abortion, establishing laws that enable the termination of pregnancy, as well as guaranteeing that women have immediate access to affordable contraceptives, including emergency contraception.<sup>43</sup>

## Endnotes

- <sup>1</sup> WORLD HEALTH ORGANIZATION (WHO), REPRODUCTIVE HEALTH STRATEGY: TO ACCELERATE PROGRESS TOWARDS THE ATTAINMENT OF INTERNATIONAL DEVELOPMENT GOALS AND TARGETS 16 (2004).
- <sup>2</sup> When referring to women, we are including adolescents and girls.
- <sup>3</sup> Inter-American Commission on Women, *Declaration of Pachuca, "Strengthening Efforts to Prevent Violence Against Women"* 2 (2014).
- <sup>4</sup> PAN AMERICAN HEALTH ORGANIZATION (PAHO), VIOLENCE AGAINST WOMEN IN LATIN AMERICA AND THE CARIBBEAN: A COMPARATIVE ANALYSIS OF POPULATION-BASED DATA FROM 12 COUNTRIES 1 (2012) [hereinafter PAHO, VIOLENCE AGAINST WOMEN]. See also, Tim Chen, *How to Stop Domestic Financial Abuse*, U.S. News, Apr. 26, 2011.
- <sup>5</sup> INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT, PROGRAMME OF ACTION, para. 7.2 (1994).
- <sup>6</sup> PAHO, HEALTH IN THE AMERICAS 2007 VOLUME I 143 (2007).
- <sup>7</sup> PAHO & WHO, POPULATION AND REPRODUCTIVE HEALTH 9 (1998), available at [http://www1.paho.org/english/gov/csp/csp25\\_15.pdf?ua=1](http://www1.paho.org/english/gov/csp/csp25_15.pdf?ua=1).
- <sup>8</sup> *Id.*
- <sup>9</sup> The Committee of Experts of the Follow-up Mechanism of the Belém do Para Convention (MESECVI), *Declaration on Violence against Women, Girls and Adolescents and their Sexual and Reproductive Rights* 2 (2014) [hereinafter MESECVI, *Declaration on Violence*].
- <sup>10</sup> UNITED NATIONS (U.N.) OFFICE ON DRUGS AND CRIME, STATISTICS ON CRIME: SEXUAL VIOLENCE (2014).
- <sup>11</sup> U.N. WOMEN, PROGRESS OF THE WORLD'S WOMEN, 2011-2012 50-51 (2013), available at <http://progress.unwomen.org/pdfs/EN-Report-Progress.pdf>.
- <sup>12</sup> 17% to 53.3% among women ever married or in union aged 15-49. PAHO, VIOLENCE AGAINST WOMEN, *supra* note 3.
- <sup>13</sup> Prevalence of non-partner sexual violence ranged from 5.86% to 15.33%, with an average 10% lifetime prevalence rate of non-partner sexual violence. WHO, GLOBAL AND REGIONAL ESTIMATES OF VIOLENCE AGAINST WOMEN: PREVALENCE AND HEALTH EFFECTS OF INTIMATE PARTNER VIOLENCE AND NON-PARTNER SEXUAL VIOLENCE 48 (2013), available at [http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/85239/1/9789241564625_eng.pdf?ua=1).
- <sup>14</sup> Prevalence of intimate partner violence in the Americas ranges from 23.68% to 40.63% depending on the sub-region. *Id.*
- <sup>15</sup> *Id.* at 47.
- <sup>16</sup> VIOLENCE AGAINST WOMEN, *supra* note 3, at 47.
- <sup>17</sup> *Id.*
- <sup>18</sup> Population Reference Bureau, *Gender-Based Violence: impediment to Reproductive Health* 1 (2010), available at [http://www.prb.org/igwg\\_media/gbv-impediment-to-RH.pdf](http://www.prb.org/igwg_media/gbv-impediment-to-RH.pdf).
- <sup>19</sup> VIOLENCE AGAINST WOMEN, *supra* note 3, at 49.
- <sup>20</sup> PATH, *Violence against Women: Effects on Reproductive Health* 4 (2002), available at [http://www.path.org/publications/files/EOL20\\_1.pdf](http://www.path.org/publications/files/EOL20_1.pdf) [hereinafter PATH].
- <sup>21</sup> Percentage of women who reported their father beat with mother, or that they heard or saw their father/step-father beat their mother/step-mother among all women (15-49) was from 12.6%-48.3%. VIOLENCE AGAINST WOMEN, *supra* note 3.
- <sup>22</sup> Among all women aged 15-49, the range was from 16.8% to 69.5%. *Id.*
- <sup>23</sup> WHO, MULTI-COUNTRY STUDY ON WOMEN'S HEALTH AND DOMESTIC VIOLENCE AGAINST WOMEN 26 (2005).
- <sup>24</sup> WHO, MENTAL HEALTH AND PSYCHOLOGICAL SUPPORT FOR CONFLICT-RELATED SEXUAL VIOLENCE: PRINCIPLES AND INTERVENTIONS 2 (2012), available at [http://apps.who.int/iris/bitstream/10665/75179/1/WHO\\_RHR\\_HRP\\_12.18\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/75179/1/WHO_RHR_HRP_12.18_eng.pdf).
- <sup>25</sup> Ann J. Cocker et al., *Physical and mental health effects of intimate partner violence for men and women*, 23 AMERICAN JOURNAL OF PREVENTATIVE MEDICINE 260 (2002).
- <sup>26</sup> *Id.*
- <sup>27</sup> *Id.* at 35.
- <sup>28</sup> VIOLENCE AGAINST WOMEN, *supra* note 3.
- <sup>29</sup> PAHO, *Health in the Americas* (2012).
- <sup>30</sup> WHO, *Maternal Health, Adolescent Fertility Rate, Region: Americas*, available at [http://gamapserver.who.int/gho/interactive\\_charts/mdg5/atlas.html?indicator=i2](http://gamapserver.who.int/gho/interactive_charts/mdg5/atlas.html?indicator=i2).
- <sup>31</sup> *Id.*
- <sup>32</sup> PATH, *supra* note 21.
- <sup>33</sup> GUTTMACHER INSTITUTE, *In Brief: Facts on Abortion in Latin America and the Caribbean* (2012), available at [http://www.guttmacher.org/pubs/IB\\_AWW-Latin-America.pdf](http://www.guttmacher.org/pubs/IB_AWW-Latin-America.pdf) [hereinafter GUTTMACHER INSTITUTE].
- <sup>34</sup> *Id.*
- <sup>35</sup> WHO, UNSAFE ABORTION: GLOBAL AND REGIONAL ESTIMATES OF THE INCIDENCE OF UNSAFE ABORTION AND ASSOCIATED MORTALITY IN 2008 20 (2011), available at [http://whqlibdoc.who.int/publications/2011/9789241501118\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501118_eng.pdf) [hereinafter WHO, UNSAFE ABORTION].
- <sup>36</sup> GUTTMACHER INSTITUTE, *supra* note 33.
- <sup>37</sup> *Id.*
- <sup>38</sup> WHO, UNSAFE ABORTION, *supra* note 35, at 28.
- <sup>39</sup> MESECVI, *Declaration on Violence*, *supra* note 9.
- <sup>40</sup> The Inter-American Court of Human Rights has identified Article 11(2), Article 17(2), and Article 29(b) of the American Convention on Human Rights as the sources of the rights to private life, reproductive autonomy and to found a family, and, consequently, the prohibition of disproportionate and unnecessary restrictions, *de jure* or *de facto*, to exercise the reproductive decisions that correspond to each individual.
- <sup>41</sup> MESECVI, *Declaration on Violence*, *supra* note 9.
- <sup>42</sup> Inter-American Commission on Human Rights, *Report No. 21/07, Petition 161/02, Friendly Settlement, Paulina del Carmen Ramirez Jacinto* (Mex.) (Mar. 9, 2007).
- <sup>43</sup> MESECVI, *Declaration on Violence*, *supra* note 9.