

To Stop Violence Against Women respect for women's human rights is essential

Violence against women and girls is a global pandemic. At least **one out of every three women has been beaten, coerced into sex, or otherwise abused** in her lifetime.

Every year, millions of women are raped by partners, relatives, friends and strangers, by employers and colleagues, soldiers and members of armed groups.

Violence in the family is endemic all over the world; the overwhelming majority of victims are women and girls.

In the USA, for example, women account for around 85 per cent of the victims of domestic violence. The World Health Organization has reported that up to **70 per cent of female murder victims are killed by their male partners**.

Small arms and light weapons are the main tools of almost every conflict and, according to the UN Secretary-General, **women and children account for nearly 80 per cent of the casualties**.

As a human rights organization, Amnesty International cannot remain silent in the face of this suffering. We campaign against all of forms of violence against girls and women, wherever that violence happens and whoever perpetrates it.

Violence against women violates women's rights to life, physical and mental integrity, to the highest attainable standard of health, to freedom from torture and their sexual and reproductive rights. Upholding human rights, including women's sexual and reproductive rights is essential to preventing and ending gender-based violence. The human rights of girls and women are also at stake whenever gender-based violence against them goes unchallenged and wherever survivors are denied access to the full range of remedies to which they are entitled.

Amnesty International supports women in claiming their rights. The lived experience of girls and women including of those with whom we work directly, shows how central are sexual and reproductive rights to their freedoms including their right to be free from gender-based violence and as a remedy where they have been subjected to such violence:

- Forced and child marriage is a violation of girls' and women's sexual and reproductive rights.

- Denying women access to reproductive health services is a violation of their reproductive rights. Denying them access to lifesaving obstetric care is a violation of their right to life and a form of cruel, inhuman and degrading treatment.
- Forced abortions or sterilizations carried out by family planning officials or others acting in an official capacity violate reproductive rights and are grave violations of physical and mental integrity amounting to torture.
- Obstructing rape survivors' access to legal abortion services is a violation of their sexual and reproductive rights.
- Women must have access to safe and legal abortion services in cases of unwanted pregnancy as a result of rape, sexual assault or incest.
- Imprisonment or other criminal sanctions for seeking or having an abortion is a violation of women's reproductive rights.
- Women must have access to safe and legal abortion services where continuation of pregnancy poses a risk to their life or grave risk to their health.
- Individuals have the right to seek, receive and impart information in relation to sexuality and reproduction without unreasonable restrictions. They have the right to access to information and services regarding sexual and reproductive health, including in relation to prevention of sexually transmitted infections.
- Women have the right to not be denied maternal health care, which should be accessible, affordable, adequate and of sufficiently high quality, taking into account their cultural needs. They have the right to access health care without discrimination.

Forced and child marriage is a violation of girls' and women's sexual and reproductive rights

A proverb in **Afghanistan** says: "A girl should have her first period in her husband's house and not her father's house."

The legal age for marriage in Afghanistan is 18 years for men and 16 years for women. A women's *shura* (traditional Afghan decision making body) in the Nangarhar Province in eastern Afghanistan reported that girls aged ten to 12 regularly got married.

On occasion, girls are forced into marriage below the age of puberty, sometimes at extremely young ages. Such cases include that of "Fariba", aged eight, who was given in marriage to a 48-year-old man. Her father reportedly received 600,000 Afghani for his daughter.

"Fariba" was reported to have suffered sexual abuse by her husband. A relative approached government officials and "Fariba" was removed from her husband's home and placed in an orphanage. However, at the time that this case was brought to AI's attention, no criminal charges had been brought against either the girl's father or her husband, and a divorce had not been granted by the judge who heard the case to determine the status of the marriage.

Denying women access to reproductive health services is a violation of their reproductive rights. Denying them access to lifesaving obstetric care is a violation of their right to life and a form of cruel, inhuman and degrading treatment.

On 26 August 2003, Rula Ashtiya (29), while in her eighth month of pregnancy, was forced to give birth on the ground, on a dirt road by the Beit Furik checkpoint in **Israel** after Israeli soldiers refused her ambulance passage. Rula's baby died a few minutes later. Her testimony:

"We took a taxi and got off before the checkpoint because cars are not allowed near the checkpoint and we walked the rest of the way; I was in pain. At the checkpoint there were several soldiers; they were drinking coffee or tea and ignored us. Daoud [Rula's husband] approached to speak to the soldiers and one of them threatened him with his weapon. Daoud spoke to them in Hebrew; I was in pain and felt I was going to give birth there and then; I told Daoud who translated what I said to the soldiers but they did not let us pass. I was lying on the ground in the dust and I crawled behind a concrete block by the checkpoint to have some privacy and gave birth there, in the dust, like an animal. I held the baby in my arms and she moved a little but after a few minutes she died in my arms."

In **El Salvador** abortion is prohibited without any exceptions, and the constitution establishes personhood from the point of conception. This means that even in the case of ectopic pregnancy (where the foetus has attached to the fallopian tube rather than the uterus and will not develop into viable human life), women cannot access abortion legally until the foetus has died or the tube has burst, putting their own lives and health at grave risk. Reportedly, doctors are weary of offering medical support to women with ectopic pregnancy, fearing accusations that they supported an abortion. Campaigns for abortion law reform in countries with extremely restrictive legislation, like El Salvador, demand that situations of risk to life and grave risk to health should be exempted from general criminal law prohibitions of abortion and call for women's access to life-saving health services and doctors' legal authority to provide such services without risk of criminal liability.

When *K.L.* was 17 years old, she found out that she was pregnant with an anencephalic foetus. Even though abortion is legal in **Peru** for therapeutic reasons, *K.L.* was illegally denied access to an abortion by a hospital director, and was compelled to carry the foetus to term and to breast-feed for the four days the infant survived. In November 2005, the U.N. Human Rights Committee found that denying *K.L.* access to legal abortion and forcing her to bring to term a severely malformed foetus violated her right to be free from cruel, inhuman and degrading treatment, her right to privacy and her right to special protection as a child. This finding is significant for any country like Peru where abortion should be legally accessible on grounds exempted from the criminal law prohibition but where women in practice face insurmountable obstacles in gaining such access.

In a 2005 report, "Decisions Denied - Women's Access to Contraceptives and Abortion in Argentina", Human Rights Watch found that women in **Argentina** received inhumane and sometimes grossly inadequate treatment when seeking medical assistance for incomplete abortions or infections due to unsafe abortions. A social worker from Sante Fe Province stated: "A woman [we work with] went to the hospital in a very bad state with an abortion and she was infected and haemorrhaging. A doctor started to examine her, and when he started to see her and realized, he threw down his instruments on the floor. He said: 'This is an abortion, you go ahead and die!'"

Forced abortions or sterilizations carried out by family planning officials or others acting in an official capacity violate reproductive rights and are grave violations of physical and mental integrity amounting to torture.

In August 2006, when he had just been sentenced to four years and three months of imprisonment after almost one year of house arrest and following a grossly unfair trial in Shandong province, **China**, Amnesty International declared Chen Guangcheng a prisoner of conscience. His sentence was later upheld on appeal. A lawyer, blind since birth, Chen Guangcheng had assisted villagers to take legal action against the Linyi city authorities, who they allege have been breaking the law in their pursuit of birth quotas.

According to Linyi residents, in March 2005 the local government began requiring parents with two children to be sterilized and forcing women pregnant with a third child to have abortions. Officials detained family members of people who fled to escape, beating them and holding them hostage until their relatives returned and submitted to the operations.

In February 2006, Chen Hua, Chen Guangcheng's neighbour and relative, who verbally protested against Chen Guangcheng's unlawful detention to the policemen standing guard in front Chen Guangcheng's house, was assaulted by the police, beaten during detention in a police station, and denied access to his family or a lawyer, sparking a protest demonstration in his village. Chen Gunagcheng's wife Yuan Weijing, has also been subjected to "house arrest", police surveillance and other abuses in Linyi city since September 2005, apparently because of her support for Chen Guangcheng and attempts to secure justice for him.

Obstructing rape survivors' access to legal abortion services is a violation of their sexual and reproductive rights.

When Paulina Ramírez was 13 years old, she was raped by an intruder in her home. A few weeks later, after finding out that she was pregnant because of the rape, she decided to have an abortion. Although first-trimester abortion is legal in cases of rape throughout **Mexico**, Paulina was pressured to change her decision by anti-choice activists.

Ultimately, the director of the state hospital — where she went to get the abortion — frightened Paulina and her mother into believing that Paulina would die or become sterile if she had an abortion. As a result, Paulina and her mother decided that she would carry her pregnancy to term.

On 8 March 2006, almost four years to the day after filing a case on Paulina's behalf before the Inter-American Commission for Human Rights, the Center for Reproductive Rights and its partners in Mexico, Alaide Foppa and GIRE (Information Group on Reproductive Choice), signed a settlement agreement with the Mexican government. The Mexican government will issue a decree requiring states to set guidelines for access to abortion for women who have been raped. It has also provided Paulina and her son significant compensation for health care, education, and professional development.

In **Mexico**, Amnesty International has interviewed rape survivors who have been denied access to legal abortion services, sometimes in life-threatening situations. In June 2006, Amnesty International interviewed the mother of a severely mentally disabled young woman, "Maria", from Oaxaca. In 2004, aged 17, "Maria" was raped by her uncle and became pregnant as a result. Her mother reported the rape to the Sexual Crimes Unit of the Public Prosecutor's office seeking authorization to terminate the pregnancy. Under local State law, abortion is legal in the case of rape. According to "Maria's" mother, the Public Prosecutor's office failed to advise her on how to proceed and to provide a translator for her daughter.

With the help of a local organization, "Maria" was taken to hospital after two weeks. The doctor refused to intervene without permission from a judge. Frustrated at the lack of proper attention and treatment, and seeing her daughter in increasing pain, "Maria's" mother decided to take her out of the hospital, against the wishes of the hospital authorities who insisted that she should not seek termination of the pregnancy. When she went to present a complaint regarding the health authorities to the State Human Rights Commission, they at first refused to take the complaint, arguing that "it was no longer urgent". "Maria's" mother eventually paid for the services of a covert abortion provider, which she would not have been able to do without the help

of the local NGO in view of the cost involved.

In a landmark decision in May 2006, **Colombia**'s constitutional court overturned the complete ban on abortion (under which the woman and provider could be sentenced to up to four years in prison), making abortion legal in cases of rape, foetal malformation, or when the life or health of the mother or foetus is in danger. Carlos Lemus, director of the hospital where an 11-year-old rape survivor obtained the first legal abortion after the change of the abortion law, was reported to have said that doctors were faced "with a request from a girl who wanted to return to her toys, her school, and the demands of the mother who did not want her daughter to have the pregnancy."

Women must have access to safe and legal abortion services in cases of unwanted pregnancy as a result of rape, sexual assault or incest.

In April 2003, "Josephine" (29) and her friend Miriam were raped at gunpoint by three RCD-Goma soldiers as they walked to their fields near Walungu, in South-Kivu, **Democratic Republic of the Congo**. In October 2003, "Josephine" was raped again, this time in her home, by another RCD-Goma soldier who gagged her to prevent her from screaming. In March 2004, pregnant, she told her story to AI:

"In the community, they made such fun of me that I had to leave the village and live in the forest. Today, the only thing that I can think about is that I want an abortion. I am hungry; I have no clothes and no soap. I don't have any money to pay for medical care. It would be better if I died with the baby in my womb."

In the **Darfur region of Sudan**, rape is considered a taboo and a shame for the victim. The child who is a result of rape is considered the child of the "enemy", a "Janjawid child". Survivors of rape are likely to be ostracized by their community; married women are likely to be rejected by their husbands. Women and men interviewed by AI said that while they would accept raped women back into the community, the child conceived as a result of rape would not be accepted. One refugee from Kenya explained:

"Some women were raped. We heard about this. But only those who are not married can talk about it. We believe that nobody can become pregnant when raped, because this is unwanted sex and you cannot have a child from unwanted sex. For those who are in the camps in Darfur, those whom they rape day and night, they might become pregnant. Then only Allah can help the child to look like the mother. If an Arab child is born, this cannot be accepted."

Rape survivors lack access to medical and psychological care facilities in the refugee camps in Chad and in the IDP settlements in Darfur. Human rights organizations have made recommendations to government, aid and donor agencies regarding access to safe abortion as a component of comprehensive sexual and reproductive health services. Although abortion is legal in cases of rape, access to health services, counselling, information and services appears to be practically unavailable to pregnant rape survivors.

In a 2005 report ("The Second Assault – Obstructing Access to Legal Abortion after Rape in **Mexico**"), Human Rights Watch documents the case of "Graciela Hernández" in Guanajuato: "Graciela Hernández" (then age 16) reported being systematically raped by her father in

2002. Hernández became pregnant and declared unequivocally that she wished to terminate her pregnancy. According to representatives from nongovernmental organizations who provided emotional and legal support for "Hernández", the public prosecutor later persuaded the adolescent girl to change her accusation against her father from rape to incest—in order for the father to get a shorter jail sentence, as incest is considered a less serious crime than rape. Since abortion in Guanajuato is legal only after rape and not after incest the abortion was not authorized, and "Hernández" was forced to carry the pregnancy to term. The official record describes her distress:

"Then my father took me to a hostel. ... And there my father said to me that I should take all my clothes off ... and my father took all his clothes off ... And my father started to caress my legs and all of my body. And he penetrated me, and it hurt a lot when he penetrated me. I cried and I said to my father that it hurt a lot. ... And I asked him if I was no longer a virgin, and my father said that before he penetrated me, yes, but no longer. ... After that time, it was every week that my father took me to different hotels outside the city of [name withheld]. And we had sex. ... And with regard to my pregnancy, I want to declare that I am certain that the child that I am expecting is my father's ... because I never had [sex] with anyone else. ... And I want to declare that I don't want to have the child that I am expecting, because I will not be able to love it. Because it is my father's, I will not be able to love it. And I also don't know how it will come about, if [the pregnancy] will go wrong. And I also don't want it because I didn't want to be pregnant, and that's why I want you to help me to have an abortion, because as I already said, I don't want to have this child, because it is my father's and I don't want it."

Imprisonment or other criminal sanctions for seeking or having an abortion is a violation of women's reproductive rights.

In **Nigeria**, AI has campaigned against the death penalty for women prosecuted in relation to termination of pregnancy on abortion and "culpable homicide" charges. AI found that women charged with these offences were either single or had been abandoned by their husbands. In the majority of the cases, the women themselves stated that they had suffered stillbirths. Most lacked a lawyer. In Katsina Prison, in 2003, AI researchers spoke to "Ruth" who said she had suffered stillbirth – she was charged with culpable homicide.

AI met "Ruth" again after she had been released from prison: her case had not progressed beyond initial holding charges in the six years that she was imprisoned. Her parents were told that she was dead by disapproving family members, and she was never allowed to see her daughter. When she was finally able to send a message from prison, her father arranged a lawyer for her. The lawyer mounted a civil action for the enforcement of fundamental human rights. This led to an unprecedented award of compensation by the High Court which included an apology by the government. "Ruth" is now out on bail but has no certainty as to whether she will ever be cleared of the charge or when she will be paid compensation and offered an apology.

Women must have access to safe and legal abortion services where continuation of pregnancy poses a risk to their life or grave risk to their health.

In many countries women cannot access sexual and reproductive health services that the law entitles them to. Alicja Tysi'c was denied access to abortion services on health grounds despite a diagnosis that her eyesight would be seriously damaged if she continued her pregnancy, even though an exception to preserve physical and mental health is provided in **Poland's** abortion law. She suffered severe haemorrhaging of her eyes after the birth, causing her eyesight to badly deteriorate, and now faces a serious risk of blindness.

In March 2007, the European Court of Human Rights found that the government of Poland had violated her rights to a private life and to physical and mental integrity by failing to provide her with legal abortion services and a comprehensive legal framework to guarantee her rights. With this finding, the Court indicated that governments have a duty to establish effective mechanisms for ensuring that women have access to abortion where it is legal. The court stated: "While the State regulations on abortion relate to the traditional balancing of privacy and the public interest, they must – in case of a therapeutic abortion – be also assessed against the positive obligations of the State to secure the physical integrity of mothers-to-be."

In **Nicaragua**, by late March 2007, more than 30 appeals had been filed challenging the constitutionality of the November 2006 blanket ban on abortion; one of them was submitted by 20 women professionals on 12 January 2007. The Supreme Court could consider the appeals as soon as August 2007. The National Assembly's vote to outlaw abortion under any circumstances eliminated the possibility of women's legal access to abortion services where three doctors certified that the procedure was necessary to save a woman's life and the woman secured the consent of a partner or relative.

Opponents of the ban have documented cases of maternal deaths resulting from the total abortion ban: "One such example is that of Maria Mora Valle, who claims in a February 7 story in *El Nuevo Diario*, a major daily newspaper in Nicaragua, that her daughter's January 30 death could have been avoided if the new law hadn't banned therapeutic abortion." When considering the country's period report, in January 2007, the United Nations Committee on the Elimination of Discrimination against Women expressed concerns about the abortion ban in the context of the maternal mortality rates, particularly the large number of deaths resulting from illegal and unsafe abortion.

A committee member stated her surprise at the comprehensive criminalization of all abortions against a backdrop of unofficial data indicating that around 16 per cent of maternal deaths were caused by illegal and unsafe abortions. The Committee urged Nicaragua to "consider reviewing the laws relating to abortion with a view to removing punitive provisions imposed on women who have abortions and provide them with access to quality services for the management of complications arising from unsafe abortions."

Individuals have the right to seek, receive and impart information in relation to sexuality and reproduction without unreasonable restrictions. They have the right to access to information and services regarding sexual and reproductive health, including in relation to prevention of sexually transmitted infections.

Policymakers, activists and community members in rural areas of **Guyana**, whom AI spoke to in 2006, highlighted how stigma and discrimination attached to HIV status discourage people from seeking information on prevention of HIV transmission.

People living with HIV/AIDS in the **Dominican Republic** reportedly continue to die because they are unable to access the treatment they require, despite the national universal access to treatment plan. Lack of information about where and how to access antiretroviral treatment is often a barrier to accessing medication, particularly in the *bateyes*, communities set up for workers on the sugar cane plantations: More than 30 people affected by HIV/AIDS interviewed by AI were unaware of the fact that effective treatment for HIV/AIDS existed and is available without charge in the state health care system.

In the **Dominican Republic** AI found limited HIV/AIDS communication materials available, especially for young people. The health posts in the *bateyes* visited by AI had no posters or information materials. Group discussions revealed that people lacked information about treatment and were unclear about how the virus was transmitted. Some women living in the *bateyes* cannot read or may speak only Creole, limiting their ability to access information campaigns aimed at the wider population. According to one health promoter in the *batey* Basima, prior to NGO involvement there had been no information available, and government representatives had not been working with the communities. A 12-year-old girl in Basima, Dominican Republic, who is HIV positive told AI: "In school the teacher told us not to share water, not to drink from the same cup or eat from the same plate because we might get HIV or other diseases."

Women have the right to not be denied maternal health care, which should be accessible, affordable, adequate and of sufficiently high quality, taking into account their cultural needs. They have the right to access health care without discrimination.

Discrimination was one of the factors that fuelled the 20-year armed conflict in **Peru**. Rape was used as a weapon of war and many women were targeted for other forms of torture and forcible recruitment for work or forced into marriage. Years later, women continue to suffer of mental and physical health problems, including reproductive health problems, caused by the violence to which they were subjected. Investigating maternal and child health issues, AI found that discrimination against indigenous and peasant women is still one of the major factors that contribute to Peru's high maternal mortality rates. Every eight hours a woman dies in Peru as a result of pregnancy or because of complications during labour.

Women are frequently charged for services that should be free. They are fined for not giving birth in a clinic but treated with contempt when they attend health centres. Children born outside health centres are denied birth certificates, affecting their entitlement to other services. Finally, traditional methods of giving birth with family support are often not honoured. Clinics which have begun to take into account the needs of indigenous and peasant women report improved outcomes. Even though Elisabet was eligible for free health services, when she took her baby to a health centre in 2005, she was charged for the gloves used by staff, the transfer to the regional hospital and 665 nuevos soles (US\$200) for seven nights in the hospital.