

Independent information for Peru's Periodic Review scheduled for the 80th

Fact sheet



Session of the Committee on
the Elimination of
Discrimination against
Women

I. Systemic Gender-Based Violence

A. SEXUAL VIOLENCE

The rates of violence against women and, particularly, sexual violence in Peru, are high and have continued to rise. In 2019, 155,092 cases of violence against women, including sexual violence, received medical care at the Women’s Emergency Centers ¹—an increase of over 40,000 cases from the prior year.² Of these cases, there were 18,044 cases of sexual violence and, 55,565 of the victims were younger than 18 years old.³

The justice system in Peru fails to protect victims of sexual violence or to provide them with adequate reparations for the harms experienced. Societal and cultural norms and stigmas perpetuate impunity and tolerance for perpetrators of sexual violence, and the justice system is influenced by gender-based stereotypes. The rulings not only re-victimize and cause great pain and suffering to survivors of sexual violence, but also demonstrate that judges continue to employ harmful gender-based stereotypes to mitigate sentences in sexual abuse cases, perpetuating cycles of impunity and normalizing sexual violence. This represents a violation of women and girls’ rights to life, integrity, health, and access to justice.

B. OBSTETRIC VIOLENCE AND THE INTERSECTIONAL AND STRUCTURAL DISCRIMINATION SUFFERED BY INDIGENOUS, CAMPESINO, AND RURAL WOMEN

The 2016-2021 *National Plan Against Gender-Based Violence* (hereinafter National Plan) established that obstetric violence “includes all acts of violence by health personnel in relation to the reproductive processes (...)” including dehumanizing treatment, abuse of medication and the pathologization of natural processes, which negatively impact the quality of life of women. The National Plan sought to change socio-cultural patterns that exacerbate gender-based violence, including obstetric violence, through specific strategic actions. **Yet Peru has failed to take any action to address incidents of obstetric violence.**

The Special Rapporteur on violence against women stated that mistreatment and violence against women in reproductive health services “occur in the wider context of structural inequality, discrimination and patriarchy.”⁴ **Indigenous, campesino, and rural Peruvian women experience structural violence and intersectional discrimination based on their gender, ethnicity, and economic status in accessing reproductive health services, especially during childbirth. This also includes verbal aggression, mistreatment, as well as the imposition of institutionalized and horizontal childbirth, and ignorance of their language and customs.**

The case of *E and S v. Peru*, presented to the Inter-American Commission on Human Rights, which is being considered, clearly exemplifies the structural violence, intersectional discrimination, and obstetric violence experienced by these groups of women. In 2003, during her sixth pregnancy, E, a *campesino* woman descendant from the Quechua-speaking community, did not have access to adequate prenatal care, healthcare, or information due to the inaccessibility – physically and culturally – of these health services.⁵

On August 10, 2003, she went into labor and was forced to go to a public health center (instead of respecting her decision to have a home birth, as she had done previously).⁶ Once there, E was not provided with assistance in her language and was abandoned without care, notwithstanding she was in evident pain.⁷ E was violently and physically forced to give birth in a horizontal position (which is against her ancestral customs) and, as a result, her son Sergio was hit in the head at the moment of birth.⁸

After this violent birthing, E was denied information regarding Sergio's state of health.⁹ Sergio acquired multiple disabilities and ultimately died at the age of 12 as a result of the State's failure to provide the care that he required due to his condition.¹⁰ This case illustrates a **system of institutionalized gender-based violence that perpetuates discriminatory stereotypes against indigenous, rural, Quechua-speaking, *campesino*, and poor women.** Additionally, E's treatment during and after birth demonstrates serious violations of her right to integrity, aggravated by her condition as a pregnant, poor, *campesino*, rural, Quechua-speaking woman. The severe and serious impacts of the violence E suffered before, during, and after giving birth were prolonged and intensified during Sergio's life and constitute serious human rights violations.¹¹

Peru's failure to implement effective measures to prevent gender-based violence, sexual violence, and obstetric violence at the hands of health providers **constitutes violations of Articles 2, 3 and 12 of the Convention.**

C. THE IMPACT OF THE COVID-19: THE RISE IN GENDER-BASED AND SEXUAL VIOLENCE DURING THE LOCKDOWN PERIOD, PARTICULARLY AFFECTED GIRLS AND ADOLESCENTS

Before the COVID-19 pandemic, Peru had alarmingly high rates of gender-based and sexual violence, particularly with respect to sexual violence against girls and female adolescents. Lockdowns and school closures have resulted in keeping women and girls at home with abusive family members, posing a serious threat to their wellbeing. The situation is particularly dangerous for girls and adolescents, who face a higher risk of rape by relatives at home and who may also experience forced pregnancies, which pose serious health risks.

RECOMMENDATIONS

- Adopt regulatory and budgetary policies to prevent sexual violence, especially against girls and adolescents, and to combat impunity, ensuring the implementation of a gender-based approach in cases of sexual violence, whilst providing substantive redress for victims.
- Adopt regulatory and budgetary policies to ensure that indigenous and rural women have access to health services without fear of experiencing obstetric violence by health sector professionals.
- Adopt regulatory and budgetary policies to ensure that survivors of sexual violence, especially girls and adolescents, have access to comprehensive sexual and reproductive health services without discrimination and re-victimization by health sector officials, including access to emergency kits, the emergency contraceptive pill, and access to abortion services.
- Adopt normative and budgetary measures for the prevention of and protection from sexual violence suffered in places of confinement during the COVID-19 pandemic.

Endnotes

Photo: Pg. 1, [Personas en las flotantes Islas Uros en el Lago Titicaca en Perú.](#)
[Perekotypole](#)

¹ Ministry of Women and Vulnerable Populations (MIMP), *Estadísticas del MIMP*, GOB.PE, available at: <https://www.mimp.gob.pe/omep/estadisticas-violencia.php> (statistics for 2019).

² *Id.* (statistics for 2018).

³ *Id.* (statistics for 2019).

⁴ General Assembly, *Rep. of the Special Rapporteur on violence against women, its causes and consequences on a human rights-based approach to abuse and violence against women in reproductive health services, with special emphasis on childbirth care and obstetric violence*, U.N. Doc. A/74/13, para. 9 (2019), available at: https://saludmentalperinatal.es/wp-content/uploads/2019/09/A_74_137-ES.pdf.

⁵ See: Nancy Armenta-Paulino et al., *Overview of equity in maternal health care coverage by ethnicity*, 30 EUR. J. OF PUB. HEALTH Supp. 5, (Sep. 30, 2020), available at: <https://doi.org/10.1093/eurpub/ckaa165.830>.

⁶ Inter-American Commission on Human Rights (IACHR), OEA/Ser.L/V/II.150, Doc. No. 39, *Report No. 35/14, Petition 1334-09, Admissibility, Eulogia and her son Sergio, Peru*, ORGANIZATION OF AMERICAN STATES, 2014, para. 7 (detailing the lack of access to healthcare services for indigenous women), available at: <https://www.oas.org/en/iachr/decisions/2014/pead1334-09en.pdf> (detailing the lack of access to healthcare services for indigenous women).

⁷ *Eulogia, Hechos del Caso*, CENTRO DE PROMOCIÓN Y DEFENSA DE LOS DERECHOS SEXUALES Y REPRODUCTIVAS (PROMSEX), available at: <https://incidenciainternacional.promsex.org/2020/06/23/eulogia/>.

⁸ Inter-American Commission on Human Rights (IACHR), OEA/Ser.L/V/II.150, Doc. No. 39, *Report No. 35/14, Petition 1334-09, Admissibility, Eulogia and her son Sergio, Peru*, ORGANIZATION OF AMERICAN STATES, 2014, at paras. 8-10, available at: <https://www.oas.org/en/iachr/decisions/2014/pead1334-09en.pdf>.

⁹ *Eulogia, Hechos del Caso*, CENTRO DE PROMOCIÓN Y DEFENSA DE LOS DERECHOS SEXUALES Y REPRODUCTIVAS (PROMSEX), available at: <https://incidenciainternacional.promsex.org/2020/06/23/eulogia/>.

¹⁰ *Id.*

¹¹ See: Inter-American Commission on Human Rights (IACHR), OEA/Ser.L/V/II.150, Doc. No. 39, *Report No. 35/14, Petition 1334-09, Admissibility, Eulogia and her son Sergio, Peru*, ORGANIZATION OF AMERICAN STATES, 2014, para. 14, available at <https://www.oas.org/en/iachr/decisions/2014/pead1334-09en.pdf>.