They Are Girls, Not Mothers: The Violence of Forcing Motherhood on Young Girls in Latin America

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Abstract

Rape of girls under the age of 14 is common in Latin America, and forced pregnancy and motherhood among these girls is a major public health and human rights problem. Even though abortion in the case of rape is legal in a handful of the countries in the region, and is legal in most countries when the life or health of the pregnant woman is in danger, many girls under 14 are forced to continue pregnancies conceived due to rape and to become mothers long before they have the capacity to do so.[1] The paper demonstrates how forced pregnancy and motherhood among girls aged 9–14 in the Latin America region who have been the victims of rape adversely affects all aspects of their health and lives, exacerbated by discrimination and the absence of legal abortion services. It then describes a multidimensional strategy, which includes legal, communications, and advocacy work developed by Planned Parenthood Global and partners in response to these realities. This unique strategy seeks to ensure that access to legal abortion is universally available and accessible to girls aged 9–14 on the grounds that continuing pregnancy poses a serious risk to their health and lives.

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Background: The extent of the problem

Latin America is the only world region where births by girls under the age of 15 are on the rise.[2]

Forced sex, pregnancy, and motherhood in girls aged 9–14 are a prevalent and serious consequence of gender-based violence and discrimination globally, including in Latin America. Yet governments have failed to develop a comprehensive response that is consistent with their obligations to protect the rights and health of girls. In many Latin American countries, abortion is legal where there is a risk to the pregnant girl's or woman's health or life. Thus, girls who are pregnant due to rape should be able to access legal abortion without barriers. Nevertheless, almost all Latin American states not only fail to protect girls from sexual assault and to punish the perpetrators but, through inaction and negligence, also force the girls to continue pregnancies arising from rape, forcing them to become child-mothers.

The *Stolen Lives* report published by Planned Parenthood Global demonstrates—through the stories of 207 girls—the severe impact that forced pregnancies and forced motherhood have on girls.[3] The report speaks to the experiences of the 2 million girls under 15 worldwide who give birth every year as a result of sexual violence. All of the girls in the report are from marginal urban or rural areas and were less than 14 years old when they were raped and became pregnant. They all stopped going to school, and none of them were informed of the pregnancy options available to them or granted access to abortion, even when it was legal. As girls from disadvantaged communities, their inability to access vital reproductive health services, let alone emotional or psychological support, exacerbated the trauma they had experienced and left them vulnerable to revictimization and further human rights violations. The similarities in their stories are striking.

Sexual violence has severe and profound health impacts for girls.[4] However, when that violence causes an unwanted pregnancy, and girls are forced into motherhood, the effects are multiplied and magnified. Even more, these girls not only have to endure the inherent suffering from sexual violence and try to survive the severe consequences of forced motherhood, but they lack access to justice, with the perpetrators of those crimes generally living with impunity. To illustrate that reality, I will share the story of Juana, an indigenous girl from Alta Verapaz, Guatemala, who was raped the first of many times at the age 11 by her half-brother, and who became pregnant at the age of 13. She was forced to carry her unwanted pregnancy to term, and she was told by her stepfather that it was her fault.[5] In Guatemala, abortion is legal when needed to avoid risk to a woman's life. However, that exception has been interpreted restrictively, considering only cases of severe physical complications and without acknowledging that the mental and social impacts of forced pregnancies and forced motherhood also pose threats to girls' health and lives.

The severe physical, mental, and social health impacts of forced pregnancies and motherhood

The *Stolen Lives* research found that the physical, mental, and social health consequences of forcing a girl to carry an unintended and unwanted pregnancy to term are dire, especially when the girl is a survivor of sexual violence. It also corroborates findings from other research on related issues, including physical impacts, mental impacts, and social health.

With respect to physical impacts, research has established that physical complications from forced pregnancy are especially common in girls, with the most serious being preeclampsia and preterm labor; that the risk of dying during childbirth is four times higher for girls than for adult women; and that complications during pregnancy and childbirth are the leading cause of death for 15- to 19-year-old girls globally.[6] Furthermore, with regard to less documented physical impacts, young girls who are survivors of sexual violence are often victims of obstetric violence or mistreatment. They are denied the specialized sexual and reproductive health services they need in that situation and are often forced to suffer through comments and attitudes from medical staff who do not consider their situation of violence or their social environment.[7] The performance of Caesarean sections is

becoming a common method of delivery for young girls, especially in Guatemala and Nicaragua. It is important to highlight that this is not for medical reasons but because of a lack of specialized training to properly deal with the specific needs of sexual violence survivors. Performing a Caesarean section at such an early age has very serious health consequences, including a risk of direct complications of surgery and later formation of adhesions.[8]

Mental impacts are equally severe. Forced motherhood causes feelings of anxiety, fear, and depression, and Planned Parenthood Global's investigation revealed that it also leads to suicide and suicidal thoughts.[9] Research has also shown that suicide is disproportionately associated with adolescent pregnancy, particularly in settings where reproductive choice is limited.[10] A 2019 report on Guatemala entitled *Silenced Lives* indicates that 50% of the teenage girls who committed suicide in Alta Verapaz in 2017 were pregnant.[11] As noted above, Juana was also from Alta Verapaz, Guatemala. As a result of her pregnancy, she became very depressed and almost suicidal. In her statement she said, "I want to die; my heart is not happy like before."[12]

Finally, social health should also be considered. As revealed by *Stolen Lives*, both early pregnancy and motherhood diminish the expectations of child-mothers and their families for the future. Their life plans are upended, limiting their ability to continue their education or find stable or even subsistence employment to support both themselves and their child. Many girls are forced to drop out of school, never to return, and are exposed to higher levels of poverty and abusive relationships.[13] The report also points to a number of other poor social outcomes: women who become teen mothers are less likely to complete high school, more likely to work at low-income jobs and experience longer periods of unemployment, more likely to receive welfare benefits during the years following birth, and more likely to experience single parenthood and higher levels of poverty.[14] Indeed, across the four countries in the study, 33% of the girls had attended only primary school. Without an income, with little education, and with little chance of obtaining either, social and personal opportunities are generally significantly limited. Pregnancy tends to remove a child-mother from her environment: she loses her family and her peer group at school, the opportunity for recreation with her age group is removed, and her presence in the community is greatly altered. Indeed, her whole life is altered. Her situation reinforces stereotypes of behavior and social and cultural practices, leading to discrimination against her, based on concepts of inferiority and subordination. Juana, for example, wanted to finish primary school but could not. She was forced to live in a government facility until she reached legal age.

Culture of impunity in cases of sexual violence

Sexual violence is likely to go unreported. However, even when a report is filed, a culture of impunity prevails and, frequently, no arrest is made, even if the survivor can provide identifying information on the perpetrator.[15]

In South America, Peru is the country with the highest rates of reports for sexual violence, with 22.4 reports of rape for every 100,000 inhabitants.[16] Peru also has yet to fully comply with either of the two United Nations (UN) decisions related to access to abortion: *KL v. Peru* (Human Rights Committee) and *LC v. Peru* (Committee on the Elimination of Discrimination against Women). In Ecuador, the percentage of prosecutions that are initiated in the criminal system is very low relative to all complaints of violence against women. For example, in Guayaquil, legal proceedings were initiated in only 12% of complaints in one year.[17] The percentage of legal cases reaching a conclusion is also low, with 2% of cases coming to judgment.[18] In Guatemala, only 33% of sexual crime cases go to trial.[19]

There are several reasons why legal remedies may prove to be ineffective. Police and other authority figures in Latin American countries may not believe the girl, or they may choose not to take her complaint seriously.[20] And even judges fail to treat sexual or domestic crimes with the same importance as drug or murder cases and therefore do not give the complainants equal treatment.[21]

In some instances, reporting a case to authorities may worsen the survivor's position by "outing"

them to their community and potentially exposing them to more abuse.[22] In the case of Juana, her rape was duly reported to the authorities, and her stepfather even recognized the abuse committed by his son, but he blamed Juana for being sexually provocative. As a result, Juana was sent to a maternity house in a city far from her community as a measure of "protection" and "security." No criminal proceedings against the rapist followed.

A multidimensional strategy to confront a structural problem: Forced motherhood among girls

For years, the stories of Juana and thousands of girls like her have remained unheard. Moreover, the restricted application of abortion policy has prevented access even in cases when abortion would be legal. Both of these factors contribute to furthering social stigma and allowing impunity around sexual violence to prevail. However, the egregious nature of these cases has provoked outrage and empathy across the region. While public attention has slowly begun to build around the issue of sexual violence perpetrated against young girls, the policy responses from governments and civil society have focused on seeking better prosecution and punishments of the aggressors, rather than centering a response around the victims and a comprehensive view of the long-term impact on their lives. As a result, starting in 2014, Planned Parenthood Global developed a multidimensional strategy to address the issue of forced motherhood in girls. The aim was to generate evidence, build public support, and develop legal arguments in support of abortion access for these extreme cases of forced pregnancy, using the lens of the right to health. This put forth a novel argument for access to legal abortion for all cases of forced pregnancy resulting from rape in girls aged 9–14: that by virtue of their age, these girls inevitably face a risk to their health and life and that existing legal abortion allowances for life or health should therefore automatically extend to them. The countries that allow for these cases of legal abortion were failing to implement their own policies. At Planned Parenthood Global, we thought it was time to give girls a voice and a platform to claim their rights—to let them be girls, not mothers.

This multidimensional strategy has four components, as described below.

Research and evidence

Between 2014 and 2015, Planned Parenthood Global, in partnership with the O'Neill Institute at Georgetown University and Ibis Reproductive Health, developed a project and methodology for qualitative and quantitative research to document the physical, mental, and social health consequences of forced pregnancy in girls.[23] This research was conducted in Ecuador by Fundación Desafío, in Guatemala by OSAR, in Nicaragua by Asociación de Mujeres Axayacatl, and in Peru by Promsex.[24] Each country published its own national report, and Planned Parenthood Global compiled these results into a regional document entitled *Stolen Lives: A Multi-country Study on the Health Effects of Forced Maternity in Girls Aged 9–14 Years*.[25] The goal was to analyze both patterns of human rights violations and the impact that forced motherhood and unwanted pregnancies have on the overall health of girls.

With this evidence, advocacy work began both at the regional level before the inter-American system and at the country level through the national organizations. The aim was to start a dialogue with decision makers about the importance of understanding this phenomenon from a public health and human rights perspective, as well as to embark on a sensitization process with other key audiences.[26]

Dissemination of information and social mobilization

There are multiple barriers to ending forced motherhood for girls, including some that are less tangible and even more pervasive than restrictive abortion laws, such as stigma, misinformation, and structural gender inequalities that limit girls' decision making.

To build on the research, in 2016 Planned Parenthood Global, in alliance with Amnesty International, Consorcio Latinoamericano

contra el Aborto Inseguro (Latin American Consortium against Unsafe Abortion), and Grupo de Información en Reproducción Elegida (Group for Information on Reproductive Choice), launched a multiplatform communications campaign called "Niñas, No Madres" ("Girls, Not Mothers") to inform and engage the public about the serious consequences of sexual violence and forced motherhood in the lives of Latin American girls, as well as to mobilize civil society to demand the protection of girls' rights.[27] The campaign has become a regional movement in favor of the rights of Latin American girls, and the slogan "Girls, Not Mothers" has promoted and framed a social conversation that has put access to legal abortion at the center, as a necessary measure to protect the rights and well-being of Latin American girls.

Forging alliances

To generate powerful movements, Planned Parenthood Global understands that we need to work with a wide range of organizations, including but not only those in the sexual and reproductive health and rights field. For this strategy, it was critical for us to develop a range of alliances with international, regional, and national civil society organizations interested in providing, promoting, and defending access to care, particularly for girls.

We worked to generate synergy and a peer group of allies that recognized the strengths and challenges of each. We also sought the support of a diverse range of international and national organizations based on an analysis of potential government responsiveness to different pressure points. This diversity lent strength to the overall strategy. While coordination was not always easy, the value added of each organization and alliance, and the role that each could play, increased the effectiveness of the broader approach.

Strategic litigation

Based on our understanding of the power of the law as a tool for social change, in 2018 we began the process of developing, with our allies, a strategic litigation approach to generate a progressive standard for legal abortion for girls.[28] This work seeks to integrate the concept of a dignified life for girls into national policies for legal abortion on the existing grounds of health and life in a number of countries.

Together with the Center for Reproductive Rights, various national partners (Mujeres Transformando el Mundo in Guatemala; Observatorio en Salud Sexual y Reproductiva in Guatemala; Fundación Desafío in Ecuador; Surkuna in Ecuador; and Asociación de Mujeres Axayacatl in Nicaragua), and the law firm Debevoise & Plimpton LLP, we have been working to call attention to human rights abuses experienced by girls (and women) who are subjected to sexual violence in Latin America and who do not have access to sexual and reproductive health care, including safe, legal abortion.[29]

In 2019, we brought four cases simultaneously before the UN Human Rights Committee.[30] With these cases (Fátima, Lucía, Norma, and Susana), we called for the governments to be held accountable for transgressions of the law and the girls' human rights.[31] The committee's decision is likely to take approximately four years.

Forced motherhood among girls also arises from a distinct pattern of human rights violations. Though every instance of sexual violence is personal, the violence, trauma, and human rights abuses that these girls experience are part of the social landscape that defines being a girl. The inability of girls to obtain safe and legal abortion violates their rights to life; to integrity; to health; to gender equality; to freedom from torture and cruel, inhuman, and degrading treatment; to freedom from discrimination; to be heard on matters that affect them; and to a private life.[32]

The four cases brought before the court centered on the following stories.

- **Fátima (Guatemala):** Fátima was 12 years old when she was raped by her teacher, a man who was also financially supporting her mother and her family. Fátima realized that she was pregnant approximately three months after she was abused, and due to the trauma, remembers nothing from her pregnancy. "I could not believe when the doctor told me I was going to have a child, how could I be a child's mother? I was a

child!"[33] State officials were aware that Fátima did not want to carry her pregnancy to term, that her mental health was deteriorating, and that she was expressing suicidal thoughts. However, she was not offered access to abortion services, and she never received any legal or psychological support. Fátima gave birth to a son in September 2010, and a complaint was subsequently filed, resulting in an arrest warrant for her abuser. However, he was never detained, and the process for his capture and arrest has yet to move forward. To date, Fátima has received no justice for the crimes committed against her or for the human rights violations she experienced.[34]

- **Lucía (Nicaragua):** After being sexually abused by a priest for more than a year, Lucía discovered that she was pregnant when she was 14. She became socially isolated as a result of the pregnancy and was taunted by her community for being "the woman of the priest." Shamed and stigmatized for the sexual violence she experienced, Lucía was forced to drop out of school. Despite his known whereabouts, an official complaint, and a DNA test proving that he was the father, the priest has faced no legal consequences for his crimes. Lucía was never offered access to sexual and reproductive health services. To date, she has received no justice for the crimes committed against her and the human rights violations she experienced.[35]
- **Norma (Ecuador):** Starting at the age of 12, Norma was repeatedly sexually abused by her father. At age 13, she discovered that she was seven months pregnant. Her brother filed a complaint with the police, but nothing was ever done. No one offered her sexual and reproductive health services. Desperate and traumatized, Norma attempted to kill herself. Despite the obvious effects that the pregnancy had on her mental health, she never received psychological support, and a private doctor told her that her pregnancy was too far along for a therapeutic abortion to be possible. During labor, Norma refused to be touched, prompting the doctor to comment that since she had opened her legs before, why could she not do so now. After a traumatic birth experience, Norma was continually asked whether she wanted to keep the baby, but was given no information regarding other options, though one doctor offered to buy the child. Until now, Norma has received no justice for the crimes committed against her or for the human rights violations she experienced.[36]

  > *I never imagined that my father would abuse me. I was asleep and he began to fondle me, dreamily, as if he was dreaming. Time passed. Another time he wanted to abuse me, I said no, he said if I didn't let him he would hurt my brother. I was afraid that he would do something to my brother so I permitted it because I was scared. He continued, I didn't want it so he did it by force ... He knew to say that if I didn't let him, he would kill my brother and himself ... Time passed, I was 12 at that point, at 13 I got pregnant and at 14 I gave birth ... I couldn't deliver normally, because by that time I had been raped repeatedly and I didn't want anybody to even touch me, it scared me. So they did a Caesarean ... I didn't let them [examine] me because I just cried, my vagina hurt, it felt awful when the doctor did the exam. The doctor said, "Then, miss, go to another hospital" because I wouldn't let her examine me.*[37]

- **Susana (Nicaragua):** Susana's grandfather began sexually abusing her when she was six years old, and at 13 she became pregnant. In addition to the lack of psychological and legal support and sexual and reproductive health services, Susana had no access to maternal health care during her pregnancy. Since giving birth, Susana has received repeated death threats from her grandfather. She repeatedly tried to file complaints with the police but each time was told that they did not have the proper jurisdiction to take action. Her criminal complaint was rejected five times and then archived under the argument that she did not follow up. She is still fleeing from her aggressor. To date, Susana has received no justice for the crimes committed against her and for the human rights violations she experienced.[38]

From strategy to reality: A tool to advance reproductive rights

The four components of the multidimensional strategy—research and evidence generation; dissemination of information and social mobilization; forging alliances; and strategic litigation—each had tactical purposes in and of themselves. But as a multipronged, integrated approach, the combination has enabled advances to protect the health and life of girls in Latin America by expanding access to legal abortion.

One example illustrating the success of this strategy at the national level is the case of Ecuador. Within the framework of the reforms to the country's Criminal Code, the Ecuadorian organizations leveraged the regional strategy to support their advocacy efforts in 2018-2019, to advance the decriminalization of abortion in cases of rape. For example, Fundación Desafio triggered the move towards reform with the evidence generated by *Stolen Lives*. This then led to public mobilization in Ecuador, which was bolstered by the regional campaign Niñas, No Madres. As a result, the national advocates ensured that the public debate focused on the issue of girls and their lack of access to legal abortion. The parliamentary debate of a bill to decriminalize abortion coincided with the international litigation before the UN Human Rights Committee with the case of Norma, giving the national organizations another opporunity to highlight the impact of the restrictive policy.

The result was a historic watershed moment for the women's movement in Ecuador. While the proposal came five votes short of the 70 needed for approval, there were more votes in favor than against (65 versus 59).[39] The overall strategy led by the national organizations had enabled decisive progress in the national discourse, with increasingly favorable media coverage and a robust cohort of new allies publicly supporting decriminalization, including children's rights, labor, medical, legal, faith-based, environmental, and indigenous rights organizations. This broad alliance made frequent reference to the overall impact that forced pregnancy has on girls, citing not just the physical but also the mental and social health effects.

Forced motherhood: An issue of violence and gender-based discrimination that exposes systematic and serious public health problems and human rights abuses

Structural violence—that is, the systematic ways in which social structures harm or otherwise disadvantage individuals—exacerbated by gender-based discrimination is demonstrated by each plaintiff in the four cases brought before the UN Human Rights Committee. Fátima, Lucía, Norma, and Susana each come from a rural area, and each girl was less than 14 years old when she was raped and became pregnant. As girls from disadvantaged communities, their inability to access vital reproductive health services exacerbated the trauma they had already experienced and left them vulnerable to revictimization and new violations of their rights. All of them stopped going to school, and none were informed of the options available within the health system of their countries, much less granted access to a legal abortion. They each filed an official complaint with authorities, yet none of the aggressors have been arrested or charged. The similarities in their stories are striking and speak to the systematic violations represented by their cases.

The relationship between sexual violence, lack of access to abortion, and forced motherhood

In Latin America, pregnancy among girls under 14 is a major public health and human rights problem. In Ecuador, every day, seven girls under this age give birth as a result of sexual violence.[40] In Mexico, 60% of the perpetrators of sexual violence are girls' relatives or acquaintances.[41] In Guatemala, pregnancy is the primary cause of school desertion for girls and adolescents.[42] Data from the Health Information Management System of the Guatemalan Ministry of Public Health and Social Services show that in 2012 alone, 3,100 pregnancies were reported in girls aged 10–14. This number increased in the following two years, with 4,220 births and

5,100 births reported in 2013 and 2014, respectively.[43] In Peru, there are about 50,000 births each year to mothers under the age of 20, and according to statistics from the Ministry of Health, there were more than 1,100 births to child-mothers aged 12–13 in 2013. This means that three or four girls of this age become mothers in Peru each day.[44] In Colombia, 5,362 girls aged 10–14 gave birth in 2018.[45]

Abortion regulations in Latin America, whether through total bans or restrictive interpretations of the law, impede survivors of sexual violence from accessing safe and legal abortions.

Two options, but no free choice: Illegal, unsafe abortion or forced motherhood

Some countries still maintain a total ban. Others allow therapeutic abortion under certain exceptions, yet their narrow interpretation of "risk to the life or health" to mean an imminent physical risk implies that girls who are survivors of sexual violence rarely have access to the legal abortion they need and would otherwise be entitled to. Girls and women who do not wish to have a child resulting from sexual violence are thus forced to seek illegal, unsafe abortions or to carry unwanted pregnancies to term. Both choices result in physical, mental, and social health problems.

The violation: Right to a life with dignity, including the right to develop life plans

When a girl under 14 years old becomes pregnant, her present and future prospects change radically, and rarely for the better. She faces serious health problems from pregnancy in an undeveloped body (including the risk of death), and her vulnerability is multiplied by already existing poverty, exclusion, violence, and dependency. The right to a life with dignity requires states to ensure that girls can fulfill their life plans, such as continuing their education, pursuing a rewarding professional life, and being able to socially engage in their communities.[46]

Discussion

In most Latin American countries, abortion is legal when there is a risk to the pregnant woman's life or health. In practice, however, these grounds are interpreted in the narrowest possible sense, which severely limits access to safe and legal abortion. Girls who have been raped experience social, emotional, and psychological damage, as well as serious physical damage to their bodies, internally and externally, the more so if they have been raped repeatedly.

Although Fátima, Norma, Susana, and Lucía expressed strong wishes not to continue with pregnancies imposed on them through rape, they were not heard and were forced by others to become child-mothers. Based on personal, moral, or religious views, justice officials and health care providers ended up abusing their authority and prolonging and exacerbating the mistreatment of the very girls they were responsible for protecting. Nor had most of the public officials received any form of training or education that might help them challenge their own assumptions and beliefs in this area. Decisions like these are commonplace throughout Latin America, and girls are not being treated with dignity or impartiality, let alone sympathy and support. The outcome is region wide violations of girls' rights, hindering their access to justice, and denying their sexual and reproductive rights.

Governments, civil society, communities, and international agencies must do more to protect girls and support their safe and healthy transition from childhood and adolescence to adulthood. Comprehensive sexual and reproductive health and safe, legal abortion services must be accessible to end forced pregnancy and mitigate its consequences for girls globally. All pregnancies in girls are high risk, and, therefore, legal termination of pregnancy should always be permitted. This is the only way to fully protect and fulfill the rights of girls.

The lasting effects on girls' physical, mental, and social health represent a serious violation of their human rights. States have a responsibility not only to prevent this form of violence but also to respond appropriately when girls experience it, as a matter of gender equality and non-discrimination, including by providing access to abortion without delay when girls become pregnant as a result.

Despite Latin American states' formal and legal recognition of violence against girls and

women as a priority issue to address, there is a large gap between the prevalence and severity of the problem, on the one hand, and the quality and effectiveness of a judicial response, on the other.[47] According to the Inter-American Commission on Human Rights, most cases of gender-based violence are never formally investigated, prosecuted, or punished by the justice systems in the region.[48] Victims of violence do not receive expeditious, timely, or effective access to judicial remedies when reporting the events.[49] This has generated a pattern of systematic impunity in the proceedings and in the prosecution of these cases.

The health sector is an important place where women, particularly girls, should be able to find support after experiencing sexual violence. Health care providers can play a significant role in supporting girls' recovery, or they can add to their continued victimization.[50] In order to support girls' recovery, these providers should have training that helps them understand and take into account the experiences, needs, and demands of the survivors.[51] However, the Inter-American Commission on Human Rights has noted a number of failures in the operation of government programs designed to provide multidisciplinary services to victims of violence in Latin America. Among these, it has highlighted "the lack of coordination and cooperation between programs; deficiencies in the provision of interdisciplinary services required by victims; lack of resources to sustain programs; and limited geographical coverage, which particularly affects women living in marginalized, rural and poor areas."[52] Although this statement is about the situation of affected women, it is equally appropriate and relevant in the case of girls.

Conclusion

Systemic sexual violence paired with minimal access to and denial of sexual and reproductive health services means that girls in Latin America are frequently forced to carry unwanted pregnancies to term and become child-mothers, with consequences lasting the rest of their lives. In the small number of cases that have been filed before regional and international human rights bodies, these mechanisms have confirmed in no uncertain terms that forcing a girl to carry to term a pregnancy resulting from rape has severe mental and physical health consequences and constitutes a violation of her right to health.

Due to either total criminalization or the presence of unlawful barriers that limit the interpretation of the right to health, girls are being denied access to abortion following sexual violence. As the cases of Fátima, Lucía, Norma, and Susana show, the profound impact that this has on physical, social, and mental health leaves girls vulnerable to a higher risk of maternal mortality and morbidity, anxiety, depression, post-traumatic stress, and attempted suicide—which is compounded by living in poverty and being revictimized by the very systems designed to keep them safe.

These forms of violence, both sexual and institutional, are the product of the great inequalities of gender, class, race, and ethnicity that characterize the lives of girls in Latin America. Rape, forced pregnancy, and forced motherhood are forms of cruel and degrading treatment. We cannot continue to allow judicial and health care systems to normalize the situations that force girls to become mothers following rape, often repeated rape. Neither can we allow the lifelong consequences of the violence and gender-based discrimination girls have suffered to be met with silence or to go without justice or reparations.

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