UNFPA Consolidated Submission to the Special Rapporteur on Violence Against Women, on Violence Against Indigenous Women and Girls

UNFPA – Technical Division

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Background:
The United Nations Population Fund- UNFPA, works in more than 150 countries and territories that are home to the vast majority of the world’s indigenous population. UNFPA works to advance gender equality and to empower women to decide freely on their fertility and sexuality free from coercion, discrimination and violence, including by preventing and addressing gender-based violence (GBV) and harmful practices such as, female genital mutilation (FGM), child, early, and forced marriage (CEFM) and gender-biased sex selection (GBSS).

As part of these efforts, supporting the rights of indigenous peoples, in particular indigenous women and girls, to enjoy their full and equal access to sexual and reproductive health and rights (SRHR) and to live a life free of violence, is a priority for UNFPA.

This UNFPA submission has been developed in response to the call for inputs issued by the Special Rapporteur on violence against women, its causes and consequences, Ms. Reem Alsalem, to inform the upcoming report on violence against indigenous women and girls, to be presented at the 50th session of the Human Rights Council, in June 2022.

The submission received its primary input from UNFPA Latin America and the Caribbean Regional Office.

In the following pages, the submission will answer the six questions/inquiries posed by the Special Rapporteur’s call for inputs. The questions have been identified in bold.
The Special Rapporteur kindly seeks the support of States, National Human Rights Institutions, civil society actors, international organizations, academics and other stakeholders to provide updated information on:

1- The different manifestations of violence experienced by indigenous women and girls, whether perpetrated by members of their community or non-members, including but not limited to domestic violence; sexual harassment and violence at the workplace (including domestic work); sexual violence; harmful practices; violence in the context of conflict; trafficking in persons; violence in the context of migration; violence related to land grabbing and violations of land rights; violence against indigenous women human rights defenders or defenders of land rights; obstetric violence and violations of indigenous women and girls sexual and reproductive health and rights.

There are numerous challenges that indigenous women and girls face in accessing SRHR and GBV services. These obstacles include geographic isolation, stigmatization, racism and discrimination, distrust of governmental health facilities and a lack of intercultural competence among health care providers, language barriers, lack of education, extreme poverty, household food insecurity, lack of access to clean water, electricity and sanitation, as well as the threats to their environment and natural resources. These obstacles are not simply related to the presence or absence of health services and low socioeconomic status but encompass a history of disenfranchisement, land grabbing, displacements from ancestral land, dislocation and forced removal, criminalization and severe violation of human rights.

The rates of violence against indigenous women and girls in Latin America and the Caribbean are high: in Ecuador for instance, 6 out of 10 women have suffered gender violence, and 59% of them are indigenous. In Mexico, indigenous women who do not speak Spanish represent the majority of women involved in intimate partner violence. The National Survey on Domestic Relationships’ Dynamics (Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares) revealed that 59% of indigenous women have been victims of violence or have suffered, at least, an episode of violence at some moment in their lives. In Guatemala, 88% of women survivors of rape and torture during the civil war were indigenous. Bolivia, where 40% of the population is indigenous, is the Latin American country with the highest rates of gender violence against women (7 out of 10 women).

There are several factors that explain these high rates of violence in the region:
- Isolation and weak institutional presence in indigenous territories: Indigenous communities usually live in rural and remote areas, where there are many obstacles for women to access justice services. Indigenous justice systems do not always recognize violence against women as a criminal offense.
- Harmful practices: Patriarchal power dynamics and low participation of women in community governments may lead to a lack of recognition of violence against women and girls as a crime.
- Armed conflicts: Because they are placed in rural areas, indigenous communities are more exposed to forced displacements and internal armed conflicts. In these cases,
women and childrens are more vulnerable. The case of Guatemala during the civil war is an example, as well as Colombia where, even though there are no official statistics of violence against women perpetrated by armed groups, the National Registry of Victims has recognized that more than 3 million women have suffered violence, and 85% of them are victims of sexual violence.

Regarding obstetric violence and sexual and reproductive rights, it is worth noting that while awareness about indigenous peoples’ rights is increasing, health workers continue to discriminate against indigenous women in many countries. As a result, progress made in terms of infrastructure and free and affordable services has not always translated into higher levels of quality care for indigenous women and girls. In the Republic of Congo, despite government measures, a study carried out by UNFPA in 2015 documents a low use of reproductive health services by indigenous women.¹ These women tend not to use antenatal services and most give birth at home or in the forest, largely due to the abuse and discrimination they experience at the hands of public officials.

In the area of harmful practices, while many countries have taken firm steps to eliminate them, including FGM, there is still much work to be done. Evidence shows for instance that FGM is far from being eliminated in indigenous communities: it is still practiced in secret, despite being formally prohibited. Yet the lack of data on the practice of FGM in indigenous communities masks the extent of the practice and its gendered impact on indigenous communities. Moreover, the exclusion of indigenous girls and women from educational and economic opportunities and systems has a direct effect on the lowering of the age of marriage and first birth.²

2- Good practices and challenges on increasing indigenous women and girls’ access to effective mechanisms to prevent their exposure to violence as well as to assist and protect victims of violence in a comprehensive manner.

A critical issue for indigenous women and girls is their inability to access GBV services. Often services are not language or culturally appropriate or may be located in urban sites or by remote support which do not cater specifically for geographically isolated indigenous communities. Cases also often go unreported due to the fear and distrust of the justice systems due to social stigma, trauma, and failures in the criminal justice systems in protecting the rights of indigenous women and girls.

When indigenous women and girls do report violence and manage to access services, the discrimination and stigma they face, can result in staff either not listening to them or believing that they are to blame or deserve the violence. For example, the 2015 UNFPA study in the Republic of Congo, found that in general, rapes are not reported because girls tend to be held responsible, which in turn makes them more vulnerable.

² BriefingNote3_GREY.pdf (un.org)
To help address the gap in access to GBV services, UNFPA Latin American and Caribbean Regional Office has documented: "Promising practices and replicable intercultural models to prevent and respond to violence against indigenous women and girls." This mapping was developed in partnership with leading indigenous organizations. The study provides the first conceptual framework for intercultural models to address GBV among indigenous communities and criteria that can guide the design, implementation and evaluation of these interventions.

As a country level example, in Bolivia, between 2012 and 2019 the Municipal Autonomous Government of Viacha developed training sessions for the Indigenous Native Rural Authorities (Jalja Mallkus). The objective was to improve the involvement of indigenous authorities in the struggle against gender violence, to prevent it. This was a key strategy because according to national laws, indigenous authorities can deliver justice in their territories. The training sessions were offered by indigenous leaders and organizations, together with the Municipal Legal Service, and UNFPA. The training was offered in aymara. Approximately 400 indigenous authorities from 60 different communities were reached by these training sessions. In parallel, UNFPA Bolivia has facilitated in five indigenous amazon villages, intercultural dialogues between women and men on equality and prevention of violence against women. Following up on these dialogues, they have established a network of community defenders to refer cases of violence against women.

3- Good practices and challenges regarding the effective participation of women and girls that are at risk of violence or that have been subjected to violence in processes that affect their lives, including those that seek to protect them against violence.

Addressing the barriers that indigenous women and girls face in the context of SRH and GBV requires working with and through indigenous organizations. These organizations understand their context, have access to the communities and their culture and can respectfully raise sensitive issues with women and girls, men and community leaders, using strategies adapted to the communities and their respective issues.

At the country level, to support intercultural GBV models, UNFPA Cameroon is supporting indigenous women’s organizations to lead awareness raising activities on human rights and SRH for indigenous communities, and to participate in the development of GBV programmes in the country, as well as ensuring GBV services are available in indigenous languages.

In Mexico, through the “Red de Casas de la Mujer Indígena (Red CAMI)” (Network of Indigenous Women Homes), with more than 15 years of experience, indigenous women promote culturally appropriate prevention and attention of gender violence models, with a gender equality perspective and a human rights-based approach. At the beginning, there were five homes in the States of Chiapas, Guerrero, Puebla and Oaxaca; today there are 34 homes. These homes are widely recognized as unique spaces for the attention of violence with a gender and intercultural perspective.

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4- Good practices and challenges on indigenous women’s participation in transitional justice processes that address violence inflicted upon them, or in judicial communal or state systems more generally, as well as their access to effective reparations for past crimes committed against them.

Indigenous women’s participation in justice processes, and their involvement in justice systems is key to achieve an intercultural approach. In this sense, several examples at country level are worth noting:

In Guatemala, the “Asociación de Abogadas Indígenas CHOMIJA” (Association of Indigenous Women Lawyers) was created in 2012 with the objective of supporting the professional development of indigenous women lawyers, through the implementation of educational programs in law, social sciences, economy, gender studies and cultural studies. The goal is to offer legal and technical advice to indigenous women and communities, for the defense of individual and collective rights, in search of a plural and inclusive justice, with intercultural and gender perspectives. CHOMIJA develops strategic litigation as a channel to repair and prevent gender violence. A similar professional association exists in Mexico, which is supported by UNFPA. Also in Guatemala, the “Defensoría de la Mujer Indígena (DEMI)” (Indigenous Women’s Defenders’ Office) implemented a hotline for indigenous women during the COVID-19 pandemic, as a response to the lack of reporting channels during confinement. The hotline offered services in 4 languages: K’iche’, Kaqchikel, Mam, and Q’eqchi’. For this initiative DEMI worked together with prosecution authorities, law enforcement, and the Population Council which provides technical and financial support.

In Peru the Ministry of Women and Vulnerable Populations launched in 2012 the “Estrategia de Prevención, Atención y Protección Frente a la Violencia Familiar y Sexual en Zonas Rurales” (Prevention, Attention, and Protection Strategy against Domestic and Sexual Violence in Rural Areas), known as the “Rural Strategy”. The objectives were three-fold: to create and strengthen institutional and community networks dedicated to fight against domestic and sexual violence, to sensitize and develop capacities of the general public in domestic and sexual violence, and to implement prevention and awareness raising programmes rural areas. The Program has reached 118 rural communities and 20 indigenous populations: Kichwa, Arabela, Madija, Murui-Muinani, Wampis, Achuar, Kandozi, Chapra, Awajún, Kukama kukamiria, Secoya, Bora, Yagua, Shawi, Ocaina, Tikuna, Ashaninka, Shipibo Konibo, Quechua, and Aymara.4

In Colombia the National System of Family Welfare promoted the “Estrategia Interinstitucional e Intercultural para el Abordaje Integral de las Violencias de Género y Prácticas Nocivas en Pueblos Indígenas” (Inter-institutional and Intercultural Strategy for the Integral Attention to Gender Violence and Harmful Practices against Indigenous Populations). The Strategy

coordinates initiatives to strengthen community and institutional capacities, working through the national state, justice system, and UN agencies.

In Argentina, the Judicial Branch of the Province of Chaco developed in 2014 services of translation and expert opinions in indigenous languages. This was the result of a long process led by indigenous movements and the Enlace Continental de Mujeres Indígenas de las Américas (ECMIA). The process started with an itinerant observatory to report cases of racism and discrimination. One of the most important cases was the rape of a monolingual indigenous girl by a group of young men that were sons of landowners. Throughout the reporting process, from the hospital to courts, the girl and her family were victims of institutional violence. Today, where indigenous communities are involved in cases brought to courts, there are translators and interpreters to assure that indigenous women and girls have access to justice.5

In Mali, reaching indigenous communities is a challenge with the majority of indigenous Tuareg communities residing in the northern and central part of the country, hardest hit by the humanitarian and security situation. To reach these nomadic communities, mobile GBV clinics have been established. In addition, Tuareg community leaders are sensitized and trained so that they can lead efforts to address GBV and harmful practices in their communities.

5- Disaggregated data on violence against indigenous women and girls, including on the perpetrators and their relationship to the victims.

While data is scarce, the data and evidence that is available shows us that across the globe indigenous women have poorer access to health care services, experience worse sexual and reproductive health outcomes and higher rates of violence than non-indigenous women.6 Underlying factors of poverty, historic marginalization, racism, and legacies of colonialism, intergenerational transmission of violence including inter parental violence, have made indigenous women frequent targets of hatred and violence.

A 2013 joint UN study on violence against indigenous girls, adolescents and young women titled: “Breaking the Silence on Violence against Indigenous Girls, Adolescents and young Women”,7 revealed that indigenous women and girls are more likely to suffer gender based violence than non-indigenous women and girls, including those with disabilities. For example, in Australia, Aboriginal and Torres Strait Islander women are 35 times more likely to be hospitalized due to family violence related assaults than other Australian women. This study and data concluded that generic policies and programmes to prevent and address violence against women risk overlooking indigenous women and girls if their indigenous status and specific realities are not recognised from the outset.

6 UNFPA Fact Sheet
7 Available at https://www.unfpa.org/resources/breaking-silence-violence-against-indigenous-girls-adolescents-and-young-women
In Colombia, the Observatory of Violence against Indigenous Women collects and analyzes data regarding violence experienced by indigenous women and children. The Observatory monitors the incidence of violence, provides legal advice, and spiritual and psychological support. The information produced by the Observatory is used to inform public policies.

6- Any other issue of relevance.

UNFPA Latin America and the Caribbean Regional Office has developed a mapping and analysis of “Promising Practices and Replicable Intercultural Models to Prevent and Respond to Violence against Indigenous Women and Girls in Latin America and the Caribbean” (UNFPA and CHIRAPAQ). This exploratory analysis suggests guidelines for the mapping, design, implementation and evaluation of intercultural initiatives for the prevention and attention of violence against indigenous women, adolescents and girls. It gathers 54 experiences developed by governments, inter-governmental agencies, civil society and organizations of indigenous women and girls. This research has propelled the creation of a “Bank of Initiatives to prevent violence against indigenous women” called Tsipekua. Tsipekua is a virtual space that collects good practices on this topic.

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9 http://tsipekua.ecmia.org/