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# “Forced to Give Up on Their Dreams”

Sexual Violence against Girls in Guatemala



# **“Forced to Give Up on Their Dreams”**

Sexual Violence against Girls in Guatemala

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## Summary

Sexual violence remains a pervasive and systemic issue in Guatemala, disproportionately affecting girls ages 14 and under, which is the age of consent in the country. Different government institutions report vastly different numbers of cases of sexual violence in girls, reflecting important gaps in data collection and monitoring. According to the National Registry of Persons (RENAP), between 2018 and 2024, 14,696 girls ages 14 and under gave birth and became mothers, often against their will. Forced and early pregnancies can have life-threatening consequences, including risks to girls' physical and mental health, and can profoundly impact the realization of their economic, social, and cultural rights.

One such case involved “Marta” (all girls’ names are pseudonyms), an 11-year-old from a rural area in Huehuetenango, whose father raped her. Despite seeking health care after discovering she was five months pregnant and reporting the case, the authorities sent Marta back home, where her father was still present, and she was forced to give birth at home in unsafe conditions and without assistance. The authorities never arrested the abuser, who fled after a community leader tipped him off. Because her case never reached a judicial ruling, she never received reparations for the harm suffered.

Girls in Guatemala already face significant barriers to realizing their human rights. While some government policies and legal frameworks exist to address sexual violence, very early pregnancies, and forced motherhood in girls under 14, these measures remain largely ineffectual. In this context, girls like Marta have their human rights—to life, health, nondiscrimination, and education, among others—threatened or violated by laws and practices that fail to ensure access to essential health services, education, social security and support, or justice and reparations for abuses.

Access to health services for girls in Guatemala is severely limited. Long travel distances, chronic shortages of trained personnel, and inadequate resources in health centers severely hinder timely access to rights-essential healthcare goods and services, such as emergency contraception and prenatal, intrapartum, and postnatal care. These barriers have a differentiated impact on girls from rural and Indigenous communities, who are disproportionately affected by systemic inequalities and limited access to services. In

addition, girls are often not informed about their right to obtain therapeutic abortion—an option when the life of the pregnant person is at risk—effectively denying them access to this care.

Guatemala’s education system is also failing to support pregnant girls and girls who face very early motherhood. Stigma, family pressure, and violence contribute to high dropout rates, especially among girls in rural communities. The absence of comprehensive sexuality education (CSE) and systemic failures, such as the absence of policies and practices to enable pregnant students and young mothers to continue their education, leaves girls without the necessary academic and emotional support. Consequently, many pregnant girls are denied their right to education. For those experiencing poverty and social marginalization, disrupted education may significantly reduce income potential. This was the case for Juana, a 13-year-old who became pregnant due to sexual violence. With the help of a civil society organization, Juana was able to return to school. A caseworker who supported Juana’s case said, “What [Juana] wants is to finish 6th grade, and that’s her main focus. Juana didn’t want to be pregnant; she never imagined she’d have a baby. She said, ‘What I want is to become a teacher and work someday. I don’t want to take care of a baby.’”

Government programs for pregnant girls and girl mothers are also inadequate to ensure their right to social security programs. The Vida program, a social assistance program providing cash grants to pregnant girls and mothers under 14, has restrictive eligibility requirements and onerous bureaucratic hurdles to access, which leaves most pregnant girls and girls who face forced motherhood under 14 without income security. From January to June 2024, only 129 girls were enrolled in the program, even though 1,953 girls ages 14 and under gave birth in 2024. While the program's budget has increased by approximately 55 percent from 2020 to 2022, it then decreased by 15 percent in 2023 and 2024. Its reach remains inadequate to ensure the rights of pregnant girls, underscoring the urgent need for broader social security coverage and more accessible programs.

The path to justice for girls who are survivors of sexual violence is fraught with obstacles. A psychologist from a civil society organization that works with girl survivors of sexual violence told Human Rights Watch that the judicial process was “long, tortuous, and exhausting,” with many girls being revictimized and abandoning their cases. Gender stereotypes, mistreatment, and limited physical access to government offices are

compounded by a lack of resources and severe delays in legal proceedings. Indigenous girls also face language barriers. As a result, the courts dismiss many cases without resolution, which provides assailants with impunity and means the girls harmed do not know when, if ever, they will get justice. Despite the scale of violence—14,696 births in girls ages 14 and under were registered between 2018 and 2024—accountability remains limited. Only 136 preliminary indictments were recorded nationwide between January 2018 and October 2023 and 102 convictions between January 2018 and October 2023 for cases involving girls under 14. These figures underscore systemic gaps in justice and the urgent need for stronger mechanisms to support survivors and address impunity.

Additionally, a lack of resources and inadequate staffing has contributed to judicial processes taking years. A psychologist said that “many [girls] have already moved on with their lives because they are adults by the time [the judicial process begins]. The pain that resurfaces when they have to recount what happened to them in the hearing is immense.” Even in the rare cases that reach rulings, reparations often fall short of addressing the comprehensive needs of survivors.

The government’s failure to adequately address the needs of adolescent girls in public policies and programs leaves their specific needs and economic, social, and cultural rights unmet. Underreporting of sexual violence, poor data management, and a lack of coordination between government institutions further hinder the government’s ability to track, prevent, and respond effectively to sexual violence. Guatemala’s overly narrow approach to therapeutic abortion further endangers the health and lives of girls whose only option is to continue forced and often risky pregnancies even against their wishes, denying them essential reproductive health care.

For years, rights advocates and public health experts have urged Guatemalan authorities to address the dire human rights consequences of widespread sexual violence against girls. The government’s failure to take adequate steps to prevent and address sexual violence and pregnancies among girls in Guatemala violates a range of human rights. Without meaningful reforms—including by making the issue a government priority, increasing resources to existing support programs and the healthcare system and reducing barriers to accessing them, establishing specialized services, strengthening the enforcement of existing laws, and implementing more inclusive policies—girls will continue to face insurmountable barriers to realizing their rights. The government needs to



take urgent action to ensure affected girls have access to the health care, education, income and social security, and legal protections to which they are entitled in order to recover and rebuild their lives.

## Recommendations

### To the Ministry of Public Health and Social Assistance (MSPAS)

- Ensure that all girls, including those in rural and Indigenous areas, have universal access to quality healthcare goods and services.
- Fully respect the rights of pregnant girls and survivors of sexual violence, including by ensuring access to emergency contraception, therapeutic abortion care, maternal care, and mental health services.
- Ensure universal access to all essential medicines, including all medicines listed in the World Health Organization (WHO) Model Lists of Essential Medicines.
- Increase the availability and accessibility of medicines essential for the right to health of pregnant girls and survivors of sexual violence by:
  - Allocating sufficient resources to obtain emergency contraception.
  - Ensuring that all health clinics are fully equipped with emergency kits for survivors of sexual violence.
  - Allocating sufficient resources to ensure that psychological services can effectively reach all.
  - Ensuring comprehensive mental health support for survivors of sexual violence and their families at all levels of health care.
- Train and require staff at all levels of the healthcare system to provide confidential, rights-respecting, non-stigmatizing, trauma-informed, and age-appropriate care for survivors of sexual violence. Such care should be achieved by:
  - Ensuring that healthcare professionals are trained to recognize and respond to signs of sexual violence, including in maternity care settings, such that maternity care includes differentiated care during childbirth and in the delivery room, which would address and prevent obstetric violence.
- Ensure healthcare facilities have protection systems to prevent those responsible for sexual violence from registering newborns and for other precautionary measures.
- Issue guidelines on therapeutic abortion care to make clear that all girls who become pregnant before age 14 have the option of this healthcare service given the physical and mental health risks associated with early pregnancy and pregnancy resulting from sexual violence.

- Update Guatemala’s Protocol on Sexual Violence and Trafficking to include therapeutic abortion as an option for girls who become pregnant before age 14, in accordance with Guatemalan law.
- Strengthen sexual violence clinics by ensuring they have adequate staff, funding, and streamlined protocols to treat sexual violence cases as medical emergencies and are accessible 24/7.

## To the Ministry of Development

- Ensure programs have a girl-centered approach, focusing on girl-centered engagement and girl-specific skills.
- Overhaul the Vida program to ensure it is accessible to all girls who become pregnant before age 14, including by:
  - Removing unnecessary eligibility criteria, such as the requirement for expecting mothers to provide a birth certificate.
  - Allowing girls to enroll in the program without going through a court process.
- Expand social security and public services to provide comprehensive support and universal coverage for pregnant girls under 14. These programs should include income support, access to health care, education, psychosocial support, and nutrition support, ensuring a holistic approach to respect, protect, and fulfill their economic, social, and cultural rights.
- Update the Vida program manual to specify the frequency of cash transfers, which are currently described as periodic without clarification, and establish a fixed and adequate transfer amount.
- Ensure autonomy in the use of funds for girls enrolled in the Vida program, allowing them greater control over their finances.
- Appoint a dedicated caseworker in each department to provide individualized support and guidance to girls participating in the Vida program.

## To the Ministry of Education (MINEDUC)

- Implement comprehensive sexuality education (CSE) in schools nationwide, ensuring all children have access to age-appropriate, rights-based, and scientifically accurate learning materials, beginning at an early age, that can help foster safe and informed practices to help prevent sexual violence.

- Ensure cases of school-related sexual violence are reported, impartially investigated, and appropriately prosecuted.
- Monitor and collect data on girls who drop out of school due to pregnancy, early motherhood, or marriage, with the aim of supporting their return to school.
- Ensure that pregnant students and young mothers can continue their education in an environment free from stigma and discrimination and monitor schools' compliance.
- Immediately adopt a national human rights-compliant policy and regulations that outline school obligations to support pregnant girls and adolescent mothers in returning to primary and secondary school through flexible school programs, childcare support, and other targeted measures.
- Coordinate with the Social Welfare Secretariat to expand options for childcare and early childhood development centers for children of adolescent mothers such that girls of school-going age can attend school and that services are not denied to their children.
- Implement public information and awareness-raising campaigns aimed at parents, guardians, and community leaders to prevent sexual violence, support survivors, address stigma around adolescent pregnancy, and affirm the rights of pregnant girls and young mothers to continue their education.
- Reform the Governmental Agreement 149-2021 (Policy for the Protection of Life and Institutionalization of Family 2021-2032), which undermines access to CSE by restricting its delivery to the family context.

### **To the Social Welfare Secretariat**

- Expand the availability of Centers for Comprehensive Attention (CAI) programs for childcare for the children of young mothers, ensuring that school-age girls can continue their education.

### **To the National Institute of Statistics (INE) and the National Commission for the Prevention of Violence (CONAPREVI)**

- Establish a national unified registry and statistical system to track cases of sexual violence, forced pregnancy, and forced motherhood in girls and adolescents. This system should:

- Enable the effective monitoring of progress in preventing, addressing, and eradicating sexual violence cases.
- Identify and explain discrepancies in the data collected by different government entities.

## **To the Human Rights Ombudsman**

- Ensure that survivors of sexual violence are informed of their rights.
- Ensure that a complaints mechanism is created to address mistreatment in the healthcare or justice sectors. This mechanism should be accessible, be responsive, and support survivors in obtaining redress and accountability.

## **To the Vice-Presidency of the Republic of Guatemala**

- Renew the National Plan for the Prevention of Adolescent Pregnancies in Guatemala (PLANEA).
- Establish a national unified registry and statistical system to track cases of sexual violence, forced pregnancy, and forced motherhood in girls and adolescents. This system should:
  - Enable the effective monitoring of progress in preventing, addressing, and eradicating sexual violence cases.
  - Identify and explain discrepancies in the data collected by different government entities.
- Approve and implement training and sensitization programs, including monitoring mechanisms, for healthcare professionals and justice operators on comprehensive care for survivors of sexual violence, particularly girls and adolescents. These programs should ensure training on the dynamics of sexual violence and legal requirements for evidence, with the goal of eliminating obstacles to justice for victims and preventing discrimination, mistreatment, and revictimization.
- Ensure public policies for dignified and transformative reparations for cases of sexual violence, forced pregnancy, and forced motherhood in girls and adolescents. These reparations should include guarantees of non-repetition, contributing to the prevention, timely detection, and response to sexual violence.
- Ensure that survivors of sexual violence are informed of their rights and have access to a complaints mechanism if they experience mistreatment in the

healthcare or justice sectors. This mechanism should be accessible, be responsive, and support survivors in obtaining redress and accountability.

### **To the Attorney General's Office (MP)**

- Ensure effective access to justice in investigations of sexual violence cases within the framework of due process and in a timely manner.
- Provide specialized personnel training, including to prosecutors, with a gender-sensitive and age-appropriate perspective to handle cases of sexual violence.
- Ensure the availability of culturally sensitive interpreters throughout the complaint and investigation process.
- Increase specialized staffing to ensure thorough investigations, minimizing delays and preventing case overload.
- Establish prioritization criteria when caseloads become overwhelming, considering the severity of the abuse, the rights of girls who are survivors of sexual violence, and the profound harm that delays in case resolution can cause.
- Conduct investigations using varied evidence and multiple lines of inquiry, rather than relying solely on DNA evidence.
- Centralize victim testimony and avoid making DNA tests the determinative method in cases of sexual violence and consider alternative approaches that prioritize the well-being and rights of the survivor.
- Improve coordination between the Attorney General's Office (MP) and the National Institute of Forensic Sciences (INACIF) to align data between entities.
- Address revictimization and improve sensitivity toward victims through a girl-centered approach that prioritizes their rights, dignity, and well-being throughout the judicial and healthcare processes.
- Enhance the quality and accessibility of information provided to victims.

### **To the Public Prosecutor's Office (PGN)**

- Expand the presence of the PGN to all municipalities rather than only to departmental capitals.
- Ensure an immediate response from the PGN when it is called upon by medical facilities to address cases of sexual violence.

- Establish a comprehensive protection system, with coordination among all relevant institutions, to ensure the safety and rights of victims, and enhance the capacity of the PGN to effectively activate and coordinate the protection system, ensuring timely responses and collaboration with healthcare providers and law enforcement for girls who are victims of sexual violence.
- Improve coordination between the PGN and shelters to ensure that victims of sexual violence receive appropriate care and are not unnecessarily hospitalized.

### **To the Judicial Organism**

- Ensure dignified and transformative reparations for survivors of sexual violence, forced pregnancy, and forced motherhood in girls and adolescents. These reparations should include guarantees of non-repetition, contributing to the prevention, timely detection, and response to sexual violence.
- Provide guidance on meaningful, holistic reparations for victims of sexual violence, in consultation with survivors and women’s and children’s rights organizations.
- Set up a joint monitoring mechanism to track compliance with reparations measures set in rulings.
- Reduce judicial delays by increasing staff and resources and improve the timeliness of arrest warrants and search warrants.
- Increase the availability of forensic interview rooms (Gessel chambers).
- Ensure that judges prioritize the best interests of the child by applying international human rights standards.
- Ensure the availability of competent interpreters for Indigenous girls and girls with disabilities throughout the judicial process.

### **To the National Institute of Forensic Sciences (INACIF)**

- Improve the forensic examination process by ensuring the availability of separate rooms for survivors of sexual violence and alleged perpetrators during assessments.

## To Congress

- Promote a legislative agenda that prioritizes the needs of girls by ensuring their rights are protected in law and policy.
- Allocate sufficient resources to prevent and respond to widespread sexual violence and forced pregnancy, including for meaningful reparations for survivors.
- Dedicate additional funding to hire and train staff to enable the justice system to thoroughly and promptly investigate cases and provide survivors with suitable legal representation and capable interpreters.
- Revise laws to bring them in line with Guatemala's international human rights obligations, including by decriminalizing abortion, including in cases of rape and incest or fetal unviability, and by removing punitive measures for women and girls who access this healthcare service.
- Seek to increase public revenues for public health care through progressive taxes and changes to policy and enforcement to reduce tax abuses.



## Methodology

Human Rights Watch’s findings in this report are based on in-depth interviews conducted between January 2023 and December 2024, analysis of government data, and a review of secondary sources.

Human Rights Watch conducted research in three cities in Guatemala—Huehuetenango, Coban, and Guatemala City—in an effort to analyze sexual violence in diverse socioeconomic and ethnic contexts. These cities are the capitals of the three departments with the highest prevalence of forced pregnancies in girls under age 14 in the country.<sup>1</sup> We selected these cities following consultations with local community-based organizations.

Human Rights Watch interviewed a total of 72 people for this report, including 31 representatives of civil society organizations and 41 government officials from several entities. These entities included the Clinic for Sexual Violence Survivors of Guatemala City, Coban, and Huehuetenango; the Ministry of Education (MINEDUC) of Alta Verapaz and Huehuetenango; the Public Prosecutor’s Office (PGN) of Coban and Huehuetenango; the Victims’ Institute of Coban and Huehuetenango;<sup>2</sup> the Femicide and Violence Against Women Court of Alta Verapaz and Huehuetenango; the Secretariat against Sexual Violence, Exploitation, and Trafficking of Persons of Coban and Huehuetenango; the Attorney General’s Office (MP) of Coban; the Indigenous Women’s Defense Office (DEMI) of Huehuetenango; Clinic 1 of Coban Regional Hospital; the Permanent Care Center of Carchá; and the Coban Health Center.

Interviews included questions on access to healthcare and justice services for pregnant girls under 14 and on the challenges professionals identify in their work to provide comprehensive care and support to girls. All interviews were conducted in Spanish either in person or remotely via telephone or video call. We informed all interviewees of the

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<sup>1</sup> Guatemala has 22 departments, similar to states or provinces. In 2023, the three departments with the highest prevalence of pregnancies in girls under 14 were Alta Verapaz, Huehuetenango, and Guatemala City. Human Rights Watch Public Information Request to the Secretariat against Sexual Violence, Exploitation, and Trafficking of Persons, No. SVET-DME-UIP-020-2023.

<sup>2</sup> The Victims’ Institute, established in 2020, provides legal representation and support for victims from the beginning to the end of the judicial process.

purpose of the interview, its voluntary nature, and the ways in which the information would be collected and used. We assured participants that they could end the interview at any time or decline to answer any questions without any negative consequences. All interviewees provided oral informed consent to participate.

Human Rights Watch follows practices to reduce the risk of re-traumatization of survivors and victims of human rights abuses, especially in cases of sexual violence. For this reason, Human Rights Watch decided not to interview girls who experienced forced pregnancies as a result of sexual violence or their family members for this report.

We documented cases of human rights abuses and violations through detailed interviews with experts working with and accompanying girls who are survivors of sexual violence and their families, including healthcare workers, prosecutors, and lawyers providing legal and psychosocial support. Wherever possible, we sought further case details by requesting information from government institutions and other experts who interacted with the survivor. We also analyzed media and social media reports related to cases. This methodological approach follows the recommendations of Guatemalan civil society organizations and experts to minimize the number of times survivors are asked to recount their stories to avoid re-traumatization.

All survivors' names are pseudonyms, and most identifying details have been withheld for their security and privacy. Several experts, representatives of civil society organizations, and government officials asked Human Rights Watch not to publish their names or their institutions' names due to concerns about job security or fear of retaliation. In these instances, Human Rights Watch has not disclosed their identities or workplaces. Where actual names of interviewees are used, Human Rights Watch received express consent to do so.

Human Rights Watch requested information from 12 Guatemalan government agencies between 2023 and 2024. In 2023, Human Rights Watch requested information from 12 Guatemalan government entities: the Ministry of Public Health and Social Assistance (MSPAS), Ministry of Education (MINEDUC), Public Prosecutor's Office (PGN), National Civil Police (PNC), Ministry of Social Development (MIDES), Secretariat against Sexual Violence, Exploitation, and Trafficking in Persons (SVET), National Institute of Forensic Sciences (INACIF), Guatemalan Institute of Social Security (IGSS), Attorney General's Office (MP),

Social Welfare Secretariat (SBS), Institute of Public Criminal Defense, and Guatemalan Judicial Branch. The Guatemalan Judicial Branch did not respond.

In 2024, Human Rights Watch requested updated information from 10 Guatemalan government entities: the MSPAS, PGN, MINEDUC, PNC, MIDES, SVET, INACIF, IGSS, Attorney General's Office (MP), and Guatemalan Judicial Branch. The MP did not respond.

In addition, the report draws on a review of current legislation, public policies, existing literature, and media reports on the issue.

This report's conclusions and recommendations are also based on an analysis of Guatemala's human rights obligations under national law as well as international and inter-American human rights instruments to which Guatemala is a state party.

In this report, the term "child" refers to anyone under the age of 18, consistent with usage in international law.

#### **Note on the Data and Statistics in this Report**

Under Guatemalan law, the age of consent to sex is 14. Any sexual act involving a child under 14 is classified as sexual violence, and any pregnancy in a girl under 14 is considered a consequence of sexual violence.<sup>3</sup>

Human Rights Watch requested and analyzed data on sexual violence and forced pregnancy from various governmental and nongovernmental sources. Due to underreporting and gaps in data collection, there is no reliable nationwide estimate of the number of pregnancies in girls under 14 each year. Some datasets include children 14 and younger, while others contain data only on children under 14. Therefore, some statistics cited in this report may include adolescents who were already 14 at the time they became pregnant. Human Rights Watch sought to identify the limitations and gaps in data wherever possible.

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<sup>3</sup> Criminal Code of Guatemala (Codigo Penal de Guatemala), Decree No. 17-73, art. 173, [https://www.un.org/depts/los/LEGISLATIONANDTREATIES/PDFFILES/GTM\\_codigo\\_penal.pdf](https://www.un.org/depts/los/LEGISLATIONANDTREATIES/PDFFILES/GTM_codigo_penal.pdf).

## Marta's Story

Marta was 11 years old when she became pregnant after her father raped her. When she went to a local health center, she was already five months pregnant, and her malnourished state had gone unnoticed due to inadequate access to timely and quality health care. She received maternal care once her pregnancy was detected, but she was not able to access early and time-sensitive services such as emergency contraception.<sup>4</sup>

When health professionals discovered Marta was pregnant, they found her life was at risk due to malnutrition, her young age, and her body's inability to sustain the pregnancy. However, they never provided Marta with information about or access to therapeutic abortion care due to the risks to her life and health, and she was forced to carry her pregnancy to term.

When Marta initially sought care, she was referred to Observatorio en Salud Reproductiva (Observatory on Reproductive Health, OSAR), which provided her with transportation assistance for medical exams, as this service was not available through the state. Throughout her pregnancy, she remained at home, where her abuser was still present.

Marta gave birth at home via vaginal delivery, which goes against the official government protocol for pregnant girls under 14.<sup>5</sup> Without skilled birth attendance, sanitary conditions, and medical assistance—resources typically available at a hospital with obstetric services—her childbirth, already significantly riskier due to her age, became even more unsafe than it needed to be. The baby passed away shortly after birth.

Marta's father fled to Mexico after a community leader tipped him off that he would be arrested. When the case was closed, he returned to the family home and has not been prosecuted.

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<sup>4</sup> Marta's story was told to Human Rights Watch by a caseworker from a civil society organization specialized in sexual and reproductive rights.

<sup>5</sup> See Secretariat Against Sexual Violence, Exploitation and Human Trafficking (Secretaría Contra la Violencia Sexual, Explotación y Trata de Personas (SVET)), "Comprehensive Route for Pregnancies of Girls and Adolescents under 14 years of age (Rutas Internas: Abordaje de Embarazos en Niñas y Adolescentes menores de 14 años de edad)," 2020, [https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a\\_compressed.pdf](https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a_compressed.pdf), (accessed January 15, 2025).

Although Marta and her family live in poverty, they did not receive any form of social security. Even though she was living in an unsafe environment, with her assailant present at home, she did not have access to a shelter for the duration of her pregnancy. Because the courts archived her case, Marta became ineligible for the state's Vida program, which could have provided economic support for her and her child.

Marta's mother, overwhelmed by economic hardship and the responsibility of caring for five other children, was unable to offer the support Marta needed or remove her daughter from a dangerous environment. Unable to cope with the situation, Marta dropped out of school and left her community to seek work. Since then, Marta's whereabouts have been unknown.

## I. Background: Sexual Violence and Forced Pregnancy in Guatemala



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Sexual violence is pervasive in Guatemala. More than one-third of women in the country (34.5 percent) experience some form of sexual violence during their lifetime.<sup>6</sup> Each year, thousands of girls under age 14 become pregnant from rape and are forced to continue their pregnancies and become mothers long before they are ready to do so. Under Guatemalan law, 14 is the age of consent to sex, so any pregnancy in a girl under 14 is considered the result of sexual violence. Forced pregnancy and early motherhood jeopardize a range of fundamental human rights, including the rights to life, health, nondiscrimination, and education, among others. Civil society organizations have long

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<sup>6</sup> National Statistics Institute of Guatemala (INE) presents indicators of prevalence of violence against women in Guatemala, March 7, 2024, <https://www.ine.gob.gt/2024/03/07/el-ine-presenta-indicadores-de-prevalencia-de-violencia-contra-las-mujeres-en-guatemala/> (accessed January 15, 2025).

pushed for adequate laws and policies addressing this issue, yet forced pregnancy among girls remains a widespread problem.<sup>7</sup>

## Data on Sexual Violence

Forced pregnancies and early motherhood among girls stem from pervasive sexual violence. Data collection in cases of sexual violence in Guatemala is inadequate. There is no centralized or coordinated registry among the various institutions tasked with addressing sexual violence, leading to discrepancies in statistics across different entities. Cases of sexual violence frequently go unreported due to various factors such as stigma and the lack of accountability for perpetrators.<sup>8</sup>

Girls are far more likely to report experiences of sexual violence than boys in Guatemala. They account for 90 percent of reported cases of sexual violence in children ages 15 and under reported to the National Civil Police (PNC) between January 2018 and June 2023,<sup>9</sup> 88 percent of evaluations in cases of sexual violence or pregnancy in children age 14 or under by the National Institute of Forensic Sciences (INACIF) between January 2018 and June 2024,<sup>10</sup> as well as 70 percent of patients age 14 and under that were treated for sexual abuse at the Guatemalan Institute of Social Security (IGSS) between January 2018 to June 2023.<sup>11</sup>

Between January 2018 and June 2024, the National Institute of Forensic Sciences (INACIF) evaluated 27,660 cases of sexual violence or pregnancy involving children ages 14 and

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<sup>7</sup> See, for example, Mujeres Transformando al Mundo (MTM), “Los embarazos en niñas y adolescentes en Guatemala: Un eslabón más del continuum de Violencia contra las Mujeres?,” 2016, <https://clacaidigital.info/bitstream/handle/123456789/979/Embarazo.ni%C3%B1as.adolescentes.Guatemala.pdf?sequence=5&isAllowed=y> (accessed January 15, 2025); Observatorio en Salud Reproductiva (Observatory on Reproductive Health (OSAR)), “Pregnancies in girls and adolescents in Guatemala (Embarazos en niñas y adolescentes en Guatemala), Data Sheet, <https://osarguatemala.org/wp-content/uploads/2022/05/Hoja-informativa.pdf> (accessed January 15, 2025).

<sup>8</sup> Human Rights Watch interview with three members of the United Nations Population Fund (UNFPA), (names withheld), Guatemala City, August 2023. See Human Rights Watch, “‘Everybody Blames Me’: Barriers to Justice and Support Services for Sexual Assault Survivors in India,” 2017, [https://www.hrw.org/sites/default/files/report\\_pdf/india1117\\_web.pdf](https://www.hrw.org/sites/default/files/report_pdf/india1117_web.pdf), p. 17.

<sup>9</sup> Response from PNC to Human Rights Watch Public Information Request, Resolution No. 002352, 2024, December 2024; *ibid.*, I Resolution No. UIP 1101/2023, July 2023.

<sup>10</sup> Response from INACIF to Human Rights Watch Public Information Request, Resolution No. SEJE-INP-648-2024, December 2024.

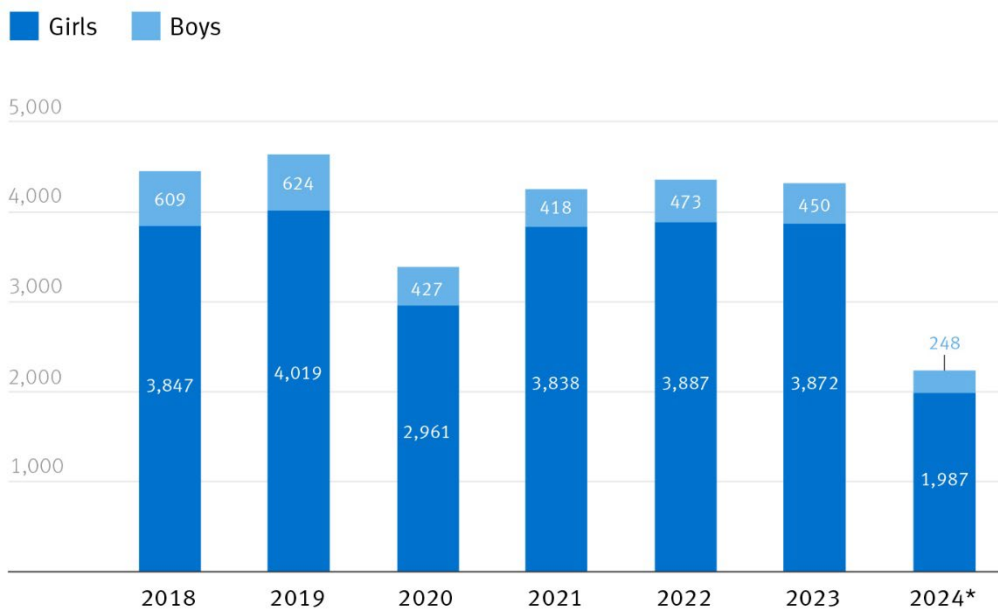
<sup>11</sup> Response from IGSS to Human Rights Watch Public Information Request, Resolution No. UIP 1101/2023, July 2023.

under. Of these, 24,441 cases involved girls. In the first half of 2024 alone, INACIF assessed 1,987 cases of sexual violence against girls in this age group.<sup>12</sup>

In contrast, the Attorney General’s Office reported 13,011 cases of girls under 14 who are survivors of sexual violence, including 1,327 between January and October 2023.<sup>13</sup> The Public Prosecutor’s Office (PGN) reported 6,246 cases of sexual violence against children from January 2020 to June 2024, including 1,729 cases of rape. Of these cases, 908 were reported in the first half of 2024.<sup>14</sup> The PNC recorded 575 cases of sexual violence against children ages 15 and under, including 519 girls, between January 2018 and June 2023. They also reported 22 cases of sexual violence against girls under 14 between January and June 2024.<sup>15</sup>

### Number of Assessments in Cases of Sexual Violence or Pregnancy Involving Children Ages 14 and Under

2018–2024



\*Assessments data is up to June 2024.  
Source: Public information request to the National Institute of Forensic Sciences (INACIF), resolution SEJE-INP-648-2024, December 2024.

<sup>12</sup> Response from INACIF to Human Rights Watch Public Information Request, Resolution No. SEJE-INP-648-2024, December 2024.

<sup>13</sup> Response from MP to Human Rights Watch Public Information Request, Resolution No. UDIP-G 2023 (21910), December 2023.

<sup>14</sup> Response from PGN to Human Rights Watch Public Information Request, Resolution No. 1081-2024, December 2024.

<sup>15</sup> Response from PNC to Human Rights Watch Public Information Request, Resolution No. 002352, 2024, December 2024.



These discrepancies point to serious gaps in coordination between institutions tasked with addressing sexual violence in Guatemala and an urgent need for a unified data system that accurately reflects the scope of the issue.

### *Data on Forced Pregnancies and Very Early Motherhood in Girls*

According to the United Nations Population Fund (UNFPA), a UN agency responsible for sexual and reproductive health, global and regional data on pregnancies in girls younger than 15 is limited. About 2 percent of women of reproductive age in Latin America and the Caribbean reported having their first delivery before the age of 15. The majority of Latin American and Caribbean countries with data on very early pregnancy had birth rates between 1 and 5 births per 1,000 girls ages 10 to 14, including Guatemala.<sup>16</sup>

Guatemala has a significantly higher adolescent fertility rate than the regional average, with 63 births per 1,000 adolescents ages 15 to 19 in Guatemala,<sup>17</sup> compared to the regional average of 51 per 1,000 and the global average of 42 per 1,000.<sup>18</sup> Although reliable data is limited for younger girls, available information indicates that the number of forced pregnancies among young girls in Guatemala remains high and has not significantly decreased between 2018 and 2024.

Authorities in Guatemala do not compile statistics on forced pregnancies that are consistent across different government agencies. A member of a civil society organization working on sexual and reproductive health told Human Rights Watch that civil society organizations use the number of births to girls as the best indicator to provide insight into these cases.<sup>19</sup>

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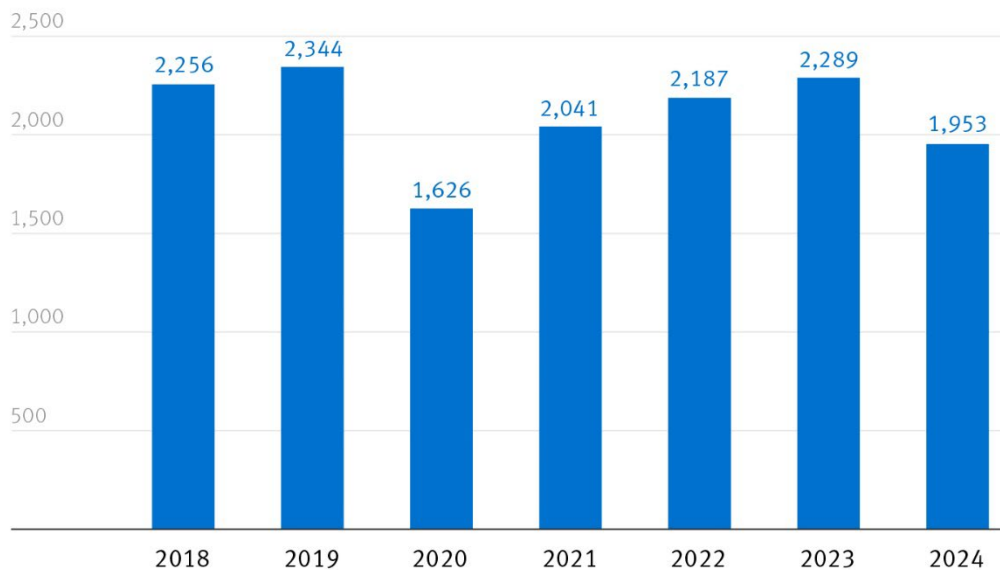
<sup>16</sup> UNFPA, Technical Brief, Adolescent Pregnancy in Latin America and the Caribbean, 2020, [https://lac.unfpa.org/sites/default/files/pub-pdf/final\\_dec\\_10\\_approved\\_policy\\_brief\\_design\\_ch\\_adolescent.pdf](https://lac.unfpa.org/sites/default/files/pub-pdf/final_dec_10_approved_policy_brief_design_ch_adolescent.pdf) (accessed November 7, 2024).

<sup>17</sup> “World Development Indicators – Adolescent fertility rate (births per 1,000 women ages 15-19),” World Bank, accessed January 15, 2025, <https://databank.worldbank.org/reports.aspx?dsid=2&series=SP.ADO.TFRT>.

<sup>18</sup> *Ibid.*

<sup>19</sup> Human Rights Watch interview with member of OSAR (name withheld), Huehuetenango, September 2023.

## Number of Births Registered to Girls Ages 10–14 2018–2024



Source: National Registry of Persons (RENAP), Observatory on Reproductive Health (OSAR) monitoring, December 2024.

The Observatory on Reproductive Rights (OSAR), a civil society organization that monitors sexual and reproductive health,<sup>20</sup> reported 479,612 births in adolescents and girls ages 10 to 19 between 2018 and 2024, including 14,696 in girls ages 10 to 14, based on official data from the National Registry of Persons (RENAP).<sup>21</sup> In 2024 alone, 1,953 girls ages 14 and under gave birth.<sup>22</sup>

Similarly, the Ministry of Public Health and Social Assistance (MSPAS) recorded 14,406 cases of pregnant girls ages 14 and under between 2018 and June 2024, including 1,239 cases in the first half of 2024.<sup>23</sup> In contrast, the Public Prosecutor’s Office reported 2,646

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<sup>20</sup> OSAR is a Guatemalan initiative created to monitor and oversee the implementation of public policies on reproductive health. It uses systematic data collection and analysis to track progress and challenges in reproductive health policy. OSAR serves as a forum for women, researchers, and professionals to contribute to reducing health inequalities. See, “Who are we?,” OSAR Guatemala, accessed December 19, 2024, <https://osarguatemala.org/quienes-somos/>.

<sup>21</sup> “Birth records of mothers between 10 – 19 years old – Year 2024 (Registros de nacimiento de madres entre 10 – 19 años – Año 2024),” OSAR Guatemala, accessed February 6, 2025, <https://osarguatemala.org/registros-de-nacimientos-y-embarazos-en-madres-adolescentes-ano-2024/>.

<sup>22</sup> Ibid.

<sup>23</sup> Response from Ministry of Public Health and Social Assistance (MSPAS) to Human Rights Watch Public Information Request, File No. EXP-SI-2967-2024, December 2024.

cases of girls under 14 who were mothers or pregnant between January 2020 and June 2024, with 318 cases documented in the first semester of 2024.<sup>24</sup> The Attorney General's Office reported a similarly low figure of 1,911 cases of girls under 14 who were pregnant and survivors of sexual violence between January 2018 and September 2023.<sup>25</sup> Additionally, INACIF reported just 1,057 assessments of cases involving girls ages 14 and under who were pregnant between January 2018 and June 2024, including 128 cases between January and June 2024.<sup>26</sup>

These discrepancies suggest that a significant number of these cases are only recorded within the health system and girls do not reach the justice system or receive the necessary support from other institutions. Authorities told Human Rights Watch that they do not further disaggregate the aforementioned information beyond the age and location of the pregnant girl to include indicators such as urban or rural context, socioeconomic background, level of education, migratory status, or disabilities.<sup>27</sup> This lack of detail makes it challenging to identify the demographic characteristics of sexual violence survivors who are forced to endure pregnancy and subsequent motherhood.

Demographic characteristics are important because sexual violence and unwanted pregnancies affect girls differently. Representatives of civil society organizations and healthcare workers said that pregnant girls under 14 often live in conditions of poverty and come from rural Indigenous communities where there is little or no access to public services, including healthcare and justice services.<sup>28</sup> A member of a civil society organization working with survivors of sexual violence said: "Most of the victims come from rural areas and do not have the means to move or travel. This is why it is necessary for [civil society organizations] to accompany them.... Most of them have very limited resources."<sup>29</sup>

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<sup>24</sup> Response from PGN to Human Rights Watch Public Information Request, Resolution No. 1081-2024, December 2024.

<sup>25</sup> Response from MP to Human Rights Watch Public Information Request, Resolution No. UDIP-G 2023 (21910), December 2023.

<sup>26</sup> Response from INACIF to Human Rights Watch Public Information Request, Resolution No. SEJE-INP-648-2024, December 2024.

<sup>27</sup> This lack of further disaggregation applies to all authorities from whom Human Rights Watch requested public information on cases registered of girls under 14 who are pregnant and/or suffered sexual violence.

<sup>28</sup> Human Rights Watch interview with healthcare personnel (name withheld), Clinic 1, Coban, October 2023; Human Rights Watch with healthcare personnel (names withheld) from Coban Health Center, October 2023; Human Rights Watch interview with lawyer from OSAR (name withheld), Huehuetenango, September 2023; Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>29</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

In these circumstances, it can be difficult to identify a pregnancy in its early stages, particularly for young girls who may not yet have regular menstrual cycles and may not understand the early signs of pregnancy. Therefore, girls and their families also may not access healthcare services until their pregnancies are advanced.<sup>30</sup> This lack of sufficient and timely support exacerbates the adverse outcomes of forced pregnancies and motherhood for girls.

### **Indigenous Peoples in Guatemala**

Indigenous peoples in Guatemala make up 44 percent of the population, with over 20 distinct languages spoken, including K'iche', Q'eqchi', Kaqchikel, and Mam.<sup>31</sup> The population is composed of 25 ethnic groups organized into four main communities: Maya, Garífuna, Xinka, and Mestizo, resulting in a broad plurality of social and environmental configurations. Despite their rich cultural heritage, Indigenous communities face significant socioeconomic challenges. The poverty rate among Indigenous peoples reaches 80 percent, double the rate of the rest of the population.<sup>32</sup> These communities also face higher levels of discrimination and systemic marginalization, exacerbating their vulnerability. Indigenous girls and women are especially affected by sexual violence, encountering additional barriers such as language differences, cultural stigmas, and distrust of state institutions.<sup>33</sup>

## **Prevention of Sexual Violence: Comprehensive Sexuality Education**

The most crucial and definitive strategy to reduce forced pregnancies in girls is to actively prevent sexual violence and ensure girls' human rights are protected. While this report does not examine strategies to prevent sexual violence in detail, our research indicated

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<sup>30</sup> Human Rights Watch interview with healthcare personnel (name withheld), Clinic 1; Human Rights Watch with healthcare personnel from Coban Health Center (name withheld); Human Rights Watch interview with member of OSAR (name withheld), September 2023; Human Rights Watch interview with a member of OSAR (name withheld), October 2023.

<sup>31</sup> United Nations Population Fund (UNFPA), "Our voices for our rights (Nuestras voces por nuestros derechos)," July 2024, <https://guatemala.unfpa.org/es/publicaciones/nuestras-vozes-por-nuestros-derechos#:~:text=Los%20pueblos%20ind%C3%ADgenas%20constituyen%20el,desaf%C3%ADos%20de%20bienestar%20en%20Guatemala> (accessed January 15, 2025).

<sup>32</sup> Ministry of Social Development (MIDES), "Multidimensional Poverty Index," 2018, [https://www.mppn.org/wp-content/uploads/2019/10/Guatemala-Report-IPM-gt\\_29jul19-v1.1.pdf](https://www.mppn.org/wp-content/uploads/2019/10/Guatemala-Report-IPM-gt_29jul19-v1.1.pdf) (accessed February 6, 2024).

<sup>33</sup> IWGIA, The Indigenous World 2024: Guatemala, <https://iwgia.org/en/guatemala/5384-iw-2024-guatemala.html> (accessed January 21, 2024).

that comprehensive sexuality education (CSE) is an essential measure to help prevent sexual violence, unwanted pregnancy, and early motherhood in girls and ultimately enable them to lead lives free from violence.

CSE is the international term for curriculum-based teaching that provides children and young people with knowledge, skills, and values that will equip them to realize their health, well-being, and dignity; develop respectful social and sexual relationships; and understand and ensure the protection of their rights throughout their lives. CSE provides children and young people with scientifically accurate, age-appropriate information about sexuality and their sexual and reproductive health, which is critical for their health and survival.<sup>34</sup>

At the national level, Guatemala has a legal framework for the integration of sexuality education within the school system. Decree 42-2001 (the Social Development Law) assigns the Ministry of Education (MINEDUC), in coordination with the Ministry of Public Health and Social Assistance (MSPAS), the responsibility to adopt the necessary measures and provisions into its educational and development policies to include education at all levels and modalities of the national educational system.<sup>35</sup> This includes topics related to development, population, health, family, quality of life, environment, gender, human sexuality, human rights, multiculturalism and interculturality, responsible motherhood and fatherhood, and reproductive health.<sup>36</sup>

In 2010, Guatemala established the Prevent with Education Agreement, a formal agreement that set forth guidelines and created a Bi-Ministerial Health-Education Committee to implement sexuality education in schools. Due to the persistently high adolescent pregnancy rates, limited access to CSE, and forced pregnancies among girls, the agreement was renewed in 2021 and remains in effect until 2025.<sup>37</sup>

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<sup>34</sup> United Nations Educational, Scientific and Cultural Organization (UNESCO), “International technical guidance on sexuality education: an evidence-informed approach,” 2018, <https://unesdoc.unesco.org/ark:/48223/pf0000260770> (accessed January 15, 2025).

<sup>35</sup> See Congress of the Republic of Guatemala (Congreso de la República de Guatemala), Decree 42-2001, Social Development Law (Ley de desarrollo social) of 2001, [https://siteal.iiep.unesco.org/sites/default/files/sit\\_accion\\_files/decreto\\_42-2001.pdf](https://siteal.iiep.unesco.org/sites/default/files/sit_accion_files/decreto_42-2001.pdf).

<sup>36</sup> Ibid.

<sup>37</sup> Ministry of Education and Ministry of Health and Social Assistance (Ministerio de Salud Pública y Asistencia Social (MSPAS)), “Prevent with Education Agreement (Prevenir con educación),” 2021, <https://osarguatemala.org/wp-content/uploads/2021/02/Carta-prevenir-2021-2025.pdf> (accessed January 15, 2025).

Additionally, Governmental Agreement No. 65-2012 (the Regulation of the Law for Healthy Maternity) mandates a set of comprehensive measures to improve maternal and neonatal health, specifically focusing on preventing pregnancies among girls and adolescents.<sup>38</sup> Article 21 of the regulation requires the Ministries of Health and Education to provide sexuality education as a key preventive measure, in line with the Prevent with Education Agreement.<sup>39</sup> This regulation directs these ministries to deliver sexuality education following established guidelines.

However, in 2021, the Guatemalan government approved the Governmental Agreement 149-2021 (the Policy for the Protection of Life and Institutionalization of Family 2021-2032), whose governing body is the MINEDUC. This policy states that sexuality education should be the responsibility of parents and developed in the family context,<sup>40</sup> contradicting previous policy and international guidelines such as the UN's international technical guidance on sexuality education, which indicates CSE should be "curriculum based."<sup>41</sup>

At the time of writing, there is no standalone CSE curriculum as defined by international standards in schools.<sup>42</sup> Human Rights Watch found that teachers often avoid discussing sexual and reproductive health due to personal discomfort, societal taboos against discussing sexual violence, or a fear of backlash from families and communities. "The teacher[s] [do] not want to provide education out of fear of the [local communities]," said a local official in the MINEDUC. "Families think [teachers] are opening the children's eyes in a negative way."<sup>43</sup> Several MINEDUC officials and members of civil society organizations told Human Rights Watch that many educators refrain from teaching sexuality education because they see it as a taboo or feel unprepared to address these subjects. A MINEDUC official added that cultural taboos against contraception and discussing sexuality further

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<sup>38</sup> Congress of the Republic of Guatemala, Regulation of the Law for Healthy Motherhood (El Reglamento de la Ley para la Maternidad Saludable) No. 65-2012 of 2012, <https://archivos.juridicas.unam.mx/www/bjv/libros/10/4636/11.pdf>.

<sup>39</sup> *Ibid.*, art. 21.

<sup>40</sup> UNESCO, "Comprehensive Sexuality Education," <https://education-profiles.org/es/america-latina-y-el-caribe/guatemala/~educacion-integral-en-sexualidad> (accessed January 15, 2025).

<sup>41</sup> See UNESCO et al, "International technical guidance on sexuality education: an evidence-informed approach," 2018, [https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education.pdf?sfvrsn=10113efc\\_29&download=true](https://cdn.who.int/media/docs/default-source/reproductive-health/sexual-health/international-technical-guidance-on-sexuality-education.pdf?sfvrsn=10113efc_29&download=true) (accessed January 15, 2025).

<sup>42</sup> Ministry of Education (MINEDUC) Response to Human Rights Watch Public Information Request, Resolution Number 4490-2024, December 2024.

<sup>43</sup> Human Rights Watch interview with an official from the Ministry of Education (name withheld), Coban, October 2023.

hinder efforts, as communities often reject such topics.<sup>44</sup> Two officials from Coban said that there were ongoing efforts to train educators in sexuality education through virtual courses. However, they noted that there are no mechanisms in place to track whether educators are effectively applying this knowledge in their classrooms. This lack of oversight presents a significant challenge in ensuring that CSE reaches all students as intended, undermining efforts to provide consistent and comprehensive education on sexual and reproductive health.<sup>45</sup>

As a result, many girls in Guatemala are left without the critical skills and information they need to recognize sexual violence and denounce it. A social worker told Human Rights Watch, “The voice of girls has no weight. There are those that believe that [girls] lie ... that they cannot recognize violence. It is important to work on their [education] and autonomy so that they can identify violence.”<sup>46</sup>

## Consequences of Forced Pregnancy and Early Motherhood

Child pregnancy and early motherhood create significant risks to girls’ physical and mental health and their enjoyment of other economic, social, and cultural rights, including education and income security.<sup>47</sup>

### *Health Impacts*

Pregnancy at an early age can have serious health consequences. Pregnancy causes physical changes, including in, for example, the endocrine, cardiovascular, and immune systems, which in turn can put a pregnant person’s health or life at risk.<sup>48</sup> Adolescent girls face higher risks of high blood pressure, infections, eclampsia, obstetric fistula, anemia, maternal death and neonatal mortality, premature births, and low birth weight.<sup>49</sup> Limited access to skilled antenatal, childbirth, and postnatal care, as is common in many areas of

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<sup>44</sup> Human Rights Watch interview with an official from the Ministry of Education (name withheld), Huehuetenango, September 2023.

<sup>45</sup> Human Rights Watch interview with two officials from the Ministry of Education (names withheld), Coban, October 2023.

<sup>46</sup> Human Rights Watch interview with psychologist from the Pluripersonal Court for Crimes of Femicide and Other Forms of Violence Against Women and Sexual Violence (name withheld), Huehuetenango, September 2023.

<sup>47</sup> See Human Rights Watch, *Submission to the United Nations Committee on the Rights of the Child Review of Guatemala*, November 9, 2023, <https://www.hrw.org/news/2023/11/10/submission-united-nations-committee-rights-child-review-guatemala>.

<sup>48</sup> FLACSO, *Silenced Lives*.

<sup>49</sup> *Ibid.*

Guatemala—especially for Indigenous communities—can also contribute to increased risk of adolescent maternal morbidity and mortality.<sup>50</sup>

According to data from the MSPAS, between 2017 and 2022, 295,000 complications were reported during pregnancy and childbirth in girls and adolescents.<sup>51</sup> These complications often resulted from factors such as anemia, hypertension, and infections. In departments with high prevalence of rural and Indigenous communities, such as in Alta Verapaz, the rates of maternal morbidity are notably higher, with 8 percent of pregnancy complications in girls ages 10 to 14 linked to anemia, compared to the national average of 4 percent.<sup>52</sup> Additionally, in response to our request for information on cases of maternal mortality of girls under 14 that occurred from January 2018 to June 2024, the MSPAS provided data with some discrepancies.<sup>53</sup> The MSPAS reported three cases of maternal mortality in 2018 and two in 2019 in girls under 15. Between January 2020 and June 2024, the MSPAS reported 10 cases, 8 of which were girls of Indigenous Mayan descent, highlighting the differentiated impact on Indigenous girls.<sup>54</sup> A doctor from a specialized clinic for sexual violence survivors: “[A girl’s] body is not equipped. Neither is her pelvis equipped to handle a pregnancy or childbirth. Psychologically, being pregnant is disastrous [for girls].”<sup>55</sup>

Among adolescent girls, maternal health conditions are among the top causes of disability-affected life years and mortality globally.<sup>56</sup> Adolescent pregnancy can also be dangerous for the child: children of adolescent mothers face higher risks of low birth weight, preterm birth, and severe neonatal conditions.<sup>57</sup> For girls under 15, pregnancy is considered a risk in and of itself, mainly because their reproductive systems are in the

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<sup>50</sup> World Health Organization (WHO), WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries, 2011, [https://iris.who.int/bitstream/handle/10665/44691/9789241502214\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/44691/9789241502214_eng.pdf) (accessed January 15, 2025).

<sup>51</sup> “Global Action Day for Women’s Health (Día de Acción Global por la Salud de las Mujeres),” Vivir Sin Violencia (Living without Violence), accessed January 15, 2025, <https://www.vivirsinviolencia.org/blog/embarazos-en-ninas/dia-de-accion-global-por-la-salud-de-las-mujeres/>; “Morbilidad materna en niñas y adolescentes embarazadas en Guatemala,” Vivir Sin Violencia, accessed January 15, 2025, <https://www.vivirsinviolencia.org/blog/embarazos-en-ninas/morbilidad-materna-en-ninas-y-adolescentes-embarazadas-en-guatemala/>.

<sup>52</sup> Ibid.

<sup>53</sup> MSPAS Response to Human Rights Watch Public Information Request, No. UAIP-4367-2024, November 2024.

<sup>54</sup> Ibid.

<sup>55</sup> Human Rights Watch interview with a doctor from a specialized clinic (name withheld), Carcha, Alta Verapaz, October 2023.

<sup>56</sup> “Early childbearing,” WHO, last modified January 2024, <https://data.unicef.org/topic/child-health/adolescent-health/>.

<sup>57</sup> “Adolescent pregnancy,” WHO, last modified 10 April 2024, <https://www.who.int/news-room/factsheets/detail/adolescent-pregnancy>.



process of maturing. Ongoing psychosocial development and pregnancies derived from sexual violence further increase health risks.<sup>58</sup>

Early pregnancy can also profoundly impact girls' mental health.<sup>59</sup> The social stigma and stereotypes surrounding adolescent pregnancy create an environment hazardous to their mental health.<sup>60</sup> According to a study on forced pregnancy by FLACSO Guatemala, a university and research organization, rates of depression and anxiety, as well as suicidal thoughts, were higher in pregnant adolescents than in adult women in the population studied.<sup>61</sup>

A healthcare worker told Human Rights Watch: "For a girl, sexual violence is devastating. Some girls come in not even knowing what 'pregnant' means.... This can even lead to clandestine abortions [and] suicides resulting from unwanted pregnancies."<sup>62</sup> This was the case of Elena, a 13-year-old girl who was pregnant and died by suicide in rural Campur, Alta Verapaz. A doctor discussed her case: Sometimes it is shocking to realize how much emotional damage sexual violence can cause. We place labels, thinking that she liked it or that she has a boyfriend. We fail to see the short-term and long-term impact [of sexual violence]."<sup>63</sup>

Depression associated with early and forced pregnancy can negatively affect girls' physical and mental health and quality of life, creating additional barriers to accessing education and employment. Pregnant girls and adolescent mothers often experience stigma in their communities and families.

### *Educational and Socioeconomic Impacts and Stigma*

Local authorities from the Ministry of Education (MINEDUC) told Human Rights Watch that girls who are survivors of sexual violence and experience forced pregnancies are more

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<sup>58</sup> FLACSO, *Silenced Lives: An Unspoken Tragedy, Link between suicide and pregnancy in adolescent women (2009-2019)* (Vidas Silenciadas: Una tragedia de la que no se habla, Vinculación entre suicidio y embarazo en mujeres adolescentes (2009-2019)), 2020, <https://www.ninasnomadres.org/alza-la-voz/wp-content/uploads/2020/07/FLACSO-Vidas-silenciadas.pdf> (accessed January 15, 2025).

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> Ibid.

<sup>62</sup> Human Rights Watch interview with doctor from a specialized clinic (name withheld), Carcha, Alta Verapaz, August 2023.

<sup>63</sup> Ibid.

likely to drop out of school.<sup>64</sup> The Attorney General (MP) sends the MINEDUC a list of girls under 14 identified as pregnant in the education system for district authorities to check if the girls are attending school or have dropped out. According to a MINEDUC official, “In most cases, it’s the parents or cohabitants who decide the girls won’t return, and the majority don’t.”<sup>65</sup>

From January to June 2024, the MINEDUC registered 756 cases of pregnant girls under 14 within the national education system.<sup>66</sup> Nationwide, official data indicates that 145 girls dropped out of school in the same period. In November 2024, the MINEDUC reported that 213 pregnant girls were actively enrolled in the educational system and attending classes.<sup>67</sup>

However, these figures reveal significant discrepancies. For instance, the total number of pregnancies reported (756) does not align with the combined figures for school enrollment (213) and dropouts (145), leaving a gap that is not accounted for. Additionally, in Guatemala department, fewer pregnant girls were reported to have dropped out of school despite a high number of pregnancies, raising further concerns about the accuracy or completeness of the data. Notably, these figures are based on official records and may not fully capture the realities in rural or marginalized areas where data collection and reporting are often incomplete.

Lawyers, social workers, and other experts who provide support to victims of sexual violence said that families withdraw many girls who are pregnant from school because of the stigma and shame associated with sexual violence and pregnancy.<sup>68</sup> A local official from the MINEDUC explained that “the heads of household withdraw girls [from school] so as not so expose them in the community [and] to prevent further emotional harm.”<sup>69</sup> According to the official, many girls who go through this end up living with their

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<sup>64</sup> Human Rights Watch interview with two Ministry of Education officials (names withheld), Coban, September 2023.

<sup>65</sup> Ibid.

<sup>66</sup> Human Rights Watch Public Information Request to the Ministry of Education, Resolution Number 2290-2024, November 2024.

<sup>67</sup> Ibid.

<sup>68</sup> Human Right Watch interview with representative of the Indigenous Women’s Defense Office (DEMI) (name withheld), Huehuetenango, August 2023; member of OSAR (name withheld), Huehuetenango, September 2023; member of OSAR (name withheld), Coban, September 2023; Human Rights Watch interview with a local SVET official (name withheld), Coban, September 2023.

<sup>69</sup> Human Rights Watch interview with two officials from the Ministry of Education (names withheld), Coban, September 2023.

assailants.<sup>70</sup> A local official from the MINEDUC in Coban told Human Rights Watch: “In rural areas, if the head of the family has to choose who to send to school, they choose the boy, not the girl. The girl is sacrificed, staying home to do domestic chores.” This was affirmed by one of the official’s colleagues.<sup>71</sup>

Forced pregnancies are also often detrimental to girls’ future earning potential, income security, and financial autonomy. Evidence shows that adolescent mothers are less likely to have the same opportunities throughout their lives to participate in the labor market and achieve economic independence, which is essential to foster girls’ autonomy and provide them with a stable income that can reduce dependence on abusive or exploitative relationships.<sup>72</sup> Early pregnancy also often forces girls into the role of involuntary caregiver within the household, a form of uncompensated care work that increases their likelihood of engaging in informal work, which can leave them with little or no access to social security programs that can ensure an adequate income during common life events, including injury, illness, old age, and the birthing and caring for dependents.<sup>73</sup>

Maria, 12, was sexually abused by her grandfather for years and became pregnant as a result. Her family, instead of supporting her, blamed her for not forgiving her abuser. “The whole family is against Maria because, as a good Christian, she should forgive,” said a lawyer from a civil society organization in Coban who provided legal support to Maria and her family. She said Maria’s experience reflects a broader social issue: “Girls who become mothers stop existing,” as the focus shifts to the child born of the assault, erasing the girls’ own identities. This creates a clear divide, “a before and after that marks them for life.”<sup>74</sup>

## Domestic Legal Framework

### *Sexual Violence*

Under Guatemalan criminal law, perpetrators of acts of sexual violence, including rape and

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<sup>70</sup> Ibid.

<sup>71</sup> Ibid.

<sup>72</sup> OSAR, “Socioeconomic consequences of pregnancy in adolescence in Guatemala (Consecuencias socioeconómicas del embarazo en la adolescencia en Guatemala),” April 2020, <https://osarguatemala.org/consecuencias-socioeconomicas-del-embarazo-en-la-adolescencia-en-guatemala/> (accessed January 15, 2025).

<sup>73</sup> Ibid.

<sup>74</sup> Human Rights Watch interview with lawyer from OSAR (name withheld), Huehuetenango, September 2023.

sexual assault, face penalties of up to 12 years in prison.<sup>75</sup> Certain “aggravating factors” can increase prison sentences up to an additional 8 years (for a total of 20 years) in cases in which sexual violence results in pregnancy or when the perpetrator is a relative of the victim or responsible for the victim’s education or care.<sup>76</sup> Article 20 of the Guatemalan Constitution stipulates that a person can be held criminally responsible from age 18.<sup>77</sup>

In Guatemala, the age of consent to sex is 14.<sup>78</sup> This means that any sexual activity involving a child under 14 is classified under the law as sexual violence. It also means that any pregnancy in a girl under 14 is considered a consequence of sexual violence.

### **Limitations of the Criminal Legal Framework**

While criminal law is a necessary mechanism to protect rights, there are negative effects when there is an over-reliance on criminal law to the exclusion of other measures. In Guatemala, the application of criminal law has often disproportionately targeted communities that are socially and economically marginalized, further contributing to that marginalization. And, as we have documented in this report, the criminal legal system often fails to provide justice to victims of sexual violence and retraumatizes them in the process. There is an urgent need to reform the criminal legal system’s response to cases of sexual violence in Guatemala. There is also a need for more robust non-criminal legal responses to sexual violence, such as prevention and support for survivors. Sexual violence is a structural problem and cannot be effectively addressed by criminal law alone. Prosecuting and imprisoning perpetrators without taking measures to prevent and address sexual violence at the structural level centers individual criminal responsibility without necessarily acknowledging the

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<sup>75</sup> Criminal code, art. 173.

<sup>76</sup> Ibid., art. 174.

<sup>77</sup> Constitution of the Republic of Guatemala (Constitución Política de la República de Guatemala), 1985, as amended in 1993, art. 20, <https://www.cijc.org/es/NuestrasConstituciones/GUATEMALA-Constitucion.pdf>

<sup>78</sup> Ibid., art. 173. Rape. (Amended by Article 28 of Decree 9-2009 of the Congress of the Republic), “This crime is always committed when the victim is a person under fourteen years of age or when the victim is a person with volitional or cognitive incapacity, even when there is no physical or psychological violence involved (Siempre se comete este delito cuando la víctima sea una persona menor de catorce años de edad, o cuando sea una persona con incapacidad volitiva o cognitiva, aún cuando no medie violencia física o psicológica.),” [http://ww2.oj.gob.gt/es/QueEsOJ/EstructuraOJ/UnidadesAdministrativas/CentroAnálisisDocumentaciónJudicial/cds/CDs%20compilaciones/Compilacion%20Leyes%20Penales/expedientes/o1\\_CodigoPenal.pdf#:~:text=C%C3%93DIGO%20PENAL%20LIBRO%20PRIMERO%20PARTE%20GENERAL](http://ww2.oj.gob.gt/es/QueEsOJ/EstructuraOJ/UnidadesAdministrativas/CentroAnálisisDocumentaciónJudicial/cds/CDs%20compilaciones/Compilacion%20Leyes%20Penales/expedientes/o1_CodigoPenal.pdf#:~:text=C%C3%93DIGO%20PENAL%20LIBRO%20PRIMERO%20PARTE%20GENERAL) (accessed January 15, 2024).

state’s responsibility and without effectively handling the root causes of sexual violence. A criminal law-centered approach leaves intact the structures that enable sexual violence.<sup>79</sup>

### *Abortion*

Abortion is criminal offense and heavily restricted under the Guatemalan criminal code. Abortion is only legally permissible when the life of the pregnant person is at risk, with no other exceptions.

Penalties for consensual abortion vary between one to three years in prison for both healthcare providers performing an abortion and individuals seeking an abortion.<sup>80</sup> Healthcare providers may legally perform therapeutic abortions, with patient consent, if they determine it is necessary to prevent a confirmed danger to the life of the pregnant woman or girl and if their diagnosis is supported by another doctor. This exception is narrowly interpreted, requiring the threat to be immediate and certain and that all other medical options are exhausted before the procedure can be considered lawful.<sup>81</sup> The criminal code does not include any exception to allow abortion in other cases such as rape or incest.

## **Public Services and Social Security**

In Guatemala, there are several institutions tasked with supporting very early pregnancies and motherhood in girls.

The Ministry of Public Health and Social Assistance (MSPAS) provides healthcare services, including prenatal, childbirth, and postpartum care and other medical services for the mother and her child. As established in its Protocol against Sexual Violence and Trafficking of Persons, specifically in the “Comprehensive Approach Route for Pregnancies in Girls and Adolescents Under 14 Years of Age,” the MSPAS must notify and coordinate with the Public Prosecutor’s Office (PGN), the National Civil Police (PNC), the Attorney General’s

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<sup>79</sup> These root causes refer to the underlying social, economic, cultural, and institutional factors that perpetuate and enable sexual violence, such as gender inequality, cultural norms that tolerate or justify violence, economic insecurity, lack of access to comprehensive sexuality education.

<sup>80</sup> Criminal code, art. 134.

<sup>81</sup> Human Rights Watch interview with three members of UNFPA (names withheld), Guatemala City, August 2023.

Office (MP), and the National Institute of Forensic Sciences (INACIF) for legal notifications, protection measures, and forensic examinations as needed.<sup>82</sup>

Additionally, the Ministry of Education (MINEDUC) and the Ministry of Social Development (MIDES) oversee educational services and social security (especially tax-financed programs, often referred to as social assistance), ensuring girls receive supportive services and are incorporated into designated social programs.<sup>83</sup> In 2017, MIDES launched the Vida program under ministerial agreement DS-68-2017. This is a social program that provides periodic financial assistance to individuals responsible for girls and adolescents under 14 who are pregnant or have become mothers due to sexual violence and whose cases have been adjudicated. The program extends financial support to both urban and rural areas through a wire transfer, called a “Conditional Cash Transfer,” for the pregnant girl, young mother, or her child. This program only extends social security to a limited number of affected girls, categorically excluding those without criminal cases. But even for those who would qualify under the aforementioned three conditions, the program may still be inaccessible because of additional eligibility requirements, including not living with a partner, having a designated guardian appointed by a competent court, and being a Guatemalan citizen, among several others.<sup>84</sup>

The Secretariat against Sexual Violence, Exploitation, and Trafficking (SVET) is the governing body for the inter-institutional Protocol on Sexual Violence and Trafficking, which aims to provide comprehensive care for survivors. The Protocol mandates the immediate reporting of pregnancies to the authorities and aims to provide survivors with health care, educational support, and integration into social programs. Despite Guatemala’s law permitting therapeutic abortion when the pregnant person’s life is at risk and the serious health risks of early pregnancy, the Protocol does not mention therapeutic abortion as a healthcare option for girls.

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<sup>82</sup> See “Comprehensive Care Approach for Pregnancies in Girls and Adolescents Under 14 Years of Age (Ruta de abordaje de atención integral de embarazos en niñas y adolescentes menores de 14 años de edad),” SVET, accessed January 15, 2025, <https://news.svet.gob.gt/temasdetrabajo/ruta-de-abordaje-de-atenci%C3%B3n-integral-de-embarazos-en-ni%C3%B1as-y-adolescentes-menores-de>.

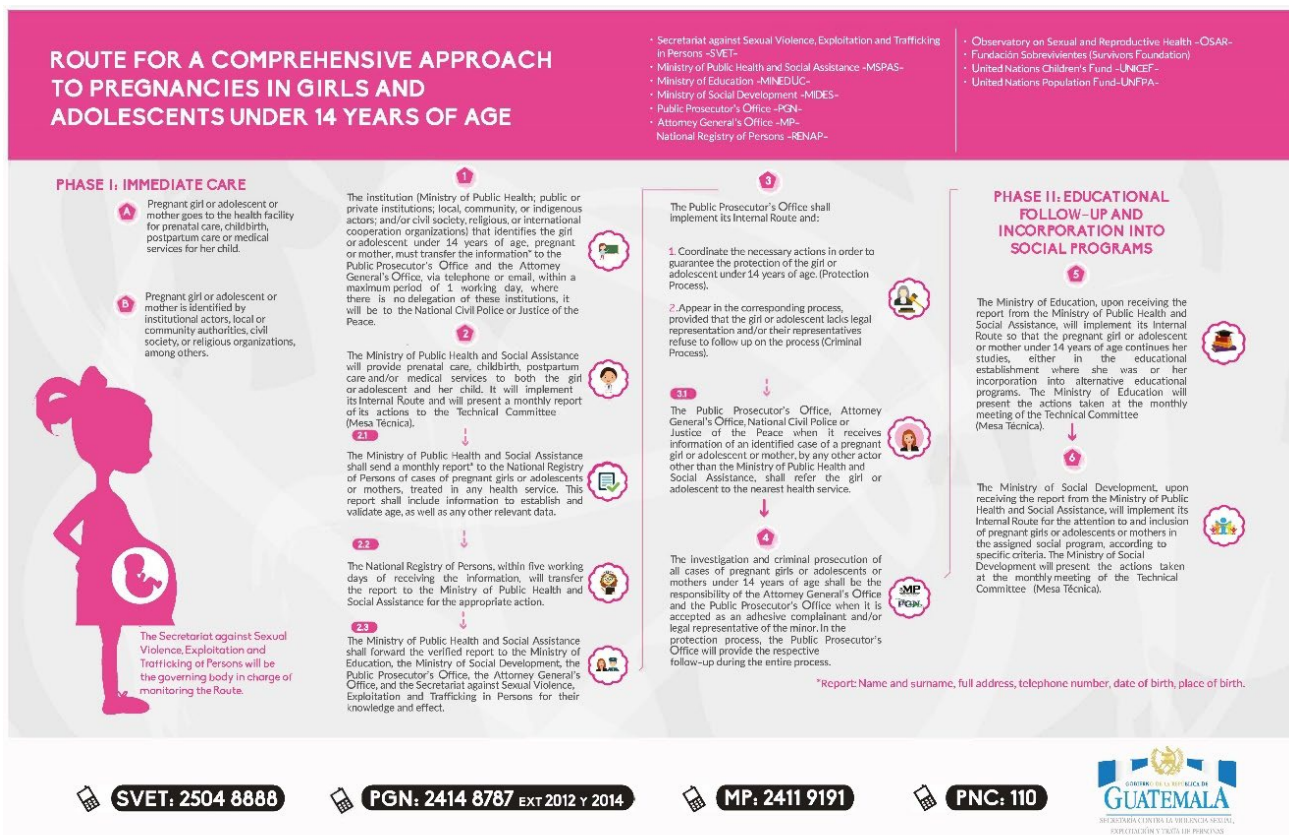
<sup>83</sup> Ibid.

<sup>84</sup> See Ministry of Social Development (Ministerio de Desarrollo Social (MIDES)), “Social Programs (Programas Sociales),” accessed January 15, 2025, <https://www.mides.gob.gt/programas-sociales/vida/>.

On October 5, 2016, the government officially launched the “Comprehensive Approach Route for Pregnancies in Girls and Adolescents Under 14 Years of Age,” which set out to ensure access to comprehensive health care and justice, along with access to education and social programs.<sup>85</sup>

## “Route for a Comprehensive Approach to Pregnancies in Girls and Adolescents Under 14 Years of Age”<sup>86</sup>

### Relevant International Human Rights Law



<sup>85</sup> “Comprehensive Care Approach for Pregnancies in Girls and Adolescents Under 14 Years of Age (Ruta de abordaje de atención integral de embarazos en niñas y adolescentes menores de 14 años de edad),” SVET, accessed January 15, 2025, <https://news.svet.gob.gt/temasdetrabajo/ruta-de-abordaje-de-atenci%C3%B3n-integral-de-embarazos-en-ni%C3%B1as-y-adolescentes-menores-de>.

<sup>86</sup> Secretariat Against Sexual Violence, Exploitation and Human Trafficking (Secretaría Contra La Violencia Sexual, Explotación y Trata De Personas), “Route for a Comprehensive Approach to Pregnancies in Girls and Adolescents Under 14 years of age” (Ruta de Abordaje de Atención Integral de Embarazos en Niñas y Adolescentes menores de 14 Años), 2016, <https://news.svet.gob.gt/temasdetrabajo/ruta-de-abordaje-de-atenci%C3%B3n-integral-de-embarazos-en-ni%C3%B1as-y-adolescentes-menores-de> (accessed January 15, 2025).

Everyone has the human rights to life, health, education, social security, and nondiscrimination. Guatemala is obligated under international human rights law to respect, protect, and fulfill these and all other human rights, including those violated or undermined by sexual violence and forced pregnancies in girls.

Guatemala is a state party to core international human rights treaties, including the International Covenant on Economic, Social and Cultural Rights (ICESCR),<sup>87</sup> the International Covenant on Civil and Political Rights (ICCPR),<sup>88</sup> the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW),<sup>89</sup> the Convention on the Rights of the Child (CRC),<sup>90</sup> and the Convention on the Rights of Persons with Disabilities (CRPD).<sup>91</sup> These international treaties collectively uphold the rights to life, health, and nondiscrimination, which are essential for safeguarding individuals against forced pregnancies.

### *Right to Health and Reproductive Rights*

Authoritative interpretations of international law recognize that obtaining a safe and legal abortion is crucial to women's effective enjoyment and exercise of their human rights. As a party to the ICESCR, CRC, and CRPD, Guatemala is obligated to ensure that girls have access to the highest attainable standard of health, including comprehensive sexual and reproductive health services and access to abortion.<sup>92</sup>

The CEDAW Committee, the independent expert body that monitors state compliance with CEDAW, has interpreted the right to health to include access to safe and legal abortion

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<sup>87</sup> International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 49, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, entered into force January 3, 1976, ratified by Guatemala on 30 March 1988.

<sup>88</sup> International Covenant on Civil and Political Rights (ICCPR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, ratified by Guatemala in 1992.

<sup>89</sup> Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted December 18, 1979, G.A. res. 34/180, 34 U.N. GAOR Supp. (No. 46) at 193, U.N. Doc. A/34/46, entered into force September 3, 1981, ratified by Guatemala on 5 March 1983.

<sup>90</sup> Convention on the Rights of the Child, adopted November 20, 1989, G.A. res. 44/25, 44 U.N. GAOR Supp. (No. 49) at 167, U.N. Doc. A/44/49, entered into force September 2, 1990, ratified by Guatemala on 8 February 1990.

<sup>91</sup> Convention on the Rights of Persons with Disabilities, adopted December 13, 2006, G.A. res. 61/106, 61 U.N. GAOR Supp. (No. 49) at 65, U.N. Doc. A/61/49, entered into force May 3, 2008, ratified by Guatemala on 1 June 2009.)

<sup>92</sup> ICESCR, art. 12; CRC, arts. 24 and 6; CRPD, art. 25.



services as essential for protecting women's and girls' health and rights.<sup>93</sup> Restrictive abortion laws discriminate against girls and violate their right to make autonomous decisions about their bodies and reproductive health. The CEDAW Committee's General Recommendation No. 24 on women and health elaborates on states' obligations under CEDAW to ensure comprehensive reproductive health care, including access to abortion services. It stresses that restrictive abortion laws and practices that deny access to safe abortions may violate women's rights to health, nondiscrimination, and freedom from cruel, inhuman, or degrading treatment.

The CEDAW Committee has expressed concern over the criminalization of abortion in Guatemala with an exception only in cases where the life of the pregnant woman is at risk. It also highlighted with concern the limited access to safe abortion and post-abortion services as well as the alarming maternal mortality rates.<sup>94</sup> It stated that "barriers to women's access to appropriate health care include laws that criminalize medical procedures only needed by women and that punish women who undergo those procedures"<sup>95</sup> and found that "[w]hen possible, legislation criminalizing abortion should be amended, in order to withdraw punitive measures imposed on women who undergo abortion."<sup>96</sup>

The CEDAW Committee has recommended amending article 139 of the Guatemalan Penal Code to decriminalize abortion in all cases, ensuring that women and adolescent girls have adequate access to safe and comprehensive reproductive health services. The Committee said that access to abortion services is needed to "ensure [the] full realization of the rights of women, their equality and their economic and bodily autonomy to make free choices about their reproductive rights."<sup>97</sup>

The UN Committee on the Rights of the Child has repeatedly urged states to decriminalize abortion in all circumstances and to ensure that adolescent girls have access to safe

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<sup>93</sup> CEDAW Committee, General Comment No. 22 on the right to sexual and reproductive health, E/C.12/GC/22, para. 10, (2016), <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4sIQ6QSmIBEDzFEovLCuW1a0SzabooXTdlmnsJZZVQfQejF41Tob4CvljeTiAP6sGFQktiae1vlbbOAEkmaOwDOWsUe7N8TlM%2BP3HJPzjHySkUoHMavD%2Fpyfcp3YlZg#:~:text=8.,their%20sexual%20and%20reproductive%20health> (accessed January 24, 2025).

<sup>94</sup> UN Committee on the Elimination of Discrimination against Women, "Concluding observations on the tenth periodic report of Guatemala," CEDAW/C/GTM/CO/10, November 14, 2023, <https://documents.un.org/doc/undoc/gen/n23/353/78/pdf/n2335378.pdf>, para. 38(a).

<sup>95</sup> *Ibid.*, para. 14.

<sup>96</sup> *Ibid.*, para. 31(c).

<sup>97</sup> *Ibid.*, para. 39(a).

abortion and post-abortion care.<sup>98</sup> It has also called on states to “review legislation with a view to guaranteeing the best interests of pregnant adolescents and ensure that their views are always heard and respected in abortion-related decisions.”<sup>99</sup>

The Ministry of Public Health and Social Assistance (MSPAS) internal protocol for pregnant girls under 14 makes no mention of therapeutic abortion as an option for girls, even though it is a service essential to their right to health. This omission reflects a broader lack of clear and comprehensive health protocols and is contrary to the Inter-American Court of Human Rights’ ruling in *Beatriz and others v. El Salvador*. In *Beatriz*, the court noted that the absence of adequate regulations created legal uncertainty and failed to protect the health and integrity of women, underscoring the need for protocols that address all high-risk pregnancy scenarios.<sup>100</sup>

The ICESCR recognizes the right of everyone to social security, a broad right that includes social assistance programs aimed at protecting vulnerable groups.<sup>101</sup> Guatemala’s obligation under the ICESCR is to ensure that all people, particularly those in vulnerable circumstances, have access to social security benefits that safeguard their dignity and well-being.<sup>102</sup> These programs must be nondiscriminatory, ensuring equal access regardless of gender, age, disability, or other status.

International human rights law guarantees children the right to education, the right to access information, and the right to the highest attainable standard of physical and

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<sup>98</sup> Committee on the Rights of the Child, “General Comment No. 20 on the implementation of the rights of the child during adolescence,” U.N. Doc. CRC/C/GC/20 (2016), <https://documents.un.org/doc/undoc/gen/g16/404/44/pdf/g1640444.pdf> paras. 13 and 60; see, for example, Committee on the Rights of the Child, “Concluding observations on the combined fifth and sixth periodic reports of Guatemala,” February 28, 2018, <https://documents.un.org/doc/undoc/gen/g18/053/17/pdf/g1805317.pdf> para. 34(b); Committee on the Rights of the Child, “Concluding observations on the combined third and fourth periodic reports of the Marshall Islands,” February 27, 2018, <https://documents.un.org/doc/undoc/gen/g18/051/70/pdf/g1805170.pdf> para. 31(c); and Committee on the Rights of the Child, “Concluding observations on the second periodic report of Palau,” February 28, 2018, <https://documents.un.org/doc/undoc/gen/g18/052/08/pdf/g1805208.pdf> para. 44(b).

<sup>99</sup> Committee on the Rights of the Child, “General Comment No. 20 on the implementation of the rights of the child during adolescence,” UN Doc. CRC/C/GC/20 (2016), <https://www.ohchr.org/en/documents/general-comments-and-recommendations/general-comment-no-20-2016-implementation-rights>, para. 60.

<sup>100</sup> Inter-American Court of Human Rights, *Beatriz and Others v. El Salvador* Case. Merits, Reparations, and Costs, Judgment of November 22, 2024. Series C No. 549, para. 212, <https://jurisprudencia.corteidh.or.cr/es/vid/1061937459/search> (accessed January 15, 2025).

<sup>101</sup> See Human Rights Watch, Questions and Answers on the Right to Social Security, 2023, <https://www.hrw.org/news/2023/05/25/questions-and-answers-right-social-security>.

<sup>102</sup> Committee on Economic, Social and Cultural Rights (CESCR), established May 28, 1985, E.S.C. res. 1985/17, 1985 U.N. ESCOR Supp. (No. 1) at 28, U.N. Doc. E/1985/85, ratified by Guatemala on March 5, 1988; CESCR, “General Comment No. 19: The right to social security (Art. 9 of the Covenant),” February 4, 2008, <https://www.refworld.org/docid/47b17b5b39c.html>.

mental health, including sexual and reproductive health. As a derivative of these rights, children and adolescents have the right to receive CSE, which the UN Population Fund (UNFPA) defines as a “right-based and gender-focused approach to sexuality education ... that aims to equip children and young people with the knowledge, skills, attitudes and values that will enable them to develop a positive view of their sexuality, in the context of their emotional and social development.”<sup>103</sup>

### *Sexual Violence*

International human rights law refers to the right of women and girls to live a life free from sexual violence. The CEDAW Committee has highlighted that inadequate legal support and the failure to protect women and girls from sexual violence constitute a violation of their rights and reflect systemic discrimination.<sup>104</sup>

The Convention of Belém do Pará established that women’s right to be free from violence includes violence “perpetrated or condoned by the state or its agents regardless of where it occurs.”<sup>105</sup> It includes the right to be free from all forms of discrimination and “to be valued and educated free of stereotyped patterns of behavior and social and cultural practices based on concepts of inferiority or subordination.”<sup>106</sup>

Guatemala has an obligation under international human rights law to ensure that the rights of survivors of sexual violence or abuse are protected. Article 4 of the Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1993 to address violence against women, states that governments should pursue by all appropriate means and without delay, a policy of eliminating violence against women and, to this end, should exercise due diligence to prevent, investigate, and, in accordance with

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<sup>103</sup> UNFPA, “Operational Guidance for Comprehensive Sexuality Education: A Focus on Human Rights and Gender,” 2014, [https://www.unfpa.org/sites/default/files/pubpdf/UNFPA\\_OperationalGuidance\\_WEB3\\_o.pdf](https://www.unfpa.org/sites/default/files/pubpdf/UNFPA_OperationalGuidance_WEB3_o.pdf) (accessed April 26, 2021), p. 6. See, also, UNESCO et al., “International Technical Guidance on Sexuality Education: An Evidence-Informed Approach,” 2018, <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf> (accessed January 15, 2025).

<sup>104</sup> CEDAW Committee, General Comment No. 35, para. 22. <https://documents.un.org/doc/undoc/gen/n17/231/54/pdf/n1723154.pdf> (accessed January 15, 2025).

<sup>105</sup> Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (Belém do Pará Convention), adopted June 9, 1994, entered into force March 5, 1995, arts. 2(c) and 3 Ratified by Guatemala in 1995, <https://www.oas.org/juridico/spanish/tratados/a-61.html> (accessed January 13, 2025).

<sup>106</sup> *Ibid.*, art. 6.

national legislation, punish acts of violence against women, whether those acts are perpetrated by the state or by private persons.<sup>107</sup>

The Committee on Economic, Social and Cultural Rights, the international expert body that monitors compliance with the ICESCR, stated in its General Comment on the right to health, that a state's obligation to protect women's rights includes health in the context of gender-based violence.<sup>108</sup> Health services—preventive, curative, and rehabilitative—should be physically and economically accessible.<sup>109</sup>

Article 7 of the ICCPR states that no person can be subjected to “cruel, inhuman or degrading treatment.”<sup>110</sup> The UN Human Rights Committee, its treaty-monitoring body, in its General Commentary on article 7, noted that the “aim of the provisions of article 7 ... is to protect both the dignity and the physical and mental integrity of the individual.”<sup>111</sup> It specifies that the prohibition under article 7 applies to “patients” in “medical institutions.”<sup>112</sup> Governments should protect everyone through “legislative and other measures as may be necessary against acts prohibited by article 7.”<sup>113</sup>

States are obligated to provide adequate support to survivors of sexual violence. The Convention on the Rights of the Child mandates that states ensure access to justice for all children, including their right to participate in judicial proceedings and receive necessary legal support.<sup>114</sup> The CEDAW and CRC obligate Guatemala to ensure that victims receive effective legal remedies and protection.<sup>115</sup> Promptness of legal proceedings is critical in

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<sup>107</sup> CEDAW, art. 4(c).

<sup>108</sup> CESCR, General Comment 14, The right to the highest attainable standard of health (Twenty-second session, 2000), Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, UN Doc. HRI\GEN\1\Rev.1 (1994), para. 35.

<sup>109</sup> *Ibid.*, para. 19.

<sup>110</sup> International Covenant on Civil and Political Rights (ICCPR), adopted December 16, 1966, G.A. Res. 2200A (XXI), 21 U.N. GAOR Supp. (No. 16) at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, entered into force March 23, 1976, ratified by Guatemala on May 7, 1992, art. 7.

<sup>111</sup> UN Human Rights Committee, General Comment 20 (Forty-fourth session, 1992), Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, UN Doc. HRI\GEN\1\Rev.1 (1994), para. 2.

<sup>112</sup> *Ibid.*

<sup>113</sup> *Ibid.*

<sup>114</sup> See CRC, art. 12.

<sup>115</sup> See CEDAW, art. 2(c); UN Committee on the Elimination of Discrimination against Women, General Recommendation No. 33, “Women's Access to Justice,” U.N. Doc. CEDAW/C/GC/33 (2015). UN Committee on the Rights of the Child, General Comment No. 13, “The right of the child to freedom from all forms of violence,” U.N. Doc. CRC/C/GC/13 (2011), paras. 51 and 54.

cases of sexual violence. Timely access to justice allows for the rapid collection and preservation of evidence, which is essential for effective prosecutions and accountability. Additionally, the CEDAW Committee has stressed that states are obligated to ensure the provision of legal assistance and resources necessary for survivors of violence to navigate the judicial system effectively.<sup>116</sup>

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<sup>116</sup> UN Committee on the Elimination of Discrimination against Women, General Recommendation No. 33, "Women's Access to Justice," U.N. Doc. CEDAW/C/GC/33 (2015), para. 17(a).

## II. Availability and Accessibility of Healthcare Goods and Services



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Access to confidential, comprehensive sexual and reproductive health services is essential to fulfilling the human right to physical and mental health for adolescent girls and young women in Guatemala.

Even though the Guatemalan government has enacted some public policies and legislation, Human Rights Watch found that survivors of sexual violence, including pregnant girls under the age of 14, face significant barriers to accessing health care, including emergency contraception, abortion care, and prenatal, birth, and postnatal care. These barriers include often-insurmountable out-of-pocket costs and inadequate public funding, physical distance to health facilities and the inadequate availability of services in remote areas, inadequate staffing and resourcing of facilities and resulting long waiting

times for patients, lack of adequate and timely health information, gender stereotypes, and social stigma.

## Structural Problems in the Guatemalan Health System

Healthcare goods and services in Guatemala are provided by both public and private entities across each of the three levels of healthcare facilities in the country.<sup>117</sup>

The first level of healthcare facilities serves as the initial point of contact for the population, providing “basic health services,” including preventive care (such as maternal and child health care, such as prenatal checkups and vaccinations). These basic health services are meant to be available and accessible at no cost for all at smaller, local facilities like community health centers and “health posts,” which service rural communities. Although health posts and centers have been built in rural and Indigenous communities to provide access to basic healthcare services, including education on nutrition and vaccination, a civil society member who supports pregnant girls in these communities said that there are frequent shortages of services and medications at these facilities.<sup>118</sup> As a result, many pregnant girls still have to seek care at second- or third-level facilities, often requiring assistance from local organizations to provide necessary medications or cover financial costs when no free medications are available.<sup>119</sup>

The second level of facilities provides healthcare goods and services to treat acute and chronic health conditions, including urgent care centers and specialized facilities that can provide laboratory tests, diagnostic imaging like X-rays, surgery, and gynecologic, obstetric, pediatric, and mental health services. The third level consists of hospitals that provide more complex health services to treat health conditions upon referral from facilities involved in the first and second levels.<sup>120</sup>

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<sup>117</sup> Congress of the Republic of Guatemala (El Congreso de la Republica de Guatemala), Health Code (Código de salud), Decree 90-97, 1997, <https://platform.who.int/docs/default-source/mca-documents/policy-documents/law/GTM-AD-28-01-LAW-1997-esp-Decreto-90-97-Codigo-de-salud.pdf>.

<sup>118</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, November 2023.

<sup>119</sup> Ibid.

<sup>120</sup> See Ministry of Health and Social Assistance, Regulation for the Categorization and Authorization of the MSPAS Health Service Network, 2016, [http://bvs.gt/eblueinfo/ML/ML\\_019.pdf](http://bvs.gt/eblueinfo/ML/ML_019.pdf) (accessed November 5, 2024).

Public healthcare facilities in this system operate under the oversight of the Ministry of Public Health and Social Assistance (MSPAS), which serves the general population, including those outside the formal workforce. The Guatemalan Institute of Social Security (IGSS) operates its own network of healthcare services primarily for formal sector workers.

For survivors of sexual violence, the MSPAS is responsible for providing timely, comprehensive, and effective interventions to ensure victims' physical and psychological recovery as well as their social and family reintegration.<sup>121</sup> This includes sexual and reproductive health services, such as abortion care, prenatal care, childbirth assistance, and postpartum care; mental health services; and other medical care to ensure survivors' physical and mental health. Maternity care should include differentiated attention during childbirth and in the delivery room, ensuring that healthcare professionals are trained to identify signs of sexual violence and address and prevent obstetric violence in these settings.

The internal protocol for managing pregnancies in girls under 14 follows specific procedures at each level.<sup>122</sup> At the first and second levels of healthcare facilities, if a girl or adolescent under 14 is identified as pregnant (including those up to 14 years and 8 months old), healthcare professionals are mandated to notify the Attorney General's Office (MP) and the Public Prosecutor's Office (PGN). The girl is then referred for prenatal care, labor, and postpartum care at a third-level facility. At the third level, prenatal care begins according to the stage of pregnancy, as outlined in the established guidelines. Emergency care is provided by an obstetrician following maternal and neonatal care guidelines, along with postnatal care. Additionally, the patient is referred for mental health, nutrition, social care, immunizations, and HIV services.<sup>123</sup>

The internal MSPAS protocol for managing pregnancies in girls under 14 involves specific steps based on age. For girls ages 12 or younger, a cesarean section is performed. For those older than 12, vaginal delivery is preferred, providing psychological support and pain

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<sup>121</sup> Congress of the Republic of Guatemala, Law Against Sexual Violence, Exploitation, and Human Trafficking, 2009, art. 9, [https://news.svet.gob.gt/sites/default/files/Ley%20VET\\_3.pdf](https://news.svet.gob.gt/sites/default/files/Ley%20VET_3.pdf) (accessed November 5, 2024).

<sup>122</sup> See SVET, "Comprehensive Route for Pregnancies of Girls and Adolescents under 14 years of age (Rutas Internas: Abordaje de Embarazos en Niñas y Adolescentes menores de 14 años de edad)," 2020, [https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a\\_compressed.pdf](https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a_compressed.pdf), (accessed January 15, 2025), p. 3.

<sup>123</sup> *Ibid.*



management, or a cesarean if necessary. If a referral to a third-level facility for prenatal care is not feasible, the initial care occurs at the first level, with ongoing support from obstetricians, psychologists, and nutritionists. Post-abortion or delivery care needs to be referred to a third-level facility. Postpartum care includes case management, breastfeeding counseling, and a one-year follow-up for psychology, nutrition, and social work.<sup>124</sup>

### *Staffing Shortages and Insufficient Resources*

Although laws and policies are in place to protect girls and ensure access to health care, Guatemala is unable to effectively implement these legal provisions because of staffing shortages and insufficient funding.<sup>125</sup>

According to official data from the MSPAS, there are 48 specialized clinics for survivors of sexual assault located within the emergency departments of third-level care hospitals nationwide. These clinics are designed to be staffed by gynecologists, pediatricians, psychologists, social workers, and nurses, providing 24/7 access to essential prophylactic treatments for survivors of sexual violence.<sup>126</sup> However, these clinics are often unable to operate as intended due to staffing shortages and insufficient funding.<sup>127</sup>

A lawyer from a civil society organization that provides support to girls explained that in some hospitals, staff are reassigned to other duties, while in others, personnel take on additional shifts elsewhere, leaving the clinics understaffed. “Very few clinics have the full staff and structure required to provide necessary care [for girls],” the lawyer said.<sup>128</sup>

Access to maternal health care for girls is further compromised by the lack of available healthcare goods and services essential for such care. A lawyer from Huehuetenango highlighted the severe resource shortages in local hospitals and the crucial role that civil society organizations play in filling the gaps:

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<sup>124</sup> Ibid.

<sup>125</sup> Human Rights Watch interview with a member of UNFPA (name withheld), Guatemala City, September 2023.

<sup>126</sup> MSPAS Response to Human Rights Watch Public Information Request, file no. UAIP-SI-1638-2023, July 2023.

<sup>127</sup> Human Rights Watch interview with health personnel from specialized clinic (name withheld), Carcha, Alta Verapaz, October 2023.

<sup>128</sup> Human Rights Watch with lawyer from OSAR (name withheld), Huehuetenango, September 2023.

There are frequent instances when ultrasounds cannot be performed because the services are either unavailable or unaffordable. This is where civil society steps in. With organizations like OSAR, they provide full support—social, psychological, economic, and legal—for young mothers. They also conduct specialized assessments for the well-being of both the girl and the fetus.<sup>129</sup>

When public hospitals lack resources, they often issue prescriptions to girls and refer them to the private sector. “That’s when OSAR helps with financial resources.”<sup>130</sup>

A civil society organization member who provides support to survivors of sexual violence in Coban similarly spoke about the lack of essential medications, especially in rural areas. “The hospital and health centers [in rural communities] are just like a shell because there is no medicine, no immediate care.... That’s why [civil society organizations] step in to help in buying [necessary supplies].”<sup>131</sup> Improving the situation requires a better understanding of the communities’ realities, especially poverty. “People come to the health center, and all they receive is a prescription. There are no medications. And there simply aren’t enough staff to provide the care they need.”<sup>132</sup>

The lack of resources also severely impacts healthcare personnel working in specialized clinics. A social worker at a clinic for survivors of sexual violence in Huehuetenango told Human Rights Watch that they work in overcrowded, cramped spaces, which severely affects their ability to provide quality care. “We have bought chairs so we can sit, fixed doors,” the social worker said. “We [still] need air conditioning and stretchers for the patients.”<sup>133</sup>

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<sup>129</sup> Ibid.

<sup>130</sup> Ibid.

<sup>131</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

<sup>132</sup> Ibid.

<sup>133</sup> Human Rights Watch interview with a social worker from a specialized clinic (name withheld), Huehuetenango, September 2023.

### **Emergency Kit Shortages for Survivors of Sexual Violence**

While some clinics do not have issues with their emergency kit supply, others often experience shortages of emergency kits, which include emergency contraceptives for survivors of sexual violence.<sup>134</sup> A social worker from a specialized clinic in Huehuetenango said that they have run out of supplies on several occasions. However, considering the urgency of these cases, the clinic contacts other hospitals to get what they need.<sup>135</sup>

Improving the availability and accessibility of emergency contraceptives is essential for girls seeking urgent care to prevent pregnancy after surviving sexual violence.

### *Long Waiting Times*

Healthcare workers interviewed by Human Rights Watch emphasized that for girls to receive timely and comprehensive care, all relevant governmental agencies must be notified and respond promptly to ensure the necessary procedures are followed.<sup>136</sup> However, delays in accessing care are common, with many girls facing extended waiting times. Representatives of two civil society organizations explained that girls are often forced to wait in the hospital for days or even weeks due to delayed arrivals of representatives from government agencies.<sup>137</sup> A UNFPA representative said that some girls remain hospitalized for five to six months because the PGN does not implement the necessary protection measures and there are no shelters available to house them. “There is no system or protocol to ensure protection is enforced,” the representative said. “They remain trapped in the system. This is a common issue.”<sup>138</sup>

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<sup>134</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

<sup>135</sup> Human Rights Watch interview with a social worker from a specialized clinic (name withheld), Huehuetenango, September 2023.

<sup>136</sup> Ibid.

<sup>137</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023; Human Rights Watch interview with a lawyer from OSAR (name withheld), Huehuetenango, September 2023; Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>138</sup> Human Rights Watch interview with member of UNFPA (name withheld), Guatemala City, September 2023.

In Coban, a social worker from a specialized clinic said that the clinic closes on weekends.<sup>139</sup> Girls who travel long distances to seek urgent care on weekends are turned away and instructed to return during the week. For families who have already made the long and costly journey, this means finding accommodation for the weekend. Many families, unable to afford the additional costs, ultimately do not return for care.<sup>140</sup>

A UNFPA representative said that many pregnant girls under 14 do not follow the official care route because their pregnancies remain undetected by health, judicial, and educational institutions.<sup>141</sup> In many cases, girls only encounter a government entity after childbirth, when they register the newborn through the National Registry of Persons (RENAP).<sup>142</sup>

### *Physical Access*

Care for pregnant girls ages 14 or younger is primarily provided at third-level care facilities, where most specialized clinics are located, though some second-level institutions also offer these services.<sup>143</sup> However, access to timely health care as prescribed by official protocols varies widely, particularly depending on the distance from a girl's home to the nearest regional hospital or specialized clinic. Most of these facilities are in departmental capitals, making them difficult to reach for those living in rural areas, which may require several hours or sometimes days of travel at personal expense to reach. Girls in these communities often lack the financial means to cover transportation costs, exacerbating the challenge of receiving timely health care.

Health workers in Carcha, Alta Verapaz, said that many girls living in rural areas must walk up to three hours to reach a specialized clinic. Given these long distances, girls and their families often rely on civil society organizations for assistance with food and accommodation.<sup>144</sup> Additionally, waiting times can be so prolonged that families are often forced to stay in the departmental capital for several days or even weeks while waiting to

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<sup>139</sup> Human Rights Watch interview with a social worker from a specialized clinic (name withheld), Huehuetenango, September 2023.

<sup>140</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

<sup>141</sup> Human Rights Watch interview with member of UNFPA (name withheld), Guatemala City, September 2023.

<sup>142</sup> Ibid.

<sup>143</sup> Human Rights Watch interview with doctor from a specialized clinic (name withheld), Carcha, October 2023.

<sup>144</sup> Human Rights Watch interview with two health care workers from a specialized clinic (names withheld), Carcha, Alta Verapaz, October 2023.

receive care. In these cases, they depend on financial assistance from civil society organizations to cover housing and other expenses during their stay.<sup>145</sup>

Lack of physical access to health care is not just limited to the distance and cost of travel; it also extends to critical medical resources, such as emergency kits. These kits, which include essential medications like emergency contraception for survivors of sexual violence, are often inaccessible to girls in remote or rural areas. Many rural health centers, the nearest point of care for most, lack emergency kits, emergency contraceptives, and other essential medicines and treatments, including many that are supposed to be included in emergency kits for survivors of sexual violence according to the official protocols of the MSPAS.<sup>146</sup> And these are vital for girls who need urgent care after experiencing sexual violence. Even when these emergency kits are available at specialized clinics, the time it takes to reach these centers often means that girls miss the critical window for effective intervention.

A doctor from a specialized clinic told Human Rights Watch that kits are sometimes unavailable at rural health centers and girls must travel to second-level or third-level facilities to obtain emergency kits. “Right now, because of the rainy season, [survivors of sexual violence] cannot come to our clinic within 72 hours,” the doctor said.<sup>147</sup>

The barriers to accessing timely care are especially pronounced for girls from rural and Indigenous communities, who face compounded difficulties related to economic constraints and limited transport options. These obstacles—as reported by several experts, including health personnel, social workers, and members of civil society organizations that provide support to girls<sup>148</sup>—prevent girls from rural and Indigenous communities from accessing emergency health care on time.

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<sup>145</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

<sup>146</sup> Ibid.

<sup>147</sup> Human Rights Watch interview with a doctor from a specialized clinic (name withheld), Carcha, Alta Verapaz, October 2023.

<sup>148</sup> Human Rights Watch interview with health personnel from a specialized clinic (names withheld), Carcha; Human Rights Watch interview with member of OSAR (name withheld), Coban; Human Rights Watch interview with lawyer from OSAR (name withheld), Huehuetenango.

## Availability and Accessibility of Essential Elements of Health Care

### *Urgent Care and Emergency Contraception*

According to the MSPAS official protocol, survivors of sexual violence have a critical 72-hour window to access emergency kits, which include emergency contraceptives. Guatemala has 48 Clinics for Sexual Violence Survivors that provide care to survivors. Treatment includes antibiotics (for example, metronidazole, azithromycin, ceftriaxone, or benzathine penicillin), antiretrovirals, prophylaxis with the hepatitis B vaccine, pentavalent vaccination, tetanus vaccination, and emergency contraceptive pills. The protocol states that survivors should ideally receive care within the first 72 hours following sexual violence, as this is the critical window for preventing HIV infection and providing optimal care. However, it also specifies that emergency contraceptive pills can be provided up to 120 hours (5 days) after the incident.<sup>149</sup>

Human Rights Watch found that many girls are unable to receive urgent care in this time frame, primarily because their pregnancies, resulting from sexual violence, often remain undetected until they are more advanced. This delay in detection, compounded by the inaccessibility of emergency kits, particularly for girls in rural or Indigenous communities, prevents them from accessing timely care.<sup>150</sup> A psychologist told Human Rights Watch that most girls do not know they are pregnant, and cases are typically only identified after secondary symptoms—such as stomach pain or hair loss—appear, delaying access to urgent care. The psychologist said, “Most cases are from rural areas, and most are detected only when there is an advanced pregnancy or a sexually transmitted infection.”<sup>151</sup>

A doctor from a specialized clinic in Huehuetenango said that while “it would be ideal” for girls to seek care earlier in their pregnancies to prevent health risks, this is not typically the case.<sup>152</sup> “For example, urinary infections are often not detected, and many times [girls] come with risk of miscarriage,” the doctor said. “They often come only when their belly is already visible.” The doctor further explained that the earliest many girls seek care at a specialized clinic is around five or six months into their pregnancy. “They go to [local]

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<sup>149</sup> SVET, “Comprehensive Route for Pregnancies of Girls and Adolescents under 14 years of age (Rutas Internas: Abordaje de Embarazos en Niñas y Adolescentes menores de 14 años de edad),” 2020, [https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a\\_compressed.pdf](https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a_compressed.pdf), (accessed January 15, 2025).

<sup>150</sup> Human Rights Watch interview with a doctor from Clinic 1 (name withheld), Coban, October 2023.

<sup>151</sup> Human Rights Watch virtual interview with a member of MTM (name withheld), August 2023.

<sup>152</sup> Human Rights Watch interview with a doctor from Clinic 1 (name withheld), Coban, October 2023.

health centers to check if they're pregnant because they've missed two or three months of their period. With us, they come directly for delivery management.”<sup>153</sup>

Inadequate access to emergency kits for survivors of sexual violence violates the rights of girls who have suffered sexual violence. Delays in recognizing pregnancy and the lack of timely access to essential healthcare services increase the risks associated with pregnancy and delivery for girls. This issue is further compounded by limited availability of emergency contraception and medical care, particularly in rural and Indigenous areas, exacerbating the dangers faced by girls.

Access to comprehensive services and a wide range of contraceptive methods, including emergency contraception, is a fundamental aspect of ensuring sexual and reproductive rights.<sup>154</sup> Emergency contraception can prevent pregnancy in cases of unprotected sex, a sexual assault, or a contraceptive failure, if taken within five days.<sup>155</sup> Emergency contraceptive pills should be widely available, especially for survivors of sexual violence who face the possibility of unwanted pregnancy. The World Health Organization (WHO) has recommended:

All women and girls at risk of an unintended pregnancy have a right to access emergency contraception and these methods should be routinely included within all national family planning programmes. Moreover, emergency contraception should be integrated into health care services for populations most at risk of exposure to unprotected sex.<sup>156</sup>

WHO has also recommended that emergency contraceptive pills should be available over the counter without a prescription for individuals who wish to use it.<sup>157</sup>

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<sup>153</sup> Ibid.

<sup>154</sup> CEDAW Committee, “Statement of the Committee on the Elimination of Discrimination against Women on sexual and reproductive health and rights: Beyond 2014 ICPD review,” 2014, <https://www.ohchr.org/sites/default/files/Documents/HRBodies/CEDAW/Statements/SRHR26Feb2014.pdf> (accessed January 15, 2025), p. 2.

<sup>155</sup> “Emergency Contraception,” last updated November 9, 2021, <https://www.who.int/news-room/fact-sheets/detail/emergency-contraception>.

<sup>156</sup> Ibid.

<sup>157</sup> WHO and Human Reproduction Programme (HRP), “WHO recommendations on self-care interventions: making over-the-counter emergency contraceptive pills available without prescription, 2024,” <https://iris.who.int/bitstream/handle/10665/376560/9789240089945-eng.pdf> (accessed January 15, 2025).

In Guatemala, all health services are required to provide counseling and modern contraceptive methods free of charge.<sup>158</sup> In cases of sexual violence, health personnel are obligated to supply emergency contraception to prevent pregnancy as well as antiretroviral drugs to reduce the risk of HIV. The Family Planning Law, Decree 87, protects the right to family planning and access to contraceptive methods, reinforcing these essential healthcare obligations.<sup>159</sup>

Guatemala's National Family Planning Guide recommends the provision of emergency contraception to prevent pregnancies in several scenarios: after unprotected sex, failure of a contraceptive method, and sexual abuse or rape. In addition, the National Reproductive Health Program has given instructions to use it in these cases.<sup>160</sup>

### *Therapeutic Abortion Care*

Despite the explicit exception in Guatemala's criminal code to allow therapeutic abortion when the life of the pregnant person is at risk,<sup>161</sup> Human Rights Watch found that girls under the age of 14 are often not informed about their right to access therapeutic abortion, effectively denying them access to this care.<sup>162</sup>

In response to a public information request by Human Rights Watch on the number of therapeutic abortions performed by the MSPAS between January 2018 and June 2024, the ministry responded: "The practice of abortion is not legal in the Republic of Guatemala, so this practice is not carried out in the health services of the Ministry of Public Health and Social Assistance."<sup>163</sup> The ministry further stated that while abortion is not performed within their health services, "in third-level healthcare services (hospitals), complications from abortions performed clandestinely are treated."<sup>164</sup>

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<sup>158</sup> Health Code, art. 4.

<sup>159</sup> Congress of the Republic of Guatemala (Congress of the Republic of Guatemala), Decree Number 87-2005, Law on Universal and Equitable Access to Family Planning Services and Their Integration into the National Reproductive Health Program, (Ley de Acceso Universal y Equitativo a Servicios de Planificación Familiar y su Integración en el Programa Nacional de Salud Reproductiva), [https://oig.cepal.org/sites/default/files/2005\\_decreto87\\_gtm.pdf](https://oig.cepal.org/sites/default/files/2005_decreto87_gtm.pdf).

<sup>160</sup> Ibid.

<sup>161</sup> Guatemala Penal Code (The Código Penal de Guatemala), art. 137, <https://www.acnur.org/fileadmin/Documentos/BDL/2001/0136.pdf>.

<sup>162</sup> Human Rights Watch interview with three members of UNFPA (names withheld), Guatemala City, September 2023.

<sup>163</sup> MSPAS response to Human Rights Watch public information request, file number UAIP-SI-2967-2024, October 2024.

<sup>164</sup> Ibid.



The ministry's response highlights a troubling gap between Guatemala's therapeutic abortion legislation and its implementation. Despite the law permitting therapeutic abortion when the life of the pregnant person is at risk, the MSPAS's lack of recognition of this exception effectively denies access to an essential health service. This is especially alarming given the severe health risks pregnancies pose to girls under the age of 14, whose bodies are still developing.

Carrying unwanted pregnancies and being forced into motherhood can have a devastating consequence for girls, severely impacting their physical, mental, and social health. Girls under 14 are particularly vulnerable to life-threatening complications, such as hemorrhaging, eclampsia, and obstructed labor, because their bodies are not physically developed for childbirth. Moreover, the emotional and psychological toll of forced pregnancy often leads to anxiety, depression, post-traumatic stress disorder (PTSD), and suicidal ideation.<sup>165</sup> Studies have shown that the risks girls face during pregnancy are significantly higher than those for adult women, with an increased likelihood of maternal mortality and mental health issues. Therapeutic abortion is a necessary option for girls, as their lives are in danger due to these severe health risks.

The denial or delay of therapeutic abortion amounts to the forced continuation of pregnancy and constitutes a violation of girls' sexual and reproductive rights and is a form of gender-based violence that, depending on the circumstances, may amount to torture or cruel, inhuman, or degrading treatment.<sup>166</sup>

### **Lack of Specific Health Protocols**

The MSPAS internal protocol makes no mention of therapeutic abortion as an option for girls.<sup>167</sup> The absence of a clear and comprehensive protocol for therapeutic abortion within

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<sup>165</sup> Pan American Health Organizations et al., "Accelerating Progress toward the reduction of Adolescent Pregnancy in Latin America and the Caribbean," 2017, <https://lac.unfpa.org/sites/default/files/pub-pdf/Accelerating%20progress%20toward%20the%20reduction%20of%20adolescent%20pregnancy%20in%20LAC%20-%20FINAL.pdf> (accessed July 12, 2024), p. 2.

<sup>166</sup> CEDAW, General Comment No. 35, par. 18, <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhslidCrOIUTvLRFDjh6%2FxpWAEqJn4T68N1uqnZjLbtFuazOBKh3UEqIB%2FCyQIlg86A6bUD6S2ntoli%2Bndbh67tt1%2BO99yEEGWYpmnzM8vDxmwT> (accessed August 14, 2024).

<sup>167</sup> See MSPAS, Protocol for the care of Victims Survivors of Sexual Violence (*Protocolo de Atención a víctimas sobrevivientes de violencia sexual*), 2019, [https://guatemala.unfpa.org/sites/default/files/pub-pdf/ProtocoloVS\\_FINAL\\_baja%20%281%29.pdf](https://guatemala.unfpa.org/sites/default/files/pub-pdf/ProtocoloVS_FINAL_baja%20%281%29.pdf) (accessed August 9, 2024).

the MSPAS represents a critical gap in the Guatemalan healthcare system, particularly in the context of adolescent girls under 14 who are survivors of sexual violence and need access to this essential healthcare service.

This omission of a service essential to the right to health does not align with international guidelines, such as those from WHO, which emphasize the need for comprehensive, safe, and accessible reproductive healthcare services, including abortion, for girls.<sup>168</sup> WHO recommends that therapeutic abortion be considered an essential part of care for victims of sexual violence, recognizing the severe physical, mental, and emotional consequences of forcing a girl to continue a pregnancy resulting from abuse.<sup>169</sup>

### **Misinformation About Therapeutic Abortion**

Many healthcare workers believe that abortion in Guatemala is completely banned and therefore do not provide information or access to it. An official from the MSPAS's Mental Health Department said:

Abortion is not an option, only adoption. The Ministry of Health provides follow-up throughout the entire pregnancy. We also check if [the girl] wants to keep the baby. Most of them agree [to keep the baby], but we've had cases where they don't. In those cases, they must contact the Adoption Council.... We cannot offer abortion as an alternative because it is a crime, so we do not present it as an option.<sup>170</sup>

Not only do many healthcare personnel believe that abortion is a crime in all circumstances, but some believe it is their duty to report it notwithstanding state provisions on "professional secrecy."<sup>171</sup> This misunderstanding shows that health

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<sup>168</sup> See WHO, Abortion Care Guidelines, 2022, <https://iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=> (accessed November 11, 2024); and, WHO, Abortion factsheet, <https://www.who.int/news-room/factsheets/detail/abortion> (accessed November 11, 2024).

<sup>169</sup> See WHO, Abortion Care Guidelines, 2022, <https://iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=> (accessed November 11, 2024); and, WHO, Abortion factsheet, <https://www.who.int/news-room/factsheets/detail/abortion> (accessed November 11, 2024).

<sup>170</sup> Human Rights Watch interview with MSPAS official (name withheld), Coban, October 2023.

<sup>171</sup> Health Code, art. 6, "All inhabitants have, in relation to their health, the right to respect for their person, human dignity, and privacy, professional secrecy, and to be informed in understandable terms about the risks related to loss of health and

personnel may prioritize perceived legal obligations over their duty to maintain confidentiality. This omission also contravenes WHO guidelines for safe abortion care, which, in line with international human rights law, stress the importance of respecting patient confidentiality and privacy in healthcare settings, including where abortion is illegal.<sup>172</sup> The same official from the MSPAS said:

Any healthcare provider who detects any crime is obligated to notify the Attorney General's Office (MP). If you don't notify, you will be sanctioned.... [F]ailing to do so makes you an accomplice.... We are protecting the life of the fetus. If abortion were legal for survivors of sexual violence here, it would not be a crime. However, it is a crime in this country.<sup>173</sup>

### Stigma Around Abortion

Abortion remains an extremely taboo subject in Guatemala.<sup>174</sup> Several members of international and civil society organizations told Human Rights Watch that a strong stigma around abortion exists among many healthcare professionals, based on the idea that women, once pregnant, have the obligation to become mothers.<sup>175</sup>

One member of a civil society organization said that personnel in the health system have many deeply ingrained beliefs that interfere with providing sensitive care to pregnant girls: “When they see a pregnant girl, they automatically think it’s because she was

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disease, and the services to which they are entitled (Todos los habitantes tienen, en relación con su salud, derecho al respeto a su persona, dignidad humana e intimidad, secreto profesional ya ser informados en términos comprensibles sobre los riesgos relacionados con la pérdida de la salud y la enfermedad y los servicios a los cuales tienen derecho).”

<sup>172</sup> The World Health Organization has emphasized the importance of confidentiality in medical practice, particularly in relation to sexual and reproductive health services. See WHO and HRP, “Abortion Care Guidelines,” 2022, <https://iris.who.int/bitstream/handle/10665/349316/9789240039483-eng.pdf?sequence=1> (accessed January 15, 2025), pp. 25, 37, 42. The WHO outlines that health professionals must maintain confidentiality to protect women from discrimination and legal consequences, particularly where abortion is criminalized. These guidelines stress that the right to confidentiality is a cornerstone in providing safe, nonjudgmental health care.

<sup>173</sup> Human Rights Watch interview with MSPAS official (name withheld), Coban, October 2023.

<sup>174</sup> Human Rights Watch interview with member of UNFPA (name withheld), Guatemala City, September 2023; Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023; Human Rights Watch interview with a member of MTM (name withheld), Huehuetenango, September 2023.

<sup>175</sup> Human Rights Watch interview with three members of UNFPA (names withheld), Guatemala City, September 2023; Human Rights Watch interview with a lawyer from OSAR (name withheld), Huehuetenango, September 2023.

promiscuous. They say, ‘You were good at spreading your legs, now you’ll give birth because you were being flirtatious.’”<sup>176</sup>

Girls not only face stigma and blame but are also hindered in their ability to access necessary care and information, preventing them from making informed decisions about their reproductive health. In practice, this means that most girls are not provided with any information about abortion services and are forced to endure pregnancy and become mothers even when it is against their wishes.

### *Prenatal, Birth, and Postnatal Care*

Prenatal, birth, and postnatal care each need to prioritize a girl-centered approach. Although clinics for sexual violence survivors providing prenatal care have specialized care, the birth takes place in another part of the hospital where girls are not provided with differentiated care. Fernanda, a 14-year-old girl who gave birth in Coban, was not identified as a sexual violence survivor. Her assailant was looking for her and her baby to come home with him, but she refused and was trying to hide in the hospital after personnel allowed the him to be in the maternity ward.<sup>177</sup> The civil society member who accompanied Fernanda said that she was extremely distressed and expressed that she did not want to leave the hospital with her assailant.<sup>178</sup> The member emphasized the broader issue: “The perpetrator feels entitled to his child and to [Fernanda] as if she is his property.”<sup>179</sup> This highlights the lack of official systems within the hospital to flag cases of sexual violence, especially in a facility that handles up to 80 births daily, according to the civil society member.<sup>180</sup>

While informal systems exist,<sup>181</sup> their unofficial status creates gaps in protecting girls under 14 who require differentiated care. For instance, individual doctors in one facility in Coban use color-coded folders to identify girl survivors of sexual violence, but this is not a

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<sup>176</sup> Human Rights Watch interview with member of civil society organization Mesa de las Niñas (names withheld), Guatemala City, September 2023.

<sup>177</sup> Human Rights Watch virtual interview with member of OSAR (name withheld), December 2024.

<sup>178</sup> Ibid.

<sup>179</sup> Ibid.

<sup>180</sup> Ibid.

<sup>181</sup> Ibid.

standardized practice across the country.<sup>182</sup> Without official protection mechanisms, girls like Fernanda remain at risk of physical harm and continued coercion by their assailants.

### **Mental Health Care**

Access to comprehensive health care for girls needs to include emergency and long-term psychological support. Under official protocols in Guatemala, pregnant girls under age 14 should receive psychological treatment from the moment their cases are detected, extending up to a year after childbirth. However, Human Rights Watch's research shows that girls encounter significant barriers to receiving adequate emergency and long-term mental health care.

A major obstacle is the severe shortage of staff trained to provide necessary psychological and psychiatric care, compounded by the overwhelming caseload that the few available psychologists and psychiatrists must manage. An MSPAS official told Human Rights Watch that the mental health staff for Alta Verapaz department was reduced from 21 to 13 between 2022 to 2023 due to budget cuts.<sup>183</sup> This significant reduction leaves many girls without the essential emergency and long-term psychological treatment they need.<sup>184</sup>

The physical distance between girls and health clinics further exacerbates the problem. While some girls may receive psychological support when they initially visit specialized clinics for survivors of sexual violence, those living in rural communities face significant travel costs and logistical challenges to access ongoing care. Civil society organizations are often the only resource for many girls, providing essential psychological support that the public healthcare system has failed to deliver.

A representative of the MSPAS said:

Psychological attention is not prioritized. The budget is almost nonexistent. The girls do not have the financial means to attend their appointments.... We would like the girls to be able to complete a year

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<sup>182</sup> Ibid.

<sup>183</sup> Human Rights Watch interview with MSPAS representative (name withheld), Coban, October 2023.

<sup>184</sup> Ibid.

of psychological treatment. They come two or three times, and then they stop coming.<sup>185</sup>

Moreover, a lack of psychologists who speak Indigenous languages is a significant barrier for many girls, further limiting their ability to access comprehensive and culturally sensitive mental health care. Civil society organizations have highlighted this issue as one of the major hurdles to ensuring that all girls, particularly those from Indigenous communities, have access to comprehensive health care.<sup>186</sup>

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<sup>185</sup> Ibid.

<sup>186</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

### III. Access to Education



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In Guatemala, 406 girls under 14 gave birth in 2024, yet only 213 were registered as enrolled in the education system nationwide in November 2024.<sup>187</sup> While there are policies in place to support the education of pregnant girls and young mothers, they are undermined by inadequate enforcement, gender stereotypes, and a system that does not prioritize girls' safety in school. These barriers particularly affect Indigenous girls and those in rural areas.

The education system in Guatemala, overseen by the Ministry of Education (MINEDUC), aims to ensure equitable access to education for all children, including pregnant girls and young mothers. The Departmental Education Directorates (Direcciones Departamentales de Educación), which are under the direct supervision of MINEDUC, are responsible for planning, directing, coordinating, and implementing educational actions nationwide.

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<sup>187</sup> MINEDUC response to Human Rights Watch public information request, Resolution No. 4490, November 2024.

Despite constitutional guarantees of free and compulsory primary and secondary education,<sup>188</sup> limited resources and implementation gaps hinder the system’s ability to provide consistent, high-quality education, especially in rural areas.

MINEDUC has established protocols to monitor and support pregnant students under the age of 14, outlining two key scenarios for handling such cases.<sup>189</sup>

The first scenario refers to pregnancies identified by the Ministry of Public Health and Social Assistance (MSPAS). In these cases, the MSPAS sends a list of pregnant girls who have received health care to MINEDUC’s Gender Equity Unit. The unit then verifies the girls’ educational status and activates the Departmental Commission to verify attendance, ensure comprehensive care, and propose educational alternatives if needed. Periodic reports are then made to the Secretariat Against Sexual Violence, Exploitation, and Trafficking in Persons (SVET).

The second scenario is for pregnancies identified by school staff. In these cases, the school director is required to report the case to the Attorney General’s Office (MP), judicial authorities, and MINEDUC. The departmental director activates the Violence Follow-up Commission to ensure referrals and propose educational alternatives if needed. Monthly reports are sent to the Gender Equity Unit, which consolidates the data and reports to SVET.

## Policy Gaps and Lack of Funding

The Guatemalan government has made efforts to address the educational needs of pregnant girls through policies, such as the “I Overcome” (“Me Supero”) program, aimed at providing timely and high quality support to re-enroll adolescents and young people who left school.<sup>190</sup> Additionally, the National Plan for the Prevention of Adolescent Pregnancies in Guatemala (PLANEA 2018-2022) reinforced governmental and intersectoral responses to ensure equitable access to education and support the retention of pregnant

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<sup>188</sup> Constitution of the Republic of Guatemala, art. 74.

<sup>189</sup> MINEDUC internal protocol, [https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a\\_compressed.pdf](https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a_compressed.pdf) (accessed November 6, 2024), pp. 4 and 5.

<sup>190</sup> Ministry of the Interior (Ministerio de Gobernación), Ministerial Agreement 504-2022 (Acuerdo Ministerial Número 504-2022), 2022, <https://digeex.mineduc.gob.gt/digeex/wp-content/uploads/2022/11/CEPCLA-MINEDUC-AC-504-2022-CREA-PROGRAMA-ME-SUPERO-.pdf> (accessed January 15, 2025).



girls and young mothers in schools. However, PLANEA expired in 2022 and has not been renewed, leaving a significant gap in policy continuity.<sup>191</sup>

Beyond this policy gap, the education system's structural challenges have further undermined the effectiveness of these programs. According to an official from the MINEDUC in Huehuetenango, successful implementation of such initiatives requires local departments to have dedicated resources and staff. However, directives often arrive from MINEDUC's headquarters in Guatemala City without accompanying budgets. "The projects come without funding," the official said. "They send the project, and we have to figure out how to manage with our own resources. There's no budget line."<sup>192</sup> While PLANEA aimed to reduce dropout rates among pregnant girls, the lack of financial support at the local level limited its impact.

The expiration of PLANEA in 2022 has left a significant void in policies and programs designed to support pregnant girls and young mothers in continuing their education. Without a renewed framework, there are no systemic measures to ensure these girls receive the accompaniment and resources they need to remain in school. A member of a civil society organization highlighted that many of the girls she works with express a strong desire to continue their education, but they face insurmountable obstacles without institutional support.<sup>193</sup>

The lack of support in balancing education with the demands of childcare often leads girls to abandon school after giving birth. Families may also pressure them to remain at home, further discouraging them from returning to school.<sup>194</sup>

Although the Centers for Comprehensive Attention (CAI) program exists under the Social Welfare Secretariat (SBS)<sup>195</sup> to support vulnerable families in Guatemala, civil society

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<sup>191</sup> Government of the Republic of Guatemala, Vice Presidency (Gobierno de la República de Guatemala, Vicepresidencia), "National Plan for the Prevention of Adolescent Pregnancies: Guatemala, 2018 – 2022 (Plan Nacional de Prevención de Embarazos en Adolescentes en Guatemala, 2018 - 2022)," December 2017, <https://conjuve.gob.gt/descargas/PLANEA.pdf> (accessed January 15, 2025).

<sup>192</sup> Human Rights Watch interview with an official from the Ministry of Education (name withheld), Huehuetenango, September 2023.

<sup>193</sup> Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>194</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

<sup>195</sup> See Center for Comprehensive Attention (Programa de Atención Integral), Secretariat of Social Welfare (Secretaria de Bienestar Social), accessed January 15, 2025, <https://www.sbs.gob.gt/programa-de-atencion-integral-cai/>.

members told Human Rights Watch that accessing these services remains difficult for many young mothers. According to the SBS, the CAI program provides free, daily, and responsible childcare for the children of working parents, allowing them to work while ensuring the well-being of their children. However, the availability of these services is limited, particularly for the children of young mothers, which prevents many from continuing their education. According to a member of a civil society organization, children of young mothers are frequently rejected from the CAI program.<sup>196</sup> Without a robust government framework to monitor whether girls drop out, provide access to childcare, and offer tailored support to facilitate their reintegration into the education system, many are left with no choice but to give up on their educational aspirations.

## Gender Stereotypes and Stigma

Pregnant girls and young mothers often face immense societal and familial pressures that lead them to drop out of school. Several officials of the Departmental Education Directorates in Coban and Huehuetenango reported that many girls are pressured by their families to leave school. In some cases, girls are sent to live with their assailants or tasked with caregiving roles at home.<sup>197</sup> One member of a civil society group said, “Girls are left in the dark. They are withdrawn from schools, even though the protocol says otherwise.”<sup>198</sup> A social worker in the justice system of Huehuetenango explained:

For years, it has been common for girls to be removed from school because they are seen as a ‘bad example’.... When girls are victims of violence, there is a perception that they are ‘impure’ or ‘dirty’.... [T]he blame continues to fall on the girls, not the perpetrators.<sup>199</sup>

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<sup>196</sup> Human Rights Watch interview with member of civil society organization (name withheld), Guatemala City, December 2024.

<sup>197</sup> Human Rights Watch interviews with Ministry of Education officials (names withheld) from Coban and Huehuetenango, September 2023 and October 2023.

<sup>198</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

<sup>199</sup> Human Rights Watch interview with psychologist from the Pluripersonal Court for Crimes of Femicide and Other Forms of Violence Against Women and Sexual Violence (name withheld), Huehuetenango, September 2023.

A psychologist from a civil society organization that provides support for girl survivors of sexual violence highlighted the stigma these girls face: “When girls have their babies, they are already labeled as women, even at the age of 13.”<sup>200</sup>

## Safety Concerns

Sexual violence by teachers remains a critical issue contributing to girls dropping out of school. Representatives of the MINEDUC in Coban and Huehuetenango reported several instances of teachers abusing girls, eventually leading to them dropping out of school.<sup>201</sup> The representatives said that teachers who abuse their students are often transferred to other schools, facing no consequences.<sup>202</sup> According to official MINEDUC data, from January 2018 through June 2024, 37 cases of sexual violence by teachers against girls under 14 were identified.<sup>203</sup>

Additionally, many families in rural areas are concerned for their daughters’ safety when traveling to school, especially since many secondary school classes are held in the afternoon and students must return home after dark. A government official explained that many girls in rural areas do not continue their education beyond primary school because their parents fear for their safety on the way home, particularly at night when the risk of assault is higher.<sup>204</sup>

An official noted that dropout rates are particularly high for Indigenous girls in rural areas, who often stop attending school by the sixth grade due to family pressure, sexual violence, or safety concerns while traveling to school.<sup>205</sup>

Despite these significant barriers, civil society organizations have played a vital role in advocating for and supporting pregnant girls and adolescent mothers who wish to continue their education. This was evident in the case of Juana, a 13-year-old girl who

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<sup>200</sup> Human Rights Watch virtual interview with a psychologist from MTM (name withheld), October 2023.

<sup>201</sup> Human Rights Watch interview with representatives of the Ministry of Education from Coban and Huehuetenango (names withheld), September and October 2023.

<sup>202</sup> Ibid.

<sup>203</sup> MINEDUC response to Human Rights Watch public information request, Resolution Number 4490-2024, December 2024.

<sup>204</sup> Human Rights Watch interview with two representatives of the Ministry of Education (names withheld), Coban, August 2023.

<sup>205</sup> Human Rights Watch interview with a member of UNFPA (name withheld), Guatemala City, August 2023; Human Rights Watch interview with two Ministry of Education officials (names withheld), September, September 2023.

became pregnant due to sexual violence. The MINEDUC did not monitor her situation or implement specific mechanisms to help her stay in school. Instead, OSAR, the civil society organization accompanying Juana, intervened to ensure that she received the accommodations necessary to continue her education:

What she really wants is to finish the sixth grade, and that's her main focus.... If she needs to leave class to care for her daughter, she's allowed to do so.... Juana didn't want to be pregnant; she never imagined she'd have a baby. She said, 'What I want is to become a teacher and work someday. I don't want to take care of a baby.'<sup>206</sup>

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<sup>206</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

## IV. Social Security and Economic Support



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The Vida program, managed by the Ministry of Development (MIDES), is the only public policy program in Guatemala specifically designated to provide financial support for pregnant girls or young mothers under the age of 14. The program offers a periodic stipend to help cover the needs of both the girl and her child. According to the operating manual of the Vida program, the financial assistance amounts to Q1,500 (approximately US\$195) and is provided via bank transfer on a periodic basis, though the exact frequency of the payments is not specified.<sup>207</sup>

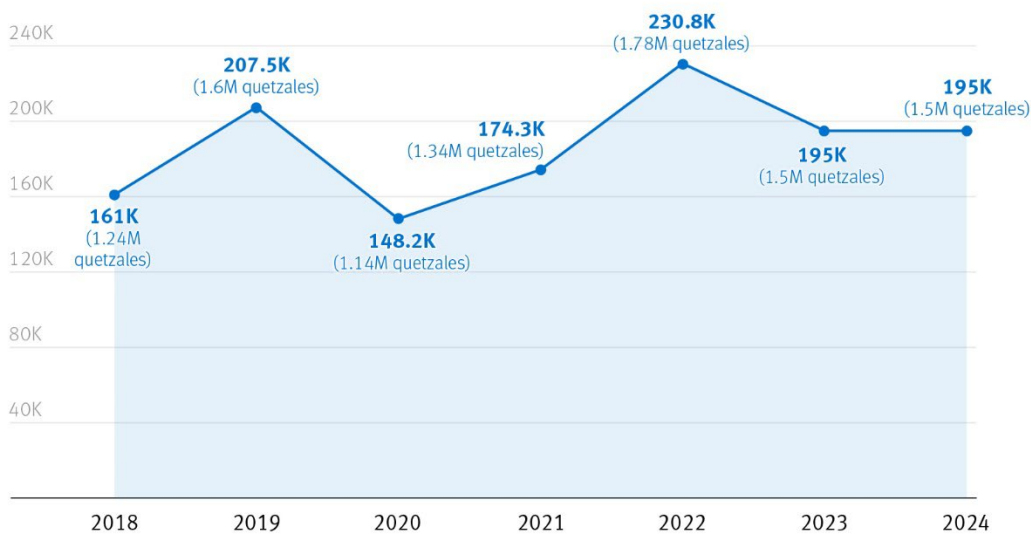
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<sup>207</sup> Ministry of Social Development (MIDES), Operational Manual, Social Program for the Care of Pregnant Girls and Adolescent Mothers Under the Age of 14 Who Are Victims of Sexual Violence and Whose Cases Have Been Judicialized, (*Manual Operativo, Programa Social para la Atención a Niñas y Adolescentes Embarazadas o Madres Víctimas de Violencia Sexual Menores de 14 Años Cuyos Casos Hayan Sido Judicializados*), October 2017, <https://www.mides.gob.gt/images/uip/ipublica/fopro/6/manualatencionni%C3%B1as.pdf> (accessed February 7, 2025)

This stipend covers only about 50 to 55 percent of the national poverty threshold in Guatemala. Based on World Bank data, the national poverty line is about US\$5.50 per day, which translates to approximately GTQ 1,500 per month.<sup>208</sup> Given that the Vida program payments are made periodically and that the frequency is unclear, it is difficult to determine the total amount of financial support a girl or her family might receive over time. The payment is issued to the person legally designated as the girl’s caregiver. The program does not provide a specific service; rather, it involves an accreditation process. However, despite its existence, significant barriers prevent many girls from accessing this vital support.<sup>209</sup>

While the Vida program budget increased by approximately 55 percent from 2020 to 2022, it then decreased by 15 percent in 2023 and 2024.<sup>210</sup> Its reach remains inadequate to ensure the rights of pregnant girls, underscoring the urgent need for broader social security coverage and more accessible programs. The data presented is based on a response from MIDES to Human Rights Watch’s information request for the period of 2018 to June 2024.

### Vida Program Budget 2018–2024 (in US\$)



Source: Public information request to Ministry of Social Development (MIDES), resolution MIDES-UIP 0080-2025, January 2025.

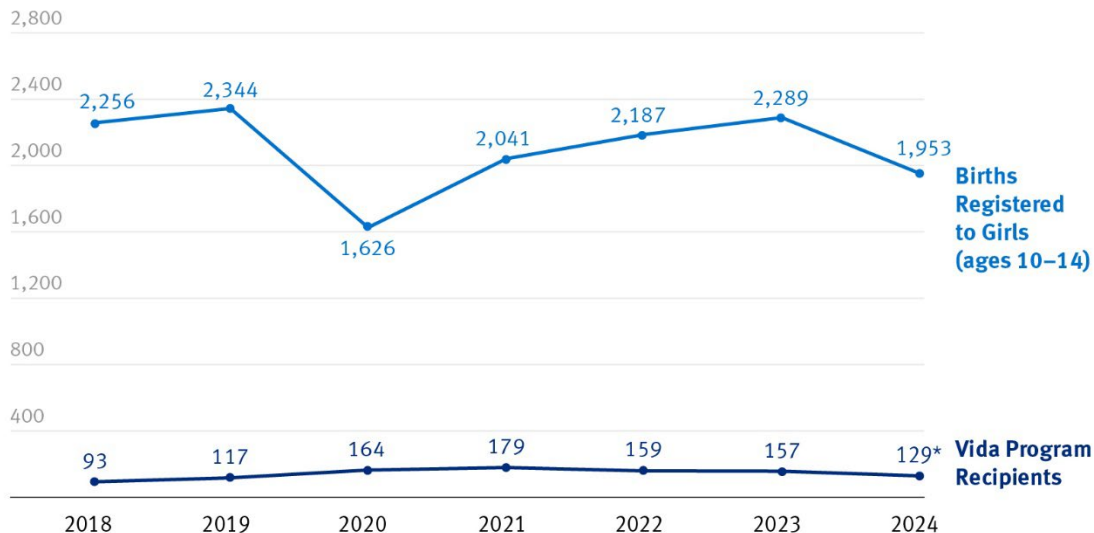
<sup>208</sup> World Bank, Poverty and Equity Brief, Latin America and the Caribbean, Guatemala, April 2020, [https://databankfiles.worldbank.org/public/ddpext\\_download/poverty/33EF03BB-9722-4AE2-ABC7-AA2972D68AFE/Global\\_POVEQ\\_GTM.pdf](https://databankfiles.worldbank.org/public/ddpext_download/poverty/33EF03BB-9722-4AE2-ABC7-AA2972D68AFE/Global_POVEQ_GTM.pdf) (accessed February 7, 2025).

<sup>209</sup> MIDES response to Human Rights Watch Public Information Request, Resolution No. MIDES-IP-0289-2023, July 2023.

<sup>210</sup> MIDES response to Human Rights Watch Public Information Request, Resolution No. MIDES-UIP 0080-2025, January 2025.

## Girls who are Mothers and are Registered in the Vida Program

Number of births registered to girls ages 10–14 vs. Vida program recipients (2018–2024)



\*Vida program recipients' data is up to June 2024.

Source: Public information request to Ministry of Social Development (MIDES), resolution MIDES-UIP 0080-2025, January 2025.

Despite the budget remaining the same for 2023 up to June 2024, the number of girls receiving financial aid through the Vida program has steadily decreased over the same period.<sup>211</sup> Between January and June 2024, only 129 girls were registered in the program, far fewer than the 1,953 girls ages 10 to 14 who gave birth in 2024.<sup>212</sup> This stark discrepancy highlights the significant gap between available funding and the actual support reaching pregnant girls.

## Restrictive Eligibility Requirements

The Vida program has strict eligibility requirements that make it difficult for many girls to qualify for assistance. According to official guidelines, girls can only access the program if their cases have entered the judicial process. During this process, a judge may order the girl's inclusion in the Vida program. Following this, the girl must initiate a civil court case to secure

<sup>211</sup> Ibid.

<sup>212</sup> Ibid.

her enrollment in the program.<sup>213</sup> These complex requirements create significant barriers for many girls who are already facing multiple forms of trauma.

### Key Eligibility Requirements

1. Court processing: The girl's case must go through the judicial system, which can be a lengthy and complicated process.
2. Birth certificate: The girl must provide her birth certificates to prove her identity.
3. Citizenship: Only Guatemalan citizens are eligible, which excludes girls who may be undocumented.
4. Living situation: The girl must not be living with her "partner," even though many girls are forced to cohabit with their assailants or partners due to limited family resources.
5. Exclusivity of benefits: The girl and her family cannot be beneficiaries of other programs from the Ministry of Social Development (MIDES).

Human Rights Watch found that in addition to the formal eligibility criteria, there are unofficial requirements that further hinder girls' access to the Vida program. For example, a member of a civil society organization specializing in sexual and reproductive rights shared an instance in which a girl's mother had an outstanding loan.<sup>214</sup> As a result, the bank withheld the transfer that was supposed to be given to the girl, despite her eligibility for the program.<sup>215</sup>

Several members of civil society organizations that accompany girls through health and judicial processes, along with healthcare workers, prosecutors, and other specialists, said that accessing the Vida program was exceedingly difficult.<sup>216</sup> The program's eligibility requirements do not account for the realities faced by many girls who need it.<sup>217</sup> These

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<sup>213</sup> MIDES response to Human Rights Watch Public Information Request, Resolution No. MIDES-IP-0289-2023, July 2023.

<sup>214</sup> Human Rights Watch virtual interview with member of OSAR (name withheld), December 2024.

<sup>215</sup> Human Rights Watch virtual interview with member of OSAR (name withheld), December 2024.

<sup>216</sup> Human Rights Watch interview with local SVET representative (name withheld); Human Rights Watch interview with member of OSAR (name withheld), Human Rights Watch interview with member of MTM (name withheld); Human Rights Watch interview with psychologist from the Pluripersonal Court for Crimes of Femicide and Other Forms of Violence Against Women and Sexual Violence (name withheld), Huehuetenango; Human Rights Watch interview with member of the Attorney General's Office (name withheld); Human Rights watch interview with a member of UNFPA (name withheld); Human Rights Watch interview with doctor from Clinic 1 (name withheld), September and October 2023.

<sup>217</sup> Ibid.



requirements are especially difficult for girls living in rural communities, where access to official documentation like birth certificates is often not available.<sup>218</sup> Moreover, many girls are pressured into living with their assailants because they are seen as the primary source of financial support for the girl and her child.<sup>219</sup>

One civil society group member said that “the Vida program is primarily designed for mothers, not for the girls themselves.”<sup>220</sup> This fails to recognize that many of these girls themselves are children requiring specialized support, which is not adequately provided under the current framework. As a result, excluding these girls from the Vida program leaves them with even fewer opportunities for financial independence and further isolates them from vital economic support, trapping them in abusive situations.

To make the Vida program more effective, significant reforms are needed to expand its reach, simplify its access requirements, and increase the funding dedicated to supporting pregnant girls and young mothers.

Additionally, there are significant structural challenges that prevent girls from meeting the eligibility requirements to access the Vida program. Under the Law for the Comprehensive Protection of Children and Adolescents (PINA), judges from the Family and Adolescence Court (Juzgado de Niñez y Adolescencia) may refer girls to programs such as the Vida program. However, there is a severe shortage of judges, with only one judge per department. For example, according to a civil society group member, the backlog in Alta Verapaz is so extensive that hearings are scheduled years in advance, with some dates set for 2028.<sup>221</sup>

As a result of this lack of available judges, civil society group members have reported significant difficulties in getting girls enrolled in the Vida program. A representative from an organization working directly with girls in Alta Verapaz told Human Rights Watch that they tried to refer 10 girls to the program, but only one was accepted. The others are still waiting for a court date, often facing lengthy delays due to the judges’ backlog. This delay in judicial processing leaves many girls without financial assistance.<sup>222</sup>

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<sup>218</sup> Human Rights Watch interview with a local SVET representative (name withheld), Coban, October 2023.

<sup>219</sup> Ibid.; and Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

<sup>220</sup> Human Rights Watch interview with a member of OSAR (name withheld), Guatemala City, December 2024.

<sup>221</sup> Human Rights Watch interview with a member of OSAR (name withheld), Coban, October 2023.

<sup>222</sup> Human Rights Watch interview with civil society organization member (name withheld), Guatemala City, December 2024.

## V. Access to Justice and Reparations



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Many of the challenges faced by girl survivors of sexual violence in Guatemala in accessing justice and reparations are rooted in systemic failures across the judicial system. Government institutions responsible for assisting girls are often under-resourced and fail to prioritize cases of sexual violence against girls in accordance with Guatemalan law, resulting in inadequate investigations, legal representation, and prosecutions of such cases. The limited availability of essential services, such as interpretation for Indigenous survivors and psychological support, further exacerbates this situation. As a result, these institutions are overwhelmed with cases, and girls courageous enough to pursue justice face significant delays in the legal process.

In addition, the lack of a gender- and age-sensitive approach means that girls often face stereotypes and mistreatment. Even when cases successfully navigate the judicial process, the reparations offered are rarely sufficient to address the profound

psychological, social, and economic harm suffered by the survivors, leaving them without the support and resources necessary for true recovery and reintegration into society.

A psychologist who works with survivors told Human Rights Watch that the judicial process is “long, tortuous, and exhausting” and often leads girls and their families to abandon the process.<sup>223</sup> Furthermore, many girls are forced to travel long distances to access these already limited services, further compounding the barriers they face.

## The Path to Justice

Guatemala’s justice system operates within a civil law framework, primarily guided by the Political Constitution of Guatemala, which establishes the judiciary as an independent branch of government. The Judiciary Law (Ley del Organismo Judicial) outlines the structure of the justice system, which includes the Supreme Court of Justice, lower courts, and specialized courts.<sup>224</sup> Criminal prosecutions are led by the Attorney General’s Office (MP), which investigates and pursues criminal cases. The National Civil Police (PNC) provides support in law enforcement activities. Lack of judicial independence remains a critical issue in Guatemala, undermining the rule of law and threatening human rights protections.<sup>225</sup>

The impunity rate for cases of violence against women is an alarming 96 percent, according to the Protection Unit for Human Rights Defenders of Guatemala, demonstrating the systematic failure of the justice system to protect victims.<sup>226</sup>

The legal framework in Guatemala includes specific provisions for survivors of sexual violence, particularly girls under the age of 14 who are pregnant. The Law Against Sexual Violence, Exploitation, and Trafficking in Persons (Decree 9-2009) mandates that cases

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<sup>223</sup> Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>224</sup> Congress of the Republic of Guatemala, Decree 2-89, [https://www.oas.org/juridico/pdfs/mesicic4\\_gtm\\_org.pdf](https://www.oas.org/juridico/pdfs/mesicic4_gtm_org.pdf) (accessed January 15, 2025).

<sup>225</sup> Human Rights Watch, World Report, Guatemala, 2023, <https://www.hrw.org/world-report/2024/country-chapters/guatemala>.

<sup>226</sup> UDEFUEGA, Report “Expensive, inefficient and corrupt: Evaluation of the MP during the administration of the Attorney General, Consuelo Porras (Caro, ineficiente y corrupto: Evaluación del MP durante la gestión de la fiscal general, Consuelo Porras),” November 2024, <https://udefegua.org.gt/investigaciones-especiales/informe-caro-ineficiente-y-corrupto-evaluacion-del-mp-durante-la-gestion-de-la-fiscal-general-consuelo-porras/> (accessed January 15, 2025).

involving sexual violence are made a priority, requiring prompt investigation, protection measures, and access to justice.<sup>227</sup>

In cases involving girls under 14 who are pregnant, the justice system has a clear protocol to ensure these girls receive the necessary support. Any institution identifying a girl in this situation—whether a health center, school, or social services provider—must report the case to the Attorney General’s Office (MP) and the Public Prosecutor’s Office (PGN) within one business day. If these agencies are not available locally, the case must be reported to the PNC or the local justice of the peace. Cases identified by an actor outside the health sector are required to be referred to the nearest health center.<sup>228</sup>

The PGN plays a crucial role in coordinating legal protection for survivors. It has a dedicated internal protocol for handling cases involving pregnant girls under 14, ensuring that the necessary legal steps are taken, particularly when a girl lacks legal representation or her legal guardians refuse to pursue the case. The PGN can act as an auxiliary complainant or legal representative when needed, providing continual follow-up throughout the legal process to protect the rights and well-being of the survivor.

Data on sexual violence highlights a fragmented system, with different institutions reporting vastly different figures. The National Institute of Forensic Sciences (INACIF) evaluated 24,441 cases of sexual violence or pregnancy involving girls ages 14 and under between January 2018 and June 2024.<sup>229</sup> In contrast, the Attorney General’s Office reported 13,011 cases of girls under 14 who are survivors of sexual violence, between January and October 2023.<sup>230</sup> The Public Prosecutor’s Office (PGN) reported 1,729 cases of rape involving children between January 2020 and June 2024.<sup>231</sup> Meanwhile, the PNC recorded 519 cases of sexual violence against girls ages 15 and under between January 2018 and

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<sup>227</sup> Law against sexual violence, exploitation and trafficking (Ley Contra la Violencia Sexual, Explotación y Trata de Personas), No. 9 of 2009, [https://news.svet.gob.gt/sites/default/files/Ley%20VET\\_3.pdf](https://news.svet.gob.gt/sites/default/files/Ley%20VET_3.pdf).

<sup>228</sup> See SVET, “Comprehensive Route for Pregnancies of Girls and Adolescents under 14 years of age (Rutas Internas: Abordaje de Embarazos en Niñas y Adolescentes menores de 14 años de edad),” 2020, [https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a\\_compressed.pdf](https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a_compressed.pdf), (accessed January 15, 2025).

<sup>229</sup> Response from INACIF to Human Rights Watch Public Information Request, Resolution No. SEJE-INP-648-2024, December 2024.

<sup>230</sup> Response from MP to Human Rights Watch Public Information Request, Resolution No. UDIP-G 2023 (21910), December 2023.

<sup>231</sup> Response from PGN to Human Rights Watch Public Information Request, Resolution No. 1081-2024, December 2024.

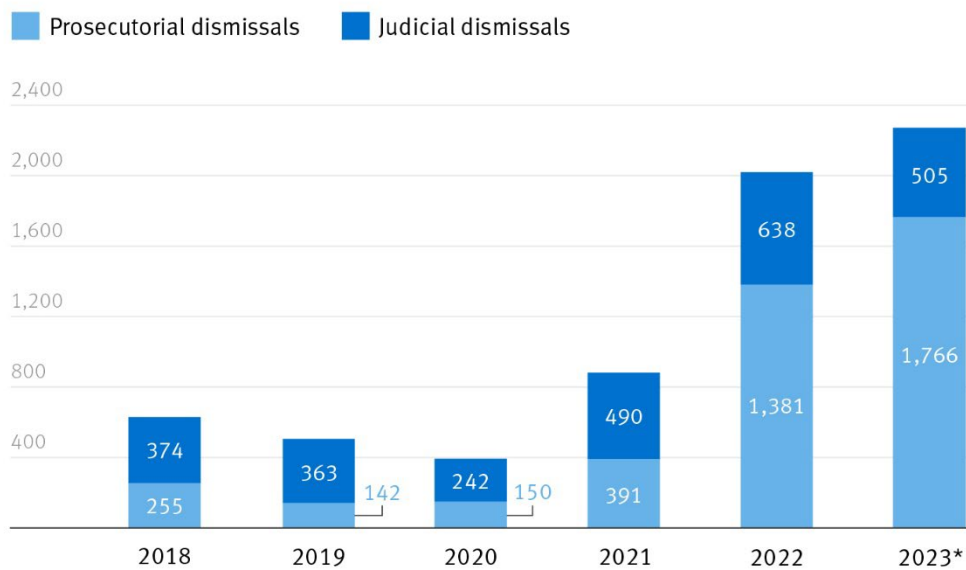
June 2023, and 22 cases of sexual violence against girls under 14 between January and June 2024.<sup>232</sup>

These figures underscore a lack of coordination and absence of a comprehensive national tracking system, making it difficult for the government to accurately assess the scope of the issue. This, in turn, hinders the allocation of resources and the implementation of targeted interventions to support survivors.

Of those who report sexual violence, few achieve justice. According to official data from the Attorney General’s Office (MP), there has been a total of 6,697 dismissals in cases of sexual violence against girls under 14 between January 2018 and October 2023. Of these, 4,085 have been prosecutorial dismissals (*desestimaciones fiscales*) and 2,612 have been judicial dismissals (*desestimaciones judiciales*).<sup>233</sup> This trend underscores systemic gaps in accountability and the urgent need to strengthen justice mechanisms for survivors.

### Dismissals in Cases of Sexual Violence Against Girls Under the Age of 14

2018–2023



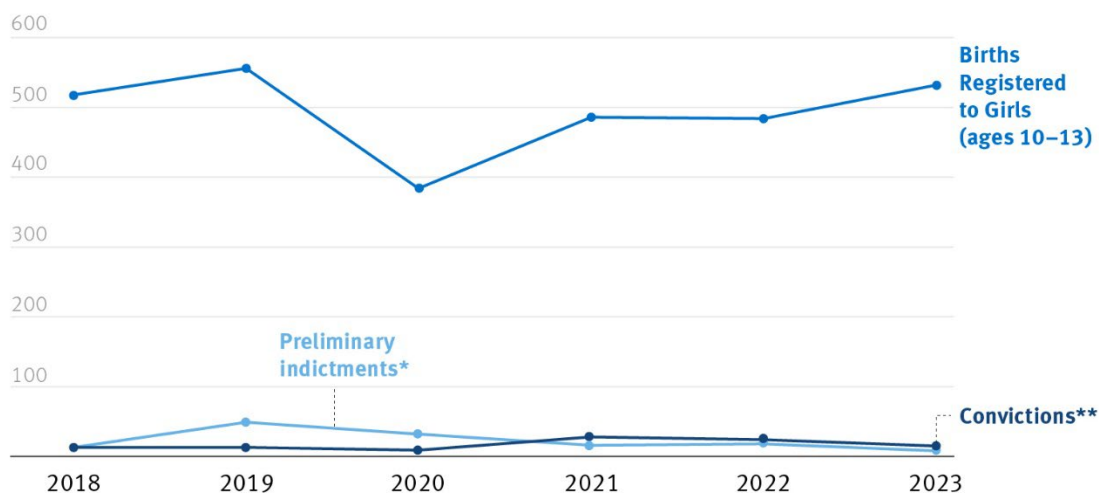
\*Dismissal data is up to October 2023.  
Source: Public information request to the Attorney General’s Office (MP), resolution UDIP-G 2023 (21910), December 2023.

<sup>232</sup> Response from PNC to Human Rights Watch Public Information Request, Resolution No. 002352, 2024, December 2024.

<sup>233</sup> Response from MP to Human Rights Watch Public Information Request, resolution No. UDIP-G 2023 (21910), December 2023.

## Preliminary Indictments and Convictions Remain Low

Preliminary indictments and convictions in cases of pregnant girls under 14 vs. births registered to girls under 14 (2018–2023)



\*Preliminary indictment data is until September 2023.

\*\*Convictions data is until October 2023.

Source: Public information request to the Attorney General's Office (MP), resolution UDIP-G 2023 (21910), December 2023; and National Registry of Persons (RENAP), Observatory on Reproductive Health (OSAR) monitoring, December 2024.

Even when cases proceed through the judicial system, the number of preliminary indictments and convictions remains alarmingly low. Preliminary indictments are legal orders issued by a judge that formally bring charges and initiate the judicial process. Between January 2018 and September 2023, judges only issued 136 preliminary indictments (*autos de procesamiento*) in cases involving pregnant girls under 14 who were victims of sexual violence.<sup>234</sup> Between January 2018 and October 2023, there were 102 people convicted in cases of pregnant girls under 14 who are survivors of sexual violence.<sup>235</sup> Meanwhile, the scale of sexual violence against girls under 14 is staggering — 3,366 girls under 14 gave birth between 2018 and 2024.<sup>236</sup>

<sup>234</sup> Ibid.

<sup>235</sup> Ibid.

<sup>236</sup> “Birth records of mothers between 10 – 19 years old – Year 2024 (Registros de nacimiento de madres entre 10 – 19 años – Año 2024),” OSAR Guatemala, accessed February 6, 2025, <https://osarguatemala.org/registros-de-nacimientos-y-embarazos-en-madres-adolescentes-ano-2024/>.

These figures point to a failure in the justice system to effectively address and prosecute these cases, further impeding access to justice for survivors of sexual violence.

They also highlight the urgent need for comprehensive measures to improve access to justice and address the widespread impunity for crimes that continues to harm girls across Guatemala.

Barriers to reporting and prosecuting sexual violence in Guatemala are complex and multidimensional. These challenges are especially pronounced for girls from rural and Indigenous communities, as well as for girls with disabilities, all of whom face additional obstacles in seeking justice and support.

### *Insufficient Resources and Personnel*

Insufficient resources and personnel across all government institutions responsible for investigating and prosecuting sexual violence, as well as for supporting survivors, severely hampers the effectiveness of Guatemala's justice system. The government has not adequately provided for these critical functions, resulting in significant gaps and delays in services and support for survivors. Several government officials and members of civil society organizations told Human Rights Watch that these gaps and delays cause many girls to abandon the judicial process altogether.<sup>237</sup>

This lack of capacity is evident from the very start of the process, when girls attempt to report their cases to the Attorney General's Office (MP). Despite a legal requirement for a prosecutor from the Attorney General's Office (MP) to be present in regional hospitals to promptly address reports of sexual violence,<sup>238</sup> several healthcare workers informed Human Rights Watch that this rarely occurs.<sup>239</sup> As a result, girls who seek care at specialized clinics for survivors of sexual violence but have not yet filed a report of the incident are often referred to the PGN to file a complaint. This forces them to travel to a

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<sup>237</sup> Human Rights Watch virtual interview with member of MTM (name withheld), Human Rights Watch interview with psychologist from MTM (name withheld), August and September 2023.

<sup>238</sup> SVET, "Comprehensive Route for Pregnancies of Girls and Adolescents under 14 years of age (Rutas Internas: Abordaje de Embarazos en Niñas y Adolescentes menores de 14 años de edad)," 2020, [https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a\\_compressed.pdf](https://conacmi.org/wp-content/uploads/2020/06/Rutas-Internas-Embarazos-en-menores-de-14-a_compressed.pdf), (accessed January 15, 2025).

<sup>239</sup> Human Rights Watch interview with doctor from Clinic 1, Coban, October 2023; Human Rights Watch with health personnel from specialized clinic, Carcha; Human Rights Watch interview with psychologist from Coban Health Center (name withheld), October 2023.

separate government office where they may wait for hours, sometimes six or seven hours, before being attended to.<sup>240</sup>

Ana, a 12-year-old girl from Carchá, Alta Verapaz, sought care at a specialized clinic related to her pregnancy resulting from sexual violence. The clinic referred her to the district prosecutor's office. After waiting for hours, Ana was told no staff were available, so she left, and her case was not officially reported to the authorities.<sup>241</sup> The MP's failure to provide immediate attention, coupled with the survivor's need to navigate multiple institutions and bureaucratic hurdles resulting from the MP's lack of personnel, has compromised the urgent care and emotional support that girls who are survivors of sexual violence need, risking further harm and re-traumatization. It also discourages them from pursuing justice.

Understaffing and inadequate resources also affect the investigation stage of cases. Prosecutors in the MP are often tasked with handling hundreds of cases at once, causing extreme delays.<sup>242</sup> These delays are particularly common at the "ocular inspection" stage, when officials from the PGN gather evidence after a report is filed. In some cases, investigations stall because the Attorney General's Office (MP) lacks the necessary resources to conduct an inspection. A lawyer said that when attempting to follow up on a stalled case, the Attorney General's Office (MP) claimed that the location was too remote to conduct an ocular inspection.<sup>243</sup>

In a case involving a 13-year-old pregnant girl, a lawyer did not continue with the process due to the Attorney General's Office (MP)'s significant delays in investigating her case. The lawyer said the prosecutor's delay was due to long distances and lack of resources.<sup>244</sup>

Civil society organizations frequently step in to fill the gaps left in the official system, offering legal support for girls who otherwise would be denied access to justice. A member of a civil society organization emphasized the importance of accompanying survivors

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<sup>240</sup> Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>241</sup> Ibid.

<sup>242</sup> Human Rights Watch interview with member of the Attorney General's Office (name withheld), October 2023.

<sup>243</sup> Human Rights Watch interview with lawyer from OSAR (name withheld), Huehuetenango, September 2023.

<sup>244</sup> Human Rights Watch interview with lawyer from the Victims' Institute (name withheld), Huehuetenango, September 2023.



throughout the entire judicial process: “If pressure isn’t placed on the Attorney General’s Office (MP) to actively pursue evidence, nothing gets done.”<sup>245</sup>

The National Civil Police (PNC), which also plays an important role in the investigation of sexual violence cases, similarly lacks the necessary resources. A prosecutor highlighted ongoing difficulties in coordinating with the police due to their limited capacity. “I request support to verify the crime scene, check for cameras, and handle urgent cases,” the prosecutor said. “Their response is often that they don’t have a vehicle.... Sometimes they have a vehicle, but they lack fuel.”<sup>246</sup> Such resource shortages compromise the ability to conduct thorough and timely investigations.

While the Attorney General’s Office (MP) handles reports of sexual violence and investigations, the Victims’ Institute, established in 2020, provides legal representation and support for victims from the beginning to the end of the judicial process.<sup>247</sup> However, the Victims’ Institute is severely understaffed, with some lawyers handling over 300 active cases at a time.<sup>248</sup> The strain is particularly severe in rural areas, where resources are limited.<sup>249</sup> Inadequate staffing and funding weaken the system’s ability to manage cases effectively, leaving survivors—particularly girls—without the attention and support they need. It also complicates the ability of lawyers to build trust with survivors and adequately prepare them for court.

The lack of resources also affects the entities responsible for administering justice. A psychologist working at the Court for Crimes of Femicide and Other Forms of Violence Against Women and Sexual Violence in Huehuetenango shared concerns about the rushed preparation of young survivors for trial. When girls arrive at the trial stage, psychologists are often expected to prepare them in minutes. Psychologists said they typically have only three to five minutes with each girl, in which they guide them through breathing exercises

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<sup>245</sup> Human Rights Watch interview with member of MTM (name withheld), Huehuetenango, September 2023.

<sup>246</sup> Ibid.

<sup>247</sup> See Congress of the Republic of Guatemala (El Congreso de la Republica de Guatemala), Decree 21-2016, April 2016, <https://transparencia.institutodelavictima.gob.gt/wp-content/uploads/2022/03/Ley-Organica-del-Instituto-de-la-Vi%CC%81ctima.pdf> (accessed January 15, 2025).

<sup>248</sup> Human Rights Watch Interview with a lawyer the from Victims’ Institute (name withheld), Huehuetenango, September 2023.

<sup>249</sup> Ibid.

if they feel like they are breaking down and explain what to expect during the hearing.<sup>250</sup> This brief interaction, coupled with a lack of sensitivity from judges and court staff, compounds the trauma young survivors experience. As the psychologist noted, “We are supposed to be a specialized justice body, but sometimes we all forget that.”<sup>251</sup>

Lack of resources often causes procedural delays, which in some cases leads to impunity for assailants. In the case of Sara, a 13-year-old girl who became pregnant as a result of sexual violence, the court had set a timeline of three to six months for the investigation. But genetic testing was postponed twice due to the unavailability of judges and difficulties in transporting the alleged perpetrator from prison. When the genetic test was finally conducted, the INACIF did not provide the results on time due to a backlog of cases. At that point, the pretrial detention order expired, and the defendant was released from prison. He then failed to attend subsequent hearings, and the case remains unresolved, without going to trial.<sup>252</sup>

Even when cases go to trial, delays in judicial proceedings further exacerbate the trauma experienced by young survivors, discourage them from pursuing justice, and undermine the likelihood of securing a conviction and reparations.<sup>253</sup> Many girls are forced to wait years after filing a report before the judicial process even begins. A psychologist said that “many [girls] have already moved on with their lives because they are adults by the time [the judicial process begins]. The pain that resurfaces [when they] have to recount what happened to them in the hearing is immense.”<sup>254</sup>

### *Limited Physical Reach*

Many girls in Guatemala face further challenges in accessing justice due to the lack of accessible services and the physical distance to government institutions. Despite government efforts to increase its presence throughout the country, such as the

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<sup>250</sup> Human Rights Watch interview with psychologist from the Pluripersonal Court for Crimes of Femicide and Other Forms of Violence Against Women and Sexual Violence (name withheld), Huehuetenango, September 2023.

<sup>251</sup> Ibid.

<sup>252</sup> Human Rights Watch interview with official from the Attorney General’s Office (name withheld), October 2023.

<sup>253</sup> Human Rights Watch virtual interview with member of MTM (name withheld); Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023; Human Rights Watch interview with local SVET representative, Coban, October 2023; Human Rights Watch interview with lawyer from OSAR, Huehuetenango, September 2023.

<sup>254</sup> Human Rights Watch interview with psychologist from MTM (name withheld), Guatemala City, September 2023.

inauguration of 90 new fiscal agencies in municipalities across Guatemala in recent years, the challenges of geographic and physical access remain.<sup>255</sup> In practice, many girls in rural communities continue to face severe difficulties in reaching government offices, where they must report cases of sexual violence, provide testimony, and attend hearings.

Girls and their families who live in communities with no local courts or government offices must travel long distances to reach the department’s capital or the nearest Attorney General’s Office (MP). These journeys often take hours and sometimes require long bus rides or even walking on foot. The financial cost of travel, as well as the physical strain of such long trips, is often prohibitive for families living in conditions of poverty. For many girls, this means that they are effectively excluded from the justice system.

A member of a civil society organization working directly with survivors said, “Many girls who live outside of Guatemala City are left out of the system completely, especially those from rural communities.”<sup>256</sup> The distance and costs prevent them from even reaching the first step of the judicial process. In these circumstances, it is often only with the assistance of civil society organizations—which may cover the cost of travel, food, and lodging—that these girls can access the system at all.<sup>257</sup>

### *Lack of Specialized Bodies and Prioritization Protocols*

In a context where government entities, such as the Attorney General’s Office (MP), are overwhelmed, protocols with a gender perspective are essential for prioritizing cases. One prosecutor said, “There is no established protocol on prioritization [of cases]. [The] only directive is to investigate everything.”<sup>258</sup> The lack of clear guidance leaves prosecutors to prioritize cases based on their personal criteria rather than an official protocol, often at the expense of sexual violence cases involving young girls.

Many prosecutors avoid taking cases of sexual violence in girls due to the overwhelming number of cases and lack of guidance. “If victims are under 14, I run,” one prosecutor said.

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<sup>255</sup> Julio Morales, “The Office of the Attorney General inaugurates 90 prosecutor’s offices in municipalities (Ministerio Público inaugura 90 agencias fiscales en municipios)” *Guatemalan News Agency*, December 4, 2024, <https://agn.gt/ministerio-publico-inaugura-90-agencias-fiscales-en-municipios/> (January 15, 2025).

<sup>256</sup> Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>257</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

<sup>258</sup> Human Rights Watch interview with official from the Attorney General’s Office (name withheld), October 2023.

“Not all officials can provide personalized attention. Sometimes we become like robots. I have seen officials mistreat people.”<sup>259</sup>

It is essential for the justice system to have specialized entities equipped to handle sexual violence cases. Without these specialized bodies, the effectiveness of investigations and prosecutions will be significantly compromised.

An official from the Attorney General’s Office (MP) described the negative impact of a dismantled sexual crimes unit within the police: “There used to be a sexual crimes unit, but lately, it has become a problem because it no longer exists.... Agents were reassigned or discharged, leaving us with only two agents to investigate sexual crimes.” Drastic reductions in personnel, compounded by a lack of basic resources, have left investigators struggling to respond to cases effectively.<sup>260</sup>

The lack of specialized personnel trained to handle cases of sexual violence and other gender-based crimes has created obstacles in the investigative process, such as the inability to identify or locate perpetrators. This is particularly difficult when young girls cannot identify their assailants themselves.<sup>261</sup>

Julia, an 11-year-old pregnant girl, could not identify her perpetrator due to the interference of her father, according to a member of a civil society organization that provided accompaniment in this case. The member recounted the case:

He [the father] is the one who talks but doesn’t allow the girl to speak, and everyone assumes that he is pressuring her and that he is the perpetrator. Julia gave birth, and her baby is 1 year and 4 months old. There is no ongoing judicial process because she hasn’t spoken up, and the perpetrator is not identified in the report.<sup>262</sup>

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<sup>259</sup> Ibid.

<sup>260</sup> Ibid.

<sup>261</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

<sup>262</sup> Ibid.

Similarly, Sofia, a 13-year-old girl, became pregnant after her father sexually abused her. Her case was closed because authorities failed to locate the perpetrator, even though he continues to live in the same community. Her lawyer explained that this caused Sofia to experience extreme sadness and disappointment. Despite her mother’s support, Sofia has been carrying the burden of her circumstances alone, including now being a mother herself. “She is 14 years old, and there is a terrible sadness in her eyes,” the lawyer said. “She once felt supported, believing that justice would come.... Now, she asks when there will be justice, but the case is closed.”<sup>263</sup>

## Lack of Gender Perspective and Discrimination

Girls who report sexual violence to the authorities are often met with skepticism, mistreatment, and insensitivity, which can discourage them from further pursuing their cases.<sup>264</sup> Representatives of civil society organizations involved in assisting victims of sexual violence in both Coban and Huehuetenango said that many girls and their families were afraid to report sexual violence or continue with the judicial process due to the way they were treated by some personnel at the Attorney General’s Office (MP) when they went to report their cases. “Sometimes the person receiving the complaint is not sensitive or empathetic,” said a member of a civil society group. “It’s very difficult to tell survivors that they have to go through a process that is an ordeal of agony.”<sup>265</sup>

Prosecutors and other legal personnel sometimes question the veracity of a girl’s testimony or scrutinize her behavior when it does not align with stereotypical expectations of how they think girls should act.<sup>266</sup> A lawyer from the Victims’ Institute described the case of a 12-year-old girl whose testimony of sexual assault was questioned by a prosecutor, who asked why she had been outside her home at night.<sup>267</sup> Such questioning retraumatizes survivors by focusing on their actions rather than the abuses they endured.

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<sup>263</sup> Human Rights Watch interview with lawyer from OSAR (name withheld), Huehuetenango, September 2023.

<sup>264</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

<sup>265</sup> Human Rights Watch virtual interview with, September 2023.

<sup>266</sup> Human Rights Watch interview with official from the Attorney General’s Office (name withheld), October 2023.

<sup>267</sup> Human Rights Watch interview with lawyer from Victims’ Institute (name withheld), Huehuetenango, September 2023.

Because of the mistreatment and stereotypes they encounter, some girls withdraw their testimonies and abandon the judicial process.<sup>268</sup> This contributes to underreporting of sexual violence cases, as evidenced by the discrepancy in the number of pregnancies in girls under the age of 14 and the number of sexual violence cases registered by the government.<sup>269</sup>

Girls may face stereotypes and mistreatment not only when reporting their cases but also during the judicial process. They frequently have to endure victim-blaming and judgmental questioning during interactions with justice officials. One member of a civil society organization said that in some instances, girls were asked deeply problematic questions, such as what they felt when they were sexually assaulted or whether they liked it. Such questions are frequently posed by legal representation of the defense as well.<sup>270</sup>

A lawyer said that in one case, a 12-year-old girl named Julia was questioned by a prosecutor after testifying about her sexual assault. The prosecutor asked, “What was a girl doing outside at that hour?” Afterward, Julia told the lawyer that the prosecutor made her feel bad.<sup>271</sup>

A lawyer from the Victims’ Institute recounted a similar experience in the case of Lucia, a 13-year-old girl who was pregnant as a result of sexual violence. Lucia faced harsh and inappropriate questioning from a prosecutor who asked why she was filing a complaint against the man who was going to be the father of her child. The lawyer said that this type of questioning was common in cases of sexual violence against girls, which can be deeply harmful to survivors’ mental health.<sup>272</sup>

Stigmatizing and intrusive questions are often posed to girls across Guatemala’s justice system. A psychologist within the justice system reported that prosecutors have asked insensitive and cruel questions, such as “Why didn’t you bother defending yourself if you

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<sup>268</sup> Human Rights Watch interview with official from the Attorney General’s Office (name withheld), October 2023.

<sup>269</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

<sup>270</sup> Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>271</sup> Human Rights Watch interview with lawyer from OSAR (name withheld), Huehuetenango, September 2023.

<sup>272</sup> Human Rights Watch interview with lawyer from Victims’ Institute (name withheld), Huehuetenango, September 2023.

were being raped?”<sup>273</sup> These questions fail to recognize the psychological trauma faced by survivors and further revictimize them during the proceedings.

Additionally, many court rulings lack a gender perspective. Judges often fail to recognize the dynamics of power and coercion involved in sexual violence cases. For example, some judges mistakenly interpret relationships between young girls and their assailants as consensual.<sup>274</sup> One prosecutor explained, “When judges say there was no violence, it’s because he didn’t force her violently; he ‘wooded’ her. It is manipulation.”<sup>275</sup>

This lack of understanding of gender-based violence and coercion results in inadequate rulings with limited reparations that fail to address the comprehensive needs of young survivors, including their socioeconomic background. While the Victims’ Institute, SVET, or civil society organizations may submit reports on the socioeconomic background of girls and their families, judges often do not consider them when making decisions and dictating reparations.<sup>276</sup> Judicial decisions should be holistic, addressing not only the psychological impact of violence but also the economic, social, educational, and health needs of survivors.

### *Language Barriers for Indigenous Girls and Girls with Disabilities*

Indigenous girls and girls with disabilities face additional challenges in reporting their cases due to language barriers. A shortage of registered, trained, and culturally sensitive interpreters of Indigenous languages and Guatemalan sign language in the judicial system prevents many survivors from fully understanding the process or expressing themselves accurately. A representative from SVET emphasized that interpreters are crucial to strengthening the justice system.<sup>277</sup> Without interpreters, many girls and their families may feel alienated and lose trust in the process, making it less likely that they will report cases or continue with the legal process.<sup>278</sup>

One member of a civil society organization explained that when a girl’s report is taken in Spanish, it may not capture the nuances of her experience: “[The report] does not reflect the

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<sup>273</sup> Ibid.

<sup>274</sup> Human Rights Watch interview with an official from the Attorney General’s Office, October 2023.

<sup>275</sup> Ibid.

<sup>276</sup> Human Rights Watch virtual interview with member of MTM (name withheld), August 2023.

<sup>277</sup> Human Rights Watch interview with local SVET representative (name withheld), Coban, October 2023.

<sup>278</sup> Ibid.

girl's situation or her pain. The report is not followed up on and [girls and their families] get tired of the process." The member said that this lack of cultural sensitivity left survivors feeling unsupported and disenfranchised and contributed to impunity for assailants.<sup>279</sup>

This can have grave consequences, as illustrated by the case of Maria, a 13-year-old Maya girl. The absence of an interpreter delayed the identification of the assailant, and the same person attacked her again.<sup>280</sup> The lack of interpreters can also affect the quality of testimony. In the case of a 14-year-old girl who became a mother due to sexual violence, authorities did not initially provide an interpreter, which led to an incomplete testimony. Her lawyer requested an expansion of her statement, but defense lawyers later questioned the veracity of her testimony. "Defense lawyers argue that since she didn't reveal everything in her first statement, she must be lying," said a member of a civil society organization."<sup>281</sup>

### *Inadequate Reparations for Survivors*

For most girls who are survivors of sexual violence and are forced to continue a pregnancy, receiving reparations remains a distant prospect. Most cases go unreported, but even girls who report their cases face often insurmountable barriers in accessing justice. Survivors endure prolonged judicial processes stretching over several years before a final ruling, when reparations (if any) may be granted.<sup>282</sup> Human Rights Watch sent a public information request to the Guatemalan Judicial Branch for more data but has not received a response at time of writing.

The government entity responsible for overseeing dignified reparation (*reparación digna*) is the Victims' Institute, which provides legal representation to girls.<sup>283</sup> However, the institute is not involved in all cases, and state institutions continue to face significant challenges in implementing dignified reparations. In August 2023, the Victims' Institute introduced a new policy aimed at defining and ensuring reparations for victims of all

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<sup>279</sup> Human Rights Watch interview with member of OSAR (name withheld), Coban, October 2023.

<sup>280</sup> Ibid.

<sup>281</sup> Ibid.

<sup>282</sup> Human Rights Watch virtual interview with member of MTM (name withheld), August 2023; Human Rights Watch interview with lawyer from Victims' Institute, Huehuetenango, September 2023.

<sup>283</sup> See Victims' Institute, "Policy of dignified reparation for the victim of crime 2023 – 2033 (Política de reparación digna para la víctima del delito 2023-2033)," August 2023, <https://transparencia.institutodelavictima.gob.gt/wp-content/uploads/2023/08/Pol%C3%81tica-de-Reparacion-digna-HIGH.pdf> (accessed January 15, 2025).



crimes. However, the full implementation of these reparations continues to face challenges in practice.

When reparations are granted, they often fall short of addressing the comprehensive needs of survivors. In many cases, the government’s reparative measures are limited to providing therapy to or enrolling survivors in the Vida program, which offers minimal financial support. Even in these cases, the government frequently fails to ensure that these limited provisions are carried out.

Psychological support granted in reparations is often inaccessible due to a lack of professionals at local health centers and families not being able to afford the cost of traveling.<sup>284</sup>

Similarly, financial reparations are often out of reach in practice. The Vida program is severely restricted with stringent eligibility criteria. Girls must initiate a separate civil procedure to enroll.<sup>285</sup> And even financial reparations ordered by judges rarely reach the victims. Girls must also take these cases to civil courts to access compensation. To follow this, girls and their families often need a private lawyer because no public defenders are available.<sup>286</sup> The lack of automatic referral to civil courts for reparations further complicates the process.

The legal and procedural complexity leaves girls and their families with an overwhelming burden, preventing them from accessing the reparations they are entitled to. An official from SVET said, “We still owe the victims of sexual violence a dignified reparation. It’s one of the pending matters: providing truly dignified reparations for girls who are victims of sexual violence.”<sup>287</sup>

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<sup>284</sup> Human Rights Watch interview with local SVET official (name withheld), Coban, October 2023.

<sup>285</sup> Ibid.

<sup>286</sup> Human Rights Watch interview with local SVET official (name withheld), Coban, October 2023.

<sup>287</sup> Ibid.

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# “Forced to Give Up on Their Dreams”

## Sexual Violence against Girls in Guatemala

Sexual violence remains pervasive and systemic in Guatemala, disproportionately affecting girls. Between 2018 and 2024, 14,696 girls ages 14 and under gave birth and became mothers, often against their will. Forced and early pregnancies can have life-threatening consequences, including risks to girls’ physical and mental health, and can profoundly impact the realization of their economic, social, and cultural rights.

“*Forced to Give Up on Their Dreams*” focuses on Guatemala’s failure to adequately address the specific needs of girls who are survivors of sexual violence and their unmet economic, social, and cultural rights. The report finds that girls’ access to health care is severely limited, particularly for rural and Indigenous girls, who face significant barriers such as long distances to health facilities and a lack of trained personnel. Many girls are also unaware of their rights regarding therapeutic abortion, further denying them necessary care. The education system has failed to support pregnant girls, with stigma and violence contributing to high dropout rates. Programs like “Vida”, which provides cash assistance to pregnant girls under certain conditions, are inadequate and difficult to access.

The judicial process for survivors of sexual violence is fraught with challenges, including long delays and revictimization, leading many to abandon their cases. With thousands of cases dismissed and minimal convictions, impunity remains rampant. Underreporting of sexual violence, poor data management, and a lack of coordination between government institutions has further hindered the government’s ability to track, prevent, and respond effectively to sexual violence.

Human Rights Watch calls on the Guatemalan government to take urgent action to ensure affected girls have access to health care, education, income, and social security, and adequate legal protections to recover and rebuild their lives.



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