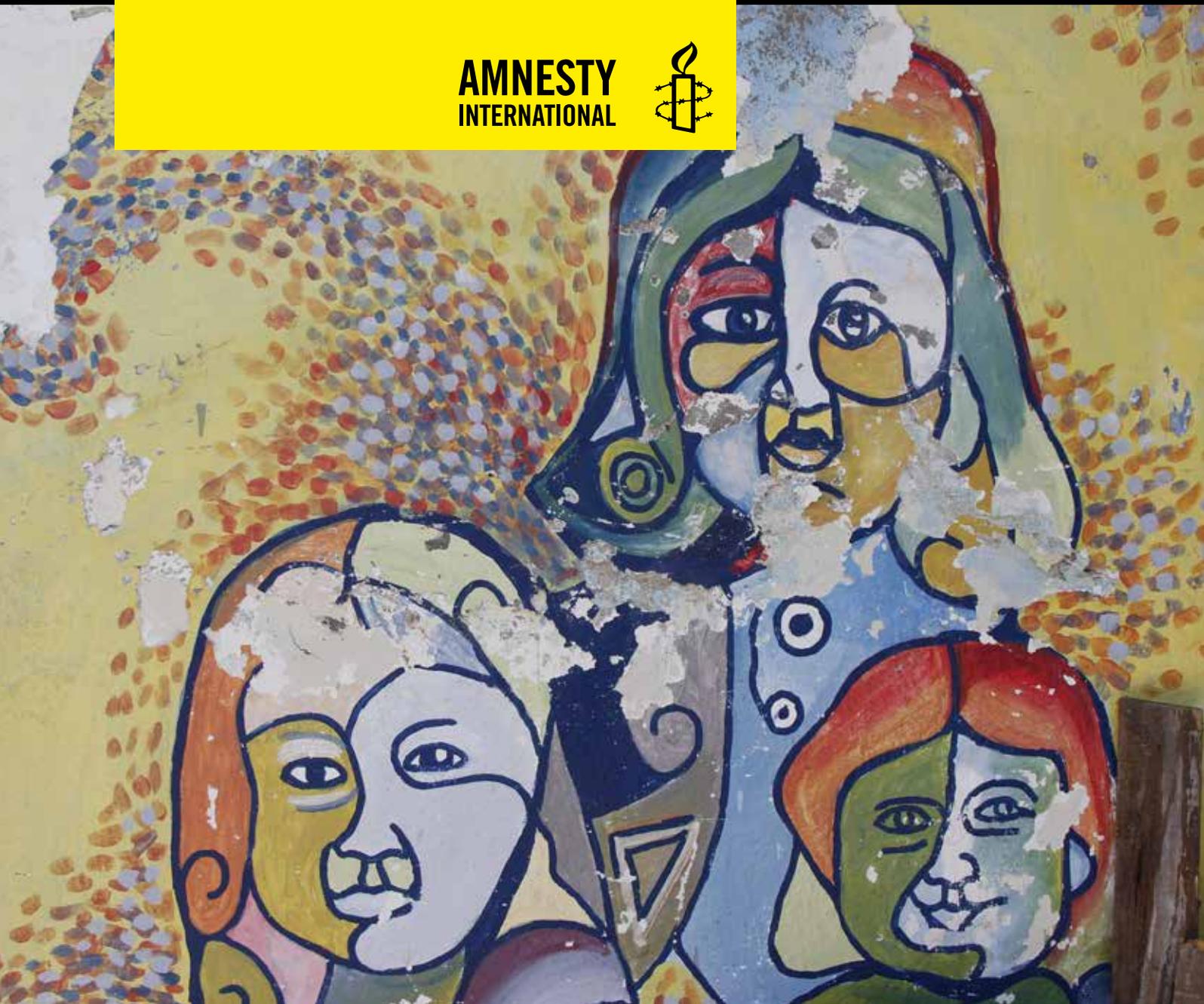


EXECUTIVE SUMMARY

ON THE BRINK OF DEATH

VIOLENCE AGAINST WOMEN AND
THE ABORTION BAN IN EL SALVADOR

AMNESTY
INTERNATIONAL



MY BODY MY RIGHTS CAMPAIGN

Amnesty International is a global movement of more than 3 million supporters, members and activists in more than 150 countries and territories who campaign to end grave abuses of human rights.

Our vision is for every person to enjoy all the rights enshrined in the Universal Declaration of Human Rights and other international human rights standards. We are independent of any government, political ideology, economic interest or religion and are funded mainly by our membership and public donations.

**AMNESTY
INTERNATIONAL**



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Cover photo: Mural at women's centre in Suchitoto, El Salvador, 2014. © Amnesty International

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INTRODUCTION

“We are many, and we will not rest until there are no more femicides, until the decriminalization of abortion is not just a dream.” - J, youth activist on women's and girls' rights

Every year, thousands of women and girls are denied their human rights by El Salvador's total ban on abortion and its criminalization. The Salvadoran government is ultimately responsible for the deaths of women and girls denied this option, and for thousands whose human rights have been violated as a result of the country's total ban on abortion.

The discrimination against women and girls is exacerbated by the state's failure to provide comprehensive sexual and reproductive health education and services, including modern contraception. These restrictions are serious violations of the human rights of women and girls and must be dealt with as a matter of urgency.

Despite advances in women's rights in recent decades, women and girls in El Salvador continue to face a myriad of barriers to full realization of their human rights, in particular their sexual and reproductive rights.

This document provides an executive summary of Amnesty International's research findings set out in full in the accompanying report, *On the brink of death: Violence against women and the abortion ban in El Salvador* (Index: AMR 29/003/2014). It summarizes Amnesty International's key concerns around the underlying factors influencing the development and implementation of the abortion ban and its deadly and devastating impact.

In the preparation of the report, Amnesty International conducted interviews and gathered testimonies from a broad range of civil society organizations, activists, health care professionals and other experts, as well as state officials. Amnesty International also interviewed survivors of gender-based violence, women who had undergone clandestine abortions and women who had served or were serving prison sentences for aggravated homicide linked to pregnancy related-complications, along with dozens of women's rights defenders.

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Amnesty International thanks all of the human rights defenders and health care professionals who shared their invaluable expertise and experience, and whose knowledge contributed to our research and conclusions. Amnesty International is also grateful for the assistance of the various Salvadoran state officials and for their willingness to meet with Amnesty International researchers.

Most of all, Amnesty International thanks all of the women who courageously told their stories, even when it was painful to do so, motivated by the hope that their words could contribute to change for the future.

Many women whose stories are told in this report have asked Amnesty International not to include information that might allow them to be identified. The real names of most of the survivors have, therefore, been withheld and replaced with pseudonyms chosen by the women themselves.

EL SALVADOR'S TOTAL BAN ON ABORTION

Persistent gender discrimination and inequality in Salvadoran society is at the root of women and girls' inability to exercise their human rights. Stereotypes around the role of women and girls as mothers and potential child-bearers, and attitudes towards sexuality and what constitutes acceptable behaviour for women and girls, create discrimination and inequality. In turn, this shapes the legal and societal response to issues affecting women and girls and holds back women's development and empowerment. As a result, women and girls face many forms of violence and have their rights and choices denied.

Nowhere is this discrimination against women and gender inequality more apparent than in El Salvador's total ban on abortion, which came into law in 1998. The law was heavily influenced by patriarchal and conservative forces including the Catholic Church hierarchy. All women and girls, regardless of their reasons for seeking an abortion, are prohibited from doing so. This includes women and girls whose health or lives are at risk and those whose pregnancy is the result of rape.

The law on the prohibition of all forms of abortion make it a criminal offence for a woman to have an abortion, or for anyone to assist her in procuring or carrying out an abortion. Women found guilty of terminating their pregnancies may be sentenced to long jail terms. Conviction is often based on weak or inconclusive evidence, following flawed trials. The effects of this legislation are nothing other than institutionalized violence and amount to torture and other forms of ill-treatment, a conclusion that is supported by the UN Special Rapporteur on torture.

Women who are forced to continue with their pregnancy despite serious and even life-threatening health conditions are denied essential medical care. A doctor working in a maternal health unit in a public hospital told Amnesty International:

"We're not discussing a medical question, but a purely legal one. We all know what needs to be done, but we go back to the fact that we all have our hands tied by what is written in the law."

Even in the case of ectopic pregnancy – a non-viable pregnancy where the foetus develops outside the womb, most commonly in a fallopian tube – doctors cannot act until the woman begins to haemorrhage, and is on the brink of death. A doctor on a public hospital maternity ward told Amnesty International:

"Even though we know that we must intervene, we can't because the embryo is still alive. So, we have to wait until the patient shows signs of haemorrhage, because otherwise it's illegal. Some colleagues will note on ultrasound scans: 'ectopic pregnancy: embryo alive'. Beneath that will be noted: 'remember, it is illegal to do this'. And the patient is even more confused. 'Look, I know what needs to be done... what am I going to do?'"

Women are forced to undergo prolonged pain and trauma in the full knowledge that their lives hang in the balance. The same doctor reported some women trying desperately to stay awake so that they would be immediately aware of the deterioration in their condition and

could call for life-saving treatment before it was too late:

“What could have been very straightforward operation is turned into high-risk surgery.”

As a result of the law’s harmful impacts, a series of UN treaty monitoring bodies, including the Committee against Torture, the Committee on Elimination of Discrimination against Women, the Committee on Economic, Social and Cultural Rights and the Committee on the Rights of the Child, have criticized the ban on abortion as a violation of the fundamental rights of women and girls. These human rights bodies have called on El Salvador to decriminalize abortion and ensure its availability in accordance with international human rights obligations, which include cases where there is risk to a woman or girl’s life or to her physical and mental health, in cases of rape or incest and in some cases of foetal impairment.

LACK OF ACCESS TO HEALTH CARE, INFORMATION AND EDUCATION

The situation is compounded by the fact that women and girls with limited financial resources cannot access reproductive health information or maternal health care, and there is a general lack of sexuality education and contraception for girls and young women. These restrictions increase the number of unwanted pregnancies, and are serious violations of the human rights of women and girls which must be dealt with as a matter of urgency.

Availability and accessibility of emergency contraception, as with other forms of modern contraception, is particularly important in El Salvador, given its complete ban on abortion. Yet, access to any form of modern contraception, including emergency contraception, can be difficult. Women in El Salvador face multiple barriers to accessing contraception. This is particularly true for those who are unmarried, young, have fewer economic resources or lower educational attainment and those who live in rural areas.

For many, access to contraceptives and other reproductive health services is compromised by societal, cultural and religious attitudes and restrictive gender norms that associate female sexuality with shame and embarrassment and reinforce women’s roles as principally wives and mothers. This acts to limit access to modern contraceptives and discourages women, particularly young women and girls, from addressing their sexual and reproductive health needs.

A youth worker in El Salvador outlined the problem of obtaining parental consent, which may discourage some adolescents from seeking contraception and other reproductive health services:

“Young women are looked badly upon if they go and ask for condoms at the health clinic. If they want contraception, if they are under age, then they need to bring parental permission or be accompanied by their father or mother. There’s no real access to contraception.”

RAPE SURVIVORS FORCED TO ENDURE MORE VIOLENCE

Women and girls in El Salvador who become pregnant as a result of sexual violence have no

option other than to carry the pregnancy to term or seek an illegal, unsafe abortion. The consequences of this are profound and long-lasting. The violence initially committed against the woman or girl is, in effect, compounded by the state, through its decision to ban abortion. Once again, they are denied control over their own body and again, it is the young and those without financial resources who are most at risk of harm.

One doctor described his experience of treating a nine-year-old pregnant rape survivor who was forced to carry the pregnancy to term:

"We had a nine-year-old girl here. She gave birth aged 10. She had been abused since infancy. She fell pregnant and... it was a very difficult case. Very difficult... it ended up being a caesarean section at 32 weeks... That case marked us a lot perhaps because she didn't understand what was happening to her... She asked us for colouring pencils. Crayons. And it broke all of our hearts because she started to draw us all, she drew and she stuck it on the wall. And we said: 'She's still just a girl, just a little girl'. And in the end she didn't understand that she was expecting."

Girls and adolescents in El Salvador, as in the rest of the world, are more likely to experience sexual violence than adult women. An eminent psychiatrist working with teenage girls in El Salvador describes the impact of the abortion ban on rape survivors as torture:

"We already know what a devastating effect it has on a woman, to have to carry to term an unwanted pregnancy which is the result of rape. But for an adolescent? It's even more devastating: its torture. Obliging an adolescent to carry on with such a pregnancy is torture, because it means exposing a girl to experiencing all the changes that come with pregnancy, feeling the baby move, and therefore constantly remembering what happened to her... We are torturing them."

The alarmingly high rates of sexual violence against girls and young women in El Salvador, combined with a lack of access to emergency contraceptives, forces many survivors to seek illegal and unsafe abortions, risking their health and even their lives.

CLANDESTINE ABORTIONS

Worldwide, unsafe abortions are the third largest cause of maternal mortality. According to data from the World Health Organization, legal restrictions on abortion do not prevent women and girls from undergoing abortion, but force them to seek clandestine, unsafe abortions instead, risking their lives and health. Amnesty International interviewed women and doctors who described the precarious and illegal circumstances under which they or their patients have undergone clandestine abortions. Some resort to dangerous methods such as consuming pesticides. Others introduce sharp foreign objects into their cervix, such as knitting needles or pieces of wood. Women with more financial resources seek the services of expensive clandestine clinics. However, the illegal nature of these clinics mean that they escape government regulation and oversight; a crucial measure of protecting women's health and lives.

Maryana sought a clandestine abortion when a pre-existing health condition began to worsen after she became pregnant. She told Amnesty International:

“In a country like this where abortion is criminalized, it makes us afraid. Having to do it behind my mother’s back, my sister’s back, my friend’s back, and maybe ending up in jail as well, they call us witches, the truth is, it’s really difficult here.”

The drug misoprostol, used in treating ulcers, has become widely used to induce clandestine abortions. This drug may be a life-saver for some women and girls in El Salvador who otherwise would have resorted to more dangerous methods. However, lack of information on appropriate dosages to induce abortion and lack of any medical supervision can result in serious complications.

“I was [bleeding] for just over two weeks. And I started to feel a little panicky because it was increasing. I was really afraid, because of all that going to see a doctor implied. The doctors have the power. The power to say: ‘I support you or I report you’... I felt like I couldn’t go to see the doctor straight away because many women recommend not to do it in case there are still the remnants of the pills you used. I was really, really afraid.” – Carla

ADOLESCENT SUICIDES LINKED TO PREGNANCY

According to the Salvadoran Ministry of Health, suicide ranks second as a cause of death for young people aged 10 to 19 years. Moreover, suicide accounts for 57% of the deaths of pregnant females aged 10 to 19. Given the stigma surrounding pregnancy and sexuality in girls and adolescents, and around suicide itself, it is likely that other similar cases have not been recorded.

A psychiatrist who treated a 13-year-old girl who became suicidal after becoming pregnant as a result of being raped by gang members, told Amnesty International:

“Many of these girls, we’ve come to know about – not because they’ve arrived at the hospital, but via the Institute of Forensic Medicine, imagine where they have ended up – they’ve ended up in the morgue, they’ve killed themselves.”

Carla, a youth worker, described to Amnesty International her desperation when she found out that she was pregnant:

“You can easily end up deciding that it’s best not to [carry on living]... and above all because we women are [ill-treated], put down, suffer from low self-esteem. The packet of rat poison works out cheaper and so... it’s obvious, you could end up doing that. At that moment, when you’re crying, when you feel bad, when you feel like there’s no way out, when you feel like you have no support, that option seems like the easier one.”

Available data does not include attempted suicides that caused long-term physical harm. Amnesty International interviewed one doctor who described the case of a young woman lying in a coma from which she was not expected to recover. She had taken rat poison in a bid to either take her own life or end her pregnancy.

BREACHES OF CONFIDENTIALITY FOR WOMEN SEEKING POST-ABORTION CARE

The complete ban on abortion in El Salvador is obstructing the provision of post-abortion care

as well as compromising services for women experiencing a miscarriage. The harsh criminal penalties for assisting in or performing abortions, and lack of legal clarity around patient confidentiality, have resulted in some health professionals and hospital staff reporting women who have had abortions or miscarriages to the police. There is a well-founded fear by women of being reported to the authorities if they seek necessary medical care after having an abortion. According to research on 129 cases conducted by the non-governmental organization Agrupación Ciudadana por la Despenalización del Aborto Terapéutico, Ético y Eugenésico (Agrupación Ciudadana), over 57% of complaints to the police of suspected abortion originated from health professionals.

Such reporting severely compromises access to post abortion care, placing women at increased risk of lasting health complications and death. Women who have undergone clandestine abortion or had a miscarriage who fear being reported to the police may be less likely to seek care and therefore risk their ongoing health. The quality of care received by those who do access services is also likely to be compromised where it results in police involvement or mistreatment by healthcare staff.

Additionally, the law in El Salvador on the protection of confidentiality does not provide clear guidance in these circumstances. The Salvadoran Penal Code classifies the failure to report a suspected crime as a criminal offence. However, under the Criminal Procedures Code, health professionals are exempted from this if they have become aware of it while bound by patient confidentiality.

Moreover, the Salvadoran Health Code, the Penal Code and the Criminal Procedures Code all recognize patient confidentiality as a duty stemming from the core role of the medical profession. A health professional's duty to maintain this confidence is taken so seriously that a health professional who breaks this confidence can be imprisoned. Health professionals are also prohibited from testifying against their patients in court regarding information they have obtained in the course of their duties. However, Amnesty International is not aware of any health providers who have been punished or reprimanded in any way for reporting women seeking post-abortion care or treatment for miscarriage to the authorities.

CRIMINALIZATION OF WOMEN SUFFERING MISCARRIAGES

Women who are suffering miscarriages also come under suspicion due to the confusion around the health professional's duty under the law, as well as the harmful discriminatory stereotypes around women and general contempt some women report facing when seeking health care.

Amnesty International found a number of cases of women suffering miscarriages who had been reported to the authorities by health care personnel and interrogated by the police. Some had ultimately been prosecuted for homicide and imprisoned. Such wrongful prosecutions and misapplication of the criminal law is rooted in the harmful and discriminatory stereotype that women's value stems from their role as mothers and child bearers. Amnesty International interviewed Dennis Muñoz, a lawyer working for Agrupación Ciudadana, who seeks the release of women wrongly prosecuted. He explained:

"In these cases, they immediately assume that the women are guilty and there's no gender perspective. This is a witch hunt. The authorities are trying to make an example of these women."

CRISTINA'S STORY

Cristina told Amnesty International that she was 18 when she was arrested in October 2004. While pregnant she felt a searing pain and rushed to the bathroom. She lost consciousness and was found by her family, haemorrhaging and covered in blood. She was rushed to hospital where, far from being treated as a patient in distress, she was accused of being a criminal and asked "why did you kill your child?"

Hospital staff reported Cristina to the police on suspicion of having brought on an abortion. She was given a general anaesthetic and curettage to remove any remaining tissue from her womb. Police officers arrived at the hospital and interrogated her before she had fully regained consciousness.

"When you come round from the anaesthetic you feel all dizzy. I couldn't see properly, I just saw everything blurred. What I could see was something shining, but I said to myself, doctors don't wear blue. And I saw it was the badge he was wearing that was shining. And that's when he said to me 'You're under arrest for the murder of your child'."

Agrupación Ciudadana has identified 129 women who were charged with abortion or aggravated homicide between January 2000 and April 2011, reporting that some of these women had undergone clandestine abortions while others had suffered miscarriages. According to Agrupación Ciudadana, 26 of the 129 women charged were convicted of homicide or aggravated homicide and given prison terms. The women's testimonies and medical evidence presented in court suggest that some of these women appear to have had miscarriages. Of the 26, most were found guilty of aggravated homicide, on the grounds that they were related to the victim. This charge carries a sentence of between 30 and 50 years' imprisonment.

Agrupación Ciudadana also noted that the 129 women charged tended to be young, single, poorly educated and living in poverty. For example, almost 70% were between the ages of 18 and 25 and almost 75% were single.

More recently, the National Civil Police recorded a total of 16 women and girls charged with the crime of abortion in 2013, of whom six were aged 17 or under at the time of the alleged offence. A further eight women and girls were charged with undergoing an abortion from January to March 2014.

DUE PROCESS CONCERNS FOR WOMEN CONVICTED

MARÍA TERESA RIVERA'S STORY

María Teresa Rivera was a 28-year-old single parent working in a garment factory when she experienced the impact of El Salvador's abortion ban. Unaware that she was pregnant, in the early morning one day in November 2011 she felt the urgent need to use the toilet. She was found by her mother-in-law, bleeding on the bathroom floor.

She was rushed to hospital where a member of staff reported her to the police. Police officers arrived and began questioning María Teresa without a lawyer present.

María Teresa was charged and tried. Inconclusive scientific evidence was presented by the prosecution, yet it was accepted by the presiding judge as being strong enough to convict her.

In the ruling, the judge declared that María Teresa's assertion that she had not known she was pregnant – a key point in the case – was not credible because the court had evidence that in January 2011 she told her employer that she thought she might be pregnant. A pregnancy which began in January 2011 and ended in November 2011 would mean María Teresa had been pregnant for 11 months.

In the face of this erroneous evidence, the court apparently saw in María Teresa a woman who had transgressed the expected role of maternal protector and had in some way deliberately ended her pregnancy. Sentencing María Teresa to 40 years' imprisonment for aggravated homicide in July 2012, it was reported to Amnesty International that the judge said:

“She had the obligation to care for and protect this little baby that she carried in her stomach, and in this sense, she went to the aforementioned septic tank, with the intention of expelling it violently so that inside, it would not have the opportunity to breathe, and so cause its death, in order to later say that she had suffered a miscarriage; without foreseeing that she would suffer complications and would be obliged to make her way to a hospital...”

María Teresa told Amnesty International in September 2013: *“What are my hopes for the future? Freedom. I often feel sad at night, because I want to be with my son, to sleep beside him... I want them [women outside prison] to value all that they have outside, because they don't realize what they've got. Water, one cent... they should value everything, everything”*.

María Teresa is one of a group of 17 women imprisoned, some on pregnancy-related grounds, including abortion and miscarriage, on whose behalf Agrupación Ciudadana lodged a petition for pardon on 1 April 2014, having exhausted all other legal avenues for their release. According to Agrupación Ciudadana, some of the women have already served over 10 years in prison. All of them come from the poorest sectors of Salvadoran society.

Based on information Amnesty International has received from the women's lawyers and from Agrupación Ciudadana, the cases of the 17 women raise serious concerns regarding the women's right to due process, including their rights to a fair and effective investigation and to a fair trial.

All persons are entitled without any discrimination to the equal protection of the law, including on grounds of gender and socio-economic status. Amnesty International is concerned that in these cases, the women's socio-economic status and gender has played a role in the discriminatory treatment they have received from the criminal justice system, and has tainted the gathering and assessment of evidence used to convict them. Amnesty International is further concerned that the emotive context regarding women and girls' access to sexual and reproductive rights in El Salvador has influenced the prosecution and sentencing of these 17 women, and possibly others.

Amnesty International identified three overlapping concerns raised by lawyers, health professionals and women Amnesty International interviewed: stigmatizing and discriminatory stereotypes of women as primarily child bearers and mothers, including placing unreasonable and sometimes irrational obligations on women to protect foetal life; lack of adequate

counsel; and evidence which does not support the charges.

Moreover, Amnesty International is concerned that in some cases, the mischaracterization of the facts, despite what appears to be available evidence to the contrary, has led to the misapplication of the criminal law, resulting in the arbitrary deprivation of liberty. For example, having a miscarriage rightfully does not constitute a criminal offence under the law of El Salvador and thus, women cannot be held criminally liable. Yet, according to Agrupación Ciudadana, women have been wrongly prosecuted under homicide and aggravated homicide statutes, despite medical evidence indicating they had suffered a miscarriage.

WIDER IMPACT ON WOMEN AND THEIR FAMILIES

Women released from prison after serving part of their sentences told Amnesty International of their feelings of profound sadness for the years they lost with their families and loved ones and the impact it has had on their children.

ROSEMERY'S STORY

Rosemery served more than seven years of a 30-year sentence for aggravated homicide before her sentence was annulled following a review. She was released in 2009. She told Amnesty International of the impact of the separation from her three young children for seven years:

"My eldest daughter was seven years old. My youngest daughter was four years old. And my little boy was just one year and three months old. He was still just a baby. It was hard when my little boy used to come to see me. He used to grab hold of my blouse and he ripped a good few of my blouses because he used to grab hold of me and he didn't want to leave me. It was hard for me to turn away, not to look at his face, and to hand him to my mum..."

"One day he said – he took a look at the policeman, he looked at me, and he looked over his shoulder – and he said: 'Mum, I'm going to ask you something, but do it. I'm going to go over and talk to the policeman and while I'm talking with him, and he turns round towards me, you run out of here. Run out of here and I'll wait for you outside.' Another day he said to me: 'Mum, I'm going to ask you a big favour, but please do it for me'. He stayed looking right at me and my mother, and he said – this still hurts me when I remember it – 'make yourself really small, the smallest you can, and I'll put you in the pocket of my trousers. And when they search me not even the policeman or anybody will find you'. Yes, that still hurts."

The imprisonment of women such as Rosemery, Cristina, and María Teresa Rivera is contrary to the UN Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders, also known as the Bangkok Rules. While not legally-binding, the Rules recommend that:

"Non-custodial sentences for pregnant women and women with dependent children shall be preferred where possible and appropriate, with custodial sentences being considered when the offence is serious or violent or the woman represents a continuing danger, and after taking into account the best interests of the child or children, while ensuring that appropriate provision has been made for the care of such children."

In handing down lengthy custodial sentences to mothers of young children, including following unfair trials, the Salvadoran authorities are not only violating the rights of these women, but also the rights of their children.

CONCLUSION

El Salvador's total abortion ban places women and girls on the brink of death. It also severely compromises the health and wellbeing of thousands who are forced to rely on unsafe clandestine abortions, who have suffered miscarriage, or who have been raped. It leads to the arbitrary and unjust imprisonment of women and girls for 'crimes' which in reality amount to attempting to exercise their basic human rights. The failure of the Salvadoran government to address damaging cultural norms that marginalize and restrict the lives of women and girls, as well as their refusal to properly address the inescapable barriers to modern contraception and effective sexuality education, condemns generations of young women to a future shaped by inequality, discrimination, limited choices and restricted freedoms.

Amnesty International's findings provide a glimpse into the pervading cultural and institutional barriers that women and girls in El Salvador face to exercising their human rights, particularly those barriers that obstruct the realization of their sexual and reproductive rights. The testimonies of the women and others who spoke to Amnesty International illustrate in explicit and distressing terms the terrible cost that these barriers exact on women and girls on a daily basis in terms of their health, personal freedoms, socio-economic circumstances and mortality. They also demonstrate how gender equality cannot become a reality in El Salvador as long as cultural prejudices and prevalent gender stereotypes are enshrined and promoted through reckless, discriminatory laws and institutional practices.

The government of El Salvador has committed to the advancement of the rights of women and girls through the adoption of a wide range of international and regional human rights treaties and global agreements. However, these commitments are rendered meaningless by the systematic failure to address legal, institutional and societal discrimination and violence against women in the country.

More information on the relevant human rights legal framework can be found in the report that accompanies this summary (Index: AMR 29/003/2014).

The following recommendations outline what the Salvadoran government must now do to honour its human rights obligations and effectively respect, protect and fulfil the rights of women and girls.

RECOMMENDATIONS

Amnesty International calls on the Salvadoran authorities to take legislative and educational measures towards eliminating harmful and discriminatory gender stereotypes throughout society, including in the criminal justice system, and to pay particular attention to vulnerable groups, such as girls and those living in poverty.

Amnesty International calls on the Salvadoran authorities to:

1. Ensure access to safe and legal abortion

- Repeal laws criminalizing abortion; ensuring the elimination of punitive measures for women and girls seeking abortion, and for health care providers and others performing abortions or assisting in obtaining such services where consent is fully given;
- Ensure access to abortion both in law and in practice, at a minimum, in cases where pregnancy poses a risk to the life or to the physical or mental health of a pregnant woman or girl, in cases where the foetus will be unable to survive outside the womb, and in cases where the pregnancy is the result of rape or incest;
- Ensure that all laws and practices establish the duty of health providers to respect patient confidentiality, including by not reporting women suspected of undergoing abortions and those who have had miscarriages to law enforcement authorities. Ensure that all staff working in the health care system are aware of this legal obligation and impose sanctions on those failing to comply.

2. Imprisonment of women in connection with pregnancy-related issues

- Immediately and unconditionally release all women and girls who have been imprisoned in relation to undergoing abortions or for having miscarriages, including those convicted of abortion, homicide, aggravated homicide or any other crimes. Ensure that such women and girls, as well as those serving non-custodial sentences, are not left with a criminal record;
- Drop charges against women and girls whose cases are pending trial in relation to undergoing an abortion or having a miscarriage, and immediately and unconditionally release any of them who are detained;
- Until relevant laws are changed, cease investigating and charging women and girls in relation to undergoing abortions or for having miscarriages;
- When considering the pardon petition submitted by the human rights group Agrupación Ciudadana in relation to women imprisoned for other pregnancy-related issues, assess if convictions were a result of unfair proceedings. In particular, examine the following:
 - Whether the woman was informed of her rights prior to questioning;
 - Whether the woman had access to effective and timely legal representation;
 - Whether the woman was questioned while lucid, including not under the effects

of anaesthetic, severe blood loss or while in shock;

- Whether forensic evidence met acceptable scientific standards, and whether forensic and other evidence against these women was incomplete, contradictory or inconclusive;
- Whether any of the women were suffering from a mental health disorder or condition at the time the events occurred;
- Whether the law enforcement and justice officials involved in the cases complied with their professional obligations to non-discrimination and ensuring equality before the law, including not relying on discriminatory gender stereotypes when fulfilling their job duties.

3. Guarantee access to modern contraceptive information and services

- Ensure that all women, including young women can access contraceptive information and services, including the full-range of quality modern methods of contraception, including emergency contraception;
- Ensure access to youth-friendly, confidential sexual and reproductive health information and services, including by repealing laws and stopping practices which mandate parental or guardian consent for accessing contraception;
- Provide comprehensive, accurate and non-discriminatory sexuality education both inside and outside the formal education system.

4. Fully implement and resource the 2012 Special Integral Law for a Life Free from Violence for Women

- Ensure that all state bodies tasked with the implementation of the 2012 Special Integral Law and other related legislation designed to promote and protect women's rights have the necessary resources to carry out their roles and that they are trained in the application of the 2012 Special Integral Law and in gender sensitivity and non-discrimination;
- Ensure that a single coherent system of data collection is available and operational, in order to properly assess the scale and nature of violence against women and girls;
- Ensure that additional shelters are made available across the country for women and their children fleeing gender-based violence;
- Ensure that any official who allows, promotes or tolerates impunity for, or who blocks investigation of crimes of violence against women faces a sanction for doing so, as articulated in Article 4 of the 2012 Special Integral Law

WHETHER IN A HIGH-PROFILE CONFLICT OR A FORGOTTEN CORNER OF THE GLOBE, **AMNESTY INTERNATIONAL** CAMPAIGNS FOR JUSTICE, FREEDOM AND DIGNITY FOR ALL AND SEEKS TO GALVANIZE PUBLIC SUPPORT TO BUILD A BETTER WORLD

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ON THE BRINK OF DEATH

VIOLENCE AGAINST WOMEN AND THE ABORTION BAN IN EL SALVADOR

Persistent gender discrimination and inequality are at the root of women's and girls' inability to exercise their human rights in El Salvador.

Every year, thousands of women and girls are denied their rights and choices by El Salvador's total ban on abortion and its criminalization. Women and girls who are carrying an unwanted pregnancy are confronted with two options: commit a crime by terminating the pregnancy, or continue with the unwanted pregnancy. Both options have life-long and potentially devastating implications. The number of girls and young women facing this choice is exacerbated by the failure to provide comprehensive sexuality education and quality, modern contraception.

These restrictions are serious violations of the human rights of women and girls and must be dealt with as a matter of urgency. The Salvadoran government is ultimately responsible for the deaths of women and girls denied an abortion and for thousands of others whose human rights have been violated as a result of the country's total abortion ban.

This executive summary outlines the barriers faced by women and girls in El Salvador in exercising their rights, particularly those barriers that obstruct the realization of their sexual and reproductive rights. It includes testimony from health experts, women's rights defenders and the women themselves. This executive summary accompanies the report of the same name, which provides further detail, testimony and analysis of these issues.

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