



Shadow Report for the Human Rights Commission: State of Sexual and Reproductive Rights and Violence Against Women in Chile

(January 2024)

Interregional Coalition for Women's and Sexual and Reproductive Rights

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- **NGO Amaranta:** Feminist organization founded in 2018 Concepción, Chile, which seeks to educate, investigate and activate in order to prevent and address gender violence. Today it has a team of 11 women distributed between the cities of Concepción, Chillán, Linares and Santiago. Web: amarantas.org | social networks @AmarantaONG.
- **Coordinadora por los Derechos del Nacimiento:** Coalition of Civil Society Organizations founded in 2016 that promotes the approval and implementation of the Adriana Bill on sexual, reproductive and gynecological rights and prevention of Gynecoobstetric Violence. Web: derechosdelnacimiento.cl | @cdn_chile
- **Observatorio de Violencia Obstétrica Chile:** Foundation that seeks to raise awareness of obstetric violence and its consequences since 2014, conducting studies and training on the subject, and providing psychological and legal support to women and families affected by this type of gender violence. Web: ovochile.cl | @fundacion_ovochile
- **Relacahupan Chile "Red Latinoamericana y del Caribe por la Humanización del Parto y Nacimiento" (Latin American and Caribbean Network for the Humanization of Childbirth):** Organization that brings together 17 member countries in Latin America and the Caribbean where Chile is part since its inception in 2000, carrying out various activism and awareness campaigns and courses, to various groups and communities of women and midwifery students on the paradigm shift and awareness that crosses the childbirth-birth in Chile and the world.
- **NGO Matria Fecunda:** Corporation of the Maule region, founded in 2015 from the Gynecological and Obstetric Violence (GOV) experiences of its founding members. Seeks to promote, educate and develop actions to protect women's human rights, especially sexual and reproductive rights. It develops clinical accompaniment, networking and advocacy through evidence-based activism.
- **Corporación de Abogadas Feministas CORAFEM:** A group of women lawyers from the Biobío region, dedicated to mainstreaming the gender approach, providing free extrajudicial advice and carrying out activities to **disseminate and promote the rights of women, dissidents and sexual diversity.**
- **Corporación Madre Nativa:** It is an autonomous and feminist organization based in Arica, in the extreme north of Chile. It works to promote the protection of reproductive and non-reproductive sexual rights of women and dissidents.
- **Colectiva contra la Violencia Ginecológica y Obstétrica:** Group of women organized against gynecological and obstetric violence. It actively reports on research, debates, questioning and new laws in Chile.

Introduction

1. In 2014, **the International Covenant on Civil and Political Rights** made a series of recommendations to the State of Chile regarding **Non-Discrimination and equal rights between men and women** (recommendations 11 to 13 and responding to articles 2, 3, 17 and 26 of the Covenant), **Abortion** (rec. 15), **Violence against women** (rec. 16) and **Prohibition of torture and cruel treatment** (rec. 17 to 19 and responding to art. 8).
2. Although the State of Chile has made **some progress in those matters during the last decade** (such as the implementation of laws such as the Three-Case Abortion Law in 2017, which improves the figure of femicide or "Gabriela Bill" in 2020, the "Antonia Bill" which criminalizes the induction to suicide and femicide suicide in 2022 and the 21. 565 bill, which establishes a protection and reparation regime for the victims of femicide in 2023. In addition, the approval by the Senate of the bill for the change of the Conjugal Partnership in 2024 and the bill that consecrates the Right to a Life Free of Violence), in the second constitutional procedure , there are still pending challenges.
3. This document reports on the **main violations of women's rights and sexual and reproductive rights in Chile** and makes recommendations for their advancement and guarantee based on the recommendations accepted by the State of Chile from the ICCPR Human Rights Committee in 2014.
4. It should be noted that this report was **written by civil society organizations from a diversity of territories and regions of Chile and that the sources of information in this report are mixed**: from formal investigations carried out by the organizations and requests for information to the State via the Transparency Law, as well as qualitative information (reflections, analyses, observations) gathered by working in the territories and at the community level.

I. Non-discrimination, equal rights for men and women

5. In 2014, the State of Chile was instructed to adopt legislation that expressly guarantees equality between women and men, to adopt effective mechanisms to redress discrimination, and to make efforts to eliminate gender stereotypes and increase women's participation in the labor market (recommendations 11 to 13).
6. Despite some efforts by the State to incorporate the gender perspective in areas such as politics (with gender parity in the Constitutional Process of 2019), education and labor, discriminatory gender stereotypes still persist in Chilean society. These were even deepened during the COVID-19 pandemic.
7. The Lilén Program of the NGO Amaranta (Ananías, 2023), which **has benefited more than 900 students and around 90 teachers from seven public high schools in the Biobío Region**, has corroborated how the **feminization and masculinization of technical secondary careers persists**; in the case of careers related to Secretarial and

Preschool Pedagogy, courses have been detected to be 100% female, while careers such as Metallurgy and Mechanics are mainly made up of male students.

8. In addition, during the workshops of this same program (ibid.), **inequalities were detected in the classroom**. Among the findings in the youth population were: less participation (and even disinterest) of male students in topics related to gender violence, unequal sex-affective relationships based on stereotypes and conservative family nuclei in which unpaid work continues to fall on the women in the family.
9. Among the teachers, there was a **lack of knowledge of the gender perspective and how to apply it to their work and the classroom**, as well as teachers who accept having **unequal perceptions of their students based on gender stereotypes**.
10. These inequalities **deepen towards the peripheries of the cities and the region itself**, finding greater cases of discrimination, inequality and stereotypes in municipalities such as Arauco, Penco and Coronel (which are farther away from the regional capital of Concepción), which shows that public policies in the country continue to be centralized.
11. The same observation is made by the NGO Matria Fecunda, which works in the Maule region, since it corroborated that **only 17% of the schools in the region had teacher training on sexuality, affectivity and gender issues**, based on data requested through the Transparency Law.
12. At the higher education level, the Corporación de Abogadas Feministas (CORAFEM) is concerned about gender gaps: although women have more access to higher education (46.3% versus 38.2% for men), they **are less present in areas such as Technology (-65.5%) and Basic Sciences (-7.3%)** and more present in the areas of Health, Education and Social Sciences (Subsecretaría de Educación Superior, 2022). In other words, gender stereotypes are maintained, which keep women in careers related to Care Work, which, therefore, are paid less in comparison to men.
13. This shows that the State party has not fully implemented recommendation 13 of the Human Rights Committee of the International Covenant on Civil and Political Rights, allowing discriminatory stereotypes and gender inequalities to persist at the educational, labor and social levels.

Recommendations:

14. To enshrine substantive equality of men and women at the legislative level.
15. Incorporate gender training in the teaching career in a generalized manner and not as an isolated event (as is the case with the current seminars or complementary modules), both for teachers in training and those who have already graduated, at all levels of

education (Kindergarten, Elementary and Secondary Education).

16. That training in gender perspective be incorporated into all university careers in a generalized manner and not as an isolated event, both for students in training and those who have already graduated, and that it be given by experts in the field.
17. That training in gender perspective is incorporated to university professors on a regular and updated basis, by experts in the field, and adapted to the specific professional field.
18. Facilitate training and discussion spaces, both at school and citizen level, to rethink gender stereotypes and inequalities in Chilean society, especially in the peripheries of the territories, decentralizing access to education on the subject.
19. Generate employment programs that seek to bring masculinized areas closer to women and vice versa.
20. The creation of a mechanism for following up and assessing compliance of ongoing training from a gender perspective, which will make it possible to identify progress and shortcomings.

II. Abortion

21. One of the recommendations made to the State of Chile was to advance in the legislation on abortion and ensure reproductive health services for women and adolescents, in addition to implementing educational programs on the subject.
22. While the State enacted in 2017 the Three-Cause Abortion Law (Ley de Aborto en Tres Causales (Ley IVE 21. 030), this is insufficient to address all the reasons why women have abortions (including failures in the manufacture of batches of contraceptive pills that have massively affected users since 2020) and it is not even that accessible: the availability of services and access to benefits is threatened with the **conscientious objection rule contained in the law**, which is supported by data from Corporación Humanas that warn about **hospitals where 100% of the gynecologist-obstetrician professionals are conscientious objectors** (Humanas, 2022). A similar situation is alerted by the NGO Matria Fecunda in the Maule region and from **the request for transparency regarding the hospitals of Constitución and Cauquenes**.
23. Other barriers that threaten compliance with the law are the **lack of professional training and the rule that prevents advertising in health facilities**, reflected in the lack of socialization and dissemination among women, which has been alerted by the Mesa Social de Aborto (Mesa Acción por el Aborto en Chile, 2021).
24. It is important to note that sexual and reproductive rights include the right to sexual and reproductive autonomy, that is, the right to make free and informed decisions about their

sexuality and reproduction. The aforementioned violates this right.

25. Added to this is the invisibilization of gynecological-obstetric violence, which is still not criminalized by law and affects not only women who have abortions, but any girl, adolescent or woman from the moment she accesses (or does not access) her first sexual health consultations, going through different processes of her life, such as pregnancy, sterilization and/or menopause.
26. Obstetric gynecological violence involves an **abuse of power that deprives women of their right to make decisions about their bodies**, their health and that of their children. This abuse of power and consequent limitation of women's ability to make decisions is one of the main characteristics of obstetric violence, and distinguishes it from malpractice per se.
27. One of the most evident forms of obstetric violence in the region of Arica and Parinacota is **the joint attention, in the same room, of women who have given birth with women who have experienced a gestational loss or abortion, despite the implications that this has for both**. In this regard, we must point out that in Chile there is the Dominga Bill and a Technical Standard approved from this law, which require the separation of rooms to ensure the dignified treatment of women who have experienced gestational loss, however, this requirement is not met, as has been stated by the authorities of the Regional Hospital of Arica Dr. Juan Noé Crevani .
28. In the area of Comprehensive Sexual Education, this continues to be a pending task of the State of Chile. Although some schools are required to teach CSE in secondary education (by Law 20.418), **it is generally done from a biological perspective** (understanding of anatomical and reproductive aspects) without touching on issues such as consent, affective development, self-care, gender violence and gender diversity.
29. In this context, legislators and civil society organizations have elaborated and demanded the promotion of a law that establishes a **National Policy on Comprehensive Sex Affective Education**; unfortunately, this project is still stuck in the National Congress.
30. In parallel, during 2022, **39,933 complaints were received for sexual crimes in which the victim was a child or adolescent; 42% higher than the cases that were registered during 2021**, making 2022 the historical maximum of complaints, according to the report of the Fundación Amparo y Justicia (Vega, 2023) based on figures from the Public Prosecutor's Office. Additionally, **46% of the population declares that they received bad or very bad sexual education**, according to a survey by the Ministry of Women and Gender Equity in conjunction with Corporación Humanas (Durán, 2023).
31. A similar situation has been corroborated by the NGO Amaranta working in public schools in Biobío, in the midst of the implementation of the Lilén Program (Ananías, 2023). Among the problems identified among students, there are: **numerous cases of**

street harassment against female students (who are often unaware of the existence of the Law against Street Harassment), **lack of knowledge about basic concepts of sexuality** (they do not know words such as "coitus" and "vulva"; They have difficulty defining "consent" and distinguishing between "sex", "sexuality" and "gender"), **lack of access to information about their sexual and reproductive rights**, overexposure to pornography and its myths, **lack of knowledge about the practical use of barrier methods, lubricants and contraceptive methods**, **lack of knowledge about the current Three-Cause Abortion Law**, embarrassment to talk about topics such as menstruation, presence of myths about "virginity", little information about HIV (lack of knowledge about treatments such as retrovirals, PREP and undetectable load), **cases of teenage pregnancy and abortion, and cases of grooming and rape.**

32. It should be noted that these problems are aggravated towards the peripheries of the cities and the region, as is the case with stereotypes.
33. This shows that the State has not implemented recommendation number 15, indicated by the Human Rights Committee of the International Covenant on Civil and Political Rights.

Recommendations:

34. To repeal the norm of the current Three-Case Abortion Law that allows conscientious objection of health professionals working in the public system, considering that they should be guarantors of the right of the communities and not an impediment to it.
35. To repeal the norm of the current Three-Case Abortion Law that prevents communication and educational campaigns on this issue, preventing people from making informed reproductive and sexual decisions.
36. To advance towards Free access and Free of cost Abortion Law, which covers all the reasons why girls, adolescents and women need access to this health service.
37. That a budget be allocated to the Dominga Bill in order to comply with its requirements, which imply an investment in infrastructure and personnel.
38. That the Regional Hospital of Arica Dr. Juan Noé Crevani and all public hospitals that are in the same situation be required to modify the distribution of spaces so that it is possible to attend women who have given birth and those who have experienced gestational loss or miscarriage separately.
39. Promote the National Policy on Comprehensive Sex and Affective Education as a matter of urgency. This policy should not only cover the education of children and young people, but also the whole school community, including teachers, teachers' assistants, administrative staff, parents and other guardians and caregivers/carer.

40. Promote communication and educational strategies to raise awareness of the Law against Street Harassment among the population and ensure that complaints are received effectively.
41. Facilitate spaces for literacy in comprehensive sexual education for adults who have not had access to it.

III. Violence against Women

42. The State of Chile was told to accelerate the adoption of the new law on the elimination of violence against women, as well as provide training on gender perspective within its institutions, especially among judicial personnel and public forces. And although progress has been made with some training and improvements to the current Law on Domestic Violence (which included violence in informal relationships), it is still inefficient to cover all forms of violence that affect women in multiple spaces, including the workplace and digital spaces.
43. Despite the policies that have been installed in the country to address gender violence since the early 1990s, it continues to be highly prevalent. According to figures from the Millennium Institute for Research on Market Imperfections and Public Policy (MIPP Communications, 2023), **in 2022, 23.3% of women in Chile were victims of some type of violence; and when asked about violence they have suffered at any time in their lives, the figure reaches 44%**. Its most extreme expression is femicide, which has not diminished, and even increased in cases during the pandemic, taking the lives of around fifty women annually.
44. A frequent problem detected by Corafem, in the instances they call "Corafem in your neighborhood" where they provide legal advice in different territories of Biobío, is the **lack of information regarding legal proceedings that are underway. This leads to uncertainty and, in general, a feeling of abandonment and lack of protection.**
45. **The problem of access to justice due to being victims of economic violence, or, failing that, due to the lack of supply or speed of institutions** such as Corporación de Asistencia Judicial, Sernameg or Legal Clinics of Universities was identified from the counseling provided to different women in the municipalities of Hualpén and Concepción during 2022 and 2023.
46. In the case of counseling in Arauco Province, the Mapuche women who have received assistance for domestic violence report that **the police often do not respond to the calls of the victims of these crimes when they are occurring**. Several of them have pointed out that Carabineros de Chile say that they do not go to the "conflict zones" because this is the responsibility of Special Forces personnel, due to the militarization of the territory.

47. Corafem is attentive to the statistics of cases under investigation in the Prosecutor's Office regarding **sexual exploitation** (ESCNNA), mainly due to cases of **adolescents being approached in residences** and their environments where caregivers are unable to identify risk factors or indications in complex crimes, associating cases of sexual exploitation to sex-affective relationships.
48. At youth level, in the work of the NGO Amaranta (Ananías, 2023) in various territories of Biobío through the Lilén Program, it has been detected that: of the 7 secondary schools in which the organization has worked, **2 have already had recent cases of female students who were victims of femicide**; a case of lesbo-hate resulting in death in a high school in Coronel and a case of femicide that affected a former student of a school in Penco. In addition, **of the 24 courses or groups of volunteer students with which the organization has been involved, there has not been a single one where a case of violence was not detected**. The most reported – between dialogue spaces and anonymous surveys – have been: harassment through technologies, street harassment, domestic violence, institutional violence (at the hands of state agencies such as Mejor Niñez), sexual violence (especially grooming and abuse) and violence in relationships.
49. Another problem detected during the work of ONG Amaranta in the territories has been the presence of **romantic love myths in the discourse and relationships of young people**. Beliefs such as "love is all-powerful and forgiving", "you are mine", "there is no age for love", or that romantic love is the center of life are still present and normalized among young people. Even in peripheral communities, cases of students who left their homes to live with their partners as a way of escaping domestic violence were identified, although these beliefs and stereotypes may end up replicating it.
50. A crisis of gender violence becomes visible: if there is lack of non-sexist education and comprehensive sexual education in a globalized manner in the formal and non-formal educational system, the bodies of women and girls continue to be an object of conquest and possession, and inequalities and stereotypes that generate unequal forms of coexistence between different genders are maintained.
51. In the case of digital spaces, existing gender violence and inequalities in our society are transferred to the Internet and amplified there, as it is a technology that allows instantaneousness, contact despite distance and anonymity.
52. In 2020, the NGO Amaranta investigated the extent of gender-based violence on the Internet by surveying more than 500 women in the sixteen regions of the country. The results were compiled in the Aurora Project report and subsequent paper. Of the respondents, **73.8% had suffered some form of violence in digital spaces; furthermore, 10.7% had not initially identified themselves as survivors of this violence**, until they were counter-asked if they had ever suffered control or violence through digital devices during a sex-affective relationship; demonstrating that it is normalized in the intimate context (Ananías, Vergara, Herrera and Barra, 2023).

53. The most frequent forms were: **verbal violence, harassment, receiving images of male genitalia without consent, defamation, threats and loss of account or non-consensual access.** And while almost 42% stated that they were attacked by anonymous users or fake profiles, 18% received digital violence from partners or ex-partners and another 14.8% from men around them (ibidem).
54. Their main actions after suffering violence were: blocking (66%), increasing security on their devices and accounts (23.6%), talking to organizations and/or friends (22.7%). It is worth noting that 14.6% decided not to take action, another 14.3% closed their accounts and moved away from the digital space and **only 12.2% reported to the police or Public Prosecutor's Office; of the latter, none obtained redress through the justice system** (ibidem).
55. This inaction on the part of the institutions is due to the fact that there is still no law that comprehensively addresses this type of violence; only those survivors who have greater knowledge or resources have dared to denounce it via civil justice, and they do not necessarily achieve results.
56. Regarding **Gynecological and Obstetric Violence (OVG) and Obstetric Violence (OV)**, for more than two decades several civil society organizations have **denounced the difficulty in making them visible in Chile.** Despite these efforts, efficient measures have not yet been implemented to reduce their incidence in the country. OVG, a manifestation of gender violence, is rooted in misogynistic and discriminatory gender stereotypes and roles rooted in society.
57. Gender stereotypes influence women's sexual, reproductive and gynecological health care by **minimizing pain, emotions and health problems.** They also lead to the **unnecessary pathologization of natural processes such as childbirth and contribute to the abuse of medicalization.** Over medicalization is not innocuous, it has consequences in the immediate, medium, long term and affects the physical and mental health of both the mother and the newborn in different areas, as well as causing low satisfaction of women's childbirth experience (Pantoja et al., 2020; Weeks et al., 2017), serious economic effects that erode health and a country and cause unwanted social effects that also impact health professionals negatively. (González, 2023).
58. Procedures showing the excess of interventions can be observed in the study by Binfa et al. (2016) and that of Observatorio de Violencia Obstétrica (OVO- Chile, 2018). If one compares the sample of 1882 women in the first study (data collected between 2010 and 2014), with the sample of **2.840 cases of deliveries that occurred between 2014 and 2017 from the second study, there are great similarities:** cases of women who did not receive feeding during labor were 81.5% and 84% respectively; cases where episiotomies were performed was of 56.4% and 58.3%; cases of artificial rupture of membranes represented 59.1% and 48.4%; instances of pharmacological pain relief accounted for 66.2% and 71.7%; and deliveries in lithotomy position represented 80.7% and 79.7% (ibidem).

59. The analysis of the prevalence of this type of violence is evidenced by the study of Colectiva contra la Violencia Ginecológica y Obstétrica (2019-2020), which **reveals that 67% of women have experienced gynecological violence and 79.32% have suffered obstetric violence**. It also warns of significant gaps between the public and private sectors in terms of quality of care, notable discrepancies in standards of care and poor treatment (OVO-Chile, 2016; Binfa et al, 2016), (Colectiva Contra Violencia Ginecológica y Obstétrica, 2021).
60. The Observatory of Obstetric Violence in Chile systematized the contacts received between June 2022 and December 2023 denouncing situations of mistreatment and obstetric violence of various kinds, requesting support, given the inefficiency of receiving a response in the complaint channels enabled in the institutions given that this type of violence is not recognized. **There were 60 cases that requested psychological and/or legal support/advice, where 2 correspond to gynecological care and the rest to labor and delivery care**. Among the five most serious cases of epistemic violence experienced, in which the health personnel do not believe women's accounts of her feelings or experiences; one of these cases resulted in the death of the fetus in utero, despite the woman's insistence for several hours to be examined.
61. Regarding cesarean section, **Chile presents the highest rate of cesarean section in the OECD**; a phenomenon that has been consolidated in the last decade and evidenced since 2016 by the INDH (INDH, 2016). Despite the WHO recommendation to limit these interventions to 10-15% of total deliveries, **Chile quadruples the national rate with 59%, with notable differences between public and private institutions, registering 48.7% and 72.6%, respectively**. In some regions, mainly where the private system predominates, the phenomenon is more acute, **reaching the extreme of 99.37% of cesarean sections at Clínica los Andes, Araucanía Region**. In 2021, no region in the country had a cesarean section rate lower than 30% (OVO-Chile, 2023). These figures are imposed even when rates above 30% do not affect maternal and infant mortality, exposing women to new health problems (De Mucio, 2015).
62. In addition, a high frequency of cesarean section scheduling is evident, especially in early term pregnancy, despite ample evidence advocating the avoidance of elective termination of gestation before 39 weeks. Consequently, a significant number of cesarean sections indicated by previous cesarean section is observed, suggesting the need to review this criterion (Sadler et al., 2018).
63. The Coordinadora por los Derechos del Nacimiento attributes this health crisis to two interrelated factors: **an incentive to perform cesarean section in the public sector and in the care subsector** through the PAD Parto, as studies in the country have shown (Sadler and Leiva, 2023), and the **lack of knowledge and practice in the physiological care of childbirth**, resulting in the medicalization and pathologization of gestation and birth.
64. OVO-Chile's accompaniments reveal that **women do not file complaints for fear of reprisals from health personnel immediately after childbirth while they are recovering in the health institution**, as well as physical and psychological consequences, **where 30% evidence incomplete post-traumatic stress syndrome** (Olza I., 2016). The former occurs in conjunction to the structural obstacles of the claims system, which include: making the complaint to the health provider where the violation took place, self-assessment with arbitrary standards, a period of 5 days to generate a

replica of nonconformity, forensic reports with health personnel without specific training in gender-based violence or GOV and the lack of legal recognition of GOV, among others. Only cases with serious consequences can drive judicial processes; in 2017, lawsuits for medical liability in gynecobstetrics had an average knowledge of final judgement of 49.1 months, with no guarantee of favorable verdict (Bravo L. and Lagos D., 2019).

65. Among the consequences of violence due to gynecological or obstetric violence in the studies by Salinero, Cárdenas and Vargas (Colectiva Contra la VGO, 2023), they report that between **18% and 30% had to seek psychological or psychiatric care**. Meanwhile, **22.6% were diagnosed with postpartum depression**. The most relevant impacts of GOV on women are at **the level of sexuality (38-42%), body perception (30-42%) and self-esteem (41-45%)**. In relation to impacts on specific groups, people from indigenous groups are twice as likely to experience OVG, Afro-descendants are three times more likely to experience it and sexual dissidents are twice as likely as heterosexuals, as well as young people in public services, even though those in private services have significantly higher reports of explicit sexual violence.
66. In 2017, the "Women's Right to a Life Free of Violence Bill" was introduced with the intention of addressing all forms of violence against women. However, **it initially excluded Gynecobstetric Violence (GOV) despite previous precedents in 2015**. The Library of the National Congress suggested considering the "Adriana Bill" that addressed GOV (Cifuentes, 2019); **it was not until 2022 that, due to pressure from CDN-Chile, the concept of GOV was included in the framework law that is still under discussion**.
67. Although there is support and evidence to legislate on GOV, **the "Adriana Bill" still does not have official backing from any government since its presentation**, for assurance of approval and implementation, which throughout the five years of processing, has faced difficulties, including opposition and invisibilization from authorities and health professionals (SOCHOG, 2022), but persists thanks to the efforts of victims and civil society organizations.

Recommendations:

68. Urgently enact the Law for the Right to a Life Free of Violence.
69. Elaboration and dissemination of an information campaign to know and understand Judiciary systems to follow up on cases.
70. To increase the offers of institutional attention to women, adolescents and girls who suffer gender violence.
71. Generate a national program that addresses non-sexist education and communication in a global manner, in order to move towards a society with greater gender equity. This plan should cover gender stereotypes and inequalities and be linked to a National Comprehensive Sex Education Plan, in order to promote healthy and violence-free sex-affective relationships.

72. Give urgency to the enactment of the Digital Violence Bill, which has been stuck in Congress since 2021.
73. Generate and promote programs that educate about digital security and coexistence, with a gender perspective and from a non-adult-centric perspective, especially when dialoguing with children and youths.
74. Give urgency to the enactment and implementation of the Adriana Bill as a State Public Policy.
75. Promote the new document "Technical Orientations (TO) for Personalized Childbirth and Sexual, Reproductive and Gynecological Care", with binding character and associated budget for its implementation. This first action will provide all public policy with the technical and economic feasibility and social acceptability required to generate synergy in other areas.
76. Implement Physiological Childbirth Care Units centered on midwifery for women at low obstetric risk.
77. Modify Technical Standard 150, which establishes delivery care only in high complexity health institutions. It is recommended to consider the obstetric risk of each delivery, in order to make timely referrals to low, medium or, exceptionally, high complexity centers as needed, avoiding unnecessary transfers of women, medicalized care of physiological deliveries and promoting care that respects the cultural traditions of each territory.
78. Reduction of scheduling/economic incentives that lead to excessive use of obstetric interventions. Collaborative care models between midwives and obstetricians are recommended, in which the latter are assigned in shifts, without associated payment for each service.
79. Generate a Process for Measuring Compliance with Operational Standards. On the one hand, it is recommended that indicators be developed to evaluate compliance with operational standards to measure the quality of sexual, reproductive and gynecological health care. It is also recommended to establish mechanisms for the collection, analysis and feedback of local and national data for the monitoring and improvement of clinical practice.
80. To regulate home birth and include its coverage in health insurance, since international evidence points to the fact that planned home birth with professional care for women at low obstetric risk is safe, reduces over-medicalization and has a lower economic cost.
81. Reform/update of university curricula of health careers associated with childbirth care. The quality of midwifery education (physicians and midwives) is critical to achieve quality care that avoids over-medicalization and the prevalence of GOV. The four most critical

points to be reformed are: 1) Consider evidence-based and updated educational material, 2) Generate a competency-based (CBE) and interprofessional training program that allows knowledge and appreciation among all disciplines working with and for women throughout the labor and birth process, 3) That the National Accreditation Commission (CNA) be the body in charge of this transformation and 4) Initiate actions while the approval of the new "Technical Orientations (TO) for Personalized Childbirth and Sexual, Reproductive and Gynecological Care" is being processed.

82. Establish a system that ensures the continuing education of health care teams that are already practicing, on knowledge that optimizes the physiology of labor and birth, rights-based care, gender perspective and performance evaluation.
83. Promote gynecology and obstetrics area leadership aligned with the Personalized Care Model of Sexual, Reproductive and Gynecological Health. Training of physicians by opinion leaders on this issue to ensure the sustainability of the model.
84. Implement processes for the design of care protocols using participatory methods that include all those involved in care, which is central to achieving care designs that are specific to each health service and that allow for the reduction of local resistance.
85. Incorporation of the GOV in the draft Law for the Right to a Life Free of Violence during its discussion in the second constitutional procedure, incorporating actions for monitoring the impact and reparation of the victims, with a freely available public registry that reports on the number of cases, the institutions/persons who violated rights and the measures of non-repetition, sanctions applied and time taken by the State to follow up on the investigation and presentation of results, with an annual report that allows to observe evolution over time. In addition, the victim can obtain information, support and professional accompaniment prior to filing a complaint.

IV. Prohibition of torture, cruel, inhuman or degrading treatment:

86. Finally, a series of recommendations were made to the State of Chile to avoid the statute of limitations for crimes of torture and to redouble its efforts to prevent and eliminate torture and ill-treatment, with emphasis on the public forces.
87. The report of the UN Rapporteur, Dubravka Šimonović (2019), details conducts and practices qualified as torture by the Committee against Torture in the evaluation of various countries, in paragraphs 24 to 31. These include the use of coercive measures on women during labor and delivery. **In 2016, the case of Lorenza Cayuhan (INDH, 2016)** a Mapuche community woman deprived of her liberty, generated a significant impact when **she was transferred in shackles and despite her serious health condition. She was kept in shackles during examinations, procedures in childbirth and postpartum.** This case led to the recognition of Obstetric Violence by the National Institute of Human Rights, being the first institution of the Chilean State to adopt this

concept.

88. The same Rapporteur's report describes other medical practices that, when applied without justification and without consent, may constitute gender-based violence, acts of torture and inhuman and degrading treatment. These include forced sterilizations, cesarean sections, episiotomies, surgical procedures after miscarriages, as well as curettage and suturing of postpartum wounds without anesthesia. All these situations are documented and supported by civil society organizations, and are part of the Adriana bill as Obstetric Gynecological Violence.
89. It is relevant to note how Special Rapporteur Juan Méndez (2015), who refers to persons in the care of a health professional, and regarding torture and other cruel, inhuman or degrading treatments or punishments, cites that: "Torture, being the most serious violation of the human right to the integrity and dignity of the person, presupposes a 'situation of powerlessness', in which the victim is under the absolute control of another person."

Recommendations:

90. Establish clear policies and procedures to declare systematic mistreatment in sexual, reproductive and non-reproductive healthcare of women as a form of torture, with the implementation of measurable indicators, training of health personnel and periodic evaluation of results, ensuring the effective eradication of these practices within an implementation period of 10 years.
91. Establish a system of denunciation, investigation and monitoring of cases of GOV that meet the standards of torture, covering the public and private health systems dependent on the State, with a freely available public registry that reports on the number of cases, the institutions/persons who violated rights and the measures of non-repetition, sanctions applied and the time it took the State to follow up on the investigation and presentation of results, with an annual report that allows to observe evolution over time. In addition, the victim can obtain information, support and professional accompaniment prior to filing a complaint.

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