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Sexual violence in Peru in the context of the Bicentennial La violencia sexual en el Perú en el contexto del Bicentenario

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ABSTRACT

Little research has been done on violence in Peru. Since pre-Inca cultures, the expansion of the Inca culture, the conquest of Peru by the Spaniards, the five hundred years of the colony or viceroyalty and during the Republic, there have been various forms of violence, in which essential rights have been transgressed human rights. This article reviews the sexual violence that occurred in our country, in the context of the Bicentennial; thus, there were structural factors that have not disappeared or have changed little, and that even today machismo and the traditional role that women have played are underlying causes of violence. It also presents the legal framework on sexual violence that has existed since our independence, where there is evidence of an evolution regarding the meaning of the value of life by the State as well as the sanctions for sexual violence. However, for decades, governmental inoperativeness normalized violence in our country. Recently, at the end of the 20th century, with the advance of the recognition of human rights, among them sexual and reproductive rights, as well as the empowerment of women, national registries were organized where the alarming degree of sexual violence, especially in girls and adolescents, with serious consequences, including femicide, is objectified in figures. The State's response in 2019 was the Joint Action Baseline Protocol in the field of Comprehensive Care and Protection against Violence against Women and Members of the Family Group; and in 2020, with the Technical Health Standard Comprehensive Care for Women and Members of the Family Group affected by Sexual Violence. The Peruvian Journal of Gynecology and Obstetrics has published articles related to sexual and reproductive health, as well as articles related to sexual violence. Being one of the most relevant issues that exist in our country, future research and publications should be encouraged.

Key words: Violence against women; Sex offenses; Peru.

RESUMEN

Se ha investigado poco sobre la violencia en el Perú. Desde las culturas pre-inca, la expansión de la cultura inca, la conquista del Perú por los españoles, los quinientos años de la colonia o virreinato y durante la República se han producido diversas formas de violencia, en las que se han transgredido esenciales derechos humanos. En el presente artículo se hace una revisión sobre la violencia sexual ocurrida en nuestro país, en el marco del Bicentenario; así, existieron factores estructurales que no han desaparecido o se han modificado poco, y que aún en la actualidad, el machismo y el rol tradicional que ha desempeñado la mujer constituyen causas subyacentes de la violencia. Asimismo, se presenta el marco legal que sobre la violencia sexual existió desde nuestra independencia, donde se evidencia una evolución respecto al significado del valor de la vida por parte del Estado, así como las sanciones para la violencia sexual. Sin embargo, durante décadas, la inoperancia gubernamental normalizó la violencia en nuestro país. Recientemente, a finales del siglo XX, con el avance del reconocimiento de los derechos humanos, entre ellos los derechos sexuales y reproductivos, así como el empoderamiento de la mujer, es que se organizaron registros nacionales donde se objetiva en cifras el grado alarmante de violencia sexual, especialmente en niñas y adolescentes, con serias consecuencias, llegando al feminicidio. La respuesta del Estado en el año 2019 fue el Protocolo Base de Actuación Conjunta en el ámbito de la Atención Integral y Protección frente a la Violencia contra las Mujeres y los Integrantes del Grupo Familiar; y en el año 2020, con la Norma Técnica de Salud Cuidado integral a Mujeres e Integrantes del Grupo Familiar afectados por Violencia Sexual. La Revista Peruana de Ginecología y Obstetricia ha publicado artículos relacionados con la salud sexual y reproductiva, así como artículos relacionados a violencia sexual. Siendo uno de los temas más relevantes que existen en nuestro país, se debe incentivar investigaciones y publicaciones futuras.

Palabras clave. Violencia contra la mujer; Delitos sexuales; Perú.



I. BACKGROUND

Violence in Peru has been little investigated, but we do not fail to recognize its existence since ancient times in our country. Since the pre-Inca cultures, the expansion of the Inca culture, the conquest of Peru by the Spaniards, the five hundred years of the colony or viceroyalty and the 194 years of the Republic, there have been various forms of violence, in which essential human rights have been repeatedly violated⁽¹⁾.

This year, in Peru we celebrate the bicentennial of the independence of our country from Spanish rule, which occurred with the proclamation on July 28, 1821; therefore, this article will take as a reference the years elapsed to make a brief review of the sexual violence that occurred in our country.

Although there is a history before the conquest by the Spaniards, we will deal with the changes that occurred in our population with this fact that changed life in our country. Since the conquest of Peru by the Spaniards, the relationship of the conquistadors with women ranged from aggressive rape to acceptance as a couple. The amorality that the first Spaniards brought to the conquest of Peru is pointed out. The women of lineage were not taken as wives but only as mistresses⁽²⁾. The power of the victors over the vanquished was installed.

The history of colonization opens the debate on the legacy left in today's societies by a system of domination in which sexuality played a key role. Eva Canton, journalist of *El Periódico*, interviewed Pascal Blanchard, director of the publication "Sexe, race et colonies" (Sex, race and colonies), recently published in France by *La Découverte*⁽³⁾ who refers that each of the empires in the world developed in their colonies a specific matrix and practices. In relation to the empires of Portugal and Spain in America, Blanchard points out that the Portuguese and Spanish had a real fascination for each other's bodies that is reflected in engravings and paintings; in contrast, the British empire had a moralistic side and forbade officers to marry Indian women. On the other hand, he finds that the French and Dutch, for example, organized prostitution well. Both Italy and Portugal would have promoted miscegenation.

This research, which was published in 2018, allows us to have a better analysis that explains the effects occurred in the colonies by the invasion of

empires, and in the field of sexuality marked many of the behaviors in the colonies, which would be dependent on the customs of the invaders, beyond the violence itself that originated.

In relation to the role of the Church, Blanchard is clear in pointing out that, in colonization, its participation was particularly paradoxical, because, on the one hand, it had a very moralistic theoretical discourse of rejection of sexual freedom, but, conversely, it closed its eyes to the practices of overseas, which were conceived as the warrior's repose. This double standard was also present in the colonial empires of the 19th century, which prohibited interracial mixing while at the same time organizing prostitution. For example, the principle of a second wife was admitted and sexual intercourse was tacitly authorized.

Therefore, if many of the practices that occurred during the conquest were maintained during the time of independence, how did the women of the colonies preserve their decency and modesty? According to what was pointed out in rescued publications, it is noted that women had in the monasteries ideal places for their protection at that time. Other places mentioned are the home and the family as social spaces where women could develop their activities while maintaining the decency and honor of themselves and their families. Thus, during the colonial period, when independence took place, the convent, marriage and the family home were the only licit spaces for women⁽⁴⁾.

In spite of this, as historian Luis Bustamante Otero says, many of the phenomena of domestic relations, couple relationships and mistreatment of that time were present and are comparable to those of today; thus, domestic violence was not unknown. Bustamante describes physical and psychological aggression, but above all physical aggression, ranging from slaps and punches to women being tied up and whipped. All combined with insults, shows of contempt, rape or sexual imposition. This generally took place inside the home, but could also manifest itself in public spaces. She also adds that there were structural factors that have not disappeared or have changed little, and that, at present, there is much talk of machismo and the traditional role played by women as underlying causes of violence.

That is to say, sexual violence existed 200 years ago, but it was less publicly known; it was a vio-



lence that occurred, as has already been pointed out, many times within the home, and it was not talked about or it was little talked about; it was kept in silence. Apparently, nowadays it occurs more intensely, because we hear more about it; every day there is news in the media of the occurrence of mistreatment of women, of violence, even of femicides. The communications, the denunciations that are made today, were not common practice at that time.

Relationships in the colony were based on patriarchy and everything was justified based on the legislation of the time and on a literature issued mainly by the Church. Today we no longer have this legislation and we seek gender equality, which has been achieved in legal terms to some extent, but not in real terms⁽⁵⁾.

According to Luis Bustamante's research, violence occurred in all social sectors, there were cases of violence among aristocrats of the time, people with large incomes, not only among people with less economic resources. The viceregal Lima, Creole and jaranera that Palma describes, was not as paradisiacal as it was thought. This does not mean that violence reigned, far from it, but that it was a constituent part of cities like this one, pre-modern.

II. LEGISLATION RELATED TO SEXUAL VIOLENCE

In 2011, Jaris Mujica, a graduate in anthropology, published "Violaciones sexuales en el Perú 2000-2009" (Sexual violations in Peru 2000-2009)⁽⁶⁾, a very interesting and detailed investigation of the legislation related to rape in this bicentennial period, and we can see how these evolved with the perceptions and morals of the authorities of the epoch through time:

- In the first half of the 19th century, after the period of Independence, the first draft of the Penal Code (the Vidaurre Code Project) already had a section dedicated to sexual crimes, with the title "Violence done to women" (Vidaurre 1828). Here, the central concern was the protection of "the virginity of women", and the crime was determined according to the one who "violates a virgin" (Hurtado 2001: 341; Vidaurre 1828: Law 1). Even the penalties could be mitigated "if the woman was a widow" (Vidaurre 1828: Law 5), if she was an "unmarried woman who was not a virgin" (Vidaurre 1828: Law 7) and "in the case of slaves it is not considered a sexual act"

(Vidaurre 1828: Law 12), since the slave and the slave were considered things⁽⁶⁾.

- As punishment for the crime, the active subject (the perpetrator) was required to "contract nuptials" with the passive subject of the action (the victim). If the victim did not accept or the perpetrator refused, the perpetrator was obliged "to pay the fourth part of his assets"; it was aggravated "if the offended woman was married" (Hurtado 2001: 343; Vidaurre: Law 11).
- In 1859, the second Draft Criminal Code contemplated the crime of "carnal access of a woman", including cases in which "she is deprived of her senses" (section 1) and when there is a "married woman who believes that the offender is her husband" (section 3); this last crime was equivalent to statutory rape committed against a woman who has been deceived with promises of marriage and is over 18 years of age (section 4, Hurtado 2001: 344).
- In the Penal Code of 1863, which incorporated some forms of how rape was carried out but maintained the issues of "virginity" and the "honesty" of married or widowed women as a "value"; and it was the "violation of virginity" that determined the highest penalties to be imposed.
- In the Penal Code of 1924 great changes can be seen in comparison to the Projects and the previous Code, such as, for example, in the crimes against sexual freedom, which went from being only "sexual honor" to be added to "sexual freedom"⁽⁷⁾.
- This code recognizes as an aggravating conduct that the active subject of the action places the victim in a "state of unconsciousness" or the "impossibility of resisting" (Article 197). On the other hand, unlike the previous Code, the 1924 Code separated the figures of rape and seduction (Article 201), where the person who seduces a "woman of irreproachable conduct" between 16 and 21 years of age is punished. But the most relevant aspect of this code is that it excludes any reference to the virginity of the woman and her marital status.
- The 1924 Penal Code made no distinction between unmarried virgin, unmarried non-virgin, married or widowed women; therefore, it was



conceived that all women in general were potentially victims of rape and neither "virginity" nor "honesty" were determining elements (at least in legal formality). However, by then, "rape understood as such must occur outside of marriage" (Hurtado 2001: 349-350) and, therefore, "did not legally exist in the sphere of conjugal society" (even when violence was used to access the sexual act).

- At the end of the 20th century, legislation on sexual violation became more precise. In 1991, the current Penal Code was published, whose Chapter IX "Violation of sexual freedom" is located in Title IV "Crimes against Freedom". In Chapter IX, a clear distinction is made between the crimes of rape of adults, rape of minors and seduction. The legal assets protected in these types of crimes are "sexual freedom" and "sexual intangibility". The former is understood as "the right of every person to sexual self-determination and to reject the intrusion of this sphere by third parties without consent" (Peña Cabrera 2007: 21-22). That is to say, every person over 18 years of age (which is the age at which the capacity to exercise civil rights is acquired, according to Article 42 of the Civil Code) can exercise sexual activity in freedom (Díez Ripollés 1985: 23 and 29; Bustos Ramírez 1991: 114). Now, with "sexual intangibility" or "sexual indemnity", the reference is to the legal right that protects minors or "incapable persons", since they are subjects who cannot "determine themselves sexually" because they do not yet have "sexual freedom". What is to be protected is the "normal development of sexuality" keeping it "free from the interference of third parties" (Peña Cabrera 2007: 23; Muñoz Conde 1993: 383-384).
- What is important about these definitions and, above all, the definition of "sexual freedom" in the 1991 Penal Code, is that the active subject (the victimizer) can be any person, a stranger, a relative (including the husband or wife) or someone who maintains authority ties with the victim. At the same time, the list of passive subjects (victims) is extended to any person, adding "married women" and "prostitutes" (excluded in the previous Code from the list of possible passive subjects).
- However, this Code has undergone several modifications since its publication, especial-

ly in the Chapter on Sexual Offenses, because despite the changes, the initial definitions were insufficient in relation to the forms of rape:

- First, the basic type (Article 170) contemplated only the sexual or "analogous" act "by means of violence or serious threat". The aggravating factor of this type is rape perpetrated by two or more persons, or when it is committed by armed force. The penalty for the commission of this crime was from 3 to 6 years of imprisonment and, in the aggravated form, from 4 to 12 years. However, Law No 26293 (dated February 14, 1994) extended the penalty from 4 to 8 years and, in the aggravated form, from 8 to 15 years.
- Second, there is a modification that specifies the way in which "carnal access" occurs (vaginal, anal, oral or other analogous acts introducing objects or body parts through the vagina and anus), where penetration with the penis in the vagina (the coital figure) or anus is not the only possibility to determine rape.
- Third, the aggravated forms include situations where the perpetrator has a position of authority over the victim. Among the other cases of aggravating circumstances are: if the victim is between 14 and 18 years of age or if the offender is a carrier of a "serious" sexually transmitted disease. It was also added as an aggravating circumstance when the victim and the offender maintain a relationship arising from a contract for the provision of services and labor relations, the issue of the relationship with the "household employee", as well as the relationship of teacher or educational assistant of the victim's educational center.
- Fourth, Article 173 has also undergone relevant modifications. It criminalizes the rape of minors, and the penalties have been increased (up to life imprisonment for crimes committed against minors between 0 and 7 years old). According to Law No 28251, the criminal conduct was modified by adding the ways by which rape is committed, maintaining the penalty of life imprisonment for rapists of minors from 0 to 7 years old.



- Fifth, Law No 28704 modified the age groups of 0 to 10 years, 10 to 14 years and 14 to 18 years. The penalties imposed were life imprisonment, 30 to 35 years and 25 to 30 years respectively. The situation of the investigation of rape in Peru, in the event that the perpetrator had any position of authority or was a relative of the victim, he would be sentenced to life imprisonment.

It is very clear that, in our State, since the early days of our independence, there was a Penal Code to punish crimes of sexual violence; however, it is also clear that there has been an evolution from what it meant that the good or value of the life of persons, the State was protecting, not to be broken by a third party, because that concept has evolved to our time. Likewise, there has been an evolution of the criminal type with which sexual violence is punished, and how the penalties are nowadays, since now it is not allowed to compensate either with work or with payment as it was in other times, and even nowadays they include penalties up to life imprisonment.

It is important to know this review of the evolution of the Peruvian Penal Code, the advances in legislation, in order to understand that sexual violence in our country has been going on for many years without serious obstacles from the State, and often protected by the ineffectiveness of our authorities, which is part of an apparent normalization of violence in our country.

III. REGISTER OF VIOLENCE

Although crimes of violence, including rape, have existed since times beyond colonial times, no adequate record of their prevalence has been found until very recently.

At the end of the 20th century, with the advance of the recognition of human rights, including sexual and reproductive rights, and the empowerment of women's groups that increasingly demanded action in the face of violence, records were organized by the Police, the Public Prosecutor's Office and Forensic Medicine. In spite of this, as Jaris Mujica reports in "Violaciones sexuales en el Perú 2000-2009"⁽⁶⁾, the data have only really been systematized and published at the national level since the second half of the first decade of the present century.

During 2020, there were 5,985 cases of rape, and 3,928 cases of rape of minors. According to the registry of the Ministry of Women and Vulnerable Populations (MIMP, for its acronym in Spanish), 9,993 women were raped in the last two years⁽⁸⁾. In this regard, it should be noted that according to the National Survey of Social Relations (ENARES), rape mainly affects girls and adolescents, with 1 out of every 3 victims being under 14 years of age; and the rape risk threshold is between 10 and 13 years of age⁽⁹⁾. Thus, the MIMP reported 4,943 girls under 14 years of age sexually assaulted for the period 2017 and 2018, with the aggressors being mostly a person known (relative, teacher, neighbor) by the minor, with a relationship of trust and power over her. A revealing piece of data that helps to understand the vulnerability of this population group comes from the Computerized System for Monitoring of Files (SIMEX) of the Ministry of Education. According to this, 1,065 cases of sexual violence by teachers to students were registered from 2015 to 2018⁽⁸⁾. According to internal regulations and, as appropriate, 590 teachers were preventively separated and 160 teachers were dismissed from the public teaching career⁽⁸⁾.

In 2010, the MIMP reported that 34% of girls and adolescents between 10 and 19 years of age who were victims of rape attended at the Women's Emergency Center services became pregnant as a result of that attack⁽¹⁰⁾. During 2018, 75,295 pregnant women between 10 and 19 years of age were attended in the country's health facilities⁽⁸⁾. However, the National Registry of Identification and Civil Status (RENIEC) registered 28,187 newborns registered by mothers under 18 years of age in the same year⁽¹¹⁾. It should also be noted that according to the Population Directorate of the MIMP between 2015 and 2018, 3,129 newborns of girls aged 14 years or younger were registered in RENIEC; that is, 9 girls under 14 years of age registered a child daily⁽¹²⁾.

In 2018, the Public Prosecutor's Office attended 370 cases of sexual violence against minors, out of a total of 526 cases registered in indigenous women⁽¹³⁾.

On the other hand, the National Institute of Statistics and Informatics (INEI, for its acronym in Spanish) reported that, nationally in 2019, 148 femicides were reported and in the period 2015-2019 totaled 619, equivalent to three femicides every 10 days⁽¹⁴⁾.



Sexual violence often causes physical harm that sometimes leads to the death of the victim. Thus, in 2020, the Ombudsman's Office warned of the occurrence of 132 femicides, 204 attempts, of which 110 were perpetrated in the state of emergency and 37 during the mandatory social immobilization at the national level⁽¹⁵⁾.

IV. STATE RESPONSE

BASIC PROTOCOL FOR JOINT ACTION

During the last few years, being apparently that the figures of violence against women were unstoppable and where, as we have pointed out, femicide is its most frequent fatal outcome, it was considered as a priority to be faced by the State. In this regard, on May 19, 2019, a Supreme Decree was issued approving the Basic Protocol for Joint Action in the Scope of Comprehensive Care and Protection against Violence against Women and Family Members, which is a tool to facilitate this work and contains the procedures and measures to be taken into account by State entities in order to: act in an articulated and intersectoral manner, provide comprehensive care from the State, promote effective/timely access to health and justice system services, as well as social and legal services that contribute to the protection and recovery of victims⁽¹⁶⁾.

It is important to note that in this Supreme Decree, the ministries involved responsible for compliance with the base protocol are: Ministry of Women and Vulnerable Populations, the Ministry of Health, the Ministry of the Interior, the National Police of Peru, the Ministry of Justice and Human Rights, the Ministry of Education, the Judiciary, the Public Prosecutor's Office, the regional and local governments within the framework of their competence.

Being, by the nature of the document, compliance with the Protocol mandatory, it is very important to know about the provisions in relation to the care of women victims of violence are indicated; as well as for the differentiated care of cases in the services provided by the State, as in the case of children and adolescents, older adults, people with disabilities, migrants, people with LGTBI, indigenous peoples and Afro-Peruvians.

In the section on intersectoral articulation to provide care and protection in cases of violence, although it talks about legal assistance and public defense services, promotion, prevention, care and recovery services for victims of violence; in the case of services provided by health care institutions (IPRESS), it points out the need for health care providers to have, among other competencies, the responsibility for identification, care, registration, referral and follow-up. In addition, they must be trained in violence counseling, shelter, prevention and comprehensive care for victims of violence and therapeutic interventions for victims, aggressors and family group, as the case may be.

In the specific provisions in cases of sexual violence, guidelines are given for the care of children and adolescents for the delivery of kits for the prevention of harm to sexual and reproductive health, including emergency oral contraception (ECC), medicines to prevent STIs and HIV-AIDS, hepatitis. In the case of pregnancy, if in the comprehensive assessment of the victim it is found that her health is affected in a way that implies a risk to her life or a serious and permanent condition, the Protocol includes the application of the technical guide for the termination of pregnancy for health reasons.

TECHNICAL STANDARD FOR THE COMPREHENSIVE CARE OF WOMEN AFFECTED BY SEXUAL VIOLENCE (WHAT EVERY MEDICAL PROFESSIONAL SHOULD KNOW)

This basic protocol has led the Ministry of Health to develop the Technical Health Standard on Comprehensive Care for Women and Family Members Affected by Sexual Violence⁽¹⁷⁾, to be applied in all health facilities of the Integrated Health Network Directorates (DIRIS), Regional Health Directorates (DIRESA) or Regional Health Managements (GERESA) or those acting in their stead, and may be used as a reference for other health sector organizations.

This technical health standard establishes procedures for the identification, diagnosis, treatment and follow-up for the recovery of the health of women victims of sexual violence who come to health facilities, and has the following objectives:



- Provide comprehensive health care to victims of sexual violence within the first 72 hours.
- Provide comprehensive health care to victims of sexual violence after 72 hours.
- Identify the procedures for intra- and inter-sectoral articulation.

It is considered an initial support for victims of violence, with a first-line strategy comprising five simple tasks, and the letters of the acronym "ANIMA" can help to remember them⁽¹⁸⁾:

- **Attention** in listening. Listen attentively to the woman with empathy.
- **Not judge** and validate. Show the woman that you understand her, believe her and do not judge her. Reassure her that she is not to blame for what happened.
- **Information** on her needs and concerns. Assess and respond to the woman's various needs and concerns: emotional, physical, social and practical (e.g., childcare).
- **Meliorate**. Discuss with her a plan for how the woman can protect herself from now on, in case the violence happens again.
- **Advocate**. Support the woman in receiving the information, services and social support she needs.

This technical standard is "mandatory for medical professionals working in health facilities". It considers preventive aspects, detection of sexual violence, but also considers as a central axis of the document components to implement comprehensive care activities in case of an identified sexual violence that is less than 72 hours. These components have been grouped under the acronym "AVISAS":

Component 1: Aid in crisis intervention

It is an attitude that is open to listening, healing, facilitating and responding to the demand for help, especially from women who are victims of violence who come to the health service and that demonstrates respect, dignified, non-discriminatory and non-judgmental treatment. It is about ensuring an initial therapeutic interven-

tion specialized in mental health for the victim during the first consultation.

Component 2: Very careful assessment of physical and sexual status

Conduct a complete initial clinical assessment of the victim. Physical assessment of sexual integrity. The technical standard describes very well the steps of the examination and the way in which it should be carried out.

For the specific case of the examination of victims of sexual violence, the standard considers that the medical professional must perform a detailed general medical examination of all body regions in order to document the injuries, and does not omit related findings such as the state of consciousness, considering the importance of the presumption of having been a victim of sexual violence in a state of unconsciousness. Necessary diagnostic tests should be taken to explore the victim's state of health in the initial assessment.

Component 3: Intervention of clinical support

This component is very important in the prevention of sexual and reproductive health diseases, such as STIs, HIV/AIDS, hepatitis B. In addition, the possibility of pregnancy. For this purpose, emergency kits are presented, where the different schemes for the prevention of diseases and pregnancy are found. All hospitals have kits to prevent harm from sexual violence.

This component considers that if the victim of sexual violence has a pregnancy as a result of the rape, and the pregnancy causes a risk to her life or serious harm to her health, the woman may have access to a voluntary termination of pregnancy for health reasons, according to the "National Technical Guide for the Standardization of the Procedure for the Integral Care of the Pregnant Woman in the Voluntary Interruption for Therapeutic Indication of Pregnancy under 22 Weeks with Informed Consent in the framework of the provisions of Article 119 of the Penal Code"⁽¹⁹⁾.

Component 4: Search and follow case

In this component, the physician will find everything related to the collection, custody, preser-



vation and packaging of medicolegal evidence, including the management of clothing, materials on the skin, hair, mouth and interdental material, how to take samples and how to preserve them. In addition, consider whether to refer to other professionals.

Component 5: Access to information and justice

We should all be aware of the public health surveillance procedures for sexual violence that apply, and whether routine follow-up is necessary, if required by a victim of sexual violence attended by the health sector. Case closure is considered in this component.

Component 6: Safety (Safety Plan)

Guidelines are provided for the development of a Safety Plan.

V. THE PERUVIAN SOCIETY OF OBSTETRICS AND GYNECOLOGY (SPOG)

Sexual violence is an issue that has concerned and worries SPOG, especially since the response that its associates must give to this problem. One of SPOG's goals is to contribute to the health sector in the elaboration of normative documents, as well as in the dissemination and implementation of these regulations. We have contributed not only in the validation of the Technical Standard on Comprehensive Care for Women and Family Members Affected by Sexual Violence, but also in the formulation of the same through its associates, who have participated with the full support of SPOG for their work⁽²⁰⁾.

In this sense, SPOG is committed to disseminate this technical standard to all its associates in Lima and provinces through its subsidiaries. To this end, we are coordinating the implementation of monthly virtual academic activities, which should begin in November of this year.

Since 1993, 11 articles related to sexual and reproductive health have been published in the Peruvian Journal of Gynecology and Obstetrics (Revista Peruana de Ginecología y Obstetricia,- RPGO)⁽²¹⁾:

- Role of the Peruvian Society of Obstetrics and Gynecology in the integral health of women.
- Reproductive health.

- Analysis of reproductive health training at the undergraduate level.
- Knowledge of reproductive health in adolescent puerperal women attended at the Cayetano Heredia National Hospital, 1994.
- Sexual and reproductive health of young residents in a district of Lima.
- III Latin American Workshop on maternal mortality and sexual and reproductive rights.
- Symposium: Bioethics in sexual and reproductive health.
- Professional secrecy and confidentiality in the provision of sexual and reproductive health services.
- Informed consent in the provision of sexual and reproductive health services.
- Reproductive rights.
- Contribution of the RPGO to sexual and reproductive rights.

The lack of data on sexual violence has also been reflected in the publications of the RPGO during the period from 1995 to date, where 6 articles related to sexual violence have been published:

- Detection of gender-based violence in three reproductive health care services.
- The impact of gender-based violence on women's health.
- Maternal and perinatal repercussions of gender-based violence.
- Women's perspective on gender-based violence as a factor of impoverishment
- Management of sexual violence.
- Self-care of health professionals caring for victims of sexual violence.

Being one of the most relevant issues in our country, we must give it, from the point of view of research and publications, a greater interest in the following years. Thus, according to the



latest reports of the Women's Emergency Center (CEM), between January and August 2021, the cases of sexual violence against women have been 425 girls aged 0-5 years, 2,395 girls aged 6-11 years, 6,285 girls and adolescents aged 12-17 years, 2,182 adults aged 18-25 years, 1,169 aged 26-35 years, 539 adults aged 36-45 years, 296 adults aged 46-59 years and 96 aged 60 years and over. In addition, since January to date, births registered for girls under 10 years of age have been 10 and for minors between 11-14 years of age, 786⁽²²⁾. According to regulations, any sexual intercourse with a minor under 14 years of age is rape.

REFERENCES

- Garmendia F. Contribución al conocimiento de la historia de la violencia en el Perú. *An Fac med.* 2016;77(1): 45 – 50. DOI: <https://doi.org/10.15381/anales.v77i1.11552>
- Herrero P. Las Mujeres en el Virreinato del Perú. En: Cabrera M, López J (Editores). IX Congreso Virtual sobre Historia de las Mujeres. España: Asociación de Amigos del Archivo Histórico Diocesano de Jaén. 2017: 307-40.
- Collectif. *Sexe, race et colonies*. Francia: Ed. La Découverte; 2018.
- Archivo Nacional de Chile [Internet]. Mujeres en la Colonia [Fecha de acceso: 14 de septiembre de 2021]. Disponible en: https://www.archivonacional.gob.cl/616/w3-article-8137.html?_noredirect=1
- El Comercio [Internet]. FIL Lima 2018 | Luis Bustamante: "El machismo es la exacerbación de un sistema histórico". Entrevista de El Comercio a Luis Bustamante, historiador, por publicación "Matrimonio y Violencia doméstica en Lima Colonial". [Fecha de acceso: 11 de septiembre de 2021]. Disponible en: <https://elcomercio.pe/luces/libros/impreso-luis-bustamante-machismo-exacerbacion-sistema-historico-noticia-536486-noticia/?ref=ecr>
- Mujica J. *Violaciones Sexuales en el Perú 2000-2009, un informe sobre el estado de la situación*, 1ra Ed. Lima: Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos (PROMSEX); 2011.
- Peña A. *Derecho Penal - Parte General. Teoría del delito y de la pena y sus consecuencias jurídicas*. Lima: Editorial Rhodas. 2007: 21 pp. Bramont-Arias & Bramont-Arias Torres 1995: 381.
- Ministerio de la Mujer y Poblaciones Vulnerables [Internet]. Información solicitada por transparencia por CDD-Perú, 2019. Disponible en: <https://www.gob.pe/mimp>
- Unicef [Internet]. Encuesta Nacional sobre Relaciones Sociales ENARES – 2015. Violencia hacia las y los adolescentes en el entorno familiar [Fecha de acceso: 15 de septiembre de 2021]. Disponible en: <https://www.unicef.org/peru/informes/encuesta-nacional-sobre-relaciones-sociales-enares-2015>
- Ministerio de la Mujer y Poblaciones Vulnerables [Internet]. Abuso Sexual. Estadísticas para la reflexión y pautas para la prevención. Disponible en: https://www.mimp.gob.pe/files/programas_nacionales/pncvfs/libro_abusosexual.pdf
- Registro Nacional de Identificación y Estado Civil. Información solicitada por transparencia por CDD-Perú; 2019.
- Ministerio de la Mujer y Poblaciones Vulnerables [Internet]. Dirección de Población, 2019 [Fecha de acceso: 15 de septiembre de 2021]. Disponible en: <http://www.mimp.gob.pe/direcciones/dgpdv/contenidos/articulos-dp.php?codigo=6>
- Ministerio Público. Oficio N° 000877-2019-MP-FN-SEGFIN, 27 de febrero de 2019.
- Instituto Nacional de Estadística e Informática [Internet]. Perú: Femicidio y Violencia contra la Mujer 2015-2019 [Fecha de acceso: 15 de septiembre de 2021]. Disponible en: https://www.inei.gob.pe/media/MenuRecursivo/publicaciones_digitales/Est/Lib1793/libro.pdf
- Defensoría del Pueblo [Internet]. Nota de Prensa N° 1610/OCII/DP/2020 [Fecha de acceso: 18 de septiembre de 2021]. Disponible en: <https://www.defensoria.gob.pe/wp-content/uploads/2020/12/NP-1610-2020.pdf>
- Plataforma digital única del Estado Peruano [Internet]. Decreto Supremo N° 012-2019-MIMP que aprueba el Protocolo Base de Actuación Conjunta en el ámbito de la atención integral y protección frente a la violencia contra las mujeres y los integrantes del grupo familiar [Fecha de acceso: 18 de septiembre de 2021]. Disponible en: <https://www.gob.pe/institucion/mimp/normas-legales/275844-012-2019-mimp>
- Plataforma digital única del Estado Peruano [Internet]. Resolución Ministerial N° 649-2020-MINSA que aprueba la Norma Técnica N° 164-MINSA/2020/DGIESP Norma Técnica de Salud Cuidado integral a Mujeres e Integrantes del Grupo Familiar afectados por Violencia Sexual [Fecha de acceso: 18 de septiembre de 2021]. Disponible en: <https://www.gob.pe/institucion/minsa/normas-legales/1113555-649-2020-minsa/>
- World Health Organization (WHO). *Health care for women subjected to intimate partner violence or sexual violence*. Luxembourg: WHO; 2014.
- Plataforma digital única del Estado Peruano [Internet]. Resolución Ministerial N° 486-2014-MINSA que aprueba la Guía Técnica Nacional para la estandarización del procedimiento de la Atención Integral de la Gestante en la Interrupción Voluntaria por Indicación Terapéutica del Embarazo menor de 22 semanas con consentimiento informado en el marco de lo dispuesto en el artículo 119° del Código Penal [Fecha de acceso: 18 de septiembre de 2021]. Disponible en: <https://www.gob.pe/institucion/minsa/normas-legales/198435-486-2014-minsa>
- Gutiérrez M. Informe Guía Técnica para el Cuidado Integral de Salud a Mujeres Víctimas de Violencia Sexual. UNFPA; 2019.
- Távora L. Contribución de la Revista Peruana de Ginecología y Obstetricia al desarrollo de los derechos sexuales y reproductivos en Perú. *Rev Peru Ginecol Obstet.* 2017;63(3):393-408. DOI: <https://doi.org/10.31403/rpgo.v63i2010>
- Centro de Emergencia de la Mujer [Internet]. [Fecha de acceso: 19 de septiembre de 2021]. Disponible en: <https://www.gob.pe/480-denunciar-violencia-familiar-y-sexual-centros-de-emergencia-mujer-cem>