

**Alternative Report**  
**Universal Periodic Review (UPR) - Third Cycle**

**Human Rights Situation of Women and Young People, especially  
Sexual and Reproductive Rights**

Submitted by:

**Coalition of Organisations for Active Defence of Women's and  
Young People's Rights**

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## **Introduction**

1. This report has been prepared for the Third Cycle of the Universal Periodic Review (UPR) of the Dominican state. It assesses how the recommendations accepted by the State during the previous Cycle in the area of women and young people's rights—especially sexual and reproductive rights—have been applied. The organisations have noted with concern how the recommendations have not been fully implemented.
2. In a positive spirit, the State adopted strategic plans aimed at tackling the high levels of social inequality, especially the inequality between women and men. Nonetheless, major gaps persist in their implementation, along with legislative gaps and strong resistance towards modifying and extending the regulatory framework. On the ground, women's human rights are still being denied due to lack of access to safe maternity services, the criminalisation of abortion, the legitimisation of harmful cultural practices like forced child marriage, deficiencies in response to private and institutional violence, and unequal distribution of roles in the workplace and positions of power.

## Overview

3. The measures that have been adopted by the State in order to implement the UPR recommendations and those of the treaty bodies and special procedures remain at regulatory and institutional levels and do not address the structural causes of inequality between men and women and among women on the grounds of age, geographical location, poverty levels, migratory status, etc.
4. The State's interventions are fragmented and have therefore been unable to provide comprehensive responses to complex problems; dispersion of funds and responsibility, duplication of efforts and weakening of the institutionalisation processes, and a lack of inter-sectorial and inter-ministerial coordination, which contributes to the low level of coherent programming.
5. Low levels of economic investment have been noted. This is linked to a failure to prioritise equality policies as well as a lack of will and capacity on the part of the State to draw up budgets that are consistent with the declared objectives and based on a gender and rights-based perspective.
6. The Ministry of Women, the institution responsible for coordinating the implementation of equality policies at sectorial level, receives one of the lowest budget allocations and does not have professional teams with the technical skills for designing, executing and evaluating gender policies. This is reflected in its low level of influence and negotiation skills.
7. Transparency and accountability are minimal and the plans are implemented without assessing the result indicators or conducting audits to report on investment and spending. This opacity enables social policy funds to be distributed in a clientelistic manner. One indication is the increasing number of social protection programmes managed by the Vice Presidency of the Republic, which has negative consequences on funding for the Ministries and the institutionalisation of the programmes.
8. The persistent stagnation of women's legislative agenda due to pressure from the evangelical churches, the Catholic Church and the 'new sexism' narrative is preventing the adoption of regulatory frameworks that are more in line with the international human rights framework.

## Recommendations

9. Establish mechanisms to guarantee that the Ministry of Women is able to fulfil the responsibilities it was assigned by Law no. 86-99, especially its obligation to coordinate the execution of all tasks aimed at achieving gender equality at sectorial, inter-ministerial levels and with civil society.
10. Enhance the technical capacity of Ministry for Women officials for designing, implementing and evaluating public policies with a gender and rights-based perspective.

11. Enhance the technical capacity of public agents for incorporating a gender and rights-based approach in the National Planning and Public Investment System and the National Budget System, with the aim of identifying, measuring and evaluating public spending aimed at women, girls and adolescent girls and defining public policies with improved quality.

## **The Right to Equality and Non-discrimination**

12. The State accepted four recommendations aimed at tackling discrimination and ensuring women's empowerment, which have not been implemented<sup>1</sup>.
13. In an overall context where inequality is widespread, women as a group are still at the greatest disadvantage. The Dominican Republic is categorised as a High Human Development country (ranked in 99<sup>th</sup> place) but this index is reduced by 21.7% when adjusted for inequality and 47% (107<sup>th</sup> place) when the Gender Inequality Index is taken into account. The Report on the Global Gender Gap ranks the country in 97<sup>th</sup> position on a list of 144 countries.
14. Inequality is reflected in the feminisation of poverty. The percentage of women living in extreme poverty at national level is estimated at 6.35%, mainly in rural areas (9.49%), compared to 5.58% of men<sup>2</sup>. Women-headed households (33.3%) are the most vulnerable; 19.3% are in the lowest wealth percentile and contain a higher percentage of children and adolescents<sup>3</sup>.
15. The success of poverty reduction policies is measured in monetary terms, which enables positive results to be presented without a need to explain the persistent lack of capacities among the population—especially women—for overcoming poverty. The elements within poverty that specifically affect women aren't taken into account. As a result, these programmes have limited potential for transforming poverty and the results are superficial.
16. **The Right to Work:** Women's educational levels are higher than men's, but this is not reflected in their increased or improved participation in the workplace, type of employment, income or access to political decision-making spaces. The current sexual division of labour assigns all caregiving responsibilities to women, thus limiting their ability to access, remain and compete in the market, as well as pushing poorer women towards the informal and feminised sectors. 43% of women are active in other services compared to 13.4% of men and just 2.0% of rural women work in agriculture in contrast with 20% of men.

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<sup>1</sup> A/HRC/26/15. Recommendations 98.34 (Thailand), 98.35 (Malaysia), 98.87 (Vietnam) 98.88 (Australia)

<sup>2</sup> Gender Studies Centre, Technological Institute of Santo Domingo (INTEC). *Inequalities between women and men during all life cycles show social exclusion in the Dominican Republic*. Santo Domingo, 6<sup>th</sup> March 2018.

<sup>3</sup> ORTEGA, Gloria *et al.* Situation Analysis of the Population: Dominican Republic 2017 [online]. Santo Domingo: United Nations Population Fund (UNFPA), 2017, pp. 27, 28 Available from: <http://dominicanrepublic.unfpa.org/es/publications/an%C3%A1lisis-de-la-situaci%C3%B3n-poblacional-rep%C3%BAblica-dominicana-2017>

17. National statistics (2016) show that women's share of the labour market is 52.9% compared to 77.9% for men. A higher percentage of young women (aged 15-24) is unemployed and more than a quarter of women depend on other individuals for their survival<sup>4</sup>, which increases their vulnerability to poverty, violence, widowhood or to being abandoned.
18. Dependence is an obstacle to direct access to social security (SS) and to obtaining an old age or disability pension. The current SS system is based on a two-parent, patriarchal family model, where the man is the head of the household and provider and therefore the named beneficiary. Additionally, women, to a greater extent than men, work in informal market sectors, which also hinders their entry into the SS system<sup>5</sup>.
19. There are no childcare policies. Support and assistance projects are being implemented, e.g. building nurseries, but their assistance-based nature hides the fact that this is about a women's right to shared responsibility for childcare among all social actors.
20. The State has introduced a range of measures aimed at increasing women's economic autonomy. Nonetheless, the lack of coordination between sector-based policies for women, anti-poverty policies and employment policies undermine the capacity for eliminating structural causes such as: Unequal distribution of labour and weaker control over reproductive potential.
21. **The Right to Political Participation:** Parity is constitutionally recognised but although electoral law establishes a 33% quota for women, this has never been achieved. Women who overcome these barriers and succeed in getting elected are usually in subordinate roles and/or take on responsibilities based on gender stereotypes.
22. Of the total number of women who were elected in the 2016 elections (1,451), 816 are in secondary positions (56.23%). There are only three women Senators and 53 women Deputies (27.8%) for 32 and 190 parliamentary seats respectively. A full 70% of the committee chairs, vice-chairs and secretaries in the Chamber of Deputies are men and only one woman has served as a party spokesperson in the Chamber in the last two decades. The most revealing statistic, however, is the low level of women's involvement at higher levels of Government. The proportion of women ministers per sector is 17.4%. In decentralised institutions it is 13.68%, in diplomatic posts it is 25%.
23. Despite the State's adoption of the commitment to achieve parity in all elected posts by 2030<sup>6</sup>, the structural changes that would have to be made to the electoral and party systems and in the electoral justice system have not been addressed.
24. **The Right to Education:** The paradoxical situation where women have higher educational levels but lower levels of socio-economic and political participation requires the State to take measures to ensure that the benefits of education translate into higher levels of inclusion.

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<sup>4</sup> Gender Studies Centre, *Inequalities between women and men during all life cycles*.

<sup>5</sup> ORTEGA, Gloria *et al.* Situation Analysis of the Population, p. 28.

<sup>6</sup> Law 1-12 on the National Strategy for Development 2030.

25. The current educational reform process offers an opportunity for considering specific measures for improving educational quality. The challenge persists to recognise the crucial role that schools, higher education centres and teachers play in gender socialisation and reproduction of gender prejudice and stereotypes that keep women in reproductive spaces and caregiving sectors.

## **Recommendations**

26. Implement in full and institutionalise the Multidimensional Poverty Index (IPM-RD) with a gender, life cycle and human rights-based approach, as a tool for public policy decision-making.
27. Enhance technical capacity for female and male officials at the Ministry of Labour for designing, implementing and evaluating employment policies with a gender, life cycles and rights-based approach that promotes women's access to quality employment in non-traditional.
28. Conduct research through the Ministry of Labour on the situation of non-remunerated work in the country, including the assignation of monetary value and time-use measurements between men and women and the total workload, with the aim of recognising women's contribution to the productive economy, the increase in GDP and household incomes, and to inform employment and social protection policies.
29. Fully implement a gender and human rights-based approach in the educational system at all educational levels through the Ministry of Education and the Ministry of Higher Education, Science and Technology, as set out in their respective Ten-Year Plans.
30. Ensure that the law on parties and electoral reform system currently in Congress guarantees equal participation for women, including at least: equal participation in the party leadership bodies, obligatory accountability mechanisms on gender equality in budget execution, educational programmes and internal elections; and effective mechanisms for penalising failure to meet electoral quotas.
31. Take measures to ensure women's access to electoral justice through continuous training programmes in electoral rights and gender perspective for women politicians, Higher Electoral Tribunal staff, and defence lawyers.

## Sexual and Reproductive Rights

32. The State accepted seven recommendations in the area of protection of sexual and reproductive rights, which have not been implemented<sup>7</sup>.
33. The State does not have a regulatory framework or a comprehensive policy for sexual and reproductive rights (SRR). This shortfall is based on the lack of recognition of SRR as rights derived from the overall obligation to protect all fundamental rights.
34. Any attempts to adopt this approach have been thwarted by the Catholic Church, which has a high level of influence in the country when it comes to drawing up sexual policies. As an example, the Church was directly behind blocking the Legislative Bill on Sexual and Reproductive Health—which sets out a comprehensive protection system—from going through Congress.
35. The State has the challenge of treating the Catholic Church as a civil society actor within a pluralistic and democratic debate and has the duty to prevent the use of the state apparatus for the imposition of a single model of sexuality (reproductive, heterosexual and conjugal)<sup>8</sup> on the whole population.
36. **Total Ban on Abortion:** The State maintains a total ban on abortion despite widespread public acceptance of decriminalisation on certain grounds (76%)<sup>9</sup> and recommendations from several treaty bodies and the UPR<sup>10</sup>.
37. Abortion-related deaths represent a public health problem due to their underground and unsafe practice. The Ministry of Health lists them as the fourth cause of maternal mortality. In 2012, this Ministry reported that 27.8% of abortions occurred in adolescent girls, of whom 1.7% were in the under-fifteen age group<sup>11</sup>.
38. As organisations we have reiterated the point that public policies that have succeeded in reducing the rate of induced abortion have been in the areas of educational and health, not as criminal policies, suggesting that penalisation is not an effective measure for protecting life during pregnancy<sup>12</sup>.

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<sup>7</sup> A/HRC/26/15. Recommendations 98.29 (Spain), 98.95 (Slovenia), 98.96 (Belgium), 98.97 (Colombia), 98.94 (Netherlands), 98.99 (Chile), 98.98 (France)

<sup>8</sup> See the legislative bill for Sexual Education in Values and Responsibility presented to the Chamber of Deputies by the Catholic Church.

<sup>9</sup> VASILOFF, Kate *et al.* National Abortion Survey, Santo Domingo: Untold Research. 2018.

<sup>10</sup> A/HRC/WG.6/18/DOM/2, paragraphs 62 and 63, A/HRC/26/15. 98.94 (Netherlands)

<sup>11</sup> LIZARDO, Jeffrey *et al.* *Costs of adolescent pregnancy and motherhood in the Dominican Republic* [online] Santo Domingo: Technological Institute of Santo Domingo (INTEC) Faculty of Social Sciences and Humanities Gender Studies Centre (CEG-INTEC) and the United Nations Population Fund (UNFPA), 2013, p. 29. Available at: <http://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/CostosMaternidadenAdolescenciaRDweb.pdf>

<sup>12</sup> Miric, Marija *et al.* Situation of Abortion in the Dominican Republic [online] Santo Domingo: Profamilia, 2015. Available at: <http://profamilia.org.do/situacion-del-aborto-en-republica-dominicana-resumen-ejecutivo/>

39. Congress is in the process of studying the reform of the Penal Code and although it maintains penalisation, it is considering the option of including exceptions in cases where the mother's life is at risk, of foetal abnormalities that are incompatible with life outside the womb, and of pregnancies resulting from rape or incest. Despite the urgent need for reform, parliamentary debate is highly influenced and hindered by vociferous opposition from the Catholic Church and evangelical groups.
40. **Maternal Mortality:** The State accepted recommendations for reducing the high rates of maternal mortality, but its Strategic Plan<sup>13</sup> and other interventions did not meet the established targets. 2013 figures show 101.8 maternal deaths for every 100,000 live births. In 2015, 74% of these deaths occurred in women between the ages of 20 and 35. The neonatal mortality rate is 21 for every 1,000 live births<sup>14</sup>.
41. The Ministry of Health has recognised that 80% of these deaths are preventable with quality health care and application of health protocols during childbirth, given that 98.5% of deliveries take place in hospitals and 99% of women receive pre-natal healthcare. Several strategies and protocols based on international standards have been drawn up but there is a systematic failure to apply them due to limited follow-up and absence of a culture of accountability. Successful experiences like the EmOC strategy or Baby-Friendly Hospitals are dependent on intervention and monitoring by international organisations.
42. Other failures are linked to weaknesses in the referral and counter-referral system and to the serious deficiencies in infrastructure, medical equipment and medicines. Poor conditions of hygiene are linked to the high rate of maternal deaths during the postpartum period. Unnecessary C-sections is another relevant factor. According to 2014 figures, the rate of C-sections is 58.3%, while the WHO establishes that this should not exceed 15%<sup>15</sup>.
43. Qualitative studies and field work show violations of the right to information about one's own state of health and affordable and timely treatment options, to authorising informed consent and the high prevalence of obstetric and institutional violence<sup>16</sup>, all of which have direct repercussions on maternal mortality.
44. Haitian migrant and Dominican-Haitian women report high levels of discrimination when trying to access to maternal healthcare services.

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<sup>13</sup> A/HRC/26/15. Recommendations 98.29 (Spain), 98.94 (Netherlands), 98.96 (Belgium), 98.97 (Colombia)

<sup>14</sup> ORTEGA, Gloria *et al.* ORTEGA, Gloria *et al.* Situation Analysis of the Population: Dominican Republic 2017 [online]. Santo Domingo: United Nations Population Fund (UNFPA), 2017, pp. 27, 28 Available from: <http://dominicanrepublic.unfpa.org/es/publications/an%C3%A1lisis-de-la-situaci%C3%B3n-poblacional-rep%C3%BAblica-dominicana-2017>

<sup>15</sup> ORTEGA, Gloria *et al.* Situation Analysis of the Population, pp. 35, 36

<sup>16</sup> *Free and Safe Childbirth in the Dominican Republic; an outstanding debt to Women's Rights* [online] Madrid: Women's Link Worldwide. 2017. Available from: <https://www.womenslinkworldwide.org/informate/sala-de-prensa/el-embarazo-una-situacion-de-alto-riesgo-en-republica-dominicana>

45. **Adolescent Pregnancy:** One of the recommendations made to the State during the UPR was to strengthen the application of the Strategic Plan for Reduction of Adolescent Pregnancies 2011-2016 (Plan EA) and to implement stronger prevention measures<sup>17</sup>. However, these were not applied.
46. Plan EA is currently in the review and evaluation stage, but according to Plan International, the implementation of its seven components comes under the category of Low Degree of Programme Coherence (50%). When it comes to assignment of economic resources, the equivalent of 0.08% of the Central Government's Income Budget for the 2016 fiscal year was invested for the 2013-2016 period. The responsible institutions did not receive additional budget lines so the entities with the smallest budgets showed lower execution levels: the Ministry of Youth - 0.01%, the National Council for Children - 2.28%, the National Council for HIV/AIDS - 4.34%, the Ministry of Women - 7.30%, the Ministry of Education - 15.02%, the Ministry of Health - 25.40%, and the Vice President's Office - 53.36%. The fact that the execution level by the institution responsible for coordination—the Ministry of Women—was one of the lowest<sup>18</sup> is a cause for concern.
47. The Dominican Republic is among the five countries with the highest adolescent pregnancy rate in Latin America, with an annual adolescent (aged 15-19) birth rate of 89 births for every 1,000 women<sup>19</sup>. Statistics for pregnancy and abortions among adolescents under the age of fifteen are not easily obtained, but the Ministry of Health estimates them at around 2%<sup>20</sup>.
48. The main factors are poverty, lack of access to sexual and reproductive health and contraception services, lack of quality comprehensive sexual education and forced child unions. Underage unions—more than early sexual initiation—are a leading factor in defining whether an adolescent girl will become a mother before reaching the age of fifteen<sup>21</sup>, as this involves relationships where girls have limited negotiation capacity for safe sexual practices.
49. Pregnancy is one of the main reasons why girls drop out of school (44%), which in turn reduces young women's chances of obtaining qualifications and formal employment, and perpetuates the cycle of poverty and its feminisation.

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<sup>17</sup> A/HRC/26/15. Recommendations 98.29 (Spain), 98.95 (Slovenia), 98.97 (Colombia)

<sup>18</sup> DÍAZ, Felipe. *Pregnant Girls: The Challenges of the National Response for Prevention of Pregnancies during Adolescence. Planteamientos*. Dominican Republic: Plan International, September 2017, No. 3.

<sup>19</sup> FELIZ, Jafmary *et al.* Trends, Patterns and Determining Factors in Adolescent Birth-rates in the Dominican Republic [Online] National Statistics Office (ONE) and United Nations Population Fund (UNFPA). 2017. Available from: <https://acento.com.do/wp-content/uploads/Resumen-de-Tendencias-patrones-y-determinantes-de-la-fecundidad-adolescente-en-la-RD.pdf>

<sup>20</sup> Public Health Ministry. Vice Ministry for Planning and Development. Gender Equality and Development Office (OEGD). *Strategy for Strengthening the National Health System's Response to Violence, with an emphasis on gender violence and violence against boys, girls, adolescents, women and older adults*, 2016-2020 [online], p. 25. Available from: [https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/ESTRATEGIADEABORDAJEVIOLENCIAYSALUD2016AL2010.MSP\\_OEGD\\_.pdf](https://dominicanrepublic.unfpa.org/sites/default/files/pub-pdf/ESTRATEGIADEABORDAJEVIOLENCIAYSALUD2016AL2010.MSP_OEGD_.pdf)

<sup>21</sup> ORTEGA, Gloria *et al.* Situation Analysis of the Population, p. 53.



50. **Comprehensive Sexual Education (CSE):** The Ministry of Education has recognised CSE as a priority and in the framework of educational reform, it designed a new strategy for incorporating it in the curriculum in 2012. However, schools are still not teaching it. The obstacles are opposition from the Catholic Church and the lack of public information to explain the contents and respond to questions and concerns from parents and teachers.
51. **Access to Contraception:** Figures on contraceptive use reveal the way in which birth control is socially assigned to women. This shows a need for sexual education that promotes male and shared responsibility. For example, of the total number of people using contraceptive methods (68%), 40.7% use female sterilisation, in contrast with male sterilisation, which only accounts for 0.2%<sup>22</sup>.
52. Unmet contraception needs total 11%, increasing to 28% among adolescent girls between the ages of fifteen and nineteen and to 24% in the 20-24 age group. The rate of contraceptive use rate during their first sexual encounter is less than 50%, suggesting that more than half of teenage girls do not have any kind of protection during their sexual initiation. These figures explain the 48% rate of unplanned pregnancies, especially among adolescent girls and young women.
53. The organisations have confirmed that many gaps exist between knowledge and actual use of contraception. This is linked to institutional barriers: opening hours, untrained staff, low availability and limited offer of counselling and comprehensive care services for adolescents; and socio-cultural barriers: shame or fear, myths and taboos surrounding their use, and opposition from their partners<sup>23</sup>.
54. Although **HIV prevalence** is higher among men, from the age of fifteen it is higher among women, an indication of their lower levels of control over relationships in child marriage and early unions.
55. Underuse of male condoms (1.4%) and female condoms (0.1%) has negative consequences in the shape of sexually transmitted diseases and HIV. Moreover, women use condoms as contraception but not for protection from HIV or STIs, which suggests that only 5.1% of women between the ages of 40 and 49 used condoms during their last high-risk encounter<sup>24</sup>.
56. In an encouraging move, the National Strategic Plan for Response to STIs and HIV/AIDS 2015-2018, included women victims of violence, women without formal education, and women who live in bateys [sugarcane-cutter communities] as priority groups for the first time. However, universalising HIV and AIDS services remains a challenge, which will enable the State to achieve the UNAIDS 90-90-90 goals by 2020.
57. **Child Marriage:** Common-law relationships between adult men and girls or underage teenage girls are a common practice in the country. One out of every five adolescent girls (23.4%) between the ages of fifteen and nineteen is currently married to or cohabiting with a man who is ten years

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<sup>22</sup> ORTEGA, Gloria *et al.* Situation Analysis of the Population, p. 31.

<sup>23</sup> LIZARDO, Jeffrey *et al.* The Costs of Adolescent Pregnancy and Childbirth, p. 25.

<sup>24</sup> ORTEGA, Gloria *et al.* Situation Analysis of the Population, p. 40.

older. Sexual initiation among married girls occurs between the ages of twelve and fourteen with men who are five to ten years older<sup>25</sup>.

58. For most girls and adolescent girls, marriage to older men is a strategy for escaping poverty and violence within the family. The impact includes unwanted pregnancies, high-risk sexual activity, leaving school, economic hardship, partner violence, and sexual abuse and exploitation.
59. The law does not establish a minimum age of consent for sexual activity. Sexual practices with minors by an adult or person five (5) years older are a crime, but this is not enforced. There is a bill to modify the Civil Code that tackles the age of consent for marriage, but the high level of controversy it has generated has delayed this reform.

## Recommendations

60. Adopt measures to ensure that the political and parliamentary debate and public decision-making regarding sexual and reproductive rights respects the values and principles of the Social and Democratic Rule of Law, freedom of thought and worship and the overall fundamental rights protection framework. This entails limiting interference from the Catholic Church, thus ensuring that its participation respects the rules of intervention and lobbying on an equal basis with other social actors.
61. Approve and enact the Law on Sexual and Reproductive Health respecting human rights obligations.
62. Decriminalise abortion—at least for the three proposed exceptions—and in parallel, take all the legislative measures and any other steps that may be required to guarantee women’s access to legally permitted abortions in the public health network, including care protocols, limits on conscientious objection, and the development of standards, procedures and clinical guides for timely management of abortion (including induced abortion) and pre- and post-abortion counselling, using an evidence-based approach.
63. Through the Ministry of Health, examine, adapt and implement the International Federation of Gynaecology and Obstetrics (FIGO) Strategy for the Prevention of Unsafe Abortion in Latin America, presented to the Dominican Obstetrics and Gynaecology Association in 2009.
64. Implement in full the EmOC strategy for Emergency Obstetric Care, adopted by the Ministry of Health in 2007, at all levels of maternal health care and ensure its supervision.

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<sup>25</sup> TINEO, J. D. *Child Wives: A Portrayal of Forced Child Marriage in the Provinces of Azua, Barahona, Pedernales, Elías Piña and San Juan* [online]. *Planteamientos*. Dominican Republic: Plan International, March 2017, No. 2, p. 11. ISBN 2518-895X. Available from: [https://plan-international.org/sites/files/plan/field/field\\_document/planteamientos\\_2\\_arte\\_final\\_print.pdf](https://plan-international.org/sites/files/plan/field/field_document/planteamientos_2_arte_final_print.pdf)

65. Continue implementing the care protocols for obstetrics and gynaecology and the care protocols for comprehensive pregnancy care, childbirth and postnatal care for adolescent girls under the age of fifteen, ensuring training for healthcare staff and their supervision.
66. Accelerate and guarantee the process of drawing up a National Response for Prevention of Adolescent Pregnancy 2017-2022 with exclusively earmarked resources and effective inter-institutional coordination mechanisms.
67. Ensure access to quality and adequate sexual and reproductive health advice services for adolescent girls and boys, according to the Ministry of Health's National Standards for Comprehensive Care for Adolescents.
68. Ensure free access to contraceptive methods, prioritising the adolescent population and adolescent mothers, and promoting the use of male and female condoms as methods for preventing STIs and HIV.
69. Fully implement the Education Ministry's Comprehensive Sexual Education Strategy combined with programmes that encourage designing life plans. This entails training for all teachers, involving families, strengthening responsible male sexuality, and mechanisms for evaluating its effectiveness geared at continuous review and adaptation.
70. Design and implement a child marriage prevention policy that involves families, schools and the community. Review the civil code in accordance with UNICEF's recommendations for age exemptions for marriage and the age of consent for first sexual relationships. Add the category of forced child marriage to the penal code.

## **The Right to a Life Free from Violence**

71. The State accepted 14 recommendations aimed at eliminating gender violence, which have not been implemented<sup>26</sup>. The measures that have been taken during the period under review have not succeeded in eradicating or even reducing the high rates of violence and femicide, and are yet to provide a conclusive response to the problem of violence against women.
72. Violence against women (VAW) is the fourth cause of death among women of reproductive age. The country has the third highest annual murder rate of women in Latin America, 3.6 for every 100,000 women, and alarmingly, the Citizen Safety Observatory reports that 58% of women homicide victims are between 15 and 34 years of age, and 51% of women killed in femicides are

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<sup>26</sup> A/HRC/26/15. Recommendations 98.54 (Nicaragua), 98.55 (Uruguay), 98.56 (Norway), 98.57 (Paraguay), 98.58 (Singapore), 98.59 (Switzerland), 98.60 (Turkey), 98.61 and 98.62 (Belgium), 98.64 (North Korea), 98.63 (Colombia), 98.65 (France), 98.66 (Germany), 98.67 (Italy).

between 18 and 34 years of age, therefore “the female population is most likely to become a victim of homicide”<sup>27</sup>.

73. The national system for responding to VAW has been developed around a penal law (Law No. 24-97), which has shaped a structure centred on pursuit and sanction of offences with a minimal focus on prevention, protection and reparations for victims.
74. Thanks to international support, the State has introduced a considerable number of strategies in order to achieve a comprehensive approach. The National Commission for Preventing and Combating Domestic Violence (CONAPLUVI) was set up under the aegis of the Ministry of Women and the Joint Declaration of the Principle of Institutional Coordination of the Comprehensive Response System for Victims of Violence (2013) has been created, but the influence of these mechanisms is negligible. The Ministry of Women’s lack of power weakens its capacity to make this coordination effective.
75. The system is disorganised in terms of prevention and response, with disparities in resource distribution that favours response (penalisation) and there is a lack of consensus among the competent institutions regarding the conceptualisation of VAW, its causes and the most effective strategies for addressing it. These elements affect the operation of the critical path of comprehensive response for victims of violence.
76. The duplication of state interventions and their lack of coherence make it difficult to assess the level of State spending on VAW. However, the available figures and the situation on the ground suggest that spending is limited and usually not specific, with the exception of international development funding<sup>28</sup>, and distribution of funds is not based on prioritisation of responsibilities. For example, the Ministry of Women, which is in charge of coordination of most of the preventive measures and responsible for managing the women’s shelters, receives minimal funding and depends on international aid.
77. **Prevention:** The levels of investment in broad-based and long-term preventive measures aimed to change the sexist culture that legitimises and promotes violence are low. Work is limited to one-off actions, consisting of campaigns with low coverage and short duration, without involving the education system. In parallel, the lack of analysis of the link between violence and structural inequality hinders the development of strategies aimed at overcoming their social determining factors.

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<sup>27</sup> Thematic Report on Citizen Security OSC-IT 013: *Definition and prevention of violent deaths among women in the Dominican Republic*. September 2016 [Online]. Available from:

<https://mi.gob.do/observatoriodeseguridadciudadana/images/documentos/informes/OSC-IT-013---Muertes-violentas-de-mujeres-en-RD.pdf>

<sup>28</sup> POLA ZAPICO, María Jesús (Susi). *Legislative achievements, unfulfilled promises: Gaps in the implementation of the law on Violence against Women. Successful results and positive aspects of the application of laws and policies on violence against women in the Dominican Republic*; Dominican Republic: Oxfam, 2016.

78. **Protection and Response:** The prominence of the penal response does not translate into the existence of an effective investigation and penalty system. The Courts and Justice system are oversaturated and under-resourced, with overworked and inadequately trained staff.
79. The organisations confirm the many obstacles faced by women when they report violence: ineffective protection orders, lack of shelters, re-victimisation and officials with high burnout levels<sup>29</sup>. Less than 4% of reported cases result in sentencing<sup>30</sup>.
80. Haitian migrant women who can't prove they are legally regularised residents are rejected by Public Prosecutor's Offices and the Police and are not able to file a complaint, which increases their vulnerability and risk of violence and death.
81. The State has recognised VAW as a public health problem and the Ministry of Health has been adopting standards, guidelines and response protocols since 2001, but continuous training programmes and evaluation and monitoring systems are still needed. The organisations confirm that many healthcare staff members are unfamiliar with these standards.
82. **Reparation Mechanisms:** There are no reparation systems that include victim compensation funds, or any empowerment and rehabilitation programmes. There are no funds for compensating the children of victims of partner femicide.
83. **Categories of Violence:** The prominence of domestic/intra-familial violence has led to the invisibility of other types of violence, including workplace sexual harassment, rape and sexual violence, and trafficking for sexual exploitation. Despite the high rates of these forms of violence, they do not receive funds or attention. The Dominican Republic has the third highest rate of human trafficking in the world, especially of women and girls. In addition, there is an alarming rate of sexual violence against girls, encouraged by a culture that does not penalise relationships between adult men and girls.
84. **Record Keeping:** Another main weakness in the system is the lack of standardised measurement tools based on clear indicators. A quality registration system for recording the number of murdered women who had reported violence or obtained restraining orders is needed; as well as for linking the number of reports, restraining orders issued, cases brought to the courts, and guilty verdicts for each category of VAW.

## Recommendations

85. Approve and enact the Draft Organic Law for Prevention, Response, Penalisation and Eradication of Violence Against Women, which creates the comprehensive response system under the coordination of the Ministry of Women and clearly defines the roles and responsibilities of the institutions, as well as the inter-ministerial and sectorial coordination mechanisms.

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<sup>29</sup> POLA ZAPICO, María Jesús (Susi). Legislative achievements, unfulfilled promises

<sup>30</sup> ORTEGA, Gloria *et al.* Situation Analysis of the Population, p. 58.

86. Ensure that the required funds are earmarked and correctly allocated through specific budget lines for each institution in the system and that a fund is created—to be coordinated by the Ministry of Women—for compensating victims of violence and children of femicide victims.
87. Guarantee discrimination-free access to response and protection services, especially access for Haitian migrant women regardless of their migratory status and without having to show an identity document.
88. Create a national register of violence against women based on clearly defined indicators and which will produce reliable statistics aimed at informing public policy decisions.
89. Implement in full the Strategy for Strengthening the National Health System's Response to Violence, with an emphasis on gender-based violence and violence against children, adolescents, women and older adults, 2016-2020, the Comprehensive Health Care Protocols Guide for Domestic Violence and VAW and the National Standards for Integrated Response to Domestic Violence and VAW, and ensuring that they are correctly applied.
90. Ensure the inclusion of all forms of violence against women in prevention, protection and penalisation plans and take all necessary measures for ensuring the execution of the 2017-2020 National Action Plan against Trade in Persons and Illegal Trafficking of Migrants and the 2015-2018 National Road Map for Prevention and Elimination of Violence against Children and Adolescents, and assigning sufficient funds and ensuring it is institutionalised.
91. Strengthen and extend coverage of response programmes for aggressors, and for positive masculinity.



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