



Gender-based violence in Guatemala

Insights from a gender equality, disability and social inclusion analysis

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Key messages

Gender-based violence (GBV) against girls and young women is prevalent in Guatemala, particularly sexual violence.

GBV against girls and young women is driven by patriarchal gender norms and unequal power dynamics, which intersect with other social norms such as those related to age. In Guatemala, GBV is also supported by child marriage, persistent high levels of violence and impunity. Girls and women who are Indigenous, poorer, who have a disability or are migrants can be more vulnerable to GBV because of heightened discrimination and therefore because of increased exposure to these drivers.

Girls and young women face severe consequences after suffering GBV, which include the impact on their physical and mental health, school dropout and the need to leave their homes or communities. These consequences can be more acute in cases where GBV results in teenage pregnancy.

Policies and programmes to prevent GBV and support victim-survivors have been led by civil society and UN agencies. However, there is an important lack of evidence on what works.



About the authors

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About this publication

The UK Foreign, Commonwealth & Development Office (FCDO) has awarded ODI Global a regional project to conduct a gender equality, disability and social inclusion (GEDSI) analysis to inform FCDO's ambition to support women, girls and other minority groups in the Latin American region. This brief is part of the project which focuses on Uruguay, Chile, Guatemala and Panama, providing high-quality and updated evidence on issues such as gender-based violence, women in politics, women's economic empowerment, feminist foreign policy, LGBTQ+ rights, children in alternative care, online violence, and bioeconomy. For each country, the analysis provides:

- an overview of up-to-date data on gender equality, disability and social inclusion issues
- 'deep dives' analysis into two/three topics of national relevance
- recommendations for relevant stakeholders at different levels to support action at national level and potential collaborations with international partners.

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Front cover image: Folk dancers in indigenous costume perform in San Juan del Obispo, Guatemala © Lucy.Brown | Shutterstock ID: 1157017480

Introduction

This brief analyses GBV against girls and young women in Guatemala and is part of a broader analysis of gender equality, disability and social inclusion (GEDSI) of the country. It is based on a rapid review of secondary literature (including journal articles and grey literature) and 12 key informant interviews (KIIs) with civil society, intergovernmental and governmental stakeholders.

Key statistics

GEDSI in Guatemala

- Guatemala is a multiethnic country, composed of Indigenous (Maya, Xinka and Garífuna), Ladino/Mestizo and Afro-descendent peoples. In 2023, Indigenous people accounted for 38.8% of the population (most of whom are Maya, 37.5% of the total population), while Ladino/Mestizo people accounted for 60.3% (INE, 2023a).
- Around 56% of the population lives in poverty, with similar rates for men (56.5%) and women (55.5%). Extreme poverty is concentrated among Indigenous groups (29.8%) and in rural areas (24.4%) (INE, 2023a, 2023b, 2023c).
- While more girls than boys are in school, Guatemala lags behind other countries in the Latin America and Caribbean (LAC) region in relation to education: lower-secondary completion stands at only 51% for girls and 48% for boys, and Indigenous peoples remain underrepresented in higher education (INE, 2023b; World Bank, 2025a).
- Gender gaps persist in employment, as only 52.3% of women participate in the labour force, compared to 87.3% of men (World Bank, 2025b). Women undertake the majority of unpaid care and domestic work (41.9 hours per week compared with only 8.3 hours for men) (ECLAC, 2025).
- While the homicide rate has been declining in the country since 2010, it was still high in 2023, at 16.1 per 100,000 people (HRW, 2025). Guatemala's criminality score – a measure of overall levels of organised crime in the country – is 6.60, which is 9th in the Americas and 26th in the world (OC Index, 2023).

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- In 2023, 48.8% of women over the age of 15 reported having experienced GBV of any type – sexual, physical, psychological or economic – at some point in their lives, and 30.3% reported having experienced it in the 12 months prior to the survey (INE, 2024a, 2024b).
- In 2021 and 2022, there were 527 and 534 reported cases of femicides, respectively (World Bank, 2023)¹. This figure may underrepresent the problem, as it is difficult to have a case legally recognised as femicide.
- In 2023, 50.2% of girls aged 15–19 and 46.9% of young women aged 20–24 reported having experienced some form of GBV – physical, sexual, psychological or economic – at some point in their lives (INE, 2024a). Guatemala's National Registry reported 14,696 births to mothers aged under 15 years old (HRW, 2025). As under Guatemala's law consent to sexual activity can only occur from age 14 onwards, this figure indicates statutory rape for those who are under 14.

Main findings

Causes of GBV

Norms: GBV is both a consequence of, and a tool to enforce, patriarchal gender norms (Jimenez Thomas Rodriguez, 2022). As elsewhere Latin America, in Guatemala these norms ascribe authority to men and submissiveness and chastity to women, leading to unequal power dynamics (UNFPA and FLACSO, 2017; Gibbons et al., 2025). The combination of patriarchal gender norms and age-related norms can place girls and young women in more vulnerable situations than adult women – especially in relation to adult men. Age-related norms heighten adult authority over them in the context of the family, school, workplace and community.

Child marriage: Child marriage is underpinned by patriarchal gender norms, such as those linking girls' and women's roles to the household and to motherhood, or those emphasising female chastity. However, it is also driven by poverty. Child marriage can be seen as a household strategy to increase a family's economic well-being or adolescents may seek it to escape poverty at home (Greene, 2019; KIIs). Child marriage increases the risk of all forms of GBV within intimate relationships (Kidman, 2017). The risk of sexual violence is particularly acute, as girls are expected to start a family once married, and some are forced into unions due to unintended pregnancies resulting from rape (Girls Not Brides, 2022).

¹ Rates of femicide vary significantly between sources. For instance, according to ECLAC (2024) there were a total of 45 femicides in 2023, or a rate of 0.5 per 100,000 women.

High levels of violence: Guatemala has a recent history of civil conflict, as well as current high levels of violence – in part due to organised crime. Past and present high rates of violence have likely normalised its use within the country. It may also have led to widespread population trauma, attitudes of silence and fear, and a distrust of the state, particularly its law enforcement arm (Gibbons et al., 2025; KIIs). Prevailing gender norms and the low level of human rights awareness – with only 25.4% of adults possessing a good understanding of their rights (UNICEF Guatemala, 2020) – likely compound the issue.

Impunity: Guatemala’s high GBV impunity rate (estimated at 96%) undermines legal progress and its desired deterrent effect (HRW, 2025). This stems from low reporting, case dismissal and judicial shortcomings, including corruption and legal loopholes. Underreporting, according to the 2023 Informe Encuesta Nacional de Calidad y Bienestar de los Hogares (ENCABIH) survey, results from fear, shame, distrust of authorities, lack of resources and knowledge, and dismissal of violence (INE, 2024a, 2024b). It is likely that girls, in particular, report GBV less often than older women because their knowledge and resources are more limited, and their vulnerability higher. Even when reported, cases often fail to progress due to dismissal or acquittal rates as a result of discrimination, long processes and emotional strain (HRW, 2025; KIIs).

Consequences for victim-survivors

Physical health: GBV can lead to injuries, disabilities, chronic pain and gynaecological issues, with limited access to good-quality healthcare further endangering victim-survivors. Adolescent pregnancies carry significant health risks, such as infections, eclampsia, obstetric fistula, anaemia and maternal mortality. Lack of timely access to sexual and reproductive healthcare (for example, emergency contraceptives) means that girls and young women are likely to miss the window for pregnancy prevention. Access to abortion remains severely limited and there have been constant attempts in the form of additional laws and penalties to restrict it even further. This forces girls to face the health risks associated with teenage pregnancy or pushes them to seek unsafe abortion. This can, in turn, be life-threatening and expose them to criminal charges (HRW, 2025).²

Mental health: GBV increases the risks of depression, post-traumatic stress disorder, anxiety, eating and sleeping disorders, and suicide (WHO, 2012). In Guatemala, a significant percentage of GBV victim-survivors report anxiety, decreased self-esteem, isolation and altered routines (INE, 2024b). Social stigma, a lack of sexual and reproductive knowledge (for instance, not knowing what pregnancy means or entails), and limited future prospects can exacerbate mental health

² Currently, the Penal Code only allows for ‘therapeutic abortion’ – meaning in cases when the mother’s life is at risk. However, even this exception is not well known by Guatemalan authorities and medical personnel and when it is known, interpretations are very narrow (HRW, 2025). The latest attempt to further reduce abortion rights took the form of the Life and Family Protection Law (Law 5272), which extended the criminalisation of abortion to miscarriages and sought to increase the penalty for abortion in Art. 139 of the Penal Code from 1–3 years to 5–10 years of imprisonment for women, and up to 12 years of imprisonment for medical personnel (Kitroeff et al., 2022).

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consequences for pregnant adolescents (HRW, 2025; Ramazzini and López, 2023). Judicial processes that are inefficient and re-victimise girls and young women can also exacerbate mental health issues for GBV victim-survivors. This is especially the case for those who face additional barriers to access justice, such as Indigenous girls and those with disabilities who need interpretation or alternative means of communication. Limited access to mental health services because of underfunding means that even court-ordered care tends to be inadequate (HRW, 2025; KIIs).

Education: Fear of GBV can lead girls to drop out of school, especially in rural areas. Human Rights Watch (HRW, 2025) documents that rural families are often concerned about children's safety traveling to and from school, particularly at night. When GBV occurs, girls can also drop out to avoid their assailant (especially when the violence was perpetrated in school), as a result of physical/mental health issues or because of social stigma. Additionally, GBV linked to child marriage and/or adolescent pregnancies may force or encourage girls to leave school due to societal expectations of adult women's roles or because of childcare responsibilities and lack of an adequate public support system (ibid.). When they stay in school, GBV can also negatively impact the learning of girls and young women (Becker et al., 2014).

Other consequences: GBV can lead victim-survivors to migrate or to abandon their homes, heightening their risks of further violence and exploitation (Plan International, 2023; Marcus, 2024; KIIs). Victim-survivors are also vulnerable upon return if they have migrated, especially when deported (ONU Mujeres Guatemala, 2025). Both migration and leaving home can also lead to school abandonment (KIIs).

All the consequences discussed in this section – physical health, mental health, education, migration and safety – interact with poverty. Not only do scarce economic resources increase the likelihood of severe consequences in these areas of girls' and young women's lives, but the consequences can also impact their current and future economic prospects and well-being.

Policy and programme responses

Policy and programme responses can be divided into two categories: those aiming at prevention and those that offer support to victim-survivors – also known as primary and secondary prevention. Civil society and UN organisations' initiatives are important in both areas. There is, however, limited evidence of the effectiveness of such programmes and policies.

Work for GBV prevention focuses on the following:

Gender norm change: Organisations working in this area at the community level include SERNiña, the Women's Justice Initiative, the UN Children's Fund (UNICEF), UN Women and Pop'Noj Association. The only available evaluation for the present research was of SERNiña's Whole Family Healing Program. It shows that the programme contributed to shifting GBV-related gender

attitudes, but its impact on participants' psychological well-being was affected by the COVID-19 pandemic (Gibbons et al., 2025). Effective strategies emphasise engaging different community stakeholders (children, parents, teachers and leaders) in workshops and campaigns, and using mass media, particularly radio, for wider outreach (KIIs).

Comprehensive sexuality education (CSE): CSE can contribute to denormalising GBV by informing girls (and others) of their rights, fostering healthy relationships and providing guidance on responding to GBV. However, despite the legal mandates in Guatemala for CSE, it faces strong opposition and practical challenges, including teacher discomfort and limited curriculum implementation (Girls Not Brides, 2022; HRW, 2025; KIIs). Organisations working in this area include SERniña, UNFPA and Pop' Noj Association.

Legal and policy change: Guatemala has strengthened its legal framework to address GBV since the mid-1990s, largely as a result of advocacy by civil society organisations and the feminist movement. Recent progress includes the adoption of alert systems for missing women and children and the prioritisation of GBV within the country's security agenda (KIIs). Yet gaps remain, notably concerning rights to bodily autonomy, despite attempts at reform.

Work to support victims-survivors focuses on the following:

Gender norm change: as inequitable norms impede effective responses to GBV, gender norm change among service providers and justice officials is crucial to improve support for GBV victim-survivors. Organisations like UN Women are working in this area.

Legal assistance and protection policies: The Government of Guatemala recently created, for example, the Victim's Institute (Instituto de la Víctima) and the Comprehensive Approach Route for Pregnancies in Girls and Adolescents Under 14 Years of Age (Ruta de Abordaje de Atención Integral de Embarazos en Niñas y Adolescentes Menores de 14 Años). However, implementation is challenged by high case dismissal rates, discrimination and resource constraints (HRW, 2025). Organisations like CIPRODENI (Coordinadora Institucional de Promoción por los Derechos de la Niñez) and Fundación Sobrevivientes offer legal support and shelter to victim-survivors to fill this gap.

Care for victim-survivors: While protocols emphasise comprehensive care, access to health services has been limited by systemic underfunding and corruption (HRW, 2025). Organisations like Asociación Voz de la Niñez and UNICEF offer crucial medical and mental health support.

Reducing school dropout: There is one government initiative, called the Vida Programme, which seeks to support pregnant girls and young mothers in continuing their education. However, it has critical limitations in eligibility and support levels (HRW, 2025). What is more, there is a lack of broader financial aid for GBV victim-survivors to remain in school.

GBV initiatives directed at women and men can have a positive ‘trickle-down’ effect on girls (KII). GBV can often be an intergenerational cycle, so addressing GBV experienced by parents can have a positive effect on girls and young women. This highlights the importance of two-generation or whole-family approaches that aim to improve children’s well-being by also focusing on their parents’ welfare (Tissera, 2024).

Knowledge gaps

Improve the collection and accessibility of GBV data, especially for girls under 15, ensuring it is disaggregated consistently by age and further broken down by other demographic factors such as Indigenous group affiliation, education level and disabilities. This will help to facilitate intersectional analyses.

Undertake a more in-depth study of technology-facilitated or digital GBV and how this is affecting girls and young women from different demographic groups.

Further document GBV initiatives taking place in the country, analysing what factors or characteristics contribute to their success. These insights would be valuable for future programming.

Recommendations

- **Support long-term and intersectional gender norm change programmes led by local organisations** and aimed not only at girls and young women, but also at different community and government stakeholders, including boys and men.
- **Promote the transformation of taboos around CSE and abortion**, bearing in mind that abortion is a highly politically sensitive topic in the country. Dismantling these taboos has the potential to increase girls’ access to abortion under the current provisions, as well as to expand access.
- **Focus on improving the recovery of victim-survivors by taking measures to ensure effective access to justice and healthcare for all groups of girls and young women.** This would include training for justice officials and healthcare providers in gender, cultural and age-sensitive approaches, improved coordination between agencies, and increased institutional resources and infrastructure.

- **Promote GBV programmes and policies** that are accompanied by efforts to reduce poverty and criminal activity, as well as to improve human rights literacy.
- **Support the strategies and priorities of national and local organisations** working to prevent and respond to GBV, for example, by nesting GBV within the country's security agenda.
- **Invest in coordinating and centralising data** by establishing a national unified registry to address discrepancies across government institutions and to create a national system for those institutions to share victim-survivor information. This would help reduce re-victimisation and enhance support and follow-up.

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