



Socio-demographic, behavioral and mental health indicators associated with self-reported experience of Sexual Violence among street based population groups in Tegucigalpa, Honduras

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Yesterday, today and most probably tomorrow



How we tried to fill the gaps

Mixed methods

■ Quantitative:

- Prevalence of exposure to sexual violence.
Prevalence of associated consequences
(med/psych)
- Level of treatment seeking behaviour / where do they go when they do?

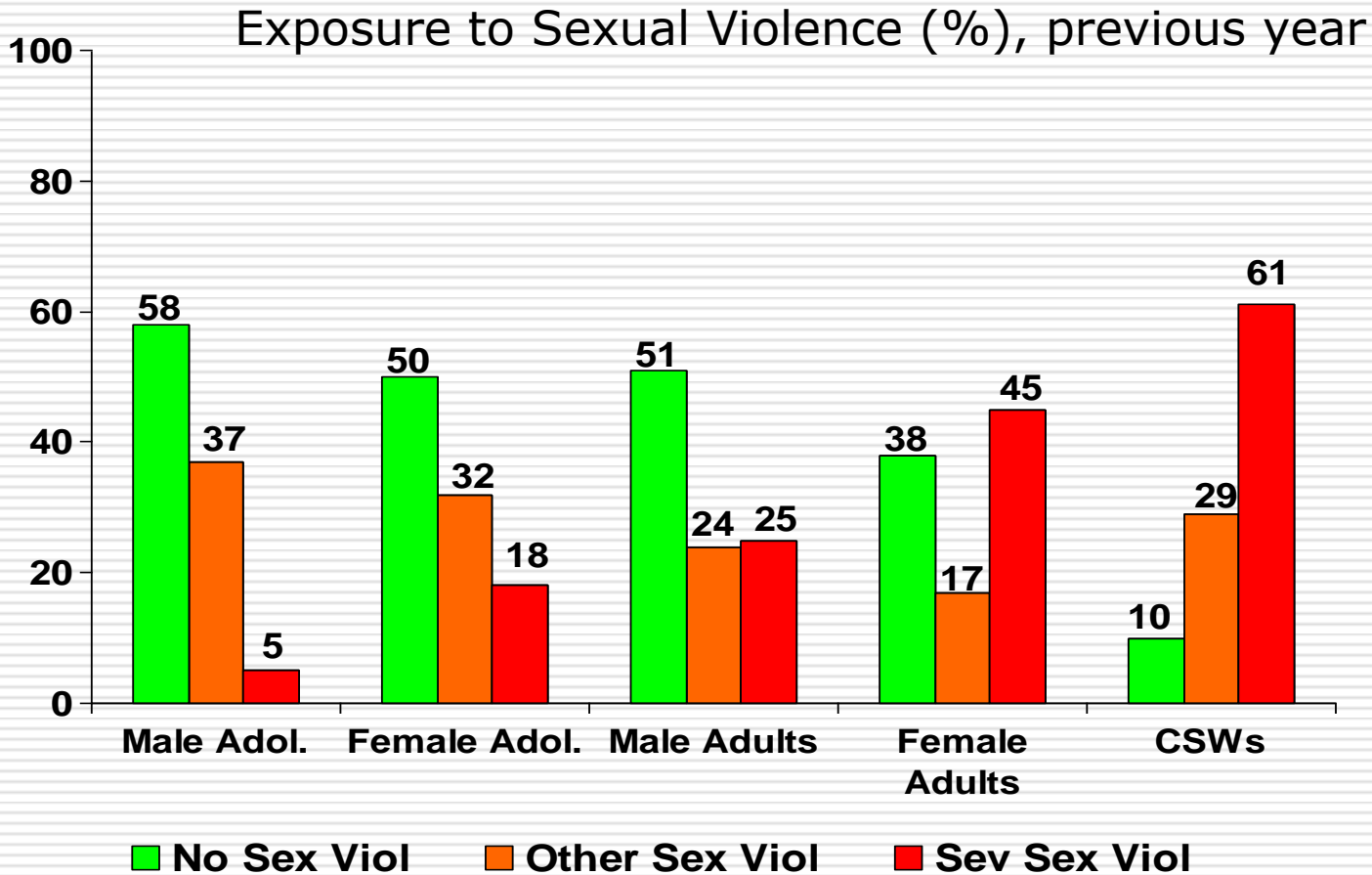
■ Qualitative:

- Why do they consider themselves to be more at risk?
 - What are the motivations / barriers to seek medical treatment?
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Why we needed to know?

- Define our target population
 - Identify health needs / likely added value of MSF
 - Identify entry points to prioritize and offer services (socio-demographic, behavioural)
 - Define most appropriate services and service delivery modes to achieve results
 - Estimate resources needed
 - Be able to monitor and evaluate prospective results
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Then those are the people most exposed to violence. Yes, is that way, there is no support from anybody for people from the street. (Male, 25 years old)

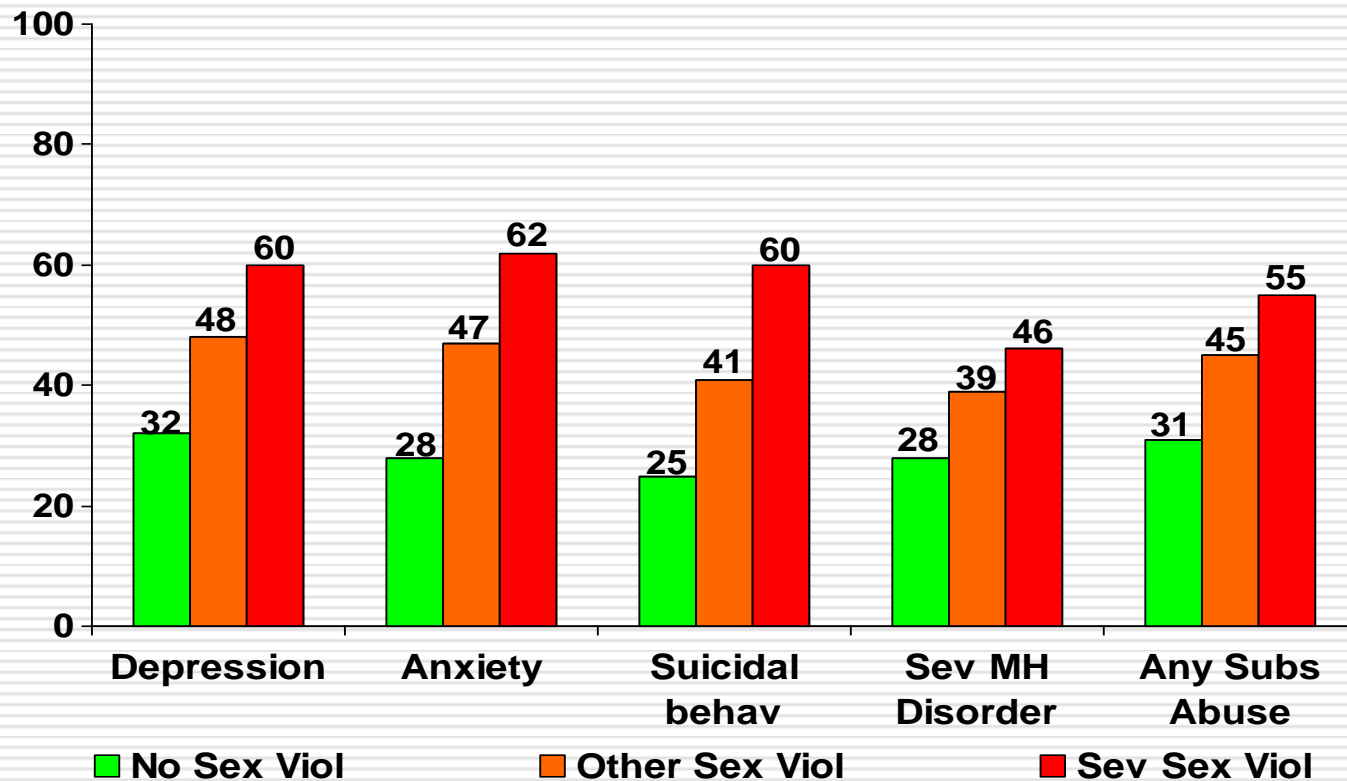


Total n=282

Adolescents 81 (73%male, 27% female), Adults 153 (69%male, 31%female), CSWs 49

Then -refers to child abuse- there one feels like his hart is empty, and goes to the streets and take on vices ... take on vices because of that. (Male, 16 years old)

Mental Health Symptoms (%), by level of exposure

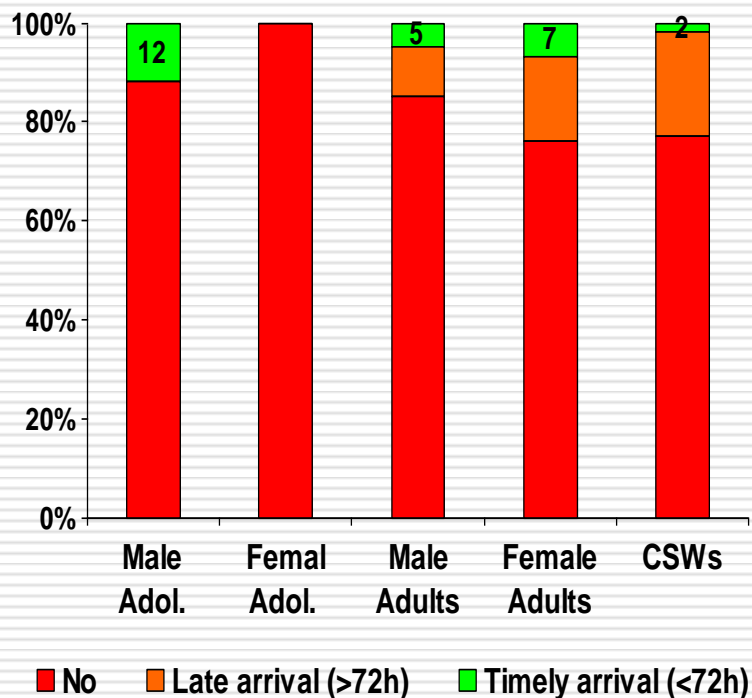


Total n=282

No Sexual Violence 122, Other Sexual Violence 76, Severe Sexual Violence 84

You do not want to know how they -health professionals- treat vicious and thieves (Male, 16 years old)

Treatment seeking behaviour (%) following most severe sexual assault in the previous year (n=159)



- From those suffering Sev Sex Viol (n=84), only 28% sought medical treatment (n=24)
 - 46% went to NGOs, 33% to Health Centres, 25% to Hospital
- Main reasons for not seeking medical services (n=60)
 - No need (37%)
 - Shame (13%)
 - Fear (13%)
 - Not know where to go (13%)

Adolescents 36 (69% male, 31% female), Adults 81 (64% male, 36% female), CSWs 44

Learning their Whys

Physical	Open space	Night-time
		Areas with confluence of criminal activities
		Red spots
	Closed settings	Detention centers
		Guest houses' rooms and clients' cars
		Family's house
Social	Social norms	Discrimination
		Impunity
		"Macho" culture
	Peer norms	Drug use
		Internalization of hopelessness/helplessness
Economic	Societal Conditions	Economic Strains
		Risk of being assaulted/extorted
	Specific to street based population groups	Illegal / un-regulated activities
		Cost of health care
Policy		Documentation police request
		Closure of brothels
		Adult referent need for legal/health assistance

A chance for “Treatment as Prevention”

Mantel-Haenszel odds ratio of exposure to violence by various behavioral, mental health and previous life experiences indicators, n=283. (All odds ratios are for “yes” on the variable in question, with “no” = 1.)

	Physical violence OR (95% CI, p value)	Sexual violence OR (95% CI, p value)	Physical or Sexual violence OR (95% CI, p value)
Unregulated Employment as the main source of income	0.98 (0.53 to 1.80, p=0.95)	1.06 (0.59 to 1.91, p=0.84)	0.96 (0.46 to 2.00, p=0.91)
Sleep in the street more than half the month's nights	2.86 (1.50 to 5.44, p=0.0008)	1.26 (0.73 to 2.16, p=0.41)	3.74 (1.51 to 9.28, p=0.0023)
Depression/Anxiety Axis Symptoms last month	2.40 (1.43 to 4.02, p=0.0006)	3.73 (2.19 to 6.37, p<10 ⁻⁴)	4.53 (2.33 to 8.80, p<10 ⁻⁴)
Any Severe Mental Health Disorders Symptom in life	2.85 (1.63 to 4.97, p=0.0001)	2.81 (1.66 to 4.76, p=0.0001)	4.63 (2.10 to 10.18, p<10 ⁻⁴)
Any Substance Abuse last month	2.32 (1.34 to 4.00, p=0.002)	2.25 (1.34 to 3.77, p=0.0015)	3.43 (1.65 to 7.14, p=0.0004)
Any Substance use last month	2.57 (1.51 to 4.39, p=0.0003)	2.57 (1.54 to 4.28, p=0.0002)	3.68 (1.83 to 7.41, p=0.0001)
Physical Abuse during childhood	3.81 (2.21 to 6.55, p<10 ⁻⁴)	1.96 (1.20 to 3.21, p = 0.0064)	5.37 (2.69 to 10.73, p<10 ⁻⁴)

What did we learn?

- ❑ Street based population groups in Tegucigalpa suffer extreme levels of physical and/or sexual violence
 - ❑ Also present multiple mental health symptoms associated to the exposure to violence, conforming self-feeding risk circles
 - ❑ Treatment seeking behaviour among survivors of sexual violence is minimal among all these groups
 - ❑ Early detection, emergency and follow up medical and psychological services need to be reinforced
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What does this mean for MSF?

- Target outreach activities to most at risk pop. groups
 - Facilitate access to medical/psychological care
 - Reinforce early detection, emergency and follow up care for sexual violence survivors
- Next?
- Promote outpatient mental health services
 - Support the development of evidence based drug detoxification and rehabilitation services for most at risk pop. groups
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Our appreciation to all the participants in this assessment, who increased our understanding on the search for the best possible response to their suffering

THANKS FOR YOUR ATTENTION!!

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