

Women's Assessment of the Quality of Health Services Available to Victims/Survivors of Sexual Violence in Guatemala

Deborah Billings¹, A Valenzuela², JM Place¹, K Padilla³, C Martin¹

¹University of South Carolina, Arnold School of Public Health, ²CICAM, the Centro de Investigación, Capacitación y Apoyo a la Mujer- Center for Research, Training and Support for Women, ³Ipas

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Responses to Sexual Violence



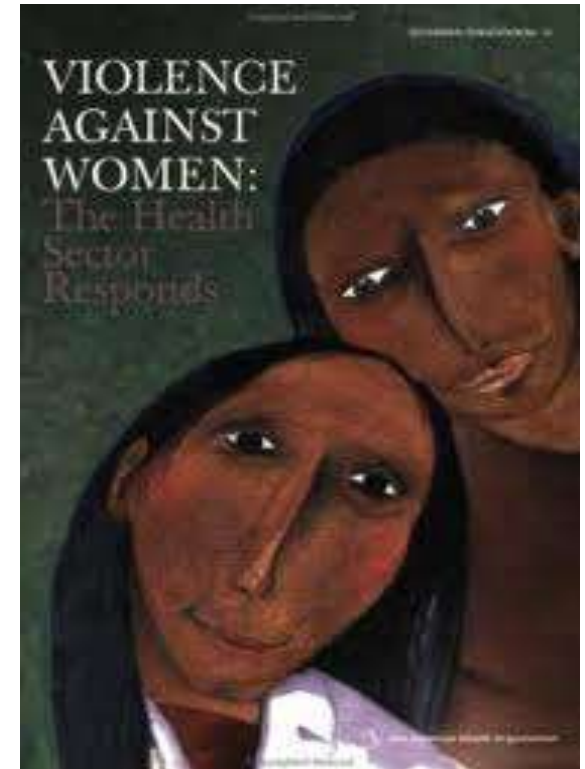
State of studies



- Relatively few studies have focused on health care–based services for women who have experienced sexual assault
- Fewer studies on understanding the experiences that survivors of sexual violence have when seeking care in health systems
 - Very limited literature in Latin America

Health sector response

- One important space in which women can either be supported or condemned, blamed and shamed
- Responses health services offer to survivors can play significant roles in their recovery or continued victimization



Contribute to efforts to prevent sexual violence and improve victims' access to health and legal services by implementing integrated models of care for women:

- that put the victim-survivor at the center of all intervention efforts
- that recognize the importance of collaboration to ensure victims' access to comprehensive services



Aims of larger UNFPA regional work

Aims of this study



- To understand the experiences that women victims/survivors of sexual violence have when seeking support from health services in the post-rape period;
- To document the different pathways taken by women to reach health services and the pathways they follow once they enter health services;
- To assess the quality of health services aimed to support and care for victims/survivors of sexual violence, from the perspectives of women survivors themselves;
- To guide efforts toward improving health services for women victims/survivors of sexual violence in Guatemala and, more broadly, in Central America.

Policy context: Guatemala

3 laws related to gender-based violence

- Includes Ley contra la violencia sexual, explotación y trata de personas (Decreto no. 9-2009)

2006, Guatemala Ministry of Health created a set of Protocols and Guidelines for providing care of victims of sexual violence

With the assistance and guidance of CICAM



Methods

2-day training:

- review of the interview instrument
- discussion about the order of the questions
- revisions of the terms used to make the questions more specific and relevant to Spanish used in Guatemala

Based on tool in Getting it Right!

Ethical and safety recommendations for research on violence against women, World Health Organization (2001) highlighted



Methods

- Women located through local contacts

AREA/ DEPARTMENT	POINTS OF CONTACT
Guatemala City	<ul style="list-style-type: none"> • Hospital Roosevelt, Infectious Disease and Psychology clinics • CICAM
Jutiapa	<ul style="list-style-type: none"> • Regional Hospital Psychology and Psychiatry Clinic, Sub-Director, Health Area • District Attorney • Psychology Office of the Public Prosecutor's Area for Care of Victims • CICAM
Chimaltenango	<ul style="list-style-type: none"> • Psychology area of the National Hospital • Psychology Office of the Public Prosecutor's Area for Care of Victims. • CICAM
Izabal	<ul style="list-style-type: none"> • Psychology area of the Children's Hospital • Psychology area of the National Hospital
Cobán	<ul style="list-style-type: none"> • Psychology area of the Regional Hospital • Office of the Public Prosecutor's Area for Care of Victims • Office of the National Civilian Police Area for Care of Victims
Escuintla	<ul style="list-style-type: none"> • Gynecology area of the Integrated Care Unit of the Regional Hospital

Methods

- CICAM interviewers reviewed the informed consent form in detail
- Total of 23 interviews conducted (digitally recorded, transcribed, coded using NVivo9)
- Women (minors and adult women)
 - had been raped by a family member, friend, acquaintance or unknown person
 - sought care post-rape in a health care facility in one of the selected areas of Guatemala.

	Number of participants (n=23)
Department (State) of interview	
Guatemala (Capital)	7*
Chimaltenango	3
Jutiapa	3
Escuintla	2
Cobán	3
Izabal	5
Age of participants**	
< 18 years	6
18-24 years	8
25-35 years	2
+35 years	2
Marital status@	
Married	2
Free Union	4
Divorced	3
Single	11
Number of children@@	
None	8
1	3
3	1
Ethnicity@@@	
Ladina	9

Overall and prior to entering health services

- Critical Pathways or “Rutas Críticas”
- System structure
- Payment for services
- Support prior to entering health services

Health services

- Waiting room
- Using names (health care providers and women)
- Information and informed consent
- Direct services received
- Perception of being included in decisionmaking



Major themes

Health services

- Feeling support from health care personnel
- Gender of health care providers
- Meeting women's expectations
- Ideas for improving services

Post-health services

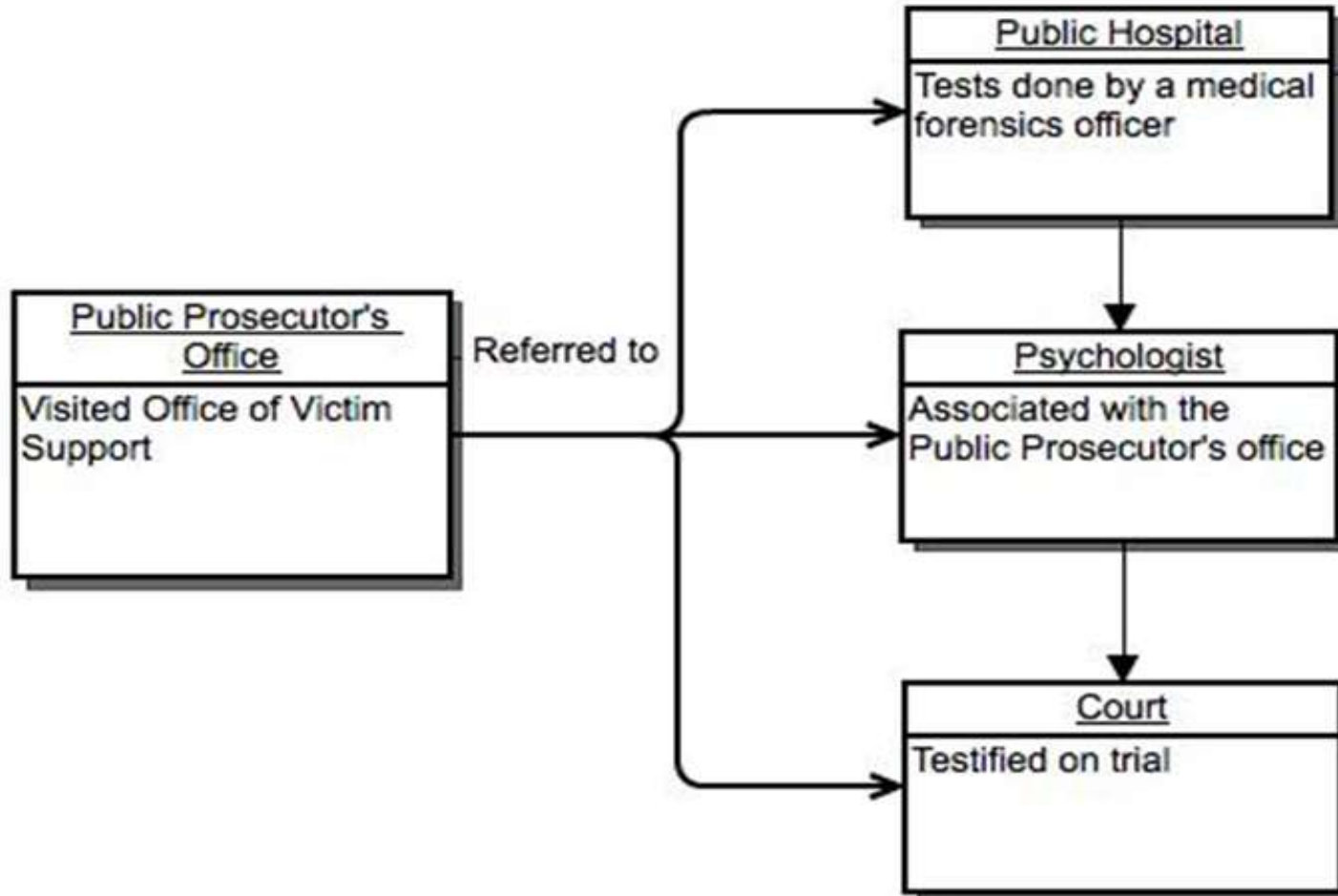
- Denouncing the violence
- Post-service perceptions of their own lives

Major themes



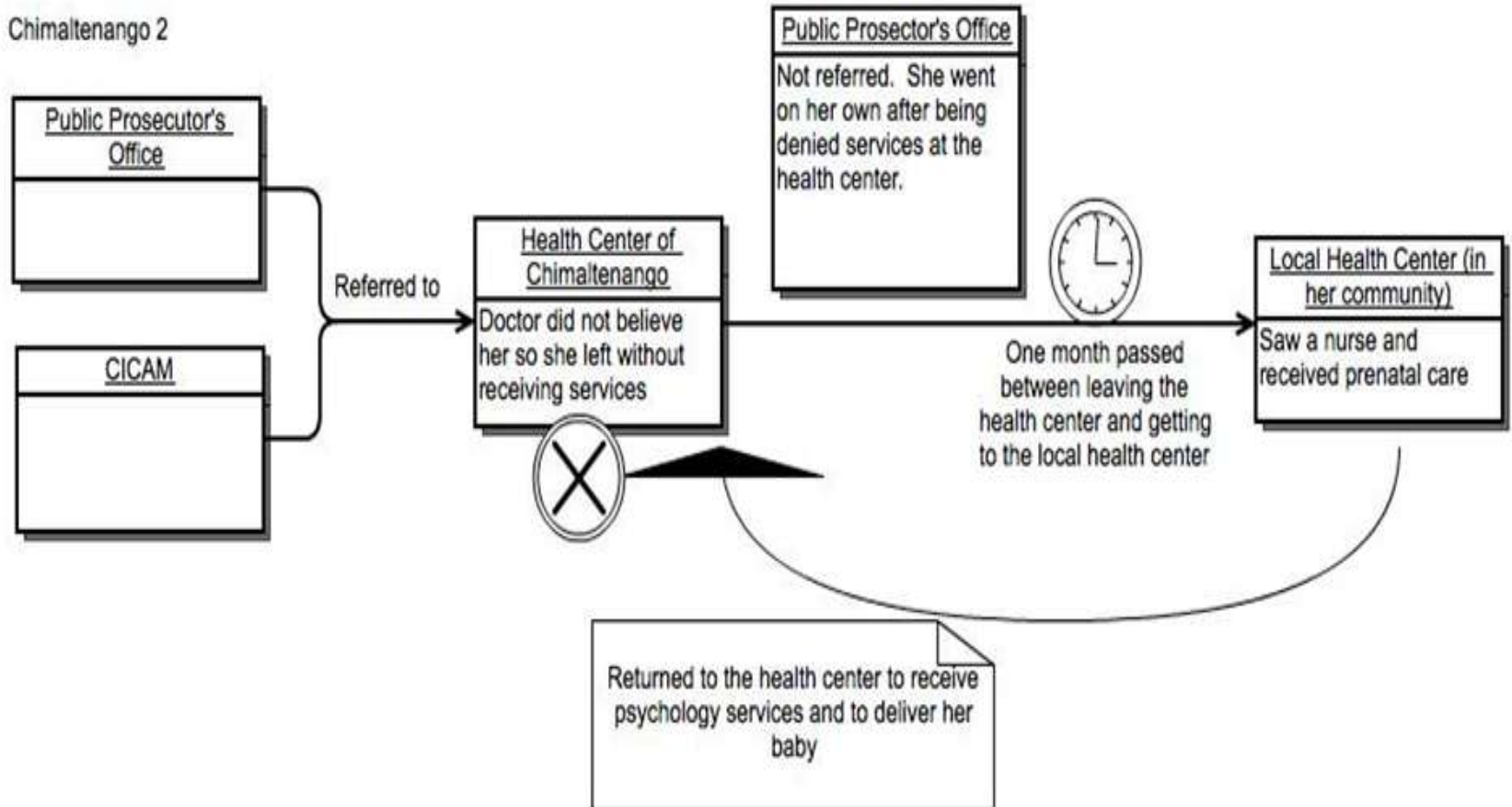
EXAMPLES OF CRITICAL PATHWAYS

Izabal 4



EXAMPLES OF CRITICAL PATHWAYS

Chimaltenango 2



Recommendations

Health care providers met women's expectations for care when they:

- were available and attentive
- actively listened and believed women
- were supportive
- motivated women to move forward on the next steps they needed to take
- kept women informed
- facilitated women with their own decision making processes
- offered “good medical care”- provided EC to prevent pregnancy, did exams to test for STIs and HIV
- did not stigmatize or discriminate against women; did not make women feel like outcasts

Women need:

- more emotional support throughout the health care process
- to be believed and paid attention to by health care providers
- ongoing support and therapy after the initial crisis care received. Empowerment models of ongoing support through individual and group work, such as that offered by CICAM, are needed



Conclusions

- Health services: spaces of important support to women survivors of sexual violence.
- Laws and policies demonstrate an institutional commitment to addressing the needs of victims/survivors.
- Next step: channel resources necessary to create and strengthen services offered to survivors in the health sector so that policies can be fully implemented

The 23 women who participated in this study. We commend their spirit and energy.

Interview and logistics team:

- *Ciudad de Guatemala: Mirna Espaderos, Mariela Mayen, Yadira Rodas y Mirza Cúmez*
- *Jutiapa: Marta Telma Ramos*
- *Chimaltenango: Heidi Gálvez y Mariela Mayen*
- *Izabal: Mirna Espaderos e Iris Alvarado*
- *Cobán: Mariela Mayen y Mirza Cúmez*
- *Escuintla: Heidi Gálvez*

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