HEALTH CARE SERVICES FOR VICTIMS/SURVIVORS OF SEXUAL VIOLENCE: THE STATE OF SERVICES IN NICARAGUA, GUATEMALA, HONDURAS AND EL SALVADOR

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Ipas, USA
Antecedents and Context

- This research is part of an UNFPA project to improve services available to victims/survivors and increase public awareness of sexual violence as a serious public health issue in Central America.

- Since 2000, Ipas and UNFPA have been implementing a strategy to improve the quality of care offered to female victims and survivors of sexual violence (VSSV) at health facilities.
Model of health care provided to women victims/survivors

Early Detection

Referral and Counter-Referral

Promotion and Prevention

Follow-up

Medical care

Information systems

Counseling

Clinical support

Legal support

Emotional and psychological support

Source: Adapted by the author from (Getting it Right!) Ver y atender! Guía práctica para conocer cómo funcionan los servicios de salud para mujeres víctimas y sobrevivientes de violencia sexual. Pag.6 IPAS 2007.
Objectives:

- To observe the quality of public and private sector health care services offered to female adolescent and adult victims/survivors of sexual violence.
- To document the legal and normative frameworks that guide health care practices.
1-Legal and normative review (sexual violence and health service responsibilities)

- LAWS
- ACTS
- RESOLUTIONS
- PROTOCOLS
- MANUALS

2- Analysis of documentation of health providers

- PROTOCOLS
- GUIDES
- FORMS
- MEDICAL RECORDS

3- Observation of and interviews with health care providers

- OB & GYN SERVICES
- EMERGENCY ROOM
- PRIMARY HEALTH SERVICES
- LABORATORY
- DISINFECTION AND STERILIZATION AREA
- SUPPORT SERVICES (ENVIRONMENTAL)

http://www.ipas.org/Publications/asset_upload_file523_4350.pdf
Methods & Activities

- Equipment Management (maintenance)
- Infection Control & Patient Safety
  - Sterilization
  - Waste management
- Information Management
  - Forms
  - Analysis
  - Custody
- Medication Management
- Physical Environment
  - Showers
  - Restrooms
  - Ventilation

Additional check list
4 countries visited
Nicaragua
Guatemala
Honduras
El Salvador

• 54 health care facilities were selected
• 49 were visited

Methods & Activities

CENTRAL AMERICA

• 54 health care facilities were selected
• 49 were visited

OBSERVATION HEALTH SETTINGS VSSV, NICARAGUA, GUATEMALA, HONDURAS & EL SALVADOR 2008-2009
Strengths

- Violence against women recognized as a significant public health and human rights issue
- Greater knowledge of legislation in women’s NGOs
- Guatemala: Implementation of integral model & Sexual Assault Medication Kits (UNFPA)
- The four Central American countries have regulations that recognize sexual violence as an important issue
- There are national guidelines regarding the care of VSSV in 3 countries.
RESULTS: HUMAN RESOURCES (TEAMS)

HEALTH PROVIDERS WITH COMPLETE AND INCOMPLETE TEAMS

COMPLETE TEAM:
• Physician and /or Nurse
• Psychologist and /or Social Worker
• Lawyer and/or others (social worker if psychologist present)

COMPLETE: 73%
INCOMPLETE: 27%

N=49

Only one person attending (Physician or Psychologist)
RESULTS: REFERRAL AND COUNTER-REFERRAL

FLOW OF ATTENTION VSSV
COUNTRY “C” FEBRUARY 2009

- HEALTH CARE PROVIDER LEVEL I AND II:
  - Interview and physical exam
  - Sometimes interview to fill out HIV test forms

- LABORATORY:

- FORENSIC SERVICES:
  - Interview and physical exam
  - HOSPITAL LEVEL II or III:
    - INFECTIOUS DISEASES PROGRAM
    - HIV PROGRAM

- INFECTIOUS DISEASES PROGRAM
- HIV PROGRAM

FLOW DIRECTIONS:
- Police station
- Courts
- Fiscal Office
RESULTS: CARE

Biological Samples for Diagnosis Health Purposes

Presence of Laboratory

- 35% yes
- 65% no

<table>
<thead>
<tr>
<th></th>
<th>VDRL</th>
<th>VAGINAL SMEAR</th>
<th>VAGINAL SMEAR CULTURE</th>
<th>RAPID HIV TESTING</th>
<th>ELISA</th>
<th>RAPID CHLAMYDIA TESTING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nicaragua N=19</td>
<td>12</td>
<td>10</td>
<td>2</td>
<td>12</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Guatemala n=10</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Honduras n=9</td>
<td>6</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>El Salvador n=11</td>
<td>5</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

VDRL=venereal disease research laboratory
LABORATORY SERVICES

- The medical forensic examination is to collect medical-legal evidence.
- 59% had rapid HIV test. Test quality is in question.
- ELISA was found in 20% of the institutions.
- No follow-up (for ELISA or other test referred).
- Vaginal smear culture quality in some institutions is in question.

RESULTS: CARE

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12 or 15 °C
**Storage Conditions**

**Stability during Storage**
Although it is recommended that the Capillus™ product is held at 2-8°C for long term storage, stability studies have shown that the product can withstand short periods outside of 2-8°C conditions.

**Determine™ HIV-1/2**

**STORAGE**
The Determine HIV-1/2 Test Cards and Chase Buffer must be stored at 2-30°C until expiration date.

**SPECIMEN STORAGE**
- Serum and plasma specimens should be stored at 2-8°C if the test is to be run within 7 days of collection. If testing is delayed more than 7 days, the specimen should be frozen (-20°C or colder).
- Whole blood collected by venipuncture should be stored at 2-8°C if the test is to be run within 7 days of collection. Do not freeze whole blood specimens.
TRANSPORTATION REQUIREMENTS FOR INFECTIOUS SUBSTANCES

Infectious Substances

*If multiple fragile primary receptacles are placed in a single secondary packaging, they must be either individually wrapped or separated so as to prevent contact between them.

Medications Found at the Facility (Country “B”)

<table>
<thead>
<tr>
<th>Medications</th>
<th>% of health facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesics</td>
<td>80%</td>
</tr>
<tr>
<td>Emergency contraception</td>
<td>80%</td>
</tr>
<tr>
<td>Prophylaxis STI</td>
<td>60%</td>
</tr>
<tr>
<td>Prophylaxis VIH</td>
<td>30%</td>
</tr>
<tr>
<td>Treatment STI</td>
<td>60%</td>
</tr>
<tr>
<td>Treatment HIV &amp; AIDS</td>
<td>20%</td>
</tr>
</tbody>
</table>

One facility did not offer clinical service, only emotional support.
### Services Offered to Women Pregnant as a Result of Sexual Violence

<table>
<thead>
<tr>
<th></th>
<th>NICARAGUA</th>
<th>GUATEMALA</th>
<th>HONDURAS</th>
<th>EL SALVADOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal abortion</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Adoption</td>
<td>16%</td>
<td>30%</td>
<td>78%</td>
<td>0%</td>
</tr>
<tr>
<td>Prenatal care</td>
<td>74%</td>
<td>50%</td>
<td>33%</td>
<td>36%</td>
</tr>
</tbody>
</table>

OBSERVATION HEALTH SETTINGS VSSV, NICARAGUA, GUATEMALA, HONDURAS & EL SALVADOR 2008-2009
parameters of steam sterilization: steam, pressure, temperature, and time.

n = 43 reported sterilization

Type of Sterilization Used

- 98% STEAM STERILIZATION
- 2% DRY HEAT STERILIZERS (OVEN)

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©Paredes-Gaitan Y.
The steam cycle should be monitored by mechanical, chemical, and biological monitors.

### RESULTS: CLINICAL EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>NICARAGUA</th>
<th>GUATEMALA</th>
<th>HONDURAS</th>
<th>EL SALVADOR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>USE</strong></td>
<td>6%</td>
<td>22%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td><strong>DO NOT USE</strong></td>
<td>94%</td>
<td>78%</td>
<td>88%</td>
<td>89%</td>
</tr>
</tbody>
</table>

**Monitoring Sterilization Use of Biological Monitors**

- **NICARAGUA**: 6% use, 94% do not use
- **GUATEMALA**: 22% use, 78% do not use
- **HONDURAS**: 12% use, 88% do not use
- **EL SALVADOR**: 11% use, 89% do not use
Chemical Disinfectants

Hypochlorite (chlorine disinfectant) was the most widely used.

- Unknown concentrations
- Inadequate storage
- No existence of guidelines
RESULTS: INFORMATION SYSTEM Documentation

Country "A"

Country "B"
<table>
<thead>
<tr>
<th>Centro IXCHEN</th>
<th>Distrito o Municipio</th>
<th>Expediente No.</th>
<th>Fecha Primera Atenc.</th>
<th>Fechas de Atenciones Subsecuentes</th>
</tr>
</thead>
</table>

**DATOS PERSONALES:**

<table>
<thead>
<tr>
<th>Edad:</th>
<th>14__</th>
<th>15-19</th>
<th>20-29</th>
<th>30-39</th>
<th>40-49</th>
<th>+ 50</th>
</tr>
</thead>
</table>

**Sexo:** F ___ M ___

**Estado Civil:**

<table>
<thead>
<tr>
<th>Acompañada/a</th>
<th>Casada/a</th>
<th>Soltera/a</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>No. Hijos</th>
<th>Menores de 18 años</th>
<th>Dependientes</th>
</tr>
</thead>
</table>

**Dirección donde reside o habita actualmente:**

<table>
<thead>
<tr>
<th>No. de Teléfono donde se le puede localizar:</th>
</tr>
</thead>
</table>

**Si es menor de 15 años:**

<table>
<thead>
<tr>
<th>Persona</th>
<th>Acompañante</th>
<th>Responsable</th>
</tr>
</thead>
</table>

**Tipo de Violencia:**

<table>
<thead>
<tr>
<th>Violencia</th>
<th>Física</th>
<th>Sexual</th>
<th>Psicológica</th>
<th>Patrimonial</th>
<th>Otro</th>
</tr>
</thead>
</table>

**Referida por:**

<table>
<thead>
<tr>
<th>Promotora</th>
<th>Policía</th>
<th>Juzgados</th>
<th>Espontánea</th>
<th>ONG</th>
<th>Otro</th>
</tr>
</thead>
</table>

**La casa que habita está a nombre de:**

<table>
<thead>
<tr>
<th>La pareja</th>
<th>La mujer</th>
<th>El hombre</th>
<th>Los hijos</th>
<th>Familiares</th>
<th>Otros</th>
</tr>
</thead>
</table>

**DATOS DEL AGRESOR:**

|------------------|-------|------|-------|-------|-------|-------|------|

**Escolaridad:**

<table>
<thead>
<tr>
<th>Ocupación:</th>
</tr>
</thead>
</table>

**MOTIVO DE CONSULTA:**

<table>
<thead>
<tr>
<th>JURÍDICA</th>
<th>PSICOLÓGICA</th>
<th>MÉDICA LEGAL</th>
</tr>
</thead>
</table>

| 1. Estupro | | |
| 2. Violación | | |
| 3. Abuso deshonesto | | |
| 4. Acoso Sexual | | |
| 5. Incesto | | |
| 6. Lesiones Físicas | | |
| 7. Lesiones Psicológicas | | |
| 8. Pensión Alimenticia | | |
| 9. Guerra Menores | | |
| 10. Amenazas | | |
| 11. Raptos | | |
| 12. Divorcio | | |
| 13. Prob. Salud Mental | | |
| 15. Otras Patologías | | |

**PROCESO DE ATENCIÓN:**

<table>
<thead>
<tr>
<th>JURÍDICA</th>
<th>PSICOLÓGICA</th>
<th>MÉDICA LEGAL</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Asesoría Primaria</th>
<th>Individual</th>
<th>Dictamen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceso Judicial</td>
<td>Grupal</td>
<td>Ex Clínicos</td>
</tr>
<tr>
<td>Medic. Institut.</td>
<td>Pareja</td>
<td>Ex Especial</td>
</tr>
<tr>
<td>Medic. Judicial</td>
<td>Familiar</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nombre de profesionales tratantes:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Psicóloga</th>
<th>Abogada</th>
<th>Médica Forense</th>
</tr>
</thead>
</table>

**GENERAL INFORMATION**

**TYPE OF VIOLENCE**

**CHIEF COMPLAINT & ACTIONS**
RESULTS: SERVICE DELIVERY AREA

CHALLENGES

- Few restrooms
- Showers (only one)
- Privacy Vs. Ventilation
- No privacy in emergency rooms

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to gowns to cover up</td>
<td>yes</td>
</tr>
<tr>
<td>Private bathroom</td>
<td>no</td>
</tr>
<tr>
<td>Equipment for physical exam</td>
<td>yes</td>
</tr>
<tr>
<td>Auditory privacy</td>
<td>no</td>
</tr>
<tr>
<td>Visual privacy</td>
<td>no</td>
</tr>
<tr>
<td>Door, screen, or curtain</td>
<td>yes</td>
</tr>
<tr>
<td>Chair(s)</td>
<td>yes</td>
</tr>
</tbody>
</table>
RESULTS: SERVICE DELIVERY AREA
Equipment for physical exam

Mobile Light source

Otoscope

"The Super Stainless Steel Tongue Depressor! — it'll last for years!"

"Do you still have my rectal thermometer?"
Constraints

- Deficient trained mental health & social workers
- Incomplete medication kits and lab tests
- Lack of coordination between care levels
- Deficient delivery of protocols on SV to health care settings
- Lack of prevention & promotion materials
- Inadequate communication between systems, multiple local systems creates confusion
- Weaknesses in the justice system prevent health workers from reporting SV cases
- Political polarization.
RECOMMENDATIONS

Integral service

Human resources

Information System

Delivery service area

• Diagnostic tests
• Equipment

• Education and prevention
• Manuals & protocols
• Health provider training
RECOMMENDATIONS

- Training health care providers in detection, treatment, transport and confidentiality of forensic evidence
- Strengthen the integral health sector response
- Activate the screening (on suspicion, sentinel services)
- Enhance capacity for collecting evidence and data on SV
- Promote primary prevention responses
- Ethnic diversity requires diverse approaches
- Increase the women’s support groups
- Evaluate quality of prophylaxis and lab management
THANKS
GRACIAS