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

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Parallel Session 3: Terrace Room
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, explotacion 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

<table>
<thead>
<tr>
<th>AREA/DEPARTMENT</th>
<th>POINTS OF CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Guatemala City</strong></td>
<td></td>
</tr>
</tbody>
</table>
• Hospital Roosevelt, Infectious Disease and Psychology clinics  
• CICAM |
| **Jutiapa** |  
• 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** |  
• Psychology area of the National Hospital  
• Psychology Office of the Public Prosecutor’s Area for Care of Victims  
• CICAM |
| **Izabal** |  
• Psychology area of the Children’s Hospital  
• Psychology area of the National Hospital |
| **Cobán** |  
• 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** |  
• 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.
<table>
<thead>
<tr>
<th>Department (State) of interview</th>
<th>Number of participants (n=23)</th>
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<tbody>
<tr>
<td>Guatemala (Capital)</td>
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<tr>
<td>Chimaltenango</td>
<td>3</td>
</tr>
<tr>
<td>Jutiapa</td>
<td>3</td>
</tr>
<tr>
<td>Escuintla</td>
<td>2</td>
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<tr>
<td>Cobán</td>
<td>3</td>
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<tr>
<td>Izabal</td>
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<tr>
<td><strong>Age of participants</strong></td>
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<tr>
<td>&lt; 18 years</td>
<td>6</td>
</tr>
<tr>
<td>18-24 years</td>
<td>8</td>
</tr>
<tr>
<td>25-35 years</td>
<td>2</td>
</tr>
<tr>
<td>+35 years</td>
<td>2</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
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</tr>
<tr>
<td>Married</td>
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<td>Free Union</td>
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</tr>
<tr>
<td>Divorced</td>
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</tr>
<tr>
<td>Single</td>
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<tr>
<td><strong>Number of children</strong></td>
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<td>None</td>
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</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Ladina</td>
<td>9</td>
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</tbody>
</table>
### 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

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**Major themes**
### 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
EXAMPLES OF CRITICAL PATHWAYS

Izabal 4

Public Prosecutor's Office
Visited Office of Victim Support

Public Hospital
Tests done by a medical forensics officer

Psychologist
Associated with the Public Prosecutor's office

Court
Testified on trial
EXAMPLES OF CRITICAL PATHWAYS

Chimaltenango 2

Public Prosecutor’s Office

Referred to

Health Center of Chimaltenango

Doctor did not believe her so she left without receiving services

Public Prosecutor’s Office

Not referred. She went on her own after being denied services at the health center.

One month passed between leaving the health center and getting to the local health center

Local Health Center (in her community)

Saw a nurse and received prenatal care

Returned to the health center to receive psychology services and to deliver her baby
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:** Heidy Gálvez y Mariela Mayen
- **Izabal:** Mirna Espaderos e Iris Alvarado
- **Cobán:** Mariela Mayen y Mirza Cúmez
- **Escuintla:** Heidy Gálvez
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**Research collaborators throughout Guatemala**