Review and lessons learned from the project “Health and justice for women facing sexual violence in Central America”

2008-2012

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• Regional partners: Central American Court of Justice, Interamerican Commission on Human Rights, IPPF, IPAS, Latin American Federation of Societies of Obstetrics and Gynaecology (FLASOG)

• National partners: Ministries of Health, Supreme Courts of Justice, Attorney General’s Office, Institutes of Legal Medicine, Police, Mechanisms for Women´s Advancement, NGOs
Expected result

• Models of care for women victims of sexual violence developed and integrated into public security, legal medicine, health and justice services in selected countries in Central America
<table>
<thead>
<tr>
<th>Objectives</th>
<th>Variables</th>
<th>Sources/methods</th>
<th>Ethical considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the context and processes carried out when developing the</td>
<td>Socio-economic, political and cultural context.</td>
<td>Documents</td>
<td>Anonymity, confidentiality, and privacy</td>
</tr>
<tr>
<td>comprehensive care models.</td>
<td>Processes to develop CCM (priorities, coordination, M&amp;E).</td>
<td>Key informant interviews (65)</td>
<td>Informed consent</td>
</tr>
<tr>
<td>Analyze the methodologies used in the development of the strategies.</td>
<td>Methodologies for the implementaion of strategies: i) Knowledge generation and management, ii) advocacy in public policy, iii) capacity building, iv) communication.</td>
<td>Reviewing clinical files in ELS, HON, NIC (30)</td>
<td>Benefits/Do no harm</td>
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<tr>
<td>Examine the profile and role of the partners</td>
<td>Partners: roles, coordination, value added.</td>
<td>Direct observation of services</td>
<td>Adecuate knowledge of the nature and scope of the review.</td>
</tr>
<tr>
<td>Document advances, results and lessons learned about access to and</td>
<td>Results: integrality, of the services, strategies, sustainability and</td>
<td></td>
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<td>strengthening legal protection systems and health services.</td>
<td>replicability of the models</td>
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</table>
### Dimensions of sexual violence

Percentage of women who reported sexual violence by a partner ever and in the last 12 months among women ever married or in union aged 15-49.

<table>
<thead>
<tr>
<th>Country and year</th>
<th>Type of survey</th>
<th>Number of persons interviewed</th>
<th>Ever forced to have unwanted sexual relations by husband/partner/ex-partner</th>
<th>Forced to have unwanted sexual relations by husband/partner/ex-partner in the last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Salvador (2008)</td>
<td>RHS</td>
<td>9,473</td>
<td>11.5</td>
<td>3.3</td>
</tr>
<tr>
<td>Guatemala (2008-2009)</td>
<td>RHS</td>
<td>11,357</td>
<td>12.3</td>
<td>4.8</td>
</tr>
<tr>
<td>Honduras (2005-2006)</td>
<td>DHS</td>
<td>14,385</td>
<td>n/a*</td>
<td>4.4</td>
</tr>
<tr>
<td>Nicaragua</td>
<td>RHS</td>
<td>15,167</td>
<td>13.1</td>
<td>4.4</td>
</tr>
</tbody>
</table>

*Not included in the survey

Project strategies

- Communication campaigns, public mobilization, constant dissemination through the media, and educational material available in the services.

- Advocacy for public policies
  - Policy mapping, formulation of advocacy plans, advocacy for the development of policies, working groups, creation of a public agenda through the mass media.

- Knowledge generation and management
  - Generation of evidence and analysis of information to support the prioritization of interventions and select effective approaches.

- Strengthening of institutional and human capacities
  - Development of professional competencies, technical tools, supplies and materials, improvement of infrastructure, personnel self-care, intersectoral coordination.
Components of comprehensive models of care

• Services that respond to the needs of victims/survivors of SV
• Addressing the context and life history of SV victims/survivors
• Inter-sectoral, collective vision and coordination formally established
• Elimination of impunity
• Comprehensive prevention (primary, secondary, and tertiary)
• Knowledge generation and management
• Institutional and human capacity
• Information systems with common definitions and indicators
• Community and victim-survivor participation.
Key components to comprehensive models of care: concepts and content

**Types of CCM**: Integrated services in a single, Governmental site (Public Prosecutor’s Office, Women’s/Children’s Police Comissaries) and referral networks as strategies for integrating services

- The integration of the services constitutes a continuum rather than extremes of “integrated services” vs. “non-integrated services”
- The integration requires the defining of prevention and care, sustainable financing, organizational capacity, institutional policies, (protocols, norms, internal regulations), necessary human resources, M&E systems, knowledge generation, intra and intersectoral coordination)
Key components to comprehensive models of care: concepts and content

CCM – Standardizing the Critical Path of VSSV and the promotion of their rights

- Entry points for services are defined
- Key interventions within each service
- Steps for each referral
- Key actors and roles
- A package of services for prevention and care

The Critical Path is contextually specific and responds to the type of CCM (integrated services in one place, referral networks, or a combination of both)
Critical care path for the Comprehensive Model of Care in Nicaragua

Gráfica 4: Ruta de atención del MAI en Nicaragua

CMN
- Atención
- Denuncia
- Entrevista única
- Peritaje psicológico
- Despacho operativo y Plan de investigación con la (el) fiscal

Investigación
- Escena del crimen
- Entrevista a testigos
- Entrevista a expertos
- Prueba de trabajo social
- Pruebas documentadas

Aplicación de Medidas precautorias

IML
- Valoración Médico Legal
- Pericia psicológica: determinación del daño
- Pericia Médica Integral
- Pericia del relato
- Análisis de laboratorio
- Remisión de los dictámenes
- Comparecencia a juicio

Juzgados Penales/ Especializados
- Audiencia preliminar
- Audiencia inicial
- Audiencia preparatoria
- Audiencia de juicio oral y público
- Audiencia de ejecución de Sentencia
- Audiencia de apelación y casación

Aplicación de Medidas cautelares

MINSA
- Referencia y contrareferencia para atención médica y psicológica

Proceso Investigativo
- Determina el ejercicio de la acción penal
- Intercambio de información sobre prueba

Proceso Judicial
- Representa a la víctima desde la primera audiencia hasta la obtención de la sentencia

Aplicación de Medidas precautorias

CENTROS ALTERNATIVOS
- Referencia y contrareferencia para atención médica, psicológica, acompañamiento legal y albergues

Procuraduría Especial de la Mujer - PDDH: ejerce la función fiscalizadora en la aplicación del MAI
Key results

Advances in:

- Strengthening of inter-institutional coordination for a comprehensive response to sexual violence
- Quality of services
- Improvement in the quality of available records and information on the magnitude of sexual violence
- Improvement in infrastructure
- Design of instruments to provide care to victims/survivors of sexual violence
Reducing the number of interviews and the waiting time to receive services

**El Salvador:**
- Reducing the number of interviews depending on the port of entry en the route of care (from 7 to 3 or 4 times)
- Integrated Centers of the Supreme Court, protection measures in DV cases in San Salvador are issued in the same day

**Guatemala:**
- Request for protection measures is immediate and following the filing of a complaint. Reduced from 15 days to 8 hours maximum.
- The complaint is entered electronically provided in hard copy to the Public Prosecutor in the Women´s Section of the Public Prosecutors Office immediately. Reduces the process by 3 to 5 days and investigations can begin immediately.

**Honduras:**
- Review of the flow of client care in the Public Prosecutors Office reduced the number of interviews from 4 to 1.
- Psychologist was integrated into the care team to provide crisis support, explain the legal process at the Public Prosecutors office, and provide referral to other services

**Nicaragua:**
- The number of interviews will be reduced from 8 to 2. A “single interview” will be carried out by an investigator and/or a forensic psychologist.
- In the Women and Children´s Commissaries of the Police, interventions will be reduced from 7 to 4, including crisis intervention.
Lessons learned

- The collective construction of comprehensive models of care is a learning process that increases the knowledge of institutions, produces attitude changes and sectoral practices on GBV/SV.

- Definition of specific responsibilities by each sector should be accompanied by a definition of financial mechanisms for service delivery, including human resources, training, supplies and infrastructure.

- Formal inter-institutional mechanisms such as agreements can guarantee the continuity and expansion of coverage for comprehensive services.

- The lack of reporting on sexual violence (communication to authorities and registration of data) by the health sector is an important obstacle in the development of comprehensive models. Mechanisms to guarantee this need to be developed.
Lessons learned

• Organizations providing comprehensive services need to be able to identify the barriers to access for VSSV at the institutional, community, family and individual levels and establish measures to address them.

• The creation of specialized police offices in Nicaragua, created by the political will and participation of the State and women’s groups, constitutes an important entry point for GBV/SV care through the CCMs, and also can function as sentinel services for surveillance of SV.

• Involve the education sector at all levels in the CCM, because they have a role in preventing and identifying the VSSV, the referral of cases and the development of comprehensive prevention strategies.

• National mechanisms for Women’s Advancement and/or Gender Equality must be integrated actively into the design, implementation, and M&E of the CCM. Their expertise in mainstreaming gender in public policies helps ensure that all CCM interventions are sustained on the principles of the gender equality and the good practices developed in this area.
Thank you!

For more information, please contact:
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