The health system and policy response to sexual violence in Colombia: a qualitative exploration

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Background
- Violence against women (VAW) is a public health and human rights issue.
- VAW puts women at risk for consequences including unwanted pregnancy, violence by intimate partners, sexual harassment, depression, and PTSD among others.
- The health sector response to sexual violence (SV) is crucial. Health care workers need to be prepared to meet the needs of survivors.
- A needs assessment should be conducted to address VAW in the health sector in situ.
- Reports indicate that there are barriers to quality care for sexual assault survivors in the Colombian health system.

Context: Colombia
- Population: 77.9 million
- Capital: Bogota
- Violence against women prevalence: 2% of women ages 15-49 had experienced VAW.

Methodology
- Semi-structured interviews conducted with health providers at five public hospitals in Bogota.
- IRB approval from Middlesex College.
- Interviews conducted with healthcare providers using a double-dummy process.

Objective
- This qualitative study examines the needs of women and girls who have experienced sexual violence in Colombia.

Policy implementation: Role of health care providers
- According to a policy consultant, most health care providers who work with victims do so in a purely reactive manner.

Limitations
- Study focuses on health care workers, excluding policy makers and survivors.
- Due to the nature of this study, some findings may not be generalizable.
- Study was conducted in an urban area, which may limit the findings to those who have access to health services.

Recommendations
1. Curriculum for interdisciplinary health training.
2. Service and pre-qualification level training of health care providers in sexual violence.
3. Health care provider training to respond to sexual violence in rural areas.

WHO clinical and policy guidelines
- Offer immediate support to women who disclose a history of sexual violence.
- WHO clinical and policy guidelines for care 2013
- Clinical guidelines for women experiencing sexual violence.

Study findings 2015
- When a woman seeks help for sexual violence, all providers report that care is always offered free of charge, but it is not necessarily provided appropriately.
- Three types of care are considered: emergency care, sexual care, and psychological care.
- Women participating in the study also mentioned the importance of trauma-sensitive care from health care providers.

Conclusions
- Gaps exist between WHO recommendations, local and district policies, and the care described by the providers.
- Overall, participants demonstrated willingness to provide the care outlined by the available resources.
- The effectiveness of care is limited by barriers to care such as lack of access to care, lack of training, and lack of resources.
- Policy and clinical guidelines can be challenging to implement in practice, even if they may be ideal for the survivors.
- Barriers to care included lack of resources related to capacity, supplies, and 24-hour availability of trained support professionals.
- All participants mentioned lack of knowledge among health care providers.
- Providers were open to receiving training and recommended various topics.
- Impact evaluations may help in setting up a sustainable model for responding to sexual violence in Colombia.

Training topic needs identified by health care professionals
- Trauma-informed care
- Legislation and policy
- Mental health and psychosocial support
- Gender-based violence
- Legal issues

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