EXPERIENCES OF WOMEN VICTIMS/SURVIVORS OF SEXUAL VIOLENCE WITH HEALTH SERVICES IN GUATEMALA

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Actions supported by CICAM within the framework of the UNFPA project, supported by AECID

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The effects of sexual violence can be devastating to individuals, families, communities and entire societies. The research findings presented in this report are part of a larger Central American regional collaborative effort to prevent sexual violence from happening and ensure that victims-survivors have access to the range of services that they need from health and justice systems.

The current study is a core component of a larger project sponsored by the United Nations Population Fund (UNFPA) in Latin America and the Caribbean and supported by the Agencia Española de Cooperación Internacional para el Desarrollo (AECID), entitled, Integrated security for women, with an emphasis on sexual violence: Campaign to combat impunity related to sexual violence. It is being implemented by Ipas, the International Planned Parenthood Federation (IPPF), the Inter-American Commission on Human Rights, the Central American Court of Justice, the Latin American Federation of Obstetric and Gynaecological Societies (FLASOG), and governmental and NGO partners from El Salvador, Guatemala, Honduras and Nicaragua. The project aims to contribute to efforts to prevent sexual violence and improve victims’ access to health and legal services by implementing or combining integrated models of care for women that put the victim-survivor at the center of all intervention efforts and that recognize the importance of collaboration to ensure victims’ access to comprehensive services.¹

This study was fraught with challenges, ranging from locating women who would talk with the interviewers to addressing the emotional impact of the discussions on both the participants and the interviewers. The professionalism, sensitivity and deep respect for women possessed by the exceptional team members of CICAM (Centro de Investigación, Capacitación y Apoyo a la Mujer- Center for Research, Training and Support for Women) in Guatemala must be recognized. Their profound experience working with victims-survivors of sexual violence over decades in Guatemala is known and respected throughout the country and the world. This project would not have been possible without their expertise, guided by their long-standing commitment to eradicating gender-based violence.

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We also acknowledge a long list of research collaborators, whose understanding of the importance of hearing women’s voices led them work tirelessly to help locate

¹ See http://www.endvawnow.org/
possible participants, explain the research to them, ensure that informed consent was accomplished in a respectful, ethical manner and allow the interviewers to use spaces that guaranteed a level of privacy.

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This report is dedicated to all of the women who participated in this study. Their courage and desire to help other women enabled them to overcome fears about discussing their experiences so that we all can better understand what needs to be done to ensure that the dignity of sexual violence victims is respected and fostered and that they receive the care and services to which they have a right.
INTRODUCTION

Around the world, governments are recognizing violence against women, or gender-based violence (GBV), as an important public health and human rights problem. This comes after decades of organizing by women and civil society organizations. Sexual violence is one of the many forms of gender-based violence and is defined by the World Health Organization (2003) as:

*any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work.*

An estimated one in every three women in the world will experience physical or sexual violence at some time in their lives. The majority of perpetrators are family members or someone known to the woman, including intimate partners (Heise, et al., 1999; Krug et al., 2002). Forced sexual initiation is experienced by many adolescents, especially females, in countries ranging from Cameroon to New Zealand (Krug et al., 2002). Sexual violence affects the lives of women throughout the world and has multiple consequences on their health and wellbeing.

Despite the high prevalence of sexual violence globally, relatively few studies have focused on health care–based services for women who have experienced sexual assault, with most of these studies being set within the United States (Bakhru et al., 2010; Campbell 2005; Martin et al., 2007). Important work also has been conducted in South Africa (Christofides et al., 2005). Even fewer studies have aimed to understand the experiences that survivors of sexual violence have when seeking care in health systems (Chang et al., 2003; Christofides et al., 2006; Ericksen et al., 2002; Lievore 2005) and only a limited literature exists on women’s experiences with health services post-rape in Latin America (Sagot 2005).

Campbell and colleagues (2009) have used an ecological model to understand the impact of sexual assault on women’s health. This model emphasizes the effects of the interactions among personal, familial, community and societal dimensions in women’s lives on their experience and interpretation of sexual assault. They posit that (p.226):

* Victims are faced with negotiating post assault help seeking and ultimately, their pathway to recovery, within multiple hostile environments. If survivors turn to their family and friends for social support, how will they react…? If victims turn to formal systems, such as the legal, medical, and mental health systems, they may face disbelief, blame, and refusals of help instead of assistance. The trauma of rape extends far beyond the actual assault, and society’s response to this crime can also affect women’s well-being.*

2 The terms ‘victim’ and ‘survivor’ are used interchangeably throughout this report.
The health care sector is one important space in which women can either be supported- with information, resources, kindness, empathy and by believing women- or condemned through blaming, shaming or controlling survivors (Ullman, 1999). Ultimately, the responses that those working in health services offer to survivors can play significant roles in their recovery or continued victimization (Campbell, 2005a and 2005b). Health care services must meet the needs of women who have been sexually assaulted and to do so, the experiences, needs and demands of survivors must be taken into account.

**Guatemalan women’s experiences with health services post-rape**

Since 2006, the United Nations Population Fund (UNFPA), Ipas, International Planned Parenthood Federation (IPPF) and the Inter American Commission on Human Rights (IACHR) have collaborated to document the state of health services for victims/survivors of sexual violence in four Central American countries, namely Guatemala, Nicaragua, El Salvador and Honduras. This work links to a larger global movement, supported by governments throughout the world as well as the World Health Organization, to address the consequences of gender-based violence and to engage in prevention activities.

From 2007-2008, data were collected by researchers contracted by Ipas on the infrastructure, laws and policies and medical practices related to care for sexual violence victims/survivors in public and private sector health care facilities in Nicaragua, Guatemala, Honduras and El Salvador. The guide, “Getting it Right”, was developed by researchers at Ipas and pretested in several Latin American countries before being used to collect information from health services in these four Central American countries (Troncoso et al., 2008). To date, a series of reports has been published and presented to Ministries of Health in these Central American countries (Paredes-Gaitán et al., 2009a,b,c,d). Within this same project, however, data were not collected directly from women utilizing health services post-rape. Resource constraints prevented the research team from engaging women in this research. This current study aims to fill that gap and to complement the research conducted to-date so that health services can meet the needs of victims/survivors in a more comprehensive manner.

Since 2009, funding was garnered by UNFPA from the Spanish Agency for International Cooperation and Development (AECID in Spanish) to conduct research directly with women survivors of sexual violence. Funding was provided to Ipas to carry out research in Guatemala, with local colleagues, CICAM, the Centro de Investigación, Capacitación y Apoyo a la Mujer- Center for Research, Training and Support for Women. CICAM is a Guatemalan organization that has worked on policy, research and practice related to women’s health since 1999. Gender-based violence has been one of their main areas of work. Testament to that are the five Centers for Care for Women Victims of Violence that CICAM operates throughout the country, where psychological, legal and occupational assistance is available to women experiencing violence in their lives.

3 Ver http://cicam.org.gt/?ID=1573
The health care services available to victims/survivors of sexual violence in Guatemala are shaped, in large part, by the policies created to bring greater attention to sexual violence as a health, public health and human rights issue. Guatemala has passed three important laws related to gender-based violence, which includes a specific law against sexual violence. In 2006, Guatemala’s Ministry of Health (Ministerio de Salud Pública y Asistencia Social) initiated the creation of the Protocol of Care for Victims and Survivors of Sexual Violence (Protocolo de Atención a Víctimas y/o Sobrevivientes de Violencia Sexual) as well as Guidelines for providing care of victims of sexual violence. The Protocol and Guidelines were reviewed in 2009 and launched in 2010. CICAM and UNFPA contributed to the process of creating these important documents. These policy advances demonstrate an institutional commitment at the national level to addressing sexual violence within the health sector and linking the health sector to other important sectors so that the needs of victims/survivors can be met.

**SPECIFIC AIMS OF THE RESEARCH**

- 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.

The process and results of this study are helping to inform discussions about health services offered to women and adolescent girl victims/survivors of sexual violence, the critical pathways that they take to reach services, as well as about the research that needs to be conducted to better understand women’s needs and how to serve them through implementing women-centered integrated and coordinated models of care.

**HOW WAS THE RESEARCH CONDUCTED?**

This qualitative study of women’s experiences with health services in Guatemala post-rape was conducted in six Departments (states) of the country. The research protocol was approved by the Institutional Review Board (IRB) of the University of South Carolina. Data collection was conducted from November 2010 to January 2011.

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4 Ley para prevenir, sancionar y erradicar la violencia familiar (Dto. No. 97-1996, 28 noviembre 1996); Ley contra el femicidio y otras formas de violencia contra la mujer (9 Abril 2008); Ley contra la violencia sexual, explotación y trata de personas (Decreto no. 9-2009).

The principal investigator, Deborah Billings, traveled to Guatemala from October 3 – 5, 2010 where she collaborated with CICAM project coordinator, Angelica Valenzuela, to train CICAM staff as interviewers. The 2-day training included an in-depth review of the interview instrument, discussion about the order of the questions, and revisions of the terms used to make the questions more specific and relevant to the context and language used in Guatemala.

The ethical and safety recommendations for research on violence against women, published by the World Health Organization (2001), were highlighted during the training session and served as guidelines for data collection. In sum, these are (WHO 2001, p.11):

- The safety of respondents and the research team is paramount, and should guide all project decisions.
- Protecting confidentiality is essential to ensure both women’s safety and data quality.
- All research team members should be carefully selected and receive specialized training and ongoing support.
- The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
- Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.

After the training, CICAM researchers worked through local agencies in each study area of Guatemala, which included Guatemala City, Jutiapa, Chimaltenango, Izabal, Cobán, and Escuintla. These six Departments have high numbers of reported cases of sexual violence, as well as services and resources available to victims/survivors of sexual violence if needed after the interview.

CICAM researchers did not contact women survivors directly, due to ethical and logistical considerations. Psychologists in the public health facilities that corresponded to each research area were the first contact for many women. Facilities included the local teaching hospital, and regional and district facilities that have primary care centers linked to them (Centros de Atención Permanente y los Centros de Atención Integral Materno Infantil). Subsequent points of contact were legal and justice services, including the Attorney General Victim Care Offices (Oficinas de Atención a la Victima del Ministerio Público) and the National Civil Police. Thirdly, women were contacted through local civil society organizations, including CICAM, which have some level of service for survivors (See Table 1). Overall, all of the agencies were open and supportive. They provided information needed to contact women, directly contacted them to invite them to participate in the study, and allowed researchers to conduct interviews in their offices in spaces that ensured confidentiality. Interviews rarely were conducted elsewhere to ensure women’s safety.
Women participants

The original research plan aimed to interview only adult women who were at least 18 years of age, had been raped by a family member, friend, acquaintance or unknown person and who sought care post-rape in a health care facility in one of the selected areas of Guatemala. Record review showed, however, that few adult women sought services and that most registries were of younger women. Therefore, we modified the inclusion criteria to interview women under the age of 18, with the authorization of parent or guardian. Women who were raped but never sought care from health services were not included in the study.

Interviews

Women who agreed to participate in the study, after having been contacted by the health or legal service, met with the CICAM interviewer who reviewed the informed consent form in detail, ensuring that each participant fully understood the terms of the study. If the participant agreed, the interview followed the informed consent process. All participants agreed to be recorded. Names were never mentioned during the interview. A total of 23 face-to-face interviews were conducted with women victims/survivors of sexual violence living in six Departments (states) of Guatemala.

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### Table 1. Points of contact for interviews

<table>
<thead>
<tr>
<th>AREA/ DEPARTMENT</th>
<th>POINTS OF CONTACT</th>
</tr>
</thead>
</table>
| Guatemala City   | • 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        | • Integrated Care Unit of the Regional Hospital |
**Instruments**

(See Appendix 2 for the interview guide and informed consent in Spanish.) The guide was taken from, “Getting It Right”, a tool developed by Ipas and UNFPA aimed at aiding health facilities to improve their service delivery to victims-survivors of sexual violence (Troncoso et al., 2007). The interview guide was adapted by the CICAM interviewer team during and after training in the research protocol in October 2010. The questions asked by the interviewers were aimed at understanding the experiences that women had in health facilities post-rape. We explicitly and purposely avoided asking women specific questions about the sexual assault, although some women did include their experiences related to the rape in their narrations.

**Data analysis**

Interviews were digitally recorded, without personal identifiers, by the interviewers after receiving consent from the participants. The digital recordings were shared via secure web technology, with a transcriptionist who then used the same technology to send the transcribed interviews to CICAM and the University of South Carolina. The transcripts were reviewed, coded in NVivo9, and shared with the larger research team at CICAM and Ipas.
Table 2 summarizes the basic demographic characteristics of the women who participated in the study.

### Table 2. Demographic characteristics of women survivors of sexual violence interviewed in six Guatemalan Departments

<table>
<thead>
<tr>
<th>Department (State) of interview</th>
<th>Number of participants (n=23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guatemala (Capital)</td>
<td>7*</td>
</tr>
<tr>
<td>Chimaltenango</td>
<td>3</td>
</tr>
<tr>
<td>Jutiapa</td>
<td>3</td>
</tr>
<tr>
<td>Escuintla</td>
<td>2</td>
</tr>
<tr>
<td>Cobán</td>
<td>3</td>
</tr>
<tr>
<td>Izabal</td>
<td>5</td>
</tr>
<tr>
<td><strong>Age of participants</strong></td>
<td></td>
</tr>
<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>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
</tr>
<tr>
<td>Free Union</td>
<td>4</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>Single</td>
<td>11</td>
</tr>
<tr>
<td><strong>Number of children</strong></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>8</td>
</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>
</tr>
<tr>
<td>Indigenous</td>
<td>3</td>
</tr>
</tbody>
</table>

*2 of the 7 women do not live in Guatemala City
**5 women were not asked their age
@ 3 women not asked about their marital status
@@ 11 women not asked about how many children they have
@@@@ 11 women not asked about their ethnicity

Most of the women interviewed were living in Guatemala City, young (age 24 or younger), single, do not have children and are Ladina. Several interviews did not

6 Ladina is the term used in Guatemala to refer to the Mestizo (non-indigenous) population
contain information about women’s age, marital status, parity or ethnicity. Four women were pregnant from the rape that they were discussing.

The following sections summarize the main themes and highlight the voices of the women that participated in this study. We move from a discussion of the overall critical pathways followed by women to their experiences with support systems before entering health facilities. We then asked the women to discuss their interactions with health care providers and their overall experiences in the facilities and to conclude with reflections on their lives at the time of the interview.

Critical pathways or “rutas criticas”

Groundbreaking work by researchers in Latin America developed the concept of the critical pathways that women take to reach social and other forms of support post-rape. According to Sagot (2005:1295):

*The critical path is understood as a process that builds from the sequence of decisions and actions executed by women and the answers found in their quest for solutions. This is an iterative process comprised not only of factors related to women and their individual actions but also of the social responses…. The first step of the critical path is breaking the silence.*

The diagrams in Appendix 1 show clearly that women’s pathways to reach health and legal services varied greatly. In some cases, women had very limited interactions with health facilities and in others, their links to health care served to connect them with other needed services, such as legal support. In sum, no ‘standard’ pathway for women exists, given the different circumstances, resources and modes of support that women have available to them. As noted by Sagot (2005), each pathway is influenced by the resources available to women, the decisions that they make (and that others make for them), and by responses by different social actors along the way.

Support prior to entering health facilities

Many of the women expressed their hesitation to reach out to others for support after the rape. *I didn’t want to share this with anyone; I felt confused, unable to think clearly, guilty and afraid (1Izabal, Age 29) or I was embarrassed (2Izabal, Age 20)* were comments commonly found throughout the interviews.

Nevertheless, women did find support in many ways, including being accompanied to health and other services. Most women in this study did have some sort of social support and received positive responses and feedback from family or friends before seeking care in health facilities.7 One woman noted, *My mother is always with me, always supporting me (3Izabal, Age 28); My aunt, my brothers, my cousin, my mother and*

7 This pattern is consistent with the findings of Ahrens et al., 2007 in research with women survivors of sexual violence in the United States, whereby women who receive negative social reactions are less likely to disclose the experience to others in the future. We hypothesize that this experience is exceptional and that most women do not seek or have social support post-rape and that this is one important reason why they do not engage with health services.
Several women experienced intimate partner violence, which included rape. These situations seemed to be layered with an additional level of fear, since the perpetrators were known and were men who knew the victims’ family, friends and everyday habits.

One young woman, who became pregnant from the rape, noted that she was alone at first, until people at the health center and, ultimately, friends and neighbors supported her throughout her pregnancy. It is not clear from her interview that her support network knew of the rape.

When I knew that my “month” did not come down, I didn’t say anything to anyone…I just kept it to myself until I went to a health post and the first person to know was someone working there. She was the one who told me that I should let my parents know. That day I returned (home) and told my parents. The majority of my neighbors and my own family bought things for the baby...including food that was already prepared. They brought it to the house so that I didn’t have to work during my pregnancy (1Chimaltenango, Age not asked).

A 14-year old from Jutiapa also was pregnant from the rape. She did not know that she was pregnant and it was her mother who noticed when the daughter began to vomit. Her aunt, mother and grandmother urged her not to give the baby up for adoption (regalar a la niña) since children aren’t guilty of anything. Her father especially emphasized that he would support her and the baby.

Firefighters were helpful to one woman in helping to locate her mother, who then accompanied her to health facilities. Two women mentioned that the police were particularly helpful in locating family and, in one case, in rescuing her from the perpetrators. Another woman, however, found that the police were limited in their...
response. After the rape, she climbed to the main highway in Guatemala City to find the closest police post. Frightened, she asked them to call her an ambulance but they refused, noting that they could take her to the closest bus stop. The woman noticed that a man who she knew was passing by the police post. She explained that she had been attacked and asked if he could call an ambulance for her with his cell phone.

**Health facilities**

Once women reached health facilities, they had diverse experiences with the health care providers and an array of perceptions about the infrastructure and the services that they received. The following section summarizes the main themes of the interviews and women's reflections on them. All of these themes fit into a conceptualization of "quality of care", as defined by advocates working on GBV, as well as WHO and PAHO.

**The waiting room**

Overall, women's experiences in the waiting area were not positive. Often times they had to wait long periods of time before being seen and many expressed their desire to be somewhere else. One young woman narrated how, because she and her parents arrived "after hours", they could not accompany her in the waiting area.

The conditions of the waiting area, including being exposed to other people waiting for services, contributed to the desire of wanting to flee. The lack of privacy took its toll on women as they had to wait to be seen.

I just wanted them to see me quickly because I did not want to be there. It was really dirty and I didn’t want to be in that situation. My clothes were stained, I think my blouse was torn. I wanted them to admit me and see me rapidly because I didn’t want to be there. I didn’t want the whole world to see me without knowing why or asking themselves why I was there. It was really bad, I don’t know, maybe because I couldn’t just unburden myself freely. I wanted to cry and cry but I couldn’t in that space because there were other people there and they also had emergency needs. I just had to put up with the feeling but I was so desperate to leave. I didn’t want to wait there (2Coban, Age not asked).

**Using names: health care providers and women**

Whether health care providers introduced themselves to the women, either by name or their role in the facility, did not follow any particular pattern in terms of health care facility or place. Several women stated that providers did present themselves and other stated that they did not. Even when providers did introduce themselves, women did not necessarily remember their names. When providers did not present themselves, women did not know who was offering them services and whether the person was a doctor, nurse, or of some other profession. One woman who
received services at a major hospital in Guatemala City noted that while the nurse
did not identify herself, the social worker, public prosecutor representative and the
forensic doctor did introduce themselves. She excuses those who did not introduce
themselves by saying, …now, in an emergency there is so much do and it’s difficult
for a doctor to say, “Look, I am so and so”, but regardless, they were really friendly…
maybe I just don’t remember if they introduced themselves” (7Guatemala, Age 42).

Four of the women interviewed noted that health care providers did not address
them by their name. In Jutiapa, one woman noted that although providers
sometimes used her name, they also referred to her as “my little girl” or “little
mama” (2Jutiapa, Age not asked).

**Information and informed consent**

Many women reported that providers readily offered medical information. However,
the quantity and timing of the information provided was problematic for some
women. One woman said,

*Look, they gave me so much but at that moment, I didn’t understand anything. Yes, they
offered a lot, but I don’t remember. The truth is that at that moment I wasn’t ready for
reasoning or paying attention to everything that they were saying to me. It seemed like
the whole world was coming at me and saying things but no, I don’t remember* (Izabal
3, Age 28)

Although information about medicine and treatments often was given to the women
verbally, informed consent documents were rarely signed prior to any procedures.
A few of the younger women noted that a mother or father signed the document,
instead of the woman herself. Another indicated that she was not aware of what she
was signing.

Other women felt that insufficient information was given to them throughout their
hospital or clinic visit. Women reported feeling uncomfortable because they were
unaware of the course of treatment until the procedure was already underway.

**Direct services received**

Table 3 summarizes the direct services received by women, as remembered by each
participant. The categories listed in the table coincide with the basic elements
of the woman-centered model of care recommended by Ipas and based on
recommendations by WHO (See Annex 3). In some cases, data are missing about
specific health information and services received. For those women who were
asked, most received information about sexual transmitted infections (STIs), HIV
and pregnancy tests. Most women who responded also received these services. In
general, women also received a physical exam, although a smaller number received
information about the exam prior to its undertaking. Fewer women reported
receiving information or services related to STI and HIV prophylaxis, emergency
contraception (EC), prenatal care or forensic exam. Some women may have confused the physical exam with the forensic exam. Other women were not eligible for EC since they arrived much later than three to five days post-rape.

Table 3. Number of interviewees who received basic information and/or direct services (n=23)

<table>
<thead>
<tr>
<th>Received Information</th>
<th>STI prophylaxis (medicine)</th>
<th>HIV prophylaxis (medicine)</th>
<th>STI and HIV (tests)</th>
<th>EC</th>
<th>Prenatal care</th>
<th>Forensic exam/ evidence</th>
<th>Physical exam/ review of body</th>
<th>Pregnancy test</th>
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<tr>
<td>Yes</td>
<td>4</td>
<td>4</td>
<td>12</td>
<td>4</td>
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<td>5</td>
</tr>
<tr>
<td>Other*</td>
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<td>1</td>
<td>1</td>
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<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not asked in interview</td>
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<td>4</td>
<td>6</td>
<td>15</td>
<td>13</td>
<td>6</td>
<td>5</td>
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<table>
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<th>Received Services</th>
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<th>5</th>
<th>13</th>
<th>5</th>
<th>4</th>
<th>6</th>
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<td>7</td>
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<td>3</td>
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<td>2</td>
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<td>3</td>
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<td></td>
</tr>
<tr>
<td>Not asked in interview</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>4</td>
<td>15</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

*Incomplete visit; can’t remember.

1 Two of the 12 women were already pregnant. One of the women had been raped 10 years prior to the visit.

2 Includes one woman who was pregnant during the visit.

3,4 Includes one woman who terminated her pregnancy and one woman had been raped 10 years prior to the visit.

5 Includes one woman who was pregnant during the visit, one woman who terminated her pregnancy and one woman had been raped 10 years prior to the visit.

6 All of the women were pregnant from the current rape.

7 Includes one woman who terminated her pregnancy and one woman who had been raped 10 years prior to the visit.

8 Includes one woman who was pregnant during the visit, one woman who terminated her pregnancy.

**Perception of being included in decision making**

Survivors’ perceptions of being included in treatment decisions during their hospital visit was an important theme for the women. Several rape survivors indicated that they had little choice in what hospital to visit or what, if any, treatment they wished to receive. These women largely did not voice concern, questions, or opinions to the medical staff regarding the procedures, although the women revealed in interviews how their own questions regarding the appropriateness of treatment persisted.

Women discussed reasons for not speaking up about their concerns, which included trusting those who accompanied them to choose a suitable hospital or clinic and to be their representative in communication with health care providers. Other women spoke about embarrassment, lack of confidence in medical personnel, fear of hearing bad news, and a desire to quickly end the appointment, which led to not speaking up.
They asked me if I had any questions and I said no, because the only thing that I wanted was to leave, quickly, I wanted to go, to go and close myself in a place where no one could see me. (4Izabal, Age 20)

On the contrary, other women actively asked questions to the practitioners about the course of treatment and reported that their practitioners asked if the women were in agreement with the course of treatment or medicine offered. This was especially common in the interviews conducted in Guatemala City:

Ok, sometimes I asked myself, why did they have to do all these tests, why? I said, there are so many! They told me it was because they wanted to see how the baby was doing, to make sure that I didn’t have an infection and to see that I didn’t have a sexually transmitted disease in my blood. That’s what the doctor explained because I had my doubts (5Guatemala, Age 22)

**Feeling support from health care personnel**

Based on some women’s accounts, providers in the health system were perceived as too busy, uncaring, and critical. A few women shared experiences of providers who failed to follow-up after the intake assessment, joked excessively with co-workers, or who generally paid inadequate attention to the woman. One woman spoke of her experience with providers: “They were paying more attention to their phone conversations, to their co-workers in the health center, to things that had nothing to do with me. They don’t place one as important, that is the truth”. (Izabal 1, Age 29).

For many women, the first contact with an administrative or medical professional was negative. Several women expressed frustration that front-line staff challenged the credibility of their stories. One woman related her experience, “he (in the hospital) said that he didn’t believe anything and that it wasn’t like the way I said. I left feeling very deceived and thought, no one believed me. I decided not to go back there and I don’t think that I will” (Chimaltenango 2, Age 18).

Other front line staff turned women away from the hospital, directing them first to the police station. “I feel like they didn’t treat me well. I needed someone to talk with me, someone to move me forward and to look at what had happened to me. But I told them this and they told me that first I had to talk with the police and I felt like, that’s what they told me, I felt like I couldn’t do it.” (Jutiapa 2, Age not asked).

Lastly, other women felt stigmatized and blamed by staff when they arrived at the hospital or clinic. One woman who arrived to the clinic crying and bleeding felt ignored when a receptionist directed her to sit on a bench alone for over an hour. Conversely, another woman was refused admission to the hospital because the doctor did not perceive her as being in physical pain. Women also reported that they were blamed for the victimization or were called liars.
They told me that I had to come back on Tuesday. I came back, and I was not treated well. The psychologist told me that maybe I had a lover or maybe another man or a boyfriend whom I had rejected, that maybe one of these people was the one who forced me to have sex (Escuintla1, Age 20).

I was frustrated and the only thing that I wanted was to get out of there. I didn’t want anyone to see me. I felt like a lot of people were looking at me, despising me and feeling sickened by me. I didn’t want anyone to see me (4lzabal, Age 20).

In 2009 I went to the forensic doctor and then to the hospital. There I received bad care by a physician. I said my name and went inside. When I sat down I didn’t think that he would say anything. Instead, he told me that I was a liar. I started to cry and told him, Doctor, you haven’t lived through what I did. I just want you to write the report. I want to see a gynecologist because I had been through a lot of abuse with my husband and I think that I might have some illness. He was really brusque and wrote out a sheet of paper and sent me to the gynecologist. I don’t know what the paper said but I gave it to the gynecologist. He (she) examined me and said that I didn’t have signs of abuse. I told him (her) very clearly that he had forced me to have sex against my will.... Then he (she) said, ‘You have...some sort of discharge...that is what you have.’ ‘Yes,’ I said back, ‘but why would I have this? I am a very clean person.’ After that, he (she) gave me a prescription to cure me. When I called the forensic doctor and told him of the treatment I had received, he said, how horrible, go and report it! Go to the public prosecutor’s office and report it. I went to the office crying to tell someone but no one paid any attention (5lzabal, Age 51).

I thought that they were going to care for me when I arrived, but no. There were some (male) nurses who were really mean. Some of them had horrible demeanors. The woman that I went with (a woman from work) was really bothered. She talked to one of the nurses who then replied, “We’re not going to provide services here because she didn’t arrive beaten up, she didn’t come here mistreated. We are not going to do anything since she came in walking. We’re not providing services to her here”. The woman was really bothered and said, “How is this possible? Yes, she walked in but you have to see her!” They said, “No, we’re sorry but here we’re not going to offer her anything” (6Guatemala, Age 18).

Gender of health care providers

Although some women were given the choice of being seen exclusively by a male or female provider, the women reported largely being treated by both sexes. The providers included social workers, physicians, gynecologists, and psychologists.

Nearly all women preferred a female provider when asked if they would rather be treated by a female or male provider. Given the experience of rape, women explained that they associate embarrassment, fear, and distrust with male providers.
One woman said, “When one has this kind of experience, the last thing you want is to see a man and to explain to him what is happening with you” (Chimaltenango, Age not asked).

One woman worried that male providers lack understanding because of her experience with a male provider who did not believe her report of rape. She said, “No, no he didn’t help me. On the contrary, he left me feeling like I had no energy. I left feeling discouraged because I told him my whole situation and he said that he did not believe me. He also told me never to return to the health center”. (Chimaltenango, Age 18)

When asked why women would prefer a female provider, several women elucidated that someone of the same sex would be better able to understand. Another explained, “Because of my fear... I thought and still think that they can hurt me, that the man or all of the men could come back and hurt me. It would have been better, I would have preferred to have been seen by a woman” (Izabal, Age 20).

**Health facility structure**

Several temporal features of the hospital or clinic system were noted by the women. For example, many women agreed that the waiting areas of the hospitals or clinics were not comfortable. The cause for discomfort included the “ugly” atmosphere, and poor standards of cleanliness. Other women mentioned a lack of available staff and services. One clinic was only available for appointments three days a week and another only did pregnancy and STI testing in a ‘jornada’ or during a specific period of time in the day or week.

The lack of privacy in many settings was another structural feature that women commented on in terms of making them uncomfortable. Some noted the presence of numerous patients, sometimes on stretchers, surrounding them or that the space in which they were seen was separated by nothing more than a thin curtain. Hospital staff, both men and women, entered often to check on patients, without first asking permission. Other women stated that they did feel a sense of privacy. Some were seen in a room with a closed door or in smaller clinics with fewer people. One woman observed that there was so much noise in the clinic that she was sure no one could hear what she was saying.

**Payment**

In general, women who sought care in public sector facilities did not have to pay for services or medications. In some cases, they had to buy supplies such as syringes or medications from a pharmacy because they were not available at the clinic or hospital. In Escuintla, one woman’s sisters were sent by the doctor to purchase emergency contraception. In Izabal, one woman reported that the public prosecutor’s office even transported her to Guatemala City for care, free of charge (Izabal, Age 20). When women received services from private providers they were charged minimal fees for care.
Meeting women’s expectations

Women were asked to reflect on their total experience and to comment on whether the care they received was consistent with what they had expected when they entered. Women who received care across all of the services have examples of the ways in which their expectations were met.

In some cases, women talked in general terms about support and empowerment.

- *I feel like (my expectations were met) because she was always available. I feel like she was very attentive and I think that in the moment, that’s what I was looking for ...*(1Chimaltenango, Age not known).
- *Yes, they did. The psychologist told me that they are not here to tell me “yes” or “no.” They are here to strengthen me in my decisions... they were supporting me, they weren’t going to say if something was bad... they weren’t going to force things on me, saying, Look you have to do this or that...*(1Guatemala, Age 17).
- *I hoped (expected) to receive good care, and they did care for me well *(3Coban, Age 14).
- *...There was a (female) nurse who was very friendly and care for us well...I hoped that they would listen to me...I thought that they weren’t going to support me in everything, but here they did. They treated me well and supported me *(6Guatemala, Age 18).
- *The truth is that they motivated me and helped me *(2Chimaltenango, Age 18).

In other cases, women pointed to very specific actions that helped them in profound ways.

- *They told me that I didn’t have what I feared most... HIV and other infections *(2Guatemala, Age 21).
- *They gave me some medication so that I wouldn’t get pregnant *(2Izabal, Age 20).
- *I had hoped that they would support me in getting the exams that I needed, that they would send me to get them, and that they would supply me with the medicines I needed... and that’s what they did *(5Guatemala, Age 22).
- *To forget things, to help me not remember things *(4Guatemala, Age 20).
- *I was very afraid because I had heard that there are women that have abortions and that they do something to clean out the uterus. I was afraid of this because it seemed like something that had to be quite ugly. But no, they just have me medications. I also was a little afraid of this but I said to myself, I have to do this, too bad, this is what I need to do. They gave me the medications and that was good for me *(7Guatemala, Age 42).

Overall, a majority of the women expressed that their experiences in the health system met their expectations, which included being treated with respect and kindness by staff, feeling supported, and receiving quality medical attention. A common theme among respondents was the expectation that the health system would attend to any physical concern with appropriate treatments, like antibiotics or a pregnancy test. For other women it was important to not feel discrimination.
or stigma for having experienced a sexual assault. Another felt pleased with the autonomy she was given to make decisions regarding her physical and psychological recovery. When speaking with a psychologist, women spoke about wanting to vent, to be listened to, and to feel hope for a full recovery.

In some cases, the health system also failed to meet the woman’s expectations in several ways. First, women expressed a desire for more information and communication from a provider or navigator who can guide a woman through the course of her hospital visit. In one case, a woman entered a clinic bleeding, but was ushered to sit in the waiting room unaccompanied and without additional information. This woman subsequently left the clinic and was not seen by hospital staff. Second, the women would have liked to have received a more compassionate and personal treatment. This was expressed in terms such as wishing both providers and psychologists would “pay more attention” to the women. For example, two women spoke about timely follow-up so they would not have to remain worried about results of the testing. Other women reported that their stories were not believed, their cases were not treated respectfully, or they were treated brusquely.

I wanted them to explain to me why I was bleeding and what I had to do, what was it that happened to me, because this was a horrible experience. I wanted to feel some sense of affection (cariño), something that would help me to understand why this had all happened to me. (1Izabal, Age 29).

Lastly, women expected to enter the hospital system and be treated for their physical problems. Several women were displeased because they did not receive the medical treatment they expected (medication was given instead) or were referred to the police prior to being seen.

I wanted them to explain to me why I was bleeding and what I had to do, what was it that happened to me, because this was a horrible experience. I wanted to feel some sense of affection (cariño), something that would help me to understand why this had all happened to me. (1Izabal, Age 29).

Ideas for improving services

When asked what would improve the services received, women spoke about a need for increased emotional support. Practical suggestions included more time with a psychologist on the initial visit to process the assault. Instead of receiving this desired style of care, some women expressed feeling like the providers did not take sexual assault seriously. One woman expressed what she would have liked to have felt from providers: They need to pay more attention, they need to focus more on their work and not treat it all like a game. The truth is that it’s really bothersome when they take it all as a joke and don’t pay attention (3Guatemala, Age 17).

Another woman articulated her suggestions for professionals: That they pay attention, that they ask me why I’m crying, what is it that happened to me. I was bleeding and wanted something, something, anything, something that would make me feel trusting, but I didn’t trust, I didn’t have support, I didn’t have this. (1Izabal, Age 29).

With the rape experience, many women spoke about the need to educate young women on sexual safety and the importance of seeking medical attention post-rape. Others wanted to advocate for increased police in their neighborhoods.
Additionally, many women wanted to continue through CICAM to reach out to other women through additional workshops and peer support groups.

**After leaving health facilities**

**Reporting the violence**

Many women stated they were encouraged by hospital staff to report the crime to the police. However, not all women reported the crime due to a fear of publicity, threats of reprisal from the perpetrator or unnamed reasons. Among those who did follow-through with the recommendation to report the crime, one woman commented on the desire to help others as motivation to report: *I made the decision to talk when my mother said to me that if I didn’t say something they were going to go and do the same thing with other people and she asked me if this is what I wanted. That’s when I decided to report them* (Izabal, Age 20)

Although a few women reflected on uncomfortable or bad experiences when talking with police, other women felt supported by the system. One woman noted, *First they asked me why I had waited before reporting them and I explained to them why I had remained silent and that I didn’t want them (perpetrators) to know that it was me (who reported). They (the police) told me that they would always find out because I’d have to be in court with them but that I shouldn’t be afraid, that they (the police) would be with me and that they were going to support me in whatever I needed.* (Izabal, Age 20). The result of this encounter was positive: *They were arrested and for the moment they are in jail. I still don’t feel so safe because their family is always present. But thank God, the public prosecutor’s office is moving forward. They have offered me a lot of support. They even bring me to the capital (Guatemala City) so that I don’t have to spend the money to get there.* (Izabal, Age 20).

**Follow-up care**

In general, all of the women interviewed indicated their need for more and ongoing support and therapy to help them in their daily lives, regardless of the support that they currently feel that they have. Some of the women are engaged in therapeutic processes, through private clinicians, Doctors without Borders, CICAM or other organizations.

When asked, “How do you feel now?,” women’s responses revealed diverse and sometimes contradictory feelings.

*I feel good because in spite of everything that has happened, I have my daughter who is now 6 years old. She is very loving and I never imagined, if I really remember the past, that is nothing compared to what I am now living. That is, this little girl has given back to me and helped me to compensate in such beautiful ways* (1 Chimaltenango, Age not asked)
Sometimes when I’m there talking with the psychologist, in truth I feel an energy, that, well, I have to continue on. But then when I leave, it feels like everything comes down on me. Right now, it seems like, well, I don’t know, I’m not sure but I did make the decision that I was going to talk about this (1Guatemala, Age 17)

To remember it hurts me still. It pains me but I continue on forward and it’s only infrequently that I remember, when I have a sensation. It is difficult to forget, but we’re working on this. I feel like he (husband) has supported me from the beginning. Our relationship began without secrets, without hiding anything and that is how we’ve been. He helps me in certain ways and understands me when I say no, when it’s something that I don’t want, that I don’t like. He helps me in this way. But has something happened in a deeper way that helps me to forget? No. On the contrary, I remember it all the time (1Izabal, Age 29). Upon reflection, she recognized that she needed more support and needed to attend her therapeutic sessions more regularly. The interviewer suggested several local resources that the woman accepted.

When asked, “Do you have the support that you need?” some women pointed to their partners and family as their main supporters, while others emphasized the services provided by organizations such as CICAM.

For right now, I feel like I do, not only because the father of my second daughter is with me. I had a second little girl who is now four years old and I live with her father. He loves both of my daughters equally and he always offers us economic and emotional support. He offers whatever he can give (1Chimaltenango, Age not asked)

Yes, by CICAM, because they have supported me. Doing a certificate course with them helped me a lot. There are many things that they tell us that one doesn’t know and I came to learn a lot. It has helped me a lot in my life, especially thinking back in time. CICAM has helped me a lot. Six months have now passed and I have seen a radical change in myself, in my daughters and my partner and all that we’ve been able to do well (1Chimaltenango, Age not asked)

Right now I don’t think so. I’m still not ready. Even though I feel like some things have helped me a lot, it was good to get everything out, that was good. But at the same time, I feel like maybe it would have been better if I hadn’t said anything because I feel like something came to me. I felt like, how do I say it, because of this problem, lots of things came down in my life. I feel supported but at the same time, I am afraid. (1Guatemala, Age 17)

The truth is, no, no because sometimes I even have problems with my partner because of this. He says that I need help. We talk about it because he’s the only one I confide in. We talk about it and he tells me that I should be in therapy, something, because sometimes even with him I’m not present, I don’t know, just not there, as if I hide alone within myself (1Izabal, Age 29)
It is clear that regardless of age, experience and time since the rape, all of the women interviewed for this study are in need of further support from social networks and professionals experienced in the area of recovery from sexual violence.

**LESSONS LEARNED**

» Most women had not received crisis care or any sort of follow-up recuperative care for their overall health. Follow-up care and long-term therapy can help to reduce the risks that many are now living.

» The low quality of care received, including scant information and orientation when they seek care in health and justice sectors, result in victims moving out of any sort of follow-up services. They are discouraged and don’t seek further care, which increases their risks of health problems.

» Family and social networks are not always the best recuperative spaces due to the prejudices and stigma held related to sexual violence. Often times such networks silence victims even more, obligate them to tolerate many situations since women fear family retribution, including being kicked out of their homes with no place to go.

» Women who stay in the homes of perpetrators are at ongoing risk for repeat assaults. This is common since most perpetrators are known to the victims.

» Most of the women did not have on hand institutional support for security or swift legal proceedings, which led some to retract or abandon legal processes or to not report the violence in the first place.

» What women demand more than justice is that someone help them to put behind what they are living, be it therapy or other means (one woman asked for a Bible) to help alleviate their pain.

» The attitude of many families of young women turned into extreme control and over-protection, even violence.

» The lack of information in the health system about the responsibilities of the legal system make it difficult for the former to provide adequate care, due to health care providers’ fears of being involved in legal processes later on.

**Institutional responses to survivors**

» In health facilities, sexual violence victims are treated along with other patients, without considering the risky situations in which they are living.

» Many women were not fully oriented about the process of care that they would receive or the follow-up services that they should have, which increases women’s health risks.

» Women are not provided with emergency kits of medications nor are they assisted with the reporting process.

**CONCLUSIONS**

Health facilities have the potential to serve as spaces of important support to women survivors of sexual violence. In Guatemala, laws and policies passed during the last decade demonstrate an institutional commitment to addressing the needs
This research highlights the voices of 23 women victims/survivors of sexual violence who sought support and assistance in health facilities. These women represent a minority of women who are raped in Guatemala, with most remaining silent post-rape, coping as best they can with the effects of the violence. In some cases, women’s expectations of health facilities were met and in others, the services failed them. In all cases, women expressed their need for ongoing support and therapy so that they can reclaim their lives.

In this study, the critical pathways that women followed post-rape varied from one woman to the next. Survivors sometimes entered the care-seeking process through health facilities, sometimes through legal services, sometimes through civil society organizations; some were accompanied by friends or family members; others sought services alone. Women also arrived at different services at varying time points or stages post-rape. Some arrived hours after the rape, while others waited days, weeks or even years. The overall message is that women will follow different pathways to care.

People working in a wide variety of different positions- receptionists, doctors, lawyers, administrators, custodians, firefighters, among others- in the health, legal and civil society sectors need to be familiar with sexual violence. This also applies to community members, family and friends. We need to build a broad base of understanding of sexual violence so that survivors can be supported, believed and cared for in ways that are respectful and dignifying.

Guatemalan society has created the opportunity to make health care services a key and trusted step in women’s critical pathway post-rape. As noted by Sagot (2005), women [are] most successful on their critical paths when the institutions [are] genuinely concerned about their welfare, [provide] emotional support and useful information, [respect] them, and [show] a willingness to defend their rights and guarantee their safety. The recommendations offered below aim to contribute to the process of making that opportunity a reality.

The health sector’s response to victims/survivors of sexual violence is part of a larger societal response. The ways in which those working in the health sector- from the receptionist to the administrators- respond to and interact with survivors can affect women’s well-being and process of recovery.

The following recommendations came directly from the women survivors who participated in the study. They said:

» 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
• to NOT be stigmatized and discriminated against
• ongoing support and therapy after the initial crisis care received.

Empowerment models of ongoing support through individual and group work, such as those offered by CICAM and other civil society organizations, are needed
• accompaniment (from a psychologist) during the reporting process, when women decide to denounce the violence
• health care providers to facilitate medical and legal decision making processes
• health care providers to identify themselves so as to generate more confidence and to diminish fear and embarrassment that women feel
• dignified treatment that is readily available and delivered with respect, friendliness, credibility and privacy
• medical attention available immediately after a woman reports the rape

We conclude with the following general recommendations from the study:

Health care facilities as an important step in the critical pathway

» Health facilities need to be made more visible as a positive resource for victims/survivors of sexual violence. For this to happen,
• Public statements that affirm the health sector’s commitment to preventing sexual violence and addressing its consequences must be made. Such statements should be placed within the frameworks of public health and human rights.
• Continuous effort needs to be made to implement integrated, coordinated models of care in which health facilities play an important, but not exclusive, role.
• Policies and guidelines that direct the ways in which services are to be implemented must be disseminated and discussed throughout the health sector so that providers are clear about expectations and responsibilities.
• In-service and pre-service training of health care providers need to include care for victims/survivors of sexual violence so that professionals are fully trained in how to implement existing policies, how to fully attend to the array of needs that survivors have (including referral to other services) and
how to support one another in the provision of care.

• Public education about sexual violence and the services that are available needs to be disseminated nationally in multiple languages.

• Orientation on sexual violence and the administrative guidelines relevant to treating survivors should be provided for ALL hospital staff including receptionists, guards and anyone who may come into contact with survivors to ensure that survivors are properly prioritized and treated respectfully. Orientation should be based on existing care and treatment protocols and guidelines relevant to sexual violence.

**Structural conditions**

» The overall hospital setting is not welcoming and comforting to most people waiting for care, including victims/survivors of sexual violence. Finding ways to make them more receptive to incoming users is a priority for all.

» Privacy was ensured in some of the smaller settings that women used while it was not present in the hospital settings. Creating conditions that ensure privacy is needed so that women's confidentiality is respected.

**Information and consent**

» Informed consent processes need to be made clearer for survivors, especially in moments of crisis.

» Survivors need to be actively included in health care decision making processes and not just be told or instructed in what to do. This can be challenging given women's desires to leave the services quickly but engaging them in these processes, listening to their concerns, and having women feel important can all lend support to such efforts.

» User-friendly documents that provide survivors with basic information about their care and the different steps that they can take for legal and health-related services need to be produced. Information offered verbally often is not retained by survivors, given the multitude of details and their state of crisis.

» Education among youth in sexual security.

» Promotion of medical care immediately following sexual violence.

» Promotion of protection, emotional support and occupational therapy for survivors so that they can continue with their lives.

» Reinforcement and recognition of women's rights.

**Actions supported by CICAM within the framework of the UNFPA project, supported by AECID**

» Revisit studies, processes and tools relevant to the application of the protocol of care for violence victims to look for strategies that strengthen interventions in services that orient and provide direct services to victims of sexual violence, especially in the areas of psychology and clinical follow-up.

» Accelerate the implementation process of the inter-institutional agreement among the Ministry of Health, Public Prosecutor, the National Institute
of Forensic Sciences and the Attorney General for Human Rights so that integrated care for victims of sexual violence is offered. This would compel that medical care be given immediately, that forensic evidence would be taken and that victims would have legal accompaniment, with a human rights perspective, throughout their processes.


Sagot M. 2005. The Critical Path of Women Affected by Family Violence in Latin America: Case Studies From 10 countries. Violence Against Women, 11: 1292-

Troncoso E, Billings D, Ortiz O, Suarez C. 2006. ¡Ver y atender! Guia practica para conocer como funcionan los servicios de salud para mujeres victimas y sobrevivientes de violencia sexual. (Getting it Right! Practical guide for understanding how health services work for women victims and survivors of sexual violence).
http://www.ipas.org/Publications/Ver_y_atender_Guia_practica_para_conocer_como_funcionan_los_servicios_de_salud_para_mujeres_victimas_y_sobrevivientes_de_viole.aspx


### APPENDIX 1
**CRITICAL PATHWAYS**

#### Chimaltenango 1

- **Health Center**
  - Ultrasound done

- **Time passed**

- **National Hospital of Chimaltenango**
  - Went to hospital to deliver baby. Doctor said to return home and wait longer, even though she was 9 months pregnant

- **15 days**

#### Chimaltenango 2

- **Public Prosecutor’s Office**
  - Not referred. She went on her own after being denied services at the health center

- **Health Center of Chimaltenango**
  - Doctor did not believe her so she left without receiving services

- **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**

#### Chimaltenango 3

- **Health Center**
  - Exams and shots administered

- **National Hospital of Chimaltenango**
  - Entered emergency room, seen by social worker and medical doctors

- **CICAM**
  - Seen by a psychologist

- **Public Prosecutor’s Office**
  - Transferred in ambulance, accompanied by mother
**EXPERIENCES OF WOMEN VICTIMS/SURVIVORS OF SEXUAL VIOLENCE WITH HEALTH SERVICES IN GUATEMALA**

**Coban 1**
- Police Station
  - Office of Victim Support
- Referred to hospital, accompanied by police
- Hospital
  - Exams done
  - Referred to
  - Health Center
    - Admitted
    - Forensics came and conducted exams
  - Psychologist

**Coban 2**
- Hospital
  - Admitted and seen by psychologist
  - Forensics came and conducted exams
- Return Visit to Doctor
- Outpatient Clinic of Hospital
  - Underwent tests for HIV

**Coban 3**
- Public Prosecutor’s Office
- Forensics
  - Referred to
- Health Center
  - Received medications
- Outpatient Clinic of Hospital
  - Seen by a psychologist

**Escuintla 1**
- Police within Public Prosecutor’s Office
- Same day
- Forensics (INACIF)
- Same day, accompanied by police
- Public Hospital
  - Admitted for one week; seen by a gynecologist and psychologist
- Mental Health
  - Seen by psychologist of Public Prosecutor’s Office

**Escuintla 2**
- Private Hospital
  - Seen by doctors, but chose another hospital for additional service
- Public Hospital
  - Tests done, medication administered
Survivor’s mother sought a psychologist after her daughter reported cutting herself.

Doctors Without Borders
Within the Health Center

Saw a psychologist; Daughter talked about sexual abuse that had taken place 10 years earlier. Continued seeing psychologist for several sessions.

Doctors Without Borders
Next day

National Hospital
Same day

Treated for cuts

Planned Parenthood Clinic (APROFAM)
Guatemala 2

Accompanied by a psychologist

Public Hospital
Doctor arrived from Doctors Without Borders

Also seen by psychologist

Referred to

Another Hospital
Appointment for further exams

Hospital Público
Further psychological treatment

Public Prosecutor’s Office

Infection Clinic of Public Hospital

Grandmother brought woman back for services

Unidad de Salud
Guatemala 3

Exams done

Given an appointment for the next day but never returned because she did not have an ID card

Time passed
Guatemala 4

Planned Parenthood Clinic (APROFAM) referred to
Tests and exams were done

Public Hospital
Seen by a psychologist, social worker, and gynecologist

Mental Health
Psychological treatment for approximately 4 months

Guatemala 5

Health Center
Tests were done; pregnancy confirmed

Time passed

Public Hospital
Received prenatal care

Other Hospital
Delivered baby

Public Prosecutor's Office
Unclear when this visit took place; incomplete interview

Guatemala 6

General Hospital
Entered through the emergency department, waited, but was not seen

Woman who accompanied the survivor called her OBGYN friend who recommended they visit another public hospital

Public Hospital
See by nurses and gynecologist; tests done, medication given

Infection Clinic of Public Hospital
See by a psychologist; this area specializes in helping victims of sexual violence

Guatemala 7

Public Hospital
Arrived in ambulance, seen by nurses, social worker, and gynecologist

Forensic came to hospital to do exams and administer medicine

Next day
Izabal 1

Health Center
- Waited for one hour in the waiting room without being seen or accompanied

Izabal 2

Health Center
- Tests were done, seen by a gynecologist

Public Hospital
- Exams done and medication given

Mental Health
- Seen by psychologist

Izabal 3

Health Center
- Seen by a doctor and nurse during the period of one week

Police Station

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
Izabal 5

Public Prosecutor’s Office
Judge referred woman to hospital

Hospital
Seen by various medical personnel, but no one believed woman’s report of violence

Forensics
Called Forensics

Encouraged by Forensics to re-contact Public Prosecutor’s Office to report the poor treatment by the hospital

Jutiapa 1

Private Hospital
Tests done

Private Laboratory in Guatemala City
More tests done (HIV)

Psychological Support in Hospital

Jutiapa 2

Hospital
Woman was told by a doctor that she should first report the crime. Women left hospital without being seen

Private Gynecologist
Tests and exams done

Another Private Gynecologist
Received a medical certificate required for her job

Public Mental Health Clinic
Admitted for psychological and medical treatment

Jutiapa 3

Public Prosecutor’s Office
Saw a judge, referred to Forensics

Psychologist
Referral made

Health Center
Received prenatal care

Hospital
Delivered infant

Forensics
Referred back to Public Prosecutor’s Office

Tests and
exams done

Time passed

Received prenatal care

Delivered infant

2 months

Next day

Next day

Private Laboratory in Guatemala City
More tests done (HIV)

Psychological Support in Hospital

Jutiapa 1

Private Hospital
Tests done

Private Laboratory in Guatemala City
More tests done (HIV)

Psychological Support in Hospital

Jutiapa 2

Hospital
Woman was told by a doctor that she should first report the crime. Women left hospital without being seen

Private Gynecologist
Tests and exams done

Another Private Gynecologist
Received a medical certificate required for her job

Public Mental Health Clinic
Admitted for psychological and medical treatment

Jutiapa 3

Public Prosecutor’s Office
Saw a judge, referred to Forensics

Psychologist
Referral made

Health Center
Received prenatal care

Hospital
Delivered infant

Forensics
Referred back to Public Prosecutor’s Office


APPENDIX 2
INVITATION TO PARTICIPATE IN STUDY,
INFORMED CONSENT FORMS AND INTERVIEW GUIDE

INVITACION A PARTICIPAR EN EL ESTUDIO
Calidad de los servicios de salud dirigidos a las Mujeres Víctimas y Sobrevivientes de violencia sexual. Perspectivas de las mujeres.

Introducción y Propósito
La organización guatemalteca, CICAM (significa, Centro de Investigación, Capacitación y Apoyo a la Mujer), tiene varios años trabajando con mujeres que han vivido violencia y cuenta con centros de atención y una red interinstitucional donde coordina con otras organizaciones con fines similares. En esta oportunidad está llevando a cabo un estudio que pretende conocer las experiencias que viven las mujeres que han sido víctimas y sobrevivientes de la violencia sexual cuando buscan apoyo en los servicios de salud, documentando los pasos que han dado para llegar a los servicios después de un hecho de violencia sexual pero también el camino recorrido a nivel interno de los servicios y la calidad con que fueron atendidas, es decir que hicieron para atenderla, cuando la atendieron, cuanto tiempo tardó en el servicio, quienes la atendieron, que información y orientación le brindaron, los medicamentos que le dieron, tuvo que pagar por algún servicio, actitud de las personas que la atendieron y como se sintió usted durante y después de la atención.

Por favor si tiene alguna pregunta sobre lo que le he compartido la puede hacer con confianza.

Descripción de los procedimientos del estudio
Por lo anterior CICAM le invita a participar en una entrevista individual, que será realizada por una representante de nuestra Organización con usted y que puede durar aproximadamente dos horas. Se le harán una serie de preguntas sobre sus experiencias con los servicios de salud, las cuales para mayor comodidad de la entrevista podrán ser grabadas, si usted no tiene ningún inconveniente con ello.

Necesitamos que Usted pueda movilizarse una sola vez, a un lugar cómodo y seguro para usted, donde se realizara la entrevista. Su nombre no aparecerá escrito en ningún lado ni usted tendrá que firmar ningún documento, tratando de guardar la confidencialidad de su participación. Tampoco se compartirá la información de su entrevista a ninguna institución o centro de salud, es de uso exclusivo para este estudio.

Si en algún momento o con alguna pregunta usted no se siente cómoda o segura de responder, usted en esta en toda la libertad de no hacerlo y si considera que necesita ser atendida por una profesional de la psicología antes, durante o después de la entrevista, contamos con personal especializado y disponible para poder hacerlo o para que continúen apoyándola durante el tiempo que Usted considere necesario y oportuno.

Con respecto a la información que le he brindado, ¿tiene usted alguna pregunta?
Oportunidades para Usted de participar en el Estudio.
Consideramos importante para Usted participar en este estudio porque Usted podrá expresar sus experiencias y sus puntos de vista. Podrá reconocer el avance que ha tenido en su proceso de recuperación o detectar la necesidad de retomar la atención emocional o de salud.

Con los aportes que Usted haga, esperamos contribuir a mejorar los servicios de salud para las mujeres que buscan apoyo después de una experiencia de violencia sexual.

Gastos
No habrá ningún costo para usted por participar en este estudio, nosotras costearemos su transporte y alimentación durante su llegada y regreso a la entrevista. (De ser necesario y si ella lo requiere podemos apoyar con la atención de su hijo o hija durante la sesión, libre de costo), el cual al finalizar la entrevista le será cancelado. Si por alguna circunstancia Usted tuviera que retirarse de la entrevista nosotras asumimos el compromiso de cancelar de igual manera sus gastos, porque el principio de su participación es voluntaria es decir que Usted está en toda la libertad de no continuar participando retirarse en cualquier momento o por cualquier razón y nosotras tenemos el compromiso de que la información brindada por Usted se manejará de manera confidencial.

¿Tiene usted alguna pregunta que quisiera realizar sobre lo conversado hasta ahora?

Consentimiento
Entonces quisiéramos preguntarle si ¿está Usted interesada en participar en la entrevista con una persona de CICAM?
Sí _____
Muchas gracias de nuevo.

¿Me podría indicar si le es posible que pueda asistir el día __________ del mes de noviembre, a las____________ horas, en _______________________________?

Nombre y firma de la Psicóloga______________________________________________
Fecha _________________________________________________________________
Departamento __________________________________________________________
GUIA ENTREVISTA INDIVIDUAL

Estudio
Calidad de los Servicios de Salud Dirigidos a Mujeres Víctimas y Sobrevivientes de Violencia Sexual. Las Perspectivas de las Mujeres.

CONSENTIMIENTO INFORMADO

Introducción y propósito
Mi nombre es ___________________ y soy parte del equipo del Centro de Investigación, Capacitación y Apoyo a la Mujer, CICAM, que es una organización Guatemalteca que tiene varios años trabajando con mujeres que han vivido violencia. Cuenta con centros de atención y una red interinstitucional donde coordina con otras organizaciones con fines similares. En esta oportunidad está llevando a cabo un estudio que pretende conocer las experiencias que viven las mujeres que han sido víctimas y sobrevivientes de la violencia sexual cuando buscan apoyo en los servicios de salud, documentando los pasos que han dado para llegar a los servicios después de un hecho de violencia sexual pero también el camino recorrido a nivel interno de los servicios y la calidad con que fueron atendidas, es decir que hicieron para atenderla, cuando la atendieron, cuanto tiempo tardo la atención, quienes la atendieron, que información y orientación le brindaron, los medicamentos que le dieron, si tuvo que pagar por algún servicio, actitud de las personas que la atendieron y como se sintió durante y después de la atención.

Quisiera tomar algunos minutos para explicarle los contenidos de este documento y cada uno de los pasos que realizaremos.

Si alguno de los pasos no está claro, le ruego que realice todas las preguntas que quiera.

Si cuando termine la explicación de los pasos, Usted no desea participar, está en toda la libertad de decirlo y de retirarse cuando lo considere necesario y oportuno. Aun si se hubiera iniciado la entrevista y quisiera parar y retirarse también puede hacerlo, el principio que prevalece en este espacio es la voluntad y disposición de usted.

¿Está de acuerdo?

Para tener la comodidad de escucharla y no perder la atención o información valiosa e importante que nos brindará quisiera poder grabar esta sesión. La grabación solamente será revisada por el equipo de investigación quienes escribirán lo que usted dice.

Por confidencialidad y privacidad no deberíamos de mencionar su nombre, sin embargo por comodidad de la sesión usted no tiene inconveniente le llamaremos por su nombre aquí y en la transcripción del documento su nombre serán omitido, para tratar de garantizar la confidencialidad de usted como participante de la entrevista.

¿Está de acuerdo con que realice la grabación?

____SI (Estoy de acuerdo, iniciar grabación)
Oportunidades para Usted de participar en el estudio.
Consideramos importante para Usted que participe en este estudio porque podrá expresar sus experiencias y sus puntos de vista, podrá reconocer el avance que ha tenido en su proceso de recuperación o detectar la necesidad de retomar la atención emocional o de salud y que con los aportes que Usted haga, esperamos contribuir a mejorar los servicios de salud para las mujeres que buscan apoyo después de una experiencia de violencia sexual.

Con respecto a la información que le he brindado, tiene alguna pregunta?

Gastos
No habrá ningún costo para usted por participar en este estudio, nosotras costearemos su transporte y alimentación durante su llegada y regreso a la entrevista (de ser necesario y si ella lo requiere podemos apoyar con la atención de su hijo o hija durante la sesión, libre de costo o del costo de otra persona que la acompañe), el cual al finalizar la sesión le será cancelado. Si por alguna circunstancia Usted tuviera que retirarse de la sesión nosotras asumimos el compromiso de cancelar de igual manera sus gastos, porque el principio de su participación es voluntaria es decir, Usted está en toda la libertad de no continuar participando, retirarse en cualquier momento o por cualquier razón y nosotras tenemos el compromiso de que la información brindada por Usted se manejara de manera confidencial.

¿Tiene alguna pregunta que quisiera realizar sobre lo conversado hasta ahora?

Confidencialidad de los archivos
Como le mencione al principio, su nombre no aparecerá en ningún documento relacionado con este estudio. No tendrá que firmar ningún documento. Por lo tanto ninguna persona, podrá determinar cual es la información que usted dio.

La información del estudio se guardara con un clave en una computadora en CICAM y en la Universidad de Carolina del Sur, con una colega de confianza con quien estamos colaborando.

¿Tiene alguna pregunta?

Agradecimiento
Desde ya le agradecemos por su colaboración y su participación y volvemos a preguntar si quisiera retirarse en este momento, antes de comenzar la sesión, podrá realizarlo.

Si por alguna circunstancia usted necesita contactarse por algo que haya surgido a raíz de su participación en este estudio, le daré una tarjetita de contactos tanto aquí en Guatemala como en Estados Unidos, la cual le pedimos que guarde y que no dude en utilizarla en el momento que considere necesario.
**Personas de contacto**
Para más información o si usted necesita contactar a alguien por cualquier situación que el estudio haya ocasionado, puede hacerlo con: **NOMBRE DE LA ENTREVISTADORA (# de contacto), NOMBRE DE LA PSICÓLOGA (# de contacto)**, con la directora de CICAM, Angélica Valenzuela 23-35-21-72 o 23-35-21-65 o con Deborah Billings en billindl@mailbox.sc.edu en la Universidad de South Carolina.

Si usted piensa que ha sufrido un daño relacionado al estudio, debe contactar a Angélica Valenzuela en CICAM 23-35-21-72 o 23-35-21-65.

Si usted tiene cualquier pregunta sobre la investigación, usted puede contactar a: Thomas Coggins, Director, Office of Research Compliance, Universidad de Carolina del Sur en Columbia, Carolina del Sur 29208, al teléfono (803) 777-7095, Fax – (803) 576-5589, E-Mail tcoggins@mailbox.sc.edu

**Firma de la entrevistadora /Fecha**
He leído y le he dado una tarjeta a la participante. Le he dado la oportunidad de hacerme preguntas y le he dado las mejores respuestas posibles. Ella está de acuerdo con el estudio y me ha dado su consentimiento para participar en el mismo. Le he informado que puede retirarse en cualquier momento sin que tenga consecuencias negativas.

Nombre de la investigadora_______________________________

Firma ________________________________________________

Fecha ________________________________________________

Hora _____ Departamento y lugar _________________________
Introducción y propósito

Mi nombre es _________ y soy parte del equipo del Centro de Investigación, Capacitación y Apoyo a la Mujer, CICAM, que es una organización Guatemalteca que tiene varios años trabajando con mujeres que han vivido violencia. Cuenta con centros de atención y una red interinstitucional donde coordina con otras organizaciones con fines similares. En esta oportunidad está llevando a cabo un estudio que pretende conocer las experiencias que viven las mujeres que han sido víctimas y sobrevivientes de la violencia sexual cuando buscan apoyo en los servicios de salud, documentando los pasos que han dado para llegar a los servicios después de un hecho de violencia sexual pero también el camino recorrido a nivel interno de los servicios y la calidad con que fueron atendidas, es decir que hicieron para atenderla, cuando la atendieron, cuanto tiempo tardó la atención, quiénes la atendieron, qué información y orientación le brindaron, los medicamentos que le dieron, si tuvo que pagar por algún servicio, actitud de las personas que la atendieron y cómo se sintió durante y después de la atención. Quisiera tomar algunos minutos para explicarles los contenidos de este documento a usted como padre, madre o tutor de la participante en relación a cada uno de los pasos que realizaremos.

Si alguno de los pasos no está claro, les ruego que ambas-os realicen todas las preguntas que quieran.

Si cuando termine la explicación de los pasos, usted como padre, madre o tutor no desea autorizar la participación, está en toda la libertad de decirlo y ambas-os retirarse cuando lo consideren necesario y oportuno. Contando con la autorización y habiendo iniciado la entrevista si usted como participante quisiera parar y retirarse también puede hacerlo, el principio que prevalece en este espacio es su voluntad y disposición para participar.

¿Están de acuerdo?

Para tener la comodidad de escucharla y no perder la atención o información valiosa e importante que la participante nos brinde quisiera poder grabar esta sesión. La grabación solamente será revisada por el equipo de investigación quienes escribirán lo que ella diga.

Por confidencialidad y privacidad ella no debería mencionar su nombre, sin embargo por comodidad de la sesión si no tienen inconvenientes le llamaré por su nombre aquí y en la transcripción del documento su nombre será omitido, para tratar de garantizar la confidencialidad de ella como participante de la entrevista individual.

¿Están de acuerdo con que realice la grabación?
A esta sesión le llamaremos Entrevista Individual. La entrevista durará aproximadamente dos horas y durante ese tiempo yo le haré una serie de preguntas a la participante sobre su experiencia con los servicios de salud. El objetivo es conversar sobre la atención que recibió después del hecho vivido cuando buscó apoyo en un servicio de salud. Esta información podría ayudar para mejorar los servicios a los que muchas mujeres acuden después de un hecho de violencia sexual.

**Riesgos de participación**
No existen riesgos conocidos o daños asociados con la participación en este estudio; si en algún momento la participante se siente incómoda con algunas preguntas y no desea contestar, no tiene que hacerlo; la voluntad es el principio que prevalece en esta entrevista. Si al finalizar, la participante se siente incómoda o le ha despertado alguna emoción o sensación y desea ser atendida por una psicóloga, hay una compañera que puede atenderla el tiempo que lo necesite y si no lo desea hoy, pueden considerarlo para otra ocasión. Lo importante es que consideren que cuentan con personas para ser escuchadas, acompañarlas y apoyarlas.

¿Tiene usted alguna pregunta?

**Oportunidades para Usted de participar en el Estudio.**
Consideramos importante la participación en este estudio porque como participante podrá expresar sus experiencias y sus puntos de vista. Podrá reconocer el avance que ha tenido en su proceso de recuperación o detectar la necesidad de retomar la atención emocional o de salud. Con los aportes que haga, esperamos contribuir a mejorar los servicios de salud para las mujeres que buscan apoyo después de una experiencia de violencia sexual.

Con respecto a la información que les he brindado, tienen ustedes alguna pregunta?

**Gastos**
No habrá ningún costo por participar en este estudio, nosotras costearmos su transporte y alimentación durante su llegada y regreso a la entrevista, el cual al finalizar la sesión les será cancelado. Si por alguna circunstancia tuvieran que retirarse de la sesión nosotras asumimos el compromiso de cancelar de igual manera su gasto, porque el principio de su participación es voluntaria es decir que está en toda la libertad de no continuar participando retirarse en cualquier momento o por cualquier razón y nosotras tenemos el compromiso de que la información brindada se maneje de manera confidencial.

¿Tiene alguna pregunta que quisiera realizar sobre lo conversado hasta ahora?

**Confidencialidad de los archivos.**
Como les mencione al principio, su nombre no aparecerá en ningún documento relacionado con este estudio. No tendrán que firmar ningún documento. Por lo tanto ninguna persona, podrá determinar cual es la información que se brindó.
La información del estudio se guardará con un clave en una computadora en CICAM y en la Universidad de Carolina del Sur, con una colega de confianza con quien estamos colaborando.

¿Alguna tiene alguna pregunta?

Agradecimiento
Desde ya les agradecemos por su colaboración y su participación y volvemos a preguntar si quisieran retirarse en este momento, antes de comenzar la sesión, podrá realizarlo.

Si por alguna circunstancia necesitan contactarse por algo que haya surgido a raíz de su participación en este estudio, le daré una tarjetita de contactos tanto aquí en Guatemala como en Estados Unidos, la cual le pedimos que guarden y que no duden en utilizarla en el momento que consideren necesario.

Personas de contacto
Para más información si necesitan contactar a alguien por cualquier situación que el estudio haya ocasionado, puede hacerlo con: NOMBRE DE LA ENTREVISTADORA (# de contacto), NOMBRE DE LA PSICÓLOGA (# de contacto), con la directora de CICAM, Angélica Valenzuela, al 23-35-21-72 ó 23-35-21-65, o con Deborah Billings en billindl@mailbox.sc.edu en la Universidad de South Carolina.

Firma de la facilitadora de la entrevista/Fecha
He leído y le he dado una tarjeta a la madre, padre, tutor y a la participante. Les he dado la oportunidad de hacerme preguntas y le he dado las mejores respuestas posibles. Ambas están de acuerdo con el estudio y me han dado su consentimiento para participar en el mismo. Le he informado a la participante que puede retirarse en cualquier momento sin que tengan consecuencias negativas.

Nombre de la investigadora__________________________________________

Firma ___________________________________________________________
Fecha ___________________________________________________________
Hora _____ Departamento y lugar _____________________________________
ENTREVISTA INDIVIDUAL

Antes del servicio de salud (apoyo de personas)
1. ¿Cuánto tiempo después buscó ayuda?
2. ¿Cuánto tiempo después recibió ayuda?
3. ¿Quién(es) le ayudaron? (familia, amistades, se fue directamente al hospital o con la policía, otros)
4. ¿Por qué pidió ayuda de esas personas o servicios en particular?
   a. ¿Cómo pensó que le iban a ayudar?
5. ¿Le ayudaron esas personas?
   a. ¿En qué forma?

Caminos hacia los servicios de salud
6. ¿En cuáles servicios buscó ayuda? (preguntar sobre los caminos que ella tomó para llegar a la unidad de salud. Servicios puede incluir cualquier tipo de apoyo que buscó antes de llegar al servicio de salud)
7. ¿Adónde fue primero, después a dónde? (Preguntar hasta entender todos los servicios visitados antes de llegar a la unidad de salud).

Servicios de salud
8. Cuando llegó por fin a un servicio de salud ¿estuvo sola o fue acompañada por alguien al servicio?
9. ¿Cómo encontró el servicio?
   a. Ya había conocido algo sobre la unidad de salud o fue referida por otra organización (cuál)?
10. Cuando llegó al servicio, ¿adónde se fue primero (sala de emergencia, área de ginecología, área especializada para víctimas de violencia sexual, etc.)
11. ¿Cómo se sentía cuando llegó al servicio? (triste, enojada, cansada, etc.)
12. Cuando usted llegó al servicio, ¿quién fue la primera persona con quien tuvo contacto? (recepcionista, enfermera, médico, portero, guardia, etc.)
13. ¿Sintió que esa persona le ayudó de alguna manera? (preguntar de qué manera le ayudaron o no)
14. Si menciona más de una persona: ¿Quién le ayudó más? ¿Qué hizo para ayudarle?
15. ¿Cuánto tiempo esperó entre el momento en que entró en el servicio y cuando alguien (médico, enfermera, etc.) la atendió?
16. ¿Cómo sintió que era la sala de espera? ¿Por qué?

Ahora me gustaría hablar sobre la atención médica que recibió en el servicio
17. ¿Qué personas le atendieron?
18. De las personas que le atendieron, ¿alguien le dio información y orientación sobre los servicios que le iba a brindar?
19. ¿Firmó un documento- se llama “consentimiento informado”, que confirma que alguien le dio información sobre los servicios que le iban a brindar?
20. ¿Las personas que la atendieron fueron hombres, mujeres o los dos?
21. ¿Hubiera preferido atención brindada por un hombre, una mujer o le fue indiferente? ¿Por qué?
22. ¿Cómo fue la atención que recibió? (culpándola, respetuosa, escuchó bien)
23. ¿Cree que quienes la atendieron la ayudaron a sentirse apoyada? (Preguntar sobre quién—tipo de prestador de servicios de salud, no por nombre)
24. ¿Qué hicieron para hacerla sentirse apoyada?
25. ¿Las personas que la atendieron se presentaron por su nombre completo y su cargo?
26. ¿Le explicaron qué iban a hacer durante la atención?
27. ¿La llamaron a usted por su nombre?
28. ¿Cree que quienes la atendieron estuvieron preocupadas por brindarle la mejor atención?
   a. ¿por qué sí o no? (Preguntar sobre quién—tipo de prestador de servicios de salud, no por nombre)
29. ¿Cree que quienes la atendieron tuvieron suficiente tiempo para hacerlo, o que la atendieron con prisa? (Preguntar sobre quién—tipo de prestador de servicios de salud, no por nombre).
30. Durante su atención ¿hubo muchas interrupciones? ¿Se entraba mucha gente en el lugar donde estuvo, hablaban de otras cosas, no atendían si usted decía algo, etc.?
31. ¿Sintió que hubo privacidad durante su atención? (o siente que otras personas la oyeron)
32. ¿Qué preguntas o dudas tuvo cuando estuvo en el hospital o en la clínica?
33. ¿Cree que quienes la atendieron contaban con la información necesaria para aclarar todas sus dudas?
34. ¿Cree que quienes la atendieron la trataron con respeto?
   a. ¿qué hicieron?
35. ¿Qué tipo de información le dieron en la unidad de salud? (Preguntar sobre las siguientes áreas):
   1. Sobre el procedimiento y quien la iba a atender
   2. Sobre el examen físico
   3. Sobre las pruebas
      a. Prueba de embarazo
      b. Pruebas de ITS y VIH
   4. Sobre los medicamentos
      a. Anticoncepción de emergencia
      b. Medicamentos para prevenir el VIH
      c. Medicamentos para prevenir las ITS
   5. La referencia
      a. Médico forense
      b. Referencia para apoyo legal
      c. Referencia para apoyo emocional o psicológico
      d. Si está embarazada: Servicios prenatales
36. ¿Qué tipo de atención recibió en la unidad de salud? (Preguntar sobre las siguientes áreas):
   • Sobre el procedimiento y quien la iba a atender
   • Sobre el examen físico
   • Sobre las pruebas
      o Prueba de embarazo
      o Pruebas de ITS y VIH
• Sobre los medicamentos
  o Anticoncepción de emergencia
  o Medicamentos para prevenir el VIH
  o Medicamentos para prevenir las ITS

• La referencia
  o Médico forense
  o Referencia para apoyo legal
  o Referencia para apoyo emocional o psicológico
  o Si está embarazada: Servicios prenatales

37. ¿En algún momento la refirieron a otro lugar? ¿Adónde? ¿Acudió a ese servicio? ¿Cómo le fue en ese servicio?
38. ¿Tuvo que pagar por algún servicio, medicamento o material que utilizaron durante su atención?
39. Cuando fue al servicio de salud, ¿qué esperaba recibir? (tipo de atención, medicamentos, etc)
40. Pensando en la atención que recibió, ¿cumplió con lo que esperaba? (indagar de qué manera)

Ahora me gustaría que hablemos sobre cómo se siente.

41. ¿Cómo se siente ahora?
42. ¿Siente que tiene el apoyo que necesita para salir adelante?
43. ¿Quién la apoya? ¿Qué tipo de apoyo recibe?
44. ¿Qué más necesita o le gustaría tener como apoyo para ayudarle en su proceso de recuperación? (con la aclaración de que CICAM no va a poder resolver estas situaciones pero que sea necesario para poder hacer propuestas de servicios que brindan la atención que necesitan las mujeres)
45. ¿Quisiera agregar algo más?

La facilitadora solicita a la participante que conteste las siguientes preguntas:

1. ¿Cuántos años tiene?
2. ¿Cuál es su etnia?
3. ¿Su idioma principal?
4. ¿Si habla otros idiomas?
5. ¿En qué departamento vive?
6. ¿Tiene hijos e hijas? (si sí, ¿cuántos y de qué edades?)
7. ¿Cuál es su estado civil?
8. ¿Cuál es su religión?

Agradezca a la participante por su colaboración, apoyo y valentía. Mencione que su ayuda es invaluable en este proceso para mejorar los servicios que se brindan a mujeres víctimas y sobrevivientes de violencia.

Grabar sus reflexiones sobre la entrevista.
APPENDIX 3
MODEL OF CARE
(Troncoso et al., 2006)

Figure 1: Model of health care provided to women VSSV

- Violence Detection
- Specialized Counseling
- Medical Care
- Information Regulation System
- Follow Up
- Promotion and Prevention

Medical Care
- Legal abortion
- Prenatal care
- Treatment of wounds and injuries
- Emergency contraception
- Pregnancy tests
- Diagnostic tests, Chemoprophylaxis and treatment of sexuality transmitted infections (STI) and human immunodeficiency virus (HIV)
- Collection and analysis of legal samples
- Risk assessment and safety plan
- Crisis management
- Information on legal options and clinical care
Protegiendo la salud de las mujeres
Promoviendo el respeto a sus derechos reproductivos