

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



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Background	Participant Characteristics	WHO Clinical and Policy Guidelines 2013	National Protocol and Model for Care 2011	Bogota Clinical Guidelines 2008	Study Findings 2015	Conclusions		
<ul style="list-style-type: none"> Violence against women (VAW) is a public health and human rights issue.^{1,2} VAW puts women at risk for consequences including unwanted pregnancy, substance abuse, high-risk sexual behavior, depression, and PTSD among others.³⁻¹⁰ The health sector response to sexual violence (SV) is crucial. Health care workers need to be prepared to meet the needs of these women.^{11,12} A policy framework to address VAW in the health sector is in place.^{13,14} Reports indicate that there are barriers to quality care for sexual assault survivors in the Colombian health system.¹⁵⁻¹⁷ 	<p>Profession</p> <p>Doctor n=20</p> <p>General practitioner n=15</p> <p>Gynecologist n=5</p> <p>Nurse n=22</p> <p>Head nurse n=15</p> <p>Auxiliary nurse n=7</p> <p>Social worker n=4</p> <p>Hospital level</p> <p>Level I (Community) n=15</p> <p>Level II (General) n=7</p> <p>Level III (Teaching) n=24</p>	<ul style="list-style-type: none"> Offer immediate support to women who disclose any form of violence. Listen without pressuring her to respond or disclose information, and offer comfort to help alleviate or reduce anxiety. Health-care providers offering care should receive in-service training. 	<ul style="list-style-type: none"> Sexual assault victims have the right to receive comprehensive care through high quality services with sufficient coverage. Ask the victim about her needs, worries, and anxieties to facilitate expression of emotions. All staff at health institutions should be trained on care pathways, victims' rights, and psychological first aid. 	<ul style="list-style-type: none"> When a victim of sexual assault is detected or seeks help, it is an emergency and person should be attended to immediately. Listen and write down the ideas that the person has about how she wants her care to be. Providers should establish processes of training about how to provide quality sexual violence care, and do crisis intervention. 	<p>Women-centered Care</p> <ul style="list-style-type: none"> When a case of sexual violence presents, all providers reported that care is always offered free of charge, but it is not necessarily provided immediately. "[This type of case] is immediately considered an emergency and one should stop working and treat the patient with the utmost respect and privacy because this is a patient who comes with a lot of fears and anguish due to the situation that happened so other activities are suspended immediately and one of the specialists who is here takes care of the patient." [24-year-old male gynecologist] <p>Sensitivity</p> <ul style="list-style-type: none"> An overwhelming majority of providers described that sensitivity towards victims is shown, and made comments indicating sensitivity. "I think that definitely the most important thing in the handling of these types of patients is that we work without prior biases, without prior personal biases, without prior social biases and that we always trust the person's word." [39-year-old male gynecologist] On the other hand, a few providers indicated that something their co-worker has said or done bothered them while others exhibited insensitive or victim-blaming attitudes during the interview. "It bothers me that my peers they make comments about the [victim], because that's a patient's privacy between her and the doctor and the auxiliary nurses" [23-year-old female auxiliary nurse] <p>Training</p> <ul style="list-style-type: none"> The majority of doctors, nurses, and social workers had not received training through the hospital where they currently work or during their medical training. Providers were willing to and interested in receiving future training and presented various themes. "They have not trained me in sexual violence, but it is very important they bring us up to date on legislation and on the handling of cases." [46-year-old female social worker] 	<ul style="list-style-type: none"> Gaps exist between WHO recommendations, local and district policies, and the care described by the participants. Overall, participants demonstrated willingness to provide the best care with the available resources. As "street level bureaucrats" health care providers play a crucial role in policy implementation. Policy and clinical guidelines can be challenging to implement in practice in the ER, even if they may be ideal for the survivors. Barriers to care included a lack of resources related to capacity, supplies, and 24-hour availability of psychosocial support professionals. All participants mentioned a lack of training both in prior education and in-service at the hospital. Providers were open to receive training and recommended various topics. Impact evaluations may help in a setting like Colombia, because there is limited evidence on effective response interventions in low and middle-income countries in LAC (5, 24). 		
<p>Context: Colombia</p> <p>Population: 47.79 million¹⁸</p> <p>Capital: Bogotá; population of 9.765 million¹⁹</p> <p>Conflict: Higher levels of sexual violence and unique challenges in policy implementation and provision of care due to armed conflict.^{19,20}</p> <p>Health care system: Universal health care with 98% coverage.²¹</p> <p>Sexual violence prevalence:</p> <ul style="list-style-type: none"> 12% of women of reproductive age have experienced SV.²² 20,739 medico-legal exams performed (in 2013).²³ 21% of 85% of women who suffered an injury from physical or sexual violence went to a health care center (in 2010).²⁰ 16.1% of women who have experienced violence reported accessing health care (in 2015).²² 	<p>Age</p> <p>21-30 n=19</p> <p>31-40 n=11</p> <p>41-50 n=10</p> <p>51+ n=6</p> <p>Gender</p> <p>Men n=14</p> <p>Women n=32</p> <p>Total n=46</p>	<p>Methodology</p> <ul style="list-style-type: none"> Semi-structured interviews conducted with health providers at five public hospitals in Bogotá in spring of 2015. IRB Approval attained from Middlebury College. Interviews analyzed for thematic content using a double-coding process.²⁴ 		<p>Objective</p> <p>This qualitative study examines district, national, and global policy guidance and how, from the health care provider perspective, the Colombian health system handles sexual assault cases in emergency rooms.</p>	<p>Policy implementation: Role of health care providers</p> <ul style="list-style-type: none"> According to political scientist Michael Lipsky, "street level bureaucrats" are public servants who become the public policies they implement through their decisions, the routines they establish, and the devices they invent to cope with uncertainties and work pressures.²⁵ As street level bureaucrats, health care providers play a critical role in interpreting and implementing policy and their perspective and suggestions should be taken into consideration. 	<p>Limitations</p> <ul style="list-style-type: none"> Study focuses on health care workers, excluding perspective of policy makers and survivors. Due to the qualitative nature of this study, some findings may not be generalizable. Study was conducted in an urban area, which has relatively higher standards of care and access in comparison with rural areas. 	<p>Recommendations</p> <ol style="list-style-type: none"> Creation of inter-disciplinary hospital teams. In-service and pre-qualification level training of health care providers on sexual violence. Health care provider trained specifically in sexual assault care available 24-hours. 	<p>Training topic needs identified by health care professionals</p>

