



Study on

Characterizing Health Care for Women Suffering Gender-Based Violence in Latin America

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Introduction

Within the framework of the work carried out by FLASOG's Committee on Sexual and Reproductive Rights, a survey of specialists caring for patients suffering gender-based violence was held.

Objectives

- To register the level of training received by gynecologists in detecting and caring for women in situations of violence.
- To evaluate the need to establish partnerships with training sites and/or centers.
- To promote adequate and comprehensive care for women.
- To observe health professionals' perception of "obstetric violence", whose scope has already been instituted by law in several countries.

Methodology

From August 2019 to February 2020, a survey was carried out among the medical specialists of the 19 societies that make up FLASOG.

A form with 25 questions covering the diverse aspects relevant to the topic was distributed among the 19 societies integrating FLASOG, whose total membership consists of more than 30,000 thousand obstetricians and gynecologists.

A total of 326 responses were received from the following countries: Argentina, Bolivia, Colombia, Guatemala, Mexico, Panama, Paraguay, Peru and Uruguay.

Results

We follow the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women in considering violence against women as derived from

Article 1. For the purposes of this Convention, violence against women shall be understood to mean any action or conduct, based on gender, that causes death or physical, sexual, or psychological harm or suffering to women, whether in the public or the private sphere.

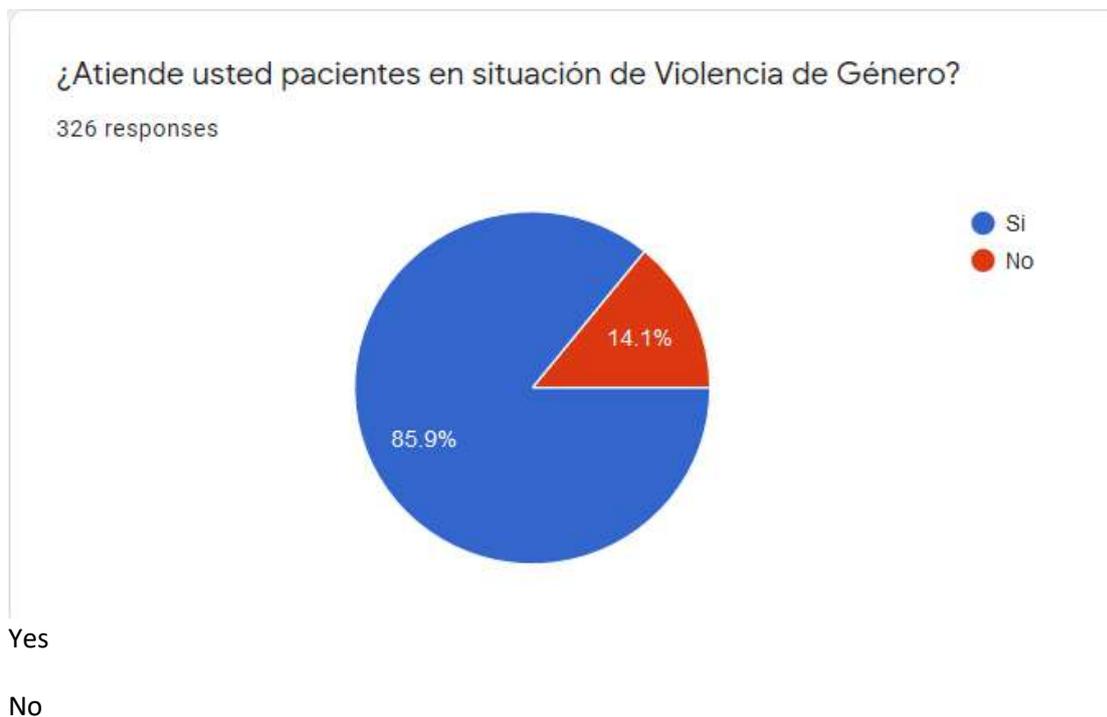
Article 2. Violence against women shall be understood to include physical, sexual and psychological violence:

(a) which takes place within the family or domestic unit or in any other interpersonal relationship, whether or not the perpetrator shares or has shared the same household as the woman, and which includes, but is not limited to, rape, maltreatment and sexual abuse;

(b) which takes place in the community and is perpetrated by any person and which includes, but is not limited to, rape, sexual abuse, torture, human trafficking, forced prostitution, kidnapping and sexual harassment in the workplace, as well as in educational institutions, health facilities or any other place;

(c) which is perpetrated or condoned by the State or its agents, wherever it occurs.

Do you treat patients in gender-based violence situations?



In your opinion, what are the most serious reasons for consultations by women who suffer gender-based violence?



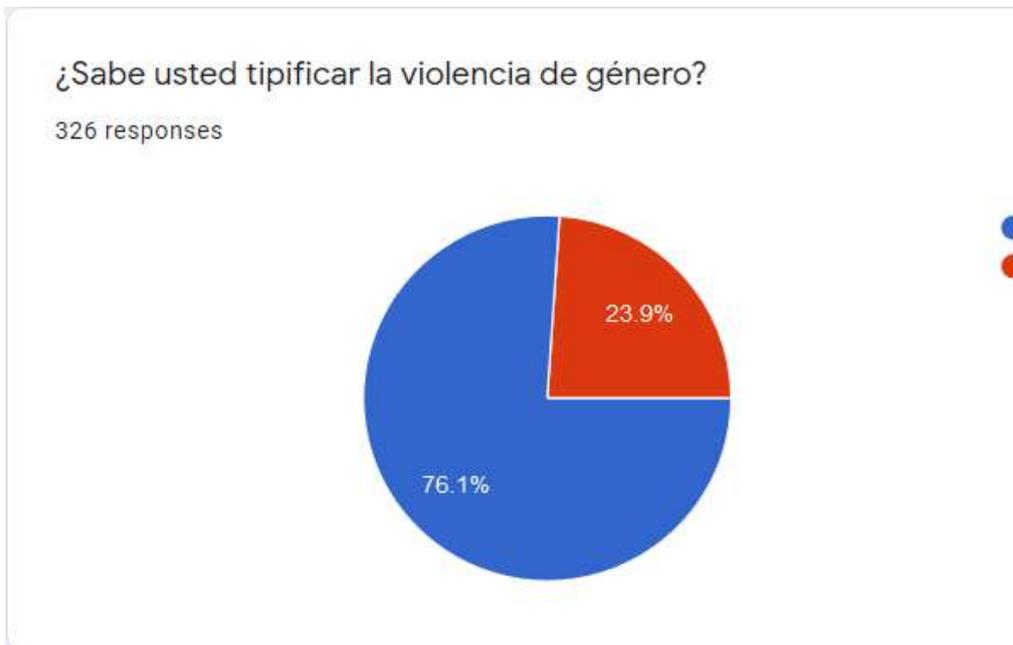
Sexual harassment

Sexual abuse

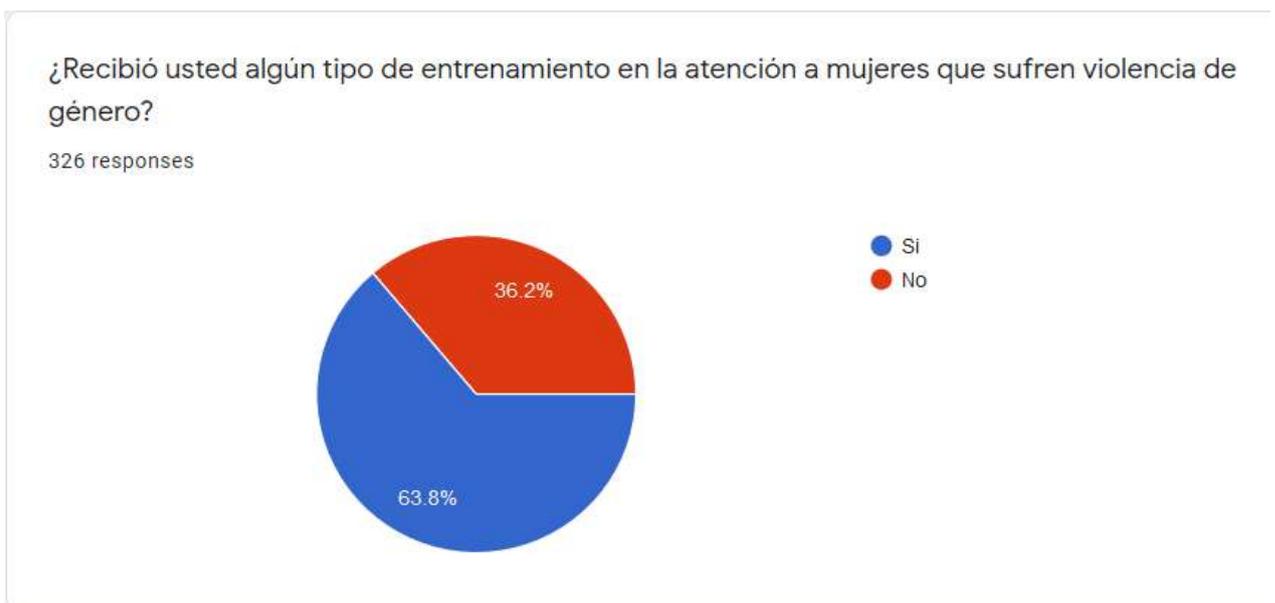
Physical mistreatment

Psychological mistreatment

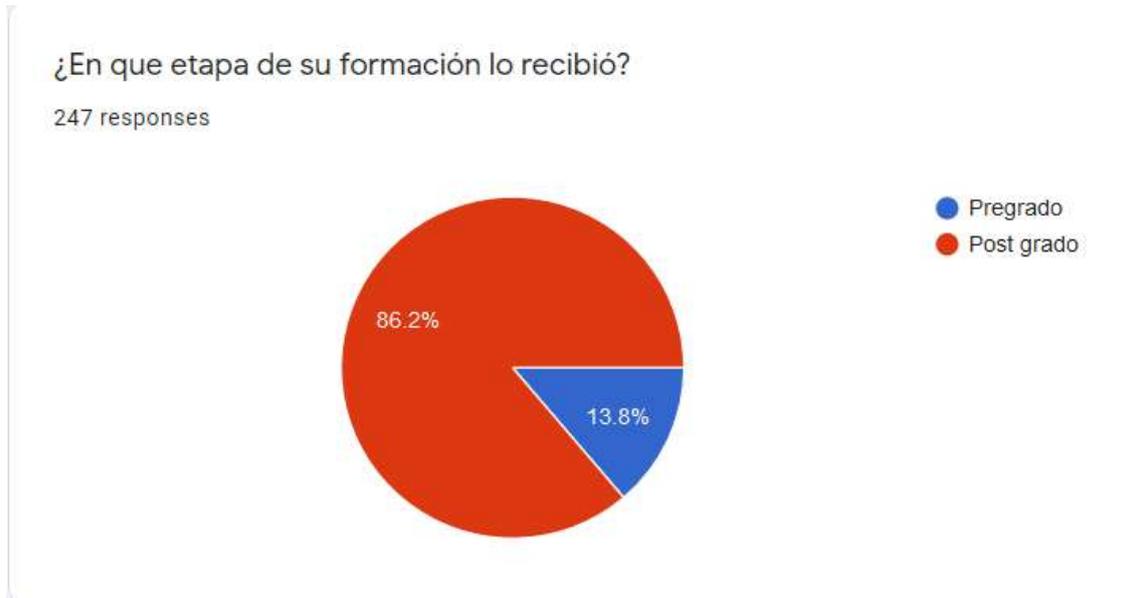
Do you know how to typify gender-based violence?



Have you received training in caring for women who suffer gender-based violence?



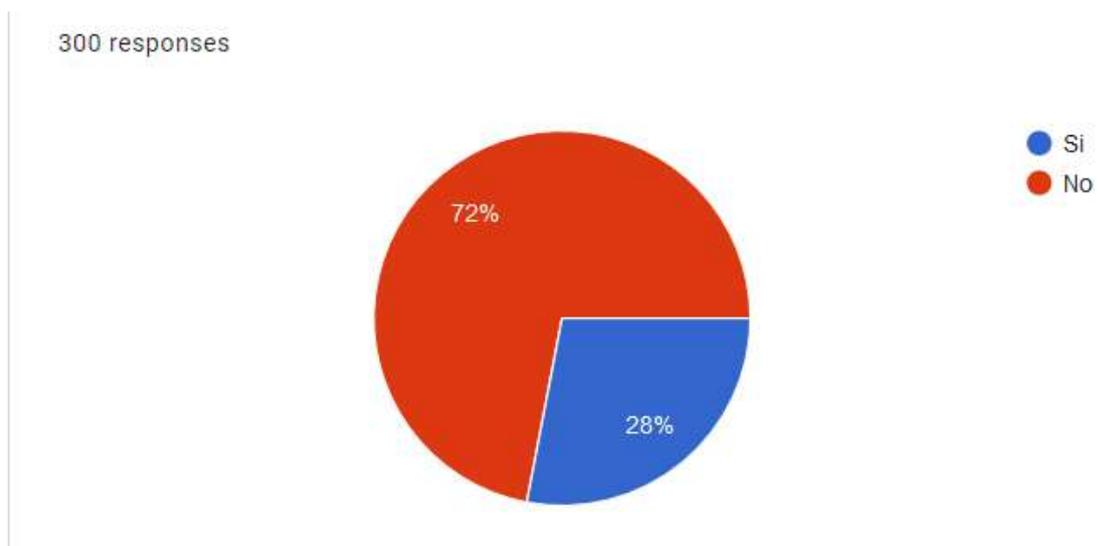
At what point in your training did you receive it?



Undergraduate training

Graduate training

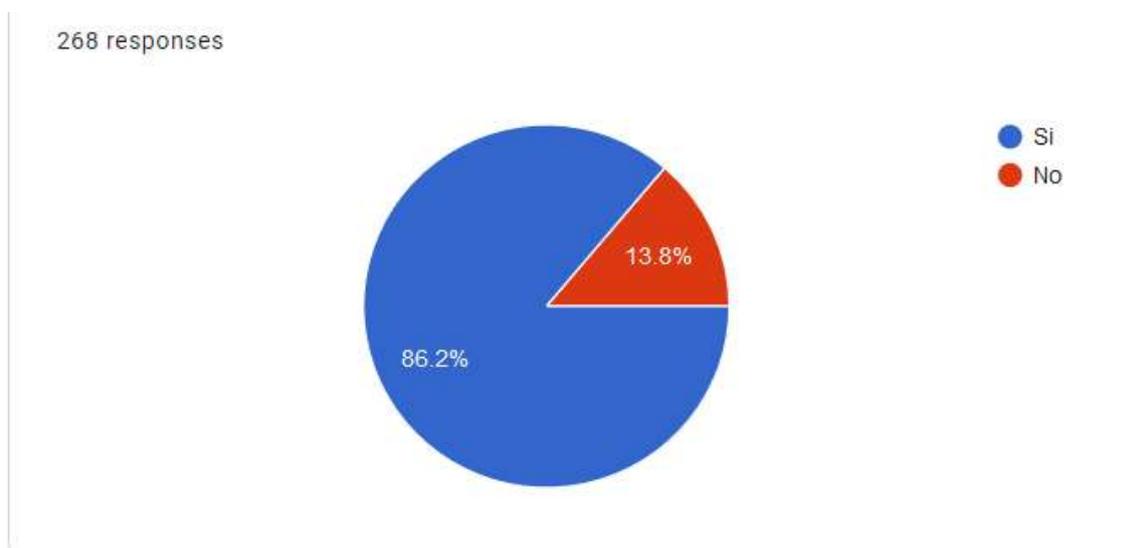
Do you consider that your training was enough to detect cases of gender-based violence?



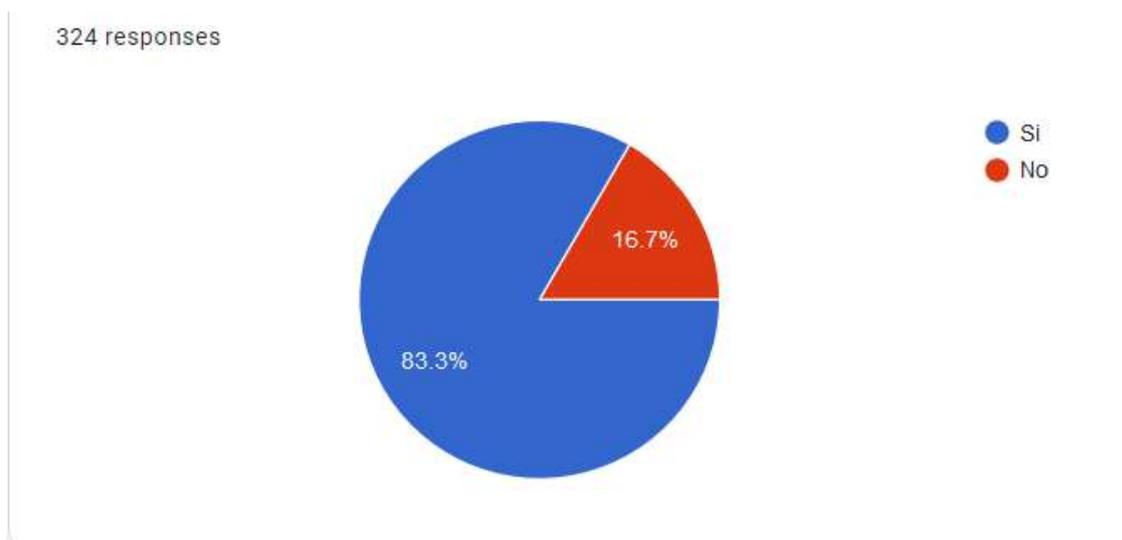
Yes

No

Were these training experiences of use in your personal and professional life?



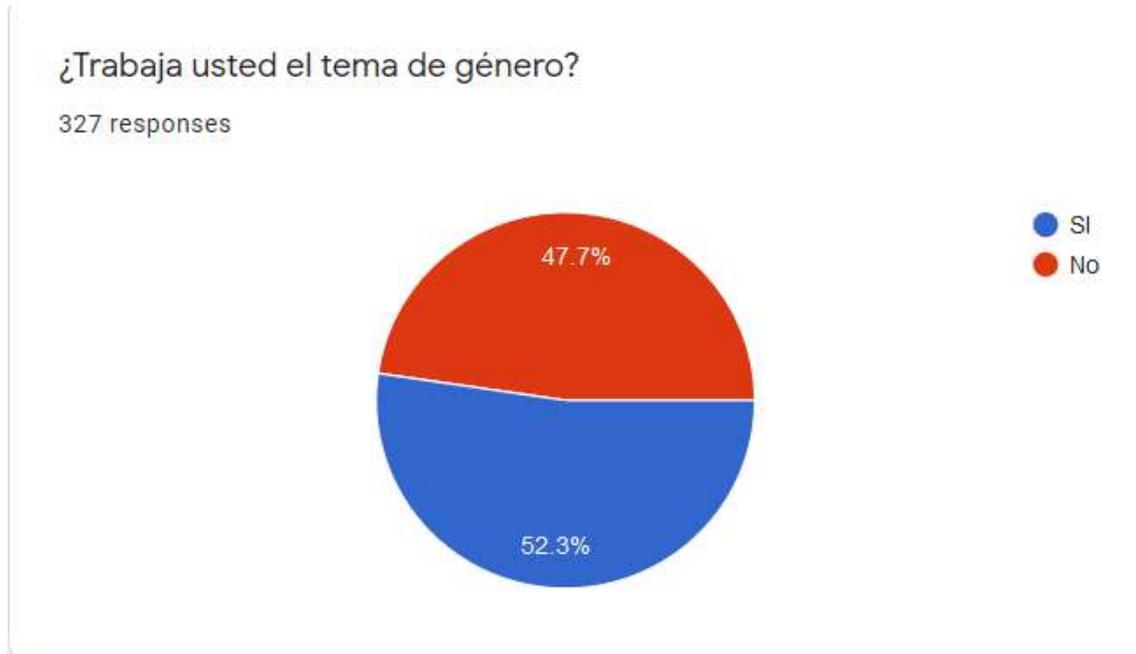
Are you aware of your country's legislation and public policies in reference to gender-based violence?



Yes

No

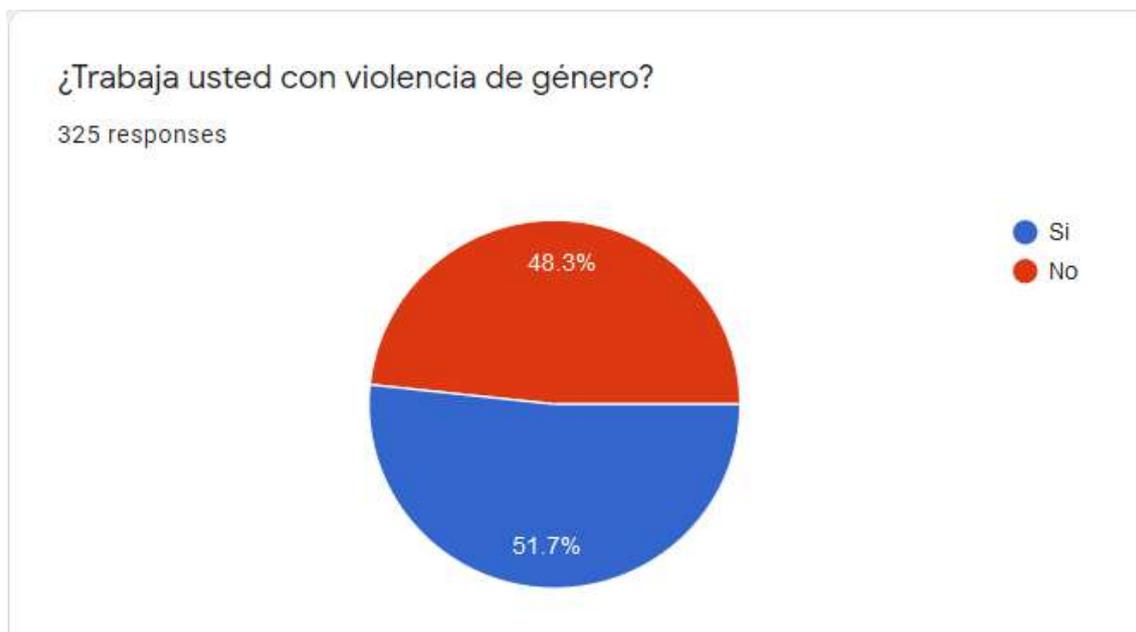
Do you work on the topic of gender?



Yes

No

Do you work on the topic of gender-based violence?

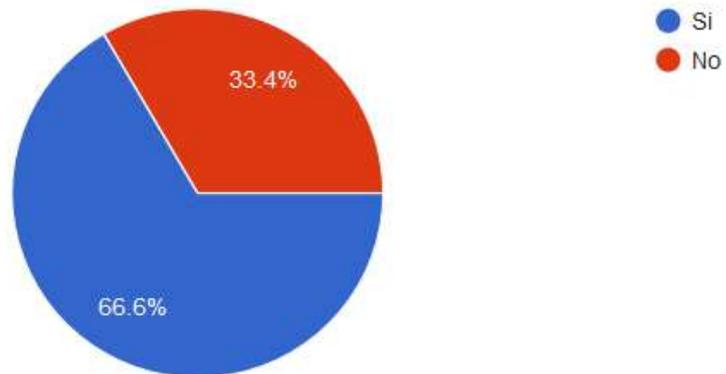


Yes, No

Do you detect gender-based violence?

¿Hacen detección de violencia de género?

326 responses

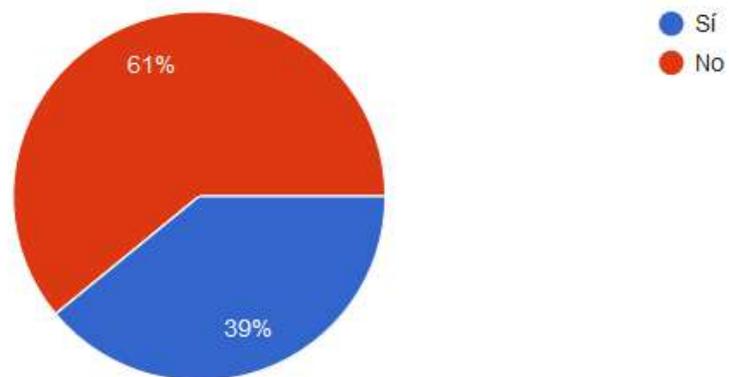


Yes, No

Do you use tools or questionnaires to detect violence?

¿Utilizan herramientas o cuestionarios para la detección de violencia?

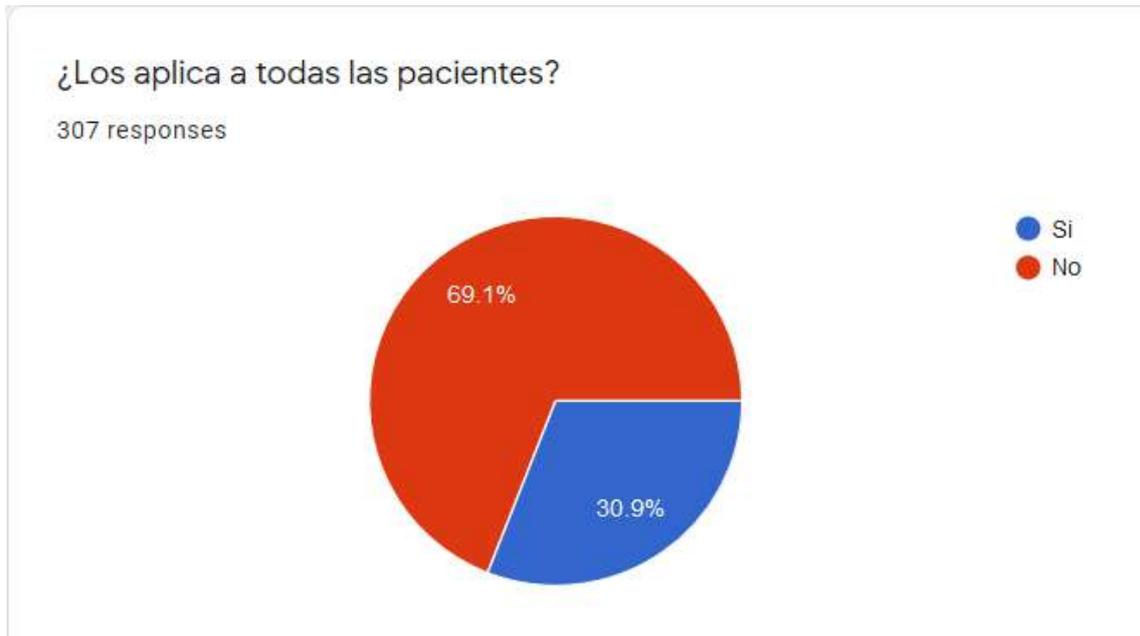
323 responses



Yes

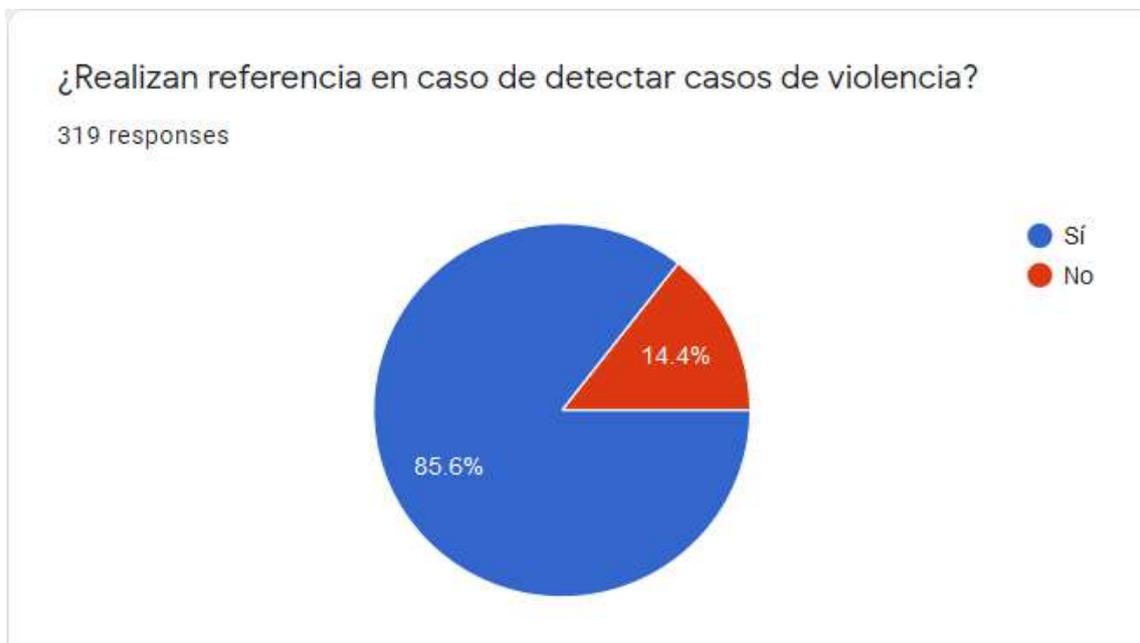
No

Do you apply them to all your patients?



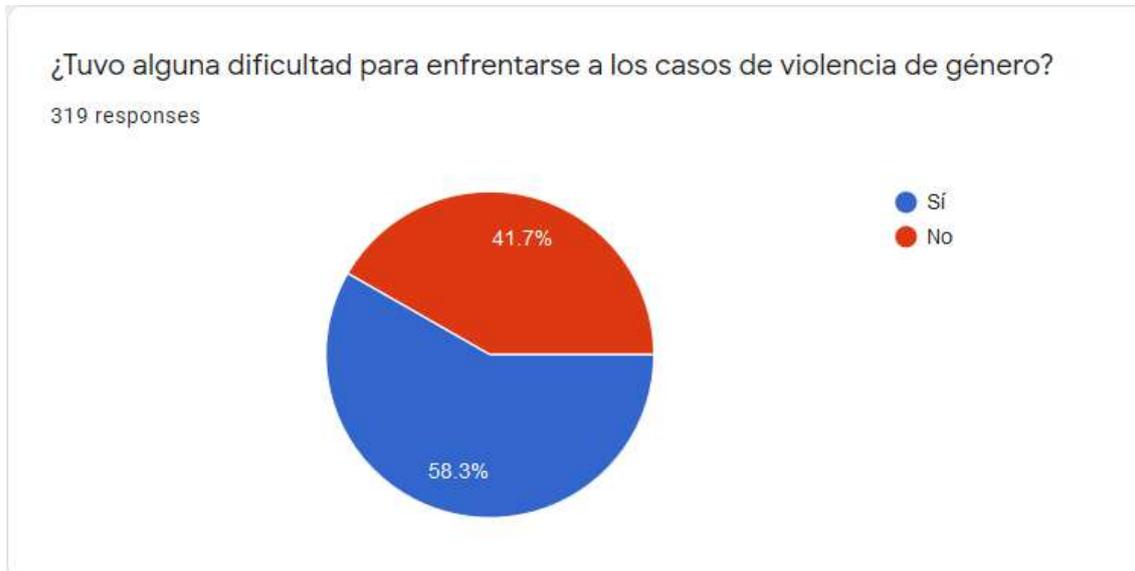
Yes. No

Do you make referrals on detecting cases of gender-based violence?



Yes, No

Have you encountered any difficulty in facing cases of gender-based violence?



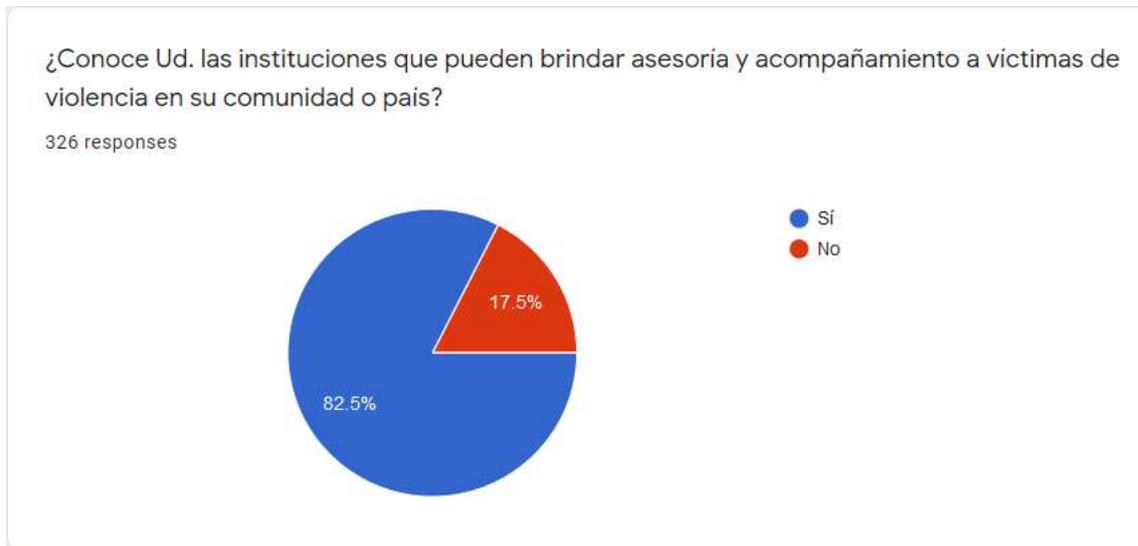
Yes . No

Did you ever feel that caring for patients suffering gender-based violence of any nature was a waste of time?



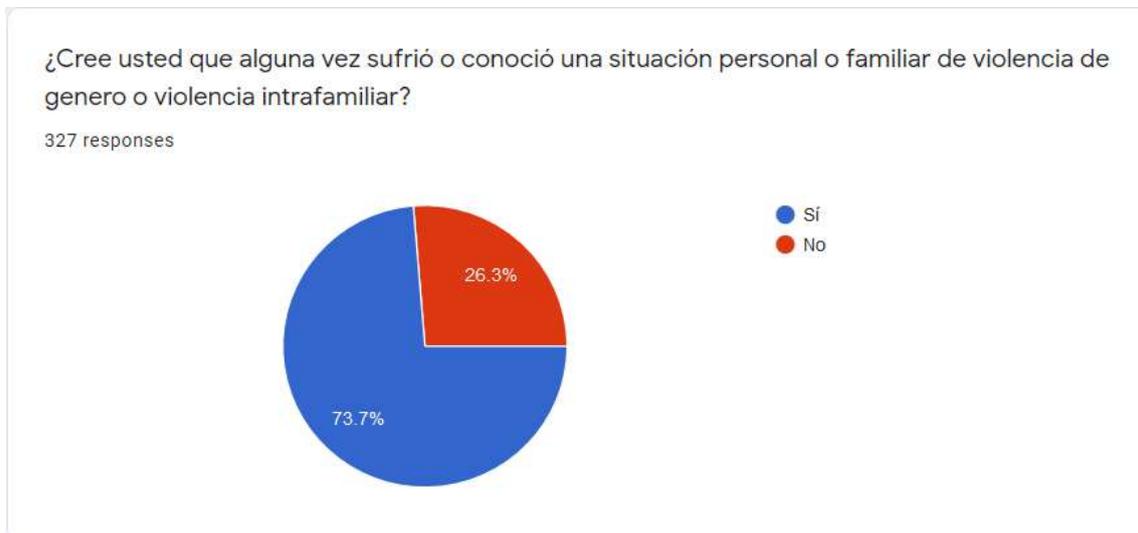
Yes . No

Are you aware of the institutions offering counselling and support to victims of gender-based violence in your community or country?



Yes, No

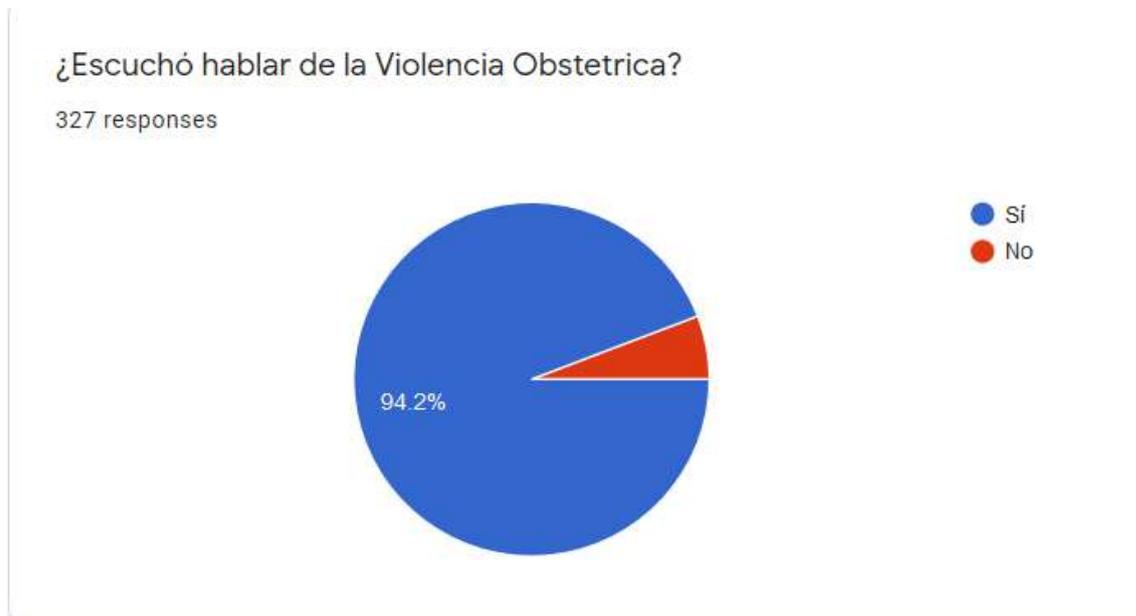
Do you believe that you ever suffered or learned of a personal or family situation of gender-based or family violence?



Yes

No

Have you heard of obstetric violence?



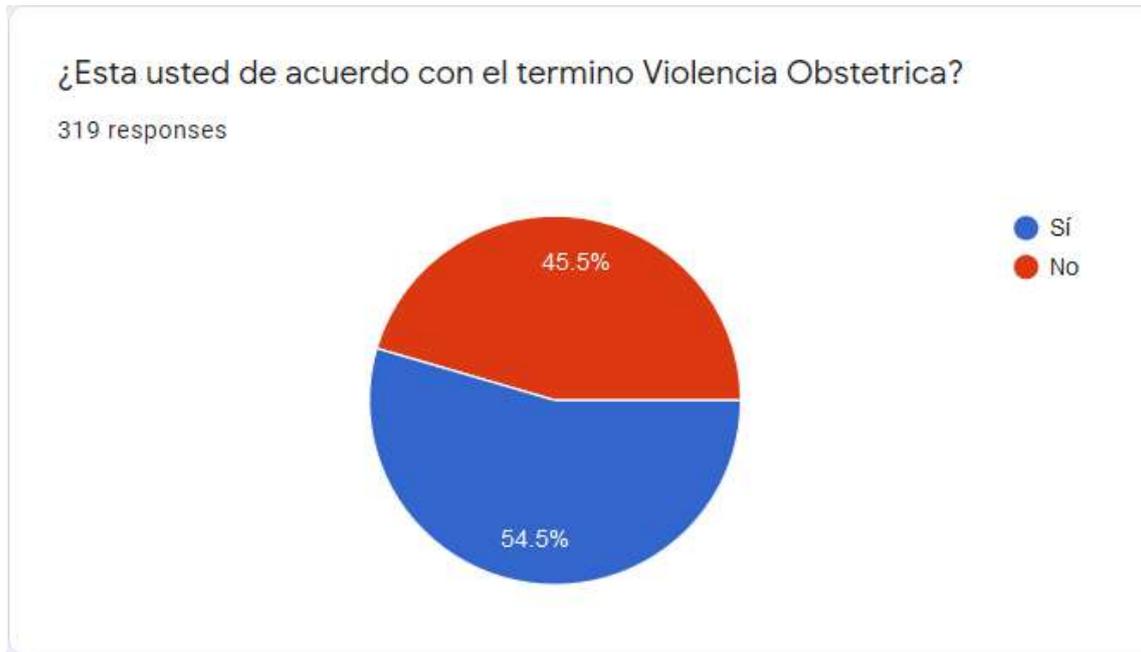
Yes, No

Do you have full knowledge of the topic of Obstetric Violence?



Yes, No

Do you agree with the term Obstetric Violence?



Yes, No

Which of the following do you consider Obstetric Violence:

Excessive medicalization of deliveries

Deprive the pregnant woman of... during labor

Breaching doctor-patient confidentiality

Female genital mutilation

Curettage without anesthesia

Forced sterilizations and abortions

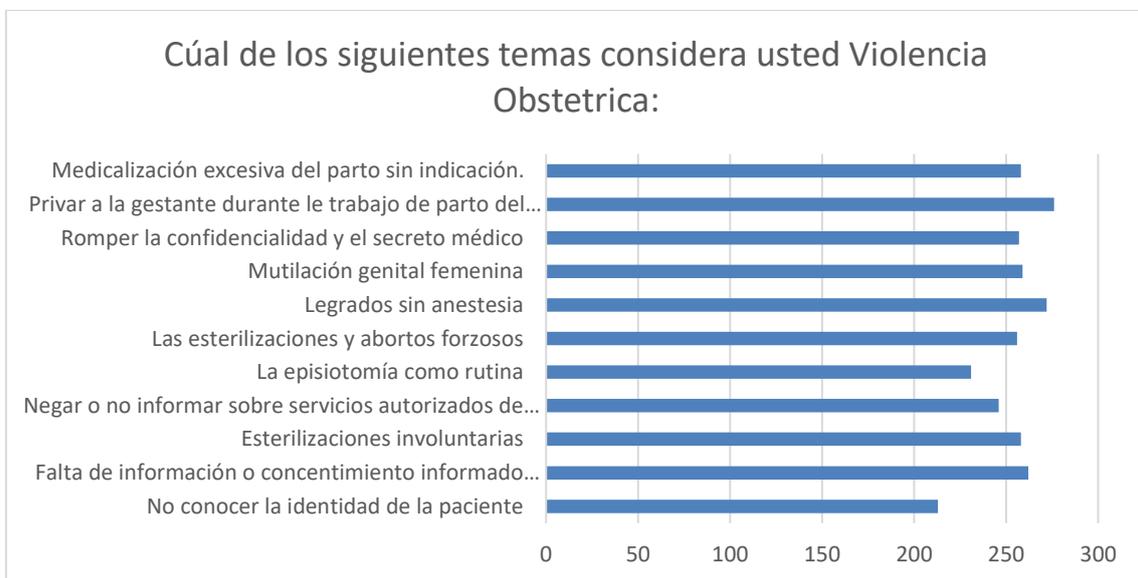
Routine episiotomy

Deny or not inform on authorized health services

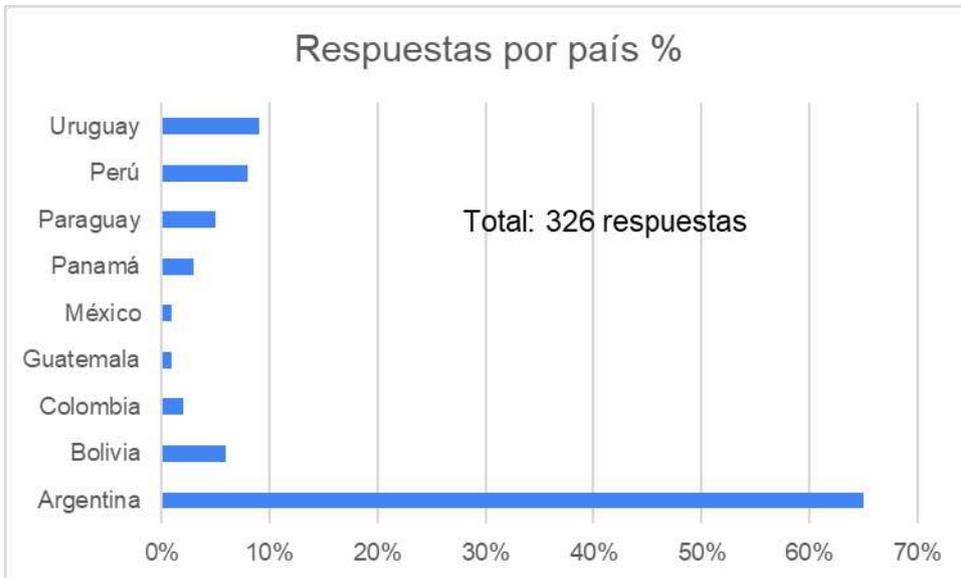
Involuntary sterilizations

Lack of information or informed consent on...

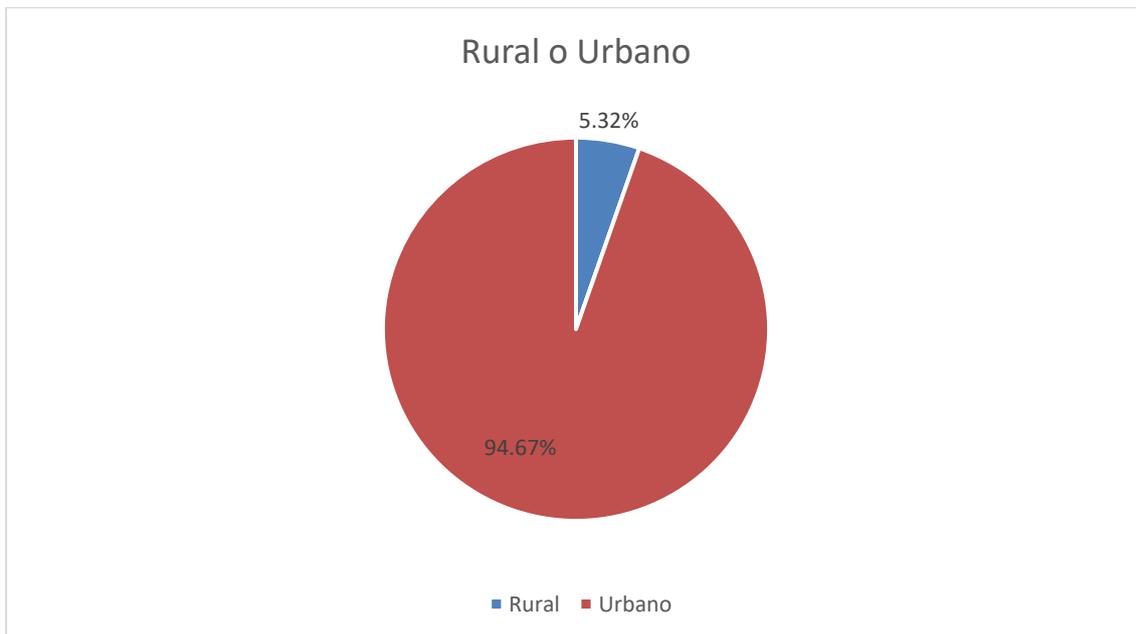
Not knowing the patient's identity



% of Responses per Country



Rural or Urban



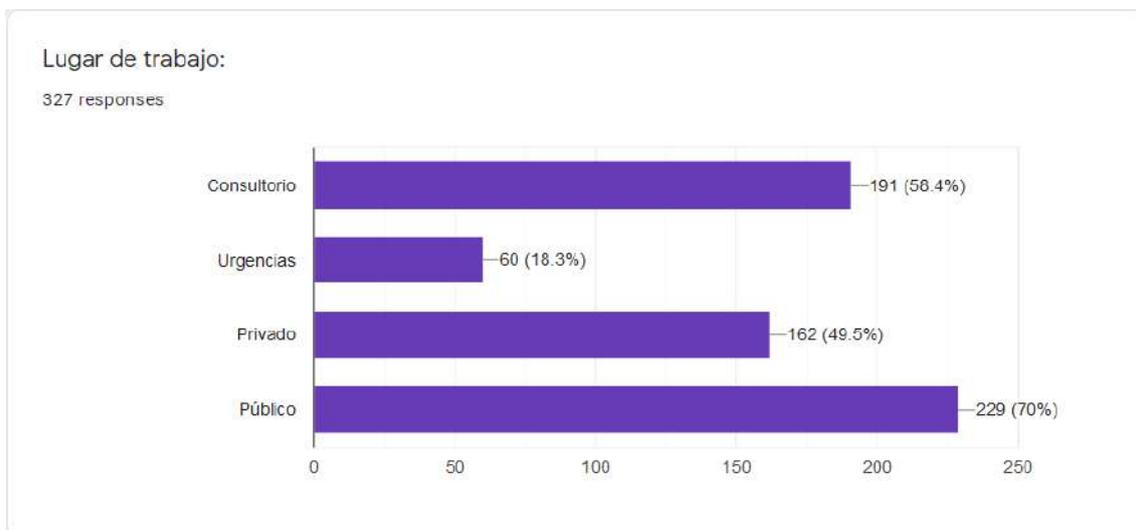
Place of work

Doctor's office

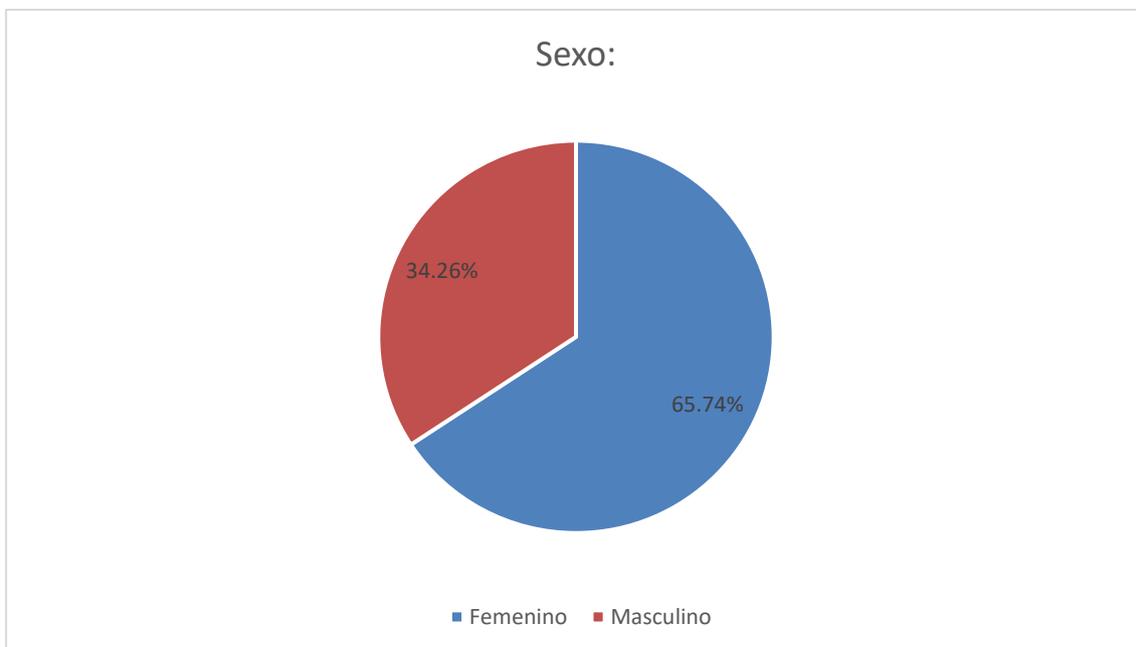
Emergency Rooms

Private

Public

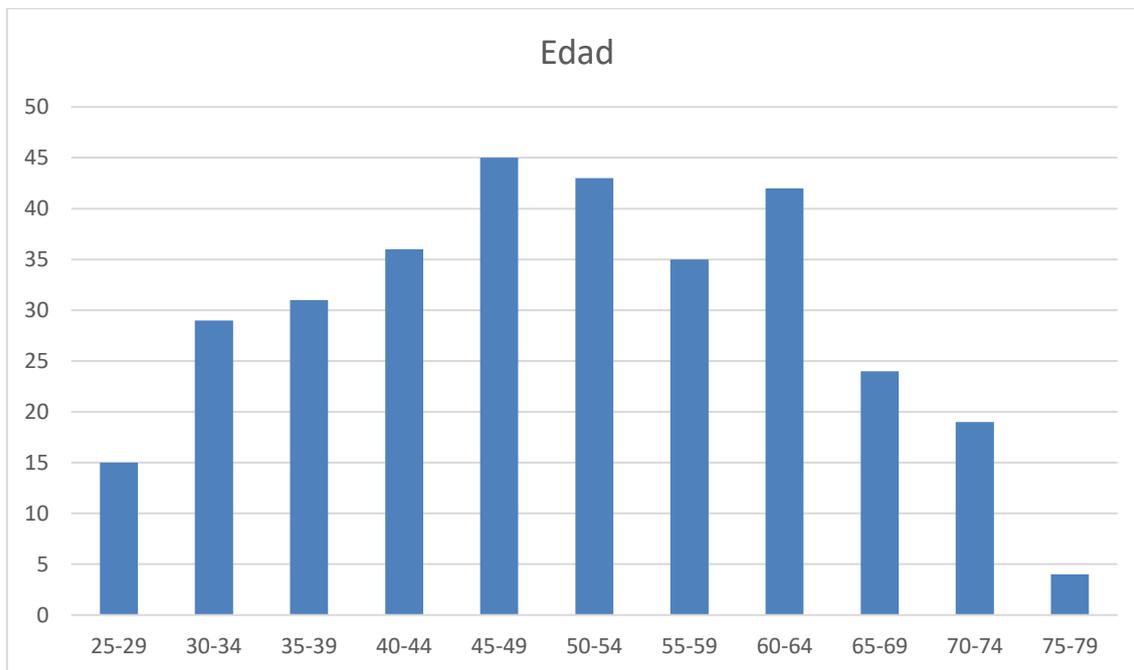


Gender



Femenine, Masculine

Age



Responses on some recommendations on the topic:

- Make the target staff understand that we must continuously train on these issues, and approach them from an integral and interdisciplinary point of view
- Ignorance of the physiological and occasionally pathological process of labor may lead to the classification of some intervention, experience or feeling of it as a situation of violence
- In my country, women are often unable to break out of the cycle of violence due to a lack of economic independence, above all, and end up being murdered by their partners.
- Change the term obstetric violence...
- Change undergraduate training. Mandatory gender training. Establish gender mechanisms in all health institutions. Work within the gynecological collective on gender inequality and gender-based violence among colleagues
- Training medical staff and patients themselves in gender-based violence would be of great benefit in capturing, treating and preventing these cases
- None
- Yes, more training and information is needed

- The term "obstetric violence" should be standardized and agreed upon if used. Many use it to remove patients from hospital care and promote home waterbirth indiscriminately.
- Improve cross-sectional skills
- Improve infrastructure and access to prenatal care
- More information on the subject
- Lack of information or informed consent about the procedures performed in the delivery room. It depends on the context.
- Learned societies must take a radical stand against the terminology of obstetric violence and replace its consequences and characteristics with appropriate health education that takes into account the sovereign will of adequately informed patients.
- Continuous training, initiate knowledge in undergraduate and postgraduate sections.
- I do not handle much information on obstetric violence but some examples seem to me to be crimes, I am not sure if they are within the concept of obstetric violence or crime. It is unfortunate to read spelling and grammatical errors in the questionnaire, I suppose it reflects the seriousness with which the topic is addressed at the global level.
- The work that is done in training the new generations is important to end not allowing women to make decisions in controlling their pregnancy and delivery process
- It would be good to be able to do some tutored virtual course on these topics to be able to face the situations with more experience
- It is necessary to disseminate the subject among health and population personnel
- There is no timely attention to other forms of violence
- Care children and teenagers
- We lack greater commitment and work on empowering our patients even if it takes longer in our practice. It is very important that someone else makes you aware of your situation and that you are not alone.
- Training for the entire medical profession
- Start. There's almost everything to be done.
- To have the law on violence against women available and to have a police station that really works and serves these women
- Raise the profile of gender-based violence among teenagers

- I believe that gender-based violence is a frequent and complex issue. Its approach is not linear and requires a multidisciplinary team, where the gynaecologist is just another member. It takes time and several consultations to address the issues. I believe that the term obstetric violence refers more to poor quality care, where the doctor-patient relationship does not matter, nor is there good communication. Pregnancy, childbirth and post-partum care is a complex issue, where concern for the health of the mother, the fetus and the newborn should be paramount. That is the most important thing.
- Train gynecologists in detecting and caring for women in situations of violence, from Pre-med.
- Introduce humanistic aspects during the Cesarean section
- They should include a subject in the undergraduate area that deals with GBV

TAKE AWAYS AND RECOMMENDATIONS

- 85 % of those consulted attend patients in situations of gender-based violence
- The most serious reasons for consultations by women in situations of gender-based violence are considered to be sexual abuse and physical and psychological mistreatment
- 7 out of 10 interviewees consider that they know how to classify gender violence
- 64% said they had received some kind of training in caring for women who suffer from gender-based violence and most of the training had been at the postgraduate level
- 7 out of 10 consider that the training received was sufficient and 86% evaluate this training as very useful for their personal and professional life
- 84% declared knowing the laws and public policies of their country in reference to gender violence
- Half of the interviewees work on the issue of gender and gender-based violence
- Almost 7 out of 10 interviewees have detected gender-based violence
- 61% have used tools and questionnaires for the detection of violence and 85% declare that they have made reference to such cases
- 58% of the cases state that they have had some difficulty in dealing with cases of gender-based violence

- 82% declare they have knowledge of institutions in their country that can provide advice and support for victims
- 94% have heard the expression "obstetric violence"
- 81% say they have a thorough knowledge of the expression "Obstetric Violence".
- Half of the respondents agree with the expression "Obstetric Violence" and the other half do not.

With these conclusions, the following lines of action are recommended

1. Training done with an integral and interdisciplinary approach
2. Training gynecologists in the detection and care of women in situations of violence
3. Dissemination of the topic among health professionals and the general population
4. The expression "obstetric violence" is controversial
5. Use the virtual training mode that allows for the inclusion of teachers and participants from various parts of Latin America
6. Incorporate the subject matter not only at the graduate but also at the undergraduate level
7. Improved infrastructure and accessibility of prenatal care
8. Enact a law on violence against women and have a police station that functions in the care of women referred to it.