COVID-19’s Impact on the Gender-Based Violence System in Guatemala

Luissa Vahedi, Lindsay Stark, Ana Isabel Interiano Perez, Ilana Seff, Sam McNelly, Deidi Olaya Rodriguez, Dorcas Erskine, Catherine Poulton
Background: COVID-19 & GBV

- COVID-19 pandemic + gender insensitive public policy → shadow pandemic of GBV

- **GBV prevention and response systems** in LMICs and fragile settings have been profoundly affected

- **Guatemala** is one case study
Background: Guatemala

- **Existing disparities**: malnutrition, poverty, differential service access by rurality and Indigeneity
- **Forced displacement** from & through Guatemala
- **Femicide**: 600–700 women murdered annually
- **Lifetime IPV prevalence**: 21%
**Background: Guatemala**

**Service providers:**
- Non-governmental organizations (NGO)
- Governmental organizations (GO)
- Medical, Mental Health, Psychosocial and related services

**Criminal/Civil investigation & prosecution:**
- Public Ministry
- National Civil Police
- Legal services

[Diagram with arrows pointing from service providers and criminal/civil investigation/prosecution to GBV cases and vice versa]
Purpose

By employing a systems science perspective to conceptualize the Guatemalan GBV prevention and response system, this research qualitatively explored how the COVID-19 pandemic has affected the Guatemalan GBV system.
## Methods

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<td>▶ Semi-structured interviews</td>
<td>▶ UNICEF compiled a list of service providers from both GO and NGOs across a range of sectors</td>
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- Virtual via Zoom
- Conducted in Spanish
- 60–90 mins
Sample

18 Key Informant Interviews

- n=13 from GOs
- n=5 from NGOs
- n=9 anti-violence
- n=7 justice
- n=2 crisis & support lines

50% services for adults
50% services for minors
Findings

Pandemic & control measures had a twofold effect on Guatemalan prevention/response

- Reinforced existing needs & forced system to absorb poverty alleviation
- Negative effects on survivors’ system navigation & providers ability to receive reports/mobilize
Themes

COVID-19 impacts on Guatemalan GBV prevention & response

- Address immanent basic needs & social determinants of health
- Altered reporting of GBV & perceptions of impunity
- Resource challenges among providers
- Digitizing service provision
- Survivors navigation of health-legal-social services
Severe child malnutrition increased ... This obliged us, as an institution, to coordinate some humanitarian aid, the inclusion of some social programs, but these were very limited, considering the enormous need that was just identified ... it was insufficient, any aid sent was insufficient against the needs, and we don’t have a welfare approach, we are rather focused on providing special care, on being able to provide psychosocial, pedagogical, legal care to restitute the rights of children.

Theme 1: Addressing immanent basic needs & social determinants of health
Full lockdown caused an increase of human rights violations and a lack of response from the system. There was an increase of missing girls but a reduction of reports in the system...The police were no longer accepting any reports during lockdown so if people went to a police station to report a missing girl or woman, they said that they were asked to focus on the pandemic and that they couldn’t deal with other types of reports.
The pandemic struck the world in March 2020, when there was already an annual operating plan created based on another plan conceived for normal times. Some of the resources had to be used for health security equipment to prevent the institution’s staff from getting infected. Therefore, there was a shortage of other things needed, for example—and this is essential—gasoline for vehicles [used to] transport prosecutors and victims.
Victims in **rural areas lack access to electricity**, and obviously to the **internet or a phone line**... Even in super urban areas, there is an Internet problem. Even more so in rural communities. And that should not be forgotten in the case of Guatemala... So then **what's proposed to be done in virtually in some cases isn’t possible everywhere**
We didn’t have permission to go out after the curfew. Only doctors, prosecutors, and the police could. Also, most of the admissions needed to happen after the curfew, at 5:00 PM or 8:00 PM, so even if we had everything ready, if the person couldn’t get to the shelter before the curfew, then she wouldn’t be admitted.
Implications

▸ GBV system **cannot** sustainably provide poverty & malnutrition alleviation

▸ Perceptions of **impunity** can profoundly alter reporting patterns

▸ **Interplay** between GBV prevention & response system and
  - Transportation
  - Information/communication
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Contact:

- l.vahedi@wustl.edu
- ainteriano@unicef.org
- Twitter: @LuissaVahedi

“At the Root of COVID Grew a More Complicated Situation”: A Qualitative Analysis of the Guatemalan Gender-Based Violence Prevention and Response System during the COVID-19 Pandemic