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Rape, the Silenced Crime in Guatemala

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Magalí Fuentes (as the victim is underage, her real name is not used) was sixteen when she left her home in San Miguel Petapa, a suburban municipality on the outskirts of Guatemala City, and headed for the local stationery shop to buy some materials that she needed for her homework. Little did she suspect that a predator was following her every move.

When a 50-year-old man stopped her in the middle of the street and told her that her aunt, who suffers from hyperglycemia, had fainted and offered to accompany her to the place where she had supposedly been taken, Fuentes felt that there was no reason to be suspicious since he attended the same evangelical church as her family and he was the pastor’s assistant.

However, when they reached the place where her aunt had supposedly been taken, no one was there, just an empty house, and when the young girl realized that she had been deceived it was too late.

The man pushed her inside the house, swiftly locked the door to prevent her from escaping, and warned her that if she dared to scream he would kill her and her entire family. In a sequence of abrupt movements he tore her clothes off and raped her.

Too afraid to utter a word about her terrible ordeal, Fuentes returned home and locked herself in her room without saying a word. Going to church on Sundays became unbearable. "He would stare at me and say awful, nasty things to me," says the young girl in a soft, barely audible voice.

As time went by, her mother and aunt noticed that she had changed and had become quiet and withdrawn. When her pregnancy became obvious after three months, she could no longer hide the terrible truth. In June 2011, six months after Fuentes gave birth to Sergio, who is now a year and a half old and full of energy, her mother accompanied her to the Ministerio Público (MP) to report the rape.

Victims afraid to speak out

Ana Gladis Ollas of the Procuraduría de los Derechos Humanos (PDH)—the Guatemalan human rights office—explains that many women and young girls, such as Fuentes, are afraid to speak out because they have been threatened by their attackers, because they fear they might be stigmatized by their communities, or, in the case of indigenous rural women, because of language barriers and difficulties in accessing health-care centers or the nearest police station where they can seek help. This means, says Ollas, that official statistics do not reflect the true scale of the problem.

In 2011, 4,089 cases were reported to the Ministerio Público, and the departments with the highest number of cases are Guatemala, Alta Verapaz—in the northeast, Quetzaltenango—in the highlands, and Escuintla—in the east.

Although the Ministerio Público’s figures do not specify the victim’s age, Ollas says teenage girls are particularly vulnerable to abuse. The Asociación Guatemalteca de Mujeres Médicas (AGMM) said that, in 2011, the public-health-care service delivered 3,046 births to girls between the ages of 10 and
14. As a law on people trafficking and sexual violence (Ley Contra la Violencia Sexual, Explotación, y Trata de Personas) that came into effect in 2009 considers any type of sexual intercourse with a minor, whether consensual or not, as rape, "this means that these 3,046 cases ought to have been reported and investigated, which did not occur,” says AGMM president Mirna Montenegro.

**Rape is a medical emergency**

The Ministerio de Salud Pública y Asistencia Social (MSPAS) says that only 1,239 rape victims have received medical attention since 2009, meaning between 6% and 9% of those who reported the crime to the authorities.

Adriana Maruri, a psychologist who works with the Doctors Without Borders’ rape-victims’ project, explains that this is highly worrying, as the first 72 hours following the attack are crucially important to prevent unwanted pregnancies and the contagion of HIV/AIDS and other sexually transmitted diseases.

Twenty years ago, Doctors Without Borders began working with the patients who arrived at the Infectious Diseases Clinic and soon realized that many of those who sought treatment were rape victims. After identifying rape as one of the most worrying and neglected medical emergencies in the country, Doctors Without Borders began to offer free medical and psychological help on a 24-hour basis in the San Juan de Dios Hospital in Guatemala City and in the Ministerio Público’s Oficina de Atención a la Víctima. The service is also available in three other health centers that are now being handed over to the public health authorities.

Victims are treated using a kit that includes the morning-after pill, which can prevent an unwanted pregnancy up to 72 hours after the attack, and antiretroviral drugs to prevent HIV and other sexually transmitted diseases.

In 2010, providing medical attention to rape victims became one of the public health-care system’s legal obligations toward all patients, and the MSPAS distributed emergency kits to 24 hospitals across the country. Added to this, 200 public health workers were trained in how to treat rape victims.

However, only two departments—Alta Verapaz and San Marcos—have trained local health workers in treating rape victims since, for now, the authorities lack the necessary resources to train local staff in the remaining 20 departments.

In 2011, an agreement was signed among the MSPAS, the Ministerio Público, and the Instituto Nacional de Ciencias Forenses (INACIF) to improve coordination between the various government bureaus in charge of assisting rape victims. This means, for example, that public health workers should be aware of the correct procedures that must be followed to package the victim’s clothing so that it can be used as evidence in a criminal investigation.

However, according to Doctor Emilio Hernández, head of the Baja Verapaz health area, health workers are still reluctant to report rape cases to the police because they are afraid of being dragged into a lawsuit as witnesses.

Because of a shortage of medical supplies in the public health service, many hospitals have been forced to open the kits to use a specific item, such as the antiretroviral drugs for HIV patients, leaving them incomplete.
Seeking justice

Since 2009, a total of 7,316 rape cases reached the courts but only 5% have resulted in prison terms for the attackers. Claudia Hernández, assistant director of Fundación Sobrevivientes, a local nongovernmental organization (NGO) that provides counseling and legal aid for victims of rape, femicide, and family violence, explains some of the system’s shortcomings. "The INACIF only has one psychologist and one psychiatrist, and they cannot cope with such a huge volume of cases. Also, the reports that they produce are still weak and rely solely on interviews and observation. Another problem is that we still have judges with a misogynist and patriarchal attitude who insist on asking, 'Why didn't the victim scream for help?' or 'Why didn't she immediately report the rape?' and this results in low conviction rates."

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