
Protecting the lives and integrity of women with disabilities detained at the National Mental Health Hospital, Guatemala, through the Inter-American Human Rights System

➔ **By Disability Rights International (DRI)—Guatemala**



Topic area: Legal protection of women with psychosocial disabilities against violence, abuse and exploitation.

Background

DRI is a US based organisation that campaigns for the promotion of human rights and full participation of people with mental disabilities across the world. Using the experience of legal professionals, mental health professionals, human rights advocates, people with disabilities and their families they investigate and document human rights abuses. Their work is helping to improve legal and service systems, assisting governments to develop laws and policies that promote community integration and human rights enforcement for people with disabilities (www.driadvocacy.org/about).

The Federico Mora hospital is Guatemala's only national psychiatric hospital and was recently described by campaigners as "the world's most dangerous mental institution"

(<http://www.bbc.co.uk/news/magazine-30293880>). It houses 334 child and adult patients including 70 violent and mentally-disturbed criminals. Serious concerns were raised about the conditions and treatment (both physical and medical) of patients committed to Federico Mora. In 2008 the hospital was visited by the UN Special Rapporteur on the Right to Health, but neither the government nor the health authorities acted to significantly change conditions. As a result, in 2012 after an eighteen month investigation, DRI filed a precautionary measure petition to the Inter-American Commission on Human Rights (IACHR) with the aim of protecting the physical and sexual integrity of those housed within the hospital. A precautionary measure petition is an approach used to protect human rights when people are at very high risk of their lives or personal integrity. It can only be made when there is sufficient and compelling evidence which includes information that State institutions are either the source of these violations or have failed to stop them happening. If accepted the IACHR will then order the State to adopt urgent measures to protect the people at risk. In this case the petition outlined abuses ranging from arbitrary detention; lack of appropriate supervision; routine physical, sexual abuse and the use of forced contraception; dangerous use of isolation rooms; inadequate and dangerous medical treatment; inhuman and degrading conditions; and a general lack of food and water.

What happened?

From their office in Mexico, DRI began an eighteen-month documentation process to gather firsthand evidence of the abuses taking place within the hospital. They carried out site visits, interviewed staff and patients, met with local advocates and mental health experts and had discussions with government officials. The resulting petition was submitted to the IACHR and the precautionary measures were granted. Since then DRI has held meetings with the IACHR, hospital authorities and

government officials seeking to implement the urgent changes requested by the Commission, with a special focus on actions to protect women from further abuses. The measures that have been discussed include: no new patients admitted to the hospital; the violent and mentally-disturbed criminals to be physically separated from the main hospital; a plan for the deinstitutionalisation of current patients into small group homes to be drafted; and criminal investigations launched into the alleged cases of sexual violence, abuse and exploitation within the hospital.

What worked?

Using precautionary measures was a highly effective way of generating public attention to the abuses being carried out within an otherwise very hidden institution. In particular it has helped create open dialogue with the government of Guatemala over the possibility of stopping the segregation of people with disabilities in institutions in favour of community based services. It also highlighted the widespread presence of violence against women held in the hospital. Women with psychosocial disabilities were found to be at very high risk of sexual abuse and exploitation which made this hospital especially dangerous for women. This is an aspect of violence against women that is rarely investigated and it has helped raise the profile of the vulnerability of women and girls with disabilities in institutions around the region. Although done at considerable personal risk, collecting first hand testimonials from patients and ex-patients ensured the petition was a credible and powerful document.

What changed?

There has been a significant increase in public mass media awareness of the ongoing human rights violations being carried out within the hospital. Bringing the petition to the IACHR also ensured heightened awareness at national, regional and international level. This has

made it more difficult for the government of Guatemala to continue to ignore the issues. Guatemala's government has created an inter-institutional working group to look into how it can comply with the precautionary measures and is now working with the Pan-American Health Organisation (PAHO) to draft a new mental health law. The IAHRRC itself has also created a working group on disability and is now willing to visit Guatemala to supervise the implementation of the precautionary measures.

What did we learn?

To have a real influence on changing the way people with mental disabilities are treated by government and society you need to challenge the system. For that to be successful you have to have solid, reliable documentation and to build up your case with lots of evidence. Challenging this level takes a lot of time—using legal processes, although very effective is time consuming and will not necessarily result in immediate change.

During the negotiation process they learned that to be most effective you have to be open to talk with anyone. Although they sometimes found it difficult to talk with the government they never closed themselves to this opportunity.

There are serious, personal risks from taking up issues like this. Once the hospital became aware of the petition they became quite hostile to visits from DRI. Because of this hostility advocates, medical staff, residents and patients became a lot more wary of providing information and testimonies. Strict levels of confidentiality are now in place. This level of risk needs to be identified from the start. DRI has found it very difficult to partner with DPOs in Guatemala because of their weak capacity, especially in regards to psychosocial disabilities and human rights awareness. This highlights particular areas of need that remain in terms of capacity building of the DPO movement.

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