EIGHTH CONGRESS FOR THE ERADICATION OF SEXIST VIOLENCE FROM HEALTH AND SOCIAL SERVICES

Sexual and reproductive rights

—Proceedings—
21st - 23rd October 2024
Paranymph Hall
Faculty of Medicine
(UB Clínic Campus)
Barcelona

Organised by: Associació Hèlia
With the support of: L'Associació de Drets Sexuals i Reproductius

Steering group: AADAS, CAPS, COIB, Comissió d'Igualtat FMiCS UB, Comissió de Violència Masclista i Salut de l'Hospital Clínic de Barcelona, Creación Positiva, Dones No Estàndards, Equip EMMA, Fundació Àmbit Prevenció-Àmbit Dona, Associació Drets Sexuals i Reproductius, Mujeres Pa'lante, MUET y Unitat d'Igualtat UPF.

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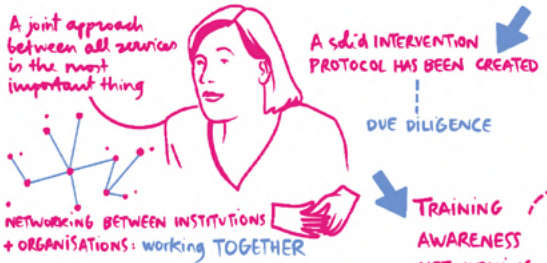
EIGHTH CONGRESS FOR THE ERADICATION OF SEXIST VIOLENCE FROM HEALTH AND SOCIAL SERVICES

Sexual and reproductive rights

FREE PALESTINE

KEYNOTE SPEAKERS

ROSA CODINA
SEXIST VIOLENCE SUPPORT SERVICES AND RESOURCES



DRA. MONTSERRAT PUIG LLOBET
VICE-RECTOR OF EQUALITY + GENDER UB

DRA. RAQUEL SÁNCHEZ-VALLE
MEDICAL DIRECTOR HOSPITAL CLÍNIC BARCELONA

WELCOME ADDRESS

ELISA COVELO ÓNEILL

HIGHLIGHTING THE IMPORTANCE OF SEXUAL AND REPRODUCTIVE RIGHTS in the context of the RISE OF THE RIGHT

8TH CONGRESS for the ERADICATION of SEXIST VIOLENCE from HEALTH and SOCIAL SERVICES

SEXUAL AND REPRODUCTIVE RIGHTS

HEALTH WORK COMMITTEES INTERVENTION

HEALTH WORK COMMITTEES

Dr. MAZEN RANTISI. President of the board

Dra. JAMILEH ABU-DUHOU. Programme and International Relations Director

We are the community health network: NURSES / DOCTORS

HEALTH SERVICES

THEY CAN'T KEEP US DOWN

CHECKPOINTS between AREAS MAKE MOVEMENT of MEDICAL TEAMS IMPOSSIBLE

Arrival at HOSPITALS

HEALTH CARE SITUATION

There is no SEX + REPRODUCTIVE EDUCATION

7 YEARS

The armed forces constantly attack our facilities and offices

MILITARY OCCUPATION − MOVEMENT + GENDER VIOLENCE ↓ ♀ HEALTH

CHALLENGES

- taboo surrounding sexuality
- women's access to clinics
- contraception
- family planning

- medical advice
- psychological support
- support for couples

+ FEMALE DOCTORS CREATE SAFER SPACES

FEMINIST GENEALOGY of SEXUAL and REPRODUCTIVE RIGHTS

whit SILVIA ALDAVERT GARCÍA | Political scientist, feminist activist + SRR defender
Director of the Sexual and Reproductive Rights Association

RESISTANCE, SUBVERSION, FIGHT for FREEDOM

1930s — 2nd REPUBLIC

Secular education
Mixed education
Civil partnership

1936 ABORTION according to the ethical emotional choice of the ♀

SCHOOL OF conscientious MOTHERHOOD

We will attempt to make this law

FEDERICA MONTSENY

FRANCO DICTATORSHIP

♂ to the front
♀ to work

ANGEL of the

CIVIL AND POLITICAL RIGHTS

SRR

1960s

CLANDESTINE ACTIVISM

contraceptive methods and the pill

ASUNCIÓN VILLATORO

FAMILY PLANNING CLINICS

1971

1975 DAIA

FEMINIST SELF-ORGANISATION
personal is political

KATE MILLETT

FIRST CATALAN WOMEN'S CONFERENCE

Work | Family | Politics | Legislation | Sexuality

1976

SUPPORT NETWORKS

FEMINIST DEMANDS

1978 LASAL EDITORIAL

1977

1st FAMILY PLANNING CENTRE
Torre Llobeta ◀◀ Pont de Llobregat

1979

FAMILY PLANNING ASSOCIATIONS CATALONIA+BALEARICS

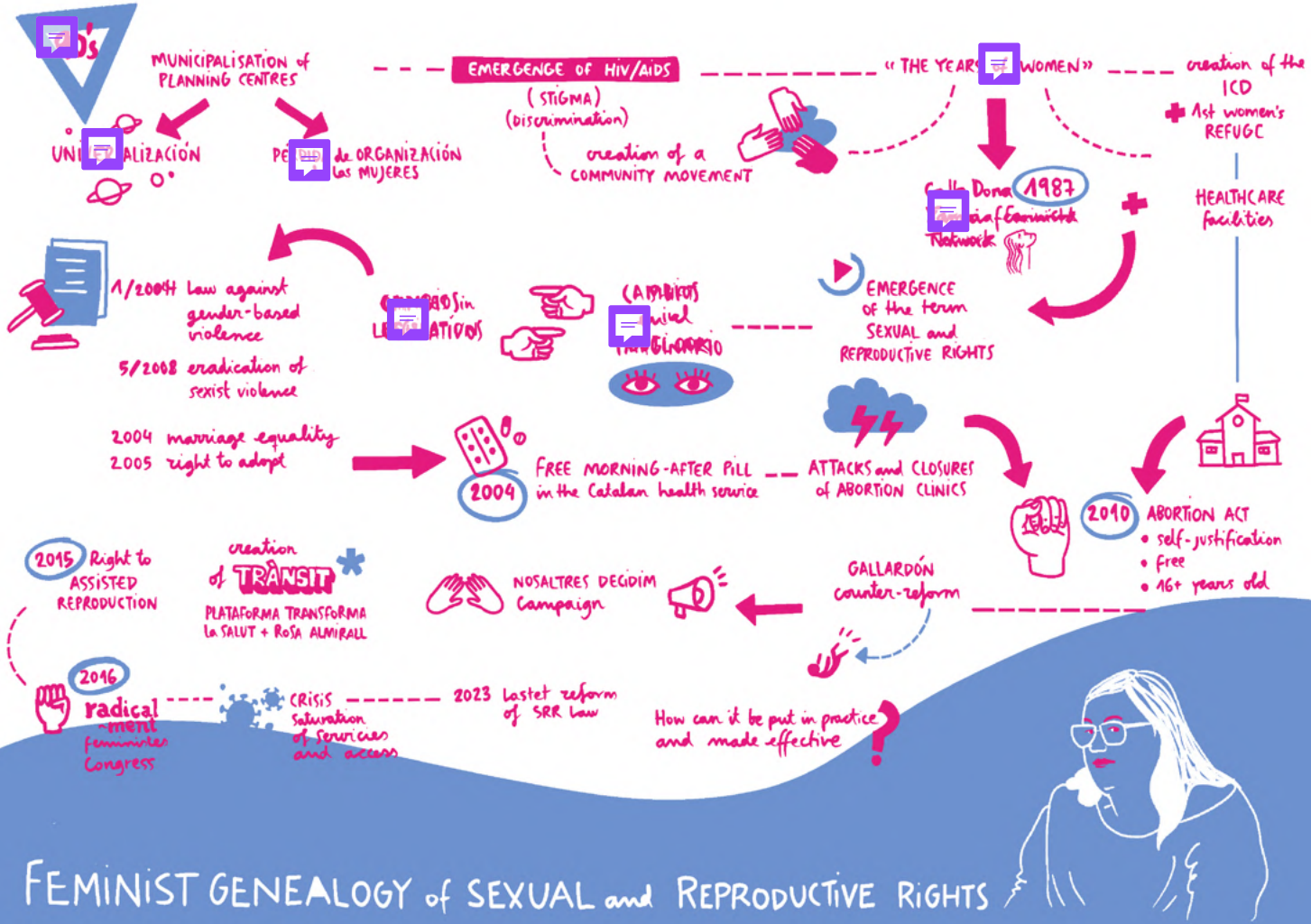
Campaigns for ABORTION

▶ DECRIMINALISATION Organic law 9/1985

▶ PRIVATE CLINICS

▶ Performed at the congress in LLARS MUNDET (BCN)

1980s


MUNICIPALISATION of PLANNING CENTRES
EMERGENCE OF HIV/AIDS
(STIGMA)
(discrimination)
creation of a COMMUNITY MOVEMENT
"THE YEARS WOMEN"
creation of the ICD
1st women's REFUGE
1987
HEALTHCARE facilities
EMERGENCE of the term SEXUAL and REPRODUCTIVE RIGHTS
1/2004 Law against gender-based violence
5/2008 eradication of sexist violence
2004 marriage equality
2005 right to adopt
2004
FREE MORNING-AFTER PILL in the Catalan health service
ATTACKS and CLOSURES of ABORTION CLINICS
2010
ABORTION ACT
• self-justification
• free
• 16+ years old
GALLARDÓN counter-reform
NOSALTRES DECIDIM Campaign
creation of TRANSIT
PLATAFORMA TRANSFORMA la SALUT + ROSA ALMIRALL
2015 Right to ASSISTED REPRODUCTION
2016
radical-ment Feminist Congress
CRISIS Saturation of services and access
2023 Lastet reform of SRR law
How can it be put in practice and made effective ?
FEMINIST GENEALOGY of SEXUAL and REPRODUCTIVE RIGHTS

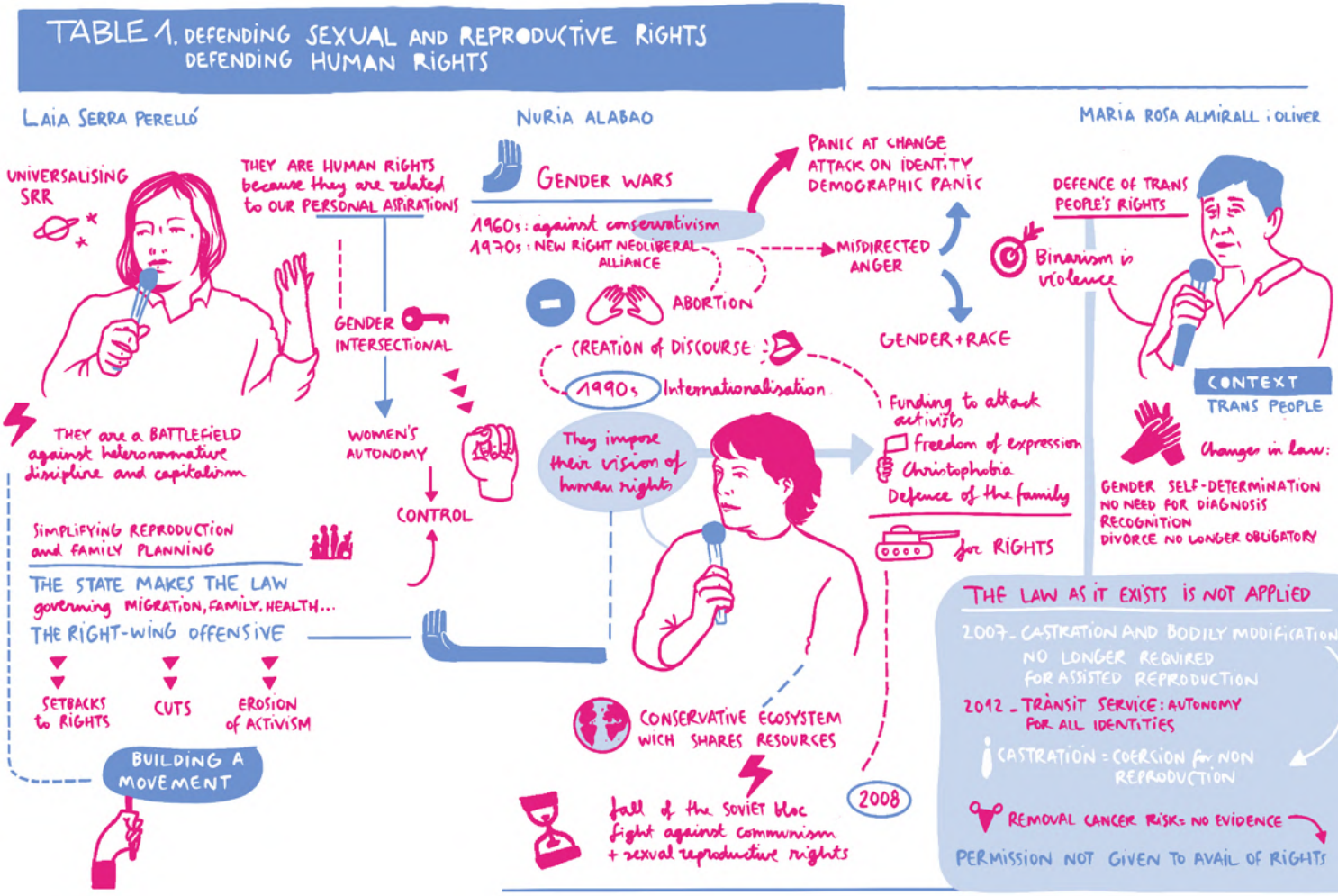


TABLE 1. DEFENDING SEXUAL AND REPRODUCTIVE RIGHTS DEFENDING HUMAN RIGHTS
LAIA SERRA PERELLÓ
NURIA ALABAO
MARIA ROSA ALMIRALL i OLIVER
UNIVERSALISING SRR
THEY ARE HUMAN RIGHTS because they are related to OUR PERSONAL ASPIRATIONS
GENDER INTERSECTIONAL
WOMEN'S AUTONOMY
CONTROL
THEY are a BATTLEFIELD against heteronormative discipline and capitalism
SIMPLIFYING REPRODUCTION and FAMILY PLANNING
THE STATE MAKES THE LAW governing MIGRATION, FAMILY, HEALTH...
THE RIGHT-WING OFFENSIVE
SETBACKS to RIGHTS
CUTS
EROSION of ACTIVISM
BUILDING A MOVEMENT
GENDER WARS
1960s: against conservativism
1970s: NEW RIGHT NEOLIBERAL ALLIANCE
ABORTION
PANIC AT CHANGE
ATTACK ON IDENTITY
DEMOGRAPHIC PANIC
MISDIRECTED ANGER
GENDER+RACE
CREATION of DISCOURSE
1990s Internationalisation
They impose their vision of human rights
Funding to attack activists
Freedom of expression
Christophobia
Defence of the family
for RIGHTS
CONSERVATIVE ECOSYSTEM WICH SHARES RESOURCES
fall of the SOVIET bloc
fight against communism
+ sexual reproductive rights
2008
DEFENCE OF TRANS PEOPLE'S RIGHTS
Binarism is violence
CONTEXT
TRANS PEOPLE
Changes in law:
GENDER SELF-DETERMINATION
NO NEED FOR DIAGNOSIS
RECOGNITION
DIVORCE NO LONGER OBLIGATORY
THE LAW AS IT EXISTS IS NOT APPLIED
2007_ CASTRATION AND BODILY MODIFICATION NO LONGER REQUIRED FOR ASSISTED REPRODUCTION
2012_ TRÀNSIT SERVICE: AUTONOMY FOR ALL IDENTITIES
CASTRATION = COERCION for NON REPRODUCTION
REMOVAL CANCER RISK= NO EVIDENCE
PERMISSION NOT GIVEN TO AVAIL OF RIGHTS

TABLE 1. DEFENDING SEXUAL AND REPRODUCTIVE RIGHTS DEFENDING HUMAN RIGHTS

moderator NAHXELI BEAS *

TRANSFORMING WHAT IS CONSIDERED POSSIBLE

STRATEGIES AGAINST THE RIGHT
- support for activist in their rights
research and resources for comprehension
strategic litigation
HR DEFENDERS: creating a policy figure

MATCH BETWEEN ACTIVISTS WHO ARE PROFESSIONALS + VICE VERSA

TAKING THE INITIATIVE instead of just RESISTING

PROACTIVE DISCOURSE:
- against conscientious objection
- operational hospital committees
- immigration law
- parental PIN

CONCLUSIONS

RESEARCH
CONSOLIDATION
VANGUARD
RECLAIM REBELLION
DECOLONISE SRR
ACTIVATE PRO-RIGHTS STRATEGIES

OWN AGENDA
SELF-AWARENESS
MOBILISE PROFESSIONAL SECTORS

FEMINISM AND GENDER NON-CONFORMISM IS A POLITICAL PROJECT A TO ACTIVATE

RECLAIME DESIRE for RADICAL CHANGE

ANTIRACISM (learn from black feminism)
TRANS RIGHTS

BE + FLEXIBLE
NUANCED
REPRODUCTIVE JUSTICE
TRANSVERSAL STRUGGLE
SPECIFIC RESEARCH ...

include:
sexual pleasure
sex work
LGTBTQI+ policy

FACE-TO-FACE POLICY

PARTICIPANTS

LAIA SERRA PERELLÓ: Criminal lawyer and expert in gender equality, human rights discrimination

NURIA ALABAO: Doctor of Anthropology, coordinator of the feminisms section of Ctxt.es and researcher at GRECS-UB

MARIA ROSA ALMIRALL i OLIVER. Gynaecologist and obstetrician, former director of the Servei Trànsit

NAHXELI BEAS: Lawyer for the Association for Assistance for Sexually Assaulted Women (AADAS)

TABLE 2. FRAMEWORKS AND MODELS OF CARE IN SRR WITHIN HEALTH AND SOCIAL SERVICES

MONTSERRAT VILÀ PLANAS

CARE MODELS in ASSIRs

A NATIONAL STRATEGY has existed since 2019

Developing SEX EDUCATION
Taking responsibility for CARE
Being aware of VULNERABILITY
Recognising DIFFERENCE
Encouraging and expanding AUTONOMY
Non-criminalisation of ABORTION

SRH SUPPORT SERVICE POLICIES

SUPPORT MODEL

centred in the
promoting participation
approachable
fit-for-purpose
community intervention
primary care

CHALLENGES

Reaching people in AT-RISK situations

- migration
- addiction
- imprisonment
- HIV

OBJECTIVES

prevention ♀♂⚧
education
↓ abortion
sexuality = pleasure
awareness of contraceptive methods

UNIVERSAL
ACCESSIBLE
PREVENTION
MULTIDISCIPLINARY CARE
PERSONALISED
EDUCATION

CRISTINA MARTÍNEZ BUENO

JORDI BAROJA BENLLIURE

HOW DOES SUPPORT WORK?

THEY ARE RIGHTS SUBJECTS

There are barriers to reaching out:
Paediatric age
+15 = ADULT AGE IN HEALTH

ADULTISM + PATERNALISM

MATURE MINOR

From 12 to 16 years THEY CAN MAKE DECISIONS

How do we know what mature is?

AGENCY

RECOGNISING WHEN THEY KNOW WHERE TO LOOK

GOING TO AN ASSIR
GETTING INFORMATION
TAKING THE CHANGE

Providing the tools so they can practice SELF-CARE

ASSIR | 346 service points
272 Catalan Health Institute
74 Others

ABBREVIATIONS
SRR: SEXUAL + REPRODUCTIVE RIGHTS
ASSIR: SEXUAL + REPRODUCTIVE HEALTH CARE ASSISTANCE PROGRAMME
SRH: SEXUAL + REPRODUCTIVE HEALTH

TABLE 2. FRAMEWORKS AND MODELS OF CARE IN SRR WITHIN HEALTH AND SOCIAL SERVICES

moderator MONTSERRAT VILÀ PLANAS *

MARÍA LUISA GARCÍA BERROCAL

DETECTING COMPLIANCE WITH DUE DILIGENCE

SRR ARE RIGHTS

- × non discrimination
- → accessibility
- + availability
- ✓ acceptability
- ↑ quality
- ○ sustainability
- III participation
- Q transparency

INSTITUTIONAL VIOLENCE

Obstacles + omissions in access to SRR and QUALITY OF LIFE

THE SYSTEM REPRODUCES

VIOLENCE ESTRUCTURAL

+

It is not a question of the practice of PROFESSIONALS

Demanding REDRESS

"Doing it" is a POLITICAL ACT

OUTDATED PARADIGMS

for compliance with DUE DILIGENCE

SRR

AUTONOMY | DECISION EMPOWERMENT

Reclaim and recognise ourselves as SUBJECTS WITH RIGHTS

RECLAIMING OUR GENEALOGY

CREACIÓN POSITIVA

PREVENTION | SUPPORT | ADVOCACY

CARE

- participation
- knowledge
- reports / analysis
- research
- awareness

BEING ABLE TO TALK ABOUT:

HIV, SEX, DRUGS, DEATH PRISON, RACISM, LESBOPHOBIA *

COMMUNITY AND DIVERSITY WORK

LESBOPHOBIA: ASSIR Report

- INVISIBILITY
- HETERONORMATIVITY
- INSTITUTIONAL VIOLENCE
- PARADIGM OF PRESUMPTION

also towards DISABILITIES

PARTICIPANTS

CRISTINA MARTÍNEZ BUENO
Corporate director, ASSIR Catalonia and Director of Primary and Community Care, Catalan Ministry of Health

JORDI BAROJA BENLLIURE
Director of the CJAS and Head of the youth programme of the Sexual and Reproductive Rights Association

M. LUISA GARCÍA BERROCAL
Coordinator, Creación Positiva

MONTSERRAT VILÀ PLANAS
Director of Associació Hèlia and President of the Unitary Platform Against Gender Violence (PUCVG)

TABLE 3. THE RIGHT TO ABORTION

SÍLVIA ALDAVERT GARCÍA

IMMA CLARÀ VILA

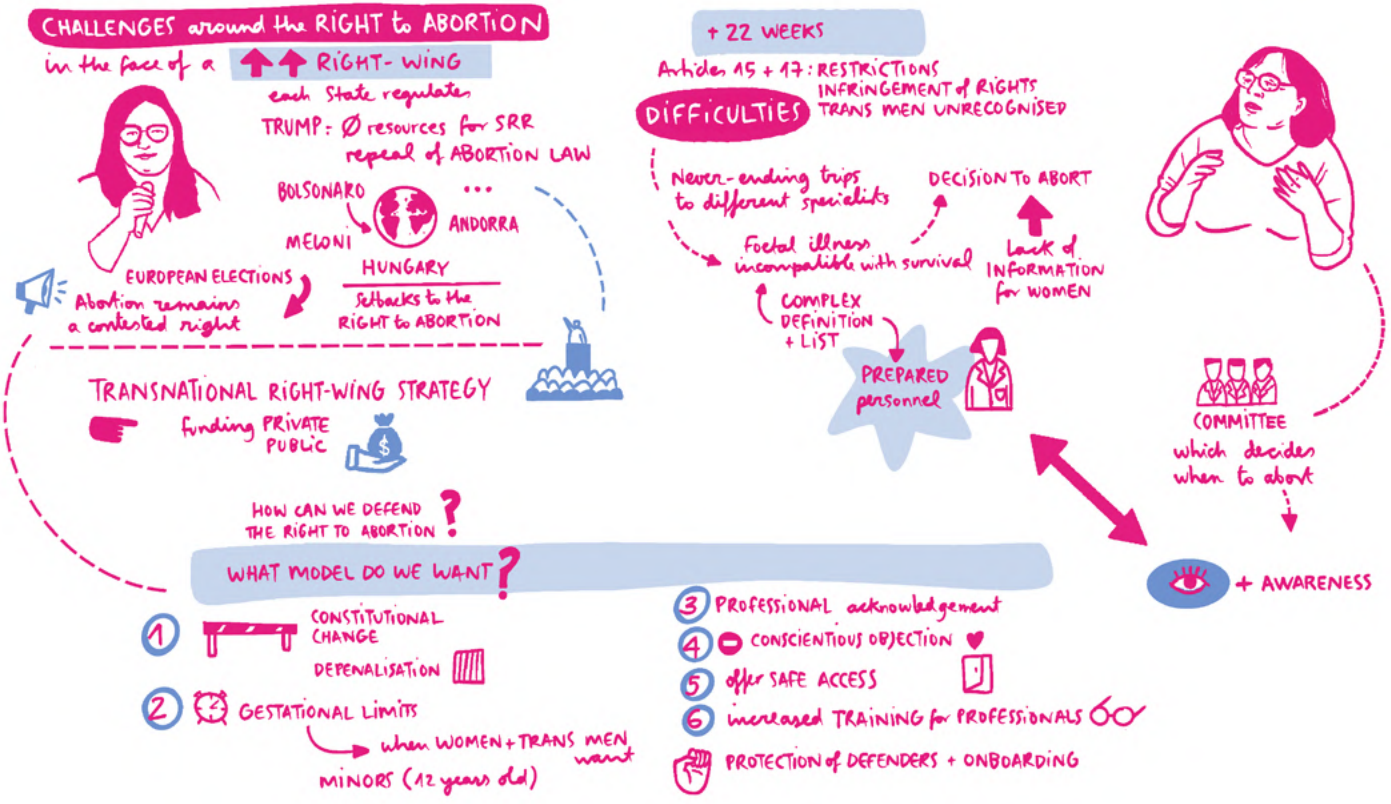


TABLE 3. THE RIGHT TO ABORTION

moderator MONTSERRAT BENITO SORIANO*

JULIA GONZÁLEZ PUERTA

PAU NICOLAU BATALLA

Many women don't know that it is free as a right

ACTION LINES --------- IMPACT ---------- SUPPORT

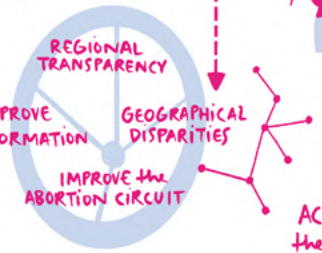
- POLITICAL ADVOCACY
- PROFESSIONAL TRAINNING
- INFORMATION
- SUPPORT

25,000 consultations year
852 pregnancy tests
94% VTP

for all kinds of WOMEN
20,000 women abort

ESSENTIAL that professionals understand the

www.nullawontar.org



Stigma and hurdles are what make it TRAUMATIC

Defending this RIGHT within PUBLIC HEALTH

NEW WAYS OF CARRING OUT VTP

RESEARCH

- ↓ BUREAUCRACY
- SPECIALIST SURGERIES +
- AVAILABLE STAFF
- ENSURING PRIVACY

ABORTION IS NOT A FAILURE

ADMINISTRATIVE BARRIERS

Care requires DIFFERENT RHYTHMS

PARTICIPANTS

SÍLVIA ALDAVERT GARCÍA. Director of the Sexual and Reproductive Rights Association and member of the Campaign for the Right to Free Abortion

IMMA CLARÀ VILA. Pediatrician and president of the Sexual and Reproductive Rights Association

PAU NICOLAU BATALLA. Doctor in gynaecology and obstetrics

JULIA GONZÁLEZ PUERTA. Journalist specialising in gender studies and champion of the "Quiero Abortar" campaign

MONTSERRAT BENITO SORIANO. Activist with Novembre Feminista (Ca la Dona) and member of the Campaign for the Right to Free Abortion

TABLE 4. SEXUAL HEALTH SUPPORT FOR ADOLESCENTS AND YOUNG PEOPLE

moderator REBECA ALONSO*

RAQUEL GÓMEZ RODRÍGUEZ

ANDREA SALVAT SAN AGUSTÍN

We need to rethink the SUPPORT MODEL

ADULTCENTRIC

NEGATES CHOICES

CASTS DOUBT ON STORIES

VICTIMISES

FRAGMENTATION INSTITUTIONAL HIERARCHIES

multiple PROFESSIONALS ... PSYCHOLOGIST, PAEDIATRICIANS, HEALTH, EDUCATION, SPORTS, LAW

PRE)JUDICE

"If you want to have sex, you don't need to make up a crime"

THEY NEED their OWN NETWORK young people are discovering the SUPPORT

HOLISTIC

non victimising — Lets them decide

Recovery — Validates their experience

non judgemental — no hierarchy of violence

PREVENTION OF RISKS

From working with VICTIMS to working with POTENTIAL PERPETRATORS

16 Y.O.

Paradigm regarding capacity for DECISION-MAKING

WHAT'S NEEDED is STRUCTURAL TRANSFORMATION of the SYSTEM

SEXUAL EDUCATION

- Political will
- Resources
- Non-judgemental
- Watch the right-wing!

INTERDEPARTMENTAL MODEL

Creation of SPECIFIC GROUPS
SPECIALIST training and knowledge
Increase PROFESSIONAL assignment
Coordination between PROFESSIONALS

TABLE 4. SEXUAL HEALTH SUPPORT FOR ADOLESCENTS AND YOUNG PEOPLE

ELENA LONGARES

RAQUEL GÓMEZ RODRÍGUEZ

THE CISHETERONORMATIVE SYSTEM

- Ostracises
- Fails to acknowledge violence and its victims
- Non-inclusive + unwelcoming for adolescents

PROTOCOLS
SCIENTIFIC KNOWLEDGE
SEGMENTATION

CONFIDENTIALITY IS IMPOSED ⇄ RESPONSIBILITY to take action

INFRINGEMENT of right to DISCRETION in informing families

ISOLATION — Distance

PATHOLOGISATION — Segmentation of non-conformity

COMPREHENSIVE CARE doesn't reach LGBTQI+ YOUNG PEOPLE

GAINING our SPACES through SOCIAL ACTIVISM

WORKING WITH LGBTQI+ PEOPLE

CRUILLES SERVICE
Access for all with a HEALTH CARD

RESPECTING EXPLORATION of SEXUALITY
SUPPORT for FAMILIES
NETWORKING between ORGANISATION and COMMUNITIES

SHORTFALLS that we find

1. ADOLESCENTS adapt to SERVICES
2. Lack of EMPATHY towards them
   STEREOTYPES: Lazy, rude, impressionable
3. Policy of FEAR, alarm. RISK
4. Lack of APPROACHABLE SERVICES

PREVENTION STRATEGIES

- STI Test
- 2/3 use

NEEDS

- Accessibility
- Communication
- Geographical equity
- Improved hours
- On-the-spot attention
- Confidentiality
- Safety
- Welcoming spaces
- Consultation hotlines

CHANGING our OUTLOOK

From OBJECTS of PROTECTION to SUBJECTS with RIGHTS

ACTIONS with an IMPACT

PARTICIPANTS

RAQUEL GÓMEZ RODRÍGUEZ
Psychologist and coordinator of the Espai Lila of the CJAS

ANDREA SALVAT SAN AGUSTÍN
Psychologist in mental health services at Team EMMA, Vall d'Hebron Hospital

ELENA LONGARES HERNÁNDEZ
Activist and Health of the Cruilles service supporting LGTBIQA+ adolescents at the CJAS

REBECA ALONSO
Community outreach worker, AADAS

TABLE 5. OBSTETRIC VIOLENCE

EVA VELA MARTÍNEZ ISABEL MUNTANÉ SERENA BRIGIDI

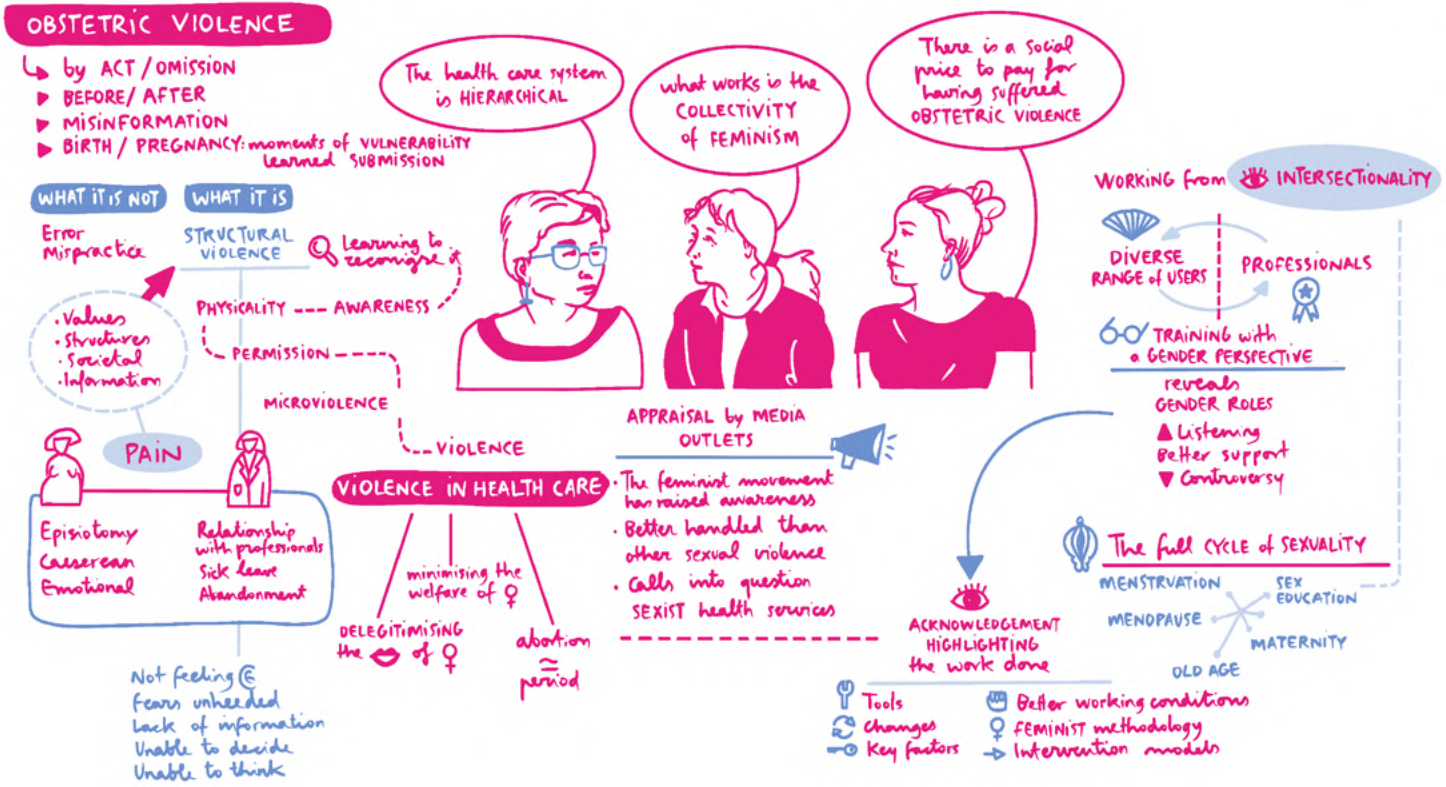


TABLE 5. OBSTETRIC VIOLENCE

moderator MARTA BUSQUETS GALLEGO

DEFINITION:
The intervention may be impeccable clinically but violent if it doesn't respect your rights

BEING INFORMED can't be left to LUCK

REAPPRAISE PRIVILEGE

CHILDBIRTH=VULNERABILITY

The IMMIGRANT POPULATION doesn't have = RIGHTS E.g: Lleida

INTERSECTIONAL

putting CARE at the centre

Talking about MATERNITY SEXUALITY VIOLENCE

How does SEXUAL VIOLENCE affect birth?

cuida@gencat

MATRONS ♥ TRAINING

- Don't take GENITALITY for granted
- physical practice during birth
- acknowledging each person's chosen PRONOUN

TAKING CHARGE of our RIGHTS

DIVERSITY | VIOLENCE | QUEER BIRTH

Working to improve
Working to provide

institutional health care
REDRESS for OBSTETRIC VIOLENCE
PSYCHOLOGICAL
PHYSICAL
EMOTIONAL

PREVENTION
those who exercise it against ♀

PARTICIPANTS

EVA VELA MARTÍNEZ
Midwife. Sexual and Reproductive Health Care Assistance (ASSIR)
Vice-president of the Sexual and Reproductive Rights Association

ISABEL MUNTANÉ
Journalist and feminist activist.
Coordinator of the Master's Degree in Communication at the UAB

SERENA BRIGIDI
Doctor of Medical Anthropology
Member of CAPS - RedCAPS
President of the Obstetric Violence Observatory

MARTA BUSQUETS GALLEGO
Lawyer specialising in gender and SRR
President of Dona Llum

Organised by

In conjunction with

With the support of