

Training of sexual assault health care providers – national curriculum development

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Background

- DFID-funded project
- Met provincial managers and identified experts
- National authors: limited to few identified experts in the country
- Reviewed by local and international experts
- Matters of dispute: literature, reached consensus through discussions with national and international experts
- Still some gaps and lack of evidence for practice
- Further discussed with stakeholders at second meeting
- Presented programme and content for opinion and comments

Review of national training programmes

- “Informal” small group training. Aimed at junior doctors but sometimes other parties involved
- Few doctors specialising in forensic medicine
- Post-grad training for nurses
- DOHs have various programmes: 2 days to 11 days
- Focus on forensic medicine and legal aspect
- Limited focus on psychological care, chronic care and follow-up
- Practical component varied

Review of international training programmes

- Desktop review
- Developed countries: USA, Canada, Australia, UK
- Developing countries: either no training or not easily available (Kenya)
- Standards have been developed (USA)
 - Minimum of 40 hours academic instruction
 - Assessments included (written exams)
 - Substantial clinical components
- Strong emphasis still on forensic examination & legal aspects
- Limited counselling materials included
- Questionable evaluation of training curricula

Proposed training curriculum

- 10 day contact training
- Participant's manual
- Facilitator's manual with guidelines on learning objectives, activities per session, aim of activities, presentation of activities, tools
- Teaching approaches
 - Powerpoints
 - Video clips
 - Photo galleries
 - Individual and group exercises
 - Documentation completion
 - Mock trials
- Either split or two consecutive weeks
- Practical component

Programme

- Day 1:
 - Social context of sexual assault
- Day 2:
 - Sexual rights
 - Sexual Offences and the law
- Day 3:
 - Communication skills
 - Initial approach to sexual assault survivor
- Day 4:
 - Mental health care
- Day 5:
 - Prevention and management of pregnancies, infectious diseases (STI, tetanus, hepatitis) and HIV infection
 - Supporting adherence

- Day 6:
 - Medical examination of adults
 - Special examination
 - Examination of survivors with special needs
 - Non-genital injuries
- Day 7:
 - Medical examinations of children
 - Evidence collection
- Day 8:
 - Medical and legal documentation
- Day 9:
 - Legal requirements and processes of law
 - Expert testimony
- Day 10:
 - Follow up care
 - Monitoring and evaluation of services
 - Vicarious trauma

Focus on communication

- Not just providing information but ensuring that information is correct and that the survivor can comprehend
- Teach the principles of good communication
- Reinforced with role plays
- Checklists as tools
- Information booklet as supporting document
- Three rounds:
 - Basic communication skills
 - Mental health
 - Information on pregnancy, infectious diseases and HIV
- Assessed by peers and then facilitator with feedback provided

Improving documentation

- Incomplete or poorly completed documentation makes it difficult to defend the case in court
- Provided details of documentation requirements
- Review of completed J88 forms (Tracking Justice Study)
- Complete J88 form
- Facilitator marks completed forms and returns to individual participants with feedback

Mock trials

- Nervous, anxious, fear court system
- Even when well-completed J88 form, still need to know skills of how to present and defend findings in court
- Principles of law and legal process explained
- Discuss court proceedings
- Four participants asked to volunteer
- Mock trial with prosecutor and defence advocate
- Review/Comments/Feedback after each trial

Mental health care

- No curriculum has made provision for this
- Often feared by doctors and nurses
- Care provided by psychologists and psychiatrists
- Move towards care provided at PHC level
- Culturally inappropriate
- Complicated and takes long

- Use of video clips and role plays to strengthen skills in cognitive behaviour techniques
- Immediate care
- In-vivo exposure
- Imaginal exposure

Evaluation of the training

- Completion of evaluation forms on a daily basis
- Pre and post intervention study
 - Two components (with subcomponents)
 - Quantitative
 - Self administered questionnaires before and twice after training
 - Knowledge questionnaire before and after training
 - Pre test: 27 (Range: 13 – 49)
 - Post test: 35 (Range: 17 – 54) $p < 0.01$
 - Qualitative
 - Ethnographic research in two sites
 - Mental health care needs in children

What did we achieve?

- Authors from across the country
- Local and international experts as reviewers
- Integrated some of the overlaps
- Variety of teaching methods and styles
- Covered needs of groups with special needs
- Reviewers were able to resolve disputes
- Obtained opinions on controversial issues
- Successfully piloted
- Well received

Challenges

- Time limitation to remove providers from services: adaptation of programme
- Ongoing support for future training
- Strengthen practical component
- Accreditation and recognition

Thank you