Training of sexual assault health care providers – national curriculum development

Ruxana Jina
Project Leader
MRC Gender and Health Research Unit
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 trail 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