



INTERNATIONAL
RESCUE
COMMITTEE

Clinical Care for Sexual Assault Survivors

The IRC multimedia training toolkit

Clinical Care for Sexual Assault Survivors

A Multimedia Training Tool

Facilitator's Guide



Introduction to the Training Tool

- The CCSAS Multimedia training tool was produced in 2008 by the International Rescue Committee (IRC) and the University of California, Los Angeles (UCLA).
- A multi-country evaluation of the CCSAS tool was carried out in 2012.
- This evaluation showed that further training on psychosocial care approaches was needed for health workers to provide quality support to survivors during their medical exams

Cont.

- Then the new toolkit has been reviewed and the PSS toolkit was added to the 2018's kit aiming to respond to these specific gaps in the CCSAS multi-media training tool.
- In 2014, IRC has worked through the support from UNFPA and other actors translating the toolkit into Arabic, with more consideration to the cultural context issues.

Cont.

- The goal of this multimedia educational program is to **improve clinical** care for and general treatment of sexual assault survivors by providing medical instruction and encouraging **competent, compassionate, confidential** care.
- The training is not meant to teach basic medical information; it is **a skills based training** designed to help medical professionals and clinic staff better communicate with and serve survivors of sexual assault.
- The program is intended for both **clinical care providers** and **non-clinician health** facility staff.
- It is designed to be delivered in a group setting with facilitators guiding participants through the material and directing discussions and group participation as appropriate.

The Toolkit is divided into five sections

1. What Every Clinic Worker Needs to Know.
2. Responsibilities of Non-Medical Staff.
3. Direct Patient Care.
4. Preparing Your Clinic.
5. Forensic Examination.

The first two are intended for a general **(non-clinician)** audience. *Section 3* and *Section 5* are intended for **clinical care providers** and contain graphic images inappropriate for untrained personnel. *Section 4: Preparing Your Clinic* is intended to guide participants through the process of **assessing the current situation** and developing an action plan for the improvement of services for sexual assault survivors.

Section 1: What Every Clinic Worker Needs to Know

Participants will be able to:

- Explain why sexual assault is **underreported**.
- Name the universal **human rights** which are particularly important for sexual assault survivors.
- Give an example of how these rights can be realized in their work.
- Define the terms “**sexual assault**” and “rape” and explain why the term sexual assault is used in this training.

Section 2: Responsibilities of Non-Medical Clinic Staff

Participants will be able to:

- Name the public health **consequences of sexual assault.**
- Describe how **compassion, competence and confidentiality** can help the survivor begin to heal.
- Demonstrate appropriate ways to **protect survivors' human rights.**

Section 3: Direct Patient Care

Section 3a: Receiving the patient and preliminary assessment

Participants will be able to:

- Describe the purpose of the **preliminary assessment**.
- Describe what **treatment** you would offer to a patient who is being referred to a higher level facility before she leaves your care.
- Follow **the clinical pathway** to ensure that the key elements of care are provided.

Section 3: Direct Patient Care

Section 3b: Obtaining informed consent and taking the history

Participants will be able to:

- Describe the **purpose of obtaining informed consent**.
- Demonstrate how to **properly obtain informed consent** and fill out the form.
- Explain what to do if a survivor **refuses to give consent**.
- List the **elements of the health history**.
- **Demonstrate active listening skills**.

Section 3: Direct Patient Care

Section 3c: Performing a physical exam

Participants will be able to:

- Describe how to give the survivor **control over the examination**.
- Describe how to **use information from the history to guide the exam**.
- Determine when a **speculum exam** is needed.
- Describe the cause and the **signs and symptoms of fistula**.
- Explain the importance of **correct documentation**.
- Demonstrate how to correctly **fill out the medical exam form**.

Section 3: Direct Patient Care

Section 3d: Treatment and disease prevention

Participants will be able to:

- List the **elements of treatment** for survivors.
- Describe the use of **emergency contraception**.
- Describe which patients should be **offered PEP** and list the patient teaching messages.
- Describe how you would approach a survivor who came to you **6 months after a sexual assault**.
- Describe common **reactions to sexual assault and demonstrate** the ability to express compassion for what the survivor is feeling.
- Describe when the survivor should come back **for follow up** and what should be addressed at each follow up visit.

Section 3: Direct Patient Care

Section 3e: Caring for male survivors

Participants will be able to:

- Describe how **male** survivors may **react to a sexual assault**.
- Describe how to **communicate** with a male survivor.
- Explain what physical **response men can experience** during an assault and how this may make them feel.
- Describe signs to look for during the **male genital exam**.

Section 3: Direct Patient Care

Section 3f: Caring for child survivors

Participants will be able to:

- Describe the issues involved in getting **consent** for the examination of a child.
- List the **information you need** to gather from a child survivor.
- Discuss what it means to always put the **best interest of the child** first.
- Describe under what conditions it would be inappropriate to **perform a genital exam** on a child.
- Explain why it is impossible to test for **virginity**.
- Explain at what age a girl should be **offered ECP** if vaginal penetration has occurred.
- Describe what treatment you would offer for a child survivor.
- Demonstrate how to advise parents/guardians on a child's **possible reactions to sexual assault**.

Section 4: Preparing Your Clinic

- Map out **current patient flow** and response to sexual assault survivors and identify areas for improvement.
- Describe the information needed to adapt **the protocol** to your local setting.
- Describe what **referral resources** are needed for sexual assault survivors.
- Determine what **resources** are currently **missing** in your **referral network** and develop a plan for filling gaps and improving communication between the various organizations.
- Describe what resources are available at the country level to support CCSAS.
- Use the **checklist** to develop a draft work plan **improving facility practices** to meet standards for CCSAS and the adaptation and implementation of the CCSAS protocol.

Section 5: Collecting Forensic Evidence

- Describe the reasons for **collecting forensic evidence**.
- Describe the **types of forensic evidence** that can be collected.
- Describe **proper packaging** of samples.
- Explain why evidence collection should be done as soon as possible after the assault and what activities in particular reduce the quality of the evidence.
- Describe the process of **consent for a survivor wishing to have evidence** collected.

Exercises within the toolkit

1. Compassion, Competence and Confidentiality
Role Play
2. Informed Consent
3. Active Listening
4. Documenting the Examination
5. Talking with Suicidal Patients
6. Responding to Common Emotional Reactions
7. Prescribing Treatment
8. Tracing a Survivor's Route
9. Developing an Action Plan

Handouts

1. Learning Objectives for Sections.
2. Compassion, Competence and Confidentiality
3. Learning Objectives.
4. Clinical Pathway Diagram.
5. Informed Consent .
6. Active Listening.
7. Female Anatomy
8. Female Genital Cutting.
9. Vaginal Wet Prep Instructions.

Handouts –Cont.

10. Documenting the Examination.
11. Medical History and Examination Form
12. Emergency Contraception.
13. PEP for HIV.
14. WHO Recommended STI Treatment CPGS.
15. Male Anatomy.
16. Responding to Common Emotional Reactions

Handouts –Cont.

- 17. Prescribing Treatment .
- 18. Timing and Treatment .
- 19. Help-Seeking Referral Pathway.
- 20. Checklist for Clinical Care(Tracing a Survivor's Route).
- 21. Notes on Using Translators.
- 22. Action Plan for Preparing Your Clinic.
- 23. Assessment, and history forms.

PSYCHOSOCIAL TOOLKIT

accompanying Resource to the CCSAS Multimedia Training



The sections in the psychosocial toolkit are meant to

- Help health care providers develop the **skills** to **confidently** and **competently** respond to the **psychosocial needs** of sexual assault survivors when they seek treatment in a healthcare facility.
- Enable providers to establish **a relationship of trust** with survivors. The set up of the toolkit allows facilitators to pick and choose topics to enhance their training on psychosocial care according to the specific needs of the training participants
- Please note that this toolkit **is not** a training module on **comprehensive case management** or complete psychosocial care. Instead, it **reinforces** the theme of **survivor-centered care**, which shows compassion for survivors while giving health care providers practical tools to understand, engage, assess, and refer survivors to relevant follow up care

Topic in the PSS toolkit

This toolkit is divided into seven topics and contains lectures, discussions, exercises and handouts, relevant to each training topic.

1. Introduction to **Gender based violence**.
2. Understanding the **consequences of GBV**.
3. Survivors **centered** communication skills. .
4. Different roles, different goals: helping survivors **access services**.
5. Survivors **centered** communication with children.
6. Special considerations working with **male survivors**.
7. **Self care for providers**.

Selection of Participants

- Eligible participants can be the PHC, RH doctors, nurses, midwives, and other specialists working in RH centres and other health care facilities like health posts ,ER clinics, BeMONC, Cemonc.
- Based on the level of knowledge the length of the training can be decided.
- Social workers and other staff working in protection, women centres can be considered to be in the training.
- The pre and post evaluation tests will be conducted to measure the gained knowledge and skills.

CCSAS facilitators

- Facilitators should have basic clinical knowledge of how to care for sexual assault survivors.
- They should feel comfortable talking about the sensitive issues that will be discussed during the training and they should also feel comfortable facilitating group discussions.
- Most of all, they need to understand and adhere to the basic principles of respect and confidentiality which will apply to the group being trained as well as to the survivors they serve.
- Co-Facilitators from protection and WPE programs to support and enrich the PSS part and lead the groups work and PSS sections.
- The maximum size of a training group should be 15-20 persons. It is recommended that 2 facilitators present the training module, particularly for groups larger than 8 - 10 persons.

Training Agenda

- The most commonly used training schedule is three full days, although it can be challenging to cover the material in that time
- . However, it is also possible to spread it out over a week or more so that health workers can participate with minimal disruption to patient care.

CLINICAL CARE FOR SEXUAL ASSAULT SURVIVORS - FACILITATOR'S AGENDA DAY ONE

TIME	CONTENT	METHOD	RESOURCES
8:30–9:00	INTRODUCTION <ul style="list-style-type: none"> • Introduction to the training • Introduce the participants • Establish code of conduct • Logistics (if necessary) 	<ul style="list-style-type: none"> • Present overall objectives written on a flip chart • Icebreaker (from the facilitator's guide or use your own) • Present need for sensitivity, confidentiality; sharing valued but not required. • Write out code of conduct on flip chart and post in room. • Discuss lodging, per diem, meals, schedule, etc. as needed. 	<input type="checkbox"/> Flip chart of objectives (prepared in advance) <input type="checkbox"/> Flip chart, markers <input type="checkbox"/> Name tags <input type="checkbox"/> Paper for "parking lot"
9:00–9:30	PRE-TEST		<input type="checkbox"/> Pre/post test
9:30–10:30	1. WHAT EVERY CLINIC WORKER NEEDS TO KNOW <ul style="list-style-type: none"> • Introduction • The global burden of sexual assault • How cultural beliefs affect survivors • Survivors' universal rights 	<ul style="list-style-type: none"> • Read objectives for section 1 from handout • Read through introduction slides and review terminology • DVD and group discussion • True-False exercise on DVD (see alternative questions in <i>Content Notes</i>) 	<input type="checkbox"/> Handout: Learning Objectives for Sections 1 and 2 <input type="checkbox"/> Flip chart with Survivors' Rights written out <input type="checkbox"/> If using alternative questions, write out in advance on flip chart
15 minute break			
11:00–12:30	2. RESPONSIBILITIES OF NON-MEDICAL STAFF <ul style="list-style-type: none"> • The harmful effects of sexual assault • What you can do: compassion, competence and confidentiality 	<ul style="list-style-type: none"> • Read objectives for section 2 from handout • DVD and group discussion • Case studies on DVD • Introduce Exercise 1 and assign groups before lunch 	<input type="checkbox"/> Handout: Exercise 1
Lunch			
1:30–2:30	<ul style="list-style-type: none"> • Compassion, competence and confidentiality (cont) • Wrap up sections 1 and 2 	<ul style="list-style-type: none"> • Exercise 1: Compassion, Competence and Confidentiality Role Play (40 min) • Discuss role plays, summarize key points 	
2:30–4:15	3: DIRECT PATIENT CARE <ul style="list-style-type: none"> • Introduction • Receiving a survivor • Preliminary assessment and referral • Informed consent • Taking the history 	<ul style="list-style-type: none"> • Introduce clinical section, read objectives • Case studies on DVD • Exercise 2: Informed Consent (10 min) • Exercise 3: Active Listening (30 min) 	<input type="checkbox"/> Handout: Learning Objectives for Sections 3 and 5 <input type="checkbox"/> Clinical Pathway Wall Diagram <input type="checkbox"/> Handout: Clinical Pathway <input type="checkbox"/> Handout: Informed Consent <input type="checkbox"/> Handout: Exercise 3
4:15–4:30	Wrap up, daily evaluation		<input type="checkbox"/> Daily evaluation forms

CLINICAL CARE FOR SEXUAL ASSAULT SURVIVORS - FACILITATOR'S AGENDA DAY TWO

TIME	CONTENT	METHOD	RESOURCES
8:30 – 9:30	3: DIRECT PATIENT CARE (cont.) <ul style="list-style-type: none"> • Performing a survivor led physical exam • Common injuries and possible complications (including fistula) 		<input type="checkbox"/> Supplies to continue Clinical Pathway Wall Diagram <input type="checkbox"/> Handout: Female Anatomy <input type="checkbox"/> Handout Female Genital Cutting <input type="checkbox"/> Handout Vaginal Wet Prep
9:30 – 10:15	<ul style="list-style-type: none"> • Documenting the history and physical examination 	<ul style="list-style-type: none"> • Exercise 4: Documentation (30 min) 	<input type="checkbox"/> Handout: Medical History and Examination Form <input type="checkbox"/> Handout: Documentation Guidelines
15 minute break			
10:30 – 12:30	<ul style="list-style-type: none"> • Treatment and disease prevention: preventing pregnancy, STIs, HIV and other infections 	<ul style="list-style-type: none"> • DVD and group discussion • Case studies on DVD 	<input type="checkbox"/> Resources: Local treatment guidelines or WHO guidelines <input type="checkbox"/> "Rape treatment kit" for display <input type="checkbox"/> Handouts: HIV PEP and ECP and STI treatment information
Lunch			
1:30 – 2:30	<ul style="list-style-type: none"> • Delayed treatment principles • Mental health issues • Patient discharge and follow up care 	<ul style="list-style-type: none"> • Exercise 5: Talking to Suicidal Patients (5 min) (optional) 	
2:30 – 3:10	<ul style="list-style-type: none"> • Caring for male survivors 		<input type="checkbox"/> Handout: Male Anatomy
15 minute break			
3:30 – 4:15	<ul style="list-style-type: none"> • Responding to common emotional reactions 	<ul style="list-style-type: none"> • Exercise 6: Responding to Common Emotional Reactions (45 min) 	<input type="checkbox"/> Slips of paper with emotions – see description of Exercise 6
4:15 – 4:30	Wrap up, daily evaluation		<input type="checkbox"/> Daily evaluation forms

CLINICAL CARE FOR SEXUAL ASSAULT SURVIVORS - FACILITATOR'S AGENDA DAY THREE

TIME	CONTENT	METHOD	RESOURCES
8:30 – 9:45	3: DIRECT PATIENT CARE (cont.) ♦ Caring for young survivors	♦ DVD and group discussion ♦ Case studies on DVD	
9:45 – 10:15	♦ Treatment options	♦ Exercise 7: Prescribing Treatment (30 min)	<input type="checkbox"/> Handouts: Exercise 7: Case Studies & Timing and Treatment
15 minute break			
10:30 – 11:15	5: FORENSIC EVIDENCE ♦ Collecting forensic evidence	♦ DVD and group discussion (shortened version)	<input type="checkbox"/> Evidence collection kit for display (if appropriate)
11:15 – 12:30	4: PREPARING YOUR CLINIC ♦ Assessing your clinic's resources ♦ Tracing a survivor's route	♦ DVD and group discussion ♦ Exercise 8: Tracing a Survivor's Route (45 min)	<input type="checkbox"/> Handout: Checklist for Clinical Care <input type="checkbox"/> Flip chart paper, pens, glue, tape, etc.
Lunch			
1:30 – 2:00	♦ Building a referral network	♦ DVD and group discussion	<input type="checkbox"/> Handout: Help-Seeking Referral Pathway
2:00 – 3:00	♦ Developing an action plan to improve clinical care for sexual assault survivors	♦ DVD and group discussion ♦ Exercise 9: Developing an Action Plan (60 min)	<input type="checkbox"/> Handout: Exercise 9: Action Plan
3:00 – 3:30	♦ Return to the topic raised earlier: Caring for yourself and your staff	♦ Short exercise: Discuss self-care with a partner (5 min)	<input type="checkbox"/> Review materials in the CCSAS Psychosocial Toolkit
15 minute break			
3:45 – 4:15	POST TEST		<input type="checkbox"/> Pre/post test
4:15 – 4:30	Wrap up, Final evaluation		<input type="checkbox"/> Final evaluation forms

The multi-Media training Videos-PPTs



The Main Menu is accessible as its own screen at the beginning of the DVD and subsequently by clicking on the Menu button at the top right hand corner of the screen.

Navigate forward or backward from screen to screen by clicking on the yellow arrows at the bottom right hand corner of the screen.



The *Direct Patient Care* section contains a sub-menu with several sub-sections. You can navigate to any of these from the *Direct Patient Care* menu.



Subtitle
Control

This is the play/
pause button. When
pausing click the
box once and click
on the box again to
restart the video
from the same
point.

This is the progress bar
for the video. It shows
how far you are into
the video and how
much is still to come.
To jump to a later point
in the video you can
click on a point in the
bar. The length of each
video segment is
provided in the content
notes (Chapter 3).

Volume
Control

The yellow arrows
allow you skip to
the next slide in the
DVD.

**CLICKING ON
THIS ARROW
DURING A
VIDEO WILL TAKE
YOU OUT OF THE
VIDEO CLIP.**

CCSAS Versus CMR

- More PSS areas incorporated in the CCSAS to promote the survivors centered approach.
- CMR meant to be specific for health providers .
- CMR focuses more on the medical part.
- CCSAS training toolkit contains more interaction sessions that will help the audience to understand the care flow and the integration of health and PSS services.

The IRC Online CCSAS training Platform

<https://ircelearning.talentlms.com/unit/view/id:3336>

The IRC Online CCSAS training Platform

<https://ircelearning.talentlms.com/unit/view/id:3336>

Online CCSAS multimedia toolkit

The CCSAS toolkit in different languages is available online

<http://ccsas.iawg.net/>

Password to access the material once the download is completed is

harmtohome

Reference Resources

WHO Clinical Management of Rape Survivors (2004) (English, French, Arabic)

UNHCR Guidelines for Sexual & Gender Based Violence (2003)

IASC GBV Guidelines (2005) (English, French, Arabic)

RHRC Emergency Contraception (2004) (English, French)

WHO Sexually Transmitted and other Reproductive Tract Infections (2005)

IASC Guidelines on Mental Health & Psychosocial Support (2007)