Clinical Management of Rape and Intimate Partner Violence Survivors

Updated eLearning

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Overview

- CMR-IPV Guideline and e-Learning Program
- Review of CMR-IPV eLearning Modules
- How the e-Learning Fits into Overall CMR-IPV Capacity Building: Opportunities & Limits
- How to Access the eLearning
- Next Steps
- Questions
Clinical Management of Rape and Intimate Partner Survivors

**Purpose:** To provide step by step guidance for best practices in clinical management of rape and intimate partner violence survivors

**Audience:** Health care providers

**Developed by:** UNFPA, UNHCR and WHO to meet needs for those working in humanitarian settings

This is an update, not a revision, of the Clinical Management of Rape (2014) guidance. There are no substantive changes, only updates that are reflected in existing guidelines on addressing rape and intimate partner violence.
Guidance and Resources

- Currently available in:
  - Somali
  - Bengali

- Availability of French and Spanish language versions in early 2022
Participant Poll

- Is the updated Clinical Management of Rape and Intimate Partner Violence Survivors guidance known and used in your context?
CMRIPV eLearning

- Focuses on developing participant understanding and knowledge of the updated CMRIPV guidelines.
- Contains videos, presentations, vignettes, and quizzes
- Total of 5 learning modules. Approximately 5.5-7 hours in duration
- Currently available to all partners on WHO iLearn in English. Available on Open WHO learning platform for health emergencies and Disaster Ready in early 2022
- Availability of Arabic and French eLearning in early 2022
Who Can Benefit from the eLearning?

Health Actors

- Clinical management of rape
- Caring for IPV Survivors
- Facility Preparedness Requirements
- Assessing Mental Health and Common Conditions
- Special considerations for child and male survivors

Protection Actors

- LIVES First-line support
- Health Communication
- Timely healthcare referral and follow-up
- Considering national laws and policies

Interagency Coordination Actors

- GBV in Humanitarian Settings
- Minimum Health Service Standards
- Multisectoral Linkages
CMRIPV eLearning Modules

Introduction

- LIVES First-line Support
- Intimate Partner Violence (IPV)
- Clinical Management of Rape (CMR)
- Mental Health and Psychosocial Support
Module 1: Introduction

- Factors contributing to increased sexual violence and IPV in humanitarian settings
- Barriers to health care access and under-reporting for survivors
- Facility preparedness requirements and needs checklist for health providers
- Considering the national laws and policies
- Responsibilities of health providers
- Coordinated multi-sectoral response
- Developing a facility level protocol
Module 2: LIVES First-line Support

- Addresses practical, emotional, material and safety concerns
- Is consistent with Psychological First Aid
- Should be offered to all survivors
# Module 3: Clinical Management of Rape Survivors

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>Listen, Inquire about Needs &amp; Concerns, &amp; Validate the Survivor</td>
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<tr>
<td>Step 2</td>
<td>Obtain Informed Consent and Prepare the survivor</td>
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<td>Step 3</td>
<td>Take the History</td>
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<td>Step 4</td>
<td>Perform the Physical and Genito-anal Exam</td>
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<td>Step 5</td>
<td>Provide Treatment</td>
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<td>Step 6</td>
<td>Enhance Safety and Refer for Additional Support</td>
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<tr>
<td>Step 7</td>
<td>Assess Mental Health and Provide Psychosocial Support</td>
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<tr>
<td>Step 8</td>
<td>Provide Follow-Up Care</td>
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CMR: Key Updates

Forensic Evidence

- Recognition that forensic evidence collection is often not available
- Full information in Annex but no longer a Step
- Emphasis on good documentation

Treatment and Follow-Up

- Treatment protocols updated to latest evidence
- Follow up at 2-weeks, 1-month, 3-months, and 6-months
- More emphasis on referrals, psychosocial support, and safety
Module 4: Intimate Partner Violence

- Step 1: Listen, Inquire about Needs and Concerns, and Validate
- Step 2: Identify whether she may be experiencing IPV
- Step 3: Provide Physical Care
- Step 4: Enhance Safety and Refer for Support
- Step 5: Assess Mental Health and Provide Psychosocial Support
- Step 6: Document Her Visit
Module 5: Mental Health and Psychosocial Support

- Role of the health provider
- Information about normal reactions to traumatic events
- Basic psychosocial support
- Assessment of mental health conditions: Depression, Suicide and Self-harm, PTSD, Somatic Complaints
# How the e-Learning Fits into Overall CMR-IPV Capacity Building

## Opportunities
- A good foundation in understanding CMR-IPV intervention requirements and approaches
- Reaches a wide (e.g. global, remote) audience of healthcare and non healthcare providers
- Complements other learning approaches and mechanisms

## Limitations
- Online training certification alone will not guarantee competences as CMR-IPV service provider. Additional coaching and support is required.
- No opportunity to practice skills with master trainers or gain clarification on challenging skills/concepts
How to Supplement the eLearning for Other Capacity Building Efforts

- Non-clinical Health Workers
  - Module 1 and 2 recommended
  - Support eLearning content with adapted facility level CMRIPV protocols, treatment algorithms, and updated interagency referral pathways

- Health program managers/coordinators should refer to the CMRIPV guidelines to inform the development of CMRIPV facility level protocols including physical examination forms, treatment protocols, and other job aids
How to Supplement the eLearning for Other Capacity Building Efforts

- Child Protection/GBV Case Workers
  - Module 1 and 2 recommended, supplement this content with essential information from Modules 3, 4, and 5 regarding
    - Preventive care treatments for rape survivors within 72 and 120 hours of disclosure and essential follow-up care
    - Patient rights to privacy, confidentiality, and denial of treatment and mandated reporting regulations pertaining to health workers
    - Availability of safe abortion and forensic evidence collection at health facility, per national laws and regulations
    - Support eLearning content with updated interagency SOP and referral pathway
    - Explore culturally appropriate health communication messages to improve community awareness regarding health consequences of sexual violence and IPV, when to consult a health care provider, and available services
How to Access the eLearning

External users, who do not possess a WHO WIMs account, may access the eLearning:

**Step 1:** Register as a new iLearn user: [https://bit.ly/3E7I1j5](https://bit.ly/3E7I1j5)

**Step 3:** Log in to iLearn with your email address and password

**Step 4:** Search for training “Clinical Management of Rape and Intimate Partner Survivors”

**Step 5:** Access your training record
Next Steps

- Guideline available in English, Arabic, Bengali, and Somali. Availability of French and Spanish in early 2022
- E-Learning currently available on WHO iLearn in English. Availability of English, Arabic, and French E-Learning in early 2022 on WHO iLearn, Open WHO, and Disaster Ready.
- Interagency rollout under development including webinars, workshops, and events. 25 CMRIPV master trainers trained by UNHCR, UNFPA, and WHO in 2020.
Next Steps: UNFPA

- Boost UNFPA’s leadership role in CMR-IPV response and capacity building
- Continue regional and COs roll-out taking opportunities to collaborate where possible
- Strengthen a global pool of multilingual CMR-IPV trainers
- Include CMR-IPV e-learning in UNFPA LMS for and make it mandatory training for relevant programme staff
- Strengthen quality assurance of CMR-IPV programming in pilot countries
Next Steps: UNHCR

● Joint trainings on CMR-IPV with UNFPA and WHO
● CMR-IPV included in training on Comprehensive SRH in Humanitarian Settings
● Promote e-learning for health and protection staff through community of practice, UNHCRs Learn and Connect, Emergency Deployment Training
● Continue joint protection and health assessments of CMR services accessed by refugees
● Continue to monitor with iRHIS in camp/settlement settings access, coverage, quality and timeliness of services
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