Clinical Care for Sexual Assault Survivors
The IRC multimedia training toolkit
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.
• 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.
• 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.
5. Informed Consent.
6. Active Listening.
7. Female Anatomy
8. Female Genital Cutting.
Handouts –Cont.

10. Documenting the Examination.
11. Medical History and Examination Form
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.
20. Checklist for Clinical Care (Tracing a Survivor’s Route).
22. Action Plan for Preparing Your Clinic.
23. Assessment, and history forms.
PSYCHOSOCIAL TOOLKIT
companying 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.
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<thead>
<tr>
<th>TIME</th>
<th>CONTENT</th>
<th>METHOD</th>
<th>RESOURCES</th>
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</thead>
<tbody>
<tr>
<td>8:30–9:00</td>
<td>INTRODUCTION</td>
<td>• Present overall objectives written on a flip chart</td>
<td>• Flip chart of objectives (prepared in advance)</td>
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<td></td>
<td>• Introduction to the training</td>
<td>• Icebreaker (from the facilitator’s guide or use your own)</td>
<td>• Flip chart, markers</td>
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<td></td>
<td>• Introduce the participants</td>
<td>• Present need for sensitivity, confidentiality, sharing valued but not</td>
<td>• Name tags</td>
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<td>• Establish code of conduct</td>
<td>required.</td>
<td>• Paper for “parking lot”</td>
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<td>• Logistics (if necessary)</td>
<td>• Write out code of conduct on flip chart and post in room.</td>
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<td>• Discuss lodging, per diem, meals, schedule, etc. as needed.</td>
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<td>9:00–9:30</td>
<td>PRE-TEST</td>
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<tr>
<td>9:30–10:30</td>
<td>1. WHAT EVERY CLINIC WORKER NEEDS TO KNOW</td>
<td>• Read objectives for section 1 from handout</td>
<td>• Handout: Learning Objectives for Sections 1 and 2</td>
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<tr>
<td></td>
<td>• Introduction</td>
<td>• Read through introduction slides and review terminology</td>
<td>• Flip chart with Survivors’ Rights written out</td>
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<td></td>
<td>• The global burden of sexual assault</td>
<td>• DVD and group discussion</td>
<td>• If using alternative questions, write out in advance on flip chart</td>
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<td>• How cultural beliefs affect survivors</td>
<td>• True-False exercise on DVD (see alternative questions in Content</td>
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<td>• Survivors’ universal rights</td>
<td>Notes)</td>
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<td>15 minute break</td>
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<tr>
<td>11:00–12:30</td>
<td>2. RESPONSIBILITIES OF NON-MEDICAL STAFF</td>
<td>• Read objectives for section 2 from handout</td>
<td>• Handout: Exercise 1</td>
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<td></td>
<td>• The harmful effects of sexual assault</td>
<td>• DVD and group discussion</td>
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<td></td>
<td>• What you can do: compassion, competence</td>
<td>• Case studies on DVD</td>
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<td></td>
<td>and confidentiality (cont)</td>
<td>• Introduce Exercise 1 and assign groups before lunch</td>
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<td></td>
<td>Lunch</td>
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<tr>
<td>1:30–2:30</td>
<td>• Compassion, competence and confidentiality (cont)</td>
<td>• Exercise 1: Compassion, Competence and Confidentiality</td>
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<td></td>
<td>• Wrap up sections 1 and 2</td>
<td>Role Play (40 min)</td>
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<td>• Discuss role plays, summarize key points</td>
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<td>2:30–4:15</td>
<td>3: DIRECT PATIENT CARE</td>
<td>• Introduce clinical section, read objectives</td>
<td>• Handout: Learning Objectives for Sections 3 and 5</td>
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<td></td>
<td>• Introduction</td>
<td>• Case studies on DVD</td>
<td>• Clinical Pathway Wall Diagram</td>
</tr>
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<td>• Receiving a survivor</td>
<td>• Exercise 2: Informed Consent (10 min)</td>
<td>• Handout: Clinical Pathway</td>
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<td>• Preliminary assessment and referral</td>
<td>• Exercise 3: Active Listening (30 min)</td>
<td>• Handout: Informed Consent</td>
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<td></td>
<td>• Informed consent</td>
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<td>• Handout: Exercise 3</td>
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<td>• Taking the history</td>
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<td>4:15–4:30</td>
<td>Wrap up, daily evaluation</td>
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<td>• Daily evaluation forms</td>
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</table>
| 8:30 – 9:30 | 3: DIRECT PATIENT CARE (cont.)  
• Performing a survivor led physical exam  
• Common injuries and possible complications (including fistula) | Exercise 4: Documentation (30 min)          | □ Supplies to continue Clinical Pathway Wall Diagram  
□ Handout: Female Anatomy  
□ Handout Female Genital Cutting  
□ Handout Vaginal Wet Prep |
| 9:30 – 10:15 | Documentation the history and physical examination                |                                               | □ Handout: Medical History and Examination Form  
□ Handout: Documentation Guidelines |
| 10:30 – 12:30 | Treatment and disease prevention: preventing pregnancy, STIs, HIV and other infections | DVD and group discussion  
Case studies on DVD | □ Resources: Local treatment guidelines or WHO guidelines  
□ “Rape treatment kit” for display  
□ Handouts: HIV PEP and ECP and STI treatment information |
| Lunch     |                                                                        |                                               |                                                                           |
| 1:30 – 2:30 | Delayed treatment principles  
Mental health issues  
Patient discharge and follow up care | Exercise 5: Talking to Suicidal Patients (5 min) (optional) | □ Handout: Male Anatomy |
| 2:30 – 3:10 | Caring for male survivors                                           |                                               |                                                                           |
| 3:30 – 4:15 | Responding to common emotional reactions                            | Exercise 6: Responding to Common Emotional Reactions (45 min) | □ Slips of paper with emotions – see description of Exercise 6 |
| 4:15 – 4:30 | Wrap up, daily evaluation                                           |                                               | □ Daily evaluation forms |
# CLINICAL CARE FOR SEXUAL ASSAULT SURVIVORS - FACILITATOR’S AGENDA DAY THREE

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<tr>
<th>TIME</th>
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<tbody>
<tr>
<td>8:30 – 9:45</td>
<td><strong>3: DIRECT PATIENT CARE (cont.)</strong></td>
<td>• DVD and group discussion</td>
<td>Handouts: Exercise 7: Case Studies &amp; Timing and Treatment</td>
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<td>• Caring for young survivors</td>
<td>• Case studies on DVD</td>
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<tr>
<td>9:45 – 10:15</td>
<td>Treatment options</td>
<td>• Exercise 7: Prescribing Treatment (30 min)</td>
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<tr>
<td>10:30 – 11:15</td>
<td><strong>5: FORENSIC EVIDENCE</strong></td>
<td>• DVD and group discussion</td>
<td>Evidence collection kit for display (if appropriate)</td>
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<td>• Collecting forensic evidence</td>
<td>(shortened version)</td>
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<td>11:15 – 12:30</td>
<td><strong>4: PREPARING YOUR CLINIC</strong></td>
<td>• DVD and group discussion</td>
<td>Handout: Checklist for Clinical Care</td>
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<td>• Assessing your clinic’s resources</td>
<td>• Exercise 8: Tracing a Survivor’s Route (45 min)</td>
<td>Flip chart paper, pens, glue, tape, etc.</td>
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<td>• Tracing a survivor’s route</td>
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**15 minute break**

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<th>TIME</th>
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<tr>
<td>1:30 – 2:00</td>
<td><strong>Building a referral network</strong></td>
<td>• DVD and group discussion</td>
<td>Handout: Help-Seeking Referral Pathway</td>
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<tr>
<td>2:00 – 3:00</td>
<td><strong>Developing an action plan to improve clinical care for sexual assault survivors</strong></td>
<td>• DVD and group discussion</td>
<td>Handout: Exercise 9: Action Plan</td>
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<td>• Exercise 9: Developing an Action Plan (60 min)</td>
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<td>3:00 – 3:30</td>
<td><strong>Return to the topic raised earlier:</strong></td>
<td>• Short exercise: Discuss self-care with a partner (5 min)</td>
<td>Review materials in the CCSAS Psychosocial Toolkit</td>
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<td>Caring for yourself and your staff</td>
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**15 minute break**

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<tr>
<td>3:45 – 4:15</td>
<td><strong>POST TEST</strong></td>
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<td>Pre/post test</td>
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<tr>
<td>4:15 – 4:30</td>
<td>Wrap up, Final evaluation</td>
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<td>Final evaluation forms</td>
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29

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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.
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).

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
IASC GBV Guidelines (2005) (English, French, Arabic)
WHO Sexually Transmitted and other Reproductive Tract Infections (2005)