

Community-based Medical Care for Survivors of Sexual Assault: Building the Evidence

Mihoko Tanabe
Reproductive Health Program
Women's Refugee Commission

Research. Rethink. Resolve.

Background

- Increased risk of sexual violence for women and girls in crisis settings, with subsequent risks.
- Medical care for those who have survived sexual violence can be limited.



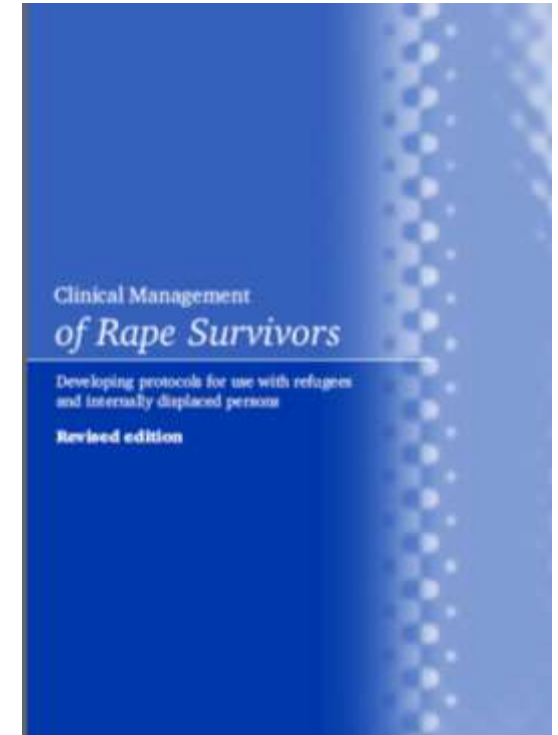
Pilot study questions

- Can community-based medical care be a **safe and feasible option of care** for survivors of sexual assault in a setting where insecurity and other challenges act as barriers to facility-based care?
- What are the challenges to providing care in this manner?



WHO protocol for clinical care for survivors of sexual assault

- Minimum medical examination
- Minimum forensic evidence
- Compassionate and confidential treatment
- Comprehensive treatment



Pilot project

- Community health workers to provide clinical care as defined by WHO protocol
- Partners
 - Global Health Access Program (GHAP)
 - Burma Medical Association (BMA)
 - Karen Department of Health and Welfare (KDHW)



Pilot project

- Build off an existing task-shifting model for maternal health care:
 - GHAP's MOM (Mobile Obstetric Maternal Health Workers) Project and tiered system:
 - Maternal health workers
 - Health workers
 - Traditional birth attendants (TBAs)
- Four sites, Karen State, Burma



Ethical and practical questions

- Developing a feasible and practical community-based package of care per existing protocol, evidence and logistical constraints.
- Maintaining confidentiality and security for participants.
- Thinking through legal ramifications of community-based care.
- Ensuring “do no harm”.



Overcoming ethical and practical challenges

- Engaging in training and sensitization.
- Focusing on medical care.
- Providing minimum care per WHO protocol.
- Reducing documentation in the field and spelling out information sharing procedures.
- Keeping the pilot small.



End-line activities

- In-depth interviews with key stakeholders
- Focus group discussions among:
 - Pilot site health workers
 - Non-pilot site health workers trained in clinical care
 - Traditional birth attendants (TBAs)
 - Community members, primarily women of reproductive age and men



Preliminary findings

- Health workers showed eagerness in educating lower cadres (TBAs) and the community about GBV, sexual assault and the availability of care.
- Health workers demonstrated knowledge of clinical care.
- Concept of confidentiality was well understood.
- Health worker safety was not reported as a concern.
- Domestic violence was discussed within the scope of sexual assault.

The community does not know, but they need to know that GBV is a serious issue that has caused deaths...Now we know more about GBV and treatment, and can provide care and information to the community.

Pilot site health care worker



Discussion

- Lack of survivors reporting is a major barrier to assessing safety of the approach.
- More awareness-raising is needed to inform communities on the benefits and availability of care.
- TBA and community feedback to be available for analysis in October 2011.

Before, health workers and community members were not interested in GBV because they thought it was a normal occurrence. The health workers wanted to run away from the topic. Now they are very interested, know more and have more experience.

CBO staff



Next steps

- Expand and sensitize communities to increase likelihood of survivors reporting.
- Cold chain may allow the project to explore more than minimum care.
- Possible replication of the pilot in other crisis-affected settings to further the evidence-base.
- Provision of PEP by community health care workers is a key component of post-rape care in settings with higher HIV prevalence.

Violence will happen any time. If we can introduce to other areas, the health workers can prevent consequences for survivors.

CBO staff



Acknowledgements

- Sandra Krause, Women's Refugee Commission
- Tom Lee, Catherine Lee, Jennifer Leigh and Keely Robinson, GHAP
- Burma Medical Association
- Karen Department of Health and Welfare
- Basia Tomczyk, Centers for Disease Control and Prevention
- Members of Sub-working Group on Community-based Care for Survivors of Sexual Assault
- Community health care workers of pilot study
- Community members in pilot sites





Research. Rethink. Resolve.

womensrefugeecommission.org