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Developing intimate partner violence training for LMIC providers

A UMMS researcher is working with the World Health Organization (WHO) to develop and evaluate a healthcare provider and student training curriculum on intimate partner violence and sexual assault among women in lower-resource countries.

Emergency Medicine, Family Medicine, and Internal Medicine/Hospital Medicine Clinical Assistant Professor Vijay Singh was part of a WHO-funded project to create violence against women (VAW) training specifically for healthcare providers and students in low- to middle income countries (LMIC). After helping develop the curriculum, Singh traveled earlier this year to Ghana to pilot the training to a few hundred medical students at a UMMS partner institution.

"There are studies showing that VAW is more prevalent in low- to middle-income countries, but there are few if any trainings on it for healthcare providers and students," said Singh, MD, MPH, a member of the UM Injury Prevention Center. "By increasing the level of healthcare response through training, you can potentially have a positive impact on women's health as healthcare represents a likely point of intervention."

Singh was asked in 2015 to be part of an international working group tasked with taking existing WHO clinical guidelines on identifying and responding to VAW and modifying those practices for LMIC settings. The current guidelines were largely developed with data from high-resource settings, and the WHO hopes to make available a culturally and contextually appropriate version applicable to most LMIC settings. While signs and symptoms of intimate partner violence and sexual assault might be universal, the response varies widely depending the setting and availability of resources.

"In the United States, I can help a patient call a national crisis hotline or the local emergency shelter, call local police services if she wants to make a report, or I can refer the patient to mental health resources if needed. However, in many parts of the world, some or all of these resources might not be available," said Singh. "Yet even if there are few public resources available, a healthcare provider or student can still listen, inquire about help needed, and validate a survivor's experience. The healthcare provider or student can serve as first-line support."

Singh and other scholars from around the world gathered last year to discuss and agree upon LMIC-specific training content. The final draft curriculum for healthcare students has eight modules, including a survivor story, focused discussion, and provider-patient communication videos to demonstrate how to sensitively identify and respond to VAW survivors.

During program development, colleagues from Johns Hopkins University piloted a longer version of the trainings to healthcare provider groups in South America, the Caribbean, and West Africa. Singh went to Kumasi, Ghana, in February to pilot the curriculum among more than 200 first-year medical students at Kwame Nkrumah University of Science and Technology (KNUST). He also provided trainings to nearly 80 physicians, resident physicians, nurses, midwives, and a hospital chaplain at the KNUST-affiliated Komfo Anokye Teaching Hospital, with which [UMMS has a longstanding relationship](#).

The two-hour training session was well-received by both KNUST leadership and student participants. Preliminary analyses of pre- and post-training surveys indicated increased preparation, confidence, and knowledge about VAW identification. Qualitative and informal feedback showed the healthcare providers and students appreciated the survivor story and the provider-patient communication activities.

The pilot helped refine the curriculum before a final draft was submitted to the WHO. For example, while the healthcare providers and students reported enjoying the role-play scenarios that developed or expanded their communication skills, the exercise needed revisions to better explain the concept of role-play not frequently used in those medical education settings. The final draft program has videos that demonstrate provider-patient communication and give the opportunity for trainees to comment on and potentially apply the scenario to their work setting.

WHO officials hope to disseminate the curriculum to LMIC medical schools, nursing schools, midwifery schools, and current practice settings for healthcare providers.

"I'm sure there will be some modification to our final draft curriculum, and I anticipate the WHO will formalize the curriculum as a resource that healthcare providers and students everywhere can use," Singh said. "No matter the healthcare setting, this training can be a good starting point for providers and students. It's a way to increase awareness, empathy and ultimately capacity-building for VAW survivor services around the world."

Tags:

[Ghana](#)



Clinical Assistant Professor Vijay Singh leads medical students at Ghana's Kwame Nkrumah University of Science and Technology through a training session on identifying and addressing intimate partner violence and sexual assault among women.



Singh works with KNUST nursing staff to pilot the new WHO-funded training program.