

Establishing Sexual Assault Care Centres in Belgium: health professionals' role in the patient-centred care for victims of sexual violence.

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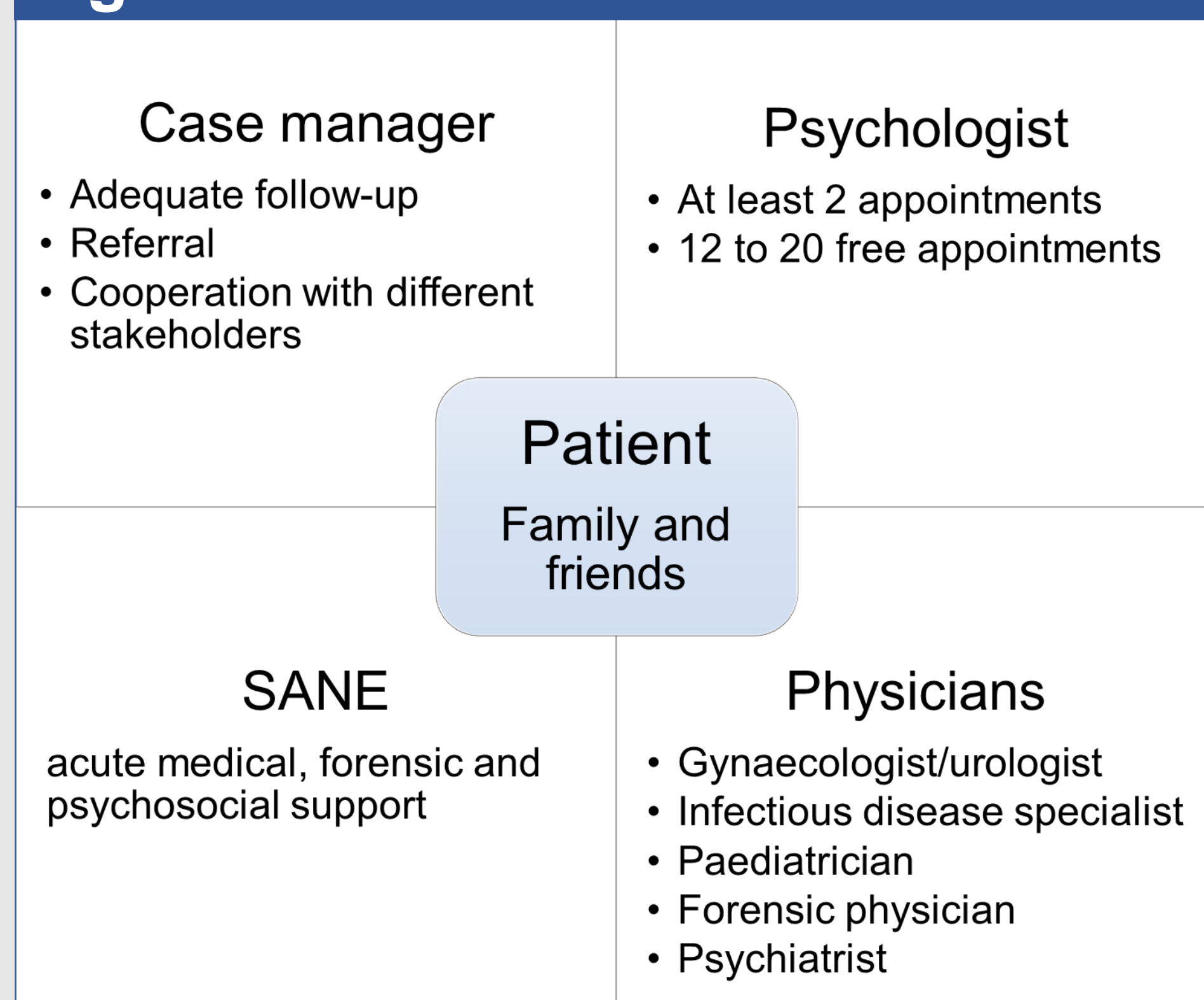
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Background

- Belgium ratified the Convention of Istanbul in 2016, committing itself to the foundation of Sexual Assault Care Centres (SACCs).
- The intended SACC model aims to provide acute and follow-up care at one place provided by one central health professional supported by a team of specialist professionals, as recommended by the WHO (see Figure 1).

Figure 1: Intended SACC model



Study aim

- Evaluate the care for victims of sexual violence (SV) in Belgian hospitals anno 2016
- Formulate recommendations for the intended model

Methods

Survey design

The survey consisted of four parts scrutinizing:

- The Belgian experts' profile
- Their knowledge of, experience with and attitude towards SV
- The content of their hospital's general policy against violence and their care for victims.
- Their appreciation of the support for victims of SV, the cooperation with other instances and the foundation of SACCs

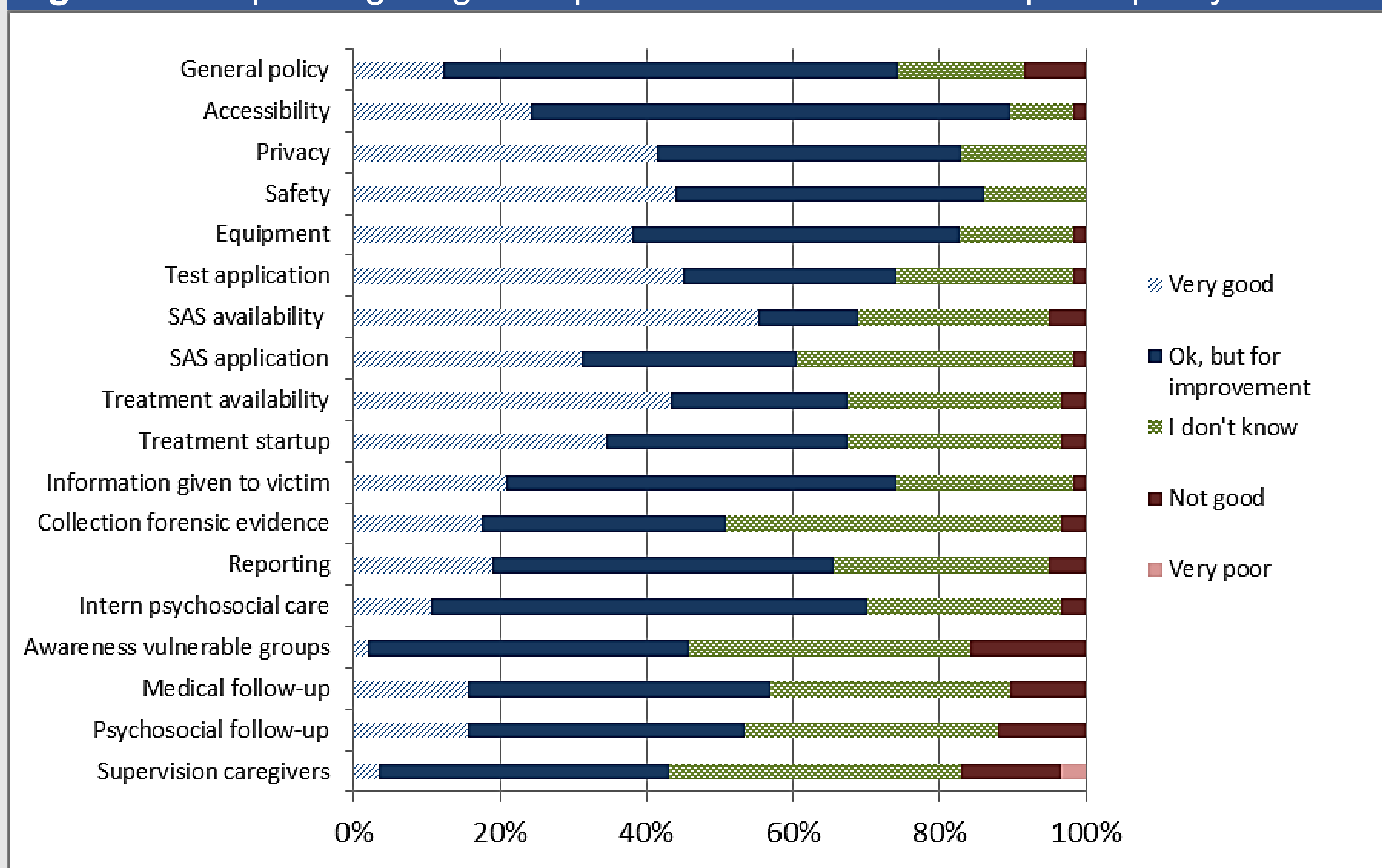
Data collection

- April 2016 – November 2016
- 17 Belgian hospitals attached to an ARC(-hub)
- 156 key health professionals of the department of emergency medicine, gynaecology, urology, psychiatry, paediatrics, the ARC and social service.

Data analysis

- Open questions' responses were coded using the Framework Method.
- Answers were integrated in IBM SPSS Statistics 23.
- Comparison of the findings to the recommendations from international guidelines, good practices in recent literature and existing SACC models.

Figure 2: Responding Belgian experts' evaluation of the hospital's policy



Results

Responding Belgian experts' profile

- 60 key health professionals completed the survey
- Participants were social assistants, psychologists, head nurses or physicians.

Knowledge of and experience with victims of SV

- Responding health professionals underestimate the magnitude of the problem of SV in Belgium
- Participants have little experience with SV and low presumption of SV among their patients.
- Lack of supervision, education and training in the care for victims of SV.
- Important repercussion of caring for victims of SV on their emotional well-being.

Care for victims of SV anno 2016

- Fragmented health care and lack of accessibility:
 - Many different health professionals involved
 - Limited psychosocial care
 - Follow-up inadequately organised
 - Focus on medico-legal concerns and forensic examination only upon police audit
- Minimal support for family and relatives of SV victims.

Appreciation of a SACC

- Best approach for victims and caregivers.
- Uncertainty in the participants' hospital will to modify its protocol to the national policy and its ability to give adequate psychosocial care and follow-up.

Conclusion

- Essential in providing patient-centred health care is an extensive and continuous education, training and supervision of caregivers working in SACCs.
- Support for family, relatives and caregivers should be taken into account.
- Imperative to improve the access to care:
 - Continuous education of every health professional, regardless their relationship to a SACC, on the care for victims of SV
 - A good collaboration with other institutions e.g. the police, law enforcement, hospitals, support groups and general practitioners.
- Necessity of further research on effective support and training measures, general practitioners' role and the KAP of every health professional.
- At the end a specific Belgian SACC model, adjusted to the health care system anno 2016 was developed for piloting.

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