Lessons Learned Evaluating Sexual Assault Treatment Centers in Ethiopia

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Evaluation Design and Objectives

Study Purpose
To best evaluate the success of this model and inform ongoing clinic adaptation, a performance evaluation addressed the following objectives:

What barriers hindered efficient delivery of a comprehensive care model for survivors of sexual assault?

How has a coordinated care model facilitated access to legal and psychological services?

How can implementation be improved to better meet the medical, legal, and psychosocial needs of patients?

Data Collection

Study Design & Process

Finding Design and Evaluation

Provider Attitude and Knowledge

- In Adama, 80% of providers received training in the past year, and 40% received child-specific training.

- In Hawassa, no providers have received training in the past year, and no providers received child-specific training.

- In Adama, 40% of providers feel overburdened, and all providers work 2-3 jobs. 80% of Adama providers are not paid for their clinical services.

- In Hawassa, providers feel overburdened, and all providers work multiple jobs. Providers contend, however, that their pay is insufficient.

Findings Medical

- The Addis OSC contained large quantities of necessary supplies: it lacked small-sized capsules, surgical packs, proposed collection kits, and supplies.

- The Hawassa OSC contained 90% of necessary supplies: it lacked small-sized capsules, surgical packs, and other supplies. Most of these supplies could be borrowed from the OSU 60% at the Hospital.

- There is a marked lack of accurate medical documentation at both clinics. Using 50% standardized templates improves completeness.

Findings Legal

“Is it not a diagnosis? It is a decision by the court.” —Key informant interview

- Medical and legal providers predict that over 90% of clients are referred to OSC by police.

- A representative of the Addis PROCEDE office stated that OSC has increased cases presenting to court and conditions of perpetrators. Nonetheless, community awareness remains prevalent.

- Medical forensic evidence is not collected at either clinic site, as the Ethiopian courts have no procedures for including this evidence in trials.

- The ESSS-contracted template asked clinicians to determine “...whether penetration had been effected...” in a provider interview; an informant stated his clinical responsibility to be “...if we are able to identify the rape, whether she is a virgin or not. We are here to decide.”

- The researcher relies on “interview” if penetration had been effected. 96.1% of Addas charts and 54.0% of Hawassa charts included documentation of genital injury. However 22.8% of Addas charts and 43.2% of Hawassa charts documented hymenal findings.

Findings Psychological

- In Adama, all surveyed clients received psychosocial support, either cognitive behavioral therapy, interpersonal therapy, or a combination of these, provided by either the clinic’s psychologist or psychologist. 98% of clients reported being satisfied with these services. Key informants note that 80-90% of clients for psychological care.

- In Adama, there is a child-friendly play therapy room, however it is unused and rarely in disarray.

- No psychosocial support services are available in Hawassa.

References


5. CARE, (2001). Overlooked Gender: Special Survivors of Gender-Based Violence: Lessons from CARE Wambo. CARE.