

GBV CAPACITY-BUILDING THROUGH CURRICULUM ADAPTATION IN TRINIDAD AND TOBAGO

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Background

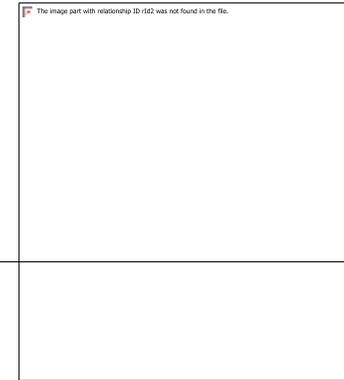
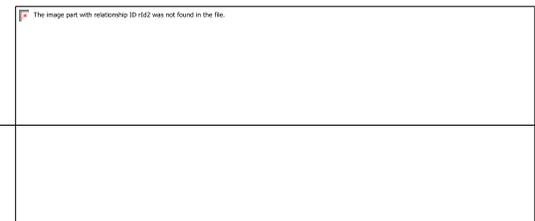
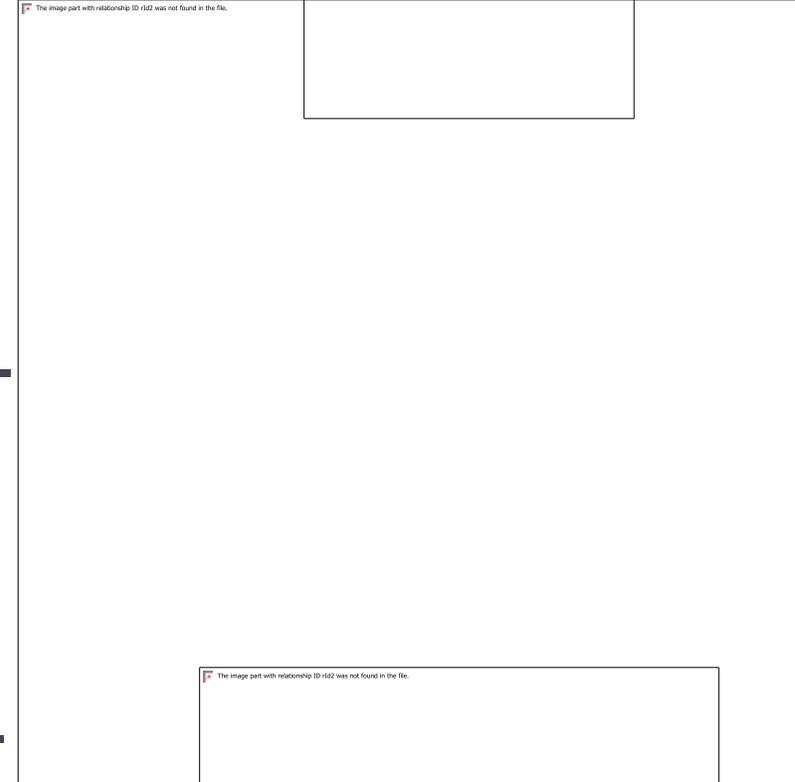
- The Trinidad and Tobago Women's Health Survey (2018) showed that health-care providers are the professionals survivors most often tell about physical or sexual violence they have experienced, highlighting the importance of health-care capacity-building.
- The complex needs of survivors also necessitate strong referral networks and strengthening of capacity across a range of helping professions.

Background

- In Trinidad and Tobago, the multi-agency, multi-sectoral Spotlight Initiative country programme focuses on addressing all forms of family violence:
 - physical, social, sexual, economic and emotional abuse and acts of aggression within relationships that are considered as family connections or akin to family connections.
- Need to develop services responsive to needs of survivors.

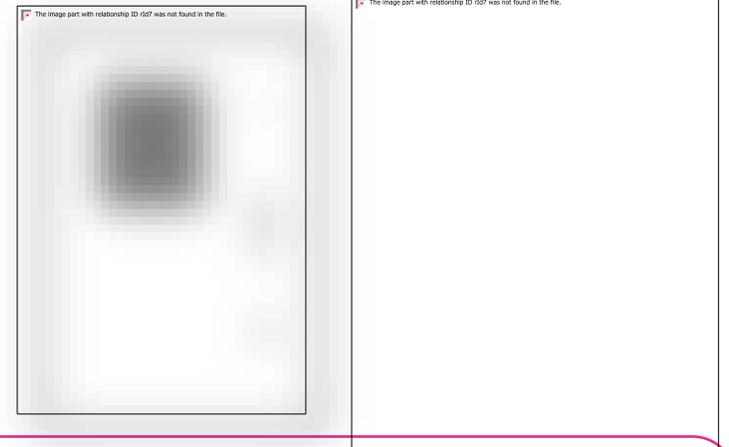
Project

- Consultancy with PAHO/ WHO, supported by the Spotlight Initiative, to develop and test curricula for health-care students to build capacity in care and support of survivors of gender-based violence



Methodology

Methodology



Preparation

- Utilized the PAHO/WHO curriculum, *Caring for Women Subjected to Violence*, as a framework.
- Literature review included national policy frameworks, *National Clinical and Policy Guidelines on Intimate Partner Violence and Sexual Violence*, guidelines on curriculum development and 3 other curricula.

Stakeholder engagement

- Consultations were held with stakeholders including academic institutions, professional organizations, clinicians and students at tertiary institutions.
- Gaps and needs were identified from professional, clinician, academic and beneficiary perspectives.

Development of curricula

- Two curricula, focusing on sensitisation and professional competencies, were developed by a multidisciplinary team from the University of the West Indies.
- Pilot tested curricula among students in a range of helping professions, including medicine, nursing, midwifery, social work, psychology and gender studies.

Results

Gaps identified during stakeholder consultations

Professional organizations

- Variation in experiences
- No specialist training
- Disconnect between training and practice

Educators

- Limited infusion of GBV in curriculum
- GBV not directly addressed in curriculum
- Need for a life cycle/ preventive approach

NGOs

- Willingness to provide services
- Insensitivity/ victim blaming in existing services
- Limitation through lack of funding
- Disconnect between law enforcement and clinicians

**Key concepts
guided
curriculum
development**

**Need for
coordinated
inter-sectoral
response**

**Training must
be
interprofession
al**

**Content must
include IPV and
SV**

**Content must
be evidence
informed and
context specific**

Curricula developed

Sensitization curriculum - targets students (mostly undergraduates) within the Faculty of Medical or Social Sciences

Competency Based Curriculum - targets postgraduates and professional practitioners who are employed either in the public or private sectors

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Outcomes

All participants should be able to:

- Analyze the multifaceted issues associated with gender socialization from a Caribbean perspective.
- Demonstrate self-awareness when interacting with clients experiencing GBV through reflective practice.
- Use culturally sensitive approaches when responding to persons experiencing GBV.
- Execute professional functions individually and well as part of an interprofessional team in addressing GBV
- Demonstrate awareness of the multiple organizations and services available to individuals experiencing GBV.
- Make necessary referrals to multiple organizations and services consistent with the needs of clients experiencing GBV.

Clinical skills outcomes

All participants should be able to:

- Provide first line support based on the LIVES methodology (Listen, Inquire, Validate, Enhance safety and Support)
- Understand the components of health care for GBV survivors

Participants in the clinical competency training should also be able to:

- Provide immediate treatment and care for all survivors of IPV and SV:
 - History-taking, assessment and documentation
 - Treatment of physical health conditions
 - Mental health and psychosocial support
 - Additional care after sexual assault

Lessons learned

Lessons learned

1. Sensitisation of students to gender and human rights issues and associated skills development are needed across curricula.
2. Interprofessional teams of trainers and students allows for strengthening collaboration between sectors and promises to strengthen pathways of care.
3. Development of curricula across professions requires time for consensus building to agree on division of labour, prioritisation of topics and to avoid overlap and duplication.
4. An iterative process in curriculum development is needed with sensitization as core with clinical competence facilitated at the basic level, with additional clinical skills at advanced level.
5. Sensitization content needs to complement other content on the clinical responses to violence. Sensitization and clinical skills go in hand and are critical for sustainable responses to the care needs of survivors of IPV and SV.

Conclusion

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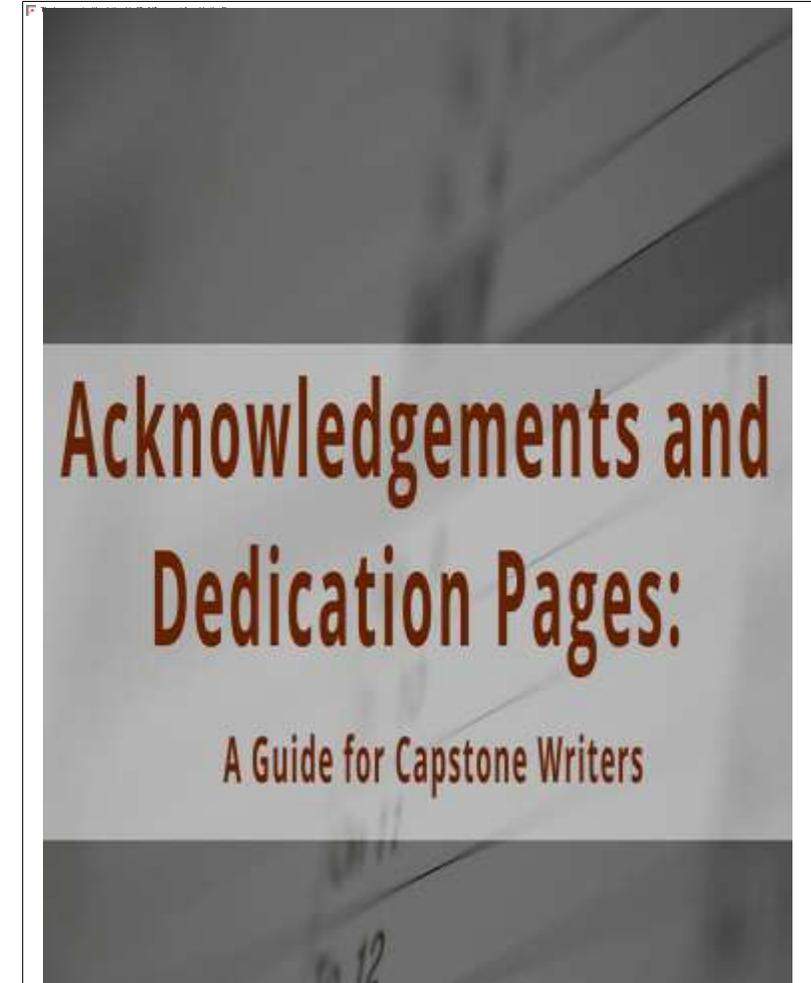
The intervention indicates the need for and value of interprofessional collaboration for sensitisation and capacity building in GBV among health and other helping professionals.

Sensitisation and clinical skills building are complementary in developing professionals to respond to the needs of GBV survivors.

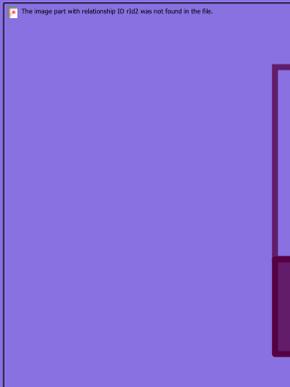
Further investment in health worker skills building would fill an important gap in responding to GBV in the Caribbean.

Acknowledgements

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- Stakeholders consulted
- Participants in pilot testing



Thank You



School of Nursing

TRAINING SKILLS AND DEVELOPMENT WORKSHOPS

