



ISSUES IN MEDICAL EDUCATION

Training and development needs of medical practitioners involved in the medico-legal examination of survivors of sexual assault

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Violent crimes against women, specifically those related to sexual assault, have been identified by the government as a priority. In recent years research on the topic has focused mainly on management of the survivors of sexual assault, improving their access to clinical facilities, review and improvement of the Sexual Assault Evidence Collection Kit (SAECK) and the elimination of secondary victimisation during the ensuing criminal procedures.¹ However, very little attention has been paid in this research to the training and development needs of the medico-legal practitioners involved in the clinical examination of survivors of sexual assault. These practitioners play a very important role in the chain of events leading up to the criminal prosecution and indeed even the successful prosecution of the perpetrator. The accuracy with which specimens are taken and clinical findings noted is therefore of utmost importance. It has been noted that for every 394 women raped, only 1 perpetrator is successfully convicted.² One of the reasons given for this low prosecution rate is poor collection of biological evidence from the survivor.³

At the end of 2001 the South African Police Service (SAPS) introduced a uniquely South African SAECK. This kit makes provision for the collection of all possible biological evidence specimens from the body of the survivor. The specimens are collected in seven fully explained and illustrated steps. For the inexperienced person confrontation with the huge amount of information in the kit might be intimidating and collection of all the specimens may at first be very time consuming. Despite the provision of complete instructions in the kit, it is essential that adequate training be provided.

Form of the study

During 2003, a survey was undertaken in conjunction with the Forensic Science Laboratory (FSL) of the SAPS at Delft. One of the objectives of the survey was to establish the level of training and experience of medical practitioners involved in the clinical examination of victims/survivors of sexual assault. Approval for the study was obtained from the Research and

Ethics Committee of the Health Science Faculty, Stellenbosch University. A written questionnaire was distributed among medical practitioners in the Western and Southern Cape regions during the period October - December 2003. The names of the medical practitioners were obtained from section A of the completed evidence inventory included within the SAECK, which was opened at the FSL during the study period. Questionnaires were completed on a voluntary basis and anonymity was ensured by the appointment of an independent co-ordinator who protected the identity of participants from the researcher. Descriptive analytical procedures were applied to the data using Microsoft Excel.

Responses

During the 3-month study period 58 questionnaires were posted and 43 replies received, equating to a 74% response rate. Most of the questionnaires were received from respondents in the Cape Town Municipal District ($N = 15$), followed by the municipal districts of Overberg ($N = 9$), West Coast/Winelands ($N = 6$), Boland ($N = 4$) and the Garden Route/Little Karoo ($N = 2$). Of the 43 respondents, 7 did not specify the municipal district in which they were employed.

Only 2 respondents indicated that they had a postgraduate qualification in Forensic Medicine, which they had obtained from the Colleges of Medicine of South Africa. Both these respondents were in possession of the Diploma in Forensic Medicine, while one also had the FCPATH in Forensic Medicine. The majority of respondents, namely 31 (72%), said that they had never received any training in the use of the SAECK. Only 11 had received some form of relevant training, while 1 person was unsure about having received any training in the use of the SAECK. No association was found between either the year of qualification or the institution where the MB ChB degree was obtained, and access to training in the use of the SAECK. Of the respondents, 10 indicated that they in turn train other doctors in how to use the SAECK, although only 2 of them had received formal training themselves.

Discussion

The practice locality of respondents could be divided into 2 main categories, namely full-time medical officers based at a district community health centre/provincial hospital, or

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private practitioners providing a medico-legal service on a part-time basis. The majority of respondents (34 in total) form part of the fragmented system that has replaced the previous district surgeon system. Within this fragmented system doctors are bound by contractual and constitutional duty⁴ to examine these survivors, often without having received the necessary training to do so. One of the respondents felt that medical practitioners should have a choice as to whether they would like to examine rape survivors. Forcing these practitioners to examine rape survivors not only jeopardises the quality of the service, but also generates resistance that might be detrimental to further training and development in the medico-legal aspects of the examination of such survivors. One of the respondents suggested the need to identify a dedicated group of medical practitioners who would be willing to examine rape survivors.

More than half (56%) of the group indicated that they had been examining rape survivors for more than 24 months, with a mean of 11.7 years' experience. Sixty-five per cent of the respondents had examined more than 20 cases of sexual assault in their career. Despite their experience a definite need was identified for training in the use of the SAECK and other medico-legal aspects of the clinical examination of rape survivors.

The Colleges of Medicine of South Africa has recently subdivided the Diploma of Forensic Medicine into three categories, namely Clinical Forensic Medicine, Forensic Pathology, and Forensic Pathology and Clinical Forensic Medicine.

Of the 41 respondents not in possession of a postgraduate qualification in Forensic Medicine, 1 indicated an interest in doing a diploma in Forensic Pathology, 6 indicated an interest in the Clinical Forensic Medicine Diploma, and 8 in the combination of Clinical Forensic Medicine and Forensic Pathology (Fig. 1). About half of the group reported that they were not interested in obtaining any postgraduate qualification in Forensic Medicine. One of the respondents commented that he/she was not interested in obtaining a diploma in Forensic Medicine, but would prefer to receive training by an experienced person examining rape survivors on a regular basis.

These findings should be taken into account in designing training and development programmes for the target group of medical practitioners. The solution to the training need does not appear to lie in providing opportunities to obtain postgraduate qualifications in the subject, but rather in on-the-job training provided by experienced peers.

The importance of the practice situation of respondents is relevant in that although they do not necessarily want to make a career of forensic medicine, they are often required to examine rape survivors. The facilities in which they work are often not suitable for this. A respondent working in a

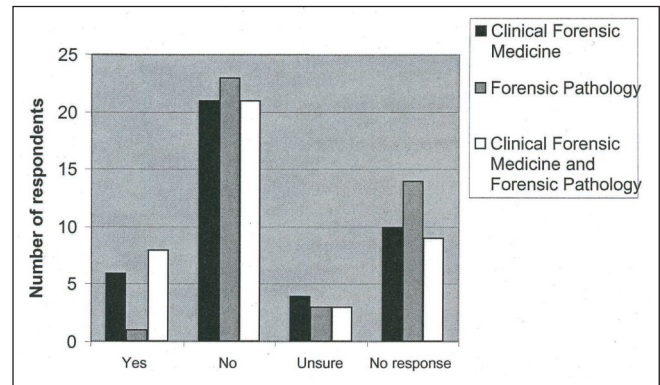


Fig. 1. Interest in obtaining a postgraduate diploma..

community health centre (CHC) in the Cape Town municipal district commented as follows on the SAECK and the conditions in the clinic: 'Such an examination is too complicated for a very busy primary health unit. The conditions in the CHC for examining a rape survivor are appalling, below human dignity.'

Conclusion

Training and development of medical practitioners in the medico-legal examination of rape survivors can only be successful in an environment conducive to learning. Such an environment can only be created in a well-equipped centre with devoted staff members who want to be involved in the examination of rape survivors. Structured training and development programmes should be enforced within this environment to provide on-the-job training. Compulsory training is the start of a cycle that eventually leads to an understanding by the trainees of the need for further training, forcing the employer to constantly update and upgrade training programmes.⁵ This understanding of the need for training is the basis of continued professional development and the key to improving the medico-legal service provided by medical practitioners to the survivors of sexual assault. It is the duty of the employer of these medical practitioners, viz. the Department of Health, to create these training and development opportunities.

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