Project Report

Capacity Building in medical students and physicians in response to Sexual and Gender Based Violence

Youth Against Sexual Violence (YAS)

In Persian, YAS means Jasmine flower that is a symbol of a young woman who has been violated.

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Introduction:

Worldwide, 1 in 3 women (approximately 38%) has experienced Gender-Based Violence (GBV) in their lifetime. Based on the data, the prevalence of GBV fluctuates, and systematic review studies in Iran showed that the total rate of violence against women is about 22.9%, with the highest rate in Tehran and Zahedan. Pregnancy, low education, age, psychological disorders, and addiction are the most effective factors in sexual, physical, and emotional violence within Iran. Sexual and Gender-Based Violence (SGBV) is a human rights challenge worldwide. Various studies show that Iranians do not have enough information about SGBV. According to the United Nations, the term Sexual and Gender-Based Violence (SGBV) refers to any harmful act committed against someone's will and based on gender differences between men and women. These acts include physical, mental, or sexual harm or threats of such acts, coercion, and deprivation of liberty, whether in public or private life. However, the definition of SGBV in Iran focuses more on domestic violence against women.

SGBV has many effects on individuals, families, and communities. It also has significant costs for countries and economic development.

The results of several studies conducted in medical and forensic centers show domestic violence against pregnant women who have been referred to hospitals. According to these studies, physicians and health care providers are in a good position to reduce the effect of SGBV on victims. However, doctors aren't fully prepared for this situation, while they have the highest impact on reducing women's health violations. Physicians who have previously been trained in GBV management have the best chance of screening and diagnosing patients with GBV. In addition, trained students can influence other health workers to screen for abuse and violation. Therefore, these groups should learn the skills needed to diagnose GBV. They must also have sufficient knowledge and skills to care for, support, and refer victims of rape.

There is a basic need for physicians to be trained in screening, identifying, treating, and preventing partner violence. A study by Humber and Flann found that victims of violence exist in all medical specialties. They also concluded that significant patients associated with domestic violence across health care centers, especially clinics.

The main reason that doctors rarely ask patients about spousal violence is that they often do not feel ready to help the patient who has experienced the violence. Although all health workers need to have sufficient skills to deal with SGBV, a review of the Iranian Medical Education and Other Health Services curriculum shows that they are not formally trained in SGBV while studying at their universities. Building the capacity of health workers for SGBV can lead to effective response and action if these occur.

The goal of this project was to engage and empower medical students, physicians, and other health care professionals about SGBV through an interactive learning model.

Main Goal:

Capacity building for medical students and health professionals to empower and provide services to GBV victims (this project is in line with "Caring for Violent Women: The WHO Curriculum for Training Health Care Providers" and aligns with the policy/guidelines of the Ministry of Health and translates into the local language.)

Specific goals:

Educational goals:

Teaching 12 main topics presented by the World Health Organization to students and health workers by professors of the Midwifery and Reproductive Health Center of Tehran University of Medical Sciences with modern interactive methods through web pages with LMS

The educational objectives are listed in detail in the table below:

	Lesson title	The main goals	Specific goals
1	Understanding violence against women as a public health problem	Explain the general knowledge of violence against women as a public health problem	Introducing types of violence against women Demonstrate the prevalence of violence against women Explain the health, economic and social consequences Explain the role of health care providers A description of WHO guidelines and tools for assisting health care providers
2	Understand the surviving experience and how providers' values and beliefs affect their care	Describe behaviors and understand the values that contribute to a secure and supportive service environment	Explain people's beliefs, assumptions, possible biases, and emotional responses Describe the conditions and barriers experienced by women exposed to violence Demonstrate the importance of empathy with survivors
3	Guidelines and overview of the health system response to violence against women	Describe behaviors and understand the values that contribute to having a safe and	Introducing the principles of woman-centered care guide Teaching how to apply these principles

		supportive service environment	
4	Provider and survivors Communication Skills	Describe the clinical skills of responding to violence against women in accordance with the individual's profession and expertise	Teaching the principles of empathetic and effective communication with patients / survivors
5	When and how to identify emotional partner violence (IPV)	Describe the clinical skills of responding to violence against women in accordance with the individual's profession and expertise	Teach minimum standards for asking and answering emotional partner violence Introducing signs and symptoms of violence Teaching how to ask questions about emotional partner violence Know the proper ways to ask questions about emotional partner violence
6	First Line Support Using LIVES, Part 1: Listen, Inquire Inquiry, Validate Validation	Describe the clinical skills appropriate to the individual's profession and expertise in responding to violence against women	First Line Support Content Training (LIVES) Teaching the skills of providing the first three elements of first-line support - listening, query, validation
7	Know your situation: Identify referral networks and understand legal and policy areas	Explain knowledge of how to access resources and support patients and for themselves	Teach other service roles Knowledge of community resources Legal and policy information, including legal obligations of providers Collaborate with referral partners to assist survivors in receiving services

Achieve a minimum passing score of 14 in the final assessment test designed based on the curriculum provided during the course by 80% of participants.

Teach participants how to deal with GBV through online sessions and group discussions to reach this goal: At least 80% of the participants provide the correct answer to the 60% of the questions asked at the end of each session (based on the guidelines raised during the session.)

Target group:

The target population of this project is FHAI service providers, physicians, medical and health students, nurses, midwives, and other health care providers working in medical universities or public and private health centers. The Ministry of Health and non-governmental organizations and organizations that provide GBV management services in any form can enroll in this training course.

Audiences are targeted for the following reasons:

1. Not having sufficient knowledge to manage SGBV files.

2. Will encounter different types of SGBV files.

3. They have a good motivation to learn and can also act as a coach.

4. To be able to support SGBV victims and provide networks to solve SGBV problems.

5. They can study and research in the field of SGBV.

6. They can communicate with the community in SGBV cases.

7. Educational investment in them is sustainable and cost-effective.

Features of the training package:

- The educational content is taken from "Caring for women at risk of violence: WHO curriculum for the training of health care providers" and is coincided with Iranian culture by following the needed criteria of the Ministry of Health and Medical Education.

- Number of training sessions: 12 sessions in the form of scorms and Storyline files.

- The duration of each session is approximately between 20-30 minutes.

Course instructors have been selected among the professors of the Midwifery and Reproductive Health Center of Tehran University of Medical Sciences.

- The training method is designed as e-learning in the form of a comprehensive training package.

Project implementation stages:

YAS Virtual Training Course (Youth Against Sexual Violence) in collaboration with the Accident and Disaster Health Department of Tehran University of Medical Sciences and the

Iranian Family Health Association, aims to educate students and health care providers about identifying and caring for victims of gender-based violence, was designed and executed by Moocino.

Pictures of the meetings of the executive members of the course:

1 - Codification of project proposal:

The proposal of this project was prepared in June 2021 by Dr. Ostadtaghizadeh, Strategic Secretary and Project Manager, and Dr. Maryam Hooshmand, Executive Secretary of the project. Along with this proposal, the Gantt table, outline financial table of the project were also compiled and presented.

2 - Pre-production stage actions

A. The educational topics were selected according to the WHO guideline according to the file "Caring for Violent Women: WHO Curriculum for the Training of Health Care Providers" and then the relevant professors were invited to participate.

B- Several briefing sessions were held to acquaint the professors with the educational process of the course, and a guide for preparing the raw files of the sessions was provided to them.

C- The recruitment call was made for the executive staff including the design team, gamification team, student scientific team, and content production team.

3- Production stage actions

A- The professors prepared the educational content of the course (slides and voices) in the second half of July and handed it over to the gamification team and the content production team.

B- Production of the storyline and editing and compilation of initial content by the content production team was done from the second half of July to the end of August.

C- The gamification team and the student scientific team, started designing the gamification of the course in August.

D. In the second half of August, the Graphic design team designed the playground.

E- On 11th of the August, a demo of the gamification and the course, as well as the initial design of the playground, was presented, and after discussion and consultation between the gamification team and the scientific team and getting feedback from the executive and scientific secretaries of the course, it was corrected and debugged.

C- From the second half of July to the end of September, the student scientific team designed scientific exercises, quizzes, and game missions.

Course implementation method:

Photos from attracting participant's videos:

■ پیام دعوت

خشــونت مبتنــی بــر جنســیت یکــی از معظـلات سـلامتی اسـت کـه می توانـد آثـار و تبعـات متعـددی را بـه همـراه داشـته باشـد. پیامدهـای ایـن نـوع خشـونت صرفـا بـه فـرد خشونت‌دیده و خشونت‌زننده ختـم نمی‌شـود بلکـه معمـولا خانواده‌هـا و اقـوام و حتـی قومیـت هـا درگیـر خـود مـی کنـد چـه بسـا درگیری هـای قومیتـی کـه شـروع آن بـه واسـطه یـک خشـونت مبتنـی بـر جنسـیت بـوده اسـت. درک صحیح موضـوع و داشـتن دانـش و مهـارت لازم بـرای مدیریت ایـن مشـکل بهداشـتی بـرای هـر فـردی کـه در نظـام سـلامت فعالیـت مـی کنـد لازم و ضـروری اسـت. دانشـجویان و کارکنـان نظـام سـلامت حتـی اگـر در ایـن زمینـه آمـوزش دیـده باشـند، لازم اسـت در دوره هـای تکمیلـی، آموزش هـای خـود را بـه روز کرده و بـا آخریـن دسـتاوردهای علمـی در ایـن زمینه آشنا شوند. امـروزه نظـام هـای آموزشـی را نمـی تـوان بـه دوره هـای حضـوری محـدود کـرد. دوره هـای حضـوری هرچنـد موثرتـر هسـتند امـا محدودیـت تعـداد شـرکت کننـدگان و هزینه زیاد بخشـی از معایـب آنهـا هسـتند. پاندمـی کوویـد ۱۹ در جهـان بـه ایـن موضـوع را بیـش از پیـش نمایـان سـاخت کـه بـه هیـچ عنـوان نمـی تـوان آمـوزش را تعطیـل کـرد و بایـد بـه دنبال راه حـل هایـی بـرای تـداوم آمـوزش بـود. راهـکار آمـوزش هـای الکترونیـک موثـر و تعاملـی از جملـه دوره هـای فراگیـر رایـگان کـه در بسـتر اینترنـت و بـه صـورت بـازی سـازی انجـام مـی شـوند، یکـی از ایـن راهکارها هسـتند. بـا توجـه بـه لـزوم آمـوزش مدیریـت خشـونت میتنـی بـر جنسـیت بـه دانشـجویان و کارکنـان نظـام سـلامت بـا رویکـرد آمـوزش الکترونیـک، دپارتمان حـوادث و بلایای دانشـگاه علوم پزشـکی تهـران بـا کمـک و همراهـی انجمـن سـلامت خانـواده ایـران، گـروه بهداشـت بـاروری دانشـگاه علـوم پزشـکی تهـران و گـروه آموزشـی موکینـو دوره آموزشـی خشـونت مبتنـی بـر جنسـیت را تحـت عنـوان (دوره یـاس) تدویـن و اجـرا نمـوده اسـت تـا همـه علاقه منـدان در جـای جـای کشـور عزیزمـان ایـران (حتـی در دور افتـاده تریـن روسـتاها و خانـه هـای بهداشـت روسـتایی) بتواننـد بـه راحتـی بـه آن دسترسـی داشـته و از آن اسـتفاده نماینـد. امیـدوارم کـه ایـن تـلاش مـورد رضـای خداونـد متعـال و تمـام علاقـه منـدان واقـع گـردد. در پایـان لازم اسـت از همـه دوسـتان و عزیزانـی کـه در طراحـی و اجـرای ایـن دوره مـا را همراهی و حمایت کردند کمال تشکر و امتنان را داشته باشم.

دکتر عباس استاد تقی زاده
استادیار و مدیر گروه سلامت در حوادث و بلایا
دانشکده بهداشت دانشگاه علوم پزشکی تهران

5 Youth Against Sexual violence
   Online Course for HCWs

Details of the first Course of YAS:

Opening: 11 October

Start date: 12 October

Course duration: 16 days

Closing date: 29 October

42 people entered the course. 14 men and 28 women

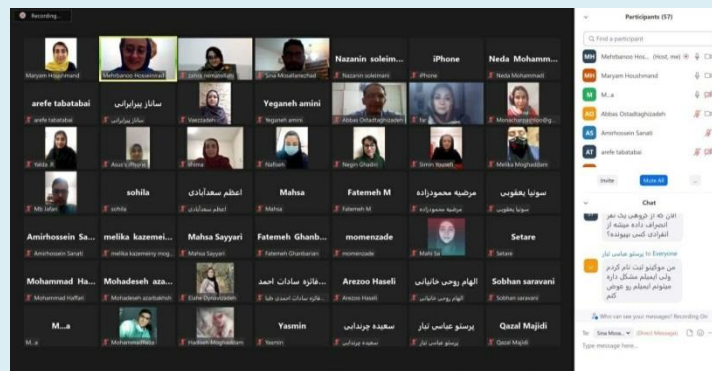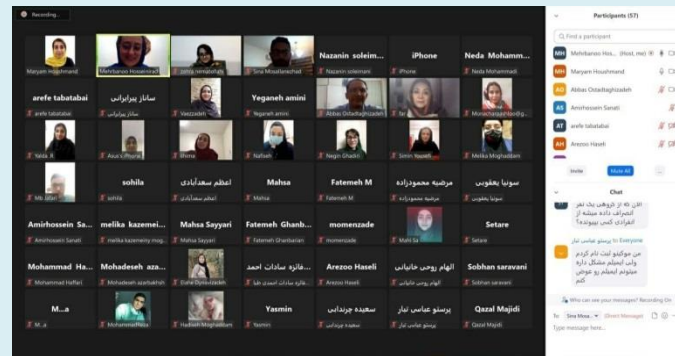**Details of the second period of YAS:**

Opening: 5 December

Start date: 6 December

Course duration: 16 days

Closing date: 21 December

105 people entered the course. 12 men and 93 women

Photos from the opening ceremony of the second Course

Offline learning content was generated and uploaded to an e-learning operating system. Participants used the platform to participate in the course and were provided with offline content. In the next part, they were asked to do their homework. During the course, online meetings were held for group activities and Q/A with professors. They split into teams and competed with each other during the online game. Participants in these sessions have been through online e-learning platforms such as sky room (Iranian platform for learning classes) and Zoom.

Photos from online course sessions:

Each team was guided by a facilitator during the course. The course is evaluated by a final exam, conducting and evaluating pre-test and post-test, and a survey conducted at the end of the course. Then, the evaluation team (professors and facilitators) analyzes and evaluates the data and publishes the report. The team will also send a call to volunteer participants to manage SGBV prevention and management groups.

Samples of interactive educational content designed for YAS course using Storyline software

This course was held as a 16-day online-offline virtual course. 500 minutes of original content presented by professors based on gamification methods in the form of interactive files were designed using storyline software and presented in the LMS system of the Moocino website (moocino.ir). In addition to the main content, practical exercises, step-by-step case reviews, step-by-step tests, and two online workshop sessions were designed by the Moocino team to help facilitate and enhance learning.

Example of step-by-step instructional case design interactive using storyline software

Gamification is utilizing game elements to enhance user interaction. This method is used for more effective and interactive learning and can provide significant results. In Gamification, the rules and elements of games such as points, rankings, competitions, etc. are used to create motivation and training simultaneously. The main items of game development are:

1. Competition: Learners can compete with each other.

2. Problem-solving: Gamification uses a game-based problem-solving method instead of direct learning.

3. Story: Gamification uses scenarios and stories while learning.

Summary of scenario and game mechanism of YAS course:

Participating groups in the game take the role of branches of the YAS Association, intending to combat violence against women. Participating in this game allowed participants to learn various content, such as critical and creative thinking, problem-solving and let them practice decision-making, support, and teamwork with fun and engagement.

During the game, the participating groups gained "knowledge stars" by observing the teaching content and participating in the exams, and by throwing dice on the playing field, which is the land of Yasiran, they moved to different houses with challenging missions based on the course content. Practice, puzzle, moving stars for progress on the field, and the whirlpool will encounter chances to pass the game field and win it with the most points.
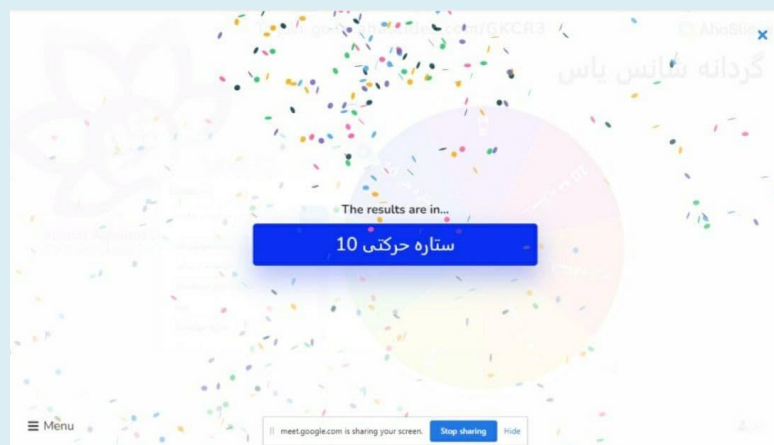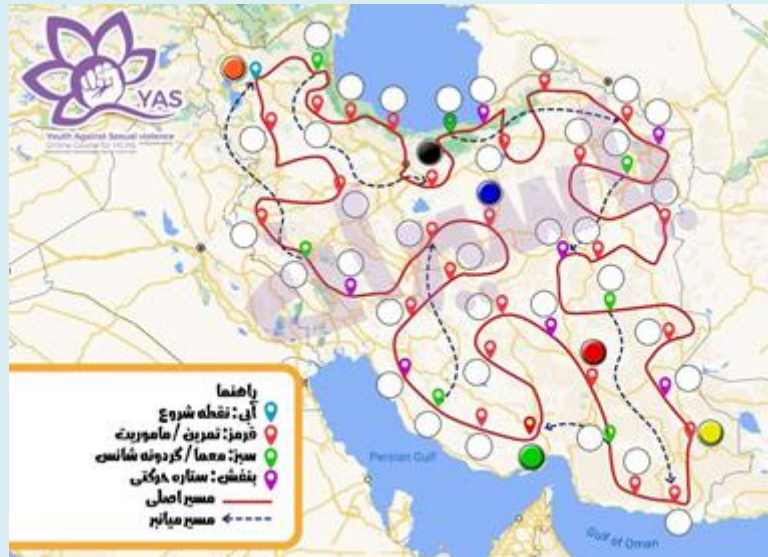
Upon completion of the training, participants were awarded certificates issued jointly by TUMS and the Exceptional Talent Center.

Pictures of the closing sessions of the second course:

Benefits of educational content:

According to a search conducted in educational systems, this educational content is the first one in reproductive health in accidents and disasters, which has been prepared virtually and uploaded in the national comprehensive education system known as the Arman system. The characteristics of this course include the following:

3- The learner can use the educational content online and offline at any time and place.

4 - The learner can choose their training time based on their situation.

5 - Access to this educational content is free, so the learner does not need to pay.

6- The learner can use a part or all of the educational content according to his/her needs.

7- The student can receive a valid certificate if he passes all the courses and participates in the exam

8- It is not necessary to attend an in-person class to pass the course and receive the certificate.

9 - Educational content for any Persian-speaking person is available and usable anywhere in the world.

Course restrictions

This course was designed and prepared in a situation where the world, including Iran, was affected by the Covid 19 pandemic, and many places, including educational and university places, were closed.

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