A THEORY-DRIVEN EVALUATION OF BELGIAN SEXUAL ASSAULT CARE CENTRES: A STUDY PROTOCOL

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Introduction

Sexual violence (SV) is a major public health and judicial problem in Belgium. SV may cause multiple and long lasting sexual, reproductive, physical and mental ill-health for the victim. Adapted holistic services to palliate the consequences of sexual violence for the victims were so far lacking in Belgium. Existing SV services are fragmented and very diverse in their approach, with an important forensic focus while mostly lacking psychological support.

The Belgian National Action Plan on gender-related violence with its strong focus on sexual violence, as well as Belgium’s ratification in July 2016 of the Convention of Istanbul regarding violence against women and domestic violence, led to a feasibility study on sexual assault care centres (SACCs) in 2015-2016. Based on a literature review, interviews with victims, health care workers, police, justice and other partners, and work visits to other European SACCs, a Belgian model of care for victims of acute sexual violence was developed.

From November 2017 until October 2018 the Belgian Sexual Assault Care Centres (SACCs) were piloted for one year in three Belgian hospitals. The SACCs offer holistic care to victims of acute SV through forensic nurses, psychologists and vice inspectors. A theory-driven evaluation (TDE) of the SACCs is ongoing with the aim to assess:

- how the SACCs work and how the model should be further adapted
- what the impact is of the SACCs on victims’ physical and mental health
- what the impact is of the SACC on the judicial outcomes of filed complaints.

SACC Program Theory

A theory-driven evaluation (TDE) starts from a program theory, which is a systematic configuration of stakeholders’ assumptions underlying the program and makes explicit how the program causes the intended outcomes. The initial program theory of the Belgian SACCs was completed through a review of project documents written by the program designers, as well as a review of the relevant literature.

It is assumed that SACCs are acceptable to its users as well as the care providers, that there is a sufficient level of trust between the SACC personnel and other partners and that the judicial system is able to cope with workload.

The results of the evaluation will be formulated as an improved program theory and as such incorporated into the existing body of theoretical and program knowledge.

Methods

The SACC program theory is tested through a mixed-method study conducted from November 2018 until October 2021, including following study methods:

1. To evaluate the implementation of the SACC model:
   - Project documents review
   - Routine data collection by nurses, psychologists and vice inspectors
   - Observations of nurses
   - Analysis of the forensic reports

2. To evaluate the mechanisms of change of the SACCs:
   - Surveys and interviews with SACC personnel and SACC partners
   - In-depth interviews with patients and their significant others

3. To evaluate the impact of the SACC:
   - A health survey among victims at 12 months following their first presentation to SACC
   - A file review to assess the judicial outcomes of reported cases performed at 24 months following their first presentation to SACC

References


Analysis

Quantitative data will be analysed in SPSS. A content analysis of the qualitative data will be performed in NVivo.

Conclusions

TDE can not only inform policy makers on what interventions work for victims of SV, but also for whom and under what conditions the SACC work. These insights in SACC mechanisms are extremely important for both national and international scale-up of SACCs.

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