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**SEXUAL VIOLENCE AND WOMEN'S HEALTH: EDUCATING FUTURE CLINICIANS**

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**Background and Aims:** Sexual violence (SV) has well-documented short and long-term physical and psychological health consequences. Estimates of the lifetime prevalence of SV against Australian women are as high as one in three (1). Despite this doctors often fail to identify victims due to insufficient knowledge (2). This study aims to explore whether undergraduate SV medical education is necessary and to gain professional insight into how SV education should be structured and delivered to medical students.

**Methods:** Participants were limited to qualified, practicing medical doctors. Participants were voluntarily recruited through the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, Medical Women's International Association and the Australian Federation of Medical Women. There were 44 participants, 32 female and 12 male. Semi-structured interviews were conducted with participants and qualitative, thematic analysis was applied to the data, coding responses into common themes.

**Results:** Participants identified a common need for SV education at the undergraduate level as most had experiences with SV victims as junior doctors. They believed education content should cover four key areas: awareness and epidemiology of SV, health outcomes, trauma informed history taking and management. There was a consensus for delivery of factual knowledge in lectures or online modules and small group tutorials for skills acquisition. Participants determined SV education should be integrated into the medical curriculum both horizontally and vertically.

**Conclusion:** This study contributes to a limited pre-existing literature body on undergraduate SV medical education. Pre-existing studies have attempted to measure the number of medical schools teaching the topic and the effectiveness of different education interventions. This study adds to the literature by suggesting SV education should be a core component of the undergraduate medical curriculum.

**References**

1. Mouzos J et. Al, IVAWS, 2004
2. van den Akker M et. Al, 2001 Family Practice, 18(2):214-6