



User manual for the

TRINIDAD AND TOBAGO

Intimate Partner Violence and Sexual Violence Health Care Form



PAHO



CLAP
Latin American Center of Perinatology,
Women and Reproductive Health

User manual for the

Trinidad and Tobago Intimate Partner Violence and Sexual Violence Health Care Form

PAHO



Pan American
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Organization



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CLAP/WR

Latin American Center for Perinatology
Women and Reproductive Health

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The *User Manual for the Trinidad and Tobago Intimate Partner Violence and Sexual Violence Health Care Form* (the Manual) was produced as part of a project to develop an Intimate Partner Violence and Sexual Violence Health Information System (IPVSV HIS) for Trinidad and Tobago, spearheaded by the Ministry of Health and the Pan American Health Organization/ World Health Organization (PAHO/ WHO).

The Perinatal Information System (SIP) is a tool kit for improving the quality of care provided to mothers and newborns which has been implemented in Trinidad and Tobago under the direction of the Directorate of Women's Health with assistance from the Latin American Centre of Perinatology, Women and Reproductive Health (CLAP WR/ PAHO¹). While SIP was first published by CLAP in 1983 and has been rolled out in more than 25 countries in the Americas (<http://www.siplus.org/>), Trinidad and Tobago is a pioneer in being the first country in the Americas to have developed and implemented an IPVSV SIP Plus clinical record.

Development of the IPVSV HIS, including the IPVSV Health Care Form, is a component of the work to strengthen the health system's response to IPV and SV supported by the Spotlight Initiative Trinidad and Tobago programme, 2020-2023. The Spotlight Initiative is a global initiative of the United Nations which has received generous support from the European Union, which aims to eliminate all forms of violence against women and girls. The IPVSV HIS corresponds to Pillar 5 of the Spotlight Initiative, which focuses on improving the quality, accuracy, and availability of data on violence against women and girls by enhancing the capacity of national statistics offices, improving data presentation to inform decision-making and using data to guide programme monitoring (<https://spotlightinitiative.org/>)

The IPVSV Health Care Form is based on a participatory process of national consultation with experts and staff from health service settings in Trinidad and Tobago about the current documentation and data collection procedures and what is needed to improve quality of care. The design of the variables included in the clinical record is based on World Health Organization evidence-based recommendations for the care of women subjected to IPV and SV and is aligned with the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence. The IPVSV Health Care Form is described in the *Trinidad and Tobago National Clinical and Policy Guidelines on Intimate Partner Violence*, in which the Health Care Form is included as an appendix. The contribution of staff of the Ministry of Health and Regional Health Authorities who participated in the consultations is gratefully acknowledged.

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INDEX

1 - INTRODUCTION	9
1.1 Ask about violence	10
1.2 How can data be entered on the form?	11
1.3 IPV and SV affect different populations. Can I use the form with all types of survivors?	11
1.4 The Intimate Partner Violence and Sexual Violence Health Care Form	13
1.4.1 - Front	13
1.4.2 - Back	14
2 - SECTIONS OF THE INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE HEALTH CARE FORM	15
2.1 Registration	16
2.2 Initial health care	19
2.3 General Medical History	20
2.4 Asking about the violent incident	23
2.5 Description of violent event	27
2.6 Sexual Assault	28
2.7 Clinical exam	29
2.8 Emotional State	35
2.9 Lab Test	35
2.10 Legal evidence collected	37
2.11 Immediate care	37
2.12 Further health care needs	39
2.13 Safety assessment	39
2.14 Police report	40
2.15 Dependents	41
2.16 Referral to – Contact details – Consent to share information – Next visit agreed	42
3 - REFERENCES	43

1 - INTRODUCTION

This manual aims to assist health-care providers in completing the Trinidad and Tobago Intimate Partner Violence and Sexual Violence Health Care Form. It describes in detail how to fill in the form and the definition and interpretation of each of the variables presented.

This form records information on an experience of intimate partner violence (IPV) or sexual violence (SV), the characteristics and medical history of the survivor, the clinical examination, the survivor's emotional state, laboratory tests conducted, legal evidence collected, care received and referral to professionals and agencies for further support and care. The form is aligned with the World Health Organization (WHO) "Health care for women subjected to intimate partner violence or sexual violence. A clinical handbook" (World Health Organization, 2014) (1) and with the "National Clinical and Policy Guidelines on Intimate Partner Violence and Sexual Violence: Trinidad and Tobago" (Ministry of Health of Trinidad and Tobago and Pan American Health Organization, 2022) (2). The content and design were informed by consultations with health-care providers in the Ministry of Health and the five Regional Health Authorities of Trinidad and Tobago, to ensure local applicability and relevance. The form enables documentation of cases of IPV and SV in line with international best practice in care and support of survivors, based on principles of human rights and gender equality. Accurate documentation of violence, its consequences and the responses by the health system are important to inform ongoing sensitive care and support of good quality.

The objectives of the IPV and SV health care form are to:

- guide the provision of necessary and timely care to persons subjected to IPV and SV
- serve as the basis for planning care
- promote compliance with evidence-based practice standards
- facilitate communication between different care providers
- obtain locally reliable statistics
- facilitate the training of health personnel
- register data of legal interest
- facilitate audit
- characterize the assisted population
- assess the quality of care
- identify areas of health care in need of strengthening.

The form enables the health-care provider to generate accurate and timely information, improving medical management and health outcomes for survivors. Use of the form also enables the collection of data so that health managers and policy makers know the characteristics of the population assisted, can evaluate the results of the care provided,

identify priority problems, monitor key indicators and conduct research. Thus, the information generated can be used in health service management and policy to strengthen service provision.

The form is part of the Intimate Partner Violence and Sexual Violence Health Information System (IPVSV HIS), developed by the Ministry of Health in collaboration with the Pan American Health Organization (PAHO)/ WHO Regional Office for the Americas. Development of the manual was led by the PAHO Country Office for Trinidad and Tobago, the Violence Prevention Programme of the Department of Noncommunicable Disease and Mental Health at PAHO Headquarters and the Latin American Centre for Perinatology (PAHO/CLAP). The IPVSV HIS was developed with support from the European Union as part of the Spotlight Initiative to address family violence in the Caribbean.

1.1 - Asking about violence

The form should only be completed after a person has disclosed that she has been subjected to IPV or SV.

Women subjected to violence in relationships often seek health care for related emotional or physical conditions, including injuries. However, often they do not tell service providers about the violence due to shame, fear of being judged or fear that the information will get back to their partner or others and put them in further danger. It is therefore critical that health-care providers are able to identify potential cases of violence, know when and how to ask and respond to the woman's needs and concerns without doing any harm.

The National Clinical and Policy Guidelines on IPV and SV of Trinidad and Tobago, in line with guidance from PAHO/WHO, recommend that health care providers look out for any signs of violence and use clinical inquiry to encourage women to disclose that they have been subjected to violence when this is suspected. Identification of violence is Step 1 in the care pathway for women subjected to IPV and SV. Recommended procedures are described in Section III, Step 1 of the Guidelines (2). Disclosure of violence should immediately be followed by first-line support and provision of other urgent care.

It is important to note that, if a woman does not disclose violence, the health-care provider can still assist her by listening to her empathetically and carefully and letting her know about available support services.

Note: The World Health Organization does not recommend universal screening for violence of women attending health care. WHO encourages health-care providers to raise the topic with women who have injuries or conditions that they suspect may be related to violence.

1.2 - How can data be entered on the form?

The IPV and SV Health Care Form is designed to be filled in on a computer or other electronic device, though paper copies may also be used and included as part of a patient's notes if there is no such device available. The electronic system for data entry and analysis is based on the information technology infrastructure of the Perinatal Information System (SIP), which is being implemented in Trinidad and Tobago under the direction of the Directorate of Women's Health with assistance from PAHO. The basic version of SIP records information on a single device and may be used in the absence of computer networking capabilities. Thus, at a single health facility, a single computer workstation may be designated to collect data on survivors reporting IPV or SV at that facility. The advanced version, SIP Plus, can be set up on a network so that data entered on a device can be shared with other SIP Plus workstations which share a common database located on a server. Full utilization of the SIP Plus system will enable data to be shared between professionals responsible for a survivor's care, enabling smooth transitions between services and avoiding the survivor having to repeat details to different providers about the traumatic event.

When filling in the paper version of the form, mark inside the applicable circles and write in the applicable sections with a pen. In the electronic version, click on the applicable circles and type in the applicable sections.

1.3 - IPV and SV affect different populations. Can I use the form with all types of survivors?

The IPV and SV Health Care Form is primarily designed for administration to adult women survivors. As elsewhere in the world (3,4), IPV and SV are more often directed against women than men in Trinidad and Tobago. In 2019, women and girls represented 77.3% of the 872 domestic violence incidents reported to the Trinidad and Tobago Police Service (5). The National Women's Health Survey indicated that almost one in three (30.2%) of ever-partnered women in Trinidad and Tobago experienced lifetime physical or sexual abuse at the hands of their intimate partner. In addition, around one in five (19.0%) of Trinidad and Tobago survey participants had experienced non-partner sexual abuse in their lifetime (comprising forced intercourse, attempted intercourse or unwanted sexual touching), and 3.2% in the previous year (6).

In line with this evidence and in accordance with the National Clinical and Policy Guidelines on IPV and SV of Trinidad and Tobago, the IPVSV HIS and the form should be used primarily to collect data on women survivors in all their diversity. This includes vulnerable groups of women, including those living with HIV; those identifying as lesbian, bisexual, transgender, and queer and intersex persons (LGBTQI); women engaged in sex work; women with disabilities; migrants and refugees.

Men may also experience IPV or SV and must also be provided with the help and support they need, including quality health care. Much of the content is also relevant to violence

against men, including sexual violence, and can thus be used to document such cases of violence as appropriate. Similarly, it can also be applied to other forms of violence against women, for example violence against women by other family members. Care should be taken to adapt questions/aspects of the form to the specific needs and preferences of the survivor.

This form has primarily been designed for documentation of violence against adults. Legal provisions regarding violence against children differ from those for adults. Recommendations for health care and support of children subjected to violence also differ from those of adults and should be adapted according to the age and capacities of the child. Nonetheless, much of the content is also relevant to violence against children, including both boys and girls. In the absence of other documentation, health workers can also consider using the form to document cases of violence against children. More broadly, given the burden of violence against children in the country, the strengthening of documentation and related health information systems on violence against children is recommended.

1.4 - The Intimate Partner Violence and Sexual Violence Health Care Form

The front and back of the IPV and SV Health Care Form are shown below and described in subsequent sections.

1.4.1 - Front

INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE HEALTH CARE FORM																							
<p>REGISTRATION Information in this section recorded by: Professional position: Health facility: no yes</p> <p>Please say: <i>All the information asked is to provide you with the best care and it will not be shared with others unless you give consent.</i></p> <p>month day year hour min Name: Regional Health Authority: Informed Consent Given <input type="radio"/> no <input checked="" type="radio"/> yes</p>																							
SURNAME FIRST NAME MIDDLE NAME NICKNAME						ID TYPE ID card <input type="radio"/> Driver's license <input type="radio"/> T&T passport <input type="radio"/> Other passport <input type="radio"/> Other <input type="radio"/> Name of the country: ID not shared <input type="radio"/>																	
STREET ADDRESS VILLAGE CITY COUNTY				PHONE NUMBER (cellphone) PHONE NUMBER (landline) EMERGENCY CONTACT PERSON PHONE NUMBER																			
Date of birth Age		Union status		Ethnicity		Religion				Education													
Country of birth Nationality		Married and living with partner Common-law and living with partner Visiting partner No longer living with spouse No longer living with common-law partner Never had a spouse or common law partner		East Indian Chinese African Indigenous Mixed African-East Indian Syrian or Lebanese Mixed Other Portuguese Caucasian Other		Anglican Pentecostal Islam Baptist - Spiritual Shoulder Roman Catholic Seventh Day Adventist Presbyterian Baptist - other Moravian Brethren Rastafarian Jehovah's Witness Hinduism Other religion Methodist Orisha None				None Primary Secondary Tertiary Complete Incomplete													
Referred by Self <input type="radio"/> Relative <input type="radio"/> Police <input type="radio"/> Other Health Institution <input type="radio"/> Social Services <input type="radio"/> CSO <input type="radio"/> Shelter <input type="radio"/> Other <input type="radio"/>						Accompanied by (name) Sex F <input type="radio"/> M <input type="radio"/> Relationship																	
INITIAL HEALTH CARE Information in this section recorded by: Professional position: Health facility: no yes																							
<p>REGISTRATION month day year hour min Name: Regional Health Authority: Informed Consent Given <input type="radio"/> no <input checked="" type="radio"/> yes</p>																							
GENERAL MEDICAL HISTORY			Contraceptive			Gest. age			Prev. pregnancies			Livebirths			Alive			Vaccines			Test		
Gender ID Sex NCD Disability Allergies Prescription drugs Surgeries Mental Health Problems Other			IUD Implant Sterilization Injunctable Pill None Specify:			1 st day last menstrual period month day year			End previous pregnancy month day year < 1 year			Tetanus HPV COVID-19			Hep B HPV COVID-19			HIV Other STI dk pending not disclosed					
Notes																							
<p>Please ask: can you please tell me what happened? Take all the time you need and provide as much detail as you can. All the information asked is to provide you with the best care and it will not be shared with others unless you give consent.</p>																							
INCIDENT Information in this section recorded by: Professional position: Health facility: no yes																							
<p>Date of most recent incident month day year hours min delay > 24 hrs <input type="radio"/> no <input checked="" type="radio"/> yes</p> <p>1st reported In other institution Now <input type="radio"/> In other institution <input type="radio"/> Now <input type="radio"/> Perpetrator(s) Number: Male Female</p> <p>Who assaulted you? Intimate partner <input type="radio"/> Other known <input type="radio"/> Stranger <input type="radio"/> Family member <input type="radio"/> Lives with perpetrator? At home <input type="radio"/> Elsewhere <input type="radio"/> Where?</p>																							
Type of violence Physical Sexual Psychoemotional			Disclosed by patient <input type="radio"/> Asked <input type="radio"/> Suspected <input type="radio"/>			Previous incident no yes dk			Date of the incident month day year			Same perpetrator <input type="radio"/> Protection order breacher <input type="radio"/> Survivor <input type="radio"/>			Appearance of being under Drugs Alcohol								
<p>Delay in receipt of care due to: COVID 19 stay-at-home measures Partner restricted movement Weather Health problems Financial constraint Other</p>																							
DESCRIPTION OF INCIDENT						CLINICAL EXAM																	
Description of incident						Information in this section recorded by: Name: Professional position: Health facility: Informed Consent Given <input type="radio"/> no <input checked="" type="radio"/> yes Regional Health Authority: Witnessed by: Name: Professional position: Sex F <input type="radio"/> M <input type="radio"/> month day year hour min																	
DESCRIPTION OF VIOLENT EVENT																							
Type Beating Biting Pulling hair Other				Strangling Cutting Burning Other				Mode Force Knife Other object Use of restraints				Weight (kg) Height (cm) Blood pressure (systolic/diastolic) Pulse rate Temperature °C											
Injury Severe Mild None				Sexual Assault Rape no yes Post assault Vomited Unintended Defecated Brushed teeth Ate / Drank				Rinsed mouth Changed clothes Washed / Bathed Used tampon pad				Bimanual exam Vagino rectal Pubertal Adult Genital injuries Vulva / scrotum Cervix Vagina / penis Introltus / hymen Anus											
Date of last consensual sexual intercourse month day year						With who? Same person (s) Other person (s)																	

This color means WATCH (does not necessarily indicate risk or inadequate practice)

1.4.2 - Back

EMOTIONAL STATE		Mood		Speech		Suicidal attempt					
Appearance <input type="radio"/> no <input type="radio"/> yes Disarray (clothing, hair, etc.) <input type="radio"/> <input type="radio"/>		Intoxicated <input type="radio"/> no <input type="radio"/> yes		Calm <input type="radio"/> <input type="radio"/> Very sad <input type="radio"/> <input type="radio"/>		Clear <input type="radio"/> <input type="radio"/> With difficulty <input type="radio"/> <input type="radio"/> Slow <input type="radio"/> <input type="radio"/>		Self harming thoughts <input type="radio"/> <input type="radio"/> Action taken <input type="radio"/> <input type="radio"/>			
Distraught-restless <input type="radio"/> <input type="radio"/>		Angry <input type="radio"/> <input type="radio"/> Anxious <input type="radio"/> <input type="radio"/>		Crying <input type="radio"/> <input type="radio"/> Fast <input type="radio"/> <input type="radio"/> Silent <input type="radio"/> <input type="radio"/>		Flash backs of the incident <input type="radio"/> <input type="radio"/>		Repeated bad thoughts <input type="radio"/> <input type="radio"/>			
LAB TEST											
Pregnancy <input type="radio"/> - <input type="radio"/> + <input type="radio"/> dk month day year Result received month day year		Genital swab <input type="radio"/> no <input type="radio"/> yes month day year Result received month day year		Anal swab <input type="radio"/> no <input type="radio"/> yes month day year Result received month day year		Blood group <input type="radio"/> no <input type="radio"/> yes		Rh <input type="radio"/> - <input type="radio"/> + <input type="radio"/> done		HIV <input type="radio"/> - <input type="radio"/> + <input type="radio"/> dk STI <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	
Name laboratory: _____		Name laboratory: _____		Name laboratory: _____		Name laboratory: _____		Name laboratory: _____		Name laboratory: _____	
LEGAL EVIDENCE COLLECTED											
Pubic hair <input type="radio"/> no <input type="radio"/> yes Date collected month day year Date sent month day year		Head hair <input type="radio"/> no <input type="radio"/> yes Date collected month day year Date sent month day year		Nails <input type="radio"/> no <input type="radio"/> yes Date collected month day year Date sent month day year		Clothing <input type="radio"/> no <input type="radio"/> yes Date collected month day year Date sent month day year		Saliva <input type="radio"/> no <input type="radio"/> yes Date collected month day year Date sent month day year		Semen <input type="radio"/> no <input type="radio"/> yes Date collected month day year Date sent month day year	
Laboratory: _____		Laboratory: _____		Laboratory: _____		Laboratory: _____		Laboratory: _____		Laboratory: _____	
Current location of evidence: _____		Current location of evidence: _____		Current location of evidence: _____		Current location of evidence: _____		Current location of evidence: _____		Current location of evidence: _____	
IMMEDIATE CARE		FURTHER HEALTH CARE NEEDS		SAFETY ASSESSMENT		POLICE REPORT					
1st line support <input type="radio"/> no <input type="radio"/> yes STI PEP <input type="radio"/> <input type="radio"/> HIV PEP <input type="radio"/> <input type="radio"/> → 72hs Emergency contraception <input type="radio"/> <input type="radio"/> → 120hs		Further <input type="radio"/> no <input type="radio"/> yes Wounds <input type="radio"/> <input type="radio"/> STI <input type="radio"/> <input type="radio"/> HIV <input type="radio"/> <input type="radio"/> Contraception <input type="radio"/> <input type="radio"/>		Safe place to go <input type="radio"/> no <input type="radio"/> yes Safety plan developed <input type="radio"/> <input type="radio"/>		Done <input type="radio"/> <input type="radio"/> Date month day year Decided not to report <input type="radio"/> <input type="radio"/> Undecided <input type="radio"/> <input type="radio"/>					
Detail: _____											
DEPENDENTS (One line for each) <input type="text"/> Total number											
Name: _____		Age <input type="text"/> <input type="text"/>		Resides w/perpetrator <input type="radio"/> no <input type="radio"/> yes		At risk <input type="radio"/> <input type="radio"/>		Sex <input type="radio"/> F <input type="radio"/> M			
Name: _____		Age <input type="text"/> <input type="text"/>		Resides w/perpetrator <input type="radio"/> no <input type="radio"/> yes		At risk <input type="radio"/> <input type="radio"/>		Sex <input type="radio"/> F <input type="radio"/> M			
Name: _____		Age <input type="text"/> <input type="text"/>		Resides w/perpetrator <input type="radio"/> no <input type="radio"/> yes		At risk <input type="radio"/> <input type="radio"/>		Sex <input type="radio"/> F <input type="radio"/> M			
Name: _____		Age <input type="text"/> <input type="text"/>		Resides w/perpetrator <input type="radio"/> no <input type="radio"/> yes		At risk <input type="radio"/> <input type="radio"/>		Sex <input type="radio"/> F <input type="radio"/> M			
Name: _____		Age <input type="text"/> <input type="text"/>		Resides w/perpetrator <input type="radio"/> no <input type="radio"/> yes		At risk <input type="radio"/> <input type="radio"/>		Sex <input type="radio"/> F <input type="radio"/> M			
REFERRAL TO		CONTACT DETAILS		NAME OF PROFESSIONAL / POSITION / AGENCY		CONSENT TO SHARE INFORMATION		Next visit agreed <input type="radio"/> no <input type="radio"/> yes month day year			
Social services <input type="radio"/> no <input type="radio"/> yes											
Financial support <input type="radio"/> <input type="radio"/>											
Medical social worker <input type="radio"/> <input type="radio"/>											
Mental health care <input type="radio"/> <input type="radio"/>											
Police <input type="radio"/> <input type="radio"/>											
Housing / shelter <input type="radio"/> <input type="radio"/>											
Support group <input type="radio"/> <input type="radio"/>											
NOTES: _____ _____											

This color means WATCH (does not necessarily indicate risk or inadequate practices)

2 - SECTIONS OF THE INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE HEALTH CARE FORM

As a health-care provider, the way you speak to and present yourself to a survivor is very important. If done with empathy and without judgment, it can make an enormous difference to her feeling supported and safe. It can also increase her willingness to move forward in accessing care and support. In addition to the trauma she has experienced, you are going to obtain very personal information about her, and this results in a power imbalance. One way to begin to redress this imbalance is a good introduction. It is the first step in providing truly compassionate, patient-centered care. It is also vital in developing a good rapport and building trust with the survivor.

When meeting the survivor, make eye contact and introduce yourself. Let her know if you prefer to be called by your given name by inviting her to do so, e.g. "I'm Dr. XXX, and it's OK for you to call me xxx if you like."

Treat all survivors in a fair and respectful way and do not discriminate. It is important to recognize that a woman may face multiple forms of discrimination – because she is a woman, because of her race, ethnicity, caste, sexual orientation, gender identity, religion, disability, socioeconomic status or other characteristics or because she has been subjected to violence. Always listen carefully to her story, believe her and take her wishes seriously. Avoid distractions or interruptions.

Explain to her that history-taking and documentation of violence are important to provide her with the best possible care. It can help you or another provider to have details of a case at later visits to enable ongoing sensitive care. It could also be important if the woman decides to go to the police.

Conduct the interview and examination with the survivor in a private setting without distractions or interruptions. Be careful not to be overheard, or take care to keep all information confidential.

At some points in the IPV and SV Health Care Form, text has been added in blue with brief instructions to help you put the survivor at ease and to ensure that her rights are respected, especially by obtaining informed consent. One example is right of the beginning of the form:

INTIMATE PARTNER VIOLENCE AND SEXUAL VIOLENCE HEALTH CARE FORM
Introduce yourself and let the person know that you are here to help and support them.
Please say: *All the information asked is to provide you with the best care and it will not be shared with others unless you give consent.*

Obtain informed consent

Informed Consent Given	<input type="radio"/> no	<input checked="" type="radio"/> yes
------------------------	--------------------------	--------------------------------------

Informed Consent given: The health-care provider should explain what s/ he intends to do and obtain informed consent before each step of the form. Confidentiality should be maintained at all times, and informed consent must be obtained prior to treatment and/or sharing the patient's information.

Informed consent is required for examination and treatment, and for the release of information to third parties, such as the police and the courts. The form will prompt you repeatedly to (re-)confirm informed consent. The survivor may give consent for (part of) the exam or treatment, but not the release of information to others, or vice versa. Tell her what you would like to write down and why and check if this is okay with her. If there is anything she does not want written down, do not record it in the form. If there are any limitations to confidentiality (such as in situations of mandatory reporting), this information should be shared as early as possible with the survivor, preferably before or shortly after disclosure. While it is recommended to use the entire form to document the case accurately and completely, the survivor may choose not to answer a specific section and/or you may wish to readjust the order of questions/topics to the specific case.

The woman's wishes determine the care that you give. Act in response to her wishes, provide the best care possible, and avoid causing her further harm.

2.1 - Registration

REGISTRATION		Information in this section recorded by:	
Name: _____ Regional Health Authority: _____		Professional position: _____ Health facility: _____ Informed Consent Given <input checked="" type="radio"/> no <input type="radio"/> yes	
SURNAME	FIRST NAME	MIDDLE NAME	NICKNAME
STREET ADDRESS		VILLAGE	CITY
PHONE NUMBER (cellphone)	PHONE NUMBER (landline)	EMERGENCY CONTACT PERSON	PHONE NUMBER
Date of birth: month day year Age:		ID TYPE: ID card <input type="radio"/> Driver's license <input type="radio"/> T&T passport <input type="radio"/> Other passport <input type="radio"/> Other <input type="radio"/> Name of the country: _____ ID not shared <input type="radio"/>	
Country of birth	Nationality	Union status	Ethnicity
T&T <input type="radio"/> other <input type="radio"/>	T&T <input type="radio"/> other <input type="radio"/>	<input type="radio"/> Married and living with partner <input type="radio"/> Common-law and living with partner <input type="radio"/> Visiting partner <input type="radio"/> No longer living with spouse <input type="radio"/> No longer living with common-law partner <input type="radio"/> Never had a spouse or common law partner	<input type="radio"/> East Indian <input type="radio"/> African <input type="radio"/> Mixed African-East Indian <input type="radio"/> Mixed Other <input type="radio"/> Caucasian <input type="radio"/> Chinese <input type="radio"/> Indigenous <input type="radio"/> Syrian or Lebanese <input type="radio"/> Portuguese <input type="radio"/> Other
Referred by: Self <input type="radio"/> Relative <input type="radio"/> Police <input type="radio"/> Other Health Institution <input type="radio"/> Social Services <input type="radio"/> CSO <input type="radio"/> Shelter <input type="radio"/> Other <input type="radio"/>		Religion: <input type="radio"/> Anglican <input type="radio"/> Baptist - Spiritual Shouter <input type="radio"/> Baptist - other <input type="radio"/> Moravian <input type="radio"/> Jehovah's Witness <input type="radio"/> Methodist <input type="radio"/> Pentecostal <input type="radio"/> Roman Catholic <input type="radio"/> Seventh Day Adventist <input type="radio"/> Brethren <input type="radio"/> Hinduism <input type="radio"/> Orisha <input type="radio"/> Islam <input type="radio"/> Presbyterian <input type="radio"/> Rastafarian <input type="radio"/> Other religion <input type="radio"/> None	
Accompanied by: (name) _____ Sex: F <input type="radio"/> M <input type="radio"/> Relationship: _____		Education: <input checked="" type="radio"/> None <input type="radio"/> Primary <input type="radio"/> Secondary <input type="radio"/> Tertiary <input type="radio"/> Complete <input type="radio"/> Incomplete	

Registration: fill in the month, the day and the year and the exact time of the medical consultation. **Note that the format of dates throughout the form starts with the month, then day, then the final two digits of the year (mm/dd/yy).** The correct way to mark the numbers is filling all the boxes.

Information in this section recorded by: fill in the following information about yourself.

- Name
- Professional position
- Health facility
- Regional Health Authority

Informed Consent Given: please refer to the first part of this section.

Name: write the surname, first name and, if applicable, middle name and nickname of the person.

Street address - Village - City - County: This refers to the usual residence of the person. Write down the name of the street, the number of the building (if applicable), and the names of the village and/ or city. If the address cannot be identified with these data, write down any other reference that facilitates its location.

Phone number: Ask for the survivor's cellphone number and write this down. If the survivor has a landline phone where she can be reached, include this as well

Emergency contact person: Ask for the name and telephone number of a person that can be contacted in case of emergency.

ID type: This refers to the type of identification document presented by the patient to identify herself.

Ask the survivor whether she would be willing to show an identification document to you, such as a national identity card, driver's permit or passport. Be aware that some survivors may not wish their identities to be known, because they fear for their safety or reputation if identified as someone who has been subjected to IPV or SV. Additionally, some may not have a form of identification with them as they may have left it behind to escape a violent situation. If the person does not wish to show an identification document or says she does not have one with her, mark the "ID not shared" circle. If using the electronic version of the form, a code will be automatically generated for this form after "ID not shared" has been selected.

The options are as follows:

- ID card: This refers to a Trinidad and Tobago national identity card. The number of the identity card shows the date of birth in the year/month/day format (yyyymmdd) plus three additional numbers (11 numbers in total). The number should be entered in the boxes at the bottom of the ID type section.
- Driver's permit: This refers to a Trinidad and Tobago driver's permit. Driver's permit numbers have 6 digits and a letter, e.g.654321T. The digits and letter should be entered in the boxes at the bottom of the ID type section.

- T&T passport: Trinidad and Tobago passport numbers have 2 letters followed by 6 digits, e.g. YZ567890. The letters and digits should be entered in the boxes at the bottom of the ID type section.
- Other passport: Some survivors presenting for health care may be from other countries. Ask if they can present their passport and specify their nationality in the field provided. Insert the passport identification code in the boxes at the bottom of the ID type section.
- If another form of identification document is presented, insert the type and enter the code.

Date of birth: Enter the month, day and year of the person's birth. The correct way to mark the numbers is filling all the boxes.

Age (years): ask- how old are you? Write the answer in the two spaces available.

Country of Birth: Select the person's country of birth as appropriate. If she was not born in Trinidad and Tobago, write in the name of the country where she was born.

Nationality: Select the person's nationality as appropriate. If she is not a Trinidad and Tobago national, write in the name of the country of which she is a citizen.

Union status: Register the person's union status as appropriate.

Ethnicity: The ethnic groups listed here are those included in the Trinidad and Tobago census.

The way to obtain the data could be to ask, "Which ethnic group do you believe you belong to?" Mark the answer as indicated by the person. If unknown or unsure, click "other".

Religion: The way to obtain the data could be to ask, "Do you practice any religion? If so, could you tell me which one?"

Education: This refers to studies completed in the formal education system.

Ask: "What was the highest level of educational institution you attended? Is it primary, secondary or tertiary?"

Record only the highest level reached and whether or not this level was completed.

Referred by: It is important to know who referred the survivor to health care so that follow-up can take place with these individuals or institutions if necessary. Select the person or institution that referred the survivor to health care:

- Self
- Relative
- Police
- Other Health Institution

- Social Services
- CSO
- Shelter
- Other

Accompanied by: If the survivor is accompanied by another person to the health facility, it is important to record information on who they are to contribute to understanding the social network of the survivor, which may affect her risk and her social support. Select the appropriate tick box to indicate the sex of the accompanying person. Write in the type of relationship s/he has with the survivor, such as partner, husband, mother, father, son, daughter, friend, social worker, police officer etc.

REMEMBER: Never raise the issue of violence if the woman is not alone, or if your conversation can be easily overheard by others. Privacy and confidentiality are essential components of a human rights-based approach. As a health worker, you may need to think of an excuse to speak to the suspected survivor alone.

2.2 - Initial health care

INITIAL HEALTH CARE		Information in this section recorded by:		
REGISTRATION	month day year hour min	Name: _____	Professional position: _____	Health facility: _____
		Regional Health Authority: _____	Informed Consent Given	<input type="radio"/> no <input checked="" type="radio"/> yes

Registration: fill in the day, the month, the year and the exact time of the medical consultation. The correct way to mark the numbers is filling all the boxes.

Information in this section recorded by: fill in the following data about yourself.

- Name
- Professional position
- Health facility
- Regional Health Authority

Informed Consent Given: please refer to section 2 above.

2.3 - General Medical History

GENERAL MEDICAL HISTORY		no		yes		Contraceptive		no		yes		Gest. age		Prev. pregnancies		Livebirths		Alive		Vaccines			Test								
Gender ID	Sex	NCD	<input type="radio"/>	<input checked="" type="radio"/>	Disability	<input type="radio"/>	<input checked="" type="radio"/>	IUD	<input type="radio"/>	Condom	<input type="radio"/>	<input checked="" type="radio"/>	month	day	year	month	day	year	month	day	year	Tetanus	<input type="radio"/>	<input checked="" type="radio"/>	dk	<input type="radio"/>	HIV	<input type="radio"/>	Other STI	<input type="radio"/>	
Woman	Female	Allergies	<input type="radio"/>	<input checked="" type="radio"/>	Prescription drugs	<input type="radio"/>	<input checked="" type="radio"/>	Implant	<input type="radio"/>	Menstruating	<input type="radio"/>	<input checked="" type="radio"/>	month	day	year	month	day	year	month	day	year	Hep B	<input type="radio"/>	<input checked="" type="radio"/>	dk	<input type="radio"/>	-	<input type="radio"/>	+	<input checked="" type="radio"/>	
Man	Male	Surgeries	<input type="radio"/>	<input checked="" type="radio"/>	Mental Health Problems	<input type="radio"/>	<input checked="" type="radio"/>	Sterilization	<input type="radio"/>	Pregnant	<input type="radio"/>	<input checked="" type="radio"/>	month	day	year	month	day	year	month	day	year	HPV	<input type="radio"/>	<input checked="" type="radio"/>	dk	<input type="radio"/>	pending	<input type="radio"/>	not disclosed	<input checked="" type="radio"/>	
Non binary	Inter sex	Other	<input type="radio"/>	<input checked="" type="radio"/>	Specify:	_____		Injectable	<input type="radio"/>	1 st day last menstrual period	month	day	year	month	day	year	month	day	year	month	day	year	COVID-19	<input type="radio"/>	<input checked="" type="radio"/>	dk	<input type="radio"/>	pending	<input type="radio"/>	not disclosed	<input checked="" type="radio"/>
Notes		_____																													

General tips:

- First, review any previous medical records of the survivor and enter the information in the appropriate parts of this section. Avoid asking questions she has already answered.
- Keep a respectful attitude and a calm voice. Do not judge or blame her.
- Maintain eye contact as culturally appropriate.
- Avoid distraction and interruption.
- Take time to collect all needed information. Give her the space to consider her choices and make her decisions.

Gender ID: refers to gender identity. Gender refers to sociocultural norms, roles, and relationships defined by society that are considered appropriate for men, women, boys and girls. Gender identity reflects a deeply felt and experienced sense of one’s own gender. Everyone has a gender identity, which is part of their overall identity. A person’s gender identity may be aligned with the sex assigned to them at birth, or it can be different. Gender identity is distinct from sexual orientation.

Non binary: people with identities that do not fall into one of the two categories, “male/female”.

Sex: Sex refers to the characteristics that are biologically determined.

Ask about medical history: This should cover any current or past health problems, allergies, and any medications that the woman is taking. This information may help with understanding examination findings. Mark the circles “yes” or “no” to indicate whether or not the person has experienced each type of health condition indicated on the form.

Take a gynaecological history. The purpose of this is to:

- check the risk of pregnancy and STIs
- check whether any exam findings could result from previous traumatic events, pregnancy or delivery.

Contraceptive: Ask, “Are you using any method to avoid pregnancy?”

Ask the person to specify the type of contraception used. Mark the circles for each type of contraceptive currently used. The possible answers are:

- Intrauterine Device (IUD)
- Implant
- Sterilization
- Injectable
- Pills (oral)

Mark “None” if no contraceptive method was used.

Condoms can protect from sexually transmitted infections as well as pregnancy, so it is important to know whether one was used at the time of the violent incident. Indicate “yes” or “no”. Similarly, indicate “yes” or “no” according to whether the woman was **menstruating** or **pregnant** at the time of the violent incident.

First day of last menstrual period: ask, “What was the first day of your last menstrual period?” Record the data provided in day-month-year format.

Pregnancies:

Gest. Age: if the woman is pregnant, calculate the number of weeks of pregnancy completed (also known as gestational age) based on information on the date of her last menstrual period. Alternatively, ultrasound can be used to estimate gestational age, if this is available and appropriate based on your professional assessment.

Prev. pregnancies: refers to the number of previous pregnancies, not including the current one if she is currently pregnant. Enter 00 if it is the first pregnancy.

Live births: according to ICD 10 (International classification of diseases (ICD)), a newborn will be classified as alive if it shows any signs of life after expulsion or complete extraction from his mother’s body, regardless of the duration of the pregnancy. Signs of life will be considered if the newborn breathes, its heart beats, its cord pulses, or there are noticeable movements of voluntary muscles. The classification of a live birth is independent of whether or not the umbilical cord has been cut or the placenta remains united or not.

Alive: this refers to the number of children that are alive at the time of the query.

End of previous pregnancy: write down day, month and year of the end of the pregnancy immediately previous to the current one, whether it ended with child birth or abortion. Leave blank if it is a first pregnancy. Mark the yellow circle if the most recent pregnancy occurred within one year of the beginning of current pregnancy.

Mark the yellow circle in the following cases:

- The interval between previous delivery and current pregnancy is less than 1 year;
- The interval between previous abortion and current pregnancy is less than 1 year.

Vaccines:

Mark “no” if the person was never immunized (no dose received). Mark “yes” if the person ever received this vaccination. Mark “dk” if the person does not know or does not remember if she has received the vaccine.

If you are aware from previous meetings with this patient or her patient notes that she has been vaccinated for these diseases, mark “yes” against all the vaccinations of which you are aware. Only ask questions about vaccinations you do not know about.

Tetanus: Ask, “Have you ever received the Tetanus vaccine?” If yes, record the date of vaccination in month, day, year format.

For the other vaccines mentioned in the form, mark “yes” or “no” depending on whether or not the person has been vaccinated for this disease..

Hep. B: The hepatitis B virus can be sexually transmitted, so it is important to know if the person has received vaccination against hepatitis B. Ask, “Have you ever received the hepatitis B vaccine?”

HPV: Ask, “Have you ever received the HPV vaccine?”

COVID-19: Ask, “Have you been fully vaccinated for COVID-19?”

Tests:

HIV: Human Immunodeficiency Virus.

Ask, “Have you ever had an HIV test?” If yes, “Please can you tell me the result of your most recent HIV test?” If the person does not wish to disclose the results of HIV testing or chooses not to answer, respect her wishes and mark, “not disclosed.” Mark dk, “Don’t know” when the person does not know if she is HIV positive and “pending” if she is awaiting a test result.

Remember to maintain the confidentiality of an HIV positive result. The result must not be shared beyond those members of the health team who need to know to provide the best possible health care.

Similar procedures as for HIV should be followed when asking whether the survivor has had a test for an STI (sexually transmitted infection) and to enquire and record the result of STI testing.

2.4 - Asking about the violent incident

Please ask: can you please tell me what happened? Take all the time you need and provide as much detail as you can. All the information asked is to provide you with the best care and it will not be shared with others unless you give consent.

Remember to use the wording in blue before asking about the incident. This will help you put the survivor at ease and ensure that her rights are respected. It will also remind her of her right to decide whether or not information about her case is shared with others

Do not force a woman to talk about the assault if she does not want to. In all cases, limit questions to just what is required for medical care. However, if a woman clearly wants to talk about what happened, it is very important to listen empathetically and allow her to talk.

Explain that learning what happened will help you give her the best care possible. Assure her that you will keep what she says private and confidential unless she wishes for the information to be shared with other service providers who could help her (e.g. social workers, counsellors, the police) or if the law requires you to report. According to the current Trinidad and Tobago legislation, reporting to the police is mandatory for suspected cases of sexual offences against children (7). Suspected cases of domestic violence against children and persons who are dependents because of age or infirmity and disability must also be reported to the police (8). Thus, in most cases of IPV and SV against adult women, there is no mandate for health workers to report the case to the police. Health workers should support the survivor in her decision-making and respect her wishes.

Explain to the survivor that she does not have to tell you anything that she does not want to talk about. Let her tell her story in the way that she wants and at her own pace. Do not interrupt. If it is essential to clarify any details, ask after she has finished. Question gently. Use open-ended questions that cannot be answered yes or no. Avoid questions that might suggest blame, such as “What were you doing there alone?” or “Why did you...?” The woman may omit or avoid describing painful, frightening or horrific details. Do not force her to describe them. If you really need specific information in order to treat her properly, explain why you need to know.

Tips for talking with persons impacted by IPV and sexual violence.

Show that you are listening and that you care: Make eye contact, acknowledge her feelings (for example, you can nod, and you can say “I understand” or “I see how you feel”).

Sit at the same level as the person.

Respect her dignity. Do not express negative judgments about her or others. Be gentle. Encourage her to answer but do not insist.

Ask one question at a time. Speak simply and clearly. Ask for clarification or detail if needed.

Give her time to answer and allow silences. Do not rush.

Use the tick boxes to make note of details associated with the violent event. The notes section allows you to add any further detail (there is no word limit).

INCIDENT		Date of most recent incident month day year hours min delay > 72 hs <input type="radio"/>		1 st reported Now <input type="radio"/> _____ In other institution <input type="radio"/>		Perpetrator (s) Number Number Male Female		Who assaulted you? Intimate partner <input type="radio"/> Other known <input type="radio"/> Family member <input type="radio"/> Stranger <input type="radio"/>		Lives with perpetrator no <input type="radio"/> yes <input checked="" type="radio"/>		Where? At home <input type="radio"/> Elsewhere <input type="radio"/>			
Type of violence Physical <input checked="" type="radio"/> no <input type="radio"/> yes <input type="radio"/> Sexual <input checked="" type="radio"/> no <input type="radio"/> yes <input type="radio"/>		Psychoemotional <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Disclosed by patient <input type="radio"/>		Previous incident <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Date of the incident month day year		Same perpetrator <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Appearance of being under Drugs <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Alcohol <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>	
Delayed in receipt of care due to:		COVID 19 stay-at-home measures <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Partner restricted movement <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Weather <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Health problems <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Financial constraint <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Other <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>			
Suspected <input type="radio"/>		Protection order breached <input type="radio"/>		Perpetrator <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Survivor <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Perpetrator <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Survivor <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Perpetrator <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>		Survivor <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> dk <input type="radio"/>	
Description of incident _____ _____ _____ _____ _____ _____															

Date of most recent incident: fill in the month, day, year and time in hours and minutes. Use the 24 hour clock to determine the time, e.g. enter 3:15 pm as 15:15. The date and time should be entered as precisely as possible. Ask the survivor if she recalls the day and time when the incident took place. Explain to her that this information is helpful to monitor whether medical care was provided on a timely basis, and can be critical if the survivor decides to pursue a legal case against the perpetrator.

Check the “>72 hs” circle if the time of the incident was more than three days/ 72 hours ago. If the incident was more than 72 hours ago, go to the section, “**Delay in receipt of care due to**”. Ask the survivor if she is able to tell you the reason that she was not able to report for health care earlier. Phrase the question carefully so as not to assign responsibility or blame. Mark the “yes” or “no” circles according to her responses.

Delay in receipt of care due to:		COVID 19 stay-at-home measures <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Partner restricted movement <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Weather <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Health problems <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Financial constraint <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>		Other <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/>	
----------------------------------	--	--	--	---	--	---	--	---	--	--	--	---	--

Type of violence: women may suffer several types of violence: physical violence, emotional/psychological abuse, controlling behaviours, and sexual violence, or a combination of these. The perpetrator can be an intimate partner, a family member, other people known to the survivor, or a stranger. Mark the “no” and “yes” circles according to the type of violence experienced, using the following definitions:

Physical violence: includes causing injury or harm to the body by, for example, hitting, kicking or beating, pushing, hurting with a weapon.

Emotional/psychological abuse: can include many types of behaviours such as:

- criticizing her repeatedly
- calling her names or telling her she is ugly or stupid
- threatening to hurt her or her children
- threatening to destroy things she cares about
- belittling or humiliating her in public
- Controlling behaviours, which include, for example:
 - not allowing a woman to go out of the home, or to see family or friends
 - insisting on knowing where she is at all times
 - often being suspicious that she is unfaithful
 - not allowing her to seek health care without permission
 - leaving her without money to run the home.

Sexual violence: this includes:

- forcing her to have sex or perform sexual acts when she doesn't want to
- harming her during sex
- forcing her to have sex without protection from pregnancy or infection.

Disclosure:

Mark “**Asked**” if the health-care provider asked about violence when assessing conditions that may be associated with violence. Note that clicking this box does not confirm that violence has taken place, only that the health worker asked about it as recommended in the National Clinical Guidelines on IPV and SV. Mark “**Disclosed by patient**” if the patient reported that she had been subjected to violence (current or past) after having been asked by the health worker in line with the National Clinical Guidelines on IPV and SV. Mark “**Suspected**” if you suspect the patient has been subjected to violence but did not ask about it, for example, if minimum conditions, e.g. privacy, were not met.

First reported

Mark the appropriate circle:

- Now
- In other institution: please register which one and when

Perpetrator(s)

Please provide the number and the sex of the perpetrator(s) if possible, as indicated.

Who assaulted you?

Please indicate the **relationship** of the perpetrator(s) to the survivor by clicking one of these boxes:

- Intimate partner: this refers to ongoing or past violence and abuse by an intimate partner or ex-partner —a husband, boyfriend or lover, either current or past.
- Family member: such as a sibling, parent, parent-in-law, cousin or another person considered part of the family. For intimate partners, please use the earlier box.
- Other known: this refers to any other person known to the survivor, regardless of the level of familiarity. It excludes intimate partners and family members (see above).
- Stranger: any person not previously known to the survivor.

Lives with perpetrator: please check the appropriate circle (no or yes)

Where: please indicate where the violence took place by clicking the appropriate option: at home or elsewhere.

Previous incident:

Previous incident	no <input type="radio"/>	yes <input checked="" type="radio"/>	dk <input type="radio"/>		
Date of the incident					
month day year					
Same perpetrator					
no <input type="radio"/>				yes <input checked="" type="radio"/>	dk <input type="radio"/>
Protection order breached					
no <input type="radio"/>				yes <input checked="" type="radio"/>	dk <input type="radio"/>

Ask whether the survivor has experienced previous incidents of IPV and SV. If she has, register the date of the previous incident as accurately as possible. Ask whether the same person perpetrated the violence before. If yes, also ask whether the survivor has taken out a protection order against the perpetrator and whether it was breached.

Appearance of being under the influence of drugs and alcohol:

Check the appropriate circle, “yes”, “no” or “dk” (don’t know) if the perpetrator or the survivor appeared to be under the influence of drugs or alcohol at the time of the violent event.

Drugs: this refers to the appearance of being under the effects of the use of drugs while the incident happened. Note that this is a subjective assessment. It is not proof of being under the influence of drugs, nor does it assume any testing in the health system. If unsure or unknown, please click “dk”.

Alcohol: this refers to the appearance of being under the effects of any type of alcoholic drink while the incident occurred. Note that this is a subjective assessment. It is not proof of being under the influence of alcohol, nor does it assume any testing in the health system. If unsure or unknown, please click “dk”.

2.5 - Description of violent event

The reason to obtain an account of the violence is to:

- guide the exam so that all injuries can be found and treated;
- assess the risk of pregnancy, STIs and HIV as well as other health risks that may require health care;
- guide specimen collection and documentation for ongoing sensitive care and support of the survivor. This may include medico-legal documentation if the survivor decides to pursue a case.

Note that a single violent event may have been the trigger that encourages the survivor to access care and support. However, it should be noted that such violence is unlikely to be a single, isolated incident. Survivors may have experienced prior violence or will continue to be at risk of experiencing violence in future. Please make sure you document past experience of violence in the notes section of the form, as this may help you to adjust your response to the survivor’s specific needs. You can also continue to build on this record in future visits. Accurate and comprehensive documentation of violence is an important step in providing good quality care.

Types of violence:

PHYSICAL			
	no	yes	dk
Type			
Beating	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Biting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Pulling hair	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Strangling	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Cutting	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Burning	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Indicate whether the event involved physical violence by marking the circle, “no” or “yes”.

- Type: select the means of physical violence in accordance with what the survivor says. The clinical exam can provide further information on how the person was injured.
- Note that tick boxes for other forms of violence (sexual, emotional) are also provided in the form (see also below on sexual assault).

Injury			Mode				
			Force	no <input type="radio"/>	yes <input checked="" type="radio"/>	Firearm	no <input type="radio"/>
Severe	<input checked="" type="radio"/>	Mild	<input checked="" type="radio"/>	None	<input type="radio"/>		
					Use of restraints	no <input type="radio"/>	yes <input checked="" type="radio"/>

Indicate any **injuries** caused by the violent event, as well as the mode in accordance with what the survivor describes.

- Injury: select in accordance with what the survivor says.
- Mode: select in accordance with what the survivor says.

Note that this section applies to all forms of violence (i.e. injuries should be noted regardless of whether the survivor discloses injuries caused by physical, sexual or emotional violence). In case of sexual violence, further details should also be added in the next sections.

2.6 - Sexual Assault

SEXUAL ASSAULT				Rape no <input type="radio"/> yes <input checked="" type="radio"/>	
Penetration	Vaginal	Anal	Oral	Post assault	
Penis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vomited	no <input type="radio"/> yes <input checked="" type="radio"/>
W/ejaculation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Urinated	<input type="radio"/> <input checked="" type="radio"/>
Finger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Defecated	<input type="radio"/> <input checked="" type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Brushed teeth	<input type="radio"/> <input checked="" type="radio"/>
Dk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Ate / Drank	<input type="radio"/> <input checked="" type="radio"/>
Date of last consensual sexual intercourse				With who?	
month day year				Same person (s) <input type="radio"/>	
				Other person (s) <input type="radio"/>	

Sexual assault: Sexual assault is the use of physical or other force to obtain or attempt sexual penetration of the vulva, anus or mouth. **Rape** is defined as physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. Indicate if the sexual assault involved rape or not.

According to what the survivor tells you, indicate the modality of the sexual assault according to the chart. Information from the clinical exam (see below) can also inform the answers in this section.

After the sexual assault indicate what the survivor did by marking the post assault options as appropriate.

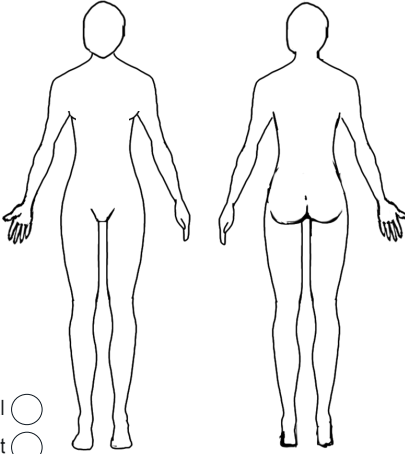
Date of last consensual sexual intercourse: Fill in the date of the last consensual sexual intercourse in month, day, year format.

With who? Indicate whether the sexual assault was perpetrated by the same person or not.

Description of incident: use the notes section to document any other details related to the violent incident. Write down details using as much as possible the words of the survivor to describe the incident. Avoid any interpretation of information.

Remember: only ask about what is needed for medical care.

2.7 - Clinical exam

CLINICAL EXAM																													
Information in this section recorded by:		Name: _____																											
Professional position: _____		Health facility: _____																											
Informed Consent Given <input type="radio"/> no <input checked="" type="radio"/> yes		Regional Health Authority: _____																											
Witnessed by:		Professional position: _____																											
Name: _____		Sex F <input type="radio"/> M <input type="radio"/>		<table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>month</td><td>day</td><td>year</td><td>hour</td><td>min</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>		month	day	year	hour	min																			
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<table style="width: 100%;"> <tr> <td style="width: 25%;">Genital injuries</td> <td style="width: 10%;">no</td> <td style="width: 10%;">yes</td> <td style="width: 10%;">no</td> <td style="width: 10%;">yes</td> <td style="width: 10%;">no</td> <td style="width: 10%;">yes</td> <td style="width: 10%;">no</td> <td style="width: 10%;">yes</td> </tr> <tr> <td>Vulva / scrotum</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td>Cervix</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td>Vagina / penis</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td>Introitus / hymen</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> <td>Anus</td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> </table>						Genital injuries	no	yes	no	yes	no	yes	no	yes	Vulva / scrotum	<input type="radio"/>	<input checked="" type="radio"/>	Cervix	<input type="radio"/>	<input checked="" type="radio"/>	Vagina / penis	<input type="radio"/>	<input checked="" type="radio"/>	Introitus / hymen	<input type="radio"/>	<input checked="" type="radio"/>	Anus	<input type="radio"/>	<input checked="" type="radio"/>
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Mark injuries in the drawing and describe _____ _____ _____																													

Enter information about the person conducting the exam, i.e. your name, position and institutional affiliation.

Prepare for the exam and obtain informed consent. Ask the woman's permission to do a physical exam and obtain informed consent for each step. Note that informed consent is required for examination and treatment and for the release of information to third parties, such as the police and the courts. The survivor can decide what to consent to, including a partial consent for part of the exam, sharing of information with a specific third party but not another, etc. Always respect the survivor's wishes.

Explain the main aspects of the head-to-toe exam (medical, pelvic, evidence collection and sharing if applicable). It is important to give the woman space to ask questions, pause or stop the exam, and to respond to all of her concerns. The healthcare provider should record all findings and document all results, injuries and observations completely and accurately. Do not interpret findings.

See that another person is present during the exam – preferably a specifically trained support person or female health worker. It is especially important to have a woman present if the provider is male. Introduce this person, and explain that she is there to give the woman help and support. Otherwise, keep the number of people in the exam room to a minimum.

Further guidance on delivering care and support to survivors of IPV and SV is provided in Section III of the National Clinical and Policy Guidelines on IPV and SV (2).

Witnessed by: If another person is present and witnesses the clinical exam, write the name of the person and their professional position. Indicate their sex.

Do a head-to-toe exam:

What to look at	What to record
<ul style="list-style-type: none"> ● General appearance ● Hands and wrists, forearms, inner surfaces of upper arms, armpits ● Face, including inside of mouth ● Ears, including inside and behind ears ● Head ● Neck ● Chest, including breasts ● Abdomen ● Buttocks, thighs, including inner thighs, legs and feet 	<ul style="list-style-type: none"> ● Active bleeding ● Bruising ● Redness or swelling ● Cuts or abrasions ● Evidence that hair has been pulled out, and recent evidence of missing teeth ● Injuries such as bite marks or gunshot wounds ● Evidence of internal traumatic injuries in the abdomen ● Ruptured eardrum

Weight: Please indicate the weight in kilograms by completing all the spaces intended for this purpose.

Height: Please indicate the person’s height in centimeters by completing all the boxes provided for this purpose.

Pulse rate: Indicate this in beats per minute (bpm).

Blood pressure: systolic and diastolic in millimeters of mercury (mmHg). If conditions allow it, the BP will be measured with the seated woman putting on the cuff of the sphygmomanometer in the right forearm and listening to the ulnar artery.

Respiratory rate: (F Resp): in breaths per minute (rpm).

Axillary temperature: is recorded in degrees Centigrade with the corresponding decimal. Place the thermometer in the armpit for at least one minute. The presence of fever may be a sign of serious infection.

Click on the circles in the **pictograms** to indicate the location of all wounds, bruises, petechiae (signs of bleeding under the skin), marks, etc. Use the lines indicated by **Mark injuries in the diagram and describe** to describe the injuries in writing. In the following table, body parts to consider under each of the main body parts indicated by circles in the pictograms are recommended.

Table: Body parts to consider when writing notes from the clinical exam

Front-of-body pictogram	Back-of-body pictogram
<p>Face/ front and sides of head</p> <ul style="list-style-type: none"> ● Top of head ● Forehead ● Right eye ● Left eye ● Right ear ● Left ear ● Cheeks ● Nose ● Jaw ● Lips ● Teeth ● Gums ● Tongue ● Chin 	<p>Back of head</p> <ul style="list-style-type: none"> ● Skin ● Skull ● Brain tissue
Neck	Back of neck
<p>Chest</p> <ul style="list-style-type: none"> ● Right breast ● Left breast ● Ribs 	<p>Torso</p> <ul style="list-style-type: none"> ● Shoulder blades ● Spine ● Ribs ● Lower back
<p>Abdomen</p> <ul style="list-style-type: none"> ● Upper abdomen and navel ● Lower abdomen ● Right hip ● Left hip 	<p>Posterior</p> <ul style="list-style-type: none"> ● Right buttock ● Left buttock ● Anus ● Rectum
<p>Genitalia</p> <ul style="list-style-type: none"> ● Labia majora ● Labia minora ● Clitoris ● Vagina ● Perineum ● Penis ● Scrotum 	

Front-of-body pictogram	Back-of-body pictogram
<p>Right shoulder and arm</p> <ul style="list-style-type: none"> ● Shoulder ● Upper arm ● Elbow ● Lower arm 	<p>Right shoulder and arm</p> <ul style="list-style-type: none"> ● Back of shoulder ● Back of upper arm ● Back of elbow ● Back of lower arm
<p>Right hand</p> <ul style="list-style-type: none"> ● Wrist ● Palm ● Fingers and thumb 	<p>Right hand</p> <ul style="list-style-type: none"> ● Back of hand ● Back of fingers and thumb
<p>Left shoulder and arm</p> <ul style="list-style-type: none"> ● Shoulder ● Upper arm ● Elbow ● Lower arm 	<p>Left shoulder and arm</p> <ul style="list-style-type: none"> ● Back of shoulder ● Back of upper arm ● Back of elbow ● Back of lower arm
<p>Left hand</p> <ul style="list-style-type: none"> ● Wrist ● Palm ● Fingers and thumb 	<p>Left hand</p> <ul style="list-style-type: none"> ● Back of hand ● Back of fingers and thumb
<p>Right leg</p> <ul style="list-style-type: none"> ● Upper thigh – internal ● Upper thigh – external ● Lower thigh ● Knee ● Shin 	<p>Right leg</p> <ul style="list-style-type: none"> ● Back of thigh ● Back of knee ● Calf
<p>Right foot</p> <ul style="list-style-type: none"> ● Ankle ● Upper foot ● Toes 	<p>Right foot</p> <ul style="list-style-type: none"> ● Achilles' tendon ● Under foot
<p>Left leg</p> <ul style="list-style-type: none"> ● Upper thigh – internal ● Upper thigh – external ● Lower thigh ● Knee ● Shin 	<p>Left leg</p> <ul style="list-style-type: none"> ● Back of thigh ● Back of knee ● Calf
<p>Left foot</p> <ul style="list-style-type: none"> ● Ankle ● Upper foot ● Toes 	<p>Left foot</p> <ul style="list-style-type: none"> ● Achilles' tendon ● Under foot

Document type, size, color, form and other particulars. Describe as completely and accurately as possible. Do not interpret the findings.

- Catalog the type of injury (cut, bruise, abrasion, fracture, other):
- Description of the injury (length, depth, other characteristics)
- Location of the injury

Indicate whether a **bimanual exam** and/ or a **vaginal-rectal exam** are performed. Note that in cases of sexual assault, a genito-anal examination is necessary. This is a sensitive examination, particularly the speculum exam.

- Help the woman feel as comfortable as possible.
- Let her know when and where you will touch her.
- Help the woman to lay down on her back with her legs bent, knees comfortably apart.
- Place a sheet over her body. It should be drawn up at the time of the examination.
- Work systematically. Have a good light source to view injuries.
- Record all your findings and observations clearly and fully.

Indicate whether the patient’s body shows signs of puberty (**pubertal**) or if she is an **adult**.

Genital injuries: Indicate any injuries to genitalia as applicable.

What to look at	What to record
<ul style="list-style-type: none"> ● Genitals (external) ● Genitals (internal examination, using a speculum) ● Anal region (external) 	<ul style="list-style-type: none"> ● Active bleeding ● Bruising ● Redness or swelling ● Cuts or abrasions ● Foreign body presence

Remember: There is no place for virginity (or ‘two-finger’) testing; it has no scientific validity and should never be performed by a health-care provider.

2.8 - Emotional State

EMOTIONAL STATE		Mood		Speech			Suicidal attempt	
Appearance no yes Disarray (clothing, hair, etc.) <input type="radio"/> <input type="radio"/>		no yes Calm <input type="radio"/> <input type="radio"/>		no yes no yes no yes Clear <input type="radio"/> <input type="radio"/> With difficulty <input type="radio"/> <input type="radio"/> Slow <input type="radio"/> <input type="radio"/>			no yes Self harming thoughts <input type="radio"/> <input type="radio"/>	
Intoxicated <input type="radio"/> <input type="radio"/>		Very sad <input type="radio"/> <input type="radio"/>		Crying <input type="radio"/> <input type="radio"/> Fast <input type="radio"/> <input type="radio"/> Silent <input type="radio"/> <input type="radio"/>			Action taken <input type="radio"/> <input type="radio"/>	
Distracted-restless <input type="radio"/> <input type="radio"/>		Angry <input type="radio"/> <input type="radio"/> Anxious <input type="radio"/> <input type="radio"/>					Flash backs of the incident <input type="radio"/> <input type="radio"/>	
							Repeated bad thoughts <input type="radio"/> <input type="radio"/>	

See Section III, Step 3b, “Treat and/or refer for mental health”, of the National Clinical and Policy Guidelines on IPV and SV for guidance on mental health and psychosocial support following IPV and SV (2).

Ask general questions about how she is feeling and what her emotions are while taking her history. Use observation and your professional judgment to record aspects of her **Appearance, Mood and Speech**.

Suicidal attempt: Ask whether the survivor has ever thought of harming herself since the violent event and mark **Self-harming thoughts** accordingly. If she answers yes, ask if she has acted to harm herself (**Action taken**). Ask whether she has tried to take her own life (**Suicidal attempt**).

Also ask whether she keeps seeing the incident in her mind (**Flashbacks of the incident**) or whether she has **Repeated bad thoughts**.

2.9 - Lab Test

LAB TEST		Genital swab		Anal swab		Blood group		Rh		HIV		STI	
Pregnancy <input type="radio"/> - <input type="radio"/> + <input type="radio"/> dk month day year		no yes month day year		no yes month day year		no yes month day year		- + not done month day year		- + dk month day year		month day year	
Result received month day year		Result received month day year		Result received month day year		Result received month day year		Result received month day year		Result received month day year		Result received month day year	
Name laboratory:		Name laboratory:		Name laboratory:		Name laboratory:		Name laboratory:		Name laboratory:		Name laboratory:	

Laboratory tests are an important step towards providing ongoing care and support for survivors and in the chain of evidence that may be necessary if the survivor decides to pursue a legal case. The laboratory tests highlighted in this section are especially important to perform following sexual assault, but blood group and blood type testing may also be important following injuries inflicted by other means. For guidance on procedures to take for testing and other aspects of care following sexual assault, see Section III, Step 3b of the National Clinical and Policy Guidelines on IPV and SV (2).

This section of the form is important in documenting, for each type of test, not only whether it was done, but the laboratory that did the test and the date the result was received. This information may be important for follow up. Mark all dates in month, day, year format (mm/dd/yy).

Pregnancy: Insert the date the specimen was taken for pregnancy testing, the date the result was received and the name of the laboratory. Mark the appropriate circles, “-” for

not pregnant, “+” for pregnant and “dk” for indeterminate test result or unknown result.

Genital swab: Mark “no” if a genital swab was not taken, “yes” if a genital swab was taken. Insert the date the swab was taken, the date the result was received and the name of the laboratory.

Anal swab: Mark “no” if an anal swab was not taken, “yes” if an anal swab was taken. Insert the date the swab was taken, the date the result was received and the name of the laboratory.

Blood group: Mark “no” if no blood group test was performed, “yes” if a blood group test was performed. Insert the date the blood group result was received and the name of the laboratory. Insert the blood group code in the blank box at the top of the section.

Rh: Mark “no” if no Rh factor blood test was performed, “yes” if a Rh factor blood test was performed. Insert the date the result was received and the name of the laboratory. Mark the appropriate circles, “-” for Rh negative blood type,, “+” for Rh positive blood type and “not done” if Rh blood type testing was not performed.

As stated in the National Clinical and Policy Guidelines on IPV and SV (2), following sexual assault, health-care providers should assess and discuss the signs and symptoms of STIs, including HIV. STI treatment should be offered to survivors of rape on your first meeting with the woman. There is no need to test for STIs before treating. However, STI testing may be useful for confirmation and ongoing treatment.

HIV testing is recommended if the survivor’s HIV status is unknown. If the survivor does not wish to have an STI or HIV test, respect her wishes. If her HIV status is unknown and she does not wish to be tested, offer post-exposure prophylaxis according to the National Guidelines.

For both **STI test** and **HIV test**, mark “-” if the test result is negative, “+” if the result is positive and “dk” if the result is indeterminate or not known. Insert the date the result was received and the name of the laboratory.

2.10 - Legal evidence collected

LEGAL EVIDENCE COLLECTED					
Public hair <input type="radio"/> no <input checked="" type="radio"/> yes	Head hair <input type="radio"/> no <input checked="" type="radio"/> yes	Nails <input type="radio"/> no <input checked="" type="radio"/> yes	Clothing <input type="radio"/> no <input checked="" type="radio"/> yes	Saliva <input type="radio"/> no <input checked="" type="radio"/> yes	Semen <input type="radio"/> no <input checked="" type="radio"/> yes
Date collected month day year	Date collected month day year	Date collected month day year	Date collected month day year	Date collected month day year	Date collected month day year
Date sent month day year	Date sent month day year	Date sent month day year	Date sent month day year	Date sent month day year	Date sent month day year
Laboratory:	Laboratory:	Laboratory:	Laboratory:	Laboratory:	Laboratory:
Current location of evidence:	Current location of evidence:	Current location of evidence:	Current location of evidence:	Current location of evidence:	Current location of evidence:

For adult women, in cases where mandatory reporting by health workers is not required, the health worker should talk to the woman about her options and support her in her choices. If she wants to go to the police, tell her that she will need to have forensic evidence collected and what it would entail. It may be necessary to refer her to a specifically trained provider. Avoid encouraging evidence collection if such evidence cannot be analyzed or used, for example, if lab capacity is not available in your setting or if more than seven days have passed since the assault. If she has not decided whether or not to go to the police, the evidence can be collected and held. Even if the forensic evidence is not collected, the full physical examination should be done and well documented so that it can help her to pursue a legal case later.

In this section, document the different types of legal evidence collected, marking the white circles if this type of evidence was not collected and the yellow circles if the type of evidence was collected. Insert the date the specimen was collected, the date the specimen was sent to a laboratory, the name of the laboratory and the current location of the evidence. This process of documentation is very important to ensure that the health system keeps track of all evidence that may be collected for legal purposes.

2.11 - Immediate care

IMMEDIATE CARE		1st line support	no	yes
STI PEP	<input type="radio"/> no <input checked="" type="radio"/> yes	Wounds	<input type="radio"/> no <input checked="" type="radio"/> yes	
HIV PEP	<input type="radio"/> no <input checked="" type="radio"/> yes	Tetanus vac	<input type="radio"/> no <input checked="" type="radio"/> yes	
Emerg contraception	<input type="radio"/> no <input checked="" type="radio"/> yes	Hep B vac	<input type="radio"/> no <input checked="" type="radio"/> yes	
	> 72hs.	Other	<input type="radio"/> no <input checked="" type="radio"/> yes	
	> 120hs.			

This section records the types of immediate care provided to a survivor to treat wounds and prevent unwanted pregnancies and negative health outcomes of violence, such as STIs, HIV, tetanus and hepatitis-B infection.

Indicate whether or not **first line support** has been provided to the survivor.

DWhat is first-line support

First-line support provides practical care and responds to a woman’s emotional, physical, safety and support needs, without intruding on her privacy.

Once a woman discloses and/or acknowledges that she was exposed to violence, the quality of the immediate response by the health system can have an enormous effect on her health and wellbeing.

See Section III, Step 2 of the National Clinical and Policy Guidelines (2)) for information on the first-line support approach to care following intimate partner violence and sexual violence. This, in summary, comprises the following five steps, making the acronym “LIVES”.

Listen: Listen to the woman closely, with empathy, and without judging.

Inquire: about needs and concerns. Assess and respond to her various needs and concerns — emotional, physical, social and practical (e.g. childcare)

Validate: Show her that you understand and believe her. Assure her that she is not to blame.

Enhance safety Discuss a plan to protect herself from further harm if violence occurs again.

Support: Support her by helping her connect to information, services and social support.

Post-exposure prophylaxis (**PEP**) to prevent STIs and HIV should be provided following sexual assault. **Emergency contraception** should also be provided. The timeliness of these forms of treatment is important. Indicate if emergency contraception was provided 120 hours (5 days) or more after the violent incident. Indicate if HIV PEP was provided more than the recommended 72 hours after the assault.

Also indicate whether **vaccination** was provided for tetanus or hepatitis-B.

See Section III, Step 3b of the National Clinical and Policy Guidelines on IPV and SV (2) for detailed guidance on care and treatment, including emergency contraception and PEP, following sexual assault.

2.12 - Further health care needs

FURTHER HEALTH CARE NEEDS	
Further	no yes
STI	<input type="radio"/> <input checked="" type="radio"/>
HIV	<input type="radio"/> <input checked="" type="radio"/>
Contraception	<input type="radio"/> <input checked="" type="radio"/>
Wounds	<input type="radio"/> <input checked="" type="radio"/>
Hep B vac	<input type="radio"/> <input checked="" type="radio"/>
Surgery	<input type="radio"/> <input checked="" type="radio"/>
Mental health	<input type="radio"/> <input checked="" type="radio"/>
Other	<input type="radio"/> <input checked="" type="radio"/>
Detail:	
<hr/>	
<hr/>	
<hr/>	

Following any type of IPV or SV, there are likely to be a number of further health care needs following immediate care and treatment. Indicate “yes” to the ones that are needed by this patient, according to your professional assessment, and detail your assessment by writing in the lines below. For the types of health care that are not needed, mark “no.”

Section III of the National Clinical and Policy Guidelines on IPV and SV (2) provides detailed guidance on these forms of care, including schedules for follow up mental health and HIV care and hepatitis B vaccination.

2.13 - Safety assessment

SAFETY ASSESSMENT	
Safe place to go	no <input type="radio"/> yes <input type="radio"/>
Safety plan developed	<input type="radio"/> <input type="radio"/>
Detail:	
<hr/>	
<hr/>	
<hr/>	

Ensuring safety is a critical component of first-line support. A **safety assessment** should be conducted.

Mark “yes” if the safety assessment indicates that the survivor has a **safe place to go**, and “no” if she does not. A health worker (often, but not necessarily, a social worker) should assess whether it is safe for a survivor to return to her home and whether there is immediate risk of serious injury from further violence if she returns. If there is, other, safer accommodation will need to be found for the survivor. Health workers should make appropriate referrals to shelters or safe housing, or work with her to identify a safe place she can go to, how she may get there and what she would need to improve her safety.

Safety plan developed: Mark “yes” if a plan was discussed with the survivor to protect her from further harm if violence occurs again. Mark “no” if a safety plan was not developed. See Table 6 in Section III, Step 2 of the National Clinical and Policy Guidelines on IPV and SV (2) which shows elements of a safety plan.

2.14 - Police report

	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: right; border-bottom: 1px solid black;">POLICE REPORT</td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">Done <input type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">Decided not to report <input type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td style="text-align: right; padding-right: 5px;">Undecided <input type="radio"/></td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="text-align: right; padding-right: 5px;">Date</td> <td style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 8px;">month</td> <td style="text-align: center; font-size: 8px;">day</td> <td style="text-align: center; font-size: 8px;">year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> </td> </tr> </table>	POLICE REPORT			Done <input type="radio"/>			Decided not to report <input type="radio"/>			Undecided <input type="radio"/>				Date	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: 8px;">month</td> <td style="text-align: center; font-size: 8px;">day</td> <td style="text-align: center; font-size: 8px;">year</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table>	month	day	year						
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As noted above, according to the current Trinidad and Tobago legislation, reporting to the police is mandatory for suspected cases of sexual offences against children (7). Suspected cases of domestic violence against children and persons who are dependents because of age or infirmity and disability must also be reported to the police (8). In most cases of IPV and SV against adult women, there is no mandate for health workers to report the case to the police. Section II of the National Clinical and Policy Guidelines on IPV and SV (2) provides guiding principles for quality of care, including women-centred care, a rights-based approach and gender sensitivity and equality. According to these principles, survivors should be provided with information on their options, which may include the pursuit of a legal case, but the choice to go to the police or not should rest with the survivor alone (except if the case involves a child or adult dependent as outlined above).

If a police report was done, mark **“done”** and write in the date when the report was made to the police in month, day, year format (mm/dd/yy).

If the survivor has indicated that she does not wish to report to the police, mark **“decided not to report”**.

If the survivor has not yet decided whether to report to the police, mark **“undecided”**.

It should be noted that privacy and confidentiality are key elements of the rights-based approach, which means that information should be disclosed to any third party, including the police, only with the consent of the survivor. Warn the survivor about taking home any information that may later be found by the perpetrator, putting the survivor at further risk.

2.15 - Dependents

DEPENDENTS (One line for each)		Total number		Age	Resides w/perpetrator	no	yes	Sex
Name:				<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	F <input type="radio"/>
Name:				<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	F <input type="radio"/>
Name:				<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	F <input type="radio"/>
Name:				<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	F <input type="radio"/>
Name:				<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	F <input type="radio"/>
Name:				<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	F <input type="radio"/>

It is important to have information about people who depend on the survivor to know if they are at risk of suffering some type of violence and to take the necessary measures if necessary. This is also useful in case it is necessary to develop safety plans that also encompass the needs of the dependents.

Indicate the names, ages and sex of each person who depends on the survivor for their health and safety. Some of these may be children, others may be persons with disabilities and/ or older persons.

Resides with perpetrator: Indicate “no” if the dependent person does not reside with the perpetrator who subjected the survivor to violence. Indicate “yes” if the dependent person does live with the perpetrator. Using this and other information provided by the survivor, mark “yes” if the dependent is **at risk** of being subjected to violence, and “no” if he or she is not at risk.

Insert the **total number** of dependents in the box provided at the top of the section.

2.16 - Referral to – Contact details – Consent to share information – Next visit agreed

REFERRAL TO	CONTACT DETAILS → NAME OF PROFESSIONAL / POSITION / AGENCY	CONSENT TO SHARE INFORMATION	Next visit agreed
Social services <input type="radio"/> no <input checked="" type="radio"/> yes		<input checked="" type="radio"/> no <input type="radio"/> yes	<input checked="" type="radio"/> no <input type="radio"/> yes month day year
Financial support <input type="radio"/> no <input checked="" type="radio"/> yes		<input checked="" type="radio"/> no <input type="radio"/> yes	
Medical social worker <input type="radio"/> no <input checked="" type="radio"/> yes		<input checked="" type="radio"/> no <input type="radio"/> yes	
Mental health care <input type="radio"/> no <input checked="" type="radio"/> yes		<input checked="" type="radio"/> no <input type="radio"/> yes	
Police <input type="radio"/> no <input checked="" type="radio"/> yes		<input checked="" type="radio"/> no <input type="radio"/> yes	
Housing / shelter <input type="radio"/> no <input checked="" type="radio"/> yes		<input checked="" type="radio"/> no <input type="radio"/> yes	
Support group <input type="radio"/> no <input checked="" type="radio"/> yes		<input checked="" type="radio"/> no <input type="radio"/> yes	
NOTES:			

It is critical that survivors can safely and quickly access health, psychosocial, protection, legal, social and economic services and support as needed. Support can come from formal or informal services and actors. Link survivors to both internal and external resources such as social workers, counsellors, psychologists, police and social welfare officers. It is critical that the referral mechanism allows for feedback, letting the health provider know whether the woman reaches the referral resource.

For each service listed, mark “no” if the survivor was not referred to it, and “yes” if she was. For each “yes”, provide the **contact details**, including the name of the professional, their position and the agency to which the survivor was referred. This information is essential to follow up and provide ongoing care and support. Include this information for providers within your own institution as well as providers from other institutions within and outside the health care system.

Informed consent should be obtained for the sharing of any of the survivor’s information. For each type of service, indicate “no” if informed consent was not obtained, and “yes” if it was obtained. If “no”, information should not be shared with the specific service.

Write notes in the lines provided to provide any information about the referrals that were made.

Finally, request that the survivor returns for a follow up appointment. Mark “no” if a next visit was not agreed on, and “yes” if it was. Insert the date of the appointment in the spaces provided.

3 - REFERENCES

1. World Health Organization. Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva: World Health Organization; 2014. <https://www.who.int/reproductivehealth/publications/violence/vaw-clinical-handbook/en/>
2. Ministry of Health of Trinidad and Tobago, Pan American Health Organization. National Clinical and Policy Guidelines on Intimate Partner Violence and Sexual Violence. Port of Spain, Trinidad and Tobago: Spotlight Initiative; 2021.
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4. Krug EG, Dahlberg LL, Mercy JA, B. ZA, Lozano R, editors. World report on violence and health. Geneva: World Health Organization; 2002.
5. Gender and Child Affairs, Office of the Prime Minister, Government of the Republic of Trinidad and Tobago. 2019 Data Report: Central Registry on Domestic Violence. Port of Spain, Trinidad and Tobago: Office of the Prime Minister; 2020. <http://www.opm-gca.gov.tt/Gender/GenderInitiatives/CentralRegistryforDomesticViolence>
6. Pemberton C, Joseph J. National Women's Health Survey for Trinidad and Tobago. New York: Inter-American Development Bank; 2018. <http://dx.doi.org/10.18235/0001006>
7. Government of the Republic of Trinidad and Tobago. Sexual Offences Act. Port of Spain, Trinidad and Tobago: Ministry of the Attorney General and Legal Affairs; 2012. https://rgd.legalaffairs.gov.tt/laws2/Alphabetical_List/lawspdfs/11.28.pdf.
8. Government of the Republic of Trinidad and Tobago. Domestic Violence Act (Amendment) Bill. Port of Spain, Trinidad and Tobago: Parliament of Trinidad and Tobago; 2020. <http://www.ttparliament.org/legislations/b2020s03.pdf>.



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Women and Reproductive Health