Welcome!

Day 3

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Agenda

- Clinical Care:
  - Documentation
  - Treatment Decisions
- Mini-training & training plans

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Documentation

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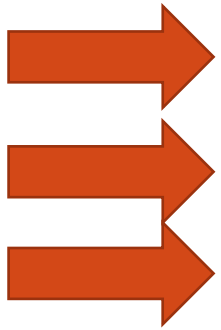
IMPORTANT! Immediately refer survivors with life-threatening or severe conditions for emergency treatment.

Steps for the clinical management of rape



Step 1	First-line support (LIVES, Part 2): listening, inquiring about needs and concerns, and validating the survivor
Step 2	Obtaining informed consent and preparing the survivor
Step 3	Taking the history
Step 4	Performing the physical and genital examinations
Step 5	Providing treatment
Step 6	Enhancing safety and referring for additional support (LIVES, Part 2)
Step 7	Assessing mental health and providing psychosocial support
Step 8	Providing follow-up care

INFORMED CONSENT

- Consent must be a continuous process – consent is required for each step
  - Certain aspects are more sensitive and harder than others
- Autonomy: can refuse at any time, skip any parts, or end process
- Elements:
  - What is going to happen
  - Why it is important
  - What it will tell the examiner
  - How it will influence the care you are going to get
- If the survivor has any questions, they should be answered at **any step** of the process

INFORMED CONSENT

- *For documentation (including in writing, photographs, recording devices)*
- *For examination*
- *For clinical treatment*
- *For information to be stored*
- *For information to be shared (with police or courts, for example)*

Consent for one part, does not mean consent for all.

DOCUMENTATION

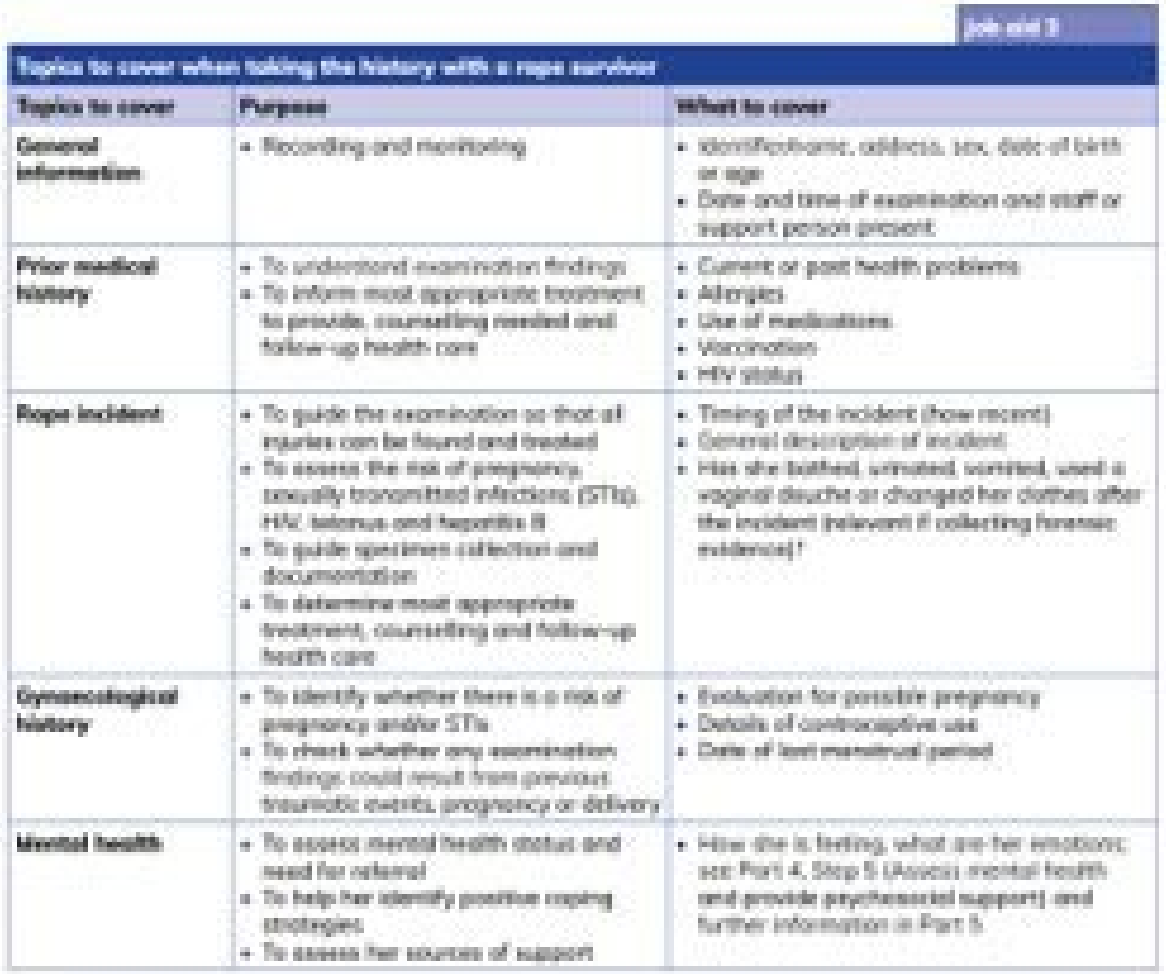
Documentation (and assessment) should be driven by clinical need – i.e. you should only be asking questions that will advance their medical case and your clinical care

✓ **Review any papers**
✓ **Explain why asking**: to provide best care
✓ Ask **open-ended** questions
✓ **Listen empathically**
✓ Let her **speak in her own words** at her own pace
✓ Assure **confidentiality**

Avoid
✗ **asking** questions **already answered**
✗ **forcing her to talk** about the assault

DOCUMENTATION: WHY?

- Captures the allegation and examination findings to create a permanent record of details (and interventions administered) for follow-up management and any subsequent investigation or prosecution
- Documentation may also have an important therapeutic role for survivors

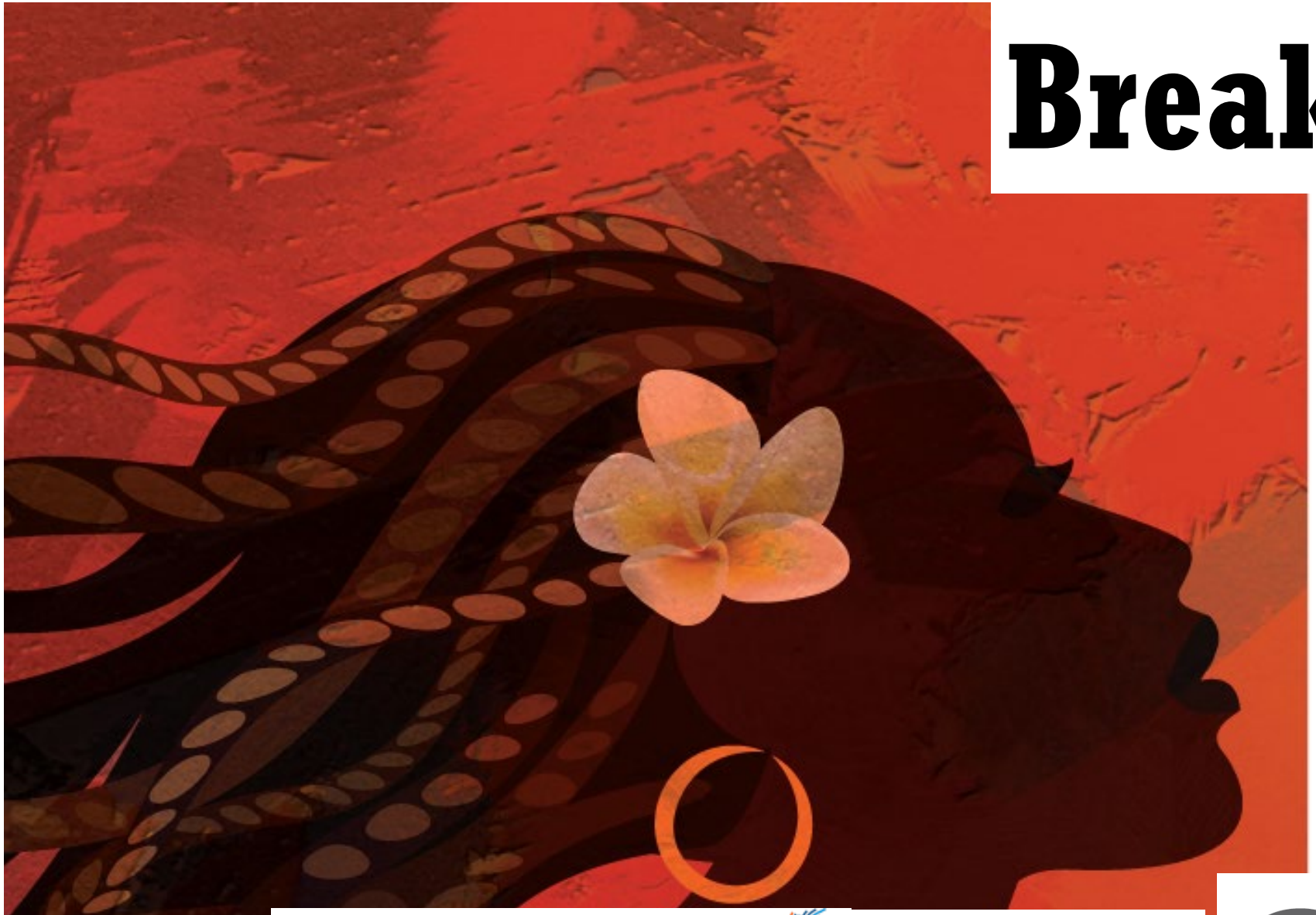


Job aid 3

Topics to cover when taking the history with a rape survivor

Topics to cover	Purpose	What to cover
General information	• Recording and monitoring	• Identification: name, address, sex, date of birth or age • Date and time of examination and staff or support person present
Prior medical history	• To understand examination findings • To inform most appropriate treatment to provide, counselling needed and follow-up health care	• Current or past health problems • Allergies • Use of medications • Vaccination • HIV status
Rape incident	• To guide the examination so that all injuries can be found and treated • To assess the risk of pregnancy, sexually transmitted infections (STIs), HIV, tetanus and hepatitis B • To guide specimen collection and documentation • To determine most appropriate treatment, counselling and follow-up health care	• Timing of the incident (how recent) • General description of incident • Has she bathed, urinated, vomited, used a vaginal douche or changed her clothes after the incident (relevant if collecting forensic evidence)?
Gynaecological history	• To identify whether there is a risk of pregnancy and/or STIs • To check whether any examination findings could result from previous traumatic events, pregnancy or delivery	• Evaluation for possible pregnancy • Details of contraceptive use • Date of last menstrual period
Mental health	• To assess mental health status and need for referral • To help her identify positive coping strategies • To assess her sources of support	• How she is feeling, what are her emotions (see Part 4, Step 5 [Assess mental health and provide psychosocial support] and further information in Part 5)

Break



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Clinical Care

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REQUIRES URGENT HOSPITALIZATION

- Extensive injury
- Neurological deficits
- Respiratory distress
- Joint swelling on one side of the body
- Fever or sepsis

INJURIES

Wound care:

1. Clean any tears, cuts, abrasions
2. Remove dirt and any dead or damaged tissue
3. Decide if wound needs suturing
4. Pain relief and prophylactic antibiotics for major wounds

Ultrasound or x-ray to diagnose abdominal injury or fracture

INJURIES

- Keep in mind:
  - Variation in injury pattern: from complete absence of injuries (most common) → fatal injuries (very rare)
  - It's often impossible to state that a particular injury was sustained in a specific way or using a specific object

RISK OF PREGNANCY AND EMERGENCY CONTRACEPTION

- Assessment of pregnancy risk
- Emergency contraception – offer to all women who have been assaulted
  - No need to screen for health conditions or pregnancy prior to administration
  - However, baseline testing recommended
- Follow-up reviews and management of resulting pregnancy
- Emergency contraception prevents ovulation, but is not 100% effective
- Can take with other post-assault medications (e.g. STI prophylaxis, HIV PEP)

Emergency contraception (EC) regimens

	EC pills			**Intrauterine device (IUD) for EC**
Type of EC	**Levonorgestrel (LNG) only**	**Combined regimen**	**Ulipristal acetate (UPA)**	**Copper-bearing IUD**
Dose	Single-dose 1.5 mg LNG (or 2 x 0.75 mg LNG tablets)	100 µg ethinyl estradiol + 0.5 mg LNG. Repeat 12 hours later	30 mg UPA	
Timing/ effectiveness	• As early as possible, within 120 hours after the incident • The longer the delay in taking EC pills, the lower the effectiveness • Combined EC pills are less effective and have more side-effects than LNG or UPA			• Up to 120 hours (5 days)

Source: Contraceptive delivery tool for humanitarian settings. Geneva: World Health Organization; 2018 (https://apps.who.int/iris/handle/10665/276553).

Offer STI prophylaxis/treatment

- **Test** if lab available, even if treating for STIs
- Give antibiotics to prevent or treat these STIs: **chlamydia**, **gonorrhoea**, **trichomonas** and, if common in the area, **syphilis**
- Also give preventive treatment for **other STIs common in the area** (such as chancroid)
- Give the **shortest courses available** in national protocol

STI treatments (fill in)

STI	Medication	Dosage and schedule
Chlamydia		
Gonorrhoea		
Trichomonas		
Syphilis (if common locally)		
Other locally common STIs (fill in)		

Job aid, handbook page 53

PEP follow-up and adherence support

- Support adherence to PEP through, for example, calls or messages if safe and appropriate.
- **Retest** for HIV at 3 or 6 months or at both times.
- **If test result is positive:**
  - Refer for HIV treatment and care
  - Ensure follow-up at regular intervals

HIV POST-EXPOSURE PROPHYLAXIS (PEP) DECISION MAKING

- If perpetrator is HIV-positive or of unknown HIV status … **give PEP**
- If survivor's HIV status is unknown … **offer HIV testing and counselling**
- If survivor's HIV status is unknown and survivor is not willing to undergoing testing … **give PEP and plan follow-up**
- If survivor is HIV-positive … **do NOT give PEP**
- If survivor has been exposed to blood or semen (via intercourse, through wounds or mucous membranes) … **give PEP**
- If survivor was unconscious and cannot remember assault … **give PEP**
- If survivor was assaulted by multiple perpetrators … **give PEP**

Prevent hepatitis B and, for adolescent girls, offer HPV vaccination

Has she been vaccinated for hepatitis B?	
NO OR **does NOT know** and **test not possible**	**1st dose**: at 1st visit **2nd dose**: 1–2 months after the 1st dose **3rd dose**: 4–6 months after the 1st dose
STARTED but has **not completed** series	Complete the series as scheduled
YES, completed series	No need to re-vaccinate

Has girl age 9–14 been vaccinated for HPV?	
NO OR **does NOT know**	**1st dose**: at 1st visit **2nd dose**: 6–12 months after 1st dose
STARTED but has **not completed** series	Complete the series as scheduled
YES, completed series	No need to re-vaccinate

ADDITIONAL TESTS AND MEDICATIONS

- Urinary tract infection
- Pain relief
- Mental health: Anxiety, self harm etc
- Insomnia

IMPACT OF INTIMATE PARTNER VIOLENCE (IPV) ON FAMILY PLANNING

Method	Pros	Cons	Discussion points
Injectable contraceptive, (depot shots)	- Does not leave any signs on the skin - No supplies to store	- With 2- and 3-month types, monthly bleeding often stops after a time - Another injection needed every 1, 2 or 3 months, depending on type	- Are you concerned that your partner may track your periods? - Do you think you could go for re-injection visits without fail?
Implant	- Works well for several years - Usually, no follow-up required - No supplies to store	- Sometimes can be felt and seen under the skin of the arm - May cause spotting or changes in menstrual bleeding (often improves after 3 months)	- Are you concerned that your partner may track your periods?
Copper or LNG IUD	- Remains out of sight in the uterus - Copper IUD works well for at least 12 years; LNG-IUD, for 3–5 years - Usually, no follow-up required - No supplies to store	- Copper IUDs often increase menstrual flow - Hormonal IUDs can make periods lighter or stop - Caution if woman has current STI or high STI risk - Partner may feel ends of strings in cervix	- Are you concerned that your partner may track your periods? - Do you think that you may have an STI or likely to get an STI?
The pill	- Does not leave any signs on the skin - Little effect on menstrual bleeding	- Must be taken every day - Pills/packaging must be kept in a safe place	- Do you have a safe place to keep the pills?

Discuss self-care and plan follow-ups

Explain examination findings and treatment

- Invite her to voice questions and concerns

Care of injuries

- Show how to **care for any injuries**
- Describe signs & symptoms of **wound infection.** Ask her to return if these signs develop.
- Explain importance of **completing the course of medications**
- Discuss likely **side-effects** and what to do about them

Treatment of STIs

- Discuss signs & symptoms of STIs. Advise her to return if they occur.
- Avoid sexual intercourse until STI treatments finish

Mini-trainings

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Identification

Listening

Inquiring

Validating

Enhancing safety

Supporting

DISTRICT TRAINING PLANS

Recap and Closing

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End of Day Evaluation