

# Welcome!

## Day 3



# Recap



# UNFPA

Know your  
setting: identify  
referral networks  
and understand  
emergency  
context







# Immediate care for sexual assault

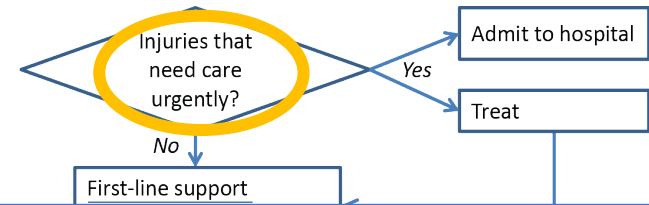
# Example:

## Pathway for initial care after sexual assault

**Immediately refer patient with injuries that need urgent care.**

### Otherwise:

1. First-line support: Listen, Inc
2. Take history, examine, assess state, PLUS do forensic exam
3. Treat any physical injuries
4. Offer PEP for HIV prevention (hours)
5. Offer emergency contraceptive (days)
6. Offer STI prophylaxis/presur
7. First-line support part 2: Enh facilitate Support
8. Assess mental health, discuss plan follow-up visits



- **Urgent hospitalization if:**
  - extensive injury
  - neurological deficits
  - respiratory distress
  - swelling of joints on one side of the body (septic arthritis)
- **Less severe injuries** can usually be treated on site.
- The following **medications** may be indicated:
  - antibiotics to prevent wound infection
  - tetanus booster or vaccination
  - medications for pain relief
  - medication for insomnia (for short-term use in exceptional cases)

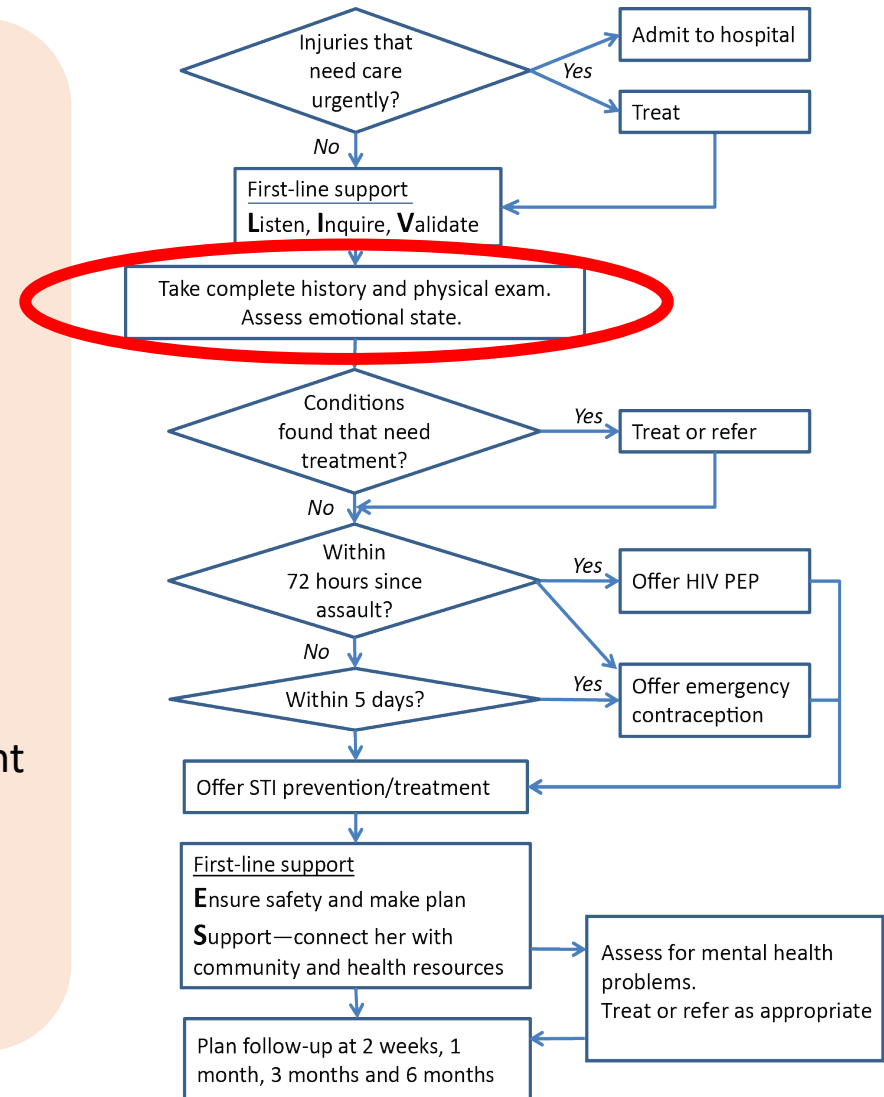
# Example:

## Pathway for initial care after sexual assault

**Immediately refer patient with injuries that need urgent care.**

**Otherwise:**

1. First-line support: **Listen, Inquire, Validate**
2. Take history, examine, assess emotional state, PLUS do forensic exam if needed
3. Treat any physical injuries
4. Offer PEP for HIV prevention (within 72 hours)
5. Offer emergency contraception (within 5 days)
6. Offer STI prophylaxis/presumptive treatment
7. First-line support part 2: **Enhance safety, facilitate Support**
8. Assess mental health, discuss self-care & plan follow-up visits



# Before you document



Tell her what you would like to write down and why



Ask if each step is OK, and follow her wishes



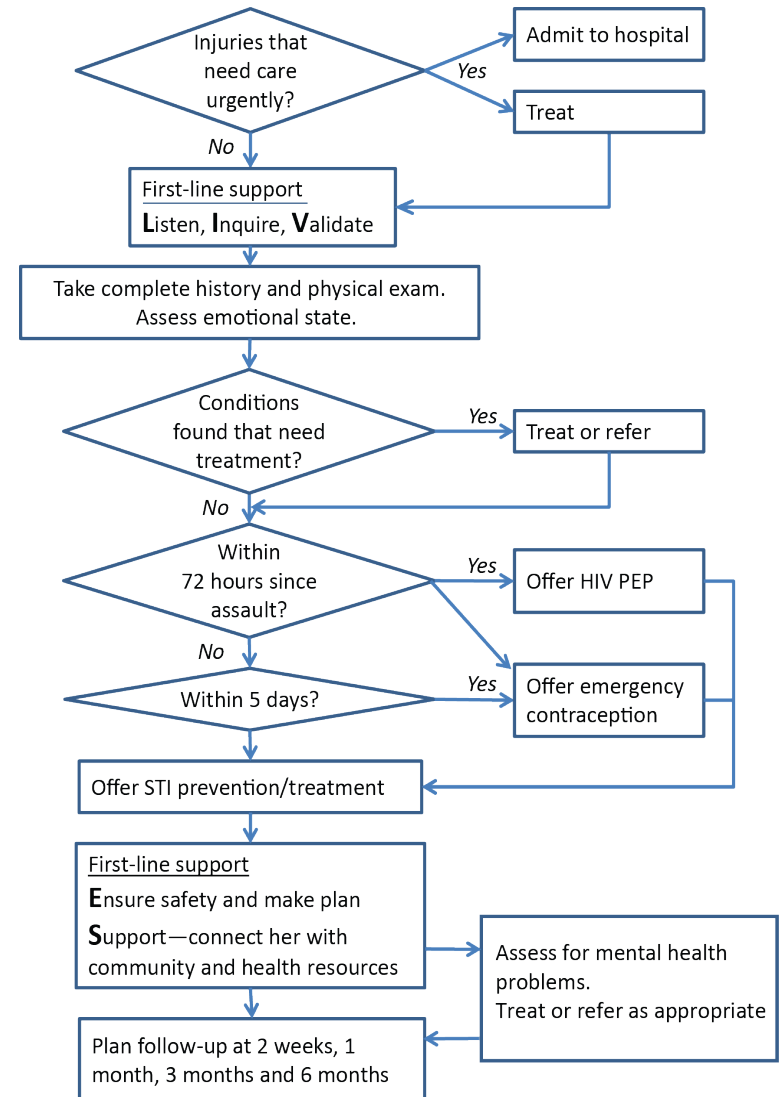
If you must report to the authorities, explain to the patient the limitations on confidentiality



Use her words, “my husband, Sam, beat me up and raped me this morning”

# Pathway for initial care after sexual assault

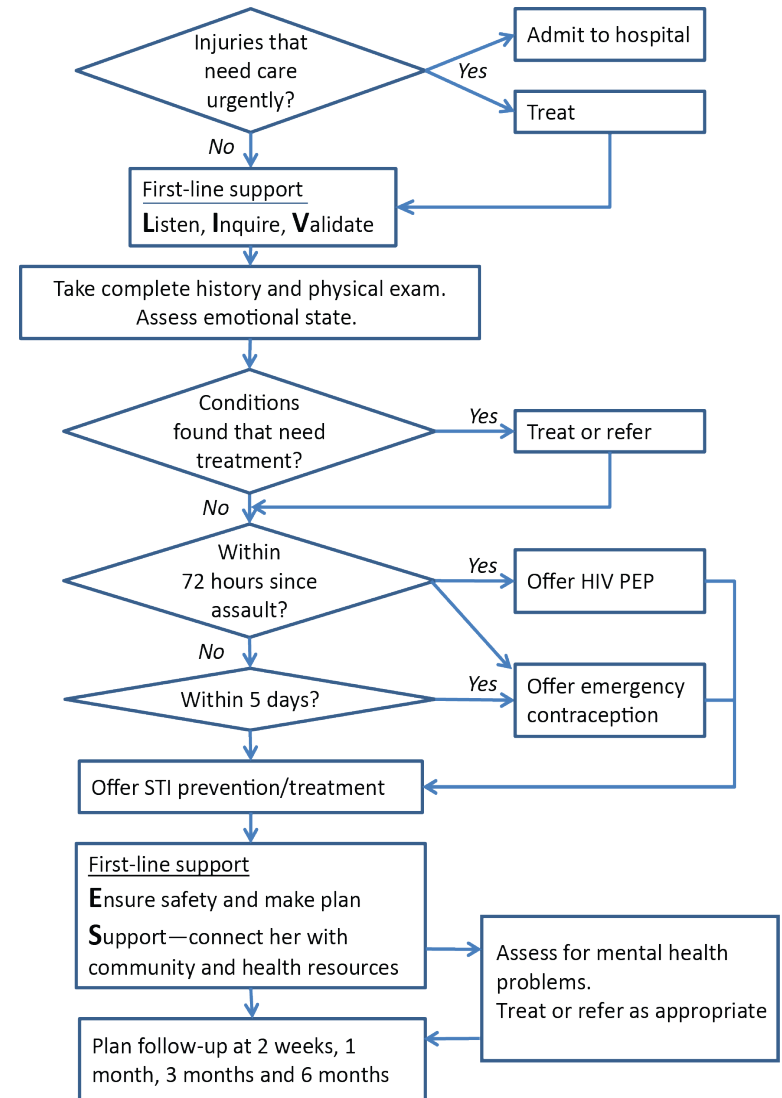
**QUALITY**  
**=**  
**TIMELINESS**





# Offer emergency contraception (EC)

- **Offer EC to all women up to 5 days after sexual assault**
- **No need to screen for health conditions** or test for pregnancy
- **Explain** what EC is, how it works and potential side effects
- **Tell her to return** if next menstrual period is **more than 1 week late**

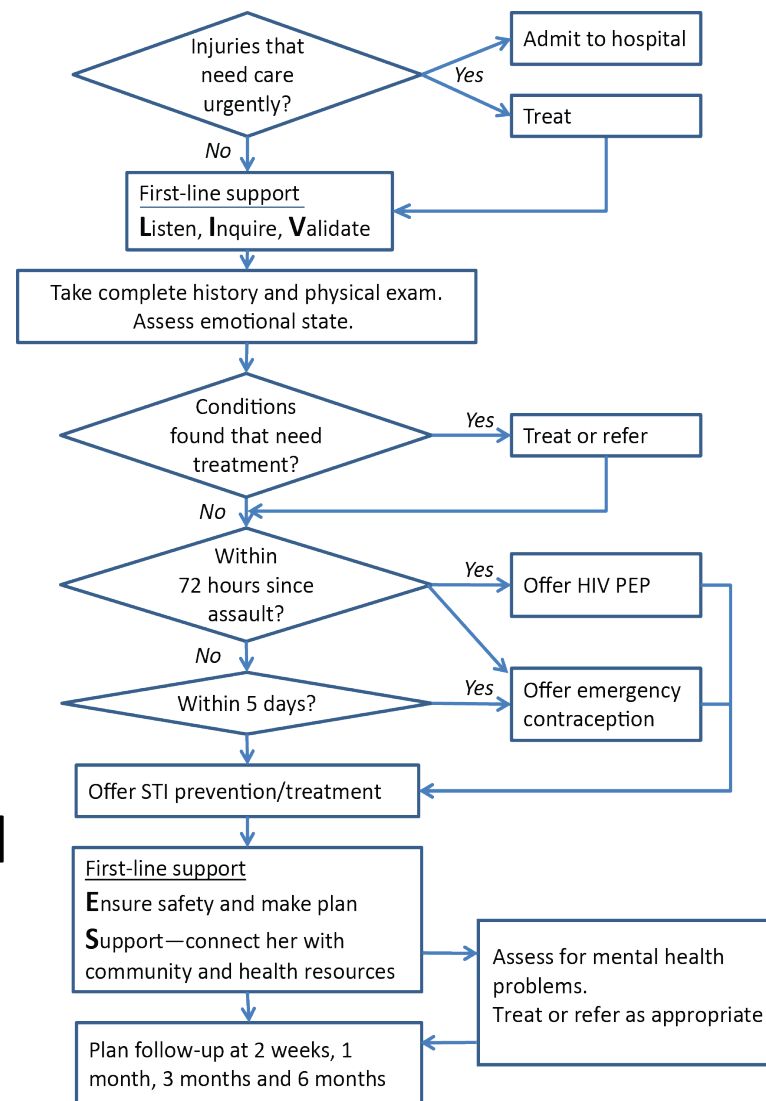


# Instructions for taking EC

- Take EC pills **up to 5 days after** sexual assault
- May cause **nausea** and **vomiting**. If you vomit within 2 hours after taking EC pills, return for another dose as soon as possible.
- May have **spotting** or **bleeding** a few days after taking EC pills. This is normal.
- **EC pills, antibiotics** for STIs and **PEP** for HIV prevention can be taken at same time without harm (but may need to take an anti-vomiting medication)

# Offer PEP for HIV prevention

- **Test for HIV.** Do not give PEP (pre-exposure prophylaxis) to those who test positive for HIV.
- If not possible to test, **PEP** should be started as soon as possible **up to 72 hours** after possible exposure to HIV
- Choose drugs based on **national guidelines/ current WHO ARV guidelines**
- A 28-day prescription of ARVs should be provided



# 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



# 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*

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

## Has she been vaccinated for hepatitis B?

<b>NO OR does NOT know and test not possible</b>	<b>1st dose:</b> at 1st visit <b>2nd dose:</b> 1–2 months after the 1 <sup>st</sup> dose <b>3rd dose:</b> 4–6 months after the 1 <sup>st</sup> dose
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<b>STARTED</b> but has <b>not completed</b> series	Complete the series as scheduled
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<b>YES</b> , completed series	No need to re-vaccinate
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## Has girl age 9–14 been vaccinated for HPV?

<b>NO OR does NOT know</b>	<b>1st dose:</b> at 1 <sup>st</sup> visit <b>2nd dose:</b> 6–12 months after 1 <sup>st</sup> dose
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<b>STARTED</b> but has <b>not completed</b> series	Complete the series as scheduled
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<b>YES</b> , completed series	No need to re-vaccinate
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# 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



No health  
without  
mental  
health





# Break 😊



# Introduction to VAW trainings



# What do you think?



Things you have liked  
about previous trainings  
you have participated in?



What have you disliked?

# Tips for Effective Trainings



Prepare: make a plan!



Agree on objectives and target group



Distribute facilitator roles (see facilitation guide)



Communicate clear instructions and guidelines



Stay on time



Keep training resources handy



# Trainer Facilitation Skills



Create a good  
learning  
environment

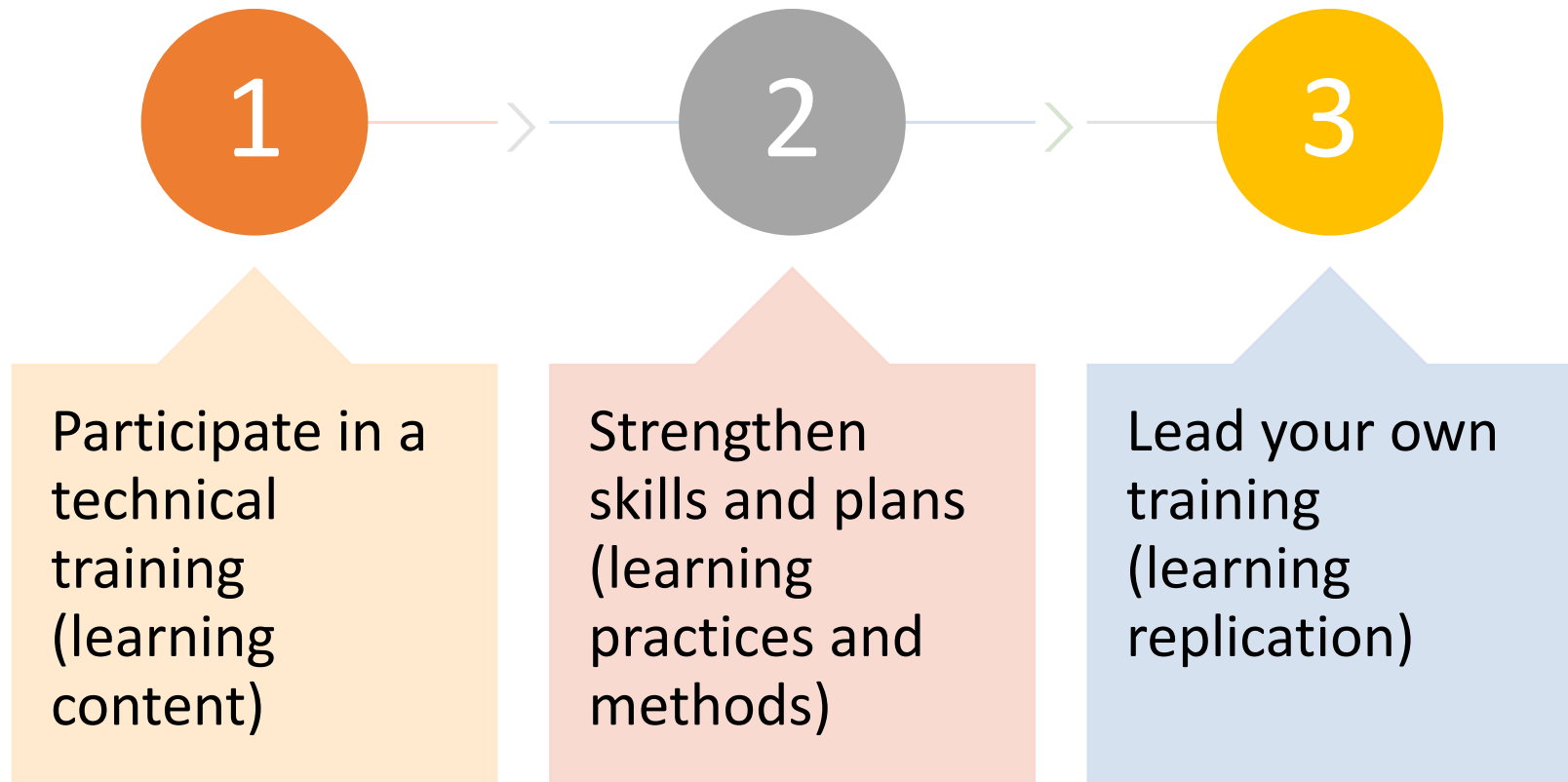


Read your audience

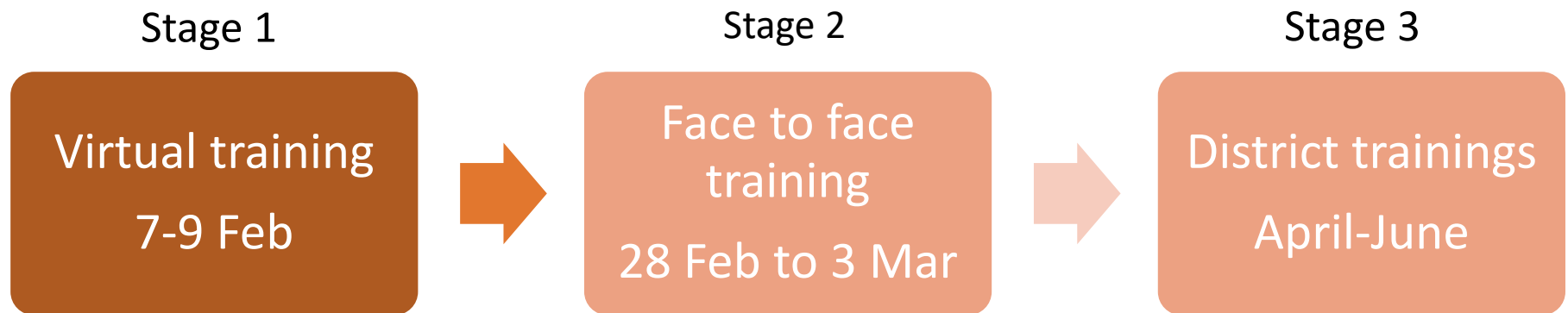


Manage the  
audience

# Training theory



# Training structure



This  
training  
is....

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For frontline  
providers

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Uses participant-  
centered learning

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Is a competency-  
based training



# The importance of training

- All health care providers should be trained in how to respond to VAW in their context
- Health workers and other first-line responders offering care to women should receive training, that teaches them appropriate skills including:
  - when and how to enquire
  - the best way to respond to women, including first-line response, acute post-rape care and onward referral.
  - Important to address attitudes and gender norms associated with violence
- Training can be integrated into undergraduate curricula for health care providers or provided as in-service training.



# Develop a training plan

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What are my training objective(s)?

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Who am I targeting?

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What will I cover (topics)?

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Where will I train (location/format)?

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How much time will I spend training, and how will I organize it?


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Who will facilitate the training sessions?

# Resources for training

- Training plan (see template)
- All ppts and materials from the virtual and face-to face trainings, available at:  
<https://www.paho.org/en/events/training-trainers-prevention-and-response-gender-based-violence-during-health-emergencies>
- WHO curriculum (incl. facilitators' guide, participant notes, and ppts)  
<https://www.who.int/publications/i/item/9789240039803>
- Other resources:
  - Clinical handbook:  
<https://www.paho.org/en/documents/clinical-handbook-health-care-women-subjected-intimate-partner-violence-or-sexual>
  - IASC guidance (and training materials) on GBV:  
<https://interagencystandingcommittee.org/working-group/iasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action-2015>

# Expectations for Stage 2

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- Do your homework
  - High level of interaction and participation
  - Volunteer to lead exercises and discussions
  - Prepare to ask the questions you need to implement training in Stage 3.
  - Work in teams to develop training plans

# Next steps





Open  
questions





Post test and Training Evaluation

# *Closing & next steps*

