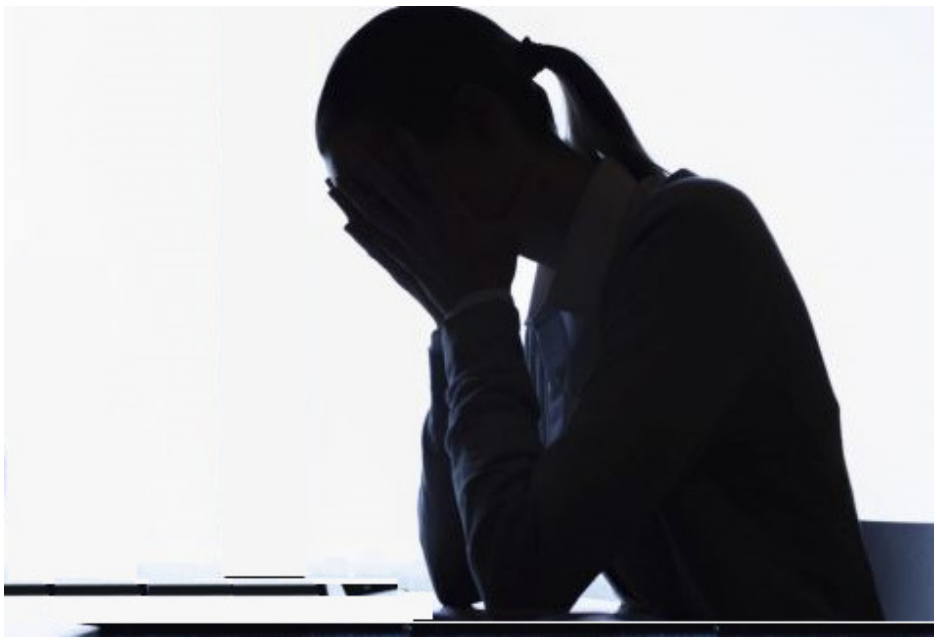
Federal Democratic Republic of ETHIOPIA
MINISTRY of HEALTH
2016

PARTICIPANT MANUAL | MODULE TWO

CLINICAL RESPONSE to and MANAGEMENT of GBV/SV



Module II: Clinical Response to and Management of GBV/SV

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Acronyms

ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
BP	Blood Pressure
CSA	Child Sexual Abuse
DNA	Deoxyribonucleic Acid
EC	Emergency Contraceptive
ECP	Emergency Contraceptive Pill
EFV	Efavirenz
GBV	Gender-based Violence
HBs Ag	Hepatitis B Antigen
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
PEP	Post-Exposure Prophylaxis
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SV	Sexual Violence
TAT	Tetanus Anti-Toxoid
TB	Tuberculosis
TDF	Tenofovir Disoproxil Fumarate

Introduction

This module addresses the clinical practices and builds competency for responding to gender-based violence (GBV) with special focus on sexual violence (SV) and will take participants through:

i. **How to conduct clinical assessment for survivors of GBV/SV**
ii. **How to comprehensively clinically manage cases/survivors of GBV with special focus on sexual violence**
iii. **How to clinically follow-up on survivors of GBV and the skills required for interpreting results and documenting the situation**
iv. **What standard services are provided along the structural level of the health sector to benefit from referral within the health sector**

For ease of understanding, the module is divided into three sections:

Section 2.1 Clinical Assessment: assessing the clinical situation of the survivor of GBV/SV which includes history taking, physical examination, laboratory investigations and supporting forensic data collection.

Section 2.2 Clinical Management: interpretation of findings and classification of status, counseling, provision of prophylaxis and treatment, when to return, referral within and/or external services and facilities (as applicable) and planning for prevention and protection of recurrence.

Section 2.3 Follow-up Visits: the need for follow-up visits, the added value of each visit including re-assessment, laboratory re-investigation, and re-classification of status, treatment follow-up including adverse effect, counseling and checking for compliance with advice given, recording and completing medico-legal certificates (Affidavit report), etc.
Referral Services are expected at each level in line with the health service network model – health posts, health centers, district hospitals, regional and referral hospitals.

Section 2.1 Clinical Assessment

2.1.1. Learning Objectives

By the end of this session you should be able to:

- Describe general principles of approach to gender-based violence
- Define the terms used in relation to GBV/SV
- Conduct complete medical assessment and perform physical examination
- Identify and conduct laboratory evaluation and understand the interpretations
- Explain the value of forensic data collection, documentation and reports

Core Competencies:

Cognitive

- Knowledge on use of the principles of GBV approach
- Explain state to survivors and families
- Understand common terminologies

Skill

- Use of job aids
- Proper counseling and ethical soundness in handling survivors
- Screening for HIV; STIs; Hepatitis B; and counseling
- Collection of forensic data

Gender-based violence covers a wide range of situations that have a social (health and education), economic/developmental and political impact unless prevented, identified and managed in time and appropriately. GBV can range from subtle, coercive forms to sexual acts and to violent physical abuse such as female genital mutilation and acid throwing that may result in disfigurement or death.

Existing evidence points to comparable rates of sexual violence among males and females during childhood; in adulthood, women are much more likely to suffer sexual violence than men. Violence overwhelmingly affects women, and women tend to experience more severe forms of violence.
This section focuses on the care of women and children regarding their specific health needs. Nevertheless, a range of health care issues that apply to individuals of both sexes will also be addressed.

Definitions of Sexual Offenses (refer to Module I for other related definitions):

- **Indecent Assault:** intentional assault involving sexual organs (fondling, anal intercourse with female, etc.)
- **Abuse:** involves non-accidental injuries as a result of acts or omissions by a person with power imbalance or parent/guardian, or adult in case of children.
- **Incest:** when a person intentionally has sexual intercourse with another person who is a blood relative or related by marriage or adoption, and thus unable to contract a valid marriage.
- **Sodomy:** intentional anal sexual intercourse with a male. The legal offence is greater if the victim did not consent. A child under the age of 18 years is seen by law as being too young to consent.
- **Child Sexual Abuse (CSA):** any use of a child for the sexual pleasure of a person with a significant age difference (e.g. adult).

2.1.2 Principles of Approach

The guiding principles in approaching survivors of GBV/SV are the following:

A) Human Rights Approach:

- ***Life:*** a life free from fear and violence.
- ***Self-determination:*** to be entitled to make one's own decisions.
- *Highest attainable standard of health*: good quality health service which is available, accessible and acceptable to survivors of GBV/SV.
- ***Non-discrimination:*** service offered without discrimination and not refused based on race, ethnicity, caste, sexual orientation, religion, disability, marital status, occupation or political beliefs.
- *Respect*: to be treated with respect and with dignity, irrespective of the situation and in a non-discriminatory way.
- ***Privacy and Confidentiality:*** care, treatment and counseling that are private and confidential; information disclosed only if valid consent was given.
- ***Information:*** the right to know what information has been collected about one's health and to have access to this information, including one's medical records.

B) Gender Sensitivity and Gender Equality:

- ***Gender sensitivity*** means being aware of how differences in power relations between women and men determine the way that men and women treat each other, their access to resources to protect their health and often how the health system treats them.
- Assuring ***gender equality*** in health means providing care fairly to both women and men, taking into account their specific health needs and concerns so that they are equally able to realize their rights and potential to be healthy.

In your work: As a health provider, you must at a minimum avoid reinforcing these inequalities and promote women's autonomy and dignity by:

- Being aware of the power dynamics and norms that perpetuate violence against women and children;
- Reinforcing the survivor's value as a human being;
- Respecting her/his dignity;
- Listening to her/his story, believing her/him, and taking what she/he says seriously;
- Not blaming or judging her/him;
- Providing information and counselling that helps her/him to make her/his own decisions.

Exercise 2.1 Short questions and answers

You have 5 minutes to answer the questions individually. Your facilitator will take you through the correct answers.

1. What are the right-based approaches that health workers follow in responding to GBV survivors?

2. Why should a health care provider be considerate of gender equality and be gender sensitive?

2.1.3 Initial Medical History and Physical Examination

In this section you are going to develop your skills on taking initial medico-legal history and physical examination of survivors of GBV.

First-line support provides practical care and responds to a survivor's needs, these often being the person's emotional, physical, safety and support needs, without intruding on her/his privacy. This initial support helps people who have been through various upsetting or stressful events, including women subjected to violence.

It includes **five** simple tasks:

L**ISTEN**	**Listen to the survivor closely, with empathy, and without judging.**
I**NQUIRY ABOUT NEEDS AND CONCERNS**	Assess and respond to her/his various needs and concerns — emotional, physical, social and practical (e.g. child care).
V**ALIDATE**	Show her/him that you understand and believe her/him. Assure her/him that she/he is not to blame.
E**NHANCE SAFETY**	Discuss a plan how she/he can protect her/himself from further harm if violence occurs again.
S**UPPORT**	Support her/him by helping her get information, including on available services and social support.

A. General Considerations

i. Priorities

When caring for survivors of sexual violence, the overriding priority must always be the health and welfare of the patient. The provision of medico-legal services thus assumes secondary importance to that of general health care services. Performing a forensic examination without addressing the primary health care needs of patients is negligent. However, medical and forensic services should be offered in such a way so as to minimize the number of invasive physical examinations and interviews that the patient is required to undergo.

ii. The setting

Well before interacting with the patient ensure the setting is organized to accommodate the optimal standards of:

Privacy: unauthorized people should not be able to view or hear any aspects of the consultation. Hence, the examination room(s) should have walls and a door, not merely curtains. Assailants must be kept separate from their victims.

Adequate lightening: to clearly see and observe the patient.

Medical supplies and equipment: Refer to **Annex 1 (GBV kits)**.

iii. Timing

The timing of the physical examination is largely dictated by what is best for the patient (e.g. case requiring urgent intervention) but for a number of reasons, it is best performed soon after the patient presents her/himself to the clinic.

In many instances, however, survivors do not present themselves for treatment for some considerable time after the assault.

Delay in accessing services may result in:

- Loss of therapeutic opportunities (e.g. provision of PEP, emergency contraception);
- Changes to the physical evidence (e.g. healing of injuries);
- Loss of forensic material (e.g. evidence of contact with assailant including blood and semen).

iv. Ethical issues

Codes of medical ethics are based on the principles of doing “good” and “not doing harm”. It is a fundamental duty of all health workers to use their professional skills in an ethical manner and observe the laws of the land and norms of the community. Adherence to ethical codes of conduct is particularly relevant when dealing with survivors of interpersonal violence who may have suffered abuse from a person in a position of power.

When providing services to survivors of sexual violence, the following principles are generally considered to be fundamental:

Autonomy: The right of patients (or in the case of patients under 18 years of age, individuals acting for the child, i.e. parents or guardians) to make decisions on their own behalf. All steps taken in providing services are based on the informed consent of the patient obtained.
Beneficence*:* The duty or obligation to act in the best interests of the patient.
Non-maleficence: The duty or obligation to avoid harm to the patient.
Justice or fairness: Doing and giving what is rightfully due.

These principles have practical implications for the manner in which services are provided, namely:

- Awareness of the needs and wishes of the patient;
- Displaying sensitivity and compassion;
- Maintaining objectivity.

Exercise 2.2 True or False

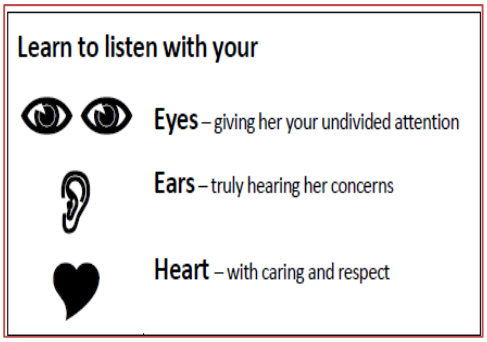
Label the statement as "True" or "False" in the corresponding space provided.
You have 5 minutes to complete the exercise individually. Your facilitator will take your through the correct answers.

1. _____ The first consideration for GBV survivors is protection (safety).
2. _____ In first-line support, "LIVES" is an important approach to respond to GBV survivors in the health care setting.
3. _____ In managing any GBV survivors, the overriding priority should be the collection of forensic evidence.
4. _____ Adherence to ethical codes of conduct is particularly relevant when dealing with survivors of interpersonal violence.
5. _____ Health facilities should be organized and equipped with optimal standards of care for GBV survivors; however, not all cases of GBV survivors should be treated as urgent.

B. Initial Case History and Physical Examination

The art and flow of taking history from survivors of GBV and conducting the physical examination follow a similar pattern as for handling any other patients. However, special attention is given to supportive care and to properly documenting the history and findings.

Ask, Listen, Observe, Check, Advise/Counsel, Decide and Act is the logical structure that needs to be followed simultaneously and/or in a stepwise fashion to simplify the flow of the case management of survivors of GBV.



Ensure that demographic records (name, address, age (date of birth), and sex) are completed on the individual patient card before starting to take her/his history.

DIFFERENT STEPS TO TAKE:

Step 1: ***Assess the general appearance***

Observe and pay attention to the patient's posture (gait); general features and personality, including clothing – torn, stained or appearance of foreign materials; observe for active bleeding or any damage or injuries; observe how the survivor is escorted.

Step 2: ***Comfort and support the patient***

Offer the patient to sit or lie down, whichever is preferred. Call the survivor by name and tell her/him who you are (introduce yourself, establish a rapport) and what you are going to do. **Listen** to what she/he responds and **observe** her/his body language and the gestures she/he makes. **Ask** the survivor if she/he wishes a specific person to be present for support.

In case of survivors who are under age (often <15 years), the parents or guardians can consent on behalf of the child. However, children aged between 15 and 18 years can choose whether their parents or guardians should be present during the clinical assessment or not (although the final decision depends on the level of consciousness/alertness of the child).

A private and quiet setting should be available; minimize the number of people present (the survivor, accompanied by one person if she/he wishes and if she/he is a child, the doctor and one nurse). If the survivor is a young girl or boy, ensure a child friendly setting with toys, coloring books, pictures, etc.

Step 3: ***Attend to any emergency condition that deserves immediate care***

Briefly assess the history or the circumstances of the event (alleged conditions); check and stabilize the vital signs of the survivor and measure her/his weight and height; assess quickly for trauma/laceration and stabilize any bleeding sites; splint fractures; manage the pain; etc. However, minimize any unnecessary manipulations that would compromise forensic evidence (e.g. caution while undressing).

If your facility is not providing the necessary laboratory investigations and treatment for the acute condition that the survivor requires, then arrange for referral. Always pay attention to the correct recording of the history, findings and interventions you have made; record the date and time of the patient's appearance at the facility and of when you discharge the patient. Ask the patient (or guardian if applicable) for consent to have her/his photograph taken to attach to the records.

Always ensure that confidentiality is maintained.

Step 4: ***Initiate and take medical history, and check for findings***

Before taking the medical history, review and explain the consent form to the survivor and/or parents or guardians and clarify that it is possible to decline any aspect of the clinical assessment that they are not comfortable with. Then obtain the signature of approval. If the patient cannot read and write then use the thumb print; for children, a parent or guardian should sign. **(Annex 2: Consent form)**

Interviewing skills

When interviewing the patient:

- Show empathy, have a non-judgmental attitude, be patient and gentle, have the ability to listen;
- Ask open-ended questions, start with general issues, slowly move towards the incident;
- **SOLER**: face patient **S**quarely; adopt **O**pen posture (no crossed arms…); **L**ean towards the client; maintain **E**ye contact; try to be **R**elaxed.
- React neutrally but with empathy to the story, do not show horror or disgust;
- *When dealing with children*, five essential messages to get across are:
    - I believe you.
    - I'm sorry this has happened to you. (Recognize the child's courage in telling you)
    - I'm glad you felt able to tell me.
    - It's not your fault.
    - I need to speak to other adults in order to try and make sure this doesn't happen to you any more (do not make promises you cannot keep! i.e. "I will keep your secret").

Ask open-ended questions and probing questions. Refer to the survivor by her/his name (avoid calling her/him mamitu, mamush, Ehet, wondim, Abatu…). Gently ask "*Name*, how do you feel?" or "*Name*, where are you now? Do you know where you are?"

Listen to the response. Allow time for the patient to reflect. The answers to the questions above will allow you to learn of the primary complaints and the emotional and psychological state of the survivor.

Ask, Listen, Observe and Record: Ask "*Name*, tell me what happened?" (This question can be directed to the survivor or to the guardian as appropriate). Listen to the response and record; then ask "Please tell me more on how it happened". Always listen patiently and also observe for reactions and body language. Then ask "When did it happen and where?" [**Note**: avoid victim-blaming questions like "What were you doing there alone?"] and continue with the following questions: "Was it a repeated occurrence?", "Did you have any acquaintance with the alleged offender?" or "How is the alleged offender related to you?", "How many offenders were there?"

Such questions will allow you to further probe and clarify the situation and consequently help you to better manage the case. With regards to identifying the sexual nature of the offence, additional questions may be asked: "Tell me about the act of sexual offence?", "Was a condom used?", "Was there any penetration (vaginal, oral, anal)?", "Was there anyone around when the incident happened?", "What did you do?", "Did you do anything before coming to the clinic (e.g. take a bath, vaginal douche, change clothes, apply topical ointment or painting, defecate, vomit…)?"
These questions and the answers thereto will keep the health care provider alert during the interpretation of findings and reporting as well as during the forensic evidence collection.

Ask, **Listen and Record** regarding the normal gynecological history as is appropriate (as it is age and sex sensitive): "Are you menstruating?", "Is your menstruation regular?", "Do you use contraceptive methods?", "Do you have a history of STIs/STDs?", "Are you currently pregnant?" etc.

Other History: "Have you had any alcoholic drinks?", "Are there any substances you may have used?", "Has there been any change in your normal behavior since after the incident? For example, have you noticed withdrawal, depression, appetite loss or gain, a change in your sleeping pattern, etc.?"
Furthermore, take history of chronic illnesses, allergies, vaccinations, etc.

Social circumstances: Does the perpetrator live in the same house?; Who can effectively protect the survivor?; Where can the patient be safe or safely housed?

Step 5: *Check for physical signs*

Tell the survivor that you are going to perform a physical examination. Inform her/him that you are also going to collect forensic evidence, and ask to obtain consent for its potential later use. Forensic evidence is collected to support the survivors' stories in case of legal pursuit and redress. However, if the survivor chooses not want to have any forensic evidence collected, respect the choice.
Before proceeding with the examination, carefully remove the clothes worn by the survivor during the incident and put them in a large paper bag. Label the bag in code, address, age, sex, and type of materials inserted, seal with adhesive paper and store appropriately.
Use or provide clean clothing for the patient to wear (e.g. a gown) and ensure that the private parts are covered. If there are no clean clothes to wear, then use the same clothing that the survivor wore when presenting at the facility; however, first record the condition of the clothing and the materials found on it or take pictures if applicable.

Check:
Physical examination of survivors is done from head-to-toe similar to the examination of any other patients.
Whenever you start performing the physical examination, initiate with the least painful/distressful part. *Example*: Taking vital signs: BP, temperature, breathing and pulse rate, weight and height. Record the findings properly including the timing.

Pay attention to acute areas of complaints. Describe your findings in narration and/or use a diagram or pictogram as applicable. Measure the physical injury site and include the color, size, shape, estimated depth and aging (healing) in the documentation. Describe the surroundings of the injury and document any foreign findings. Use anatomical topography/surface to describe the sites.
With the survivor's consent and if necessary or useful, take colored photographs to complement the written documentation.

- Check and observe the oral cavity for dentition, lesions, etc.; check pubic areas for abnormalities, and check hair distribution and texture; at the same time, make an assessment of the sexual maturity rating according to the Tanner Staging **(Annex 3)**. Observe for any abnormality, bruise, laceration, discharge or smell;
- Check for bruises, marks (cigarette burns, burns, tooth bites, whip, gunshot…); hematoma and trauma;
- Check for mental state; functional impairment or disability (hearing, visual and locomotion).

Focused sexual examination:

Informed consent must be obtained before performing invasive physical genito-anal examinations.

***Vaginal*:** Help the woman feel comfortable and inform her when and where you are touching her private part. Always cover her body with a sheet. Ask her to lie on her back and bend her knees (frog position). Lift up the sheet only when examining her and ensure a good source of light for adequate visualization. Observe the external surface of the genitalia for active bleeding, ecchymosis, bruising, redness/swelling, cuts or abrasions including the presence of foreign bodies. Check also for scars, warts, and discharge. Use a speculum for the internal vaginal examination and observe the cervix and surroundings for any abnormalities. Record your findings clearly.

***Hymeneal*:** The full examination is annexed **(Annex 4)**.

Note: Hymeneal examination for virginity (or "two-finger") testing has no scientific validity. However, in some cultures this examination is taken as prestige.

***Anal*:** An anal examination should be done carefully after comforting and informing the survivor of what you will be doing. Look for bleeding, bruises, cuts, abrasion, redness and swelling and record your findings. Use your finger for the sphincter examination and check for its patency, lesions and any foreign materials.

A detailed illustrative female genital organ **(Annex 5)** and the anal examination with abnormal findings **(Annex 6)** are annexed.

Exercise 2.3 Photograph exercise (individual)

Your facilitator will show you one photograph at a time and then give you some time to reflect on it. In the table below, write down what you see for each corresponding photograph ("Answer"). For demonstration, your facilitator will show the first two pictures and give you the respective answers.
You will have 10 minutes to complete this exercise individually. Your facilitator will take you through the answers later.

PHOTOGRAPH #	ANSWER	REMARK
1.	Abrasions on the lower back	Most probably from a sexual assault on a rough road surface
2.	Lacerations and bruising on forearm and hand	Most probably from a defensive situation
3.		
4.		
5.		

6.		
7.		
8.		
9.		
10.		
11.		
12.		

Exercise 2.4 Case study of Birtukan

Birtukan is a 17-year-old female student from Bisheftu. She came to the clinic with her mother who told you that her daughter was raped by her elder half-brother.

You have 5 minutes to answer the questions individually. Your facilitator will take you through the correct answers.

1. What do you do now?

2. What information do you need?

3. How do you go about taking Birtukan's history and performing the physical examination on her?

Exercise 2.5 Case study of Seidu

Seidu is a 10-year-old boy who was the victim of sexual assault by his neighbor. Since he was complaining of pain in his genital and perineal area, his elder sister brought him to your clinic.

You have 5 minutes to answer the questions individually. Your facilitator will take you through the correct answers.

(a) What do you do?

(b) How do you approach this child?

Exercise 2.6 Case study of Teja

Teja is a 27-year-old married woman who has been working in a flower plantation for the last two years. She observed that her menses did not occur when they should have. It has now almost been one month and three weeks.

One day, she was working late in the evening. A male coworker started teasing her and suddenly she found him on top of her. She tried to get him off of her but could not. She went home and spent the night crying and blaming herself of what he did to her. The next day she comes to your clinic crying and very depressed and timid to talk about her situation. She said she wanted to know about the status of her menstrual disorder. She does not say much.

You have 5 minutes to answer the questions individually. Your facilitator will take you through the correct answers.

(a) What do you do?

(b) How do you make her open up?

(c) How do you probe that she was raped?

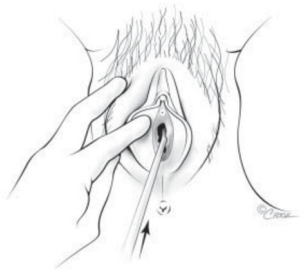
C. Laboratory Diagnostic Investigations

Step 6: *Advise and decide on laboratory investigations*

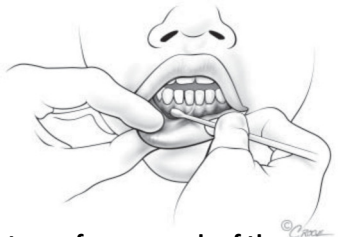
While performing the physical examination and with the consent of the survivor, it is possible to take samples from the vaginal, anal and oral swabs for bacteriological investigation. Furthermore, forensic evidence such as foreign bodies and sperm may be collected within the limits of time of exposure to the incident of sexual violence (*for more information, see **Step 7***).

Often, samples are taken after the completion of physical examinations. Inform the survivor or the parent/guardian that you have completed the physical examination and **advise** her/him on the value of taking samples from blood, urine, stool and other bodily fluids as is appropriate for the investigation of STIs (Syphilis, Gonorrhea, Chlamydia, Trichomoniasis…); HIV; Hepatitis BsAg; and pregnancy tests.
In order to have the patient do any of these tests, obtain her/his informed consent. Take radiologic investigation as appropriate. Advise on the risk of pregnancy. Inform the survivor of the different services available in your clinic.

However, it is important not to pressure the patient to make a decision but to give her/him as much time as she/he needs to decide. Also, do not force the survivor to go to court



Taking a blind vaginal swab



How to perform a swab of the mouth for spermatozoa

Exercise 2.7 Case study of Birtukan

The assessment of Birtukan's sexual maturity rate, including an examination of her dentition, estimated her age at between 18 and 24 years.
You have 3 minutes to answer the following question individually. Your facilitator will then take you through the correct answer.

What investigation do you do for Birtukan?

Exercise 2.8 Case study of Seidu

You found from his history that Seidu had been repeatedly assaulted by the same person but that he never spoke to anyone about it because his life was threatened. The last offense occurred today after coming from school and he told you that this time he suffered from agonizing pain and could not even sit and endure the pain any longer.

You have 5 minutes to answers the following questions individually. Your facilitator will then take you through the correct answers.

(a) What will be your initial action?

(b) What laboratory investigation(s) is/are important for Seidu?

(c) What forensic evidence do you collect?

Exercise 2.9 Case study of Teja

Teja told you that she did not wash or change her clothing after the incident. She had kept on crying the whole night before coming to your facility and feels tired and ashamed. Her husband has been away for field work for one week now and will only be back two days from today.

You have 5 minutes to answers the following questions individually. Your facilitator will then take you through the correct answers.

(a) What laboratory/diagnostic investigation(s) do you recommend for Teja?

(b) How do you go about collecting forensic evidence? What evidence(s) do you collect and how do you store it?

Step 7: *Forensic Evidence Collection, Documentation and Reporting*

You have seen earlier that the collection of forensic evidence and its documentation can be done simultaneously while taking the patient's history, performing her/his physical examination and conducting the laboratory investigations.

This section will only summarize what you have already learned during the clinical assessment.

- ***Injury evidence*:** Physical and/or genital trauma can be proof of the use of force and should be documented and recorded on pictograms.
- ***Clothing*:** Torn or stained clothing and underpants may be useful to prove that physical force was used. If clothing cannot be collected (e.g. if replacement clothing is not available), describe its condition and/or take pictures.
- ***Foreign materials*** (soil, leaves, grass…) on clothes, the body or in the hair may corroborate the survivor's story.
- ***Hair*:** Foreign hairs may be found on the survivor's clothes or body. Pubic and head hair from the survivor may be plucked or cut for comparison.
- ***Blood or urine*** may be collected for toxicology testing (e.g. if the survivor was drugged).
- ***Sperm and seminal fluid*:** Swabs may be taken from the vagina, anus or oral cavity, if penetration took place in these locations, to look for the presence of sperm and for a prostatic acid phosphatase analysis.

  Generally, time detects the findings of spermatozoa and seminal fluid:

	Spermatozoa	**Seminal fluid**
Vagina	6 days	12 – 18 hours
Anus	3 days	3 hours
Mouth (labial gingival fold)	12 – 14 hours	

For the forensic evidence analysis, blood from the survivor must be drawn to allow her/his DNA to be distinguished from any foreign DNA found. DNA analysis, when available, can be performed on materials found on the survivor's body or at the location where the assault took place, which might be soiled with blood, sperm, saliva or other biological material from the perpetrator (e.g. clothing, sanitary pads, handkerchiefs, condoms), as well as on swab samples from bite marks, semen stains and involved orifices, and on fingernail cuttings and scrapings.

Documenting each finding and reporting it as is appropriate is part of fulfilling a health care provider's duties. Health care providers must often answer questions from the police, lawyers or the court about injuries endured by survivors of GBV/SV they have treated. When the findings and the provided treatments are carefully documented on the history and examination forms, it is easier for the health workers to give accurate answers.

Section 2.2 Clinical Care for GBV/SV Survivors

2.2.1 Learning Objectives

By the end of this session you should be able to:

- Manage cases of GBV/SV
- Evaluate the physical assessment and laboratory findings
- Describe the prevention and treatment of STIs and HIV and Hepatitis B infections
- Initiate counseling sessions for GBV/SV survivors

Core Competencies:

Cognitive

- Knowledge on initial management
- Interpretation of physical assessment and laboratory results

Skill

- Use of job aids
- Prescription of treatment
- Proper counseling on treatment
- Proper documentation

2.2.2 Clinical Care for Acute Case Management for GBV/SV Survivors

GBV/SV very often occurs in the domestic environment and survivors may not seek medical care sooner due to fear, power imbalance, economic dependency and the like. Thus, acute cases (survivors who present at the facility within 24 hours of the incident) are rarely seen in health facilities compared to their magnitude of occurrence.

The overall management of survivors of GBV/SV requires the addressing of the following issues: physical injury; pregnancy; STIs; HIV and Hepatitis B; counselling and social support; and follow-up consultations.

2.2.2.1 Management of Cases within the First Hour of the Incident

On completion of her/his medical assessment, it is important to discuss any findings, and what the findings may mean, with the patient. Explain to the patient her/his right to know and also to ask questions.

Note: The absence of physical findings neither confirms nor negates the diagnosis of sexual abuse.

Physical injury:

- If the physical examination concludes that the survivor is in a severe and life-threatening condition, and your facility cannot provide the necessary services, you are required to provide initial first aid and then immediately refer the patient for emergency treatment.
- If the survivor has less severe injuries, such as cuts, bruises and superficial wounds, clean and treat the wounded areas (suture lacerated wounds as appropriate) and provide medications (antibiotics) to prevent wounds from becoming infected; administer tetanus anti-toxoid (Immune globulin) or booster tetanus vaccination; give the patient medication to relieve the pain. If there are dental issues, an ear drum perforation or eye problem, refer the patient in or out for specialized care and treatment.

Pregnancy prevention and management:

- If the survivor is female, counsel her on the risk of pregnancy and the available medication for pregnancy prevention. Inform her that the Emergency Contraception Pill (ECP) or "Morning-After Pill" acts by blocking fertilization, that this is not an abortion pill and therefore does not affect an already existing pregnancy. Inform the patient that there is no contraindication for its use and that there are no major side effects. This pill can be taken as a single dose and is effective if taken within 72 hours to 5 days after the unprotected sex.

- Upon her consent, provide her with prophylaxis EC pills. Advise her on the immediate return to the facility if she experiences one of the following symptoms: severe chest pain; severe abdominal pain; shortness of breath; severe headache; blurred vision or loss of vision; severe pain in the calf or thigh.

- Inform the survivor that her menses should occur at the expected time, but if they are delayed, she needs to come back to the facility for a pregnancy test as the ECP is not 100 % effective. Notify her on her rights and the availability of options for abortion. Respect her decision.

  After having been informed about her different options, the woman has the choice between:
  - Maintaining the pregnancy, and either keeping the infant or giving the infant up for adoption; or
  - Terminating the pregnancy.

  Be aware of the laws governing matters of this nature as local jurisdiction is applicable.
  In Ethiopia, pregnancy termination is permitted if the pregnancy occurred due to rape. Therefore, if the survivor wishes to terminate the pregnancy, she should be referred in or out to safe abortion services.

Sexually Transmitted Infections (STIs):

- Survivors of sexual violence may contract a sexually transmitted infection (STI) as a direct result of the assault. Infections most frequently contracted by sexual violence victims, and for which there are effective treatment options, are: Chlamydia; Gonorrhea; Syphilis; Trichomoniasis. Survivors of sexual violence may also be at risk of contracting the Human Papillomavirus (HPV), herpes simplex virus type 2 (HSV-2), HIV and the Hepatitis B virus; the latter two are covered separately.

- For N. gonorrhea, Chlamydia trachomatis and Trichomonas vaginalis, a direct wet mount and culture should be done. If the test results are positive, prescribe treatment in line with the national protocol of testing and treating STIs. However, it is important to know that results often turn out to be negative; this does not necessarily indicate the absence of infections as it can take between 3 days and 3 months for STIs to incubate and to be identified through laboratory testing.
  The decision to provide prophylaxis is made on a case-by-case basis.

HIV/AIDS:

- In general, the risk of contracting HIV from sexual violence is estimated to be relatively low. However, *the likelihood of acquiring HIV from SV depends on several factors*: type of assault (vaginal, oral, and anal); vaginal and anal trauma including bleeding; whether and where on, or in, body

ejaculation occurred; presence of STIs; presence of genital lesions in either the victim or perpetrator(s); frequency of assault and number of perpetrators; HIV status of the perpetrator(s); high HIV prevalence in the area; whether a barrier contraceptive method was used.
Male survivors are at higher risk of getting HIV from sexual assault as penetration is usually anal, and incarcerated (imprisoned) males are even at increased risk.

- Perform post-test confidential counseling as per the national guideline for HIV counseling. If the facility is not providing ARV prophylaxis in case of a negative result, or treatment in case of a positive result, then appropriate referral should be made. Ideally however, these services should be available on site.

Post-exposure prophylaxis (PEP)

- Always update yourself on the current national guidelines of PEP. At present, routine prophylaxis for HIV is not a universally accepted standard practice. The risk factors listed earlier will determine whether or not PEP should be offered to a patient. Together with the patient you must evaluate the risks and benefits of initiating or refraining from PEP treatment and then decide on the best option. Survivors and/or guardians must be informed on the following:
    - Limited data regarding the efficacy of PEP;
    - Possible side effects of the medications;
    - The need for strict compliance when taking the medications;
    - The length of treatment and importance of follow-up;
    - The need to begin treatment immediately for maximal effect of medications.

Note: If PEP is prescribed, then it should be initiated within 72 hours of the sexual assault and be given for the duration of one month.

Hepatitis B:

- Survivors of sexual violence may be at risk of Hepatitis B and should be offered vaccines in line with the national guidelines. If the perpetrator has active hepatitis, Hepatitis B immune globulin (HBIG) could be administered.

Planning for safety:

- The survivor is not to blame for what happened to her/him.
- Discuss on the protection from further violence. Go through the safety plan with the survivor on a case-by-case basis.
- *The following issues should be considered*: safe place to go/live; planning for children; transport; financial; support from someone close by. Discuss the plan only with the survivors themselves (no family member or friend should be present) and ensure that the risk of someone else overhearing the plan is avoided.

Support:

- Provide support to the survivor in identifying support groups, legal support, mental health counselors, psychologists, or arrange referral etc.
  Do not expect a survivor of GBV/SV to make a decision immediately. Always give her/him enough time and respect her/his decision and wishes.

Exercise 2.10 Case of Birtukan (cont'd)

You found that Birtukan's vaginal smear has Intracellular Diplococci; other STIs tested negative; HIV test result was negative; HBs Ag is pending. Pregnancy test was negative. Birtukan did not mention pressing charges against the perpetrator but her mother would like to do so. In another interview alone with Birtukan, she told you that she had consented to the sexual action and that her mom is lying about her age.

You have 5 minutes to answers the following questions individually. Your facilitator will take you through the correct answers later.

a) How do you manage Birtukan's case?

b) What specific counselling do you provide regarding the pregnancy test result?

c) What additional information would you pass on to Birtukan?

Exercise 2.11 Case study of Seidu (cont'd)

Seidu's results for HIV were positive; smear from perineal areas showed motile sperm; positive for chlamydial infection. The anal sphincter tone is patent/dilated with 15mm diameter.

You have 5 minutes to answers the following questions individually. Your facilitator will then take you through the correct answers.

a) How do you manage Seidu's case?

b) What will be your likely diagnosis concerning the alleged situation?

c) What do you tell his sister? And how do you go about counseling and a plan for protection?

Exercise 2.12 Case study of Teja (cont'd)

You found that Teja is pregnant. Motile sperm seen in the vaginal smear shows a negative result for Gonorrhea. She refused testing for HIV. Rapid test for syphilis is also negative and her Hepatitis B result is pending. She tested positive for Chlamydial and Trichomoniasis infections. Teja does not want to press charges against the offender and she does not want her husband to know what happened.

You have 5 minutes to answers the following questions individually. Your facilitator will then take you through the correct answers.

a) How do you prioritize the clinical management for Teja?

b) How do you go about counseling her on her situation and what do you provide as preventive treatment? When do you schedule Teja in for her follow-up visit?

c) How do you plan to discuss the disclosure to her husband about treatment of STI?

2.2.2.2 Management of Cases After the First 24 Hours to 5 Days

If the incident occurs within 72 hours but less than one week, healing signs and/or scars can be seen. The care and treatment for the survivor is similar to those in acute case management. However, the survivors who present themselves at the facility after more than 72 hours have passed since the assault will not be eligible for PEP for HIV. The ECP to prevent pregnancy can be provided, or an IUCD can be inserted into the woman's uterus. Also, some forensic evidence might not be obtained, though a genital swab on female survivors can reveal sperm if a sexual penetrative incident has occurred.

2.2.2.3 Management of Cases After 5 Days

Frequently, survivors come to the health facility after more than 5 days since the incident occurred. Within this time, the body has started to heal and much of the evidence including forensic evidence will no longer be valid.

For example, in case of rape of a girl who had never had sex before, the healing of the hymen and the genital tissue will be rapid and could be complete by the time she came to the facility.

2.2.3 Interpretation of Physical and Laboratory Findings and Initiation for Counseling and Follow-up

The different findings even in absence of history of violence:

- The presence of semen, sperm or acid phosphatase, fresh genital or anal injuries in absence of an adequate accidental explanation (laceration, abrasion, contusion, transection, avulsion, hematoma, ecchymoses, peticheas, bite marks…); genital injury in a female at the posterior fourchette; attenuation of hymen with resultant enlargement of hymen orifice due to disappearance of the hymeneal rim, usually posteriorly with associated findings of hymeneal disruptions; old tear of hymen which may have healed with scarring and interruption of hymeneal margin is definitive for sexual assault.
- A conversion result to positive test or culture for Gonorrhea, Syphilis, Chlamydia, HIV test or HBs Ag in a survivor who came within the first 3 to 5 days after the incident is highly suggestive.
- Genital or anal Trichomonas, Chlamydia, etc.; notch or cleft/disruption of hymen found posteriorly; any evidence of acute injury such as localized erythema and edema or minor abrasions in vestibule/hymen; anal scars outside mid line; anal dilatation > 15 -20 mm without stool in ampulla; irregularity of anal orifice in children; marked enlargement of the hymeneal opening; scar on posterior fourchette are suggestive of sexual abuse.
- Posterior fourchette friability; bacterial vaginosis; peri-anal fissures, repeated anal dilatation <15mm is inconclusive that it can be seen after sexual abuse, but can also have other causes.
- Findings may show no evidence of genital or anal injury. It is recommended to write the comment: “but penetration cannot be ruled out”.

Follow-up is important for survivors of GBV/SV, not only for confirmatory laboratory diagnosis but also to check the treatment compliance and progress of the patient’s health status. The survivor’s return to the clinic will be decided on a case-by-case basis; however, returning for a follow-up is required at 10 to 15 days; at 30 days, at 3 months and at 6 months.

2.2.4 Prevention and Treatment of STIs, HIV, Hepatitis B and Tetanus Infections

Disease entity	Medication	Dosage and schedule	Remarks
Chlamydia	**Azithromycin *or***	1 g orally, single dose	*Not recommended in pregnancy*
	Doxycycline	100 mg orally, twice a day for 7 days	*Contraindicated in pregnancy*
Chlamydial infection in pregnant women	**Erythromycin *or***	500 mg orally, 4 times a day for 7 days	
	Amoxicillin	500 mg orally, 3 times a day for 7 days	
Gonorrhea	**Ciprofloxacin *or***	500 mg orally, single dose	*Contraindicated pregnancy*
	Cefixime *or*	400 mg orally, single dose	
	Ceftriaxone	125 mg intramuscularly, single dose	
Trichomonas	**Metronidazole**	2 g orally, in a single dose or as two divided doses at a 12-hour interval	*Contraindicated in the first trimester of pregnancy*
Syphilis	**Benzathine benzylpenicillin***	2.4 million IU, intramuscularly, one only	*Give as two injections in separate sites*
Syphilis, patient allergic to penicillin	**Doxycycline**	100 mg orally twice a day for 14 days	*Contraindicated in pregnancy (Note: this antibiotic is also active against Chlamydia)*
Syphilis, patient allergic to penicillin	**Erythromycin**	500 mg orally, 4 times a day for 14 days	*(Note: this antibiotic is also active against Chlamydia)*

Emergency Contraceptives		
Type of Contraceptive	**Dosage and schedule**	**Remark**
Levonorgestrel-only regimen 75µg	1.5 mg orally (2 tablet) in a single dose	*Effective within 72 hours & moderate within 72 – 120 hours*
EE 50 µg + LNG 250 µg *or* EE 50 µg + NG 500 µg	2 tablet initial and 2 tablet after 12 hours	
EE 30 µg + LNG 150 µg *or* EE 30 µg + NG 300 µg	4 tablet initial and 4 tablet after 12 hours	
IUCD (copper T)	Insert and remove in next menses	*99 % effective*

Hepatitis B	Immunization status	Treatment guidelines	Remark
Has she/he been vaccinated for Hepatitis B?	No, never vaccinated for Hepatitis B	1st dose: at first visit. 2nd dose: 1–2 months after the first dose. 3rd dose: 4–6 months after the first dose.	Give the vaccine intramuscularly in the deltoid region of the arm.
	Started but has not yet completed a series of Hepatitis B vaccinations	Complete the series as scheduled	
	Yes, completed series of Hepatitis B vaccinations	No need to re-vaccinate	

Tetanus					
		If wounds are clean and <6 hours old or **minor wounds**		**All other wounds**	
History of Tetanus immunization *(number of doses)*		**TT**	**TIG**	**TT**	**TIG**
	Uncertain or < 3	Yes	No	Yes	No
	3 or more	No, unless last dose > 10 years ago	No	No, unless last dose > 5 years ago	No

HIV	Situation/Risk factors	PEP treatment and schedule
Status of HIV	Perpetrator is HIV-infected or of unknown HIV status; victim has been exposed to blood or semen (through vaginal, anal or oral intercourse or through wounds or other mucous membranes); victim was unconscious and cannot remember what happened; gang-raped	***For adolescents >45kg, adults and lactating women:*** It is possible to use triple or dual combined prophylaxis treatment; however, the national guideline recommends triple drug prophylaxis. Combined tablet containing **TDF (300mg) plus 3TC (300mg) and EFV (600mg)** once per day for 28 days **or** zidovudine (ZDV/AZT) 300 mg tablet **plus** lamivudine (3TC) 150 mg tablet plus EFV (600mg) twice per day for 28 days. ***For children: see the schedule below***
	HIV positive	No PEP

Weight or age	Treatment	Prescribe	28-day supply
< 2 years Or 5 – 9 kg	Zidovudine (ZDV/AZT) syrup** 10 mg/ml **plus** Lamivudine (3TC) syrup** 10 mg/ml	7.5 ml twice a day **plus** 2.5 ml twice a day	= 420 ml (i.e. 5 bottled of 100 ml or 3 bottles of 200 ml) **plus** = 140 ml (i.e. 2 bottled of 100 ml or 1 bottle of 200 ml)
10 – 19 kg	Zidovudine (ZDV/AZT) 100 mg capsule **plus** Lamivudine (3TC) 150 mg tablet	1 capsule three times a day **plus** 1/2 tablet twice a day	90 capsules **plus** 30 tablets
20 – 39 kg	Zidovudine (ZDV/AZT) 100 mg capsule **plus** Lamivudine (3TC) 150 mg tablet	2 capsules three times a day **plus** 1 tablet twice a day	120 capsules **plus** 60 tablets

Exercise 2.13 Findings and Interpretation

What is your interpretation of the survivor of alleged sexual violence based on following findings? You *have 20 minutes to complete this exercise individually. Your facilitator will then take you through the correct answers.*

Answer with: *"definitive" or "highly suggestive" or "suggestive" or "inconclusive" or "no evidence" and write comment(s).*

CASE #	FINDINGS	INTERPRETATION	COMMENT(S)
1.	5-year-old child, with complaints of sore throat; smear from oral swab revealed Intracellular Diplococci.		
2.	14-year-old boy living in foster care; examination revealed fresh anal bruise and laceration with no adequate accidental explanation; presence of motile sperm from anal swab; bite marks over the back of shoulders and abrasion over the glans penis.		
3.	The only findings in a 19-year-old female, who came on the 4th day of assault, were that the vaginal swab result showed spermatozoa, the STI status was initially negative and the second test done after 12 days turned positive for Syphilis and Chlamydia.		
4.	60-year-old female had fresh genital bruise at the posterior fourchette; with bruises over her face, the anterior shoulders and the left inner thigh. Initial lab test for STIs was negative but semen and motile sperm were identified.		
5.	The finding of 15-year-old student revealed genital injury at the posterior fourchette; attenuation of hymen with enlargement of hymen orifice, no hymeneal rim and has petechial bleeding. Negative results for STIs.		
6.	No clinical and negative laboratory findings.		
7.	12-year-old girl with laboratory result positive for genital Trichomonas and Chlamydia; physical examination result showed notch or cleft of hymen found posteriorly; localized erythema and edema and minor abrasions in vestibule/hymen.		
8.	15 years has posterior fourchette friable; bacterial vaginosis.		

Section 2.3 Follow-Up of Survivors of GBV/SV

2.3.1 Learning Objectives

At the end of this section, participant will be able to:

- Describe the purpose of follow-up visits
- Explain the schedule of follow-up visits and activities that need to be undertaken during each visit
- Demonstrate ability to provide comprehensive care at each follow up visit
- Complete referral forms and certify medico-legal reports

Core Competencies:

Cognitive

- Describe the purpose, schedule and activities of follow-up care

Skill

- Demonstrate ability to provide comprehensive care at each follow-up visit
- Prescribe referral and produce medico-legal certificates

Return visits are very important to examine the progress and address additional complaints that were not addressed adequately in the first visit. These visits may include the assessment and treatment of incubating STIs, explaining the importance of adherence and compliance to medication, particularly Anti-retroviral prophylactic treatment. It is also a very useful opportunity to discuss counseling for HIV testing, if the latter was declined initially by the survivor, and continued psychological/emotional and psychosocial support.

It is very important to note that:

1. Sexual violence survivors who tested positive for HIV at the initial visit and are not on ART, should be referred to ART care. However, the follow-up for survivors of violence should continue with the same clinical schedule. If the survivor is on ART, the follow-up for violence should continue with the same clinical schedule; however, the follow-up of ART will follow the previous schedule.
2. If survivors refuse HIV testing at the initial visit, they should be offered PEP (starter dose just for 3 days) and offered to take the test in the subsequent visits.

2.3.2 Purpose of Follow-up Care

The purpose of follow-up care can be summarized as follows:

- To assure adequate medical treatment and success.
- To assure adherence to medications, particularly PEP for HIV and STIs treatment.
- To assure adequate psychological treatment success.
- To assure adequate documentation and data collection.
- To assure adequate reporting of findings, particularly for the medico-legal status **(Annex 7: Affidavit Report – Sexual Violence Medical Certificate)**.
- To assure adequate recovery of the patient.

2.3.3 Schedule of Follow-Up Care

There are varying views about the most appropriate for follow-up visits. It is commonly recommended for survivors to receive care at 2 weeks, 4-6 weeks, 12 weeks, and 24 weeks after the day of their initial presentation to the clinic (for the confirmatory HIV test). Additional visits can be scheduled according to the individual needs.

In summary, during the follow-up visits:

- Conduct targeted history-taking, physical examination and laboratory investigations.
- Assure that medications are being taken as prescribed and monitor the side effects.
- Enquire if there are any concerns for the survivor's safety.
- Document findings and keep records in confidential places.

Exercise 2.14 Short questions

You have 5 minutes to answer the following questions individually. Your facilitator will then take you through the correct answers.

1. What is/are the purpose(s) of follow-up care with regard to GBV/SV?

2. List activities expected to be undertaken during the follow-up visits.

Follow-up visits' activities corresponding to the scheduled visits:

WHAT TO FOLLOW	2 WEEKS	4-6 WEEKS	12 WEEKS
Injuries/physical examination	Check if injuries have healed properly.	Check for scars or healing progress and record findings.	
HIV	• If the victim is taking PEP, check for drug side effect, tolerance, adherence and barriers for taking the medications; • Monitor drug toxicity targeting specific drugs included in the PEP symptomatically; • If toxicity is noted, modification of the regimen should be considered; • Make sure of availability of enough PEP drugs for at least another two weeks; • Offer HIV testing and counseling if not done so already; • If a survivor has tested HIV positive, link her/him to HIV care and treatment, including for mental health; Discuss the issue of disclosure and partner testing as appropriate.	• Ask about overall compliance with PEP and record the answer; • If HIV negative on initial testing, retest; or if no HIV test was done, council and test at this visit; • If survivor has completed the 28-day PEP treatment, then discontinue; • If a survivor has tested HIV positive, link her/him to HIV care and treatment, including for mental health • Discuss the issue of disclosure and partner testing.	• If HIV negative on initial testing, retest at this visit; • Offer HIV testing and counseling if not done during the initial visit; if a survivor has tested HIV positive, link her/him to HIV care and treatment, including for mental health. • Discuss the issue of disclosure and partner testing.
STIs	• Check for completion of the course of any medications given for STIs, assess treatment adherence, response and ensure cure; • Reassess incubating STIs, give results of Hepatitis B test if not provided already, if negative provide the dose of HBV vaccination; discuss any test results.	• Ask about compliance for overall STI medications and record; • Give second Hepatitis B vaccination, if needed. Remind her/him of the 6-month dose.	• Give second Hepatitis B vaccination, if needed. Remind her/him of the 6-month dose.
Pregnancy	• Test for pregnancy if she was at risk. If found pregnant, discuss whether it is likely to be a result of rape or not; discuss options for the pregnancy,	• Ask about menstruation. If there has been none since the incident, repeat the pregnancy test.	• Ask about menstruation. If there has been none since the incident, repeat the pregnancy test.

	and refer for termination if requested; • If she opts for abortion, refer her for safe abortion services.	• If the survivor is pregnant, discuss the likelihood of it being result of the rape or other; discuss options regarding the pregnancy, and act according to her decision.	• If the survivor is pregnant, discuss the likelihood of conception due to rape or other; discuss options regarding the pregnancy, and refer for termination if so requested.
Mental health	• Assess the patient's emotional and mental state. If there are any problems, plan for psycho-social support and stress management, such as progressive relaxation or slow breathing; • Discuss about sex; whether the survivor has had sex yet after the rape and talk about how she/he feels about having consensual sex again, as appropriate.	• Continue first-line support and care; • Assess her/his emotional state and mental status; • Ask if she/he is feeling better. If new or continuing problems, plan (refer) for psycho- social support and stress management. • For depression, alcohol or substance use, or post-traumatic stress disorder (PTSD), if possible, refer for specialized care to a specifically trained health-care provider with a good understanding of sexual violence.	• Continue first-line support and care. Assess her/his emotional state and mental status. Ask if she/he is feeling better. If new or continuing problems, plan (refer) for psycho-social support and manage emotional disorders like depression, alcohol or substance use, or post-traumatic stress disorder. If possible, refer for specialized care to a specifically trained health-care provider with a good understanding of sexual violence.
Planning	• Remind her/him to return for further Hepatitis B vaccinations at 4-6 weeks and 6 months, and for HIV testing at 3 months and 6 months; • Ask her/him to return for follow-up if emotional and physical symptoms of stress have emerged or have become more severe, or if there is no improvement at all by 1 month after the event; • Make next follow-up appointment for 1 month after the violence.	• Make next routine follow-up appointment for 3 months after the assault; • Remind the survivor about the need for HIV testing at 3 months if tested negative the first time (whether or not she/he has taken PEP).	• Make next routine follow-up appointment for 6 months after the assault if the HIV test is negative.

Exercise 2.15 Fill in the Laboratory Testing Schedule

Fill in the laboratory testing schedule for the following conditions in a GBV/SV survivor.
You have 5 minutes to complete this exercise individually. Your facilitator will then take you through the correct answers.

TEST	INITIAL TEST RESULT IS NEGATIVE	RETEST
Pregnancy	23/08/2016	
Chlamydia, Gonorrhea, Trichomonas	23/08/2016	
Syphilis	23/08/2016	
HIV	23/08/2016	
Hepatitis B	23/08/2016	

Exercise 2.16 Case of Seidu (cont'd)

Seidu was scheduled for a follow-up visit after 15 days of the initial visit. He came with his mother, who told you that he is doing fine but that he sometimes has nightmares and cries out in the middle of the night. He still complains of pain during defecation.
You have 5 minutes to answer the following question individually. Your facilitator will then take you through the correct answer.

How do you proceed with the follow-up care for Seidu?

Exercise 2.17 Case of Teja (cont'd)

Teja was provided PEP for HIV as her HIV status was unknown and was scheduled to return to the clinic at the third day after her first visit. She came to the clinic but still refused to be tested for HIV.
You have 5 minutes to answer the following question individually. Your facilitator will then take you through the correct answer.

How do you proceed with the follow-up care for Teja?

Section 2.3.4 Providing Referral Services to Survivors of GBV/SV

Referral services are important to facilitate the access to different available specialized services (in holistic approach of survivors) with the ultimate aim of recovery and re-integration of the GBV/SV survivors.

2.3.4.1 Referral Services

Referral is a process of linking the patient to a higher, more specialized level of care (or vice versa) to increase the patient's well-being and healing process.
A referral system is a mechanism that links clients to a comprehensive institutional framework of multi-sectoral cooperation that connects various governmental and non-governmental organizations with the overall aim of ensuring the protection and support of survivors. This system should, however, be based on national laws and/or policies (refer to *Standard Operating Procedure for The Response and Prevention of Sexual Violence in Ethiopia, 2016*).

When referring a case of GBV, all necessary principles of rights should be ensured. This includes respecting the client's wishes, protecting children's best interest, ensuring clients' safety and confidentiality.
If the survivor agrees to the recommended referrals, it is important to request for informed consent before referring out to other facilities. Parental consent should be obtained in cases of children except where it might put the child in danger or otherwise be against their best interest (*see "Mandatory reporting" under Section 2.3.5*).
If referral is not possible for specialized qualified services, schedule follow-up appointments and provide necessary interventions until referral is possible. Always use a referral format form for referring out cases **(Annex 5: Referral form)**.

As health care professionals are often the first point of contact for survivors, they provide an important entry point for referrals.

Effective referrals require health care professionals to be:

- Able to identify and facilitate the disclosure of GBV/SV;
- Able to listen to the person's problem; and, to ask only those questions required to clarify what service they need (no unnecessary questions);
- Able to assess the situation and needs of the individual patient as well as the risk of further violence;
- Able to give honest and complete information about available services;
- Knowledgeable about the existing referral system and services to be able to support the patient in identifying the best options;
- Knowledgeable about national laws on GBV/SV and on the obtaining of the patient's consent before sharing her or his case with other organizations.

Exercise 2.18 Questions on Referral

You have 5 minutes to answer the following questions on the issue of referral. Your facilitator will then take you through the correct answers.

1. What is referral?

2. What are the benefits of referral for the provider and the survivor?

3. List the key characteristics of health care providers for an effective referral system.

Exercise 2.19 Case study of Seidu (cont'd)

You have 5 minutes to answer the following questions on the case study of Seidu. Your facilitator will then take you through the correct answers.

1. Where would you like to refer Seidu? What would be the added value?

2. Complete a referral form for Seidu (use the format provided by your facilitator)

2.3.4.2 Expected Level of Care along the Health Sector Structure (Tier)

Health workers should be aware of the standard services provided along the health sector structure to benefit the client during referral. For details regarding the expected standard activities, refer to **Annex 8**.

2.3.5 Documenting and Certifying Cases of GBV/SV

2.3.5.1 Importance of Documenting GBV/SV

Documentation of GBV/SV is necessary from the perspective of the health care provider and the patient, and to ensure good clinical care:

1. **For the health professional's legal issues:** Health care providers have a professional obligation to record the details of any consultation with a patient. The notes should reflect what was said (by the patient) and what was seen and done (by the health care provider) and be kept confidential.

2. **For the patient's legal pursuit:** Medical records can be used in court as evidence, for example in criminal proceedings or child custody proceedings. Documenting the health consequences may help the court with its decision-making as well as provide information about past and present violence. Lack of coordination between health care providers and police and prosecutors can result in evidence getting lost. Therefore, in order to facilitate the victim's access to the criminal justice system, it is critical that health care providers understand the links between forensic medicine and criminal justice.

3. **For good clinical care:** Adequate documentation can inform other health care providers who later might treat the patient of her experiences of GBV and thereby assist them in providing appropriate follow-up care.

MANDATORY REPORTING PROVISIONS IN ETHIOPIA

According to the Ethiopian law, any SV on a child has to be reported to the police immediately. Reporting requirements of this nature can create a dilemma for health care providers and other actors because of the potential conflict with the guiding principles: confidentiality, respect for autonomy and the need to protect the vulnerable. Furthermore, health workers are seen as companionate, trusted and caring persons. However, the revised criminal law obliges all persons including health care providers to report crimes of SV, particularly those perpetrated on children.

Article 443 of the Criminal Code – Failure to report a crime

a) Whoever, without good cause knowing the commission of, or the identity of the perpetrator of, ***a crime punishable with death or rigorous imprisonment for life****, fails to report to the competent authorities; or is by law or by the rules of his profession, obliged to notify the competent authorities in the interests of public security or public order, of certain crimes or certain grave facts, and does not do so, is punishable with fine not exceeding 1000 Birr, or simple imprisonment not exceeding 6 months.*

Article 835 of the Criminal Code – Failure to make compulsory notification

Physicians, dentists, chemists, midwives, veterinary surgeons, and all persons officially authorized to attend patients, who fail to bring to the notice of the competent authority facts which, under the law, they are obliged to notify, in particular with the view to preventing the spread of a contagious disease, drug addiction, or epizootics, or ***activities of a criminal nature*** *or dangerous to the community as a whole are punishable with a fine not exceeding 500 Birr, or in more serious cases or cases of recidivism with arrest.*

2.3.5.2 General principles of documenting GBV/SV

- Document all pertinent information accurately and legibly.
- Record the extent of the physical examination conducted and all "normal" or relevant negative findings.
- Carefully describe any injuries assessed, including the type, number and location of injuries, using standard terminology and a body map.
- Mechanisms for documentation include hand-written notes, diagrams, body maps and photographs. Photographs may serve as supplements, but should not replace other forms of documentation.
- Interpretation of injuries for medico-legal purposes should be done by trained forensic specialists.
- Keep patient records and information strictly confidential and securely stored.
- In case a survivor does not disclose the incident, health care professionals should note whether the injuries are compatible with her explanations. This may help to clarify the situation at a future visit and provide documentation in case she decides to pursue legal action.
- Take notes and make diagrams during the consultation; these forms of documentation will improve the accuracy of the information taken.
- Ensure that the notes are accurate and complete with quality of the assessment.
- Whenever possible, use the survivor's own words in quotes. Do not write down your own interpretation of the statements made. For example, write "My husband hit me with a bat" instead of "Mrs X has been battered."
- Use neutral language, such as "Ms Smith says…" rather than "The patient alleges…"
- Do not exclude information that is extraneous to the medical facts, such as "It was my fault he hit me, because…"or "I deserved to be hit because I was…"
- When documenting referrals, the names, addresses or phone numbers of shelters given to the patient should not be included, in the interest of the patient's safety.

***In summary, documentation should include the following*:**

Demographic information (i.e. name, age, sex); consents obtained; history (i.e. general medical and gynecological history); an account of the assault; results of the physical examination; tests and their results; treatment plan; medications given or prescribed; and patient education; referrals given.

Interpretation of injuries

Without accurate documentation and expert interpretation of injuries, conclusions on how injuries occurred might be seriously flawed. Therefore, health care professionals who are not trained in the interpretation of injuries should refer this task to a forensic specialist.

2.3.5.3 Storage of and Access to Patient Records and Information

Patient records and information are strictly confidential. All health care providers have a professional, legal and ethical duty to maintain and respect patient confidentiality and autonomy. Records and information should not be disclosed to anyone except those directly involved in the case or as required by local, state and national statutes.

All patient records and any specimens should be stored in a safe place. Biological evidence usually needs to be refrigerated or frozen (check with your laboratory regarding the specific storage requirements for biological specimens).

Exercise 2.20 Case studies of Birtukan, Seidu and Teja (cont'd)

Your facilitator will provide you with blank GBV register forms as well as blank medical certificate forms. Use the information acquired through history-taking and physical examinations made so far for each of the individual case studies to complete these forms.
You have 20 minutes to complete the exercise. Your facilitator will then take you through the corrections.

1. Using the history and physical examination findings, complete the GBV register form in line with the cases of Birtukan, Seidu and Teja. Your facilitator will provide you with blank register formats.
2. Write the medical certificates for Seidu and Teja. The facilitator will provide you with two copies of blank certificate formats.

For an overview of the *pathway for initial care after a sexual assault*, please refer to **Annex 10.**

Summary of the Module II

Clinical Assessment: assessing the clinical situation of the survivor of GBV/SV which includes history taking, physical examination, laboratory investigations and supporting forensic data collection.

Clinical Management: interpretation of findings and classification of status, counseling, provision of prophylaxis and treatment, when to return, referral within and/or external services and facilities (as applicable) and planning for prevention and protection of recurrence.

Follow-up Visits: the need for follow-up visits, the added value of each visit including re-assessment, laboratory re-investigation, and re-classification of status, treatment follow-up including adverse effect, counseling and checking for compliance with advice given, recording and completing medico-legal certificates (Affidavit reports), etc.
Referral Services are expected at each level in line with the health service network model – health posts, health centers, district hospitals, regional and referral hospitals.

Participant Self-Evaluation

- What did you learn?

- What knowledge and skills were you able to improve?

- What knowledge and skills still need improvement?

ANNEXES

Annex 1: Gender-based Violence Kit

<table>
<tr><th>SN</th><th>List of Materials</th><th>Reason</th></tr>
<tr><td>1.</td><td>Air sealed plastic bags (with labeling space)/different sizes</td><td>For collection and transporting forensic samples</td></tr>
<tr><td>2.</td><td>Test tube with sterile cotton swabs (with labeling space)</td><td>For collection and transporting forensic samples</td></tr>
<tr><td>3.</td><td>A2 sized Paper envelop (with printed labeling)
<table>
<tr><td colspan="3">Code</td></tr>
<tr><td colspan="3">Address Region.....City.....Sub-city.....Kebele.....House no.....Tel.....</td></tr>
<tr><td>Sex</td><td>Date and time of evidence collection
_____/ _____ / ____ ; ___:____</td><td>Age</td></tr>
</table></td><td>for forensic material storage</td></tr>
<tr><td>4.</td><td>Plain Flip chart size paper</td><td>To stand on for forensic collection</td></tr>
<tr><td>5.</td><td>Combs (small)</td><td></td></tr>
<tr><td>6.</td><td>Syringe and needle (2ml, 5 ml, 10 ml)</td><td></td></tr>
<tr><td>7.</td><td>Anatomical forceps; spatula; measuring tape</td><td></td></tr>
<tr><td>8.</td><td>Disposable gloves</td><td></td></tr>
<tr><td>9.</td><td>Clothes (linen) and sanitary materials/pads</td><td></td></tr>
<tr><td>10.</td><td>Camera</td><td></td></tr>
<tr><td>11.</td><td>Anatomically corrected dolls (male and female) for children</td><td>Play therapy</td></tr>
<tr><td>12.</td><td>color pencils for drawing</td><td>Play therapy</td></tr>
<tr><td>13.</td><td>Plain paper</td><td>For drawing</td></tr>
</table>

Annex 2: Consent Form

CONSENT FOR A MEDICAL CONSULTATION

. . . . . (*Insert health worker's name*) has explained to me the procedures of examination, evidence collection and release of findings to police and/or the courts.

I . . . . . (*Insert patient's name*) agree to the following:

(Mark ✓ at each box that applies)

- ☐ Physical examination, including examination of the genitalia and anus.
- ☐ Collection of specimens for medical investigations to diagnose any medical problems.
- ☐ Collection of specimens for criminal investigation.
- ☐ Having photographs taken of different parts of my body and/or personal items.
- ☐ Providing a verbal and/or written report to police or other investigators.
- ☐ Treatment of any identified medical conditions.

Patient's (or parent's or guardian's) signature or thumb mark . . . . . .

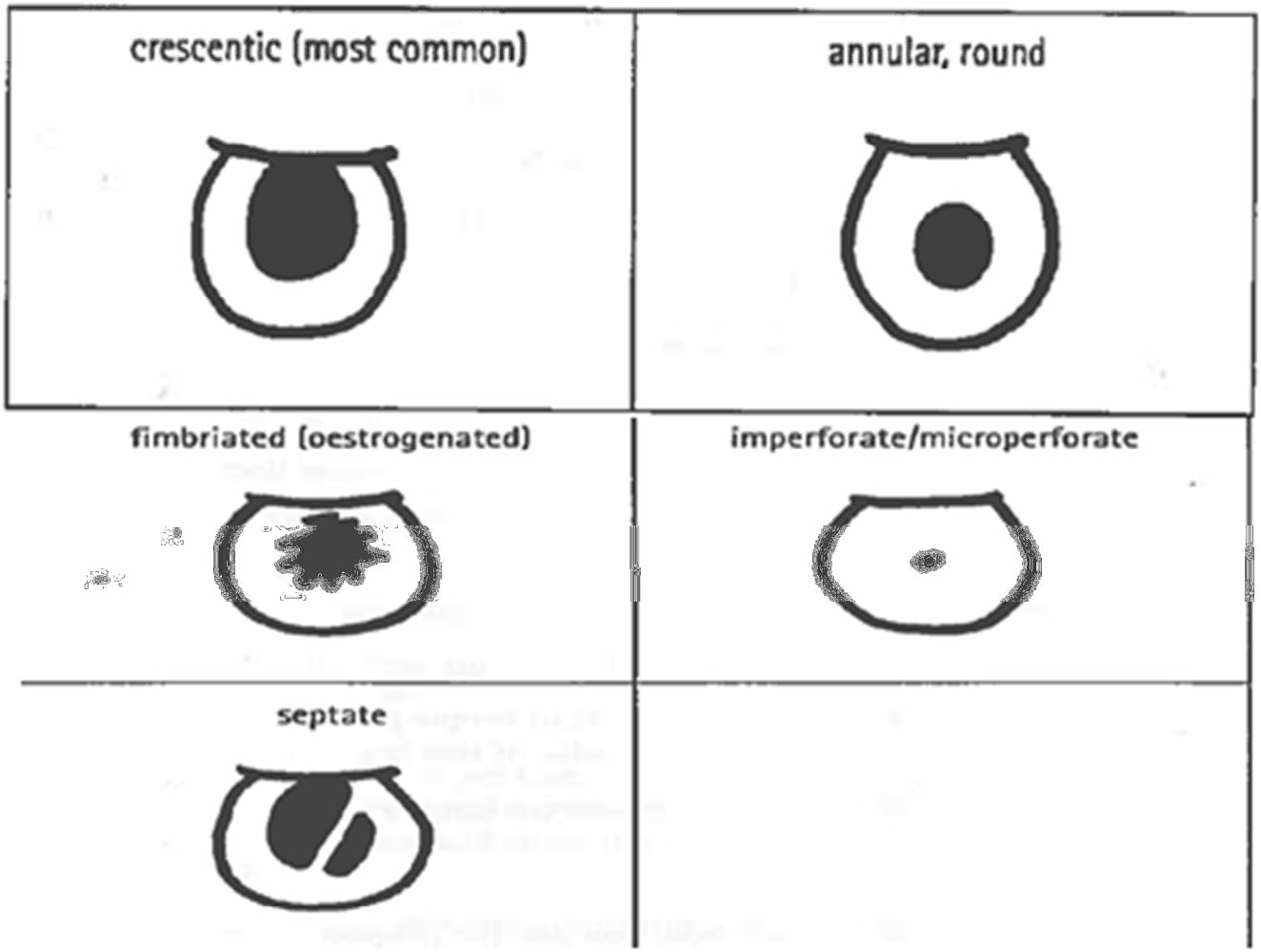
Witness' signature . . . . . .

Date . . . . . .

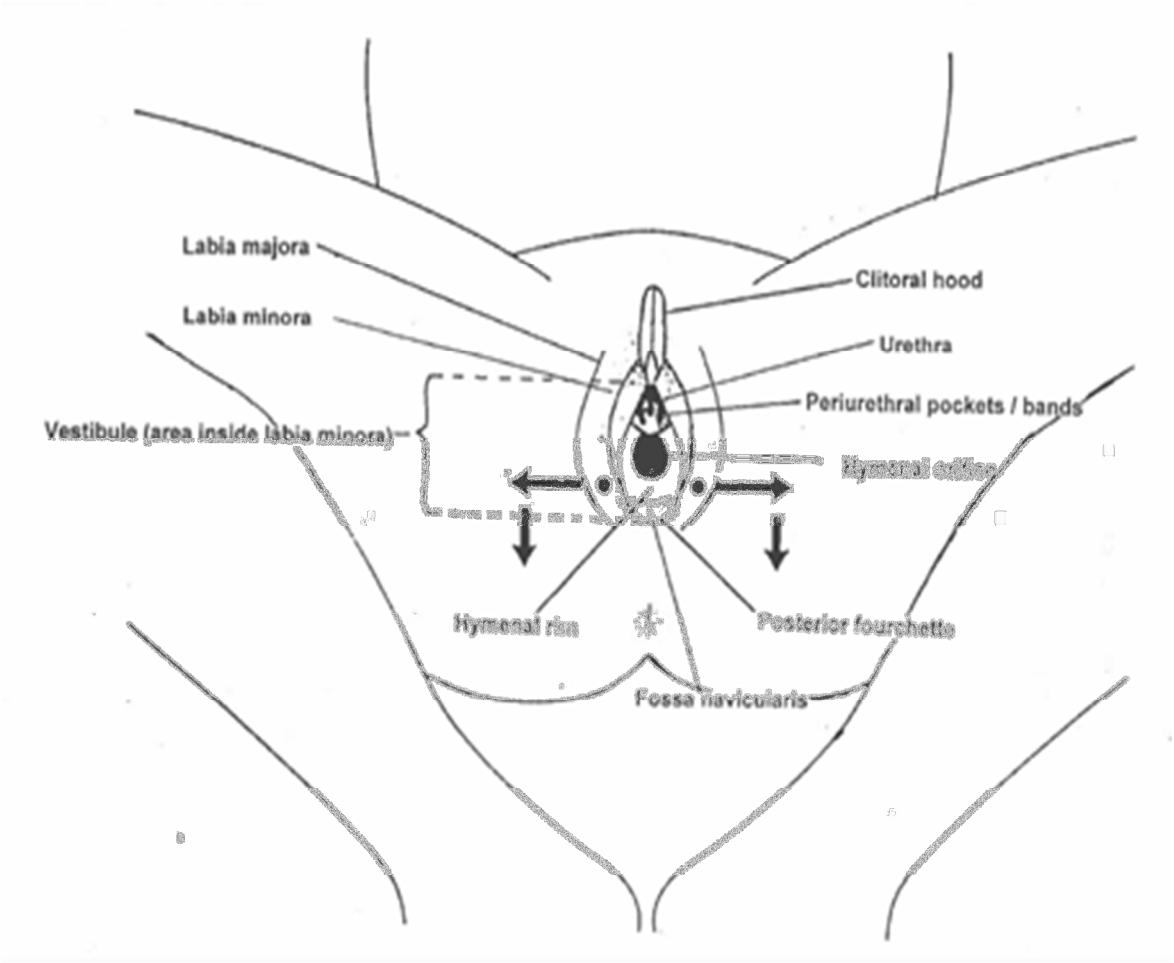
Annex 3: Tanner Staging

STAGE	FEMALE				MALE				
	Age range (years)	**Breast growth**	**Public hair growth**	**Other changes**	**Age range (years)**	**Testes growth**	**Penis growth**	**Pubic Hair Growth**	**Other changes**
I	**0–15**	Pre-adolescent	None	Pre-adolescent	**0 – 15**	Pre-adolescent (≤2.5cm)	Pre-adolescent	None	Pre-adolescent
II	**8–15**	Breast budding (thelarche); areolar hyperplasia with small amount of breast tissue	Long downy pubic hair near the labia, often appearing with breast budding or several weeks or months later	Peak growth velocity often occurs soon after Stage II	**10-15**	Enlargement of testes; pigmentation of scrotal sac	Minimal or no enlargement	Long downy hair, often appearing several months after testicular growth; variable pattern noted with pubarche	N/A
III	**10–15**	Further enlargement of breast tissue and areola, with no separation of their contours	Increase in amount and pigmentation of hair	Menarche occurs in 2% of girls late in stage III	**1½–16.5**	Further enlargement	Significant enlargement, especially in diameter	Increase in amount; curling	N/A
IV	**10–17**	Separation of contours; areola and nipple form secondary mound above breasts tissue	Adult in type but not in distribution	Menarche occurs in most girls in stage IV, 1–3 years after thelarche	**Variable: 12–17**	Further enlargement	Further enlargement, especially in diameter	Adult in type but not in distribution	Development of axillary hair and some facial hair
V	**12.5–18**	Large breast with single contour	Large breast with single contour	Menarche occurs in 10% of girls in stage V.	**13–18**	Adult in size	Adult in size	Adult in distribution (medial aspects of thighs; linea alba)	Body hair continues to grow and muscles continue to increase in size for several months to years; 20% of boys reach peak growth velocity during this period

Annex 4: Normal Hymeneal Variation



<u>Annex 5</u>: Female Genital Examination – Normal Female Genital Anatomy



Annex 6: Abnormal Hymeneal Findings

Abnormal hymenal findings

During actual or attempted penetration, it is the posterior rim of the hymen that is most likely to be damaged. The following findings, occurring 4--8 o'clock, can indicate sexual assault.

- tear(s): fresh or healed, partial or complete

at 7 o'clock

- notches or clefts: if angular, sharp, asymmetrical, posterior/lateral, they are more likely to be significant. Anterior notches at 12, 11, 1, 3 & 9 o'clock can be normal

notch at 5 o'clock

- attenuation of hymenal ring is the narrowing or 'rubbing away', usually posterior or lateral. If marked it is a definite sign of penetration and generally suggests repeated abuse.

- bumps or mounds may be normal on posterior edge if in association with intra vaginal ridges, otherwise they may suggest trauma

bump at 6 o'clock

often with notch

notch at 6 o'clock
bump at 5 o'clock

- distortion of hymenal ring : edges of a tear will never heal together
- synechiae : adhesions between the hymen and the labia, or the vagina or even inside the vagina
- carunculae are the remaining fragments of the hymen visible after repeated penetration, or found normally in sexually active women

- obliterated/absent hymen
- tags/remnants
- hymenal gaping : the appearance of a dilated hymenal orifice with a visible vaginal wall on parting of labia or even when parting legs alone

Annex 7: Affidavit Report

SEXUAL VIOLENCE MEDICAL CERTIFICATE

Name of the health institution _____

PATIENT INFORMATION

Patient Name_____ **Sex**_____ **Age**_____

Card number_____ **Occupation**_____ **Marital status**_____ **Date** _____

Name of guardian if survivor is a minor or physically disabled _____

Description of the incident (in survivor's words whenever possible)

_____

_____

_____

_____

On Clinical Examination (state any physical, genital or anal injury as documented on the patient's card)

_____

_____

_____

Laboratory results (whichever are available)_____

_____

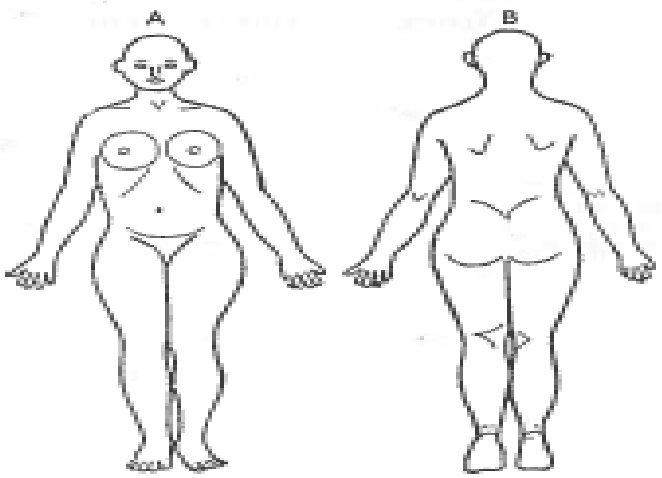
_____

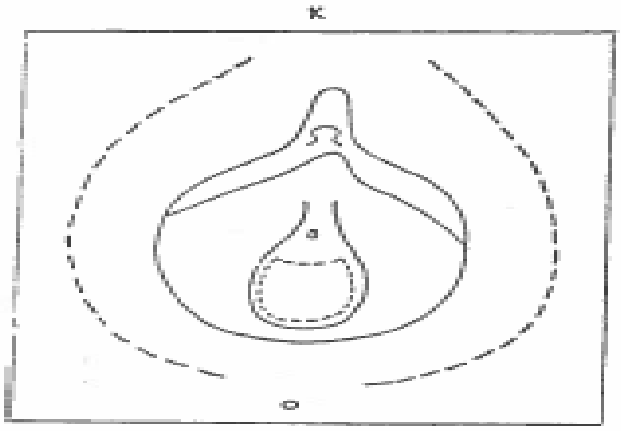
Conclusion_____

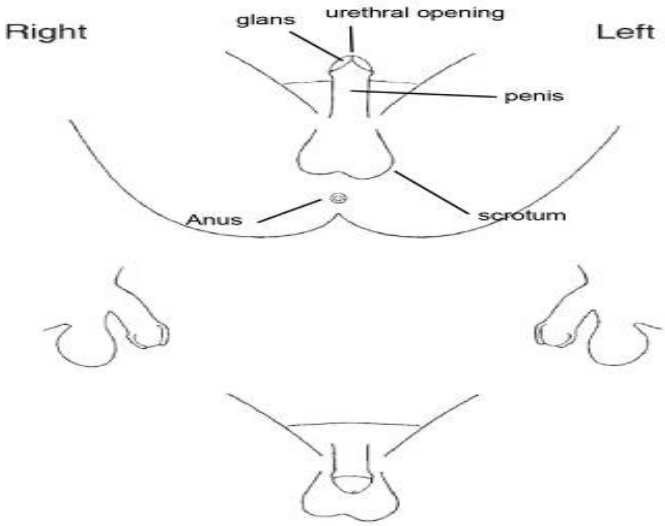
_____

Name of health care provider _____ **Signature** _____

This certificate has to be produced in three copies. The original copy goes to the police for the trial process, the second copy is for the client and the third copy is to be attached with the client's card. This certificate is confidential and has to be sealed and signed on delivery to the police.


A
B


K
D


Right
glans
urethral opening
Left
penis
Anus
scrotum

Annex 8: Referral Form

REFERRAL FORM

Referring sector and unit _____
To (sector/unit to be referred to) _____
Date and Time of Referral_____

PATIENT INFORMATION

Survivor's name or case number _____ Age_____ Sex_____
Address and telephone: Region_____ Sub city/Zone _____
Woreda/Kebele_____ House No_____ Telephone No _____
If victim/survivor is a child (underage):
Name of parent/legal guardian: _____ _____
Relationship: _____

THE INCIDENT

Briefly describe what were the problems identified (summarize circumstances, what exactly occurred, what happened afterwards):

_____
_____
_____
_____
_____

What has been done so far:

_____
_____
_____
_____

Reason(s) for referral:

_____
_____
_____

More action needed and planned action:

_____
_____
_____
_____

Referring unit: _____
Referring individual: _____

Signature: _____

Annex 9: Standards of Activities along the Health Sector (Tier)

Level of post-sexual violence care provided at the different levels of the health care tire system	
Type of health facility	**Level of expected care**
Health posts	• Clean and dress minor wounds; • Administer emergency contraceptive pills for eligible survivors; • Report to community police, representatives of women and children affairs; • Refer cases to health center; • Should have special training on SV.
Health centers	• All activities undertaken by health posts; • Should have trained staff on GBV/SV; • Take relevant history, do physical examination and laboratory investigation; • Do wet smear for spermatozoa; pregnancy test; • Administer STI prophylaxis and treatment, PEP for HIV prevention & EC and IUCD for prevention of pregnancy; • Provide abortion care for pregnancy within the first trimester occurring as a result of rape; • Treat minor physical and genital injuries including administration of TAT and hepatitis B vaccine; • Document findings on the client chart and keep it confidential; • Refer cases to hospital level for those who need a medical certificate and further management; • Refer cases for psychosocial and legal support; • Identify government organizations and NGOs who offer service for the survivors; • Report incidents of sexual violence to the nearby police.
Primary and general hospitals	• All activities of health centers; • Dedicate a room in a hospital for the care of survivors of sexual violence; • Collect forensic evidences; • Manage wounds and genital injuries that are supposed to be managed at hospital level; administer TAT and hepatitis B vaccine; • Administer prophylaxis and treatment for STIs and HIV; • Terminate first and second trimester pregnancies that occur as a result of rape and manage pregnancies that the survivor decides to continue; • Prepare and issue medical certificates ✓ Use precise terminology ✓ Maintain objectivity ✓ Stay within your field of expertise ✓ Distinguish findings and opinions

	✓ Give a detailed account of all specimens collected ✓ Only say or write what you would be prepared to repeat under oath in court ✓ Medical certificates should be produced by the caring health care providers using the local working language ✓ If the health care provider doesn't know the working language, then another health care provider who knows the language shall translate and produce the certificate ✓ Certificates should have a conclusion (absence of physical or genital injury does not mean sexual assault was not committed, finding of Nisseria gonorrhoea in the laboratory investigation of the child is definitive indicator of child SV etc.) ✓ Certificates for police and/or judiciary should be available within 48 hours, or adequate justification should be submitted for the delay. ✓ Use the reporting format depicted in the management guideline or modify it according to the local situation. ✓ Give the report in a sealed envelope to the police or the client ✓ Write on the sealed envelope: "valid only if opened by a relevant legal body!" ✓ Keep a copy that should remain with the client's chart ✓ Keep the survivor's chart confidential and store it in a lockable file cabinet. ✓ The key of the lockable file cabinet has to be kept only with responsible person
Specialized hospitals	• All activities of primary and general hospitals; • Obstetrician/gynecologist care for colposcopy evaluation of the minor genital injuries; • Obstetricians/gynecologist evaluations for hymeneal examination, serious genital injuries infections; • Pediatrician care for child sexual abuse; • Psychiatrist evaluation of mental status of some of the victims and/or perpetrators; • Psychiatric management for psychiatric disorders; • Surgeon evaluations for ano-rectal injuries that need ano-proctoscopic evaluations; • Surgical interventions for injuries that require operative treatment; • Radiologist evaluation for physical injuries; • Radiological evaluation for age determination if requested by law enforcement bodies; • Establish one-stop centers and model clinics, and help replicate best practices.

Annex 10: Pathway for Initial Care after Assault