THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH AND SOCIAL WELFARE

Gender Based Violence

And

Violence Against Children

For Healthcare Providers and Social Welfare Officers

JOB AIDS

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Contents

Foreword

Gender-based violence (GBV) and Violence against children (VAC) are major problems in Tanzania. A number of studies conducted (WHO Multicountry study, 2005, Tanzania demographic Health Survey (TDHS) 2010, (Violence against children National Survey 2011) evidence the need for the health sector's engagement in prevention and response services.

The Ministry of Health and Social Welfare (MOHSW), in collaboration with other Governmental and Non-governmental organizations, developed Policy and Management guidelines, including a plan of action to prevent and respond to acts of gender-based violence and violence against children. However, effective and comprehensive medical and psychosocial care of survivors requires health care providers and social welfare officers to have appropriate competencies on preventing acts of violence and providing the needed care to victims and survivors of violence and Abuse

Along with the Competence Based GBV and VAC curriculum, Facilitator's Guide and Participant's manual, the MOHSW developed this Job Aids package to accompany the above mentioned materials during trainings of health care providers and social welfare officers. It is my hope that the use of this package will aid participants in achieving the intended competences and finally be able to provide effective and quality GBV and VAC services.

The ultimate goal is to create a pool of qualified health care providers and social welfare officers with competencies in providing quality and comprehensive services to victims and survivors of GBV and VAC.

Dr Donan Mmbando

Chief Medical Officer Ministry of Health and Social Welfare

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We are indebted to all the technical working group members as seen in the attached list who tirelessly contributed to refinement of the document.

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A. CONSENT

A.1. GUIDE FOR OBTAINING CONSENT FROM GBV AND VAC SURVIVORS

Introduce yourself and explain your role in treating the survivor and the importance of documenting the medical examination for the survivor's records.

Provide information on the medical consequences related to GBV, including the risk of an STI, HIV, and pregnancy

Inform the survivor and his/her family on the rights that correspond to GBV

Explain the procedures for gathering forensic evidence and that any evidence gathered may be used to provide evidence in court.

Strive to make sure the survivor understands your explanation.
Note that in some cases the survivor may be in a state that makes it difficult for him/her to comprehend

- Obtain verbal consent from the survivor before performing every examination

Obtain written consent from the survivor using the consent form for:

- Conducting medical examination including pelvic examinations
- Collecting evidence such as body fluid, hair combing
- Providing evidence and medical information to the police and law courts

For consent for children note that:

- *The parent/guardian will sign the consent form*
- *Children between ages 14 and 16 are presumed to be mature enough to make a major contribution. Their opinion should be considered before the parent/guardian signs the consent form*
- *Children between ages 9 and 14 can meaningfully participate in the decision making procedure but maturity must be assessed on an individual basis*
- *Children younger than age 9 have the right to give their informed opinion and be heard.*

B. RECEIVING AND DETECTION

B. 1. PROCEDURE FOR RECEIVING AND HANDLING OF A GBV CLIENT

1.	Receive and do a triage
2.	Greet and welcome
3.	Introduce yourself and establish rapport.
4.	Build up a supportive relationship with the survivor.
5.	Use polite and familiar language
6.	Respect norms, customs, and values of the survivor.
7.	Seek survivors consent in every step of engagement
8.	Consider the safety and privacy of the survivor.
9.	Ask survivor for a brief explanation on his/her health needs and problems.
10.	Show sensitivity, understanding and willingness to listen to his/her concerns
11.	Take detailed history from survivors and or other informants, and establish facts.
12.	Examine the survivor in a safe and private area.
13.	Collect samples for medical and forensic purposes
14.	Document injuries
15.	Discuss the findings with the survivor.
16.	Provide medical and psychosocial care and support
17.	Link the survivor to appropriate services available
18.	Provide evidence to police if required for investigation.
19.	Provider referral to other services
20.	Keep client's information's confidential
21.	Thank the survivor.

B.2. PROCEDURE FOR RECEIVING AND HANDLING A CHILD SURVIVOR

1.	Ensure client's privacy
2.	Approach all children with extreme sensitivity and recognize their vulnerability.
3.	Establish a neutral environment and rapport with the child before beginning the interview.
4.	Establish the child's developmental level in order to understand any limitations as well as appropriate interactions
5.	Stop the examination if the child indicates discomfort or withdraws permission to continue.
6.	Prepare the child by explaining the examination and showing equipment.
7.	Encourage the child to ask questions about the examination.
8.	If the child is old enough, and it is deemed appropriate, ask whom they would like in the room for support during the examination.
9.	Some older children may choose a trusted adult to be present.
10.	Establish ground rules for the interview, including permission for the child to say s/he doesn't know permission to correct the Interviewer and the difference between truths and lies.
11.	Ask the child to describe what happened, or is happening, to them in their own words
12.	Use open-ended questions and avoid the use of leading questions.
13.	Consider interviewing the caretaker of the child with the child presence
14.	Consider interviewing the caretaker of the child without the child Presence
15.	Examine the survivor in a safe and private area.
16.	Collect samples for medical and forensic purposes
17.	Document injuries

18.	Provide medical and psychosocial care and support
19.	Link the survivor to appropriate services available
20.	Provide evidence to police if required for investigation.
21.	Provide referral to other services
22.	Keep client's information's confidential

B.3. GBV SCREENING – MODIFIED ABUSE ASSESSMENT SCREEN (MAAS)

Instruction to the healthcare workers

The following questions should to be asked to all women /clients after a verbal consent from the client and after having all other assessments to the woman attending a healthcare setting:

	Questions	Responses	
1	**Have you ever been emotionally or physically hurt by anyone in your life time?**	**YES**	**NO**
2	**Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone?** **If yes, by whom? (Relationship not a name)** **…….** **Total number of times…….**		
3	**Within the last year has anyone forced you to have sexual activities?** **If yes by whom? (Relationship not a name)** **…….** **Total number of times…….**		
4	**Are you afraid of anyone of the people you mentioned above?** **…….**		
5	**Please tell me any complementary information regarding the violence you have been subjected to. Is there something that you would like to tell me?** **…….** **……..** **……**		

B.4 STRESS SCREENING TOOL

Physical Stress Signs	YES	NO	Cognitive Stress Signs	YES	NO
Headaches			Exhaustion		
Insomnia (inability to sleep)			Negative rumination		
Irritability, anger			Inability to focus on a task		
Muscle tension			Reduced libido		
Gastric disturbance			Reduction in joy		
High blood pressure			Mental fatigue ,anxiety		
Rapid heartbeat			Feelings of futility		
Teeth grinding			Devaluing of co-workers		
Not eating or overeating			Feeling overwhelmed		
Nausea			Difficulty concentrating		
Fatigue					
Digestive problems			Moodiness		
Reliance on alcohol or other drugs			Repetitive thoughts		
			Feeling jittery		
			Difficulty making decisions		
			Feelings of resentment		
			Difficulty taking actions		
			Emotional outbursts		
			Feeling emotionally needy		

B.5. MODIFIED CHILD ABUSE SCREENING QUESTIONS

For children ages 11 – 18 years

Children in many parts of the world have been exposed to violence or bad treatment at school, in their communities, at their families or institutions. We want to find out about experiences that happen to children so that people can know what things they have to pay attention to keep children safe. We would like to ask you about your experiences with violence directed against you.

We want to find out about the things that adults sometimes do to children and adolescents that may hurt or make them feel uncomfortable, upset or scared in their school. These questions may seem strange or hard to answer, but try and answer them as best you can, thinking back over the past year. This is not a test. There is not right or wrong answer, if at any point you feel too uncomfortable to continue you can stop.

If you want to get help about any of the things we ask about, talk to the person who gave this questionnaire to you. Unless you tell us you want to talk, no one will ever know that the answers that you give are about you

Has anyone ever		**Yes**	**No**
1.	Slap you with a hand on your face or head as punishment?		
2.	Twisted your ear as punishment?		
3.	Pulled your hair as punishment?		
4.	Hit you by throwing an object at you?		
5.	Hit you with a closed fist?		
6.	Kicked you?		
7.	Crushed your fingers or hands as punishment?		
8.	Made you stay outside in the cold or heat to punish you?		
9.	Made you stand /kneel in a way that hurts to punish you?		
10.	Burnt you as punishment?		
11.	Put you into hot or cold water as punishment?		

12.	Took your food away from you as punishment?		
13.	Choked you?		
14.	Tried to cut you purposefully with a sharp object?		
15.	Tied you up with a rope or belt?		
16.	Touched your body in a sexual way or in a way that made you uncomfortable? By “sexual way” we mean touching you on your genitals or breasts		
17.	Showed you pictures, magazines, or movies of people or children doing sexual things?		
18.	Made you take your clothes off when it was not for a medical reason?		
19.	Opened or took their own clothes off in front of you when they should not have done so?		
20.	Did anyone make you have sex with them?		
21.	Did anyone make you touch their private parts when you didn’t want to?		
22.	Did anyone touch your private parts or breasts when you didn’t want them to?		
23.	Did anyone give you money/ things to do sexual things?		
24.	Did anyone involve you in making sexual pictures or videos?		
25.	Did anyone kiss you when you didn’t want to be kissed?		
26.	Do you feel safe at home?		
27.	Are you scared to go home?		

B.6. WARNING SIGNS OF CHILD ABUSE AND NEGLECT

1. History incompatible with physical findings and age of the child
2. Inconsistent history when repeated
3. Delayed help seeking without satisfactory explanation
4. Unexplained injuries in history
5. In appropriate parent/guardian interaction/behavior
6. Displays trouble in walking or sitting
7. Displays knowledge or interest in sexual acts inappropriate to his or her age, or even seductive behaviour
8. Makes strong efforts to avoid a specific person, without an obvious reason
9. Doesn't want to change clothes in front of others or participate in physical activities
10. An STI or pregnancy, especially under the age of 14
11. Runs away from home
12. Shows sudden changes in behaviour or school performance
13. Has learning problems (or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
14. Is always watchful, as though preparing for something bad to happen
15. Is overly compliant, passive, or withdrawn
16. Comes to school or other activities early, stays late, and does not want to go home
17. Excessively withdrawn, fearful, or anxious about doing something wrong
18. Shows extremes in behaviour (extremely compliant or extremely demanding extremely passive or extremely aggressive)
19. Doesn't seem to be attached to the parent or guardian
20. Acts either inappropriately adult (taking care of other children) or inappropriately infantile (rocking, thumb-sucking, throwing tantrums

C. MEASURES FOR DEVELOPING SAFETY OF THE SURVIVOR

Safety in the Relationship

- *Places to avoid when abuse starts (such as the kitchen, where there are many potential weapons).*
- *People a survivor can turn to for help or let know that they are in danger.*
- *Asking neighbors' or friends to call for help or 112 if they hear anything to suggest a woman or her children are in danger.*
- *Places to hide important phone numbers, such as helpline numbers.*
- *How to keep the children safe when abuse starts.*
- *Teaching the children to find safety or get help, perhaps from neighbors' or by dialing 112.*
- *Keeping important personal documents in one place so that they can be taken if a survivor needs to leave suddenly.*
- *Letting someone know about the abuse so that it can be recorded (important for cases that go to court or immigration applications, for example).*

Leaving in an Emergency

- *Packing an emergency bag and hiding it in a safe place in case a woman needs to leave in an emergency.*
- *Plans for who to call and where to go (such as a temporary shelter or relative).*
- *Things to remember to take: documents, medication, keys or a photo of the abuser Access to a phone.*
- *Access to money or bank cards that a woman has perhaps put aside.*
- *Plans for transport.*
- *Plans for taking clothes, toiletries and toys for the children.*
- *Taking any proof of the abuse, such as photos, notes or details of people who know about it.*

Safety When a Relationship is Over

- *Contact details for professionals who can advise or give vital support.*
- *Changing landline and mobile phone number, changing door locks.*
- *How to keep her location secret from her partner if she has left home Getting non-molestation, exclusion or restraining order.*
- *Plans for talking to any children about the importance of staying safe.*
- *Asking an employer for help with safety while at work.*

INSTRUCTIONS

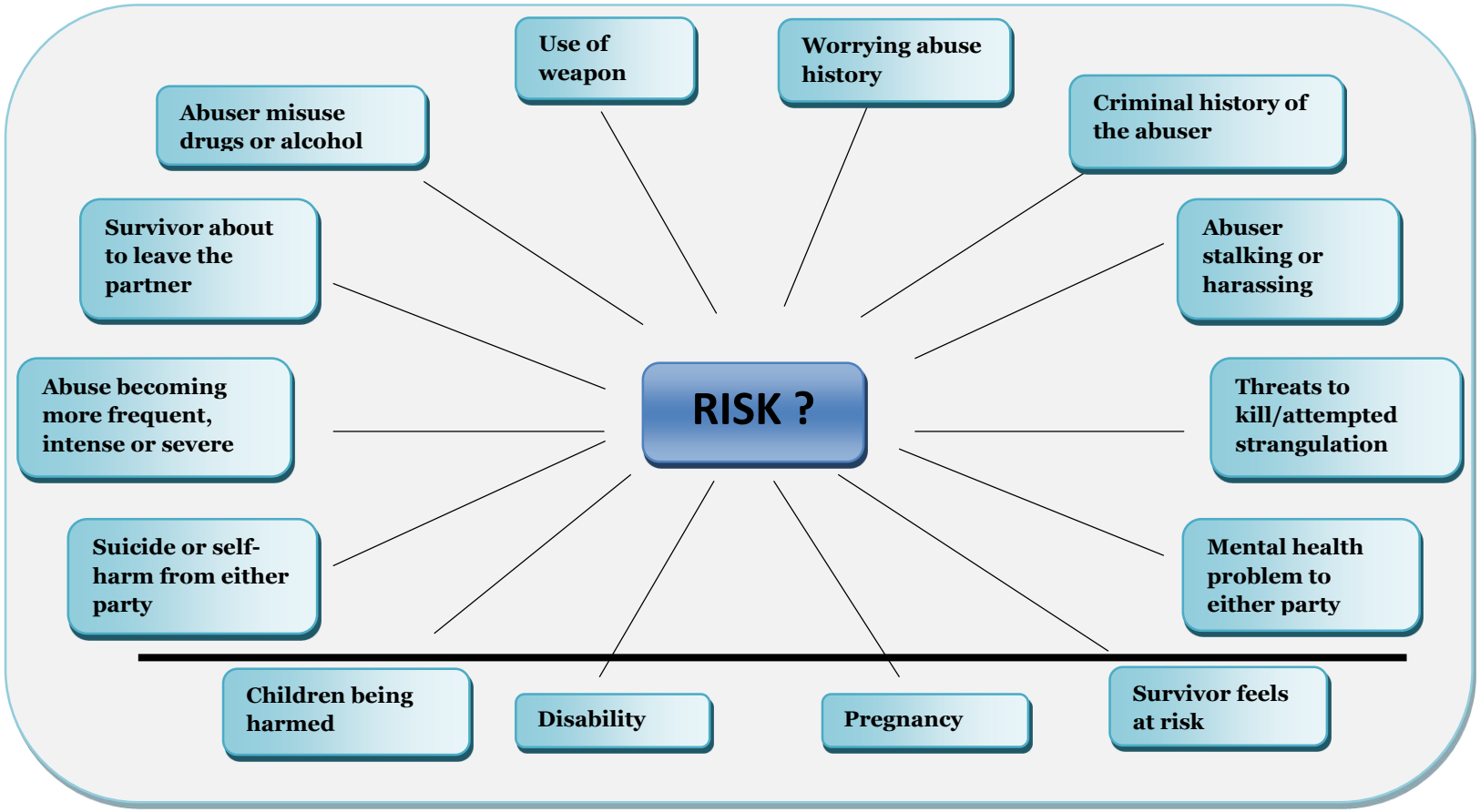
- **Safety plan is only a guide for a survivors to develop her own safety, should not be created by a service provider**
- **The questions are meant as a guide or prompt rather than as a form to be filled in. Remember that it might not be safe for women to fill in safety plans and take them away**

D. RISK ASSESSMENT AND MANAGEMENT TOOL

D.1 RISK ASSESSMENT FRAMEWORK FOR ADULT SURVIVOR

This framework is designed to guide the service provide identify risk areas and manage them after collection of information from the survivor, it should not be used for asking questions to a survivor.

Experienced service provider may no longer require use of this framework.



D.2 RISK MANAGEMENT (RARA MODEL)

Remove the risk

- **Arresting the suspect**

Avoid the risk

- **Re-housing the survivor**
- **Placement in temporary shelter in location unknown to suspect.**

Reduce the risk

- **Joint intervention**
- **Develop safety plan**

Accept the risk

- **by continued reference to the RARA model**
- **continual multi-sectoral intervention planning**

E. SAFETY PLAN GUIDING QUESTIONS

Instructions

Health care providers and social welfare officers should use these questions when enquiring for the safety of the survivor. These questions are not for reading but rather to remind the provider on necessary elements to be asked

1. Are there certain signs in your partner's behavior that alert you to the possibility of violence?
2. Can you get out of the house before the violence starts?
3. Can you send message to someone for help?
4. Are there neighbor who you could talk to about the violence who could help you in emergency situations?
5. Is there a way you can communicate to alert neighbors that you need help?
6. If violence begins can you move into a room where you could escape or others could hear you? Or that might be safer?
7. Are there weapons in the house? Where? Can you remove or hide them? Are there places where you could go in an emergency (relative, neighbor, local leader)
8. Can you keep a bag hidden (either at home or at a friend/family members home) for emergences filled with clothes, some money, keys and copies of telephone numbers or important documents in case you need to leave quickly.

F. ADHERENCE COUNSELLING TIPS

Provide information on GBV conditions, covering all aspects, and provide medical information to children/adolescents in an age-appropriate manner

Educate on the need to prevent HIV and other illnesses by adhering to treatment.

Discuss the benefits of adherence and consequences of non-adherence.

Discuss current methods used to enhance treatment adherence (medication diary, reminders, Alarm and buddy).

Discuss the importance of using a family system during the treatment process to enhance Adherence.

Discuss the importance of all family members getting involved and helping with a child's Treatment; particularly with taking medications at home.

G. PRE AND POST TEST COUNSELLING TIPS

Pre-test Counselling Guide

During the pre-test counseling session, the client is prepared for the test by a Counselor to receive pertinent information on HIV/AIDS and assess his/her readiness to take the test.

The client is also given the opportunity to consider the meaning and impact of the test results on

To ensure a proper risk assessment in addition to the client's own perception of risk, it is important that the Counselor assesses the actual level of risk by asking explicit questions about

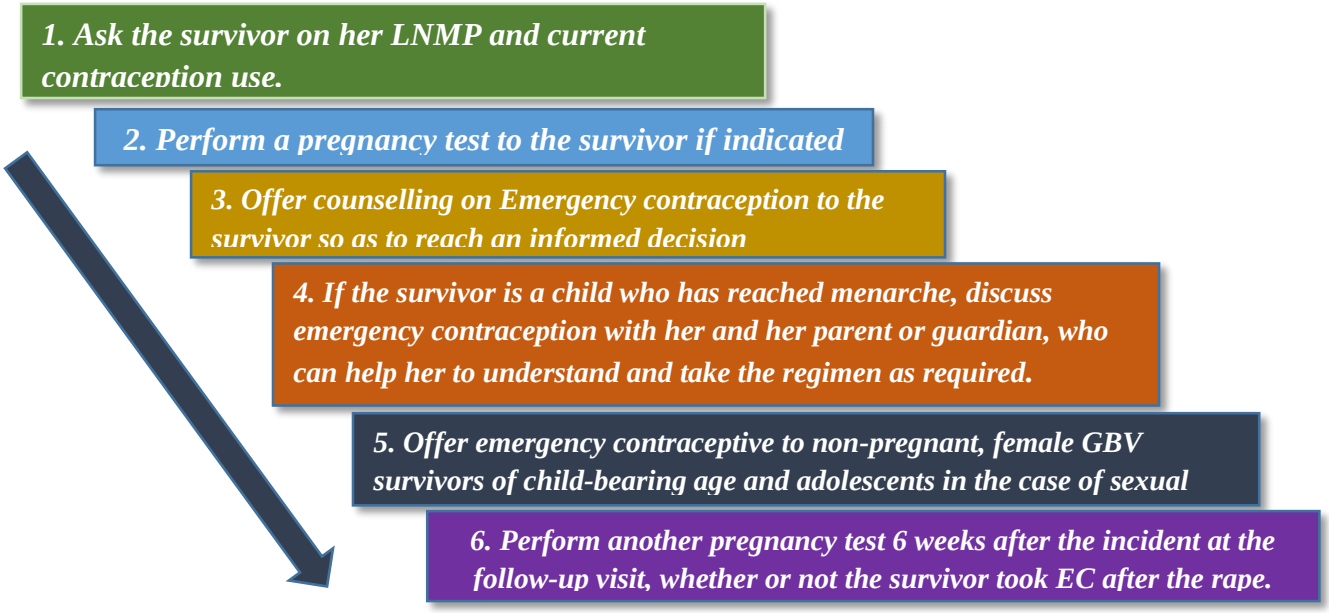
Post-Test Counselling Guide

In this counseling session, the Counselor will also work with the client to develop a risk-reduction plan. For those who test negative and steps that the client can take to live positively for those who test positive.

For those who test negative and steps that the client can take to live positively for those who test positive.

Revealing test results is the most critical stage in the VCT process. HIV test results should be given within the shortest possible time.

H. EMERGENCY CONTRACEPTION FOR SURVIVORS OF SEXUAL VIOLENCE



Alternative EC Regimes and Doses

Regime	Dose
Progestin only pills (POP)	First dose: 20 pills taken as soon as possible within 120 hours of unprotected intercourse. Second dose: 20 pills in 12 hours after the first dose
Combined oral contraceptive pills (COC)	First dose: 4 pills taken as soon as possible within 120 hours of unprotected intercourse. Second dose: 4 pills in 12 hours after the first dose
Copper-bearing IUD	Insertion of a copper-bearing IUD within 5 days of the rape removed during next LMP or left in place for continued contraception. Inserted, make sure to give full STI treatment as recommended.

I. GUIDE FOR COLLECTION OF FORENSIC EVIDENCE FOR SURVIORS OF GENDER BASED VIOLENCE

- The primary aim of a forensic examination is to collect evidence that may help prove or disprove a link between individuals and/or between individuals and objects or places.
- Collection of forensic evidence should go hand in hand with physical examination, to reduce repetition of procedures.
- When collecting specimens for forensic analysis, the following principles should be strictly adhered to:

Avoid contamination	By wearing gloves at all times and collecting samples carefully.
Collect specimens early	Within 24 hours of the assault; after 72 hours yields are reduced considerably.
Handle appropriately	By ensuring that specimens are packed, stored and transported correctly. Fluids should be refrigerated; anything else should be kept dry.
Label accurately	All specimens must be clearly labelled with the patient's name and date of birth, facility name, the health worker's name, the type of specimen, and the date and time of collection.
Ensure security.	Specimens should be packed to ensure that they are secure and tamper proof. Only authorized people should be entrusted with specimens.
Maintain continuity	By way of recording all subsequent specimens handling done by different individuals
Document collection	Compile an itemized list in the patient's medical notes or reports of all specimens collected and details of when, and to whom, they were transferred.

J. FORENSIC SPECIMENS

SITE	MATERIAL	EQUIPMENT	SAMPLING INSTRUCTIONS
Anus(rectum)	Semen	Cotton swabs and microscope slides	Use swab and slides to collect and plate materials. NOTE: lubricate instruments with water, not lubricant.
	Lubricant	Cotton swab	Dry swab after collection.
Blood	Drugs	Appropriate tube	Collect 10 mls of venous blood
	DNA(survivor)	Appropriate tube	Collect 10 mls of blood.
Clothing	Adherent foreign (e.g. semen, blood, hair, fibres)	Paper bags	Clothing should be placed in a paper materials bag(s). Collect paper sheet or drop cloth. Wet items should be bagged separately.
Genitalia	Semen	Cotton swabs and microscope slide	Use separate swabs and slides to collect and plate material collected from the external genitalia, vaginal vault and cervix; lubricate speculum with water not lubricant or collect a blind vaginal swab.
Hair	Comparison to hair found at scene	Sterile container	Cut approximately 20 hairs and place hair in sterile container.
Mouth	Semen	Cotton swabs, sterile container (for oral washings) or dental flossing.	Swab multiple sites in mouth with one or more swabs. To obtain a sample of oral washings, rinse mouth with 10 ml water and collect in sterile container.
	DNA (survivor)	Cotton swab	
Nails	Skin, blood, fibers, etc (from perpetrator)	Sterile toothpick or similar or nail scissors/clippers	Use the toothpick to collect material from under the nails or the nail(s) can be cut and the clippings collected in a sterile container.
Sanitary pads/tampons	Foreign material (e.g. semen, blood, hair)	Sterile container	Collect if used during or after vaginal or oral penetration.
Skin	Semen	Cotton swab	Swab sites where semen may be present.
	Saliva (e.g. at sites of kissing, biting or licking), blood	Cotton swab	Dry swab after collection.
	Foreign material (e.g. vegetation, matted hair or foreign hairs)	Swab or tweezers	Place material in sterile container (e.g. envelope, bottle).
	Injuries	Pictogram/photo	Record when there is physical harm or injuries.
Urine	Drugs	Sterile container	Collect 100 ml of urine.

Prepare Collection of Samples:

(Blood and urine samples may be taken before or after the examination. Note here which samples have been taken)

Blood samples

- ☐ EDTA tube (purple stopper) for DNA, 1*
- ☐ NaF tubes (grey stopper) for drugs analysis, 2*
- ☐ S-HIV, hepatitis, syphilis**
- ☐ Serum ethanol tube (red stopper)**

Urine samples

- ☐ Sterile 10 ml tubes, 2*
- ☐ Urine test strips (dip sticks)**
- ☐ U-hCG**
- ☐ U-chlamydia (male patients only)**

Materials included in the Sexual Assault Evidence Collection Kit
****Clinical samples to be analysed locally***

K. GUIDE FOR PROVIDING REFERRAL TO GBV AND VAC SURVIVORS

Identify and list all possible needs of survivors that may require referral such as:

- ***Security and Protection needs***
- ***Legal needs***
- ***Psychological needs***
- ***Physical needs***
- ***Medical needs***
- ***Traditional systems for resolving disputes and conflicts***

Create a local directory of all the services for each of the possible needs listed above including the following details:

- ***Type of service and institution conducting the service***
- ***Location and address of the service***
- ***Contact details of person(s) responsible***
- ***Hours and days of service***

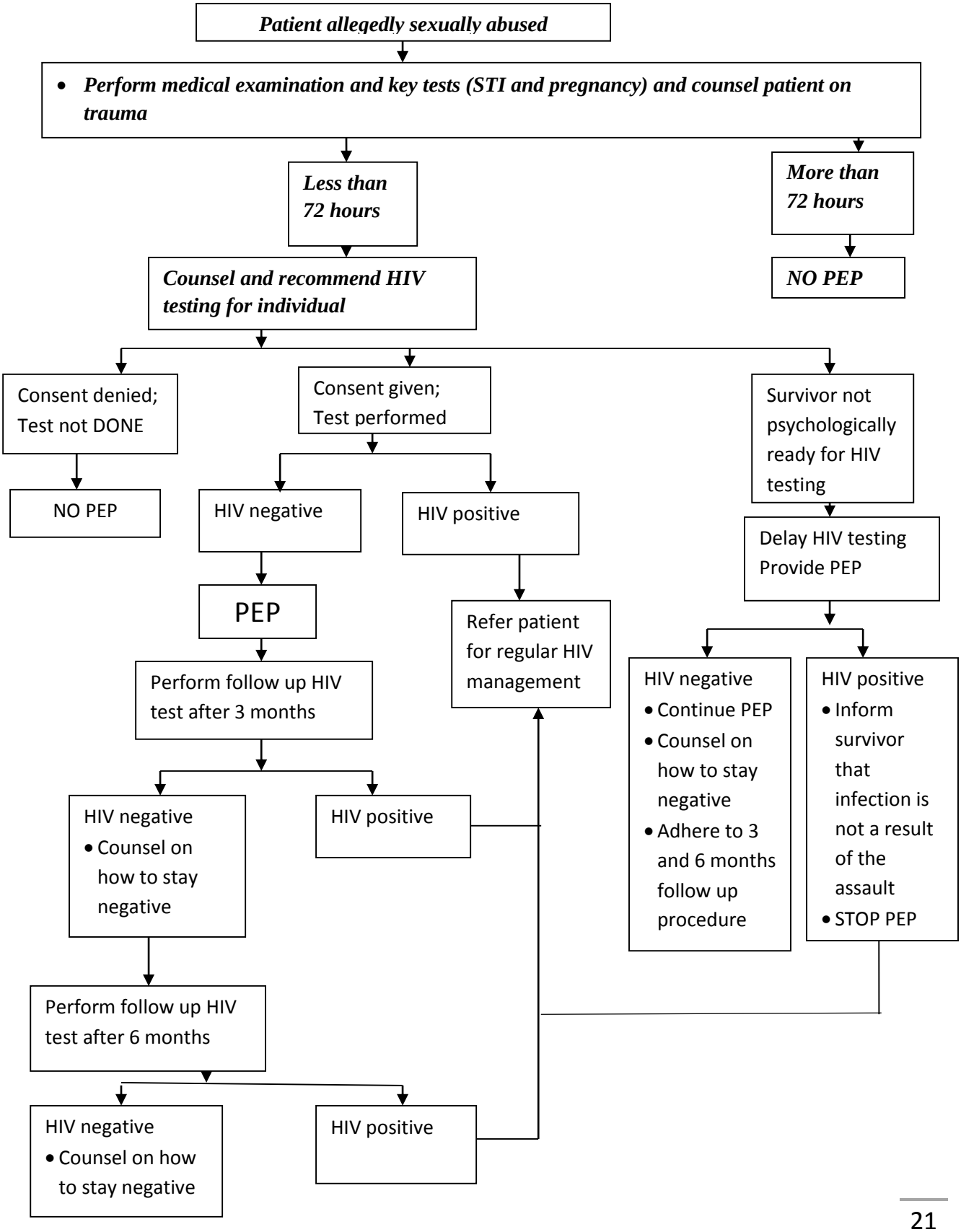
Identify the cause for which you believe the survivor needs to be referred for further attention/help

Explain to the survivor/ (his/her family) about the importance of the referral and where the service is available in your local setting

Obtain verbal consent from the survivor for the particular referral you intend to offer

Provide the required referral using the official form and arrange for a follow

L. STEPS FOR PROVIDING PEP FOR GBV AND VAC SURVIVORS



***Administering PEP on an HIV+ individual could lead to resistance development**

M. PROCEDURE FOR TRAUMA COUNSELING

PURPOSE

- Helps people understand what they are experiencing
- Helps people explore ways to cope
- Can prevent longer-term mental health problems by returning people to pre-disaster levels of functioning more quickly
- Normalizes people's reactions
- Validates and affirms people's reactions
- Offers practical assistance

START after assessing the survivor and provide emergency care.
Can be schedule for number of session during follow

STEPS	PROCEDURE
Therapeutic Alliance/ Relationship building	Ensure safety, confidentiality, welcoming, greeting and acknowledgement
Story telling remembrance and Mourning/	Preferred question where will you like to start?" or "How are you Avoid question like What happened Encourage survivor to tell his/her story Help survivor to transform his/her traumatic memories focusing on other aspects of clients symptoms
Reconnection	Reconnecting the survivor with self, Family and Community Assessing & focusing on strengths, interests and goals Establish and develop positive coping strategies Building Confidence, self-worth and self esteem Re-establishing roles & responsibilities Fostering & maintaining good knowledge of and relationships with services in community, building pathways to education, support networks, leisure facilities, voluntary work, employment

REMEMBER

- Each individual will be affected by a traumatic event differently
- Each individual processes the trauma differently, (the principle of the subjective meaning).
- This implies that the counselor has to be non-directive, probing, encouraging the client to express what is important to him or her in the order and way he or she feels is natural

N. TECHNIQUES FOR STRESS MANAGEMENT

Technique/health coping strategies	*Procedure*
Writing	*Help survivor to write things that bother her or him*
	Help survivor to list 10 to 15 stressful events s/he had encountered
	Help survivor to write few words how s/he felt after the events
	Help survivor to find out what was the cause
Help survivor's feelings out	*Encourage survivor to talk, laugh, cry, express anger and emotion feeling when s/he need to, is a way to relieve stress*
Help survivors doing something enjoying	*Encourage survivor to perform his/her hobby such as gardening ,creative activity such as writing and crafts, playing with and caring for animal and voluntary work*
Help survivors Exercising	*Encourage survivor to exercise his/her regular exercise is one of the best ways to manage stress, everyday activities such as house cleaning or yard work can reduce stress*
Breathing exercise	*Encourage survivor to exercise deep breathing at least three times*
Progressive muscle relaxation	*Encourage survivor to relax separate groups of muscles one by one, it help to reduces muscle tension*

NOTE:

For survivor with psychopathology will benefit with specialized therapies therefore need to refer to the health facilities which will offer those services

Q. FILLING GBV REGISTER AND MEDICAL FORMS

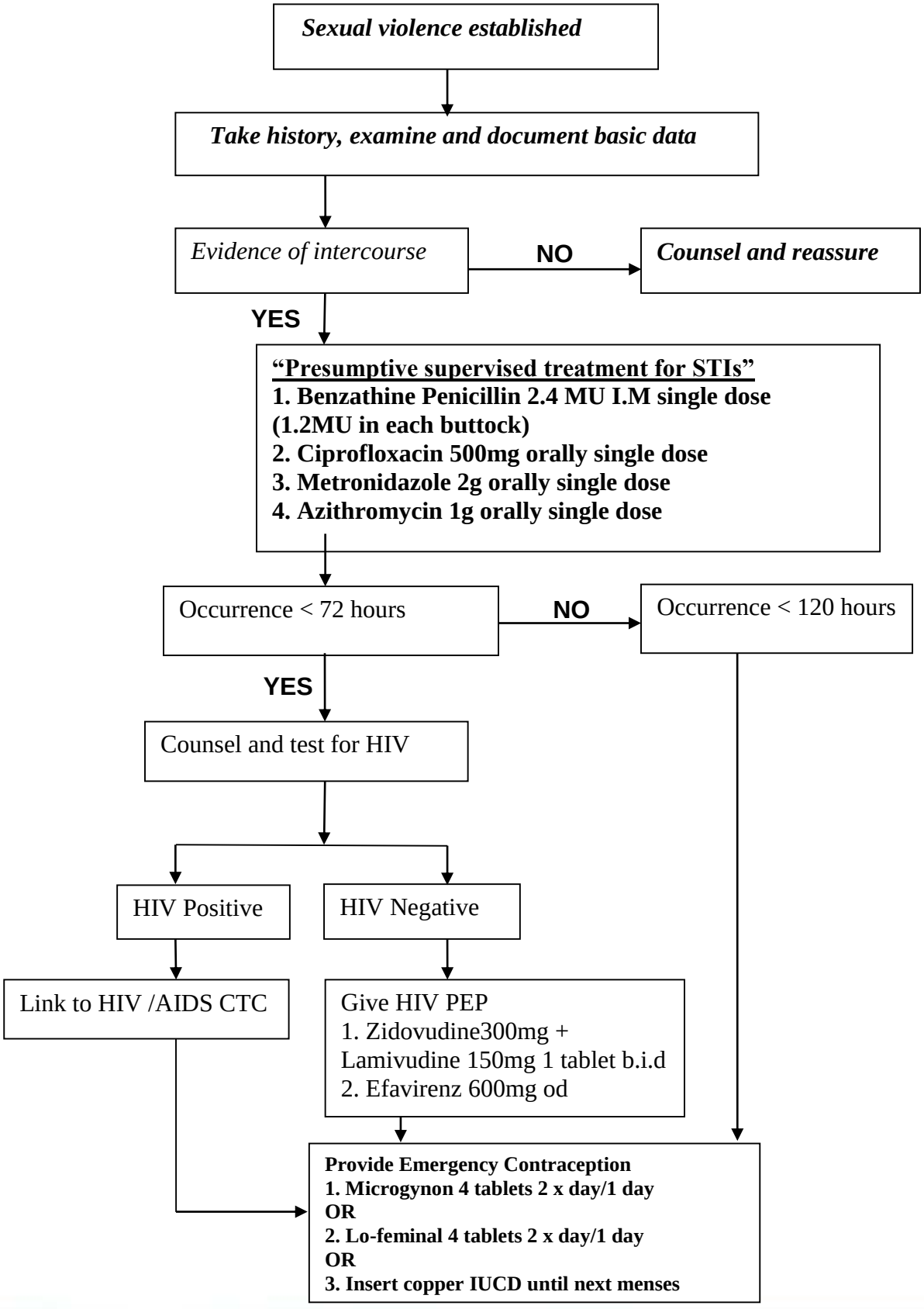
Q.1 GBV Medical Form

Variable	Description on how to fill
Registration Number	*Facility name/survivor number e.g. AMANA /00001*
Residence	*District/ Village*
Contact	*Collect telephone number if applicable*
Type of assault	*Allowed choosing more than one option when appropriate*

Q.2 GBV REGISTER

Variable	Description on how to fill
Age .	*Age in years, if less than a year please specify e.g. 9 month*
Address	*District/Village.*
Type of violence	*Allowed choosing more than one option when appropriate.*
Type of treatment	*Physical will include all surgical, medical and psychosocial care.*
Referral	*Service to which survivor has been referred e.g. Police, Social welfare officer, CTC e.tc.*

R. MANAGEMENT OF GBV SURVIVORS WITH STIs/RTIs



R.1 NURSE'S CHECKLIST IN CARING FOR CHILDREN WHO EXPERIENCE SEXUAL ASSAULT

TRIAGE: HISTORY TAKING

Forensic History

- Assess developmental level
- Do not attempt for children younger than 5 years
- Ask open-ended questions (avoid "yes/no" questions)
  - "Tell me about what happened"
  - DO NOT pressure a child to speak
- Attempt to speak with the patient and caregiver separately and in private
- Write the history in the patient's (or caregiver's) exact words when possible (use quotes)
- Get other important information
  - When the rape occurred
  - How many times rape occurred
  - Type of penetration
  - Condom use (etc.)
- Medical history
  - Any pain, bleeding, or injuries
  - Last menses
  - Last intercourse
  - Birth control method
  - Other medical history or diagnoses

DISCHARGE CONSIDERATIONS

Review exam findings

- Injury vs. no injury (what does it mean)
- What we can and can't tell from an exam
  - Can tell if there is injury or infection
  - Cannot tell if there was penetration or by what mechanism
  - Cannot provide virgin checks
- Signs and symptoms to return for
- Medications

Safety planning

- Where is the child going?
- Who will be there to protect the child?

REMEMBER THERAPEUTIC COMMUNICATION

- *"This is not your fault."*
- *"I believe you."*
  - Explain what is going to happen during the exam
  - Offer the patient choices throughout the exam
  - Offer the patient support and encouragement throughout the exam!

(Lechner and Nash 2012)

R.2 DOCTOR'S CHECKLIST WHEN CARING FOR CHILDREN WHO EXPERIENCED SEXUAL ASSAULT

HISTORY TAKING (MAY ALREADY BE COMPLETED BY THE NURSE)

Forensic History

- Assess developmental level
- Do not attempt for children younger than 5 years
- Ask open-ended questions (avoid "yes/no" questions)
    - "Tell me about what happened"
    - DO NOT pressure a child to speak
    - Refer to the chart for rape details
        - Do not ask questions that have already been asked and documented
        - Avoid questions that suggest blame
            - "What were you doing there alone?"
- Attempt to speak with the patient and caregiver separately and in private
- Write the history in the patient's (or caregiver's) exact words when possible (use quotes)
- Get other important information
    - When and where the rape occurred
    - How many times rape occurred
    - Type of penetration
    - Condom use
    - Is the perpetrator a known person or stranger?
    - Is the perpetrator's HIV status known?

Medical History

- Any pain, bleeding, discharge, or injuries
- Last menses
- Last intercourse
- Birth control method
- Gravida/para
- Other medical history or diagnoses
- Family and social history

MEDICAL FORENSIC EXAMINATION

Complete physical assessment

- Assess for overall health
- Assess for body surface injuries
- Assess maturation level (Tanner staging)
- This may be the only physical exam the patient has for a long time

Genital assessment

- Positioning
  - "Frog-leg" position
  - "Knee-chest" position (supine and prone)
- Separation and traction of labia
  - Allows full visualization of the hymen edges, fossa navicularis, and posterior fourchette
  - Hymen assessment
    - Estrogenized
      - Appears in newborns (estrogen remains from mother) to approximately 4 years (may vary)
      - Appears thicker, redundant
    - Unestrogenized
      - Appears in young children (approximately 4 years) to onset of puberty
      - Appears thinner, translucent
      - Painful to touch
      - NEVER insert any digits, swabs, or instruments
    - Estrogenized
      - Appears with the onset of puberty
      - Appears thicker, redundant
      - Preparing the body for reproduction and childbirth
      - ALL hymens have an opening
      - If the hymen is completely closed off, this is a medical condition that warrants attention
- Speculum exams
  - Only done on post-menarcheal patients
  - Assess vagina and cervix (for injury and infection)

Anal assessment

- Assess on all patients (for injury and infection)

MEDICATION CONSIDERATIONS

STI prophylaxis

- Consider for all patients raped within a 4-week timeframe
  - Even if it was considered consensual

PEP prophylaxis

- Consider for ALL patients raped within 72 hours (with negative test results)
- Injury does not have to be present
- Proof of rape does not have to be present

Pregnancy prophylaxis

- Consider for all pubertal patients raped within 120 hours
- Pregnancy testing should be done on all pubertal patients

Immunizations

- Discuss status with patients and caregivers
- Consider tetanus with injury

DISCHARGE CONSIDERATIONS

Review examination findings

- Injury vs. no injury (what does it mean)
- What we can and can't tell from an exam
    - Can tell if there is injury or infection
    - Cannot tell if there was penetration and by what mechanism
    - Cannot provide virgin checks
- Signs and symptoms to return for
- Medications

Safety planning

- Where is the child going?
- Who will be there to protect the child?

**** REMEMBER THERAPEUTIC COMMUNICATION***

- *l "This is not your fault."*
- *l "I believe you."*
- l Explain what is going to happen during the exam
- l Offer the patient choices throughout the exam
- l Offer the patient support and encouragement throughout the exam

(Lechner and Nash 2012)

R.3 SOCIAL WORKER'S CHECKLIST WHEN CARING FOR CHILDREN WHO EXPERIENCED SEXUAL ASSAULT

THERAPEUTIC COMMUNICATION IS KEY

Discussing the rape

- Assess developmental level
- Do not ask children younger than 5 years questions about the rape
- Allow the patient to lead the conversation (if they wish to talk about it)
- Ask the patient if they want to talk about it, if so
    - Ask open-ended questions (avoid "yes/no" questions)
        - "Tell me about what happened"
        - Let the patient tell his or her story the way they want to
        - DO NOT pressure a child to speak
        - Refer to the chart for rape details
    - Do not ask questions that have already been asked and documented
    - Avoid questions that suggest blame
        - "What were you doing there alone?"
- Attempt to initially speak with the patient and caregiver separately and privately
    - Speak to the patient and caregiver together if that is what is desired
- Encourage and support the patient and caregiver
    - "I believe you."
    - "I am proud of you for talking about this."
    - "This is not your fault."
    - "You did what you had to do to survive the rape."
    - "You did nothing wrong."
    - "No one deserves to be raped."

DISCHARGE CONSIDERATIONS AND SAFETY PLANNING

Discuss possible trauma related symptoms

- Feelings of guilt and shame
- Uncontrolled emotions such as fear, anger, and anxiety
- Nightmares
- Suicidal thoughts or attempts
- Numbness
- Substance abuse
- Sexual dysfunction
- Medically unexplained somatic symptoms

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