THE REPUBLIC  OF THE GAMBIA

NETWORK AGAINST GENDER BASED VIOLENCE (NGBV) THE GAMBIA IN COLLABORATION WITH RATAS & FINDICO OF FINLAND

STRUCTURED OPERATIONAL PROTOCOLS (SOPs) OF CLINICAL MANAGEMENT OF GBV

IN

THE REPUBLIC OF THE GAMBIA

(2013-2017)

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HISTORY TAKING

Ensure consent form is signed or thumb print

To pursue legal action against the perpetrator;

Information she discloses may become part of the public record

Ensure this is understood and handled cautiously

- History on the assault is a sensitive process
- Main aims :
- Detect and treat all acute injuries
- Assess the risk of adverse consequences
- Guide relevant specimen collection
- Guide forensic examination
- Precise, accurate, documentation without discrepancies.
- Maintain calm demeanour

Demonstrate empathetic and non-judgmental. Avoid using victim-blaming statements such as, “What did you think would happen?”, “What were you doing out alone?”, “What were you wearing?” or “You should have known better.”

Description of the Assault: diligently note the date, time and location of the assault

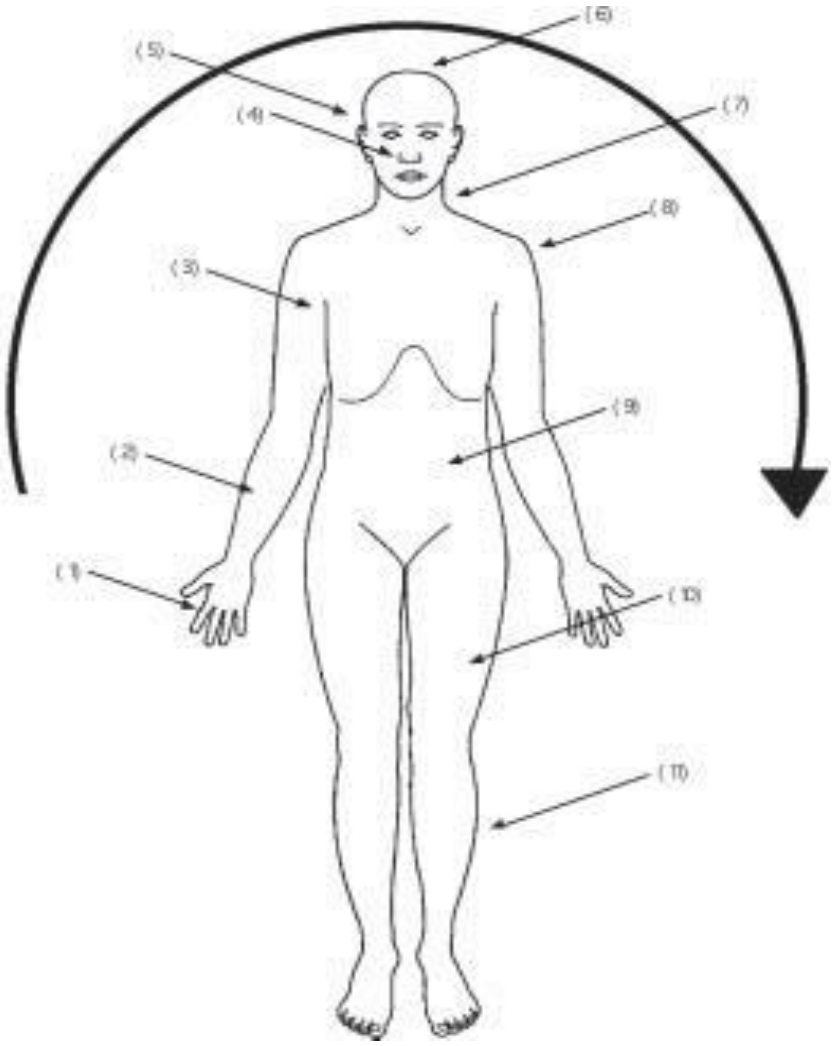
- The name, identity and number of assailants
- The nature of the physical contacts

Detailed account of violence inflicted; use of weapons and restraints; use of medications/drugs/alcohol/inhaled substances; how clothing was removed etc…

- If sexual assault, details will be required such as: object, ejaculation and frequency or number of episodes with or without condoms should be recorded.

PHYSICAL EXAMINATION OF VICTIMS AND SURVIVORS OF GBV

Fig 1: Inspection sites for a "head-to-toe" physical examination of victims of Gender Based Violence



Throughout the physical examination inform the patient what you plan to do next and ask permission.

DIAGRAMMATIC ILLUSTRATIONS OF COMMON SITES OF ASSAULT INJURIES

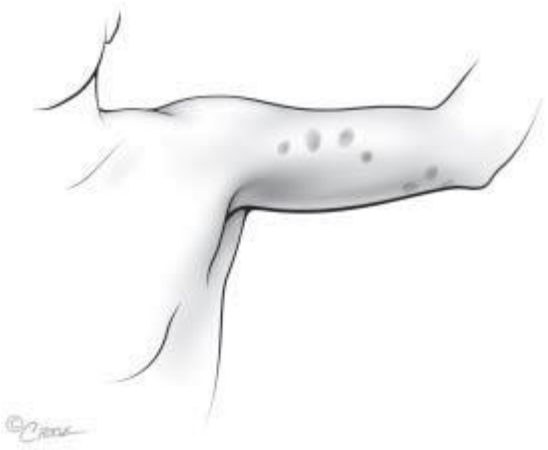


fig 2: **Fingertip bruising on the upper arm**

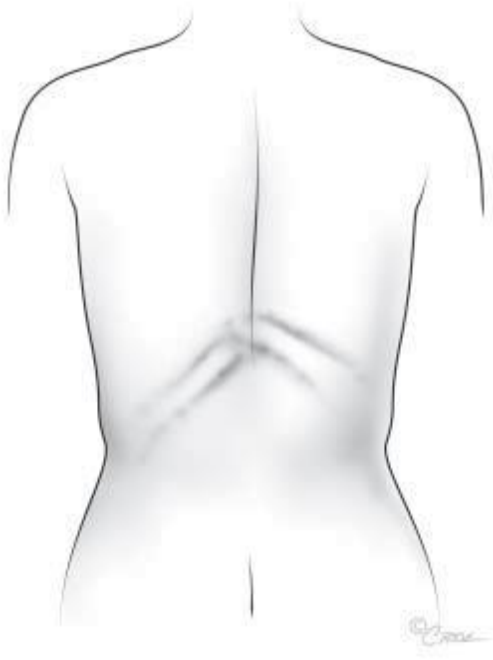


fig 3: **Trainline bruising on the back**

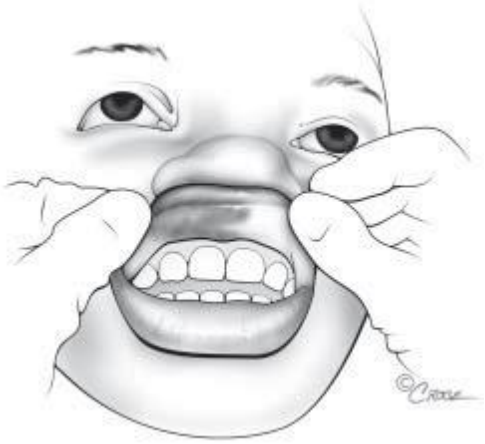


fig 4: **Bruising on the inner upper lip of a dark-skinned woman**

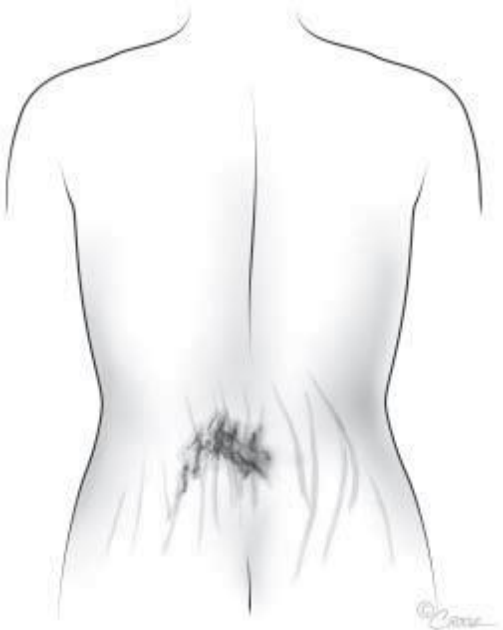


fig 5: **Abrasions on the lower back from a sexual assault on a rough road surface**

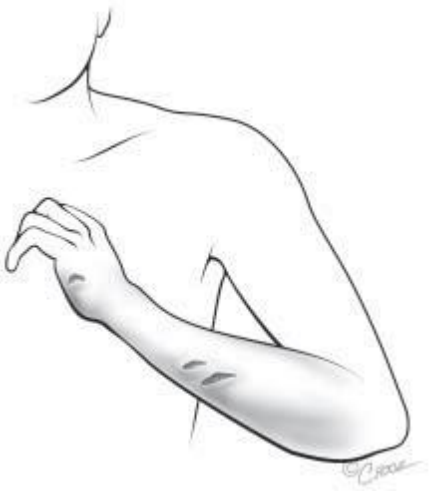


fig 6: **Defensive lacerations and bruising on forearm and hand**

Common sites of Genito-anal injury in sexual violence cases

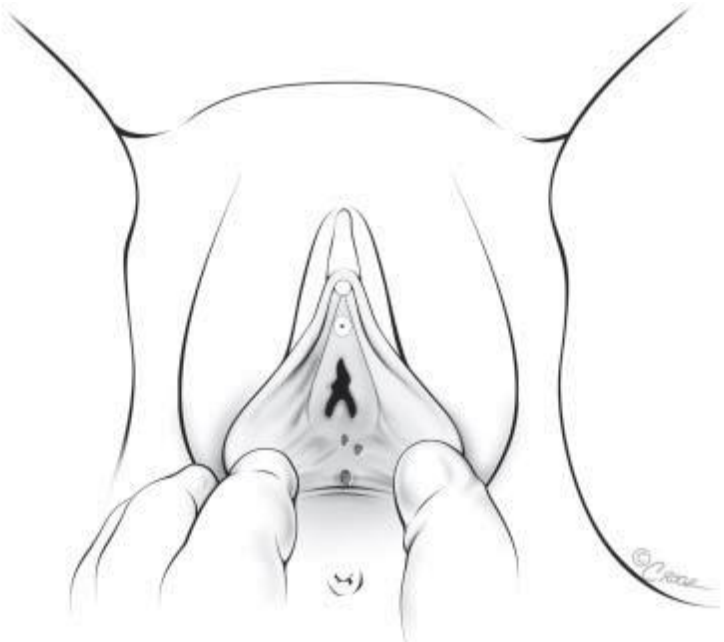


fig 7: **Posterior fourchette lacerations**

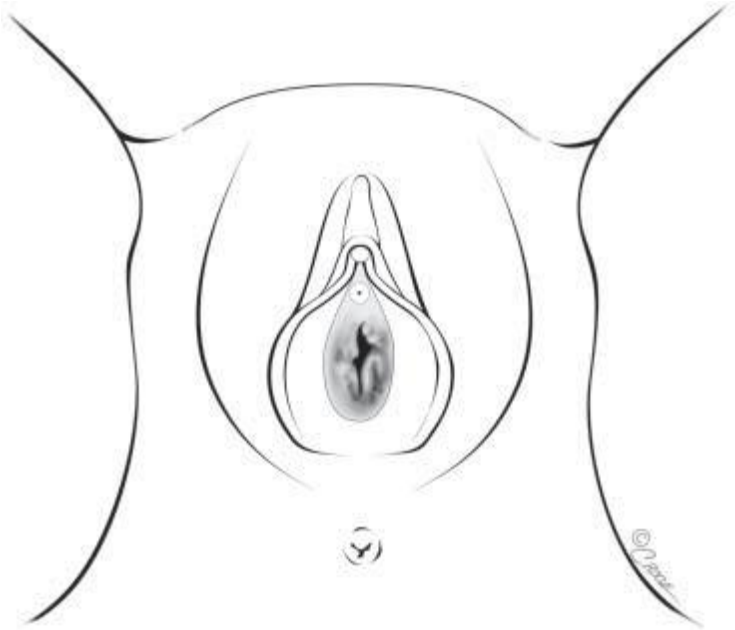


fig 8: A bruised hymen

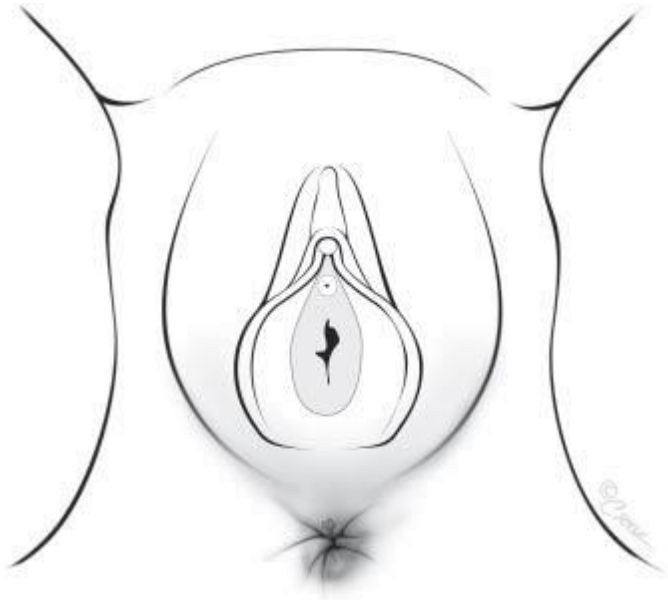


fig 9: **Perianal bruising and laceration**

FORENSIC SPECIMEN COLLECTION

Fig. 10 illustrates the recommended technique for taking a blind vaginal swab. The swab is gently introduced beyond the hymen, taking care not to touch the external structures as it is being introduced and is advanced towards the vaginal vault.

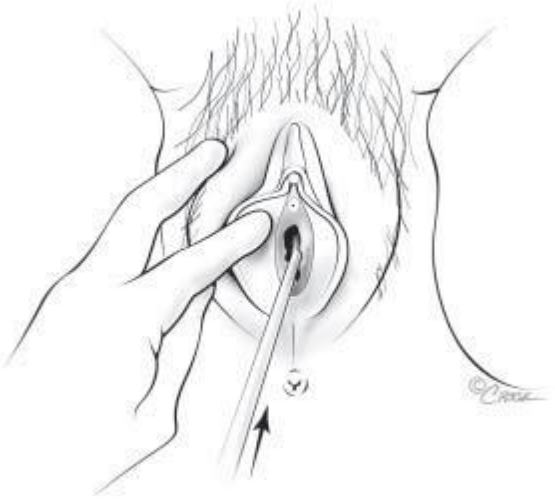


Fig 10 **Taking a blind vaginal swab**

Fig. 11 demonstrates how to swab the mouth if there has been an allegation of ejaculation into the mouth. As the spermatozoa and semen tend to collect in the spaces between the teeth and the gingival margins of the lower jaw, a dry swab should be firmly but gently placed in the spaces between the teeth.

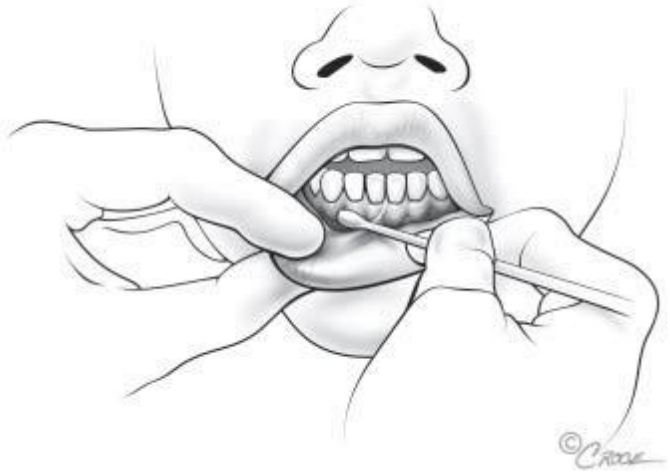


Figure 11 **How to perform a swab of the mouth for spermatozoa**

TREATMENT AND FOLLOW UP OF VICTIMS OF GBV

PHYSICAL INJURIES

Life threatening: immediate referral for emergency care at EFSTH or Serrekunda Hospital

Non-life threatening: the attending Health worker should Clean and apply dressing then offer the following care:

— Antibiotics to prevent wounds from becoming infected;
— A tetanus toxoid booster or ATS (anti tetanus serum) if the wound looks infected
— Medications for the relief of pain, anxiety or insomnia.

PREGNANCY PREVENTION AND MANAGEMENT:

Emergency contraception: Offer if she present within 5 days of the assault; pregnancy test to exclude pre-existing pregnancy.

Options are:

1. Oral administration of the emergency contraceptive pill (ECP), otherwise known as the “morning after pill” 750ug 2 tablets at the same time (Postinor-2)
2. Microgynon 4 tablets within 72 hours of the event and repeated 12 hours later (side effect is enormous and not as effective as postinor-2)
3. Insertion of intrauterine contraceptive device (IUCD); long acting reversible contraceptive if the patients request for an effective contraception. It is a very effective emergency contraception.

Please note: patients should be advised that if they experience any of the following symptoms, they should seek help immediately:
— Severe abdominal pain;
— Severe chest pain;
— Shortness of breath;
— Severe headaches;
— Blurred vision or loss of vision;
— Severe pain in the calf or thigh.

PREGNANCY TESTING AND MANAGEMENT:

If she missed her period and tested positive for pregnancy, the available options are:

— maintaining the pregnancy and either keeping the infant or giving up the infant for adoption; or
— terminating the pregnancy

Women Act 2010 recommended pregnancy termination only on medical grounds after rape if it is her decision.

Please Note: Choices about emergency contraception and pregnancy termination are personal choices that can only be made by the patient herself. Your role is to provide the necessary information to help your patient make the decision that suits her best. Above all, respect your patient's decision.

SEXUALLY TRANSMITTED INFECTIONS

Sexually transmitted infection (STI) may result from assault. Infections most frequently contracted for which there are effective treatment options, are:
— Chlamydia;
— Gonorrhoea;
— Syphilis;
— Trichomoniasis.
Victims may also be at risk of contracting human papilloma virus (HPV), herpes simplex virus type 2 (HSV-2), HIV and the hepatitis B virus;

STI TESTING:

Offer; Wet Mount Prep, Gram Stain and Culture for:

— Chlamydia;
— Gonorrhoea;
— Syphilis;
— Trichomoniasis

Repeat Test in 2 weeks if tested negative.

Offer; Serology test for Syphilis (VDRL or PRP); HIV and Hepatitis B

Repeat in 3 months if tested negative.

PROPHYLACTIC TREATMENT FOR STIS:

Syndromic management recommended for all Sexual Violent cases of GBV.
PLUS: means you give them in combination with the exception of Syphilis regimen.
You prescribe irrespective of whether test is offered or not. If tested positive and treated with these medications below, repeat test is still recommended as stated above.

STI	MEDICATION	ADMINISTRATION ROUTE AND DOSAGE
Gonorrhoea	Ciprofloxacin b **or** Ceftriaxone **or** Cefixime **PLUS**	500 mg orally in a single dose **or** 125 mg IM in a single dose **or** Cefixime 400 mg orally in a single dose
Chlamydia	Azithromycin **or** Doxycycline b **PLUS**	1 g orally in a single dose **or** 100 mg orally twice a day for 7 days
Trichomoniasis and bacterial vaginosis f	Metronidazole c	2 g orally in a single dose or 1 g orally every 12 hours for 1 day
Syphilis	Benzathine penicillin G d Doxycycline b, **or** Tetracycline b,	2.4 million IU IM in a single dose **or** 100 mg orally twice a day for 14 days **Or** 500 mg orally 4 times a day for 14 days

IM = intramuscularly; IU = International Units.
a The following regimens are intended to be guidelines only and are not inclusive of all available treatment regimens for STIs. Accepted local regimens and protocols should be followed as appropriate.
b Contraindicated during pregnancy.
c Contraindicated in the 1st trimester of pregnancy.
d If not allergic to penicillin.
e If allergic to penicillin.
f. Not an STI

HIV TESTING

Sexual assault victims should be offered a baseline test for HIV as a minimum standard. Appropriate counseling and testing should be provided. Test should be repeated after 3 months if tested negative.

POST-EXPOSURE PROPHYLAXIS (PEP)

This is recommended for all sexual assault cases.

The recommended Regimen:
Combivir (AZT/3TC) for 1 month.
Where there are deep vaginal injuries Trizivir (AZT/3TC/ABC)
Start PEP as soon as possible and no longer than 48 hours after the incident.

Adjust dosage in children less than 14 years:
PEP according to weight preferably with Combivir

NOTE: Trizivir contains ABC, which carries the possible danger of a hypersensitivity reaction. This needs to be explained to patients and they should report any signs or symptoms immediately to the centre.

Always remember; the approach to care of a victim/survivor of GBV should be Holistic from top to bottom. All the recommended tests and drugs should have been offered on the case-by-case basis.

HEPATITIS B

Offer hepatitis B testing to victims of sexual violence

Ensure immunization by using the Guideline protocols below;

Do not administer hepatitis B immune globulin (HBIG) unless the perpetrator is known to have acute hepatitis B.

PATIENT IMMUNIZATION STATUS	TREATMENT GUIDELINES
Never vaccinated for hepatitis B	First dose of vaccine should be administered at the initial visit, the second dose should be administered 1–2 months after the first dose, and the third dose should be administered 4–6 months after the first dose. The vaccine should be administered intramuscularly in the deltoid region. A vaccine without (HBIG) can be used.
Not completed a series of hepatitis B vaccinations	Complete the series as scheduled.
Completed a series of hepatitis B vaccinations	No need to re-vaccinate.

PATIENT INFORMATION:

Before discharge:

Give patients written documentation regarding:

— Any treatments received;

— Tests performed;

— Date and time to call for test results;

— Meaning of test results;

— Date and time of follow-up appointments;

— Information regarding the legal process if desired by the patient.

- Assess for patient safety; do not discharge to unsafe environment
- Consider referrals for shelter or safe housing,.
- Discuss strategies that may help prevent another assault.

- Stress the importance of follow-up examinations at two weeks and three and six months.

- Tell the patient that she can telephone or come into the health care facility at any time if she has any further questions, complications related to the assault, or other medical problems.

FOLLOW UP:

Follow-up visits are recommended at 2 weeks, 3 months and 6 months post assault.

The 2-week follow-up visit

- Examine any injuries for proper healing and photograph if indicated

- Discuss results and ensure medications are completed

- Test for pregnancy if indicated. If pregnant, advise about options.

- Make follow-up appointments depending on the need of patient

- Facilitate a counseling session and arrange more if indicated

The 3-month follow-up visit

- Test for HIV and Syphilis if indicated
- Discuss results.
- Assess patient's emotional state and mental status and offer counseling

The 6-month follow-up visit

- Test for HIV if indicated
- Discuss results.
- Administer the third dose of the hepatitis B vaccine.
- Assess the patient's emotional health and refer as necessary

COUNSELING AND SOCIAL SUPPORT

- Counseling is strongly recommended for all victims and survivors of GBV. Always offer counseling session or facilitate one by appropriate referral.
- Offer social support by group setting because of the following benefits:

— It helps to decrease the isolation that victims often feel;
— It provides a supportive atmosphere;
— Victims are encouraged to share their experiences;
— It helps victims to establish their own support network

Review every quarter to assess if these benefits are achievable

REFERRALS

Both verbal and written referrals for support services such as Shelters for safety should be given.

Patients should be referred to Edward Francis Small Teaching Hospital (EFSTH) or Serrekunda Hospital or to any regional general hospital for subsequent clinical care when indicated. The one stop center where present is also a referral center for subsequent care and support of victims/survivors of GBV.

CHILD SEXUAL ABUSE

Physical genito-anal findings of a girl child are listed below:

Normal and non-specific vaginal and anal changes include:

— Vulvovaginitis;

— Labial agglutination.

— Erythema;

— Fissures;

— Midline skin tags or folds;

Anatomical variations or physical conditions that may be misinterpreted or often mistaken for sexual abuse include:

— Failure of midline fusion;

— Non-specific vulva ulcerations;

— Urethral prolapse;

— Female genital mutilation;

— Unintentional trauma (e.g. straddle injuries)

— Labial fusion (adhesions or agglutination).

Findings suggestive of abuse include:

— Acute abrasions, lacerations or bruising of the labia, perihymenal tissues,

— Hymenal notch/cleft extending through more than 50% of the width of the hymenal rim;

— Scarring or fresh laceration of the posterior fourchette not involving the hymen (but unintentional trauma must be ruled out);

— Significant anal dilatation or scarring.

Findings that are definitive evidence of abuse or sexual contact include:

— Sperm or seminal fluid in, or on, the child’s body;

—Positive culture for N. gonorrhoea or serologic confirmation of acquired syphilis (when perinatal and iatrogenic transmission can be ruled out);

— Intentional, blunt penetrating injury to the vaginal or anal orifice.

The physical health consequences of an abused girl child include:

— Gastrointestinal disorders (e.g. irritable bowel syndrome, non-ulcer dyspepsia, chronic abdominal pain);
— Gynaecological disorders (e.g. chronic pelvic pain, dysmenorrhea, menstrual irregularities);

— Somatization (attributed to a preoccupation with bodily processes).

The following psychological and behavioural symptoms have been reported in child victims of sexual abuse:
— Depressive symptoms;
— Anxiety;
—Low self-esteem;
— Symptoms associated with PTSD such as re-experiencing, avoidance/ numbing, hyper arousal;
— Increased or inappropriate sexual behaviour;
— Loss of social competence;
— Cognitive impairment;
— Body image concerns;

— Substance abuse.

DOCUMENTATION

Document all pertinent information accurately and legibly.

Notes and diagrams should be created during the consultation

Notes should not be altered unless this is clearly identified as a *later* addition or alteration. Deletions should be scored through once and signed, and not erased completely.

Ensure that the notes are accurate.

Record verbatim any statements made by the victim regarding the assault.

Record the extent of the physical examination conducted and all “normal” or relevant negative findings.

Date, time and location of the assault should always be documented.