MANUAL OF GENDER BASED VIOLENCE EMERGING ISSUES

IN THE REFUGEE CAMPS

GREECE

2017

ΕΘΝΙΚΟΣ ΟΡΓΑΝΙΣΜΟΣ
ΔΗΜΟΣΙΑΣ ΥΓΕΙΑΣ

PHILOS

PROTOCOL SEX ASSAULT

Infection by HIV and transmission of other sexually transmitted infections (STIs) is a common consequence of rape. Research on women hosted in battered women's hostels has shown that women subjected to sexual and physical abuse by their partners, have significantly higher chances of suffering from sexually transmitted infections (STIs).

Trafficking victims have a higher risk of becoming infected by HIV/AIDS and other STIs.

Sexual violence and HIV / AIDS

Violent sex can increase the risk of HIV transmission. During violent vaginal penetration, injuries and abrasions facilitate the entry of the virus through the vaginal /cervical mucosa. Due to the immaturity of the mucosa, which can fail to act as a protective barrier, teenage girls are at even greater risk of STIs even through non-violent sex.

In case of anal intercourse the risk of HIV/AIDS infection is even greater since the rectal tissue is easily injured and facilitates virus entry.

It is very important that healthcare professionals are trained in sexual and reproductive health, including the recognition of abuse, STIs and available treatment strategies.

Research suggests the following steps:

1. The use of the sexual abuse Protocol seen below.
2. The publication and distribution of the Protocol in all refugee camps and First Reception services, general hospitals and health centers.
3. Training of nursing staff of all general hospitals in our "Sexual Abuse" team, in order to ensure compliance with our guidelines regarding the management of sexually abused survivors.
4. Creation of an anonymous confidential file of sexually abused survivors in order to estimate the extent of the problem and design interventions in the community.

CONSENSUS: MEDICAL PROCEDURE

The patient should be well informed on the entire range of services that he /she can receive. He/she should be advised in order to make decisions on medical or legal issues that may arise. Involving patients in their own care aims to aid them address physical and psychological trauma of sexual abuse.

Sexual violence is a traumatic experience that makes survivors feel helpless. These feelings can worsen while undergoing medical and psychiatric assessment for the incident of abuse.

The professional examiner's role is not to prove that abuse took place, but to identify the clinical and psychological findings related to it. The victim of sexual violence remains a patient and should have the same care and respect as any other patient. A victim of sexual violence may not be willing to be examined. This is the type of patient who may view the gynecological or rectal examination, as a continuation of violence.

When it comes to children or adolescents, the examination technique is crucial and requires even greater experience and very delicate handling.

PROCEDURE

Consent

It is important to ensure informed consent before examining the patient (Annex I). If the patient is, for any reason, unable to understand what the examination process will include (e.g.: due to the influence of drugs/alcohol, injury, language barrier etc.) the test must be postponed until he/she is able to consent. There are two (2) parts to an informed consent:

- Consenting to clinical examination and treatment: information regarding the clinical examination and treatment plan.
- Consenting on data given to the police: the victim should know that information regarding their case (abuse, medical management etc), will be given to the police. The victim should be aware that a medico-legal report will be formed and become available to the police, the prosecution and the lawyers involved.
- The victim must know that he/she has the ability to change any part that he/she disagrees on and also that he/she can change his/her mind on the procedure at any time.

"Informed consent" is an ongoing process in each stage of the examination. Sometimes the victim consents to medical treatment, but then decides he/she does not want to go through with it (e.g.: a gynecological or rectal examination) after the clinical examination has already begun. It is obvious that his/her wishes are always respected.

EMERGENCY TREATMENT

Treating the patient's urgent physical problems is always a priority and should always take place before the Sexual Abuse Response Team's assessment.

The abused victims, who need urgent treatment, are treated by the Emergency Department and when they become stable, can be reviewed by the Sexual Abuse Response Team. The contribution of the Sexual Abuse Response Team is required when the Emergency Department physician has collected materials that can be used as forensic evidence or in case the victim needs special support.

CLINICAL EXAMINATION

Clinical examination of the survivor will take place after informed consent has been obtained. It is one of the victim's options during the initial consent. If the victim chooses only the clinical examination, the procedure will be the following

A. Prior to the examination, the following information needs to be established:

1. **Patient's age:** Is the patient over 14 years old (otherwise referred to a pediatric hospital)

2. **Abuse history:** Has the patient been abused during the past seven days?

3. **Location:** Is the patient in the Emergency Department or at the refugee camp or at the first reception center?

4. **Mental status:** Is the patient able to communicate and is he/she able to give informed consent?

5. **Urgency:** Does the patient have an urgent medical problem?

B. Upon the arrival of the patient, the doctor should:

1. Get hold of the sexual abuse sheet, the consent form and labels with the patient's name.

2. Introduce himself/herself to the patient and their accompanier.

3. Provide the option of calling a social worker or an NGO consultant if the victim would require one.

BACKGROUND

Patient Interview

The main objective is to support the patient and investigate the incident. It is crucial that the patient understands each step of the examination and treatment process and that he/she is kept comfortable at all times.

a) Patients consent to examination (his/her signature should be obtained), and must know that he/she can delete any part of the form at any time. If the patient cannot communicate or does not understand exactly the parts of consent, there can be no examination.

b) History of sexual abuse by investigating:
- His/her allegations: points of injury and factors associated with the transmission of STDs and HIV/AIDS and the possible pregnancy are the most important. To determine whether the patient would require HIV PEP, one would need to assess the offender's possible serostatus. It is not necessary to insist on details of the abuse, unless the patient wants to.
- Injuries or other health problems associated with the abuse.
- Problems/possible fears regarding the consequences/effects of the abuse.

c) Gynecological history-information:
- Contraception.
- Last menstruation.
- Gynecological other problems (any STDs in the last six months).
- Pregnancy (is the patient pregnant?).
- Last sexual intercourse with her/his sexual partner.

d) General medical history
- Allergies
- Medications
- Chronic diseases

e) If the patient consents, their accompanier can be present during the examination.

CLINICAL EXAMINATION

Patient preparation for clinical examination

Explanation of the examination process and any tools that will be used:

- Ask him /her to get undressed.

Clinical assessment from head to toe

- Keep record of all external injuries.
- Any visible injuries and painful areas are recorded on the medical examination pictogram.

Examination based on patient's claims

- Oral, genital and anal examination according to sexual abuse history (looking for painful areas and wounds)
- Gynecological examination depending on the patient's consent and the sexual abuse history given by the patient (referred to the hospital).
- Record findings on the medical examination form.

Examination results

- Inform the patient on the examination findings and necessity of further tests

Laboratory investigations

- STD testing
- Culture of urethral/vaginal discharge
- NAAT test for chlamydia
- Serology for syphilis, hepatitis B and C and
- HIV Test
- Pregnancy Test
- Toxicology in case there is a suspicion on drug use (e.g. rape drugs)

MEDICAL TEATMENT

1. Preventative treatment for STDs depends on the most likely pathogen and has the following steps:
    a. Prevention of gonococcal, chlamydial or trichomonas infection:

        - Ceftriaxone 125 mg im
        - Azithromycin 1gr per os
        - Metronidazole 2 gr per os

- If the patient is allergic to any of the antibiotics above, pregnant or breastfeeding, there are other medication options available.

b. For Hepatitis B prevention, vaccination must start immediately if the person is not vaccinated.
c. After assessing the risk of HIV transmission, consultation with a doctor from the Infectious Diseases department might take place. If deemed appropriate, the antiretroviral therapy should be started within 48 hours and for a period of four weeks[1].
    i. The average risk of HIV transmission from a single sexual contact without the use of a condom is low (1- /1000 from men to women and about 0.5-1/1000 from women to men). The average risk of HIV infection from anal intercourse without condom is higher (around 5-30 /1000).
    ii. However, during violent sexual intercourse, the risk of both microscopic and macroscopic lesions of the mucous membranes is higher, therefore increasing the possibility of sexually transmitted infections (STIs) (4).

2. Emergency contraception, if the patient is not on any form of contraception.
3. Psychiatric assessment.

MONITORING PROCESS

- Patient should understand the importance of medical treatment and monitoring.
- Reassessment appointment.
- Interface with a psychologist if patient requests one
- Monitoring of STDs
    1. Test for HIV at 6 and 12 weeks.
    2. Test for syphilis in 6-8 weeks.
    3. Test for Chlamydia and Gonococcus infection.
    4. It is critical that patients on antiretroviral therapy fully comprehend the implications of adhering to the prescribed regimen (dosing schedule, monitoring process).
- Printed material/Leaflets/Information (Printed material providing information about sexual abuse, supporting groups and any treatment granted).
- Safe residence of the patient (Contact with social services to discuss option of a hostel for abused patients if there is no alternative accommodation).

[1] All hospitals are required to have emergency package of required antiretroviral drugs in accordance with the instructions by HCDCP

- ❖ Medical treatment and medication report.
- ❖ Time of departure and signature.

ANNEX I

DATE RAPE DRUGS

1. **GHB** (gamma hydroxybutyric acid)
2. **Rohypnol** (flunitrazepam)
3. **Ketamine** (ketamine hydrochloride
4. **MDMA**(Ecstasy)

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