

## Prescribing Treatment for Survivors of Sexual Assault - Answers

### **Case Study 1:**

An adult woman survivor comes to the clinic 36 hours after being sexually assaulted. She states she wants all available treatment. Her physical exam is completely normal. She states she has no allergies that she knows of. You have no Postinor, however, you do have a combined oral contraceptive with estrogen estradiol 50 µg and levonorgestrel 250 µg.

### **The treatment offered to the woman should include:**

<b>To prevent</b>	<b>Give treatment (include dosage)</b>
Pregnancy	Combined oral contraceptive, 2 pills now and 2 pills in 12 hours.
Chlamydia	Azithromycin 1g stat <b>or</b> doxycycline 100 mg bid x 7d
Syphilis	Nothing if given azithromycin benzathine penicillin 2.4 MIU
Gonorrhea	According to local STI protocol. Preferably stat oral dose. i.e cefixime 400 mg stat.
Trichomonas	metronidazole 2g stat (we did not discuss this in the training but depending on local prevalence and guidelines may be indicated)
Hepatitis B	Hepatitis B vaccine, 1st dose stat, #2 in 30 days, #3 in 6 months
Other STIs according to your setting	azithromycin (1g) also gives good coverage for chancroid.
HIV/AIDS	Combivir bid for 28 days
Tetanus	Tetanus vaccination if not completely immunized

### **What points would you include in your counseling and care plan?**

- Reassure her that she was not to blame for the assault. She has done the right thing by seeking care and many of the health risks can be reduced. It is ok to feel emotional, angry, sad, confused.
- Evaluate for pregnancy risk, offer test. If already pregnant not due to assault. ECP do not cause abortion. Can cause nausea and vomiting. Return to clinic if she vomits within 2 hours after dose (consider giving extra dose so she does not have to come back. Get follow up pregnancy test if menses do not come as expected.
- Take meds with food to ease upset stomach. Take full course. Do not stop without seeking medical advice. PEP in particular can cause nausea, weakness, fatigue. These symptoms will go away at the end of the treatment.
- Offer HIV test. If not done now should be done within 2 weeks. Testing to check if she was already infected. PEP does not treat already existing infections. Need to repeat test in 3 - 6 months. Use condoms until negative test.
- If symptoms of vaginal soreness, itching, pain, painful urination develop she should seek medical care immediately (especially if you did not treat for trichomonas or any of the other STIs).
- Offer first dose of Hep. B vaccine and counsel on where and when to get next 2 doses.

**What other services would you offer or refer her to?**

- Follow up in 1 week to see how she is tolerating the medicine.
- Give referrals for HIV testing if not done today and cannot be done at this facility.
- Refer to support group/women’s center/counselor and to a legal support center if available.

**Case Study 2:**

A 5 year old boy comes to the clinic 70 hours after being sexually assaulted. The assault included anal penetration. The boy is crying and can’t sit normally. He has no other injuries. His mother states she wants all available treatment. She states he has no allergies that she knows of. He weighs 16.5 kgs.

**The treatment offered to the boy should include:**

<b>To prevent</b>	<b>Give treatment (include dosage)</b>
Pain	paracetamol 250 mg, stool softeners
Chlamydia	azithromycin 350 (or 500 if not available) stat <b>or</b> erythromycin 200 mg qid for 7 days
Syphilis	Nothing if azithromycin given <b>or</b> benzathine penicillin 800,000 IU stat IM <b>or</b> Erythromycin for 14 days (same daily dose as above)
Gonorrhoea	According to local protocol (preferably stat dose orally) for example cefixime 150 mg
Trichomonas	Not indicated with anal abuse
Hepatitis B	Hepatitis B vaccine, 1st dose stat, #2 in 30 days, #3 in 6 months
Other STIs according to your setting	azithromycin also gives good coverage for chancroid.
HIV/AIDS	zidovudine 100mg capsule tid for 28 days lamivudine 75 mg (1/2 of a 150 mg tablet) bid for 28 days

**What points would you include in your counseling and care plan?**

- The child is not to blame for the assault. Will need extra attention, patience and affection over next weeks, months. Bedwetting, nightmares, etc., part of normal reaction. Needs to continue daily routine, school.
- Evaluate for risk of repeated abuse and work to ensure safety. Report to authorities if in child’s best interest. Follow local laws.
- Give stool softeners, warm soaks to reduce anal discomfort, avoid hold stool.
- Give meds with food to ease upset stomach. Take full course. Do not stop without seeking medical advice. PEP in particular can cause nausea, weakness, fatigue. These symptoms will go away at the end of the treatment.
- Needs HIV test in 3 - 6 months. Normal precautions against infection are enough during this period. No risk of infection to other children, family members.

- Evaluate whether he is already fully immunized against tetanus and give if needed. Refer for full vaccinations if need.
- Offer first dose of Hep. B vaccine and counsel on where and when to get next 2 doses.

**What other services would you offer or refer the child and his mother to?**

- Refer to support group, other social services, authorities.
- Follow up in 1 week to see how he is tolerating the medicine.
- Give referrals for HIV testing

**Case Study 3:**

An 11 year old girl is brought to the clinic by her aunt who is her guardian. She reports multiple sexual assaults by a group of 5 soldiers 4 days ago. Her aunt is very concerned about HIV. Wants all possible treatment. Her weight is 35 kg. On examination you find multiple bruises on breasts, healing lacerations around introitus and anal tears. When she takes off her skirt you see that she has wet herself.

To prevent	Give treatment (include dosage)
Pregnancy	Postinor-2, 2 pills stat.
Chlamydia	azithromycin 750mg stat <b>or</b> erythromycin 500mg qid for 7d
Syphilis	Nothing if given azithromycin benzathine penicillin 1.8 MIU
Gonorrhea	According to local STI protocol. Preferably stat <b>oral</b> dose. i.e cefixime 280 mg stat. If not available give ceftriaxone 125mg stat
Trichomonas	metronidazole 2g stat (we did not discuss this in the training but depending on local prevalence and guidelines may be indicated)
Hepatitis B	Hepatitis B vaccine, 1st dose stat, #2 in 30 days, #3 in 6 months
Other STIs according to your setting	azithromycin (1g) also gives good coverage for chancroid.
HIV/AIDS	Not indicated
Wound care if necessary	Clean and dress wounds Tetanus vaccination

**What points would you include in your counseling and care plan?**

- Reassure her that she was not to blame for the assault. She has done the right thing by seeking care and many of the health risks can be reduced. It is ok to feel emotional, angry, sad, confused. Explain to guardian that she will need extra attention, patience and affection over next weeks, months. Bedwetting, nightmares, etc., part of normal reaction. Needs to continue daily routine, school.
- Evaluate her safety and report to authorities if in her best interest. Follow local laws.
- Even if she has not yet started menstruating, she may be at risk for pregnancy. ECP does not cause abortion and it will not affect her ability to get pregnant in the future. It may cause some spotting.

- Take meds with food to ease upset stomach. Take full course. Do not stop without seeking medical advice.
- She is not a candidate for HIV PEP. Her risk of being infected is small but she should be tested in 3 – 6 months to check her status. Evaluate for risk of prior HIV infection and offer HIV test is appropriate. The disease is transmitted through blood or sex. Friends or family members are not at risk.
- If symptoms of vaginal soreness, itching, pain, painful urination develop she should seek medical care immediately (especially if you did not treat for trichomonas or any of the other STIs).
- Evaluate whether she is already fully immunized against tetanus and give if needed.
- Offer first dose of Hep. B vaccine and counsel on where and when to get next 2 doses.

**What other services would you offer or refer her to?**

- Follow up in 1-2 weeks.
- Give referrals for HIV testing in 3 months if it cannot be done at this facility.
- Refer to support group/women’s center/counselor and to a legal support center if available.

**Case Study 4:**

A 51 year old women reports being severely beaten and sexually abused by a soldier 2 days ago. Perpetrator unable to achieve sufficient erection for vaginal penetration. Survivor was forced to perform oral sex on perpetrator who did not achieve erection nor ejaculate. On examination you find multiple bruises around face and legs and abdomen and lacerations on forehead and abrasions on elbows. She is very emotional and very concerned about HIV. She says she wants all possible treatment.

<b>To prevent</b>	<b>Give treatment (include dosage)</b>
Pain	paracetamol 500mg tid for 3 days
Pregnancy	Not indicated
Chlamydia	azithromycin 1 g stat <b>or</b> doxycycline 100 mg bd for 7 days
Syphilis	Nothing if given azithromycin benzathine penicillin 2.4 MIU
Gonorrhoea	According to local STI protocol. Preferably stat <b>oral</b> dose. i.e cefixime 400 mg stat. If not available give ceftriaxone 125mg stat
Trichomonas	Not indicated
Hepatitis B	Not indicated
Other STIs according to your setting	Not indicated
HIV/AIDS	Not indicated
Wound care if necessary	Clean and dress wounds Tetanus vaccination

**What points would you include in your counseling and care plan?**

- Reassure her that she was not to blame for the assault. She has done the right thing by seeking care. It is ok to feel emotional, angry, sad, confused.
- She may have been exposed to an STI during the oral penetration, but the drugs are very effective at preventing disease. Oral exposure has a very low risk of HIV infection.
- Evaluate whether she is already fully immunized against tetanus and give if needed.

**What other services would you offer or refer her to?**

- Follow up in 1-2 weeks.
- Refer to support group/women's center/counselor and to a legal support center if available.