

# 7. Management of Sexual Violence

Sexual violence is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic women’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work”. Often, because the victims feel uncomfortable talking about sexual violence, they may come to the clinic with other non-specific complaints or requesting a check-up, assuming that the health care provider will notice anything abnormal that needs treatment. Therefore, health care workers should maintain a high index of suspicion and ask about experience of sexual violence or abuse. The following services should be available, on-site or through referral, for clients who have experienced sexual violence:

## A. Visual inspection

Before proceeding for examination consent of the victim or the legal guardian in case of minors must be taken. Counseling of the victim must be done. Examination of clothes, injuries and genital must be carried out. Look for bleeding, discharge, odour, irritation, warts and ulcerative lesions.

## B. Collection of forensic evidence

Forensic examination should be available to document evidence if the person chooses to take legal action. Staff should be trained in how to take forensic specimens, or referral links should be made. Forensic examination must include physical and genital examination. (Refer to the State-specific guidelines for forensic examination).

## C. Collection of samples for detecting STIs

If facilities permit, swabs must be collected from various sites for wet mount examination or culture of a number of causative organisms. Blood could be collected for VDRL/RPR, HIV and HbsAg tests.

## D. Essential medical care for injuries and health problems

Medical management includes

- i. Prevention of pregnancy by offering emergency contraception
- ii. STI prophylaxis
- iii. Care of injuries

*Note: It is important to obtain informed consent for any examination, treatment or referral in a case of a victim of sexual assault.*

Essential medical care for injuries and health problems would consist of:

### ➤ Post exposure prophylaxis against pregnancy

Emergency Contraception (EC) to prevent unwanted pregnancy should be given within 72 hrs of unprotected sexual intercourse.

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Box 7.1 : Post exposure prophylaxis with Emergency contraceptives

Type of Emergency contraception	First dose (within 72 hours after unprotected intercourse)	Second dose (12 hours later)
Levonorgestrel-only pills for emergency contraception	Levonorgestrel in 2 doses First dose of 0.75 mg of levonorgestrel	Repeat same dose after 12 hrs

## ➤ Post exposure prophylaxis of STI

STI prophylaxis should be started as early as possible, although the doses should be spread out (and taken with food) to reduce side-effects such as nausea.

Box 7.2: Post exposure prophylaxis of STI for adults and older children and adolescents weighing more than 45 kg

<ol style="list-style-type: none"> <li>1. For protection against syphilis, gonorrhoea and chlamydia           <ul style="list-style-type: none"> <li>• Tab. Azithromycin 1gm orally, single dose under supervision</li> </ul>           PLUS           <ul style="list-style-type: none"> <li>• Tab. Cefixime 400mg orally single dose</li> </ul> </li> <li>2. For protection against T. Vaginalis           <ul style="list-style-type: none"> <li>• Tab Metronidazole 2gm single dose</li> </ul>           OR           <ul style="list-style-type: none"> <li>• Tab Tinidazole 2gm single dose</li> </ul> </li> </ol>
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Box 7.3 : Post exposure prophylaxis of STI for children

<ol style="list-style-type: none"> <li>1. For protection against syphilis and chlamydia           <ul style="list-style-type: none"> <li>• Erythromycin 12.5 mg/kg of body weight orally 4 times a day for 14 days</li> </ul> </li> <li>2. For protection against gonorrhoea           <ul style="list-style-type: none"> <li>• Cefixime 8 mg/kg of body weight as a single dose, or</li> <li>• Ceftriaxone 125 mg by intramuscular injection</li> </ul> </li> <li>3. For protection against T. Vaginalis           <ul style="list-style-type: none"> <li>• Metronidazole 5 mg/kg of body weight orally 3 times a day for 7 days</li> </ul> </li> </ol>
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## ➤ Post exposure prophylaxis of HIV

- Refer to district hospital and follow NACO guidelines for the same.

## ➤ Post exposure prophylaxis against Hepatitis B

- If not vaccinated earlier, it is recommended. If vaccine is not available, refer to the centre where Hepatitis B vaccination facilities are available.

*An evaluation of the person's personal safety should be made by a protective services agency or shelter, if available, and arrangements made for protection if needed.*

## E. Psychosocial support (both at time of crisis and long-term)

Psychosocial management includes counseling and supportive services, which should be available on-site or by referral. Women or children who have been sexually abused may need shelter and legal protection. Adolescents in particular may need crisis support, as they may not be able or willing to disclose the assault to parents or care takers.

## F. Follow-up services for all of the above

It is essential to explain the importance of follow-up appointments and services during the first visit itself. The woman should be clearly told whom to contact if she has other questions or subsequent physical or emotional problems related to the incident.

