STRENGTHENING COMMUNITY-BASED CARE
2024 REVISION

PART 3

CAPACITY BUILDING

PARTICIPANT PACKET

COMMUNITY-BASED MANAGEMENT OF SURVIVORS OF SEXUAL VIOLENCE

Pilot training tool

“all survivors need good quality care and support to help them heal and recover”

STRENGTHENING COMMUNITY-BASED CARE

CAPACITY BUILDING

10 DAYS • 8 MODULES

PARTICIPANT'S PACKET

Pilot training tool

Contents

Acronyms

ART	Antiretroviral therapy
ARV	Antiretrovirals
CHW	Community health worker
EC	Emergency contraception
GBV	Gender-based violence
HO	Handout
IEC	Information, education, and communication
PEP	Post-exposure prophylaxis
PID	Pelvic Inflammatory Disease
SEA	Sexual exploitation and abuse
STI	Sexually transmitted infection
TBA	Traditional birth attendant
VCT	Voluntary counseling and testing for HIV

Overview

This training is for community health workers (CHWs) to help survivors of sexual violence in the community. Through the training, CHWs will learn to:

- Understand sexual violence and what can happen to survivors;
- Provide key messages and information about sexual violence to community members as part of your daily activities;
- Communicate with and support survivors of sexual violence;
- Refer survivors to health care and other services, respecting their safety, privacy, and dignity; and
- Directly provide health care to survivors when care at a health facility is too far, or when a survivor cannot go to a facility, or does not want to go to a facility.

What is "sexual violence" in this training?

"Sexual violence" in this training means any act of forced sex or sexual contact as said by the person that experiences it. The violence can be from a stranger or family member, in or outside of marriage. The "survivor" is a person who has experienced the forced sex, and can be anybody, including women, girls, men, boys, persons with disabilities and older people in the community.

Who is this training for?

The training is for CHWs that already provide health education and basic health care to people in the community. The information that is taught will build on things you already know, such as how to how to stay healthy, how germs cause sickness and how to treat basic sicknesses such as colds and diarrhea.

What will you learn to do?

Your supervisor will tell you what activities you will be providing in the community, but you will fall into one of three groups:

Level 1 CHW:

- Conduct health education around sexual violence and the benefits of seeking care.
- Recognize survivors of sexual violence when they come to you.
- Refer survivors to higher level health staff or the health facility for health care.
- Refer survivors to other services in the community.

Module 2: What is sexual violence and what are its consequences?
Module 3: Principles of working with survivors of sexual violence
Module 4: Recognizing survivors and facilitating referrals for sexual violence

Level 2 CHW:

- Conduct health education around sexual violence and the benefits of seeking care.
- Recognize survivors of sexual violence when they come to you.
- Provide basic health care and emotional support to survivors.
- Refer survivors to other services in the community.
- Provide follow-up care to survivors.

Module 2: What is sexual violence and what are its consequences?
Module 3: Principles of working with survivors of sexual violence
Module 4: Recognizing survivors and facilitating referrals for sexual violence
Module 5: Providing community-based care for survivors of sexual violence
Module 6: Self-care for community health workers

Level 3 CHW:

- Conduct health education around sexual violence and the benefits of seeking care.
- Recognize survivors of sexual violence when they come to you.
- Provide more complete health care and emotional support to survivors.
- Refer survivors to other services in the community.
- Provide follow-up care to survivors.

Module 2: What is sexual violence and what are its consequences?
Module 3: Principles of working with survivors of sexual violence
Module 4: Recognizing survivors and facilitating referrals for sexual violence
Module 5: Providing community-based care for survivors of sexual violence
Module 6: Self-care for community health workers
Advanced Module 8: Providing advanced community-based care for survivors of sexual violence

What is this packet for?

The modules below are summaries of the lectures and activities that you will cover during the training. You can refer to the summaries when you go home, and in your day-to-day work. Handouts and job aids are also available in this packet to help you as you care for survivors of sexual violence.

MODULE 2

What is sexual violence and what are its consequences?

What is gender?

"Sex" and "gender" are not the same thing.

Sex is the physical differences between males and females. It does not change and is the same across cultures and societies.

Gender is how a community defines what it means to be a man or a woman. Gender determines the roles, responsibilities, opportunities, privileges, expectations and limitations for women and men in any culture.

Example:

> Some activities like washing and ironing clothes are considered "women's work," or parents may send their sons to school but not their daughters.

Gender roles are created by communities. Gender roles are learned as they are passed on from adults to children.

Example:

> In many communities, women are expected to prepare food, gather water and fuel and care for their children. Men, however, are often expected to work outside of the home and protect their families from harm.

Gender identity and sexual orientation

Most people who are born female identify as women. Most people who are born male identify as men. This is called being **cisgender**.

Some people are **transgender**. This means that a person does not identify as the gender that corresponds to their biological sex.

Being transgender does not mean that there is something wrong with a person, or that a person is mentally ill.

Sexual orientation refers to the gender of people that someone is attracted to, romantically and/or sexually.

Many people use an acronym to refer to different groups people with diverse sexual orientations and gender identities, including lesbians, gay people, bisexual people, transgender people, intersex people, and queer people: **LGBTQI+ people**.

What is gender-based violence?

Gender roles can sometimes cause harm.

"**Gender-based violence"** (GBV) means violence towards a person based on their gender, and is particularly tied to women and girls' lower status in communities.

GBV can be sexual, physical, psychological or emotional, and economic.

What are examples of gender-based violence?[1]

Sexual violence

- Rape (forced vaginal, anal, or oral sex)
- Attempted Rape
- Marital Rape (forced sex in marriage)
- Abuse/exploitation
- Child sexual abuse
- Incest (forced sex among family members)
- Molestation (inappropriate touching)
- Forced prostitution
- Trafficking
- Sexual harassment (unwanted sexual advances or remarks)

Physical violence

- Beating, hitting, slapping, punching
- Burning
- Cutting or stabbing
- Neglect

Psychological/emotional violence

- Name calling
- Blame
- Humiliation
- Not letting a partner to see family and friends
- Threats
- Not allowing a partner to leave the home freely, or to work or go to school
- Harmful traditional practices*

Economic violence

- Controlling money
- Denying opportunity

Harmful traditional practices

- Female genital mutilation/cutting (partial or total removal of female genitals)
- Forcing a child to marry against their will
- Killing in the name of honor

1 Adapted from CARE, *Moving from Emergency Response to Comprehensive Reproductive Health Programs: A Modular Training Series*, 2002; Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2010; UNFPA, *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, 2021.

What is sexual violence?

Sexual violence is one type of GBV.

Sexual violence is when any person uses force, pressure, or threats to perform a sexual act against someone's will, or to try to perform a sexual act against someone's will.

Sexual violence can happen in relationships, including between spouses.

Sexual violence includes:[2]

Rape: Rape is forced sexual penetration of any part of the body (vagina, anus, or mouth) with a sexual organ (penis), body part or object.

Sexual abuse: Sexual abuse is actual or threatened sexual acts.

Sexual exploitation: Sexual exploitation is when a person uses power or trust to attempt or actually sexually abuse someone who is weaker or more vulnerable.

Trafficking: Trafficking is a type of sexual exploitation that involves forcing people to engage in sexual acts in order to profit or benefit from taking advantage of them.

Sexual harassment: Sexual harassment is any sexual advance, asking for sexual favors or making any sexual comments or physical acts that make a person feel unsafe or uncomfortable.

What is intimate partner violence?

One of the most common types of GBV is **intimate partner violence (IPV).**

IPV is physical, emotional or psychological, or sexual violence, or denial of opportunities, that takes place between intimate partners.

Husbands and wives, boyfriends and girlfriends, and romantic or sexual partners are all examples of intimate partners.

It is important to know that IPV can take place between partners who are no longer together – ex-husbands and ex-wives, ex-boyfriends, and ex-girlfriends.

In many communities, because of gender roles and social norms, it is considered normal and acceptable for men to be violent towards their partner. However, it is never, ever acceptable for a man to be violent to his partner.

---

2 Adapted from: IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; UNFPA, *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, 2012.

How can equality reduce gender-based violence?

Equality between women and men means that women, girls, boys and men can equally enjoy rights, opportunities, resources and rewards. This is **gender equality**. Gender equality can help reduce GBV, including sexual violence.

Equality does not mean that women and men are the same, but that everyone can enjoy the same rights, opportunities, and life chances, no matter if they are born male or female.[3]

What are social norms?

Social norms are rules about behavior that members in a group or community are expected to follow.

Social norms can tell people what behavior is expected of them or what behavior is not allowed.

People follow social norms because they see others following them and believe other people think they should follow them, too.

Social norms are related to groups and how people get along in the different groups they are part of.[4]

Example:

> Groups that shape social norms can include: religious groups, groups of friends, family, school groups or other community groups.

How are social norms linked to sexual violence?

Sometimes, people follow social norms even when they are harmful or unpopular because people do not know what other group members *really* think or do. Since someone might not know that other people in their group also do not approve of a behavior or practice, harmful behaviors like sexual violence may continue even when many people in the group do not believe it is right.

3 IASC, *Gender Handbook for Humanitarian Action*, 2007.

4 Prentice, D. "The Psychology of Social Norms and the Promotion of Human Rights" in R. Goodman, D. Jinks and A. Woods (eds) *Understanding Social Action, Promoting Human Rights*, 2012.

Example:

Since sex is not usually talked about openly in groups, it can be hard to know what other people really think about sexual violence.

It is possible that many people in a group actually dislike sexual violence but remain silent because they think that other group members support it.

Some social norms about gender, sex, and violence support sexual violence as something that is normal, or that cannot be stopped, in a community.

Examples of HARMFUL *gender-related* social norms and attitudes include ideas such as:

"Sexual activity, including rape, shows a man's manhood."

"Sexual violence is an acceptable way of putting women in their place or punishing them."

"A woman should obey her husband in all things."

"Gay adolescent boys like having sex with men, so it is not really SV if a man pressures them to have sex."

"A girl does not deserve respect if she has sex before marriage."

"Violence and even rape is part of normal life. It is just what happens in this community."

"A person with a disability should feel lucky that someone raped her. She would not have a chance to have sex otherwise."

"It is easy for girls to lie about rape."

"A survivor of sexual violence might have deserved the attack because of the way they dressed or acted. It might be the survivor's fault, because they should have been more careful.

"A woman who is selling sex cannot really be sexually assaulted."

"There are times when it is acceptable for a man to hold a woman down and physically force her to have sex."

"If a woman's husband or boyfriend forces her to have sex, it does not count as sexual violence."

"A woman will always say no to sex. It is therefore up to the man to push for sex."

"If a man is drunk when he forces sex on a woman, it is not sexual violence."

All of the statements in the box are NOT TRUE and are harmful norms and attitudes.

Most cases of sexual violence are committed by someone the survivor knows.

Anytime someone is forced or pressured to engaged in sexual activity against their will, it is sexual violence, whether the attacker is a husband, boyfriend, teacher or a stranger.

Anyone can be a target of sexual violence and it is never the person's fault.

Why does sexual violence happen? What are some risks contributing factors?

Gender inequality is a key **root cause.**

Contributing factors depend on the survivor, and the community where the survivor lives. These factors can include crises, like conflict or natural disasters, harmful traditional practices, or a partner's use of alcohol or drugs.

There are many things in a person's life, family, and community that can make it more likely that they will experience sexual violence.

Some people are more at risk of sexual violence than others.

For example:[5]

Pregnant women: Women are at very high risk of IPV, including sexual violence, when they are pregnant. A man may feel angry because a pregnant woman is paying more attention to the baby and less to him, or because she may not want to have sex with him. Many couples may also feel extra worried about money when they are expecting a new baby.

People with disabilities: People with disabilities may be isolated, and face more challenges to notify someone, or to seek help. People may think a person with a disability is easier to control because they may be less able to defend herself.

Young people: Certain forms of sexual violence are very closely related to a young age, in particular, child marriage, violence taking place in schools, and sexual exploitation and abuse. Both girls and boys are at risk of sexual violence.

LGBTQI+ people may be targeted for SV because of their gender identity or sexual orientation. However, they may be even less likely to report violence or seek help because they may be shamed, blamed, and stigmatized.

5 Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2021; and WHO/World Bank, *World Report on Disability*, 2012; WHO/London School of Hygiene and Tropical Medicine, *Preventing intimate partner and sexual violence against women: taking action and generating evidence*, 2010. p.20.

What are some norms and attitudes that may be helpful for survivors of sexual violence?

Some social norms and attitudes can be helpful for survivors of sexual violence.

As CHWs, we can encourage community members to have empathy and compassion for survivors.

We can share that:

The survivor is NEVER to blame.

Sexual violence can happen to anybody.

Sexual violence is about power, control, and violence – NOT about sexual attraction or romance.

Sexual violence is a violation of human rights.

What are human rights?

Human rights are rights that belong equally to *all* human beings.

Everyone is equally entitled to human rights no matter their sex, gender, race, nationality, ethnicity, religion, place where they live, or other status.[6]

Sexual violence is a violation of a person's human rights.

6 UN Office of the Commissioner for Human Rights, What are Human Rights? Last accessed 26 November 2012.

Some of the rights that are violated by sexual violence include:[7]

The right to life, and to be safe and free.

The right to be healthy, including mental health.

The right to not be tortured, or experience cruel or degrading treatment.

The right to be protected from neglect, cruelty, and exploitation.

The right to freedom of opinion and expression.

The right to education and personal development.

The right to protection against all forms of neglect, cruelty, and exploitation.

Why does sexual violence happen in crisis settings?

During conflicts and natural disasters, there is an increased risk of sexual violence, including IPV.

When there is a conflict or a natural disaster, communities often experience violence, death, being forced to leave their homes, being separated from family members and loss of resources.

During epidemics and pandemics, people may be forced to stay at home, or may not be able to go to work, school, or to health centers. IPV, including sexual forms of IPV, increases during epidemics and pandemics.

Many types of GBV take place in crisis settings.

The risk of all types of GBV increases in crisis settings. This includes sexual violence, IPV, child, early or forced marriage, sexual exploitation and abuse, and trafficking.

When communities are first disrupted, community members are moving, families may be separated, and there may not be safe places to stay, or other protection services.

During crises, the increase in GBV also leads to increases of the risk of unwanted pregnancy, unsafe abortion, and sexually transmitted infections, including HIV.

7 International Rescue Committee, GBV Emergency Response & Preparedness: Participant Handbook, undated2011.

Examples of how crises increase the risk of sexual violence:[8]

Chaos and breakdown of social norms and services, including law enforcement, social services, community norms or religious codes.

Families and communities are disrupted.

Children are separated from their parents and caregivers.

Persons with disabilities are separated from their families and caregivers.

High presence of armed actors, such as the military or armed groups.

Sexual violence as a strategy of warfare.

Systems to enforce laws and punishment may break down.

People are vulnerable and may be dependent on aid, which increases needing to exchange sex to meet basic needs (sexual exploitation and abuse).

Camps and temporary shelters may be overcrowded, in isolated areas, or lack services and facilities, which is dangerous and increases the risk of sexual violence.

Stress and loss of livelihoods opportunities for men increases the risk of IPV.

Camp leadership may be primarily men; women's security issues are not considered.

Men might feel they have lost power or their position in their family and community, and try to assert power through violence.

Who is at risk of sexual violence in crises?

Anyone can experience sexual violence, no matter their gender, age, or sexual orientation.

Although most sexual violence in crises is committed against women and girls, the risk of sexual violence increases for EVERYONE during crises. This includes persons with disabilities, men and boys, and LGBTQI+ people.

8 Adapted from: CARE, *Moving from Emergency Response to Comprehensive Reproductive Health Programs: A Modular Training Series*, 2002; UNFPA, *Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide*, 2012; and International Rescue Committee, GBV Emergency Response & Preparedness: Participant Handbook, undated 2011.

What are the health consequences of sexual violence?

Sexual violence can cause serious and life-threatening health problems. This includes death.

The survivor may be murdered by the attacker during the assault, or die after the assault due to physical injuries.

Survivors of sexual violence are at an increased risk of dying by suicide.

Survivors of sexual violence are at risk of dying by unsafe abortion, if they become pregnant.

In some communities, survivors are at risk of being murdered by their family in the name of honor.[9]

Long-term physical health problems

- Disability (physical, visual or hearing impairments, or cognitive/intellectual)
- Chronic pain
- Chronic incontinence (wetting, soiling)
- Gastrointestinal issues (stomach problems)
- Fatigue (being very tired)

HIV infection

Short-term physical health problems

- Injury (for example, wounds or broken bones from the attack)
- Physical shock (body stops working)
- Disease
- Infection of wounds

Mental health problems

- Post-traumatic stress
- Depression
- Anxiety
- Eating problems
- Sleep problems
- Alcohol or drug use/substance use disorders
- Self-harm/suicide

9 UNICEF, *Caring for Survivors Training Pack*, 2010.

Reproductive health problems

- Injury to external and internal genital organs and anus or colon
- Bleeding from the genitals or anus
- Traumatic fistula
- Unwanted pregnancy
- Unsafe abortion
- STIs, including HIV
- Chronic infection – urinary tract infections, pelvic inflammatory disease
- Miscarriage
- Pregnancy complications
- Sexual dysfunction
- Menstrual disorders

Men and boys and transgender survivors are at risk of many of the same serious health consequences as cisgender women and girls, including mental health problems.

Physical consequences for men and boy survivors can include[10]:

- Bruises, bleeding, swelling, sores, or discharge (liquid) in genitals, anus, or mouth.
- Pain, burning, and/or itching of the genitals or anus, or other signs of STIs.
- Trouble eating or swallowing.
- Pain during urination and/or bowel movements.
- Weight loss or weight gain.
- Bedwetting, incontinence, and soiling.
- Frequent stomach problems without a clear cause.

Young children can have different signs and physical consequences of sexual abuse.

Physical consequences for young children can include:[11]

- Pain, unusual coloring, sores, cuts, bleeding, or discharge (liquid) in the genitals vagina, penis, anus, or mouth.
- Pain when passing urine or stool (lasts a long time).
- Wetting and soiling accidents unrelated to bathroom training.
- Weight loss or weight gain.
- Lack of personal care.

10 Women's Refugee Commission. Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector. 2021.

11 IRC/UNICEF, *Caring for Child Survivors of Sexual Abuse*, 2012, page 31; UNICEF, Caring for Survivors Training Pack, 2010; and WHO *Guidelines for medico-legal care for victims of sexual violence,* 2003, p. 76.

Unintended pregnancy and unsafe abortion

Sexual violence can cause a survivor to become pregnant.

Women, girls, and transgender men can take emergency contraception to prevent them from becoming pregnant if it is taken within five days of the sexual violence.

If a survivor becomes pregnant, they may decide to have an abortion. In most countries, it is legal for someone who is pregnant because of SV to have an abortion.

If the survivor cannot receive an abortion in a health facility, they may have an unsafe abortion. **Unsafe abortions cause many maternal deaths.**

What are sexually transmitted infections?[12]

Sexually transmitted infections (STIs) are infections that are passed from one person to another during sexual activity, including forced sex.

People of all genders and ages can be affected by STIs.

Some common STIs are gonorrhea, chlamydia, human papilloma virus (HPV), trichomoniasis, syphilis, chancroid, herpes, hepatitis B, and HIV.

Oral sex, vaginal sex, and anal sex can all pass at least some types of STIs.

People can reduce the chance of passing an STI to a sexual partner by getting tested and treated for STIs often, and by using condoms.

If a person has any of these signs, they may have an STI:

- Abnormal discharge from the vagina or penis, including discharge that is thick, bloody, cloudy, white, yellow, green, and/or bad smelling
- Itching genitals or anus
- Painful genitals or anus
- Swelling of the genitals
- Pain during urination
- Warts, sores, bumps, or blisters on and/or around the genitals or anus
- Pain in the pelvis or belly, or pain during sex
- Bleeding during sex

It is also very common to have an STI and have no signs at all.

12 Hesperian Foundation, *A Book for Midwives: Care for pregnancy, birth and women's health*, updated 2010.

Untreated STIs can lead to very serious health problems:

- Infections of the uterus, ovaries, and fallopian tubes (pelvic inflammatory disease)
- Infertility
- Cancer
- Syphilis, gonorrhea, and chlamydia can call illness to other parts of the body, including the eyes, joints, and brain.
- Tubal pregnancy (where the baby grows outside of the uterus).
- An untreated STI in a pregnant woman can cause a baby to be born too small, too early, or dead. STIs can also be passed to her baby during birth, including HIV.

A person with an untreated STI is more likely to be infected with another STI, including HIV.

Some STIs can be cured with antibiotics, which means the infection is gone completely. Chlamydia, gonorrhea, syphilis, and trichomoniasis can be cured with antibiotics.

Even STIs that cannot be cured completely can be treated. This means that a health provider can give them infected person information and medicine to help them feel better, prevent serious health problems, and even lower the chance they will pass the STI to someone else.

What are HIV and AIDS?[13]

One type of STI is HIV.

HIV is a tiny germ that attacks the immune system. HIV causes sickness and a disease called AIDS, an illness where people cannot fight off infections.

If it is not treated, AIDS can cause death.

HIV lives in the body fluids of people who are infected with HIV. This includes blood, semen, wetness in the vagina and breast milk.

The germ spreads when the fluids get into the body of another person.

13 Hesperian Foundation, *A Book for Midwives: Care for pregnancy, birth and women's health*, updated 2010.

Examples of how HIV can spread:

An infected mother to her baby, during pregnancy, childbirth or breastfeeding

Blood transfusions (a process where blood is given to someone who has bled heavily)

Vaginal or anal sex with someone who has HIV, if the person does not use a condom

Unsterile needles (reuse of needles) or tools that can cut the skin, such as razor blades.

Infected blood that gets into cuts or an open wound of another person

HIV is NOT spread through everyday contact such as shaking hands, hugging and kissing, or living, playing, sleeping or eating together.

It is also not spread by food, water, insects, latrines or sharing cups.[14]

It is not possible to know by looking at someone whether they have HIV.

People with HIV may not have any signs for a long time, up to 10 years.

People can take a blood test for HIV, but without this, most people do not know they have HIV until they are very sick.

HIV can spread at any time, even without any signs of illness.

14 Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2021.

AIDS is an illness that develops when a person cannot fight infections. HIV eventually makes it difficult for the person to fight infections, and the person will begin to have health problems.

When a person with HIV becomes very sick and illnesses become more difficult to treat, the person has AIDS.

The signs of AIDS are different in each person. Often, they are the signs of other common illnesses such as diarrhea or flu, but they are more severe and will last longer.

How do we know if someone has HIV?

An HIV test is the only way to know if a person has been infected with HIV.

It is NOT a test for AIDS.

A positive HIV test means that the person is infected with the germ. Even if the person feels completely well, the person can still spread the germ to others.

A negative HIV test means that a person is not infected with HIV, or the person was recently infected, but it is too soon to show on the test.

HIV tests should always be done with:

- The **person's permission**.
- **Counseling** before and after the test, where the counselor explains what to do if the result is positive, and how to remain HIV free if negative.
- **Privacy and confidentiality**. No one should know the results except the person and those they want to know.

Who is at risk of HIV?

Any person can get HIV, no matter their sex or gender, age, or sexual orientation.

Women and girls, and men who have sex with men, are at a higher risk of HIV.

Some people are at a higher risk for HIV because of social factors, including people who inject drugs and people who sell sex. Transgender people are at higher risk for HIV.

Gender inequality and discrimination place people at higher risk for HIV.

How can HIV be prevented?[15]

To prevent the spread of HIV, everyone should:

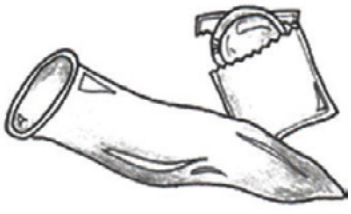
Get tested for HIV and **make sure partners get tested**, too.

Use condoms with any sex partner who has HIV or whose HIV status is not known. Condoms are especially important if a person has more than one sexual partner.

A condom is a narrow bag of thin rubber placed on the penis during anal, vaginal, and oral sex to prevent pregnancy and protect against infection. Other condoms can be worn inside the vagina or anus during intercourse.

The bag traps the sperm and other fluids so that they cannot get into the partner's vagina or anus.

External condom



Internal condom

Be careful handling needles or other tools that are dirty and have not been properly cleaned.

Do not share razors.

Do not touch someone else's blood or wound without protecting themselves with gloves, or a plastic bag as a barrier if they do not have gloves.

Get treatment.

If pregnant, enroll in programs to take medicine (ARVs) to **prevent passing HIV to the baby.**

15 Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2021.

What are treatment options for persons with HIV and AIDS?

There is still no cure for HIV.

But medications called "antiretrovirals" (ARVs) can help people with HIV live longer and have fewer health problems.

When someone is taking ARVs, this means they are receiving antiretroviral therapy (ART).

ARVs fight against and control the HIV infection, and prevent the person from developing AIDS. The body becomes stronger and the person with HIV is able to fight off infections and stay healthy.

ART also helps prevent HIV infection for a baby during pregnancy, childbirth and while breastfeeding.

ART must be taken every day at the same times to keep working well.

What are some of the consequences of HIV and AIDS for the individual and the family?[16]

Individual consequences can include:

Physical: The illness can make the person too sick or weak to do regular activities. It can also affect the person's mental and emotional health.

Economic: The person may lose their job because of discrimination or illness, or because they are too sick to work. This can lead to poverty, or make poverty worse.

Social: A person may feel isolated or isolate themselves from others, and may be treated poorly by other people in the community. HIV-positive children may be teased by other children at school.

Spiritual: A person with HIV/AIDS may lose faith.

Family consequences can include:

Social: The entire family may become isolated from the community if the community thinks the family is shameful or "contagious".

16 Adapted from: Partners in Health, Unit 10: Psychosocial Support and Effective Communication, Accompagnateur Training Guide, 2008. Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2021

Emotional and Psychological: A person living with HIV or AIDS may not be able to provide for family members, which affects their partners and children. Children may have to drop out of school in order to work or become heads of households themselves.

Economic: There may be more expenses for medical care and medicines, or to care for orphans and other children; which could worsen poverty.

If someone is HIV positive, they may also experience emotional and psychological consequences[17]:

Shock: They cannot believe they are HIV-positive.

Denial: They refuse to accept that they are HIV-positive.

Fear: They are afraid of what will happen to them and/or their families, or afraid of being rejected by others.

Loss: Of control, independence, ability to care for their family, respect from family and community, self-confidence and self-worth.

Grief: Over loved ones who have died of AIDS, or for their future, and the impact on their family and loved ones, especially children.

Shame or guilt: They may blame themselves for having gotten HIV, or for the effect it will have on their family and their loved ones, especially children.

Anger: With themselves or at the people who infected them, with God or at society for the way people living with HIV and AIDS are treated. In some cases, this anger can lead to irresponsible sexual behavior.

Anxiety: About how the illness will progress and what will happen to her or him.

Low self-esteem: Over being rejected by loved ones and the community; not being able to work, care for family or participate in social events.

Depression: Signs include too much or too little sleep, overeating or not eating at all, feelings of hopelessness, irritability, not participating in social events and daily activities.

Self-harm and/or suicidal thoughts: Severe depression can lead to harming one's self, or wanting to take one's own life.

17 Adapted from: Partners in Health, Unit 10: Psychosocial Support and Effective Communication, Accompagnateur Training Guide, 2008.

Why are people living with HIV vulnerable in crisis settings?[18]

During a crisis, health and support services for people living with HIV/AIDS may not exist anymore.

People living with HIV/AIDS may not be able to access ART.

During a crisis, it may be more difficult for a person with HIV/AIDS to take care of her or his health and rest, prevent infections, treat medical problems and infections, eat healthy foods, and use condoms for safer sex.

How can community health workers be agents of change?[19]

CHWs can help reduce stigma against people living with HIV/AIDS by:

Sharing accurate information about how HIV is and is not passed between people.

Teaching people how they can protect themselves and others from HIV. This includes:

- Using condoms.
- Getting tested.
- Not using needles that are dirty, or that have already been used.

Helping people feel more comfortable to discuss sexual health and HIV.

Making sure people know where they can go to be tested for HIV, and to receive treatment.

Including people living with HIV/AIDS in health education and community activities.

18 Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2021

19 Adapted from: Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2021; and Partners in Health, Unit 10: Psychosocial Support and Effective Communication, Accompagnateur Training Guide, 2008.

When a CHW does their work with compassion, it can help others change their attitudes towards people living with HIV/AIDS, and towards condoms and sexual and reproductive health.

Compassion, acceptance, and working together can help communities address HIV/AIDS.

What are the emotional, psychological, and social consequences of sexual violence?[20]

Experiencing sexual violence has emotional, psychological, and social consequences. **These consequences can be just as severe, and are often more severe, than physical injuries.**

Survivors can experience emotional and psychological problems right away, of after some time has passed. These problems can last for a very long time.

It is normal to experience trauma and emotional and psychological consequences after sexual violence.

Survivors may experience:

- Fear, anger, shame, and feeing hopeless.
- Withdrawal and self-blame.
- Post-traumatic stress.
- Depression.

20 UNICEF, Caring for Survivors Training Pack, 2010 and UNFPA, Managing Gender-based Violence Programmes in Emergencies: E-learning Companion Guide, 2012. UNICEF, Communities Care: Transforming Lives and Preventing Violence, 2020.

- Anxiety.
- Self-harm, thoughts of taking one's own life.
- Use of alcohol or drugs.

People are strong and resilient. We can help survivors to cope, and can help them access services to care for their mental health.

In many communities, people blame, shame, or stigmatize survivors of sexual violence.

As CHWs, we can help people learn more about sexual violence, and sexual violence survivors – including that it is NEVER the survivor's fault for experiencing sexual violence.

What are the health benefits of seeking care for sexual violence?

We can provide survivors with health care that can reduce further harm after they have experienced sexual violence.

Health services can include (if available):

- Medicine to prevent pregnancy – Emergency contraception.
- Medicine to prevent and treat STIs.
- Medicine to prevent HIV – post-exposure prophylaxis (PEP)
- Care for wounds.
- Injections (Vaccinations) to prevent consequences of infections, such as tetanus (lockjaw) and Hepatitis B (disease of the liver).
- Basic psychosocial support to meet emotional needs.
- HIV testing and counselling, and referral for HIV treatment.
- Pregnancy testing, counselling on pregnancy options, and referral for safe abortion care.
- Referral to higher-level medical care.
- Links to other support services, such as mental health psychosocial support, protection services, social or legal services.

What is timely care?

Some of this care is time sensitive. This means that the medicines need to be provided soon – within days – after the incident of sexual violence to work.

For example:

- Medicine to prevent HIV, post-exposure prophylaxis (PEP), must be given within three full days, or 72 hours.
- Medicine to prevent pregnancy, emergency contraception, must be given within five full days, or 120 hours.
- PEP and emergency contraception work best when they are given right away after the incident. The longer the wait is, the less likely it is that the medicines will work.

Timely treatment with medicine is very important to make sure that survivors receive the best health care and to prevent further harm, sickness, and death.

Other medical services for survivors are effective even after five days, and can help survivors even after a long time has passed since the sexual violence. This can include care for injuries or infections, treatment for STIs, ART for HIV, and psychosocial support.

It is still best for survivors to receive this care as soon as possible after the violence.

What other services can survivors access if they would like?

In addition to health care, survivors often need support to rebuild their lives.

Examples of other services that survivors can benefit from are:

Mental health services, for survivors to address their mental health and emotional needs, like feeling very sad, scared, or wanting to hurt themselves.

Protection, such as through safe houses and safe spaces to protect survivors from additional harm. The community can also have services to protect children, adolescents, and adults. These can be women's groups, groups for persons with disabilities, groups for LGBTQI+ people, drop-in centers, or other places where survivors can feel welcome and safe.

Social support services, such as job support where survivors can learn how to become less dependent in violent relationships or earn an income. Education programs can also teach adults to read and write.

Legal help, like counselling on legal and justice options for the survivor. Legal services can also help survivors with issues like divorce, or getting custody of children.

What are some barriers that survivors face to receive care?

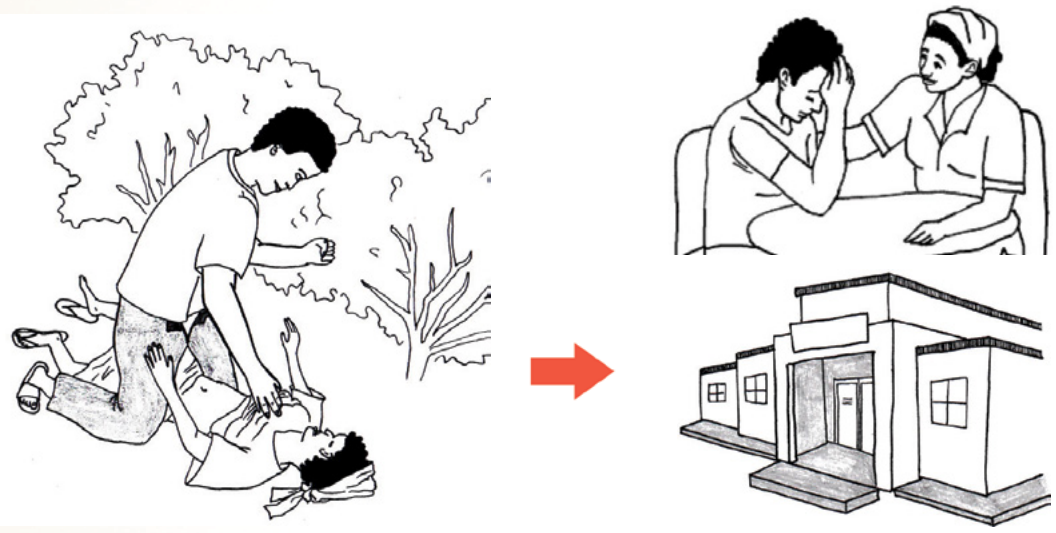
These services are very important for survivors, but survivors may not be able to receive them.

Barriers can include:

- Not knowing that it is important to seek care.
- Not knowing that services are available.
- Services being far away, and not having transportation.
- Being afraid that other people will find out.
- Not being able to pay for services.
- People with disabilities, adolescents, LGBTQI+ people, and people who sell sex face even more barriers to receive care, and may be treated badly by health care workers.
- In some places, there may not be special services available for men and boys who have experienced sexual violence.

All survivors have the right to receive care, and to be treated with compassion and respect, no matter their gender, sexual orientation, or any other part of their identity.

What are the key messages to convey to the community about sexual violence and the importance of seeking care?



CHWs can share information about sexual violence with members of their community, to help survivors know where they can go for care, and to fight stigma against survivors.

When leading community education activities, it is important to remember to:

- Use examples that demonstrate that all types of people experience sexual violence, no matter their gender, age, or sexual orientations.
- Share information about services for all types of survivors, including men and boys, LGBTQI+ people, people with disabilities, and people who sell sex.

Here are key messages that you can use to communicate with community members:

What is sexual violence?

Sexual violence is when someone uses violence, threats, or pressure to make someone engage in sexual activity when they don't want to. It is sexual violence even if they don't succeed.

Sexual violence can include all different types of sexual activity, even kissing and touching.

There are many different types of sexual violence, and some are more hidden than others and harder to talk about. This includes sexual violence in families and relationships.

If a person forces or pressures their partner to engage in sexual activities when they don't want to, it is sexual violence, even if they are married. When sexual violence happens between partners, this is intimate partner violence.

Sexual violence can also happen when someone uses their power or authority over another person to force or pressure them to engage in sexual activity. This is called sexual exploitation and abuse. For example, if a person refuses to pay someone their wages, or give them food aid, unless they have sex with them, this is sexual exploitation.

Who can experience sexual violence?

Anyone can experience sexual violence. This includes women and girls, men and boys, people with disabilities, and LGBTQI+ people. Sexual violence happens to all types of people.

People can experience sexual violence at any age: this includes children and adolescents, and older people.

Although sexual violence happens to all types of people, some people are at higher risk for sexual violence because they have less power. This includes women and girls, adolescents, PWDs, and LGBTQI+ people. People who sell sex are also at a very high risk of sexual violence.

No matter what, the survivor is never to blame. The survivor is never responsible for what happened to them.

Why does sexual violence happen?

Sexual violence is not about sexual desire. It is about power, control, and violence.

Women and girls are more vulnerable to sexual violence because of gender inequality: they have less power and access to resources.

Sexual violence happens in every community, around the world.

Risk of sexual violence goes up, and sexual violence becomes more common, when communities are experiencing conflict, disasters, and epidemics, and for people that who are on the move.

No matter what, the survivor is never to blame or responsible for what happened to them. The way someone dresses or behaves is never a reason for sexual violence. No one deserves to experience sexual violence.

Nothing that a girl or woman does gives a boy or man the right to hurt her, even if they are her parent, guardian, or partner, or if he thinks that she deserves it.

Anyone can be a target of sexual violence, and it is never the person's fault. The only people who are responsible for sexual violence are the perpetrators.

Many acts of sexual violence are done by someone a person knows.

What are some of the physical, emotional, and social consequences of sexual violence?

Sexual violence can have serious, even life-threatening, consequences for survivors, but also for their children and other family members, and even the rest of the community.

Sexual violence can cause injuries to a person's body, like bruises, burns, broken bones, and cuts, as well as injuries to a person's private parts. These injuries can cause infections and chronic pain or other long-term physical problems.

Sexual violence can cause STIs, including HIV, and unintended pregnancy. This can lead survivors to have unsafe abortions, which is very dangerous and can lead to permanent injuries and death.

Sexual violence has serious emotional and psychological consequences, even if the survivor is not physically injured. This includes depression and anxiety, post-traumatic stress disorder, shame and anger, and trouble eating and sleeping.

These are normal responses to sexual violence, and these consequences are just as serious as physical injuries. These feelings can last for a very long time.

Survivors may also experience social consequences. They may struggle to care for their families, or to work, because of the emotional and psychological harm they are experiencing.

They may become isolated and withdraw from their families and friends.

Survivors may be blamed and treated badly by their partner, families, and communities if others learn about what happened to them. This makes it harder for survivors to go for help and services.

What should you do after you experience sexual violence?

Survivors can see a CHW or go to the health facility.

It is best for survivors to receive medical care as soon as possible after the assault—within three days, if possible, so that medicines to prevent STIs and pregnancy are most effective.

However, it is never too late to go for care. The health worker can still help survivors with their health care needs, provide emotional support, and link them to other support services if they would like.

What should you do if you know someone who has experienced sexual violence?

Encourage them to go to talk to a CHW or go to a health facility for care right away.

Do not tell people about the sexual violence without the survivor's approval. Respect the survivor's privacy.

What are the benefits of seeking health care as soon as possible?

Seeking health care as soon as possible can help survivors prevent pregnancy and infections and receive counseling.

Depending on when survivors come for services after experiencing sexual violence, the health care worker can help them receive:

- Medicine to prevent pregnancy
- Medicines to prevent or treat infections
- Medicines to prevent HIV
- Wound care
- Vaccinations to prevent illnesses such as tetanus ("lockjaw") and hepatitis B
- Basic support to meet emotional needs
- Link them to additional emotional and social support, protection, and legal assistance, if they would like.

The earlier survivors come for care, the more likely they can prevent HIV (within 3 full days of the assault) and pregnancy (within 5 full days of the assault).

Survivors of all genders can benefit from seeking care as soon as possible after an assault.

Services are private, free, voluntary, and safe. The health care worker will treat survivors with dignity and respect.

Where can you seek health care?

From a CHW or health facility.

What can you expect if you seek health care?

The health care worker will bring survivors to a private place to talk and comfort them.

The health care worker will ask for their permission to provide care, including medicine.

If the survivor has urgent or life-threatening injuries, the health care worker will arrange for them to go for emergency care immediately.

The health care worker will treat their wounds and injuries and talk to them about how to take care of themselves.

Depending on when they seek care, the health care worker will give them medicines to prevent pregnancy and infections, including HIV, and tell them how to take the medicines.

If there is anything the health care worker cannot treat or care they cannot provide, they will ask whether survivors would like a referral to a health facility.

Before the survivor leaves, the health care worker can help them plan to get emotional support, make sure they have a safe place to stay, and other medical care or social support that they may like.

Remember, services from the health care worker are private, free, and safe.

It is also important to share information about mandatory reporting requirements, so that survivors can make an informed decision about seeking care.

When leading community education activities and caring for survivors, it is important to only share information about services that are available.

This way the community's expectations can be met, and they will trust what you say.

MODULE 3

Principles of working with survivors

Participant Handouts

3.1: Principles of working with survivors poster

3.2: Sample informed consent or assent scripts for referral

3.3: Working with survivors with disabilities

What are the key principles to working with survivors of sexual violence?

In order to best serve survivors, it is important to follow four guiding principles.

These principles are:[21]

1. Make sure the survivor is safe.

Any conversations that you have with the survivor should be in a private and safe place.

Coming forward to receive care can put the survivor's physical safety and security at risk. This can be especially true for survivors experiencing IPV.

Sharing information about a survivor without the survivor's approval can put them in danger.

2. Keep information private.

Do not share the survivor's story or health information with others.

If you do, it could put the survivor and their family at risk or cause the survivor to face stigma and discrimination from the community.

This can be especially true for survivors experiencing IPV, and for LGBTQI+ survivors.

You must get the survivor's informed consent (and informed assent, for minors and people with cognitive or intellectual disabilities) before you share their information to refer them to other services.

There are some cases in which you cannot keep confidentiality. This includes:

- If there are mandatory reporting requirements
- If the survivor is at risk of seriously hurting themselves, or seriously hurting someone else
- If there is a situation of sexual exploitation or abuse by a humanitarian worker
- If a child's safety is at risk, and telling someone else is in the best interests of the child

You must be sure the survivor understands these cases in which you cannot keep confidentiality.

3. Respect the wishes, rights, and dignity of the survivor.

Every action you take should be guided by the wishes and needs of the survivor.

You should respect the person's choices for what care they would like, provide high quality care, be a good listener, and not make judgments.

21 Adapted from UNICEF, *Caring for Survivors Training Pack*, 2010.

You must get informed consent or informed assent for all the care you provide.

4. Treat survivors equally (without discrimination).

You should treat every survivor with respect and dignity.

You should **not** treat the survivor differently because the person's gender, age, disability status, sexual orientation, where the person came from, what happened to them, or the number of times the person has come for services.

Handout 3.1 is a poster that lists these guiding principles in this packet. This can be pinned on your wall or put in a notebook so you can see it every day. These principles make up the survivor-centered approach.

How should survivors be treated?[22]

It is important to show compassion, competence and respect confidentiality when interacting with survivors.

Compassion means creating a safe and supportive environment, and caring for survivors with kindness and respect.

Competence means having the required training and skills to do the job well and help survivors begin to heal. This is important since you can do more harm for survivors if you do not have the right training.

Confidentiality means that whatever care you give to a survivor of sexual violence must NEVER be discussed with others without their approving or consenting.

How should CHWs communicate with survivors?[23]

Communication between CHWs and survivors is very important because it can help build trust, and help survivors feel comfortable to seek care.

It is important to **treat the survivor with dignity**. You must show that you believe them, that you do not question the story or blame them, and that you respect their privacy.

You should also **be caring and supportive** of the survivor. You should provide emotional support, be sensitive and listen to their problems. It is important to acknowledge that it is hard for survivors to come forward for care, and that they are very brave.

22 International Rescue Committee, Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool, 2020.

23 International Rescue Committee, Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool, 2020.

Survivors do not always describe their experiences as "sexual violence" or "rape," and they may not refer to themselves as "victims" or "survivors." This can be especially true for men and boys.

Listen carefully to the words the survivor uses to describe their experiences and use the same words when speaking with them.

Do not pressure survivors to share information or details about what happened to them that they do not want to share. You should only ask questions that you need to provide the right care.

Some helpful phrases to use when talking with survivors are:

- "I'm glad you have come to me."
- "I believe you."
- "I'm sorry this happened to you."
- "You are safe here." (If this is true.)
- "What would it take for you to feel safe here?"
- "It's OK to feel..."
- "You are not to blame."
- "It's not your fault."
- "You are not responsible for what happened."
- "What you are feeling is very normal for someone who has been through what you have."
- "You are very brave to talk with me, and I will help you however I can."
- "You are not alone."
- (For men and boys) "There are many men and boys who have experienced this."
- (For adults, or with adults and adolescents if there are no mandatory reporting requirements) "What you share with me is private. I will not share any information that you tell me with anyone without your permission."

What are good ways to communicate with a survivor?

Sometimes it is hard for survivors to talk about their experience in a way that does not hurt them again. It is important to be a good listener so you can help them begin to heal.

Here are some ways to be a good listener when a survivor is speaking:

- If the survivor has agreed to have a trusted person with them, it is important to speak directly to the survivor and not to the parent, caregiver, or an interpreter.
- You must first obtain the survivor's consent to have this trusted person, parent, or caregiver, or the interpreter, present first.

- You can express your interest and concern with your body by facing and looking at the survivor, as well as with your words.
- Do not interrupt or rush the survivor when they speak.
- Respect silence by waiting with attention and patience, or use supportive statements, such as "I know this is difficult for you" or "I am here to listen."
- Acknowledge their emotions with statements such as "I can see you are feeling (upset, sad, scared…)."
- Never discount the survivor's feelings by using phrases like "It is not that bad" or "Do not let it bother you."
- Support any of their feelings with statements like "It is normal to feel (upset, sad, scared, anxious…)" or "People who experience sexual assault often feel…"
- Do not ask "why" questions. They are often judgmental.
- Do not offer your opinions or advice. Your job is to give the survivor the information they need to make their own decision.

What should you avoid when speaking with a survivor?[24]

There are also things you should not do or say when listening or talking to a survivor.

These include:

- Do not speak with a survivor in a noisy or busy place.
- Be sure to find a quiet, private room where the survivor will be safe and comfortable. Be sure that they have a place to sit down. Be sure you cannot be seen or heard, and will not be interrupted.
- Do not speak or share information with a survivor's parent, caregiver, or an interpreter, without their consent.
- Do not touch the person without their permission. This includes touching and holding their hands and shoulders or hugging them.
- It is important to be aware of your body language. Do not use inappropriate body language. This includes the tone of voice, looking away from the survivor, crossing one's arms, chewing gum, slouching, looking at your phone, being distracted, and so on.
- It is important to avoid talking about yourself or your views and feelings instead of focusing on what the survivor is saying. For example, "This once happened to me as well" or "I feel very angry when you tell me this."
- Do not rush the person, speak over them, or finish their sentences. Give the person time to speak and finish their sentences.
- Do not guess what the person is saying or jump to conclusions after a few sentences.
- Do not make assumptions about the person or judge the person.

24 International Rescue Committee, *Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool*, 2020

- Do not ask "why" questions. "Why" questions can make it seem as if you are blaming the survivor.
- You should avoid asking leading questions such as "Are you worried about being pregnant?" Such questions may cause additional anxiety and do not provide space for the survivor to communicate in their own words.
- Instead, use open-ended questions to learn more about the survivor's concerns.
- Do not make assumptions about the survivor, or what happened to them.

What are some tips for working with diverse survivors?

When working with men and boys[25]:

Men and boys may report with different signs and symptoms, including back and belly pain, or with vague symptoms like body aches and pains or headaches.

If possible, ask the survivor if they would prefer to work with a man or woman health care provider. Do not assume what gender provider the survivor would like to speak to.

Men and boys may not identify themselves as "victims" or "survivors," or describe their experiences as "sexual violence" or "rape."

It is important to reassure men and boy survivors that all people can experience sexual violence, no matter their gender.

Some survivors may experience erections and/or ejaculations during SV. It is important to reassure the survivor that this is normal and not something that can be controlled, and that it does not mean anything about the survivor's sexual orientation.

When working with survivors with disabilities[26]:

Do not assume that you know what is best for a survivor with a disability. Do not assume what care a survivor with a disability will need, or what services and programs they will be interested in.

Avoid speaking about disability in a negative way. Use neutral language.

If the person survivor has an interpreter or caregiver, speak directly to and with the survivor. Always ask the survivor for permission before speaking with their interpreter or caregiver.

---

25 Adapted from Women's Refugee Commission, *Supporting young male refugees and migrants who are survivors or at risk of sexual violence*, 2021; Adapted from: The Children's Society, *Boys and Young Men at Risk of Sexual Exploitation: A Toolkit for Professionals*, 2018; and Women's Refugee Commission, *Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-friendly Guidance Note by Sector*, 2021.

26 Women's Refugee Commission, *Tool 4: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, 2015; and Women's Refugee Commission, *Tool 6: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, 2015.

Be sure to arrange to care for the survivor in an accessible place, and that transportation is accessible.

There is more information about working with survivors with different types of disabilities included in the handouts. You can refer to these handouts when working with survivors with disabilities.

When working with LGBTQI+ survivors[27]:

Do not assume a survivor's gender or sexual orientation. You can always ask the person what their pronouns are.

You should listen carefully for the language the survivor uses when referring to their body parts and use that same language when speaking.

If you are unsure of a person's sexual orientation, you can ask the person what resources they think would be best for them.

When completing intake forms, always write down information about gender and sexual orientation in a respectful way.

Do not ask unnecessary questions about a survivor's sexual orientation or gender identity. Only ask questions that are necessary to inform the care that you provide.

When working with survivors who sell sex[28]:

People who sell sex deserve the same care, compassion, and support that is provided to other survivors. **Do not judge the survivor, share your opinion about sex work, or try to convince the survivor not to sell sex.**

It is not necessary to know whether or not a survivor is selling sex to provide good quality care. Do not ask or pressure survivors to share if they sell sex or if the sexual violence took place in the context of selling sex.

Some people who sell sex identify themselves as sex workers. Others do not. You should listen carefully to how the survivor describes their experiences and use the same language when speaking with them.

You can share information about all available referral services, even if the survivor does not tell you that they are selling sex.

---

27 Women's Refugee Commission, *Addressing Sexual Violence against Men, Boys, and LGBTIQ+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector*, 2021. Adapted from FORGE, *Practical Tips for Working With Transgender Survivors of Sexual Violence*, 2008.

28 Women's Refugee Commission, *Working with Refugees Engaged in Sex Work: A Guidance Note for Humanitarians*, 2016.

How can you use interpreters to communicate with survivors?

Sometimes a survivor may not speak the same language as you or have a disability that makes it hard to communicate with you.

In this case, an interpreter can help you understand each other better.

If the survivor agrees to have an interpreter, see if someone from the health center or another organization can help you. You must always ask the survivor for permission to use an interpreter.

You should ask the survivor what gender of interpreter they prefer, if it is possible.

It is important that the interpreters have training in working with survivors of sexual violence.

The interpreter should:

- Keep the survivor's information confidential.
- Speak the same language as the survivor.
- Provide word for word translation instead of summarizing or simplifying the survivor's answers.
- Use language that is respectful, compassionate, and non-judgmental when interpreting.
- Believe and treat ALL survivors with respect and non-discrimination, no matter their gender, age, sexual orientation, or any other status.

When working with an interpreter YOU should:

- Ask if it is okay with the survivor to use an interpreter.
- Introduce yourself and the interpreter to the survivor. Assure the survivor that the interpreter will respect their confidentiality and privacy.
- Speak directly to the survivor, not the interpreter.
- Look at the survivor when the person is talking, not the interpreter.
- Review the interpreter's notes with the interpreter after the meeting.
- Ask the interpreter to write down the meanings for words and phrases that do not have a direct translation.

If only a family member is available to interpret for the survivor, **you should still ask for the survivor's consent and speak directly to the survivor.**

This is very important since the family member could be the attacker.

If a survivor needs an interpreter or family member to communicate because they have a disability, **you should still ask whether the survivor wishes to be spoken to alone or with someone they trust.**

What is informed consent?

"Informed consent" means giving the survivor all possible information and options so that they can make choices.

It also means informing the survivor that you may need to share her or his information with others who can provide services, but *only with the survivor's permission*.

People with disabilities have the same right to all possible information and options, so they can make their own choices like everyone else. Most persons with disabilities can understand information and make their own decisions, such as a deaf person through a sign language interpreter.

If a person with disabilities needs someone else to speak for them, you must write this down, and continue to include the survivor in all discussions about them, and respect the person's safety, confidentiality, and dignity at all times.

If you are working with a survivor who has a cognitive or intellectual disability, you can ask the survivor to explain back to you in their own words what you have explained about consent, and the care you can provide.

There are some times when informed consent cannot be respected. Some examples of when you do NOT need informed consent to share information are: [29]

If you need to protect a survivor's physical or emotional safety, or if the person needs help right away. This can happen if the survivor is:

- At risk of hurting or killing themselves (suicidal).
- At risk of being hurt or killed by someone else.
- At risk of hurting or killing another person.
- Injured and in need of immediate health care.

If the survivor is a child, the child's parent or caregiver may need to be informed to say it is okay for the child to be given health care or treated.

There is a difference between informing and advising.

29 From: IRC/UNICEF, *Caring for Child Survivors of Sexual Abuse*, 2010.

"Advising" means telling someone what you think the person should do. It also means telling the person what *you* would do. You should not give advice because it may not be what is best for that survivor. Survivors should make their own choices about their own lives. Survivors might feel like you are not listening to them if you tell them what to do.

"Informing" means giving the survivor the facts so they can make their own decisions about what to do. Informing is helpful because it lets the survivor have control of their choices. It also shows that you respect the survivor's opinion and judgment.

What is informed assent?

Some survivors are not legally able to provide informed consent. This can include minors, and some people who have cognitive or intellectual impairments.

Parents or legal guardians are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age.

In these cases, you must obtain informed assent from the survivor, before providing care.

Informed assent is the expressed willingness to participate in services.

For younger children who are by definition too young to give informed consent but old enough to understand and agree to receiving services, you must obtain the survivor's informed assent.

What is mandatory reporting and when do you need to do it?

In many countries, there are laws that force health care workers to report certain (or all) types of sexual violence cases, or cases that involve a certain type of survivor or attacker.

These types of reporting laws can create a problem for health care workers. This is because they conflict with respect for confidentiality and the need to protect the survivor.

To address this problem, you can:

Tell survivors about which incidents you have to report to your supervisor by law, BEFORE PROVIDING SERVICES. You should do this as part of the informed consent process.

Explain to survivors what they can expect after the report is made.

Sometimes mandatory reporting can cause more risk or harm, especially for children.

For example:

> Some laws require health workers to report abuse against children especially if they were assaulted by a family or community member.
>
> But sometimes, reporting it can be more dangerous for the child if there are no services to help the child; if the child will be taken from her or his caregivers; or if the police are also abusive.

Where children are involved, what is best for the child from the child's perspective should be considered.

The right thing to do may be different for every situation, but in general, you should take these three steps:

1. Think about these questions:
   - If I report this will the child experience more harm?
   - What good things will happen if I report and what bad things will happen?
   - What could happen if I break the law by not reporting?
2. Ask a supervisor who will help you develop a plan on what to do.
3. Work with your supervisor who will write down the reasons to report or not to report the case.

What are the legal or policy barriers that make it difficult for survivors to come for care?

In some communities there are laws or rules that make it hard for survivors to access care.

For example:

> A survivor may not be permitted to receive health services unless she presents a marriage certificate, has her husband's permission, or files a police report that has "verified" the sexual violence (says the sexual violence really happened).

If you face a problem like this, you should think about what is best for the survivor, and focus on their safety and health.

You can:

- Talk with the survivor about their options.
- Refer them to other organizations that might be able to help, such as emotional and social support services.
- Talk more with your supervisor for additional guidance.

Negative social norms and attitudes are sometimes the reason why harmful laws and policies exist.

As a CHW, you can be a role model in your community and share information to address the negative social norms and attitudes that make it hard for survivors to access health services.

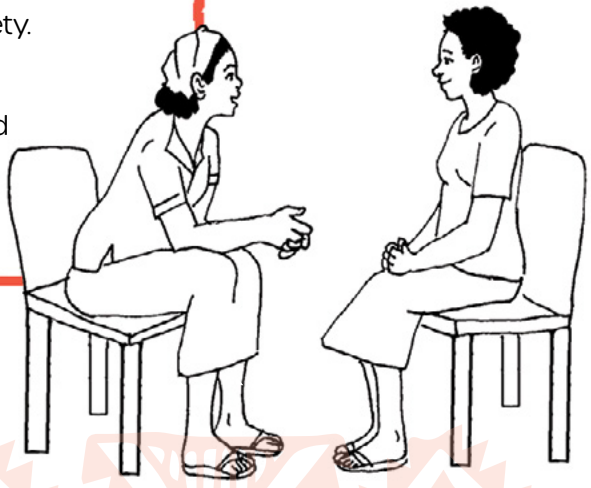
You can build trust in your community by being a competent and reliable source of care.

HANDOUT 3.1

Principles of working with survivors of sexual violence poster

Principles of working with survivors of sexual violence

- Ensure the survivor's physical safety.
- Guarantee confidentiality.
- Respect the wishes, the rights and the dignity of the survivor.
- Treat all survivors equally.



HANDOUT 3.2

Sample Informed Consent Script for CHW 1 to Refer ADULT Survivors to CHWs 2 and 3, or Higher-Level Care[1]

This script should be adapted to reflect who CHWs will refer survivors to for higher level care (e.g., nurses or doctors), any relevant mandatory reporting requirements, and available services.

Hello ***[name of client],***

My name is ***[your name]*** and I am here to help you. I am a community health worker with ***[name of agency]*** and my role is to help people who have experienced difficulties. Many people benefit from working with me.

The first thing I will do is listen to what you have to say. That way I can understand your situation and know how to best help you. If I notice that you need immediate medical attention for a condition that could be life-threatening, I will need to refer you to a health facility with your permission. I will try to help you as best I can until the referral is made. Is it alright if I arrange for you to go to the health facility if it is necessary?

[Allow for survivor to give their approval before moving on. Conduct a quick assessment of whether or not the survivor is presenting with danger signs that need immediate referral. Refer to the handout on danger signs if you are unsure.

If the survivor presents with danger signs, arrange for immediate referral and give basic first aid.

If the survivor is in stable condition, move on.]

It is important for you to know that I will keep what you tell me private. This means that I will not tell anyone what you tell me or any other information about what happened, unless you ask me to, or if you tell me something that worries me or if you need help that I cannot give you. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given with my supervisor ***[insert appropriate agency here]*** is if:

- I find out that you are in very serious danger.
- Or, if you tell me you have made plans to seriously hurt yourself.
- Or if you tell me you have made a plan to seriously hurt someone else. I would not be able to keep these problems just between you and me.

Can you tell me what has happened to you?

[Briefly ask the survivor what happened, but without pushing. You only need to recognize that the survivor has come for sexual violence.]

[1] All scripts based adapted from WHO, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2004; and IRC/UNICEF, *Caring for Child Survivors of Sexual Abuse*, 2012.

HANDOUT 3.2 SAMPLE CONSENT SCRIPTS (continued)

Thank you for sharing what has happened. I am sorry this has happened to you. You are very brave to come to me. What has happened is not your fault.

There are community health workers in the community that can help take care of you if you would like. They may be able to give you certain medicines to prevent infections and HIV ***[for women, girls, and transgender men: and pregnancy].*** *Make sure to only convey information relevant to when the survivor has sought care. Do not mention that they can prevent HIV if the survivor is reporting after 3 full days, and do not mention pregnancy prevention if the survivor is reporting after 5 full days].* They can also tend to any minor wounds, provide other health services, and listen to you so that you can feel better.

Seeking additional health care from another community health worker ***[or the health facility]*** does not mean that you will be taking legal or justice action, too. No one will need to find out that you came for help. However, the sooner you receive care, the better, since some of these medicines will not work after a certain amount of time.

Would you like me to contact a community health worker ***[or health facility]*** to provide you with health care?

- *If **YES**, contact CHW 2 or 3 or health facility in your setting. Stay with the person until the higher-level health care provider arrives. Offer to accompany the person to the health facility to provide support.*
- *If **NO**, move to next step.*

Your safety and security are my priority, and based on the information you give me, I can provide you with information about other services that might be helpful in keeping you safe and providing you with care. These can include care for your emotions, protection from risks or dangers, social support or legal help ***[only note the services that are actually available in the community, and explain briefly what they can offer].***

You can choose if you would like to seek the other services I will recommend to you. You will not be forced to do anything against your wishes.

Once you tell me what services you would like to get, I will inform them to prepare for your arrival. I will make sure that this is done confidentially so that your safety and privacy are protected.

Do you have any questions about what services are available for you?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent/assent to proceed].

Which services, if any, would you like to receive at this time? May I have your permission to contact them now?

- *If **YES**, arrange for referrals.*
- *If **NO**, stop here and let the survivor know she or he is free to contact you at any time.*

HANDOUT 3.2 SAMPLE CONSENT SCRIPTS (continued)

Sample Informed Assent Script CHW 1 to Refer CHILD Survivors to CHWs 2 and 3, or Higher-Level Care

This script should be adapted to reflect who CHWs will refer survivors to for higher level care (e.g., nurses or doctors), any relevant mandatory reporting requirements, and available services.

Hello ***[name of client],***

My name is ***[your name]*** and I am here to help you. I am a community health worker with ***[name of agency]*** and my role is to help people who have experienced difficulties. Many children benefit from working with me.

The first thing I will do is listen to what you have to say. That way I can understand your situation and know how to best help you. If I notice that you need immediate care for something that could be dangerous, I may need to get more help from other health care workers at the health facility with your permission. I will try to help you as best I can until someone else can see you. Is it alright if I arrange for you to go to the health facility if it is necessary?

[Allow for survivor to give their approval before moving on. Conduct a quick assessment of whether or not the survivor is presenting with danger signs that need immediate referral. Refer to the handout on danger signs if you are unsure.

If the survivor presents with danger signs, arrange for immediate referral and administer basic first aid.

If the survivor is in stable condition, move on.]

It is important for you to know that I will keep what you tell me private. This means that I will not tell anyone what you tell me or any other information about what happened, unless you ask me to, or if you tell me something that worries me or if you need help that I cannot give you. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given with my supervisor [insert appropriate agency here] is if:

- I find out that you are in very serious danger.
- Or, if you tell me you have made plans to hurt yourself very badly.
- Or if you tell me you have made a plan to hurt someone else very badly. I would not be able to keep these problems just between you and me.

Can you tell me what has happened to you?

[Briefly ask the survivor what happened, but without pushing. You only need to recognize that the survivor has come for sexual violence.]

HANDOUT 3.2 SAMPLE CONSENT SCRIPTS (continued)

Thank you for sharing what has happened. I am sorry this has happened to you. You are very brave to come to me. What has happened is not your fault.

There are community health workers in the community that can help take care of you if you would like. They may be able to give you certain medicines to prevent illnesses and listen to you to help you feel better.

No one will need to find out that you came for help. However, the sooner you receive care, the better, since it can start to help make you feel better.

Would you like me to contact a community health worker ***[or health facility]*** to provide you with health care?

- *If **YES**, contact CHW 2 or 3 or health facility in your setting. Stay with the person until the higher-level health care provider arrives. Offer to accompany the person to the health facility to provide support.*
- *If **NO**, move to next step.*

Your safety and security are my priority, and based on what you tell me, I can give you information about other services that might be helpful in keeping you safe and providing you with care. These can include care for how you are feeling, protection from risks or dangers and other help ***[only note the services that are actually available in the community, and explain briefly what they can offer].***

You can choose if you would like to get the other services, I will recommend to you. You will not be forced to do anything you do not want to do.

Once you tell me what services you would like to get, I will let them know to prepare for your arrival. I will make sure that this is done privately so that you will be safe and no one else will know.

Do you have any questions about what services are available for you?

[Allow for time to answer any questions the survivor may have before moving forward to obtain their informed assent to proceed].

Which services, if any, would you like to get at this time? Would you like to talk about it with your caregiver or someone else you trust? May I have your permission to contact them now?

- *If **YES**, arrange for referrals.*
- *If **NO**, stop here and let the survivor know they (or caregiver) are free to contact you at any time.*

HANDOUT 3.2 SAMPLE CONSENT SCRIPTS (continued)

Sample Informed Consent/Assent Script for CHW 1 to Refer for Survivors with INTELLECTUAL OR COGNITIVE IMPAIRMENTS to CHWs 2 and 3, or Higher-Level Care

This script should be adapted to reflect who CHWs will refer survivors to for higher level care (e.g., nurses or doctors), any relevant mandatory reporting requirements, and available services.

Hello ***[name of client],***

My name is ***[your name]*** and I am here to help you. I am a community health worker with ***[name of agency]*** and my role is to help people who have experienced difficulties. Many people benefit from working with me.

The first thing I will do is listen to what you have to say. That way I can understand your situation and know how to best help you. If I notice that you need care right away for something that could be very dangerous, I may need to get more help from other health care workers at the health facility with your permission. I will try to help you as best I can until someone else can see you. Is it alright if I arrange for you to go to the health facility if it is necessary?

[Allow for survivor to give their approval before moving on. Conduct a quick assessment of whether or not the survivor is presenting with danger signs that need immediate referral. Refer to the handout on danger signs if you are unsure.

If the survivor presents with danger signs, arrange for immediate referral and administer basic first aid.

If the survivor is in stable condition, move on.]

It is important for you to know that I will keep what you tell me private. This means that I will not tell anyone what you tell me or any other information about what happened, unless you ask me to, or if you tell me something that worries me or if you need help that I cannot give you. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given with my supervisor ***[insert appropriate agency here]*** is if:

- I find out that you are in very serious danger.
- Or, if you tell me you have made plans to hurt yourself very badly.
- Or if you tell me you have made a plan to hurt someone else very badly. I would not be able to keep these problems just between you and me.

Can you tell me what has happened to you?

HANDOUT 3.2 SAMPLE CONSENT SCRIPTS (continued)

[Briefly ask the survivor what happened, but without probing. You only need to recognize that the survivor has come for sexual assault.]

Thank you for sharing what has happened. I am sorry this has happened to you. You are very brave to come to me. What has happened is not your fault.

There are community health workers in the community that can help take care of you if you would like. They may be able to give you certain medicines to prevent illnesses and listen to you to help you feel better.

No one will need to find out that you came for help. However, the sooner you receive care, the better, since it can start to help make you feel better sooner.

Do you have any questions on what health care the community health worker ***[or health facility]*** can give you?

Do you have any questions about why getting health care will be helpful?

Would you like me to contact a community health worker ***[or health facility]*** to provide you with health care?

- *If **YES**, contact CHW 2 or 3 or health facility in your setting. Stay with the person until the higher-level health care provider arrives. Offer to accompany the person to the health facility to provide support.*
- *If **NO**, move to next step.*

Your safety is very important to me, and based on what you tell me, I can give you information about other services that might be helpful in keeping you safe and providing you with care. These can include care for your feelings, protection from risks or dangers, and other help ***[only note the services that are actually available in the community, and explain briefly what they can offer].***

You can choose if you would like to get the other services I will recommend to you. You will not be forced to do anything you do not want to do.

Once you tell me what services you would like to get, I will let them know to prepare for your arrival. I will make sure that this is done privately so that you will be safe and no one else will know.

Do you have any questions about what services are available for you?

Do you have any questions about why getting some of these services will be helpful?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent/assent to proceed].

Which services, if any, would you like to get at this time? May I have your permission to contact them now?

- *If **YES,** arrange for referrals.*
- *If **NO,** stop here and ask survivors if they would like more time to think about it, and if it would help to meet with you again at a later date.*

HANDOUT 3.3

Working with survivors with disabilities[1]

- Do not assume that you know what is best for a survivor with a disability. Do not assume what care a survivor with a disability will need, or what services and programs they will be interested in. It is important to take time to consult with survivors with disabilities, just as you do with survivors who do not have a disability.
- Avoid speaking about disability in a negative way (for example, saying that someone is crippled or saying that someone suffers from blindness). It is best to use neutral language, like saying that someone is blind or uses a wheelchair.
- Greet people with disabilities in the same way you greet people without disabilities and treat adults with disabilities the same way you treat other adults. As you learn more about the person, you can adapt how you communicate to meet their needs.
- If the survivor has an interpreter or caregiver, speak directly to and with the PWD—not to the interpreter. Always ask the PWD for permission before speaking or c
- Whenever possible, place yourself at eye level with the survivor, if they are not the same height. For example, you could sit in a chair or on a mat.

When working with people with physical impairments[2]:

- Move at their speed. Do not walk ahead of them if they are moving more slowly than you.
- Do not lean on or move someone's wheelchair or assistive device without their permission.
- Discuss transportation options for activities and services. Consider what is going to be safest, most affordable, and the least amount of effort.
- Check that the space is accessible (including toilet facilities, etc.) and has enough room for people to move around, even if they are using a wheelchair, walker, or crutches.
- When arranging meetings with a participant who uses a wheelchair, provide space at the table for a wheelchair (i.e., move one or more chairs away) and ensure there is enough space for them to move around the room freely.
- When working with people who are deaf or hearing impaired:
- Find out how the person prefers to communicate by watching how they communicate with others, or using simple gestures to ask about different communication options. People with hearing impairments may use writing, lip reading, and/or sign language.
- Be sure to find out if there is a sign interpreter available, including a person's family member or caregiver, and including them in activities where appropriate.
- Get the person's attention before speaking by politely raising your hand.
- Speak clearly and do not cover your mouth or eat when talking to help with lip reading.
- Allow the person who is deaf or hearing impaired to choose the best place for them to sit in the room.

1 Women's Refugee Commission, *Tool 4: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, 2015; and Women's Refugee Commission, *Tool 6: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, 2015.
2 Women's Refugee Commission, *Tool 6: Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings*, 2015.

When working with people with vision impairments:

- Always introduce yourself and any other people in the group or room by name.
- Tell the person if you are moving or leaving their space—don't just walk away.
- If the person has arrived at a new place, tell them who is in the room or group, and offer to describe the environment.
- Ask the person if they would like assistance to go to a new place. Ask how they prefer to be assisted: some people prefer you to tell them clearly how to go and some people might want you to guide them and go with them.
- If you are asked to physically guide someone, offer your arm just above the elbow. This way, the person can walk a little behind you to follow you when you turn or step up or down steps.
- If a person uses a support pet or guide dog to assist them, do not distract or pet the animal.
- If you are using a visual aid, describe all pictures that are shown.

When working with people with speech impairments:

- Plan more time for communicating with people with speech impairments.
- It is OK to say "I don't understand." Ask the individual to repeat their point, and then say it back to them to check that you have understood it correctly.
- Don't attempt to finish a person's sentences—let them speak for themselves.
- Try to ask questions that require short answers or yes/no gestures.
- If you have tried several ways to understand a person without success, ask if it is OK to communicate in a different way, such as through writing or drawing.

When working with people with cognitive or intellectual impairments:

- Communicate in short sentences, sharing information about one thing at a time.
- Give the person time to respond to your question or instruction before you repeat it. If you need to repeat a question or point, repeat it once. If this doesn't work, try again using different words.
- Allow people with intellectual impairments to ask questions.
- Make sure that only one person is speaking at any given time, and that the person with an intellectual impairment is not being rushed to answer.
- People with intellectual impairments may want some more time to think about decisions or to discuss their options with someone they trust.
- Identify quiet environments to have conversations in order to reduce distractions.

MODULE 4

Recognizing survivors and facilitating referrals for sexual violence

Participant Handouts

Handout 4.1: Offering basic life support

Handout 4.2: Providing basic first aid for burns

Handout 4.3: Providing basic first aid for injuries to bones, muscles and joints

Handout 4.4: Addressing symptoms of shock

Handout 4.5: Controlling heavy bleeding

Handout 4.6: CPR

Handout 4.7: Danger signs poster

Handout 4.8: Providing basic first aid for head, neck, or back injury

Handout 4.9: Providing psychological first aid

What are some signs that a survivor is in trouble?

As a CHW you may come into contact with people who you think may have experienced sexual violence.

For example: someone may have signs of physical injury (bleeding from the vagina or penis and other physical wounds), have an STI, or show emotions that suggest they have experienced violence, like fear, anxiety, shock, or depression.

You do not have to ask every person you see in your daily work whether the person is at risk of sexual violence.

However, if you think that something may be wrong or if someone tells you about her or his experience, you will want to know what to do.

If you see a person with these problems, you should refer them to a health facility right away. They can be life-threatening:

- Swelling and hardness of the belly
- Pain in the belly
- Severe pain anywhere else in the body (back, chest, arms, legs, or head)
- Vomiting blood
- Bleeding from the pelvic area (vagina or anus)
- Heavy bleeding from other parts of the body
- Possible object lodged inside pelvic area (vagina/anus)
- Altered mental state or confusion
- Pale, blue, or gray skin
- In a small child, fast breathing or difficulty breathing
- Is unconscious (not awake or responsive)

Other signs that a person may be in shock or danger are:

- Skin is cold or feels wet.
- Fast breathing with small light breaths.
- Feeling anxious, panicky or restless, feeling faint or dizzy.
- Thirst or feeling sick and vomiting.

You should refer people with signs of a life-threatening condition to a higher level health facility right away!

How can community health workers create a supportive environment for someone who may have experienced sexual violence?

If you think a person may have experienced sexual violence, you should take the survivor to a private, quiet, and safe place and ask if they need any help.

You can provide first line psychosocial support by using "LIVES" and following these steps:

1. Stay close.

A person who has experienced sexual violence may lose her or his basic sense of security and trust in other people.

You can help rebuild trust and security by staying close but avoiding touching, and staying calm while the person is upset.

2. Listen closely

If the survivor does not want to talk, they do not have to. Simply being a quiet, respectful person can be helpful.

Let the survivor talk and tell their story at their own pace. It is OK to have periods of silence. Give the survivor time to think and breathe.

Encourage them to keep talking if they want through open-ended questions. For example, "Would you like to tell me more?"

3. Accept the survivors feelings, and assure them that what they are feeling is normal.

You should keep an open mind about what is being said, and accept what the survivor is saying about what happened.

You should respect the survivor's feelings and not correct or question what they say.

You should assure the survivor that they are not to blame for what happened.

You should assure the survivor that what they are feeling is normal – there is no right or wrong way to feel or respond after experiencing sexual violence.

Good examples of things to say include:

- "It is not your fault. You are not to blame."
- "No one deserves to be hurt by their partner. It is never OK for someone to hurt their partner."
- "You are not alone."
- "Your life and your health are of value."

- "Everybody deserves to feel safe at home."
- "I am concerned this may affect your health."

4. Ask about the survivor's needs and concerns, and give practical help.

Survivors needs and concerns can be emotional and psychological, physical and health concerns, safety concerns, and concerns about practical things like childcare, or having a place to stay.

You can ask "Is there anything you need? Is there anything you are concerned about?"

Remember – it is important not to ask "Why" questions. These can make it seem like you are blaming the survivor.

You can share information about the different services available in the community that can help the survivor. You can arrange referrals for these services if the survivors consent.

Do not make promises you cannot keep.

5. Take steps to keep the survivor safe.

Always work with survivors in safe, private places, where you cannot be seen or overheard.

Only speak with survivors when you are alone, or if the survivor has asked for and/or agreed to have another person present. This includes children over the age of two.

If a survivor tells you that they are worried about their safety, you must take this very seriously.

You should share information with the survivor about protection services, including safe shelter, and case management.

You can help the survivor to develop a safety plan. This will be covered in later modules.

You must also keep the survivor's information confidential.

It does not matter what type of sexual violence the survivor experienced. If the survivor tells you that they have been a victim of sexual violence, you should treat them with the same guiding principles, and show compassion, confidentiality, and competence.

As a CHW, it is NOT your responsibility to decide whether or not a survivor has been "raped". "Rape" is a legal term.

You should only ask questions to inform the care you provide. You should not ask detailed questions that force the survivor to relive painful events.

You should not try to convince or pressure a survivor to go for services that they have said they do not want to go to.

You should never try to convince a survivor that they should report the sexual violence to the police.

You should also not try to convince a survivor to leave a violent relationship.

For more information about providing psychological first aid, refer to Handout 4.9.

What is the role of the CHW in making referrals?

As a CHW, you can play a very important role in helping survivors of sexual violence access life-saving health care and other support services.

Even if you only teach health education, you can still serve as a bridge for survivors.

If you are providing health education:

You are responsible for health education about the importance of seeking care and where survivors can access services. You can also link any survivor you identify to higher level CHWs and health services. You do not provide any of the health care services yourself.

If you are providing direct treatment to survivors:

You can offer basic health care to survivors of sexual violence. You will also refer survivors to a health facility for wound care that you cannot do yourself; HIV testing; and the tetanus or Hepatitis B vaccines (see Module 5). You will also refer survivors to other services like, emotional care, mental health care, protection, social support, legal support, and other support services.

What are the services to which CHWs will be referring survivors?

Your supervisor will let you know what services are available in the community that are safe and good enough for you to refer survivors. These can include safe spaces, community groups and other social services.

How should you refer survivors of sexual violence?[30]

If you need to refer a survivor to a health facility or other health services, follow these steps:

1. **If a survivor has any danger signs for serious injuries, you should refer them to a higher-level health facility right away after taking first aid measures to stabilize them.**

   If a survivor is bleeding heavily, you or the survivor should cover the wound with a clean cloth, press down and apply pressure on the wound until they can be referred.

   If there is an object sticking out of the wound, do not remove it. It should be left there and you should try to stop it from moving with clean pads and bandage until the person can be referred.

2. **If the survivor is physically stable, you should still act right away and not make the survivor wait. Referrals for health care are time sensitive.**

3. **Follow the four principles of working with survivors:**
   - Make sure they are safe.
   - Keep the survivor's information confidential.
   - Respect the wishes, the rights and dignity of the survivor.
   - Treat survivors equally (non-discrimination).

4. **Be a good listener and communicator. You should always let the survivor share what they wish and communicate in the way they feel comfortable.**

5. **Provide information to survivors openly and honestly**. You should:
   - Give the survivor information about all available services and their quality. This will help the survivor choose the care and support she or he wants.
   - Make sure the survivor understands the information that you are giving to them.
   - Remember that if a survivor chooses to tell you about their experience it may mean that they trust you and believe you can help them.
   - Be clear about what type of support and help you can offer.
   - Never make promises that you cannot keep.
   - Never try to do something that you cannot or should not do.

6. **Once the survivor decides what services they want, you should take the steps to make the referral to each of the services so that they can be ready for the survivor to visit them.** You can find this information in the handout with the referral pathway. If the survivor wants, you can go with them to services that they choose.

30 UNICEF, *Caring for Survivors Training Pack*, 2010.

What should I tell survivors when referring them for health services?

As a CHW you should always make sure the survivor receives care, no matter how long it has been since the assault.

You should never pressure or force survivors to seek or receive care, but you should tell them about the benefits of seeking timely care.

If the survivor comes for care within three full days (less than 72 hours) of the assault, they can receive the following services:

- Antibiotics to prevent or treat sexually transmitted infections.
- Emergency contraception to prevent unwanted pregnancy (only females).
- Wound care.
- Post-exposure prophylaxis (medication taken after exposure) to prevent HIV.
- Emotional care/basic psychosocial support.
- Tetanus vaccination.
- Hepatitis B vaccination.

If a survivor comes for care after three full days but before five days (72-120 hours), they can receive:

- All of the above except post-exposure prophylaxis (medication taken after exposure) to prevent HIV.

If a survivor comes for care after five days (more than 120 hours), they can still receive:

- Antibiotics to prevent or treat sexually transmitted infections.
- Wound care.
- Emotional care/basic psychosocial support.
- Tetanus vaccination.
- Hepatitis B vaccination

If you are a CHW 1: If a survivor agrees to receive health care and does not have any danger signs, you should tell a higher level CHW in your community (CHWs 2 or 3) that the survivor is willing to seek care, and have them come to the survivor. You can also stay with the survivor until the they are in a private, safe location.

As a reminder, if a survivor presents with any danger signs, you should refer them right away to a higher-level health facility.

Important Note:

Sometimes a survivor may not want to seek health care because THEY may think that any act to seek care means they will have to make a report to the police, which they do not wish to do. It can be helpful to tell them that health care and legal action are separate. As a CHW, the most important health message to share is the benefits to seeking health care and where services can be accessed.

What can be shared with survivors when referring them for other support services?

You can also organize referrals to other support services, including psychosocial, mental health, protection, and legal services that are available in the community.

As always, the survivor must agree before you can make a referral.

Any service that you refer a survivor to should be good quality, confidential and safe. You should only refer survivors to organizations and places that your supervisor has approved.

What if no referral services are available?

In some communities where there are no programs or no way to access them, there may not be many support services available.

If this is true in your community, you should only tell survivors about services that are available.

For example:

If mental health services are not available, you should not offer this as a possible service that the survivor can access. If you do, it may disappoint the survivor.

Even when there are not many services for survivors of sexual violence, the survivor's safety is always very important.

You should try your best to make sure that the survivor is safe. If you need help, you can ask your supervisor to help you think of ways to help the survivor.

HANDOUT 4.1

Offering basic life support[1,2,3]

What is basic life support?

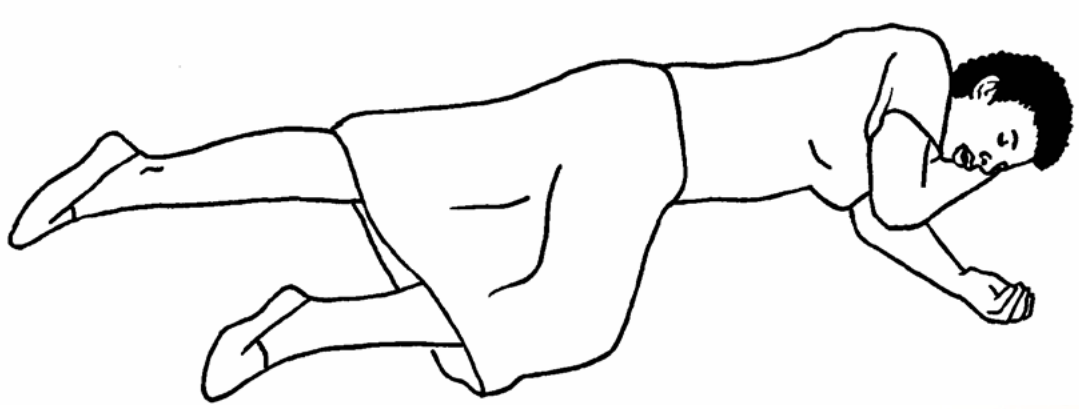
Basic life support can save a life by maintaining the **A**irway, **B**reathing and **C**irculation (ABCs) of an injured or sick person before they can reach higher level health care.

- **Airway:** keeping the nose, mouth and throat open and free so that air can get to the lungs.
- **Breathing:** keeping air flowing in and out of the lungs.
- **Circulation:** keeping blood moving through the heart and the body.

Recovery position

If the survivor is not responding, has an open airway, and is breathing, place them in the "recovery" position:

1. Lift one arm up and out, place the other arm over the chest.
2. Push the foot up towards the chest so that the knee is at a right angle (on the same side as the arm over the chest).
3. Roll the survivor over on their side towards you by placing your hands on the person's hip and shoulder.
4. Put the survivor's hand on the upper arm under their chin. Tilt the head backwards and keep the airway open.
5. Check for breathing by looking at the chest for rise and fall, feel with your hand in front of the mouth and nose, and listen for breathing sounds.



Recovery position

[1] Reproduced, including images, from IFRC, *Volunteer manual for community-based health and first aid in action manual (CBHFA)*, 2009. Pages 103-106. Images adapted by Stacey Patino.

[2] IFRC, *International first aid and resuscitation guidelines*, 2020.

[3] Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2021.

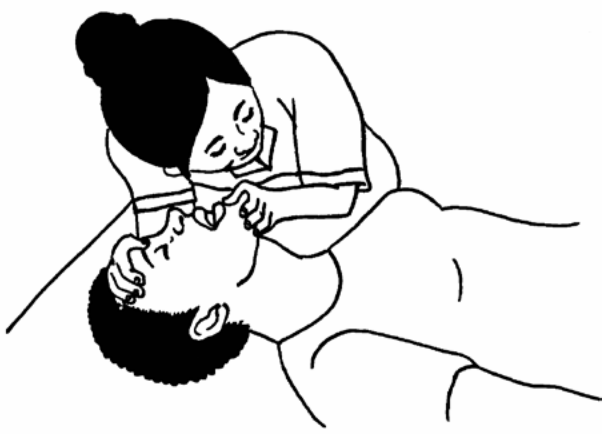
HANDOUT 4.1 OFFERING BASIC LIFE SUPPORT (continued)

ABC steps to check airway, breathing and circulation: See if the survivor is unresponsive by tapping or gently shaking their shoulders and ask, "Are you alright?" If the survivor is conscious (awake), leave the survivor in the position you found them, unless in danger. Keep an eye on the survivor until help arrives. If the survivor is unconscious, position them on their back slowly while supporting the head and neck. If they might have a neck or back injury, do not move them because any change of position may cause greater injury. If you have to move them, do so with great care without bending their back or neck.

A. Airway

Open the airway:

- Carefully tilt the head back.
- Lift the chin to open the airway.
- If the survivor is unresponsive, has an open airway, and is breathing, turn the survivor onto their side (recovery position) with the survivor's hand in front. This will prevent choking if the survivor vomits.



Open airway – Head tilt and chin lift

B. Breathing

Determine if the survivor is breathing (allow ten seconds):

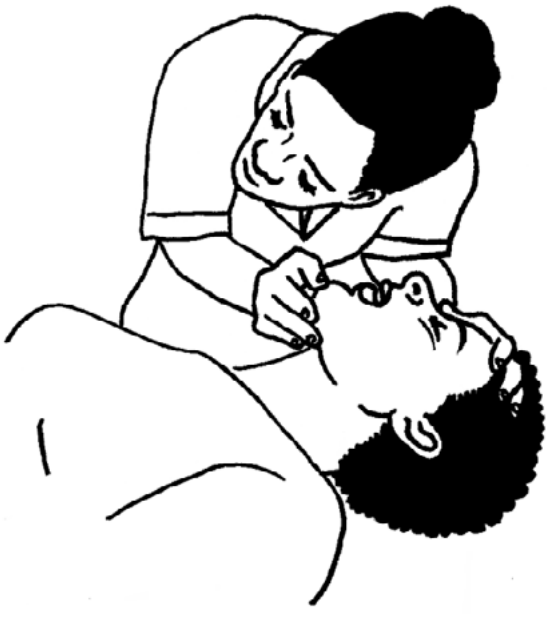
- Look to see if the chest is moving up and down
- Listen for sounds of breathing at the survivor's mouth
- Feel for breath on the survivor's cheek

If obstructed, clear the airway:

- Reposition the head tilt and chin lift
- Check inside the mouth for anything blocking the airway, and clear the airway

C. Circulation

Continue to check for breathing by looking at the chest to see if it rises and falls. Feel with your hand in front of the mouth and nose, and listen for breathing sounds. Keep an eye on the survivor until higher level help arrives.



Listen for breathing sounds

HANDOUT 4.2

Providing basic first aid for burns[1,2]

Burns are injuries caused by heat, electricity and chemicals. Scalds are caused by hot liquids. Large burns and scalds may be life-threatening due to loss of body fluids and shock. Large burns and scalds need immediate referral to a higher level health facility.

Signs of burns and scalds

- Minor: the skin turns red, feels hot, and is swollen but not broken.
- Serious: the skin may blister and there is severe pain and swelling.
- Very severe: the burned area may be charred black or appear dry and white. These burns are very dangerous because of risk of infection, shock, and death.

Basic first aid steps for small and minor burns and scalds

- Arrange for referral to a higher level health facility.
- Cool the burned area quickly with cool clean water for 15 to 30 minutes until the pain is reduced.
- Remove any clothing if they are not stuck to the skin.
- Do NOT open blisters that are unbroken.
- Do NOT apply any cream or ointments.
- Continue cooling the burn until pain has been reduced.
- Refer the person to a higher-level health facility for any of the following:
  - The person is under five years old or over 60 years old
  - Burns are on the face, ears, hands, feet, limbs, genitals or joints
  - Burns are in the mouth or near the airway such as neck or chest
  - Burn was caused by electricity, chemicals, radiation or high pressure steam
  - Burn covers more than 5 percent of the total body area in children under 16 years old or 10 percent of the total body area in adults. Size of a person's hand can be measured as around 1 percent of the body area.
- Cover the burn with antibiotic ointment and then with very clean fine mesh gauze or another very clean dressing. Wrap firmly to create pressure without cutting off circulation. Change the bandage each day and every time it gets dirty, to prevent infection.

Basic first aid steps for large and severe burns and scalds

- Arrange for referral to a higher level health facility immediately.
- Do NOT remove any burnt clothing.
- Do NOT immerse large severe burns in cold water. This could cause shock.
- Cover the area of the burn. Use a moist cloth or moist towels.
- Check to make sure the person does not become too cold. Cover with a blanket but do NOT overheat.
- Give fluids if the person is alert and able to drink. Watch for danger signs of shock that can come from dehydration.

[1] Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 125.

[2] Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2021.

HANDOUT 4.3

Providing basic first aid to survivors with injuries to bones, muscles or joints[1,2]

Injuries to bones, muscles or joints are usually caused by trauma. The aim of first aid for injured bones, muscles and joints is to:

- Reduce pain
- Prevent further injury
- Prevent major bleeding and shock
- Manage unconsciousness

Broken bones can be closed (no wound at the site of the break), or open (has a wound at the site or the bone is sticking out of the skin).

Signs of bone, muscle or joint injuries:

- If there is an obvious injury to a bone, muscle or joint, the survivor will NOT be able to move the injured part.
- In some cases, there may be swelling at the site of the injury.
- Sometimes the limb or joint will be in an abnormal position compared to the one on the other side of the body.
- There may be bleeding from the injury.
- The survivor will complain of pain.
- In some cases, injury may not be obvious to see.

Basic first aid steps for bone, muscle or joint injuries

- Arrange for referral to a higher-level health facility and try to keep the injured part of the body immobile or steady.
- Look for life-threatening problems such as heavy bleeding or difficulty breathing.
- Give emotional support (psychological first aid) by offering reassurance, listening, and explaining what is happening.
- Do NOT try to re-set limbs that are in an abnormal shape.
- Cool the injury with ice wrapped in a towel if ice is available. Cool the injured part for 20 minutes at a time.
- Avoid having the survivor bear weight on an injured lower limb.
- Continue to evaluate the first aid actions and the condition of the injured person.

[1] Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 132–133.

[2] Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2021.

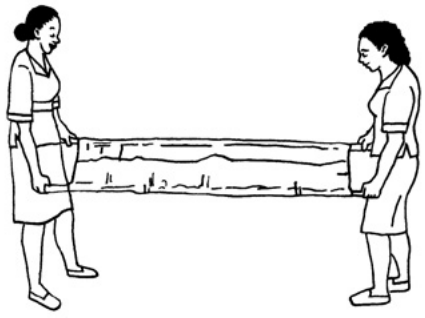
HANDOUT 4.3 PROVIDING BASIC FIRST AID FOR BONES, MUSCLES AND JOINTS (continued)

To transport the person to a health facility, try to stabilize the injury first.

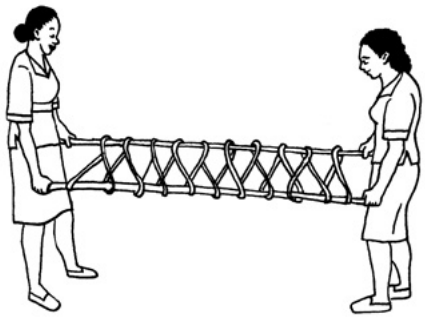
- For upper limb injury, ask the survivor to support the injured upper arm against their body with the other arm.
- For lower limb and pelvis injuries, use a belt, folded cloth or bandage to tie the injured leg to the uninjured limb without moving the broken bones.
- Find some suitable pieces of wood, rolled-up hard paper, bandages or other materials to use as a splint.
- Splint the limb and tie the limb in the position it is in.
- Do NOT move the broken bones.

Making a splint for a survivor with a leg injury (broken bones)

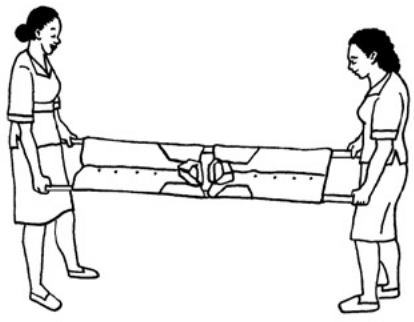
Making a stretcher to transport a survivor with lower limb injuries



Using blankets



Using rope



Using shirts

HANDOUT 4.4

Addressing symptoms of shock[1,2]

Shock is caused when a large amount of fluid is lost from the body, such as through heavy bleeding. Severe pain, allergic reactions, fear or burns over large areas of the body can also cause shock.

Signs of shock

- Skin feels cold, moist, and clammy
- A light-skinned person will look pale. A dark-skinned person will have blueness or grayness inside the lips.
- Fast breathing with small shallow breaths
- Feeling anxious or restless, feeling faint
- Thirst or feeling sick and vomiting
- May become unconscious and die if untreated

Basic first aid steps for shock

- **Arrange for referral to a higher-level health facility immediately.** They may need antibiotics if they have a severe infection, or fluids if they have a deep burn.
- Reassure the survivor by providing emotional support (psychological first aid).
- Help the survivor to lie down.
- Put pressure on any bleeding.
- Cover and keep the survivor warm, but do NOT overheat.
- Loosen any tight clothing.
- Do NOT give any food or liquids.
- If the person becomes unconscious, refer to a higher level health facility immediately.

Some people may feel faint and show signs of shock for a short period of time. Make sure they are helped to lie down. Check their breathing. If they say they feel better:

- Check to see if the person's condition has improved.
- Check if the skin color has returned to normal and if the skin feels warmer and dry.
- Even if the person recovers, they should still go to a health center to be checked.

[1] Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 121.

[2] Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2021.

HANDOUT 4.5

Controlling heavy bleeding[1,2]

Heavy bleeding is a life-threatening problem which needs immediate medical care and referral to a higher level health facility. Too much blood loss can lead to shock and death.

Basic first aid can be applied to control heavy bleeding:

- Arrange for referral to a higher level health facility.
- Help the survivor lie down.
- Cover the wound with a clean cloth. Avoid direct contact with the person's blood. Wear gloves if they are available. If there are no gloves, use a plastic bag as a barrier.
- Press down and apply pressure on the wound. Apply the bandage firmly enough to stop the bleeding but not so tight as to cut off blood flow.
- If there is an object sticking out of the wound, do NOT remove it. Leave it there. Try to stop the object from moving with clean pads and bandage.
- Instruct the survivor to apply pressure to the wound themself.
- If the person is in shock, cover the person to keep warm, but do not overheat.
- Give emotional support by explaining what is happening and giving reassurance.
- If the bleeding does not stop, press on the wound more firmly and apply more bandages. Do NOT remove the first dressings.
- Continue to apply pressure until the referral is made.
- Wash hands with soap and water after giving care.

[1] Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 114.

[2] Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2021.

HANDOUT 4.6

If the survivor has no heartbeat[1,2]

If the survivor is not conscious, and you cannot wake them even after calling their name loudly, or if you tap them hard on their shoulders, check for a pulse (heartbeat) on the side of the neck. You can also listen for a heartbeat by putting your ear on the left side of the chest where the heart is.

If there is no heartbeat, try to restart it with chest compressions. It is important to start chest compressions quickly, so if you are not sure if you have found a heartbeat, or if the heartbeat is very faint, you can start chest compressions. Make sure the survivor is lying on a flat, hard surface.

1. Call for help

- Quickly call a higher-level health facility (hospital) or your colleagues to arrange for referral.

2. Begin chest compressions

- Kneel beside the survivor. Your knees should be near the person's body and spread about shoulder width apart.
- Place the heel of one hand in the center of the survivor's chest, with your other hand on top and your fingers interlaced and off the person's chest.
- Position your shoulders directly over your hands and lock your elbows.
- Push hard and fast on the center of the chest 30 times counting out loud. Push straight down with your elbows straight, about 5 cm into the chest.
- Try for a fast rate, at least 100-120 times a minute.

[1] Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 121.

[2] American Red Cross, Performing CPR. https://www.redcross.org/take-a-class/cpr/performing-cpr/child-baby-cpr.

3. Give rescue breaths*

- After 30 chest compressions, give 2 breaths that make the chest rise. Do this by:
  - Lift the chin and push on the forehead to tilt the head back so the nose is pointing straight up.
  - Pinch their nose closed so air does not escape that way.
  - Cover their mouth completely with yours.
  - Give 2 strong, slow breaths. The chest should rise with each breath. If it does not, the air is not getting into the lungs. Reposition the head slightly and try again. Let the person breathe out after each breath.

**If you are concerned about contracting infectious diseases such as COVID-19, and you do not have a breathable sheet to place over the survivor's mouth, you can skip this step.*

4. Continue with compressions and breaths

- Keep alternating between 30 chest compressions and 2 rescue breaths. You may have to do this for a long time. If you have other people with you, it is a good idea to switch after 2 minutes (5 sets), so that you do not tire out.
- You may need to continue giving compressions and breaths as you refer the survivor to the higher-level health facility. This will help keep the body functioning.
- Continue until the person is breathing and alert, you reach the higher-level health facility, you tire out, or until you are sure they have died.

If the survivor is a child

- If the survivor is a small child, give compressions and rescue breaths for 2 minutes (5 sets) **before** calling for help.
- If the child is small, you can use one hand to give compressions by placing the heel of one hand in the center of the child's chest. You will still need to push straight down with your arm straight, about 5 cm into the chest. If the child is an adolescent, you can use both hands to give compressions like you would for an adult.
- If you have help (2 or more people can perform compressions), give 15 chest compressions and 2 rescue breaths. You can rotate after 2 minutes, so that you do not tire out. If only one person is available, give 30 chest compressions and 2 rescue breaths, similar to adults.
- Continue until the person is breathing and alert, you reach the higher-level health facility, you tire out, or until you are sure they have died.

*A medical device called a defibrillator can give an electric shock to re-start the heart after a heart attack. They are sometimes found in ambulances, or in public places like a police station or a large hotel. Know whether this is available in your setting.

HANDOUT 4.7

Danger signs

If you see any of these signs, or if the person complains about any of these symptoms, **refer the person to a health facility as soon as possible**.

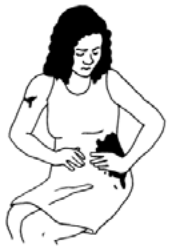
Swelling and hardness of the belly

Pain in the belly

Severe pain (back, chest, arms, legs or head)

Vomiting blood

Bleeding from the pelvic area



Heavy bleeding from other parts of the body

Object in pelvic area

Altered mental state or confusion

In a small child, fast breathing or difficulty breathing

Pale, blue or gray skin

Is unconscious (no response)

HANDOUT 4.8

Providing basic first aid to survivors with a head, neck or back injury[1,2]

Injuries to the head, neck or back can be serious because they can lead to permanent loss of movement, coma, unconsciousness and death. Damage to the spine can make breathing difficult. In some cases, spine injuries can cause breathing to stop. It is important NOT to move a person with head, neck or back injuries to prevent additional injury. However, if the person is NOT breathing and it is necessary to move the person to give basic life support, keeping a clear airway is the most important rule for a possible spine injury.

Signs of head, neck or back injuries

- Person has been in an accident or fall
- Sleepiness, agitation or unconsciousness
- Loss of memory
- Severe headache, nausea and vomiting
- Strange behavior or irritability
- Convulsions
- Visible head injuries
- Loss of feeling or tingling
- Pain or tenderness in neck or back

When a person has a head, neck or back injury, it is important to keep the head, neck, and spine still so they cannot turn side to side or up and down, which could further damage the spine.

If a head injury is suspected, the survivor can be given acetaminophen/paracetamol, but not ibuprofen or aspirin, since these increase the risk of bleeding in the head.

Arrange for immediate referral, including transportation, to a higher-level health facility. To move a person with a neck or spine injury, roll them onto their side keeping their head, neck, and spine in a straight line. Then put a long flat board, like a wooden door, under them, and then roll them back onto the board. Use a few long strips of strong tape or cloth to secure their head, chest, and thighs to the board. If you must keep the person on this board for a long time, you should roll them to their side every couple of hours.

[1] Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Pages 129-130.

[2] Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2021.

HANDOUT 4.9

Providing psychological first aid[1]

Psychological first aid can be the starting point for many other forms of support. Psychological first aid is giving basic support and information, and showing empathy, concern and respect to a survivor and their family members.

Five steps of psychological first aid:

1. **Listening:** CHWs can practice good listening and communications skills to listen closely, with empathy, and without judgment. If the survivor does not want to talk, they do not have to. Simply being a quiet, respectful person by their side can be helpful.
2. **Inquiring about needs and concerns:** CHWs can assess and respond to the survivor's various needs and concerns, including emotional, physical, social, and practical (such as childcare).
3. **Validating:** CHWs should keep an open mind about what is being said and accept what the survivor is saying about events. They should respect the survivor's feelings and not correct what the survivor says. CHWs can show the survivor that they understand and believe them. They should provide assurance that they are not to blame.
4. **Enhancing safety:** A person who has experienced sexual violence may lose their basic sense of security and trust in other people. CHWs can help rebuild trust and security by staying close, but avoiding touching, and staying calm while the person is upset.
5. **Supporting:** CHWs can provide support by helping the survivor access information, services, and social support.

Immediate psychological first aid

In a situation where an individual needs support immediately after a sexual assault, the following steps can be taken:

1. Tell the person your name.
2. If it is safe to do so, remove the person from a dangerous situation.
3. Limit the person's exposure to sights, sounds and smells.
4. Go to a private place.
5. Give the person food and water if they want it, but avoid alcohol.
6. Make sure that you or someone else stays with the survivor at all times.
7. Ask the survivor how they are doing and allow them to talk about their experiences, concerns and feelings if they want.
8. Do not force the survivor to talk.
9. Reassure the survivor that any reactions are normal.

[1] Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Pages 100-101.

10. Ask the survivor if they have a safe place to go. If not, link them to protective services.
11. Ask the survivor if they have someone to stay with or someone to talk to after getting home. If not, help establish contact with family members or others if safe and the survivor consents.
12. Give information about where and how to access specific resources, and make referrals with the survivor's consent.

With first-line support, CHWs should **not** attempt to:

- Solve the survivor's problems.
- Convince a survivor to leave a violent relationship.
- Convince a survivor to go to any other services, such as the police or the courts.
- Ask detailed questions that force the survivor to relive painful events.

MODULE 5

Providing community-based care for survivors of sexual violence

Participant Handouts

5.1 Bandaging a wound
5.2 Caring for survivors flowchart
5.3 Cleaning a wound
5.4 Controlling minor bleeding
5.5 Estimating pregnancy
5.6 Form for survivors
5.7 Taking a health history
5.8 Health History questions
5.9 How to use medicines accurately
5.10 How to give medicines safely
5.11 Intake and monitoring forms
5.12 Medicines for types of sexual violence
5.13 Pain scale
5.14 Pictorial presumptive treatment protocol STIs
5.15 Pictorial treatment protocol emergency contraception
5.16 Pictorial treatment of medication abortion
5.17 Medication abortion handout for survivors
5.18 Pictorial treatment protocol PEP 3-drug regimen
5.19 Preventing infection (basic)
5.20 Sample informed consent or assent script to provide care
5.21 Table of medicines
5.22 Table of weight-based treatment for antibiotics

What should happen when survivors of sexual violence tell a community health worker about the violence?

Handout 5.2 is a **flowchart** for care for survivors of sexual violence.

This chart tells you what type of health care you should provide, based on how soon after the assault the survivors seek care and what violence they experienced.

If the survivor has any danger signs, they must be referred to a higher-level health facility right away.

Remember, the danger signs are:

- Swelling and hardness of the belly
- Pain in the belly
- Severe pain anywhere else in the body (back, chest, arms, legs, or head)
- Vomiting blood
- Bleeding from the pelvic area (vagina or anus)
- Heavy bleeding from other parts of the body
- Possible object lodged inside pelvic area (vagina/anus)
- Altered mental state or confusion
- Pale, blue, or gray skin
- In a small child, fast breathing or difficulty breathing
- Is unconscious

As a reminder:[31]

If a survivor comes to you within 3 full days (72 hours) they can get the following care:

- Emergency contraception to prevent pregnancy.
- Antibiotics to prevent or treat sexually transmitted infections.
- Care of wounds.
- Basic psychosocial support.
- Post-exposure prophylaxis to prevent HIV.
- Tetanus vaccination.
- Hepatitis B vaccination.
- Follow-up care.

31 WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019.

If a survivor comes to you within 5 full days (120 hours) they can receive:

- All of the above **except medicine to prevent HIV.**

If a survivor comes to you after 5 full days, they can still receive:

- Antibiotics to prevent or treat sexually transmitted infections.
- Care of remaining wounds.
- Basic psychosocial support.
- Tetanus vaccination.
- Hepatitis B vaccination.
- Follow-up care.

How can medicines be given correctly?

To be able to give medicines to survivors you must know:

- What the medicine is called.
- In what forms the medicine comes.
- How to take the medicine correctly (dose and frequency).
- Whether the medicine is safe to give.
- If the medicine causes side effects.
- What happens if a survivor takes too much or not enough of the medicine.
- What to do if the survivor is already pregnant, is breastfeeding, or has an allergy.

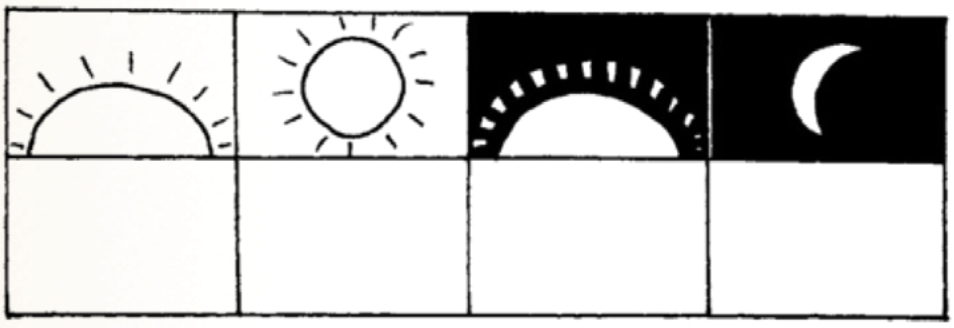
Medicines come in different forms.

Tablets, capsules, and liquids are usually taken by mouth.

Injections are given with a needle directly into a person's muscle, tissues, or under the skin.

Many medicines, especially antibiotics, come in different weights and sizes. See your handout on how to give medicines accurately for more information.

You can use this chart to help survivors know what time to take her or his medicine:



How can medicines be given safely?

Any time you give medicines to survivors, **you should also give the survivor clear and detailed instructions, including:**

- How to take it: how much to take (dose), and how often to take it each day and for how many days.
- To take all of the tablets. If a person stops taking the medicine too soon, the problem could become worse. It is very important for you to tell survivors to finish all of the medicine.
- The side effects the medicine can cause, and how to handle them.
- Whether the medicines should be taken on a full or empty stomach.
- Not to take many medicines at the same time since some medicines can stop other medicines from working or will cause problems when taken together (medicines that you will provide after sexual violence can all be taken together, however).
- Keep medicines in a cool, dry place and where children cannot get them.

Review your handout on using medicines safely for more information.

How should medicines be stored?

You should keep medicines in a cool, dry place and out of reach from children.

Medicines should also be kept away from dust and dirt.

If you have a medicine pouch or bag, you can store the medicines inside and keep the bag in a cool, dry place.

You should refill your supply through the health facility or program staff before you have given the last treatment.

How can infections be controlled when caring for survivors?

There are several steps you must take to prevent infections when treating survivors.

Infections are caused by germs that are too small to see. Every person carries germs, and any equipment and tools used to care for survivors will also need to be cleaned of any germs.

The four ways to prevent infection are:

1. Washing hands with soap and running water before and after giving care with soap and running water, especially after touching blood and other fluids from the survivor. If blood or body fluids splash into their eyes or mouth, rinse immediately with plenty of clean water.
2. Covering any cuts or open wounds on their hands, through bandages, gloves, or a clean plastic bag.
3. Avoiding any direct contact with blood, by, for example, asking the survivor to put pressure on the wound themselves, and using plenty of cloth or dressing.
4. Cleaning blood spills on tables and floors, and appropriately disposing of dirty bandages and used cloth.

If you prick or wound yourself when handling blood or body fluids, you should wash the area well with soap and clean water and tell your supervisor or health facility staff. You should make sure you are protected against tetanus.

More information on basic infection prevention is available in Handouts 5.1, 5.2, and 5.3.

What is an intake form?

The intake form is where you will note the care that you give to survivors.

This information is very important when you are referring a survivor for higher level medical services. The nurse or doctor can look at the intake form to learn what care you have already provided. This can help prevent the survivor having to tell their story many times.

It is also an important way to track the survivor's progress as they begin to heal.

To keep the survivor safe, you should not put their name, their address, the name of the attacker, or any information that could identify them on the intake form.

You must store the intake form very safely, and give the form to your supervisor as soon as possible, to keep the information safe and private.

If the survivor asks for the form, you can make a copy for them. Before you give them the copy, you must discuss the possible risks of them having a copy. For example, if the survivor has experienced IPV, their abuser could find the form.

Talk with the survivor to make a plan for how they can safely store the form.

The survivor can always come to the program to see their original intake form.

The survivor is the only one who can choose what the form will be used for.

What is a monitoring form?

When you provide care for survivors of sexual violence, you also need to complete a monitoring form since the intake form is very confidential.

This form will help the program see when survivors are reporting sexual violence, what kind of care they are receiving, and what types of referral they are asking for.

Once you fill out an intake form, you should copy the information into the monitoring form so that all of the information is on one form.

Make sure you write as neatly as possible so that you, as well as the program staff, can read your writing.

How should the intake forms and monitoring forms be stored?

You need to make sure that any information about the survivor that you write down is managed and stored safely.

All health information should be kept confidential at all times, even from their family members (unless the survivor is a child).

Any information that is written about the survivor and what care they were given—including the intake and monitoring forms—cannot be shared with anyone unless the survivor says it is okay.

How should the survivor be prepared to receive treatment?

Before you give the survivor any care, you should prepare them by following these steps:

- Take the survivor to a private place where they will not be overheard and where all care can be provided. They should not be required to move from room to room.
- Introduce yourself.
- Offer comfort and understanding.

- Explain what is going to happen during each step, why it is important, what it will tell you, and how it will influence the care you will give.
- Reassure the survivor that they are in control of the timing and what happens during the interaction.
- Reassure the survivor that everything that is discussed will be kept confidential. Only if they agree will you share the survivor's information with others who can provide additional services. Note any mandatory reporting requirements if applicable.
- Ask the survivor if they have any questions.
- Ask the survivor if they would like to have a specific person present for support. Try to ask this when they are alone. The number of people allowed in the room should be limited to the minimum necessary. Police officers should not be present in the room.
- Do not force or pressure the survivor to do anything against their will. Explain that they can say no to any part of the services, and at any time.
- Ask whether the survivor consents/agrees to receive help. Make sure the survivor has been informed of all possible information and options available, and any benefits and risks of what they will receive. If they say yes to receive treatment, you should note this on the intake form.

How should the survivor's history be taken?

To give good care to a survivor, you will first take a health history. This is where you find out about the survivor's general health, what happened during the incident of sexual violence, current symptoms they are experiencing, and their past medical problems.

Based on what you learn, you can then follow the flowchart on what care to provide.

Before taking the history, you should look at any documents or paperwork brought by the survivor, especially if they have been referred from another service.

This will help you not ask questions that have already been asked by other people. Having to tell the whole story over and over again can be very painful for the survivor.

You should follow the key principles of working with survivors and should also:

- Be a good listener.
- Use a calm tone of voice and maintain eye contact if appropriate.
- Respect the survivor and do not tell them what is best for them to do.
- Be patient and do not press for more information if the survivor is not ready to speak about their experience.
- Ask survivors only relevant questions.
- Not discuss the survivor's past sexual history or ask if the survivor has had sex before, since these are not relevant.
- Avoid any distraction or interruption.

You should NEVER be asking the survivor to undress, especially their private areas, since this is not needed to take a history, provide care or to know if a referral is needed.

You should always explain to the survivor what you are going to do at every step.

Working with child survivors:[32]

When communicating with a child survivor, begin by building trust and creating a safe environment.

- Make the child feel comfortable by allowing a parent or caregiver to accompany them, unless there is reason to believe that the adult is the perpetrator.
- Talk to the child in words they understand, and sit at their eye level.
- Assure them that they are not in any trouble.
- Allow them to use dolls or draw pictures to communicate.

The age and developmental stage of children should be considered when talking with children:

Infants and toddlers (0–5 years old)

- Children in this age range should not be asked directly about their abuse.
- The non-offending parents/caregivers should be the main sources of information about the child and suspected abuse.

Younger children (6–9 years old)

- Children in this age range can be directly interviewed.
- The children may have a difficult time answering general questions, resulting in children saying, "I don't remember" or "I don't know" often, or they may give vague responses such as, "The man did a bad thing," but fail to share more.
- Caregivers/parents or someone the child trusts can be involved as long as the child requests that the adult be present (and the adult is not a suspected abuser).
- Children in this age range can communicate well with a mixture of words and art.

Younger and Older Adolescents (10–19 years old)

- Children and adolescents in this age range can be directly interviewed. Ask open-ended questions.

32 IRC, *Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool*, 2008. Page 75; and IRC/UNICEF, Caring for Child Survivors of Sexual Abuse, 2012. Page 74.

- Caregivers/parents or someone the adolescent trusts can be involved as long as the adolescent requests that the adult to be present (and the adult is not a suspected abuser).
- Adolescents have more capacity to communicate, but you should remember they are also still developing.

What questions should you ask when taking a survivor's health history?

Learning a survivor's basic health history will help you do your exam and give treatment.

The **handout on questions to ask when taking a health history** will help you make sure you do not skip a step. As you go through the list of questions, you should also write the information on the **intake form** so you do not ask the same questions again.

Handout 5.7 includes questions to ask when taking a health history. Handout 5.11 is an intake form.

The health history asks about:

General information

- **Age**: Ask the survivor their age. Ask an adolescent girl if she has begun having monthly bleeding.
- **Gender**: Ask the survivor their gender and their preferred pronouns if the language uses different pronouns for different genders (such as she/he/they). Write exactly what they say. Possibilities could include: woman, man, transgender man, transgender woman, non-binary, or gender nonconforming.
- **Vaccination status**: Ask the survivor if they have been vaccinated against tetanus and hepatitis B.
- **Medications and allergies**: Ask the survivor if they are currently taking any medications. Also ask if they have any known allergies to medicines. If they do not know, ask if they have ever developed hives, itching, swelling, or trouble breathing after taking a medicine.

Incident history

- **Date of incident**: Ask the survivor what day and time they experienced sexual violence.
- **Physical violence**: Ask the survivor if they experienced any physical violence or injury, and where.
- **Penetration**: Ask the survivor if the sexual violence included penetration of their the vagina, anus, and/or mouth.

Current signs and symptoms

- **Pain**: Ask the survivor if they are experiencing any pain. Ask them where the pain is located. Ask them how severe the pain is on a scale of 0 (no hurt) to 10 (hurts worst) using the FACES *Pain Rating Scale*.

- **Bleeding**: Ask the survivor if they are experiencing any vaginal bleeding or discharge. A survivor who reports vaginal bleeding or discharge will need to be referred to a higher-level health facility.

Other medical history

- **Pregnancy**: Ask the survivor if they are currently pregnant.
- **HIV status**: Ask the survivor if they are HIV-positive.

Taking the history of a child survivor[33]

When taking the history of a child survivor over the age of 5, take a few minutes to talk to the child in private, separate from their parent or caregiver.

Questions for the child survivor include:

- Has this sexual violence happened before?
- Is the person who did this someone you know?
- Did they say something bad would happen if you told anyone?
- Are you having symptoms like bleeding from your private area, burning or pain when you pee, a smelly or colored fluid from your private area, or difficulty walking?
- Is there anything else you would like to talk about?

For girls, depending on age, ask about menstrual and pregnancy history. **Sexual history, such as whether they have had sex before, is NOT relevant.**

If the child gives information that suggests they are being abused by a family member or parent, you will need to ensure the child has a safe place to go (not home with the suspected abuser). You should contact your supervisor right away in this case, so the supervisor can support you.

If the child endorses symptoms suggestive of trauma such as vaginal bleeding, they should be referred for higher -level care.

You should NOT attempt to perform a genital exam.

Medicines for different types of sexual violence

The next section will go into detail about the medicines to provide for different types of sexual violence. Handout 5.12 includes **medicines for types of sexual violence**, but in summary:

33 IRC, *Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool*, 2008. Pg 76-77.

Activity	Sexual assault	Anal assault	Oral assault
Antibiotics to prevent or treat sexually transmitted infections	Yes	Yes	Yes for gonorrhea, chlamydia and syphilis No for trichomoniasis
Emergency contraception (pills) to prevent unwanted pregnancy	Yes	Yes	No
Post-exposure prophylaxis to prevent HIV	Yes	Yes	Yes
Tetanus vaccine	Yes	Yes	No, unless there are wounds in/ around the mouth, or it has been less than 10 years since the last vaccine
Hepatitis B vaccine	Yes	Yes	Yes

How can sexually transmitted infections (STIs) be prevented and what are the medicines to provide survivors?

The signs of STIs are:

- Unusual discharge (liquid) from the vagina, penis, or anus.
- Unusual smell from the vagina or anus.
- Pain in the lower belly, especially when having sex or while passing urine.
- Itchiness, rash, or sores on the genital area or in the throat.
- **Many STIs do not leave any signs or symptoms.**

If a survivor has had unprotected sex (assault with the penis in the mouth, anus or vagina without a condom),they are at risk for having an STI and should **be given medication**, **even if they do not have any signs or symptoms of an STI**. **The antibiotics will prevent any STIs the survivor might have been exposed to, or treat any STIs the survivor might already have.**

Doses should be based on protocol and will be different if the survivor is an adult woman, pregnant, or a child.

The medicine that is given to prevent STIs after an assault is the same medicine that is given to treat some STIs, such as gonorrhea, chlamydia and syphilis.

Refer to Handout 5.14 on STI prevention protocols for adults and children in Handout 8.11. You should refer to this guide and the table of weight-based treatment for antibiotics to make sure the survivor receives the right antibiotics in the right amount.

How can pregnancy be determined?

Who should be offered a pregnancy test?

A pregnancy test should be offered to all survivors with female anatomy, unless the survivor already has an established pregnancy. It should be offered to:

- Adult women.
- Girls who have not yet begun menstruating, if they have begun to develop breast buds.
- Transgender men survivors with a uterus and ovaries, even if they are no longer menstruating as a result of testosterone therapy.
- Older women if they have had any monthly bleeding or spotting within the last 12 months, since they may not be finished their monthly cycles.

What if a pregnancy test is positive?

If a person has their menses regularly every 4 weeks, their pregnancy will start about 2 weeks after the first day of their last menstrual bleeding.

To find out if this method can be used to estimate their due date, you should ask the survivor three questions:

- Has your monthly bleeding been mostly regular, once every 4 weeks (once every month)?
- Was your last monthly bleeding normal for you (not unusually light or heavy)?
- Do you remember the date of the first day of your last monthly bleeding?

If the survivor answers “no” to any of these three questions, this method will not provide the correct estimate of pregnancy or due date. However, what is important is to see whether the pregnancy is less than or greater than 12 weeks, since that would determine if you can provide safe abortion care, or what safe abortion care services you can refer the survivor to.

If the survivor answers “yes” to all 3 questions, you can see how pregnant the survivor is at this visit.

A pregnancy lasts about 40 weeks or 280 days. This is about 9 calendar months or 10 lunar months from the last monthly bleeding.

To figure out how pregnant the survivor is now, take the first day of the last menstrual bleeding and count the number of weeks that have passed between that day and this visit.

- If the pregnancy is less than 12 weeks and 0 days, you can give medication abortion to the survivor if they would like to end the pregnancy.
- If the pregnancy is past 12 weeks, you should refer them to the health center if the survivor wishes to end the pregnancy.

What is options counseling?

You should provide accurate and unbiased information about pregnancy options, including:

- Continuing the pregnancy and raising the child.
- Continuing the pregnancy and placing the child for adoption.
- Having an abortion to end the pregnancy.

How can medication abortion be provided to survivors who are less than 12 weeks pregnant, and who would like to end a pregnancy?

The recommended method of ending a pregnancy that is less than 12 weeks is with mifepristone followed by misoprostol, or with manual or electric vacuum aspiration.

Where mifepristone is not available, misoprostol can be used alone.

Please see Handout 5.17 on medication abortion, as well as Handout 5.5 on medication abortion for survivors, for this section.

The mifepristone/misoprostol regimen is:

Up to 10 weeks of pregnancy: Give 200 mg orally of **Mifepristone**. After 24-48 hours, give 800 micrograms of **Misoprostol** in the cheek, under the tongue, or vaginally for one dose.

10-12 weeks of pregnancy: Give 200 mg orally of **Mifepristone**. After 36-48 hours, give 800 micrograms of **Misoprostol** vaginally, then 400 micrograms vaginally or under the tongue, every 3 hours for a maximum of 5 doses of misoprostol.

If only misoprostol is available, the regimen for pregnancies up to 12 weeks is:

Misoprostol 800 micrograms (four 200 microgram pills) vaginally every 3-12 hours for a maximum of 3 doses.

Misoprostol 800 micrograms (four 200 microgram pills) under the tongue every 3 hours for a maximum of 3 doses.

You can give non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or diclofenac for pain control. Applying a heating pad or hot water bottle to the lower belly can also help.

How do you know if the medication abortion was successful?

A medication abortion was likely successful if the survivor experienced bleeding and cramping within 4-5 days of taking the pills, and they no longer have symptoms of pregnancy (e.g., morning sickness).

Answering these questions can help survivors feel confident that their abortion is complete:

- Did you have cramping after you took the abortion pills?
- Did you have bleeding after you took the abortion pills?
- Did you pass tissue or see blood clots after you took the abortion pills?
- Did any pregnancy symptoms you had before taking the pills go away after taking the abortion pills?

If the survivor answered "yes" to most of these questions, it is likely that their abortion was successful.

If they answered "no" to any of these questions, they will need post-abortion care. There is more information in a later section on post-abortion care.

If the survivor would like to confirm that they are no longer pregnant with a pregnancy test, you should wait until four weeks after taking the abortion pills. A pregnancy test may still have a positive result for up to four weeks after an abortion.

For survivors who are considering an abortion, you should counsel them on post-abortion contraception.

- Survivors can become pregnant again, even before their monthly bleeding returns.
- They can start a method of birth control on the same day they take the medication abortion pill.

What is emergency contraception (EC) and how is it provided to women and transgender men sexual violence survivors?

Emergency contraception (EC) is a medicine that can prevent a woman, girl, or transgender man from becoming pregnant after having unprotected sexual intercourse.

A survivor of sexual violence who is a **menstruating women, a girl who has developed breast buds,** or a **transgender man**, and **seeks care within 5 full days (120 hours)** after sexual violence that included vaginal penetration, or anal penetration, should receive EC to prevent unwanted pregnancy.

The sooner EC is taken, the better it works.

EC is not needed for survivors that experience oral penetration, but not vaginal or anal penetration.

For anal assault, since you will not be asking detailed questions about the sexual violence, EC should still be provided.

A pregnancy test is not needed to provide EC pills. If a survivor is pregnant but does not know that she is pregnant, they can still take the EC pill and it will not harm the pregnancy.

EC is NOT a method of abortion. If the survivor knows they are pregnant, you do not need to give EC pills because they will have no effect.

There are three EC regimens that can be used:

The **ulipristal acetate regimen**: 30 mg single dose. It should be taken within 5 days (120) of unprotected intercourse. It is more effective than progestin-only pills in the 73-120 hours after unprotected intercourse. It is also more effective with fewer side effects than the combined hormonal pills.

The **levonogestrel-only (progestogen-only) regimen**: 1.5 mg of levonogestrel in a single dose. It should be taken within 5 days (120 hours) of unprotected intercourse; efficacy is greatest when used closer to the time of sexual intercourse. It is more effective and has fewer side effects than the combined hormonal pills.

The **combined estrogen-progestogen regimen**: one dose of 0.1 mg ethinyl estradiol plus 0.5 mg of levonogestrel taken 12 hours apart. It is less effective and with more side effects than progestin-only EC pills and ulipristal acetate.

Common side effects are:

- Spotting or bleeding a few days after taking the EC pills
- Nausea
- Headache
- Abdominal pain
- Breast tenderness
- Dizziness
- Fatigue

These side effects usually do not last very long. **If vomiting occurs within two hours of taking a dose, the dose should be repeated.**

There are pills that have been made to serve as EC, but they are not always available. If you do not have any EC pills, you can use regular oral contraceptive pills (option 3 above).

To know how many pills are needed, look at the protocol handouts at the end of this module.

Who is at risk for HIV?

Remember that a survivor of sexual violence may be at risk for HIV if they experienced sexual violence with penetration of the mouth, vagina, or anus.

HIV infection is spread through blood and body fluids.

Survivors often have injuries in the skin of the vagina or anus due to the violence, and have a higher risk for HIV infection.

What is part of an HIV test?

The HIV test looks for proteins (antibodies) in the blood.

An HIV test is the only way to know if a person has been infected with HIV. It is not a test for AIDS.

A positive HIV test means that a person is infected with the virus and their body has made antibodies to HIV. Even if a person feels completely well, they can still spread the virus to others.

A negative HIV test means 1 of 2 things:

- A person is not infected with HIV, or
- A person was recently infected, their body has not yet made enough antibodies to HIV to be detectable on a test.

An HIV test should always be voluntary and follow the 5 Cs:

- Consent
- Confidentiality
- Counseling
- Correct test results
- Connection to care, treatment, and prevention services

The advantages of knowing the test results are that if the test is negative, the survivor can begin to take PEP if they present within 72 hours of the assault.

The advantages of knowing a positive result are that the survivor can be referred to treatment and support services.

If the result is positive, and it has been within 2 weeks of the sexual assault, the survivor was likely infected with HIV prior to the assault.

The disadvantages of knowing the test result are that the survivor may experience further distress. They may also experience blame, social stigma, and discrimination, based on who learns of a positive test result.

Since no test is 100 percent accurate, there is a possibility that the test result is falsely positive or falsely negative.

If the test is positive, work with the survivor to:

- Decide who, if anyone, to tell about being HIV-infected, and how.
- Explain how they can stay as healthy as possible, and how to be sexual in a safe way.
- Refer them to care and treatment.

You must counsel survivors on the benefits and possible risks of knowing the test result before you perform the HIV test.

What is HIV post-exposure prophylaxis (PEP) and how does it work?

HIV post-exposure prophylaxis, or PEP, is a medicine that can lower the risk of HIV infection after sexual violence.

PEP must be started within 72 hours or 3 full days after a survivor experiences vaginal, anal, or oral assault. The sooner PEP is started, the better it works.

All survivors should be asked if they would like counseling and testing for HIV to learn their HIV status. **However, HIV testing is not required to provide PEP**.

Survivors who cannot or do not wish to be tested and who are not already known to be HIV-positive should be given PEP.

A short PEP treatment is not expected to do harm in someone who does not know their HIV status and who is actually HIV-positive.

PEP is two antiretroviral (ARV) medicines given twice a day for 28 days. The most common drugs are Tenofovir (TDF) and lamivudine (3TC) or Emtricitabine (FTC). The WHO recommends a third drug such as Dolutegravir.

Refer to your protocol and note that the amount of medicine or dosage is adjusted for children based on their age and weight.

Survivors may be given the full 28-day course at the initial visit, with instructions to complete the entire course.[34]

34 WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings*, 2019.

Side effects of PEP include:

- Nausea
- Tiredness
- Weakness
- Loss of appetite
- Flu-like symptoms

For most people, the side-effects decrease in a few days. They can be relieved with ordinary pain relievers such as paracetamol.

If a survivor has known HIV and is not taking antiretroviral therapy, they should be referred for HIV treatment immediately.

What types of wounds can CHWs address?

Remember, survivors with bleeding from the vagina or anus, or a possible object inside them, should be referred to higher level health facility right away!

Sometimes survivors can have wounds and injuries on other parts of their bodies due to the violence. You can provide basic first aid for smaller wounds and bleeding.

A wound will not need stitches if the edges of the skin come together by themselves.

If survivors have clean wounds where the edges of the skin do not come together by themselves, they need to be referred within 24 hours (one day) to a higher-level health facility.

Dirty wounds that require stitches will also need to be referred as soon as possible.

How can a small amount of bleeding be controlled with basic first aid?

If a survivor has minor bleeding, cover the wound with a clean cloth. Avoid direct contact with the person's blood. Wear gloves if they are available. If there are no gloves, use a plastic bag as a barrier.

Press down and apply pressure on the wound. Apply the bandage firmly enough to stop the bleeding but not so tight as to cut off circulation.

Instruct the survivor to apply pressure to the wound. If the bleeding does not stop, press on the wound more firmly and apply more bandages. Do not remove the first dressings.

Wash your hands with soap and water after giving care.

More information on controlling bleeding is noted in Handout 5.4.

How can wounds be cleaned and bandaged with basic first aid?[35] [36]

For any wounds that do not need a referral to a higher-level health facility, you should be careful to clean out all of the dirt.

You can lift up and clean under any flaps of skin, but do not rub the wound to get out the dirt.

You can use clean tweezers, a clean cloth or gauze to remove bits of dirt, but they should always be boiled first to be sure they are sterile.

Any dirt that is left in a wound can cause an infection. If possible, the wound should be squirted with cool water that has been boiled.

After the wound has been cleaned, you can dry the area around the wound and apply a thin layer of antibiotic cream if you have it.

You can then place a piece of *clean* gauze or cloth to cover the top. It should be light enough so that the air can get to the wound and help it heal.

If the survivor has a dirty wound and has never had a tetanus shot, you should refer them to the health facility to receive a tetanus shot.

You can also provide antibiotics to prevent infection and give paracetamol for pain relief.

You should remember to wash your hands with soap and water after giving care.

More information on wound care is noted in Handouts 5.1, 5.2, and 5.3.

More information on basic first aid is noted in Handouts 4.1, 4.2, and 4.3.

35 IFRC, *Volunteer manual for community-based health and first aid in action manual (CBHFA)*, 2009. Page 116.

36 Hesperian Foundation, *Where There is No Doctor: A village healthcare handbook*, revised 2021.

How can survivors be emotionally supported?

Many survivors of sexual violence never tell anyone what they have experienced. If the survivor has talked about their experience with you, it is a sign that they trust you. Your compassion and support can have a positive impact on their healing.

You should listen to the survivor carefully, and provide care that will help meet their basic needs.

You should NOT push the survivor to share their personal experiences if they are not ready to talk.

Do not ask very detailed questions about the sexual violence. You should only ask the questions you need to know to provide care.

Survivors are at a high risk of:

- Feelings of guilt and shame
- Uncontrollable emotions, such as fear, anger, and anxiety
- Nightmares
- Wanting to harm themselves, or thinking to take their own life
- Numbness
- Use of drugs or alcohol
- Problems with sexual intercourse
- Chronic pain or unexplained physical problems
- Not wanting to be around others

You should reassure the survivor that they have experienced a serious traumatic event. You should explain that it is normal to experience strong negative emotions, or to feel numb after sexual violence.

There is no one way that survivors react after having experienced sexual violence. All of their feelings are valid, and normal.

You should tell the survivor that mental health and psychosocial support may be helpful. Survivors can be supported to take part in family and community activities.

Sometimes, the survivor may have experienced an unwanted orgasm during the sexual violence, particularly men and boys. This often leaves the survivor feeling guilty or ashamed. You should tell them that if this occurred, it was the body's reaction and was not in their control. This does not mean anything about their sexual orientation.

Emphasize that sexual violence never the survivor's fault. The survivor should know that they did NOT deserve to be assaulted, the incident was NOT their fault, and it was NOT caused by their behavior or manner of dressing.

You should NEVER make moral judgments of the survivor.

What is tetanus and who is at risk for tetanus infection?

Tetanus is a disease caused by germs entering a wound. A person with tetanus may experience headache, difficulty swallowing, stiff neck, jaw spasms, tense or rigid body, painful muscle contractions or spasms.

The disease can be prevented through shots (vaccination).

A survivor of sexual violence who has wounds that break the skin may be at risk for tetanus infection.

A tetanus vaccine is not needed for survivors who experienced only oral assault, unless there are wounds in or around their mouth, or they have not been vaccinated in the last 10 years.

What is the tetanus vaccination and how does it work?

The tetanus vaccine is given as a shot in the upper arm for adults or buttocks for children.

There are three doses. The second dose is typically given four weeks after the first dose, and the third dose is given six months to one year after the first dose.

You should ask the survivor if they have received the full three doses of the tetanus vaccine.

If they have not or do not know, note this on the intake form and offer the injection or refer the survivor to the health facility, no matter how long it has been since the incident.

The tetanus vaccine is safe for pregnant women and children.

What is Hepatitis B and who is at risk?

Hepatitis B is a common and serious infection that may cause problems such as liver failure, liver disease and liver cancer.

Survivors of sexual violence that have been exposed to the assaulter's blood or body fluids through the vagina, anus or mouth may be at risk for Hepatitis B infection.

What is the Hepatitis B vaccination and how does it work?

The Hepatitis B vaccine is given by an injection in the thigh for children under 2 years of age or in the upper arm for adults and older children.

There are three doses. The second dose should be given one month after the first dose and the third dose four-six months after the first dose. However, doses will vary on the product.

Survivors that have not had the shots should be offered the Hepatitis B vaccine.

Ask the survivor if they have been given the full three doses of the Hepatitis B vaccine. If the survivor has not or does not know, note this on the intake form to refer the survivor to the health facility for the injection.

The Hepatitis B vaccine is safe for pregnant women and children.

How should you close the visit?

At the end of the visit, you should:

- Reassure the survivor again that the sexual violence was not their fault. Reassure the survivor that there is no right or wrong way to feel or react.
- Provide treatment counseling, including clear and simple instructions for medications and wound care.
- Encourage the survivor to get tested for HIV from the health facility if testing was not offered at this visit.
- Discuss ways that the survivor can protect themself and their partner(s) from further health consequences.
- Decide together what referrals the survivor would like or need (more health services, psychosocial, protection, legal, social, etc.).
- Discuss personal safety concerns and make sure the survivor has a safe place to go.
- Encourage a follow-up visit in two weeks, preferably one week if the survivor is taking PEP. If the survivor has a cognitive or intellectual impairment, you should schedule the follow up visit for one week if possible.
- Review the intake form to see that it is complete. If an interpreter or caregiver was present, you should make a note of this on the form.
- See if the survivor wants a record of this visit, discussing any security concerns.
- Answer any questions the survivor may have.

How can treatment counseling be provided?

1. **Remember the things that you need to discuss with survivors when giving out any medicines or treatment:**
   - What and how to take medications, including how much to take (dose), and how often to take it each day, and for how many days.
   - To take all of the tablets until the end. If they stop taking the medication too soon, the problem may not have been cured and could become worse.
   - Side effects the medication can cause and how to address them.
   - Whether the medications should be taken on a full or empty stomach.
   - To avoid taking other medications at the same time since some medications can stop other medications from working or will cause problems when taken together.
   - To keep medications in a cool, dry place, and out of reach from children.
2. **With every medicine or treatment that you give, you need to obtain the survivor's consent**.
3. **Review messages for each treatment that you will provide (see below).**
4. **For survivors that receive medicines, you should fill out a pictorial medicine form that notes how often and for how long to take the medicines.**

The form is available at the end of this module. Make sure you review with the survivor all of the information, especially if they are not able to read.

Messages to give a survivor taking antibiotics to prevent STIs are:

Treatment

Medications called "antibiotics" can prevent STIs that they might have been exposed to, or treat any infections they might already have, even if they have no symptoms.

Side effects

Some antibiotics can cause nausea or an upset stomach. To reduce side effects, the medications can be taken with food.

Caution!

If no PEP is given to the survivor, condoms must be used during sexual intercourse until the antibiotic regimen is complete in order to prevent transmitting STIs to any partner.

If PEP is given, condoms must be used for 3 months after PEP is started, or until an HIV test taken 3 and 6 months after the assault is negative.

Follow-up

Pelvic Inflammatory Disease (PID) may develop if an STI is not cured. PID may lead to infertility if it is not treated.

A survivor who develops severe belly pain, fever, green or yellow bad-smelling discharge, or bleeding from the vagina should go to a higher-level health facility for treatment.

Messages to give a survivor taking EC to prevent pregnancy are:

Treatment

EC is a medication that can prevent pregnancy if taken within 5 full days of unprotected sexual intercourse; the sooner it is taken the better.

Side effects

EC may cause mild nausea. The survivor can take the pills with food to prevent nausea.

EC may also cause vomiting. If the survivor vomits within 2 hours after taking EC, they should take another dose. If vomiting occurs more than 2 hours after taking EC, they do not need to repeat the dose.

Caution!

EC pills do not prevent pregnancy from sexual intercourse that takes place *after* the pills are taken.

Follow-up

EC is not always effective at preventing pregnancy. Menstruation should occur around the time when it would normally be expected, but may be up to a week early or late.

If the survivor has not had their monthly bleeding within a week after it was expected, they should return for a pregnancy test.

Spotting or slight bleeding is common with the levonogestrel regimen, and this should not be confused with normal menstruation.

Messages to give a survivor taking PEP to prevent HIV are:[37]

Treatment

Medications can reduce the risk of HIV infection if they are taken within 3 full days of the assault, the sooner the better.

The medications are taken for a full 28 days. It is important to remember to take each dose.

It can help to take the treatment at the same time every day, such as at breakfast and/or dinner (depending on frequency of dosing). Taking the pills at regular intervals ensures that the level of the medication in the blood stays about the same.

Some PEP medications need to be taken with food.

In the case of a missed dose:

- With once-daily regimens, the survivor should still take it, if it is less than 12 hours late. If it is more than 12 hours late, they should wait and take the next dose at the regular time.
- With twice-daily regimens, if a dose is missed, the survivor should not take two doses at the same time.

Side effects

About half of the people taking PEP may experience some type of side effect. PEP may cause tiredness, weakness, loss of appetite, nausea, and flu-like symptoms.

These side effects are short-term, are not dangerous, and can be relieved with paracetamol.

PEP should also be taken with food to reduce nausea and vomiting.

If the side effects are too hard to manage, the survivor should go to a higher-level health center.

Caution!

Survivors should use condoms every time they have sexual intercourse for the next three months or until the follow-up HIV test is negative if possible.

Follow-up

Even with side effects, it is very important to take the medicines every day for 28 days. Survivors are recommended to be tested for HIV three and six months after taking PEP.

37 IRC, *Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool*, 2008. Participant Handout.

Messages for survivors who have had minor wounds treated are:

Treatment

Minor wounds can be treated with basic first aid. The survivor can take paracetamol for pain relief as necessary.

Follow-up

Change the gauze or cloth every day and look for signs of infection. Go to the health center if the wounds look red, hot, and or painful to touch after some days.

Messages for survivors that have experienced minor tears and cuts to their genitals are :[38]

Soak the genital area three times each day in warm water that has been boiled and cooled.

Pour water over the genitals while passing urine so that it will not burn. Drinking a lot of liquid makes the urine weaker so it will burn less.

Watch for signs of infection, such as heat, yellow liquid (pus) from the torn area, a bad smell, and pain that gets worse. If any of these signs are present, go to a health facility.

Wait to have sexual intercourse until the genitals no longer hurt and any tears have healed.

Messages for survivors who are found to be less than 12 weeks pregnant and are having a safe abortion with medication are:

Treatment

An abortion with pills uses a combination of the medications, mifepristone and misoprostol. If mifepristone is not available, misoprostol can also be used alone.

Mifepristone and misoprostol combination:

1. Swallow 200 mg of mifepristone with water.

2. Wait 1-2 days.

3. Place 4 misoprostol pills (200 micrograms each, so 800 micrograms total) either under the tongue, between the cheek and gums (2 pills on each side of the mouth), or vaginally. After 30 minutes, swallow any remaining pieces of pills with water if taken in the mouth.

38 Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, reprinted 2021.

Misoprostol-only regimen:

1. Place 4 misoprostol pills (200 micrograms each, so 800 micrograms total) under the tongue for 30 minutes. After 30 minutes, swallow any remaining pieces of the pills with water.

2. Wait 3 hours and then repeat Step 1.

3. Wait 3 more hours and then repeat Step 1. In total, the survivor will take 12 pills from start to finish.

Side effects

To reduce pain and cramping, the survivor can take ibuprofen/paracetamol before or just after taking the misoprostol pills.

Common side effects include nausea, vomiting, headache, or fevers and chills. When side effects occur, most go away in a few hours.

Caution!

If the survivor has any of the following symptoms, they should go to a health facility right away:

- Heavy bleeding or soaking more than 2 sanitary pads per hour for 2 hours in a row, especially if the survivor feels dizzy, lightheaded, and increasingly tired.
- Unusual or bad-smelling vaginal discharge, especially if they also have severe cramps or abdominal pain.
- Any of the following the day after they take the misoprostol: fever, severe belly pain; feeling very sick with or without fever; or persistent severe nausea or vomiting.

Follow-up

If a survivor does not experience much or any vaginal bleeding in 4-5 days, they should contact you for post-abortion care or referral to a health facility.

If a survivor is concerned that they are still pregnant after taking the pills, they can ask themselves the following questions.

- Did the survivor have cramping after they took the abortion pills?
- Did the survivor have bleeding after they took the abortion pills?
- Did the survivor pass tissue or see blood clots after they took the abortion pills?
- Did any pregnancy symptoms they had before taking the pills (for example, morning sickness) go away after taking the abortion pills?

If the survivor answered "yes" to most of these questions, it is likely that their abortion was successful.

If a survivor would like to confirm that they are no longer pregnant, they will need to wait 4 weeks before repeating a pregnancy test, since the test may still be positive for up to 4 weeks after an abortion.

How can survivors be supported in getting tested for HIV (if only available at the health center)?

You should encourage survivors to go to the health center for an HIV test if they did not take one during the initial visit.

The survivor should not wait to start PEP while waiting for a test result!

If they test positive, they will no longer need to take PEP and will need to access further health care.

If the survivor tests negative for HIV, they should continue taking PEP and can be tested again after three and six months to make sure that PEP has worked.

If the survivor is negative, they can learn how to protect themselves and prevent HIV infection in the future.

If the survivor tests positive, they can:

- Prevent spreading HIV to their partner or their baby.
- Learn how to protect themself from future STIs and other infections.
- Have their partner get tested and receive treatment.
- Get care and treatment early to prevent health problems.
- Make changes in how they live, so that they can stay healthy.
- Get support from other HIV-infected people in the community.
- Plan for themselves and their family's future.

The survivor does not need to tell the result to anyone, not even to you.

If the survivor wants to get tested, refer them to the health facility, and let the survivor know where they can get HIV support, care, and treatment services.

What are ways that survivors can protect themselves and their partners from more health problems?

You should never pressure or force a survivor to tell their partner about their experience or the treatment they have received! This can put the survivor at risk of violence.

The survivor may worry that their partner will leave them, act out violently, or accuse them of being unfaithful if they find out.

The survivor is the expert on their situation, and what is and is not safe or possible for them.

You can advise survivors to:

Use an internal or external condom each time the survivor has oral, anal, or vaginal sex.

Avoid sexual intercourse at all for three months. To note: for many survivors, this choice is not possible or desirable.

Have sex in ways that avoid getting the partner's body fluids in the vagina or anus, such as using their hands. Oral sex is not recommended since there is still a small risk of transmitting STIs and HIV – however, it is lower risk than anal or vaginal sex.

If the survivor agrees, you can share ways they can talk about using condoms with their partner(s):[39]

The survivor can practice talking with you or a trusted friend, first.

Do not wait until right before sex to talk about it.

The survivor can approach their partner to talk about using condoms at a time when both partners are feeling positively towards one another, and their relationship.

Focus on safety.

The survivor can share with their partner that they have learned more about STIs and HIV, and that using condoms can help keep them safe because it is possible to have an STI without knowing it, and HIV can be passed between people in different ways.

Use other people as examples.

The survivor can share that they have learned that many couples in their community are using condoms for safety.

39 Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, 2021.

The survivor can be prepared to try and respond to their partner's concerns.

The survivor could consider suggesting that they try condoms out for a few weeks, to see if they get used to using them.

The survivor can also try an internal condom, which is worn inside the vagina or anus. These condoms can be inserted up to 8 hours before sex, and so do not require partners to stop immediately before sex. Some people also find that internal condoms do not dull sensitivity as much as external condoms that fit tightly on the penis.

If asked why they would want to start using condoms now, the survivor can share that they have learned more about condoms and their benefits, and that it seems like it could be a good idea, to protect one another.

The survivor can also share information about condom distribution points in the community, where people can get free condoms, if there are any available.

How should the survivor's safety be judged?

Your role is to link survivors to protective services if they are worried about their safety.

You should therefore ask about the survivor's safety, and whether or not they feel safe going home.

If the survivor is worried about their safety, take them seriously!

If they feel unsafe, or are unable to find a way home safely, with the survivor's permission, call protection services (safe spaces, women's groups, etc.) to identify a safe place to stay, transportation options, or other protection services.

If the survivor seems unsure if they are safe to go home, ask specific questions to see if any situations or people continue to place them at risk.

Explore existing safety and support strategies that they have used in the past. For example, are there friends or family members they have stayed with in the past, or who can check in on them at their home?

Ask the survivor if there are places in the community where they do not feel safe to go. If yes, is it possible for the survivor to avoid going to these places? If it is not possible to avoid this place, is there someone they trust who can go with them?

You should provide the survivor with information about the different protection and support services that are available to them, including safe shelter or housing, support groups for survivors, case management, etc. If the survivor agrees, you can arrange referrals for these services.

If a survivor has come to you for IPV, or you suspect a survivor may be experiencing IPV, you should NEVER force or pressure the survivor to leave the relationship.

Survivors are the experts on their situation, and their safety.

An abusive partner may further harm or even kill the survivor. Your role is to help the survivor with safety planning, so that survivors can consider their options and plan accordingly.

Survivors who answer "yes" to any of the following questions may be at an especially high immediate risk of violence:

- Has the violence happened more often or become worse over the past six months?
- Has the person (husband, boyfriend, etc.) ever used a weapon or threatened you with a weapon?
- Has the person ever tried to strangle or "choke" you?
- Do you believe the person could kill you? Has the person ever tried to kill you?
- Has the person ever beaten you when you were pregnant?
- Is the person violently and constantly jealous of you?
- Does the person make threats about what they will do if you try to leave?
- Have you recently left the relationship, or attempted to leave the relationship?

How can you help the survivor plan for their safety?

If the survivor is at high risk of repeated violence, or if they have other safety concerns, you should review the following to develop a safety plan.

Safe place to go: If you need to leave your home in a hurry, where could you go?

Planning for children: Would you go alone or take your children with you? Is there a safe person who can care for you children, if you have to go to the safe place by yourself?

Transport: How would you get there?

Items to take with you: Would you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential? Can you put these items together in a safe place or leave them with someone, just in case?

Financial: Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?

Support of someone close by: Is there a neighbor you can tell about the violence, who can call the police or call for help, and/or assist you if they hear sounds of violence coming from your home, or if you reach them in the event of violence?

Survivors who continue to live in violent relationships need more comprehensive safety planning and specialized support. If possible, you should refer these survivors to specialized protection services for case management and more comprehensive, longer-term support.

What should be shared with the survivor about the follow-up visit?

All survivors of sexual violence can benefit from follow-up care.

Survivors should return for follow-up care in two weeks (one week if taking PEP), then at one month, three months, and six months if possible.

You should share with survivors that during the follow-up visit, you will ask the survivor how they are feeling, and how they are doing with the medicines. You can also help refer the survivor to support services, if they would like.

If the survivor agrees to a follow-up visit, decide on a time and a safe place to meet. Note this information on the intake form.

If the survivor is taking PEP or wants to meet earlier, they should feel welcome to see you or another CHW at any time.

What should you discuss about the intake form?

1. If the survivor plans to visit the health facility, make a copy of the intake form for them to give to the health provider.

This will tell the provider what care has already been provided, and help avoid having to ask the survivor to repeat their story many times.

If it will be a risk for the survivor to carry this record, find another way to get the form to the health facility. This may be through program staff or case workers. Any decision must be made with the survivor's consent.

2. Tell the survivor that the intake form will be stored safely in a locked cabinet, and that they can ask for a copy any time.

When the survivor comes back for a follow-up visit, the same form will be used.

If they would still like to take home a copy of the visit at this time, they can be given a copy of the intake form.

3. Discuss the benefits and possible concerns for the survivor having her or his own records at home.

The benefits could be that even if the survivor were to move homes, they would still have a record of the visit.

A possible risk is that if someone finds the document, the survivor may be in danger. This is especially true for survivors experiencing IPV.

4. If the survivor still wants a copy for themselves, make a copy of the intake form.

Make sure to keep the original, and note at the bottom of the intake form that a copy of the record has been given.

Talk with the survivor to identify a safe place they can keep the form.

After the survivor leaves, what should you do?

You should copy the information from the intake form to the monitoring form as soon as possible.

It is better for you to transfer the information soon after the meeting, so that you can better remember what happened.

Carefully check what you have written since the data form is what program staff will look at.

Once you have copied the information, you should file the original intake form and any other documents in a locked cabinet and follow all of your program's data handling processes.

What is follow-up care?

During the follow-up visit, you will:

Ask the survivor how they are doing with the medications, and any side effects they are experiencing.

If the survivor has additional health problems, assess whether they will need to be seen by a higher-level health provider.

If they have not already been tested, ask if the survivor wants to take an HIV test. If they agree, refer them to the health center. This is always optional.

Encourage partner referral for STI and HIV testing and treatment as necessary.

See whether or not the survivor may be pregnant and provide counseling as necessary.

- Assess the survivor's emotional state and ensure they have good psychosocial and mental health support.
- Ask the survivor if any support services have been helpful.
- Decide together what additional referrals the survivor would like, including health services, psychosocial, mental health, protection, social, and legal support.
- Discuss new or existing safety concerns.

How should you follow-up with survivors on their treatment?

When you ask the survivor how they are doing with the medicines, you should also:

- Remind survivors to finish the full course of antibiotics to prevent or treat STIs.
- If the survivor is taking PEP, remind them to complete the 28-day treatment regimen.

If the survivor has been tested for HIV, ensure they are following the instructions they received at the health facility.

If the survivor tested positive the survivor should no longer be taking PEP.

You should ask the survivor if they have any of the following common symptoms and signs of an STI, such as:

- Unusual discharge from the penis or vagina (different color, smell, texture, etc.)?
- Itching or pain in the genitals or anus?
- Pain while passing urine?
- Pain during sex?
- Lower belly pain?
- Rash, sores, or ulcers in the genital area?

If the survivor has symptoms of an STI, it could be because the medicine did not work, or they have a new infection from a partner(s) who also has an STI.

You should refer survivors whose treatment is not working or may have a new STI infection to a higher-level health facility.

Messages to provide survivors for help with the pain of some STIs are:

- Wear underclothes made of cotton.
- Wash underclothes once a day and dry them in the sun.
- Sit in a pan of clean, warm water for 15 minutes, 2 times a day.
- If it is painful to pass urine, pour clean water over the genital area while passing urine.

How can partners be encouraged to get treated/tested for STIs and HIV?

Anyone who is treated for an STI may develop another infection if the person's sexual partners are not treated.

The sexual partner may or may not have symptoms and, if the person is not treated, they could continue to (re-)infect his or her partners.

It is also possible that her or his partner already has an STI and that they could pass it to the *survivor if the partner does not also get treatment.*

Partners include current partner(s) and all partners within the last two to three months.

Many people with HIV do not have signs and symptoms of the infection.

Even if a survivor takes medicine to prevent HIV, it is possible this medicine does not work. Therefore, the survivor should use condoms for three months with all partners for every act of sexual intercourse until an HIV test result is obtained.

If the survivor tests positive for HIV, they may want to make sure her or his partner is not also positive.

This can be a difficult issue for partners to talk about. Survivors should never be forced to share information about their health or treatments with anyone, including their partner. This can put their safety at risk.

If you feel the survivor is not at risk for further violence, you can let the survivor know that they can go with their partner to the health center if they wish so they can both get any STIs treated and learn about their HIV status together.

What are the benefits of couples HIV testing and counseling over individual testing?

Individual HIV counseling and testing	Couples HIV counseling and testing
Survivor learns only their own HIV status.	Partners learn each other's HIV status.
Survivor is faced with the burden of talking to their partner.	Counselor can help keep the meeting calm.
Only one person hears the information.	Partners hear information together, making it more likely that they will share understanding.
Counseling messages are based on only one person's status.	Counseling messages are based on the results of both couple members.
There is no time for couples to talk through hard issues with a counselor.	The counselor creates a safe environment and can help couples talk through issues they may not have talked about before.
Treatment and care decisions are more likely to be made in isolation.	Treatment and care decisions can be made together.

What should you do if a survivor learns they are pregnant?

You can give a pregnancy test if a survivor tells you that their period is late and if they agree to be tested.

If the test is positive, you should counsel them on their options:

- To end their pregnancy, if safe abortion care is available.
- To carry the pregnancy to term, and place the child for adoption.
- To carry the pregnancy to term, and raise the child.

This includes sharing information about safe abortion care and arranging the referral is the survivor chooses, and sharing information about services for pregnant people and newborns in the community.

No matter your personal beliefs about abortion, you must treat the survivor with compassion and without judgement, and not share your beliefs. You must arrange the referral for safe abortion care if the survivor wishes.

What if a survivor has attempted to terminate a pregnancy / has an incomplete medication abortion ?

A survivor may present after attempting a medication abortion, but has been unable to pass their pregnancy after 4-5 days of taking the mifepristone or misoprostol. Such survivors may report minor bleeding or camping.

If you suspect incomplete abortion without signs of infection, and the pregnancy is less than 13 weeks, you can give another dose of misoprostol:

- Misoprostol 600 micrograms (three 200 microgram pills) by mouth as a single dose.
- Or, Misoprostol 400 micrograms (two 200 microgram pills) under the tongue as a single dose.

While misoprostol is very safe, on rare occasions, it can cause too much bleeding or an incomplete abortion. If the uterus does not empty completely, the survivor should be referred to the health center.

Similar to counseling around providing safe abortion care, you should counsel survivors who have received post-abortion care on post-abortion contraception.

If a survivor has attempted to terminate their pregnancy under unsafe or unsanitary conditions, they may be at risk of serious complications that could result in death.

Survivors may experience vaginal bleeding, pain, and fever or chills, and may need treatment for incomplete abortion.

People who are suffering more severe complications may present with shock, severe bleeding, severe infection (sepsis), and injury inside the belly.

Warning signs of an incomplete abortion are:

- Tissue coming out of the vagina. Pieces of tissue may be coming out of the vagina, or the lower belly (uterus) may still feel enlarged because of tissue inside.
- Infection. The survivor might have a fever, a bad smell coming from the vagina, or pain in the belly.
- Heavy bleeding from the vagina.

If a survivor is bleeding a lot after an abortion, especially if the blood is bright red and has clots, it means the blood is fresh and flowing. They are in danger and could go into shock or even die.

While arranging the referral to a higher-level facility, you can help the person's uterus contract by rubbing the lower belly very hard while the survivor is lying down or squatting.

If there is tissue in the uterus, the survivor may be able to push it out by bearing down, as if they are having a bowel movement or pushing out a baby.

Survivors may also have an internal injury from an abortion that is most often caused by a sharp tool making a hole in the uterus. The object may cause harm to other organs inside the body, such as the ovaries, intestines, or bladder.

When a survivor has internal injuries, they may have bleeding inside the belly that remains in the belly, or they may bleed from the vagina.

Signs of internal bleeding include:

- Belly feels stiff and hard with no sounds or gurgles inside.
- Very bad pain or cramps in the belly.
- Fever with chills or shivering.
- Nausea and vomiting.
- Pain in one or both shoulders.
- Shock.

Survivors presenting with signs that suggest internal bleeding must be referred to a health facility immediately.

You can treat the survivor for shock, but you should not give any food or drink by mouth (other than any medications and a little water to swallow).

Warning signs of infection are:

- High temperature, above 38°C (100.4°F) or low temperature, below 36 °C (96.8°F).
- Fast pulse, over 100 beats a minute.
- Feeling chills and shivering.
- Swollen, hard, or painful belly.
- Bad-smelling fluid coming from the vagina.
- Feeling ill or weak.

Shock is usually either from bleeding or infection.

To review, symptoms of shock include:

- Feeling faint, dizzy, weak, or confused.
- Pale and has a cold sweat.
- Fast heartbeat, over 100 beats a minute.
- Fast breathing.
- Sometimes loss of consciousness.

You should stabilize survivors presenting with any symptoms of shock from infection or bleeding as best as you can, and refer them to higher-level care immediately.

As you prepare for the referral, you can help the survivor by:

- Having the survivor lie with their feet higher than their head, and their head turned to one side.
- Giving fluids, such as water or a rehydration drink.

Survivors who have attempted an unsafe abortion with a dirty object (wire, wood, etc.) should also be referred to a higher-level facility since their risks of developing infection, sepsis, and shock, are very high. Such survivors also need a tetanus vaccine if they have not received one in the last 10 years.

What are other ways you can support the survivor during follow-up care?

You can identify and discuss issues that are causing stress and having an impact on the survivor's life. Questions to ask include:

- What is your biggest worry these days? What are your most serious problems right now?
- How are these problems or worries affecting you?

You can talk to survivors about their life and activities, and about how they are coping. Questions to ask include:

- How has (the violence) been affecting you?
- How do you deal/cope with these problems day by day?

Explore positive coping strategies, in a supportive and non-judgmental manner.

Encourage survivors to:

- Focus on their strengths and abilities (e.g., ask what is going well currently and how they have coped with difficult situations in the past).
- Continue activities, especially ones that they used to find interesting or fun.
- Continue activities that they find relaxing (e.g., walk, sing, pray, play with children).
- Spend time with trusted friends, family members, and loved one.
- Try to move their bodies (walk, stretch, play sports, exercise)
- Try to keep a regular sleep schedule
- Avoid using self-prescribed medications, alcohol, or drugs to try to feel better.

How can you help address survivors' emotional needs?

Emotional needs will often last much longer than the physical harm of the assault.

Here are some of the common emotional reactions and key messages you can use to support the survivor:

Fear and anxiety

It is important to validate the survivor's feelings, and emphasize that what they are feeling is normal after what they have experienced

Survivors' fears of the perpetrator, of additional violence or abuse, of health consequences, or of people finding out what has happened to them are real and valid fears. You must take these fears very seriously.

If the survivor is afraid to go home, you must take these fears seriously. You should work with the survivor to identify protection services, and a safety plan.

If the survivor has come for care within three days, you can reassure them that the health services they have received to prevent pregnancy, HIV, and STIs will help to protect their health. Emphasize to the survivor that they can always reach out with any questions and concerns, and you will help them to receive care.

If the survivor reports after five days, talk through the health and support services in the community that they can access if and when they would like to do so.

Reassure the survivor that you will protect their privacy and confidentiality (noting exceptions to confidentiality).

Anger or hostility

Anger is a common emotion and reaction that survivors experience after sexual violence.

If a survivor expresses anger towards you, it is important to remain calm, neutral, and supportive. Remember: the survivor's emotions and reactions are normal responses. Do not take this personally.

If the survivor agrees, you can share information about different positive coping mechanisms (e.g., walking, deep breathing, playing with children, spending time with loved ones). These mechanisms may help the survivor over time.

Loneliness or isolation

Survivors often experience feelings of loneliness, isolation, and despair if they are unable to share their experiences with others. It is normal for survivors to avoid talking about their experiences.

You can serve as a "safe person" in whom survivors can confide, and treat them with compassion and without judgement.

Explain to survivors when you can keep their confidentiality, and refer them to support groups and other safe places where they can share their concerns and begin to recover.

Powerlessness or loss of control

Respect the survivor's choices and decisions.

Do not advise the survivor, or tell them what you think they should do.

By providing them with information and helping them find solutions to problems they face, you can help survivors regain a sense of control.

Changes in mood

Explain to survivors that intense mood changes are common and normal responses to extremely stressful events, and that for many people, this gets better over time.

Explain to survivors that numbness or a lack of feeling is a normal reaction and, not a sign that the person was not impacted by what happened.

If this numbness is very severe and lasts for a long time, this is a sign the person should be referred for mental health services if possible.

Denial

Denial is a strong action to protect oneself. Therefore, a survivor should NEVER BE PRESSURED to explain what happened or share any details.

Listen with care and compassion. This can help the survivor build trust, and feel safer to share more information if they choose.

Guilt or self-blame

Reassure the survivor that they are not to blame for what has happened. The sexual violence was not related to how they behaved or dressed, or where they went.

Emphasize that the only person to blame for sexual violence is the perpetrator.

Shame or embarrassment

Explain that you will protect their privacy and confidentiality. Be sure to explain any limits to confidentiality.

Reassure the survivor that they are not to blame for what has happened, and that this experience does not define them. Emphasize that the only person to blame for sexual violence is the perpetrator.

Loss of self-confidence or self-worth

Tell the survivor that they are very brave to come to you, and reassure the survivor that they are not to blame.

Acknowledge the survivor's strength: to come to you, to tell their store, to seek care. These are important steps that the survivor has control over.

Emphasize to the survivor that surviving their experience took great strength, and that they deserve safety, care, dignity, and respect.

Stigma or discrimination

If a survivor is experiencing stigma and discrimination, it is important to help the survivor to identify where they can receive social support (e.g., identifying neighbors who are supportive or social support networks).

You can provide information on services that are sensitive to survivors, and if these do not exist, to provide them with accurate information about existing services and the benefits and risks involved.

Depression

Survivors showing signs of severe depression (e.g., thoughts about wanting to kill themselves and self-harming behavior) should be referred immediately to available mental health services. A survivor is considered at imminent risk of suicide or self-harm if either is present:

- Current thoughts, plans, or recent attempt(s) of suicide.
- A history of thoughts or plans for self-harm in the past month, or acts of self-harm in the past year, and current signs of being extremely agitated, violent, distressed, or uncommunicative.

You can share information about positive coping mechanisms with survivors, as well as available mental health and psychosocial support services.

Flashbacks and nightmares

You can explain to a survivor that what they are experiencing is called a flashback. Reassure the survivor that flashbacks are a normal response to violence and will decrease with time.

If a survivor experiences a flashback while talking, encourage them to take slow, gentle breaths.

Tell the survivor that they are remembering, but not experiencing the violence. Help the survivor look around the room and realize where they are, that they are in a safe place and no one will hurt them.

Ask the survivor to focus on identifying, naming, and describing what they can see, hear, and touch in the present moment.

Emotional reactions in children across age and developmental stages

Infants and toddlers (0-5)

Young children who have experienced sexual violence may lose bladder control, if they have been toilet trained, or start doing things they did when they were very small, like sucking their thumb.

They might have pain and physical problems, like headaches or stomachaches.

They might have changes in their eating or sleeping habits.

They may become very upset if they are separated from their trusted parent or caregiver, or if they have to leave a place where they feel safe or secure.

Younger children (6-9)

Children between 6 and 9 may also "regress." They may ask to be fed or dressed, lose bladder control.

They may also have changes in their eating or sleeping, and pain or physical problems that can't be explained, like frequent headaches or stomachaches.

They may get very angry, sad, or anxious, and they might not want to do things that they used to enjoy, like play with their friends or go to school.

Adolescents (10-19)

Adolescent survivors may not want to spend time with their friends, or go to school.

They may have a hard time paying attention, or struggle in school. They may become aggressive, or lash out, and feel angry, sad, or anxious, or lose confidence in themselves.

How should you end the follow-up visit?

As with the first visit, you should make sure the survivor is safe and decide together what other referrals the survivor may like.

You should tell the survivor that they are welcome to come back anytime they would like, especially at one, three, and six months, but sooner is always fine.

You should note the care that you gave the survivor and any further problems on the follow-up section of the intake form. If the survivor requests a copy for her or his records, give them a copy if it is safe.

When the survivor leaves, you should note on the monitoring form that the follow-up visit was completed, and safely store both the original intake and monitoring forms.

What is discussed at the one-month follow-up?

The one-month follow-up visit is to connect with the survivor, continue with care, and link them to available resources.

You can ask general questions about how the survivor is feeling.

- How do you feel?
- Are you having any difficulties coping with daily life?
- To what extent are your difficulties affecting your life, such as relationships with family and friends, or your work or other activities?

Other things to follow-up at the one-month visit are:

STIs

Give the second tetanus and Hepatitis B vaccines, if needed. Remind the survivor of the 6-month dose.

Ask the survivor about symptoms of STIs. These include bad smelling vaginal discharge, itchiness of the vagina, burning when passing urine, lesions on the vagina, or pain with sexual intercourse. Treat for STIs based on symptoms.

Test for syphilis, gonorrhea, chlamydia, and trichomoniasis if testing is possible, even if treatment was provided at the first visit or 2 week follow-up visit.

Mental health

Provide basic psychosocial care.

Listen, but do not force the survivor to talk about the event. Explain that it is common to experience strong negative emotions or numbness after sexual violence.

If the survivor expresses guilt or shame, explain gently that sexual violence is always the fault of the perpetrator and never the fault of the survivor.

For very low mood, severe flash backs, nightmares, inability to function, self-harm, or feelings of wanting to kill themself or others, refer to available mental health services.

Arranging for three-month follow up

Make the next follow-up appointment for 3 months after the first visit. Confirm a method that you can be in touch with the survivor in a safe way.

What is discussed at the three-month follow-up?

The purpose of the three-month follow-up visit is to connect with the survivor, continue care, and link them to available resources.

STIs

Offer HIV testing and counseling. Make sure to provide pre- and post-test counseling and refer for HIV prevention, treatment, and care.

If laboratory testing is available, refer the survivor to be re-tested for syphilis.

If STI treatment was not given in past visits, evaluate for STIs and treat as appropriate.

Mental health

Provide basic psychosocial care.

If the survivor is experiencing very low mood, severe flash backs, nightmares, inability to function, self-harm, or feelings of wanting to kill themself or others, refer to available mental health services.

Planning for the six month follow up visit

Make the next follow-up appointment for 6 months after the sexual violence incident.

Remind the survivor of the 6-month dose of the tetanus and hepatitis B vaccines, if appropriate.

Confirm a method that you can be in touch with the survivor in a safe way.

What is discussed at the six-month follow-up?

The purpose of the six-month follow-up visit is to connect with the survivor, continue care, and link them to available resources.

STIs

Offer HIV testing and counseling. Make sure to provide pre- and post-test counseling and refer for HIV prevention, treatment, and care.

Give the third dose of the tetanus and hepatitis B vaccines, if appropriate

If STI treatment was not given in past visits, evaluate for STIs and treat as appropriate.

Mental health

Provide basic psychosocial care.

If the survivor is experiencing very low mood, severe flash backs, nightmares, inability to function, self-harm, or feelings of wanting to kill themself or others, refer to available mental health services.

HANDOUT 5.1

Bandaging a wound[1]

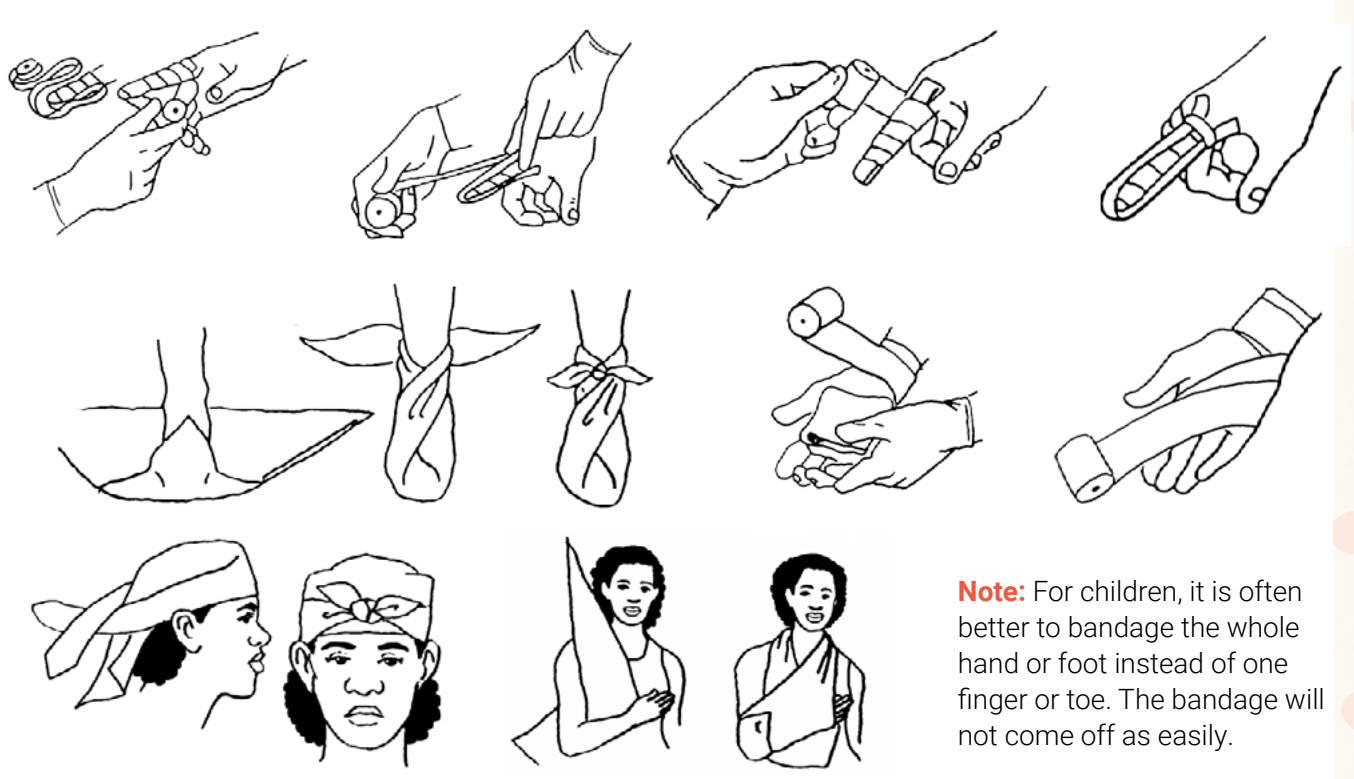
Bandages are used to help keep wounds clean. For this reason, bandages or pieces of cloth used to cover wounds must always be clean themselves. Cloth used for bandages should be washed and then dried with an iron or in the sun, in a clean, dust free place.

Make sure the wound has first been cleaned. If possible, cover the wound with a sterile gauze pad before bandaging. These pads are often sold in sealed envelopes in pharmacies or are available from the health center.

You can also prepare your own sterile gauze or cloth. Wrap it in thick paper, seal it with tape and bake it for 20 minutes in an oven. Putting a pan of water in the oven under the cloth will keep it from charring. If a bandage gets wet or dirt gets under it, have the survivor take the bandage off, wash the cut again and put on a clean bandage. The survivor should change the bandage every day.

It is better to have no bandage at all than one that is dirty or wet.

Examples of bandages:



Note: For children, it is often better to bandage the whole hand or foot instead of one finger or toe. The bandage will not come off as easily.

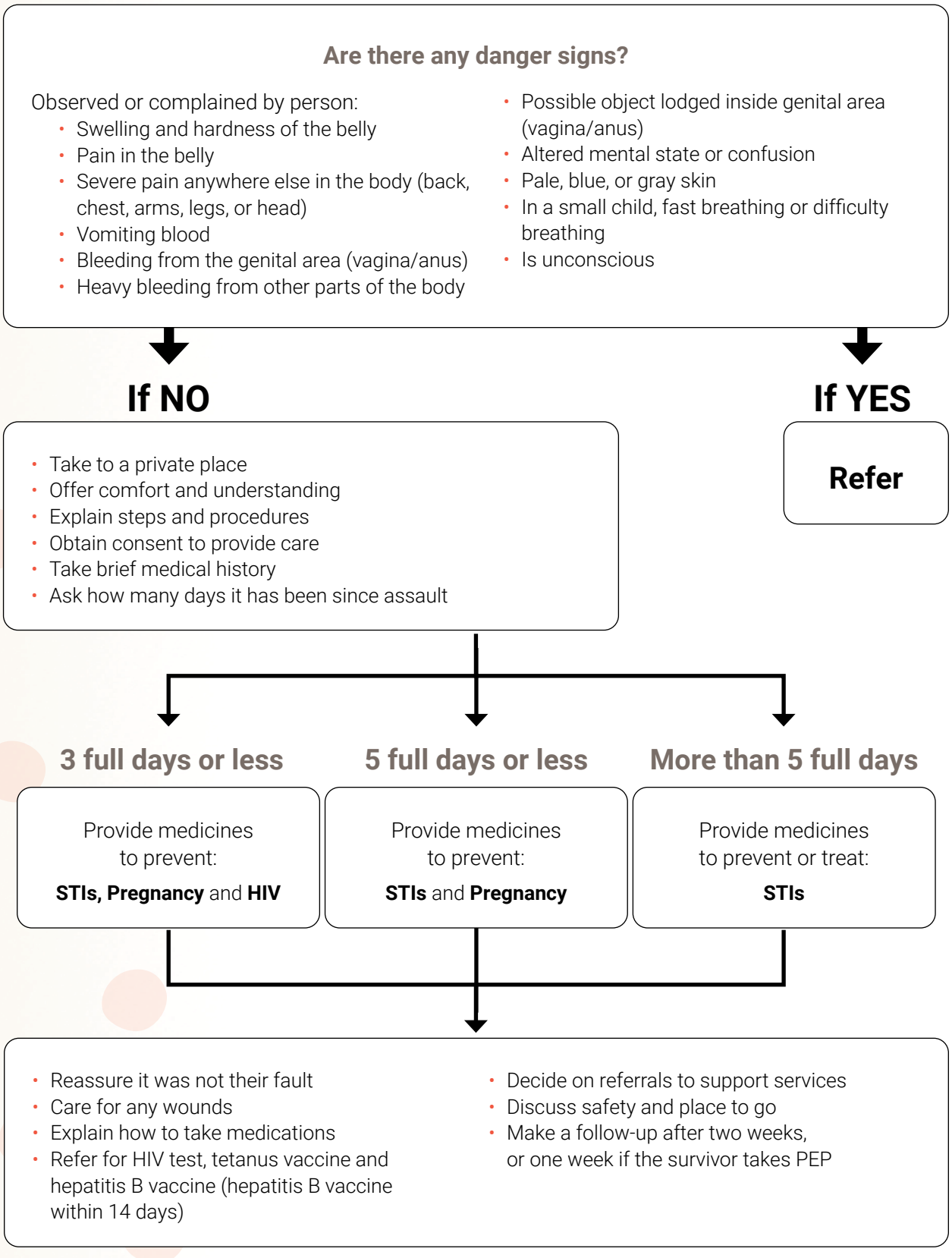
CAUTION: Be careful that a bandage that goes around a limb is not so tight that it cuts off the flow of blood.

Many small scrapes and cuts do not need bandages. They heal best if washed with soap and water and left open to the air. The most important thing is to **keep them clean.**

[1] Reproduced, including images, from Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2011. Page 87. Images adapted by Stacey Patino.

HANDOUT 5.2

Steps to providing health care for survivors of sexual violence (flowchart)



HANDOUT 5.3

Cleaning a wound[1,2]

Cleanliness is very important in preventing infection and helping wounds heal.

To treat a wound that does not require a referral to a higher level health facility, first, wash your hands very well with soap and water. Then put on gloves or plastic bags on your hands. Wash the skin around the wound with soap and cool, boiled water.

Now, wash the wound well with cool, boiled water (and soap, if the wound has a lot of dirt in it. Soap helps clean but can damage the flesh).

When cleaning the wound, be careful to clean out all of the dirt. Lift up and clean under any flaps of skin, but DO NOT rub the wound to get out the dirt. You can use clean tweezers, a clean cloth or gauze to remove bits of dirt, but always boil them first to be sure they are sterile.

Any dirt that is left in a wound can cause an infection. If possible, squirt out the wound with cool boiled water in a syringe or suction bulb.

After the wound has been cleaned, dry the area around the wound and apply a thin layer of antibiotic cream like *Neosporin* if you have it. Then place a piece of clean gauze or cloth over the top. It should be light enough so that the air can get to the wound and help it heal. Have the survivor change the gauze or cloth every day and look for signs of infection.

Advise the survivor to come back or go to the health center especially if the wounds look red, hot, and painful to touch, or it smells and there is pus after some days.

If the survivor has a dirty wound and has never had a tetanus immunization, give or refer them to the health facility to receive an injection.

NEVER put animal or human feces or mud on a wound. These can cause dangerous infections, such as tetanus.

NEVER put alcohol, tincture of iodine (antiseptic), or Merthiolate directly into a wound. Doing so will damage the flesh and make healing slower.

[1] Reproduced, including images, from Hesperian Foundation, *Where There Is No Doctor: A village healthcare handbook*, revised 2021. Images adapted by Stacey Patino.

[2] IFRC, *International first aid and resuscitation guidelines*, 2020.

HANDOUT 5.4

Controlling minor bleeding[1]

To control minor bleeding, follow the basic first aid steps:

- Cover the wound with a clean cloth. Avoid direct contact with the person's blood. Wear gloves if they are available. If there are no gloves, use a plastic bag as a barrier.
- Press down and apply pressure on the wound. Apply the bandage firmly enough to stop the bleeding but not so tight as to cut off circulation.
- Instruct the survivor to apply pressure to the wound.
- Give emotional support by explaining what is happening and giving reassurance.
- If the bleeding does not stop, press on the wound more firmly and apply more bandages. Do not remove the first dressings.
- Wash hands with soap and water after giving care.

1 Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 114.

HANDOUT 5.5

Estimating Pregnancy

To know how far along a survivor is in her pregnancy, ask the survivor three questions:

- Has your monthly bleeding been mostly regular, once every 4 weeks (once every month)?
- Was your last monthly bleeding normal for you (not unusually light or heavy)?
- Do you remember the date of the first day of your last monthly bleeding?

If the survivor answers "no" to any of these three questions, you will not be able to correctly estimate the pregnancy or due date. However, what is important is to determine whether the pregnancy is less than or greater than 12 weeks, since that is the cut-off for medication abortions. If it is not possible to determine if the pregnancy is less than 12 weeks, please refer to the health center for dating.

If the survivor answers "yes" to all 3 questions, you can determine how pregnant the survivor is at this visit, and the due date. A pregnancy lasts about 40 weeks or 280 days. This is about 9 calendar months or 10 lunar months from the last monthly bleeding.

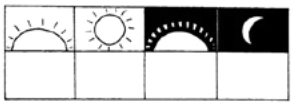
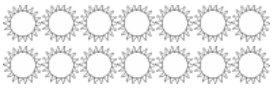
To figure out how pregnant the survivor is now, take the first day of the last menstrual bleeding and count the number of weeks that have passed between that day and this visit. If less than 12 weeks and 0 days have passed, you can proceed with a medication abortion, if the survivor requests.

Weeks of pregnancy	Medication abortion from CHW	Options
12 weeks and 0 days	Yes	Mifepristone/misoprostol regimen (preferred) OR misoprostol only
12 to 14 weeks and 0 days	No	Refer to health center for a vacuum abortion
Beyond 14 weeks	No	Refer to health center for other abortion methods

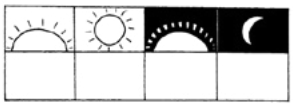
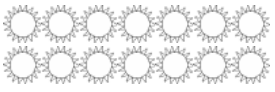
HANDOUT 5.6

Client form

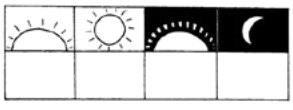
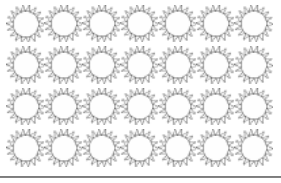
Medication for _____

Circle the medicine (note shape and color)	*Draw when to take medicine (◯)*	**Take medicines for ___ days** *(circle or color number of days below)*	Notes:
			• Take with food • Finish all medicine

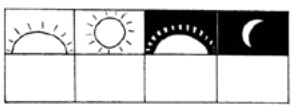
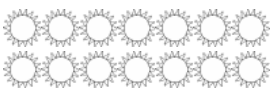
Medication for _____

Circle the medicine (note shape and color)	*Draw when to take medicine (◯)*	**Take medicines for ___ days** *(circle or color number of days below)*	Notes:
			• Take with food • Finish all medicine

Medication to prevent HIV:

Circle the medicine (note shape and color)	*Draw when to take medicine (◯)*	**Medicine should be taken all 28 days**	Notes:
			• May cause tiredness, weakness, nausea and loss of appetite. • Take with food • Finish all medicine

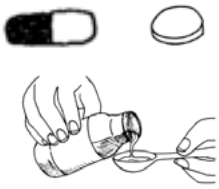
Medication to prevent pregnancy:

Circle the medicine (note shape and color)	*Draw when to take medicine (◯)*	**Take medicines for ___ days** *(circle or color number of days below)*	Notes:
			• May cause nausea • If no period within 1 week of expected date, return to health facility

* Medicines, food, dosage chart and child images from, or adapted from Hesperian Foundation, *Where There Is No Doctor*, and *Where Women Have No Doctor*.

HANDOUT 5.6 CLIENT FORM (continued)

Important information:

	Take medicines with food so you do not feel sick 	Take all medicines until they are finished 	Keep medicines in cool, dry place out of reach of children 

Go to the health facility if you have:

Bad belly pain 	Fever 	Green or yellow bad smelling discharge or bleeding from the vagina 	Signs of infection, such as heat, yellow liquid (pus) from the area, a bad smell and pain that gets worse 

Follow-up visit

Date:

Time: Place:

Contact:

---

* Medicines, food, dosage chart and child images from, or adapted from Hesperian Foundation, *Where There is No Doctor*, and *Where Women Have No Doctor*.

HANDOUT 5.7

Taking a health history

STEP 1: General assessment

By quick observation or complained by the survivor. DO NOT have the survivor undress.

OBSERVE if survivor is:	NO DANGER SIGNS	DANGER SIGNS
• Unconscious?	☐ No	☐ Yes
• Bleeding heavily from anywhere in body?	☐ No	☐ Yes
• Bleeding heavily from vagina/ anus?	☐ No	☐ Yes
• Object lodged in pelvic area?	☐ No	☐ Yes
• Pain in abdomen/belly?	☐ No	☐ Yes
• Severe pain in back, chest, arms legs or head?	☐ No	☐ Yes
• Vomiting blood?	☐ No	☐ Yes
• Pale, blue or gray-skinned?	☐ No	☐ Yes
• Having difficulty breathing?	☐ No	☐ Yes
• Confused, not aware of self/ time/place?	☐ No	☐ Yes

If survivor is not in life-threatening danger:

- ☐ Take to a private and safe place
- ☐ Offer comfort and understanding
- ☐ Explain steps and procedures
- ☐ Obtain survivor's consent/assent to provide care
- ☐ Take health history (STEP 2)

If survivor shows any of the signs above:

- ☐ Provide basic first aid as needed:
  - Control bleeding (apply pressure on wound, etc.)
  - Make sure survivor is breathing
  - Immobilize fracture
- ☐ Refer immediately to health facility

STEP 2: Taking Health History to Know How to Treat

QUESTIONS TO ASK "YES" → ☑ "NO" → ◉	NO Danger Signs – Follow Treatment Protocols	DANGER SIGN – Immediate Referral
1. What is your age? _____	☐ If developed breast buds or has begun menstruating, + incident happened **LESS than 5 days before**, can give emergency contraception (EC) to prevent pregnancy.	Infants
2. What is your gender? _____ What are your preferred pronounces? _____ If transgender man: Have you ever had surgery to remove or change any of your organs responsible for pregnancy? ☐ Yes / No / Don't know	☐ All persons of reproductive age with a uterus and ovaries should still be given EC to prevent pregnancy, even if they may not be having their monthly bleeding due to hormone therapy.	
3. Have you had these vaccines? ☐ Tetanus vaccine ☐ Hepatitis B vaccine	☐ If NO or DON'T KNOW, provide or refer to health facility for: • Tetanus vaccine • Hepatitis B vaccine	
4. Are you taking any other medications? ☐ Yes / No		
5. Do you have any allergies to medications? ☐ Yes / No / Don't know	☐ If DON'T KNOW ask: after taking a medicine, have you ever had: • Hives (red spots, rash) • Itching • Swelling • Trouble breathing ☐ If YES give antibiotics per protocol for people with allergies	
6. When did the incident happen? _____		

QUESTIONS TO ASK "YES" → ☑ "NO" → ◉	NO Danger Signs – Follow Treatment Protocols	DANGER SIGN – Immediate Referral
7. Do you have any injuries? ☐ If YES, where on your body did you experience the violence? _____	☐ If skin is broken, you may need to: • Treat wound if minor	☐ Severe bleeding ☐ Pus and bad smell ☐ Edges of skin do not come together by themselves ☐ Leaking urine or feces ☐ Concerns for bleeding inside body based on severe pain or hard belly

QUESTIONS TO ASK "YES" → ☑ "NO" → ◉	NO Danger Signs – Follow Treatment Protocols	DANGER SIGN – Immediate Referral
8. Was anything inserted into your: ☐ Vagina ☐ Anus ☐ Mouth	☐ If **VAGINA or ANUS + LESS than 3 full days**:: • Antibiotics (prevent STIs) • Pregnancy test (optional) • HIV test (give or refer to health center) • EC (prevent pregnancy) • PEP (prevent HIV) • Hepatitis B and tetanus vaccines (give or refer to health center) ☐ If **VAGINA or ANUS + LESS than 5 full days**: • Antibiotics (prevent STIs) • Pregnancy test (optional) • HIV test (give or refer to health center) • EC (prevent pregnancy) • Hepatitis B and tetanus vaccines (give or refer to health center) ☐ If **MOUTH + LESS than 5 full days**: • HIV test (give or refer to health center) • Antibiotics (prevent STIs) • Hepatitis B and tetanus vaccines (give or refer to health center) ☐ If **MORE than 5 full days** and **VAGINA/ ANUS/MOUTH**: • Antibiotics (prevent STIs) • Pregnancy test (optional) • HIV test (give or refer to health center) • Hepatitis B and tetanus vaccines (give or refer to health center) ☐ If **NO vagina/anus/mouth**, treat survivor's other minor injuries. • HIV test (give or refer to health center) • Hepatitis B and tetanus vaccines (give or refer to health center)	☐ Objects in vagina/ anus ☐ Bleeding from vagina/anus

QUESTIONS TO ASK "YES" → ☑ "NO" → ◉	NO Danger Signs – Follow Treatment Protocols	DANGER SIGN – Immediate Referral
9. Are you experiencing any pain? ☐ If YES, where? _____ ☐ Use FACES Pain Scale to describe level of pain	☐ Some pain • Give anti-pain medication (paracetemol) 	☐ Severe pain ☐ Any abdominal/ belly pain
10. Are you experiencing ☐ Vaginal bleeding? ☐ Vaginal discharge?		☐ Vaginal bleeding ☐ Vaginal discharge
11. Pregnancy: ☐ Are you pregnant? ☐ Yes ☐ No ☐ Don't know ☐ **Are you using contraceptives?** ☐ Yes ☐ No	☐ If YES, pregnant • Follow treatment protocol timely care • Give antibiotics to prevent STIs for pregnant women ☐ If NOT pregnant, NOT using contraceptives, or DON'T KNOW • Give EC if **LESS than 5** full days (box 7)	
12. Are you HIV positive? ☐ Yes ☐ No ☐ Don't know	☐ If NO, or DON'T KNOW, give PEP if less than 3 days(box 7) ☐ Offer to refer for HIV test from health center	

If NO danger sign boxes are checked, follow treatment protocols (as directed in job aids)

If any DANGER SIGN boxes checked, provide basic first aid and refer to health facility

HANDOUT 5.8

Questions to ask when taking a health history

STEP 1: General Assessment

Check for danger signs by quick observation or as complained by the survivor. DO NOT have the survivor undress.

- If the survivor has any danger signs (see *danger signs handout*), ***refer to a health facility as soon as possible.***
- If the survivor does not have any danger signs, take them to a private place; offer comfort and understanding; explain the steps and procedures; get the survivor's consent to provide care; and go to step 2.

STEP 2: Taking a Health History

Ask:

1. How old are you?
2. **Girls only:** Have you had your first period?
3. Have you had a tetanus shot?
4. Have you had a Hepatitis B shot?
5. Are you taking any medicines?
6. Are you allergic to any medicines?
7. When did the incident happen?
8. Where on your body were you hurt?
9. Was anything inserted into your vagina (women, girls, and transgender men), anus or mouth?
10. Are you feeling any pain? If so, where? How would you describe the level of pain (use *FACES* pain scale)?
11. **Women, girls, and transgender men:** Are you currently pregnant?
12. **Women, girls, and transgender men:** Do you have vaginal bleeding or vaginal discharge?
13. Are you HIV positive?

- If the survivor has danger signs, **refer to a health facility as soon as possible.**
- If the survivor does not have any danger signs, follow the treatment protocols (see *treatment flowchart*).

HANDOUT 5.9

How to give medicines accurately[1]

To be able to give the medicines to survivors to use safely you must also know:

- What the medicine is called
- In what forms the medicine comes
- How to take the medicine correctly
- Whether the medicine is safe to give
- If the medicine causes side effects
- What happens if a survivor takes too much or not enough of the medicine
- What to do if the survivor is already pregnant, is breastfeeding or has an allergy

Read the label carefully before you give medicine to the survivor.

Generic names and brand names

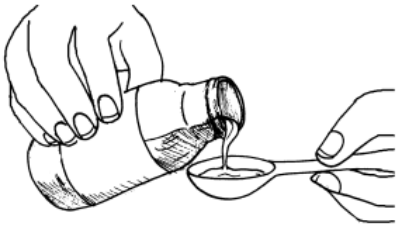
Most medicines have two names—a scientific/generic name and a brand name. The scientific/generic name is the same everywhere in the world. The brand name is given by the company that makes the medicine. When several companies make the same medicine, it will have several brand names but only one generic name. As long as the medicine has the same generic name, it is the same medicine.

It is okay to substitute one medicine for another if the generic names are the same. Always give the same dose.

Medicines come in different forms

Different forms of medicine:

- Tablets, capsules and liquids are usually taken by mouth.
- Injections are given with a needle directly into a person's muscle, tissue or under the skin.
- Creams or ointments that contain medicine are applied directly to the skin or in the vagina. They can be very useful for mild skin infections, sores, rashes and itching.



What kind of medicine and how much of it you give the survivor depends on what is available and on the illness you are trying to treat.

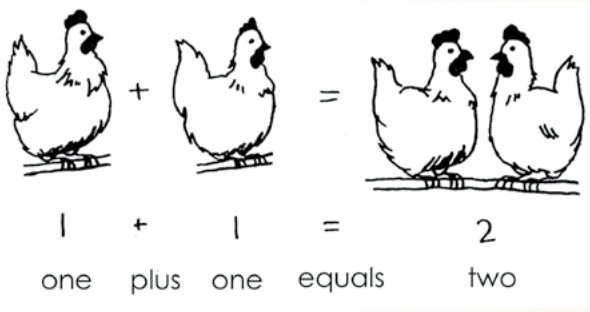
[1] Reproduced, including images, from Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, updated 2021.

HANDOUT 5.9 HOW TO GIVE MEDICINES ACCURATELY (continued)

How much medicine to take

How to measure medicine:

Many medicines, especially antibiotics, come in different weights and sizes. To be sure you give the survivor the right amount, check how many grams, milligrams, micrograms or units each pill or capsule contains.



Here are some helpful symbols to know:

= means 'equal to' or 'the same as'

+ means 'and', or 'plus'

Doses:

Doses that are less than one whole tablet or pill are sometimes written as fractions:

1 tablet = one whole tablet 

½ tablet = half of a tablet 

1 ½ tablet = one and one-half tablets 

¼ tablet = one quarter or one-fourth of a tablet 

If you are not sure you have the right dose, ask someone who is good at numbers to help you.

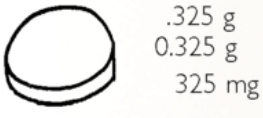
Kinds of measurements

Grams and milligrams: Medicine is usually weighed in grams (g) and milligrams (mg):

1,000 mg = 1 g (one thousand milligrams makes one gram)

1 mg = 0.001 g (one milligram is one-thousandth part of a gram)

For example:



One aspirin tablet has 325 milligrams of aspirin.

All of these are different ways to say 325 milligrams.

Micrograms: Some medicines are weighed in milligrams or even smaller amounts called micrograms (mcg or µcg):

1 µcg = 1 mcg = 1/1000 mg (0.001 mg)

This means there are 1000 micrograms in a milligram.

Units: Some medicines are measured in units (U) or international units (IU).

HANDOUT 5.7 HOW TO GIVE MEDICINES ACCURATELY (continued)

For liquid medicine: Sometimes instructions for syrups or suspensions tell you to give a specific amount, for example, 10 ml, 10 milliliters or 10 cc (cubic centimeters). A cubic centimeter is the same as a milliliter. If the medicine does not come with a special spoon or dropper to measure liquid, you can use household measures:

1 tablespoon = 1 Tb = 15 ml 

1 teaspoon = 1 tsp = 5 ml 

Making doses out of tablets: For example, the antibiotic cefixime used to prevent or treat gonorrhea, comes in two sizes.

200 mg **400 mg**

If the survivor needs to take: "Cefixime 400 mg, by mouth as a single dose," but CHWs only have 200 mg tablets, the survivor needs to take 2 tablets.

200 + 200 = **400 mg**

If CHWs have 400 mg tablets, the survivor only needs to take 1 tablet.

400 mg

Dosing by weight: For some medicines, it is better to figure out the dosage according to a person's weight. Following the handout on dosing by weight to know how many tablets or pills to give.

When to take medicines

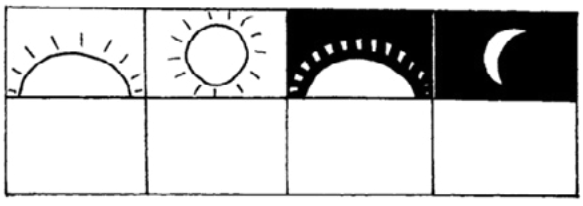
It is important for the survivor to take medicines at the right time. Some medicines should be taken only once a day ("single dose"), but others must be taken more often. You do not need a clock. If the directions say "1 pill every 8 hours," or "3 times a day," advise the survivor to take one at sunrise, one in the afternoon, and one at night. If it says "1 pill every 6 hours," or "4 times a day," take one in the morning, one at midday, one in the late afternoon, and one at night.

HANDOUT 5.7 HOW TO GIVE MEDICINES ACCURATELY (continued)

IMPORTANT!

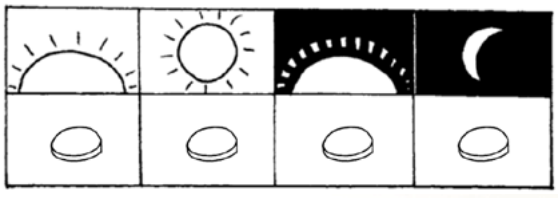
- Tell the survivor that, if possible, they should take medicines while standing or sitting up and try to drink a glass of liquid each time they take medicine.
- If the survivor vomits and can see the medicine in the vomit, they will need to take the medicine again.
- If the survivor vomits within 2 hours after taking emergency contraception, advise her to take another one to make sure she will not get pregnant.

If you are writing a note for a survivor who does not read well, draw them a note like this:

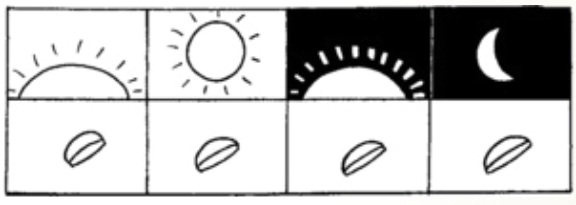


In the blank spaces below symbols for times of the day, draw the amount of medicine to take and carefully explain what it means.

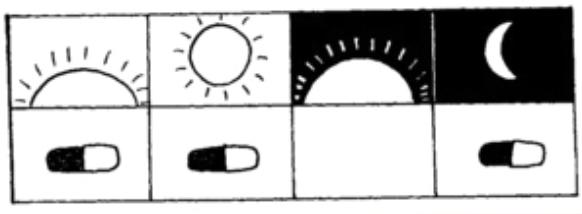
For example:



This means they should take 1 tablet, 4 times a day: 1 at sunrise, 1 at midday, 1 in the late afternoon, and 1 at night.



This means take ½ tablet, 4 times per day.



This means 1 capsule, 3 times per day.

Other important information

Food and medicine

With most medicine, the survivor can continue eating the foods they normally eat. Some medicines work better if they take them when their stomach is empty—one hour before or two hours after eating. Medicines that upset the stomach should be taken with food or just after eating.

If the survivor has nausea or vomiting, they should take the medicine with a dry food that calms the stomach, like rice, bread, or a biscuit.

HANDOUT 5.7 HOW TO GIVE MEDICINES ACCURATELY (continued)

Taking too much medicine

Some people think that taking more medicine will make them work faster. This is not true and can be dangerous! If the survivor takes too much medicine at one time or too often or if they take some medicines for too long, the medicine may harm them .

The survivor should never take more medicine than the amount advised.

Some common signs of taking too much medicine are:

- nausea
- vomiting
- pain in the stomach
- headache
- dizziness
- ringing in the ears
- fast breathing

These can also be side effects for some medicines. If the survivor has one or more of these signs and they are not common side effects of the medicine they are taking, then they should talk to you. If other medicines are not available, refer them to the health center for advice from a higher level health provider.

Poisoning

Taking too much of a medicine (for example, half a bottle or more) can poison a person, especially children. If a survivor does this, you should do the following:

- Try to make the person throw up. They may be able to get the extra medicine out of their body before it harms them more.
- Give activated charcoal. Activated charcoal can absorb some kinds of drugs and keep them from acting as poison.
- Get medical help immediately.

HANDOUT 5.10

How to use medicine safely[1]

Any time you give medicine to a survivor, follow these guidelines:

- Be sure it is necessary.
- Give the survivor good instructions about how to take it. The patient should know:
  - How much to take (the dose)
  - How often to take it each day and for how many days
- The survivor must take all of the medicine. If they stop taking the medicine too soon, the problem may not have been cured.
- Tell the survivor the warning signs for any problems (side effects) the medicine can cause.
- Tell the survivor if the medicine reacts badly with particular foods and if they should take it on a full or empty stomach.
- Tell the survivor to avoid taking many medicines at the same time. Some medicines can stop other medicines from working. Some medicines can combine with other medicines to cause problems that neither would cause by itself.

Note to you and the survivor:

Keep all medicines in a cool, dry place or they may lose their usefulness before the expiration date. Make sure children cannot reach them. They can be deadly to a child.

Avoid medicines that are too old

It is best to use a medicine before its expiration date. This date is written in small print on the package or bottle. For example, if you see 'exp. 10/29/22' or 'exp. 29/10/22' or 'exp. Oct. 29, 2022', this means the medicine should be used before the 29th day of October, 2022. Do not use expired medicines if they are:

- Pills that are starting to fall apart or change color
- Capsules that are stuck together or have changed shape
- Clear liquids that are cloudy or have anything floating in them
- Injections
- Eye drops
- Medicines that require mixing. If the powder looks old or caked, or if the medicine does not pour evenly after shaking, do not use it. (These must be used soon after they are mixed.)

IMPORTANT! Do not use doxycycline or tetracycline after the expiration date has passed. They may be harmful.

[1] Reproduced from Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, updated 2021.

HANDOUT 5.11

Sample Intake Form

Intake Form

Survivor ID: _____ CHW ID: _____

Date of incident: _____ Date of treatment: _____

Age: _____ Child is <13 years_____ Gender: _____

	Yes	No	DK	NA
Puberty	◯	◯	◯	◯
Currently pregnant	◯	◯	◯	◯
Fully vaccinated against Tetanus	◯	◯	◯	◯
Fully vaccinated against Hep B	◯	◯	◯	◯
Known HIV	◯	◯	◯	◯
Consent obtained to provide treatment	◯	◯	◯	◯

Allergies_____

_____

Medications_____

_____

Location of assault (vaginal, anal, oral, etc.) _____

_____

Treatment and management

Treatment	Yes	No	Type
Antibiotics to prevent STIs			
Screening tests (pregnancy, HIV)			
Emergency contraception			
PEP to prevent HIV			
Care of minor wounds			
Other medical care (medication abortion <12 weeks, Hepatitis B/Tetanus vaccines, etc.)			
Personal security concerns discussed			
Counseling (STI, contraceptive use, condom use, pregnancy options, HIV, etc.)			
Referral (HIV testing, safe abortion >12 weeks, vaccines, other health, protection, psychosocial, social, etc.)			

General observations (note any wounds treated or conditions requiring referral)

Follow-up visit scheduled: ◯ Yes Date: _____ Time: _____

◯ No If no why: _____

Follow-up visit: ◯ Clinic ◯ House ◯ Other Reason for no follow-up: _____

			If 'no', why?
Treatment	**Yes**	**No**	**Type**
Screening tests (pregnancy, HIV)			
Counseling (STI, contraceptive use, condom use, pregnancy options, HIV, etc.)			
Medical care (STI treatment, medication abortion <12 weeks, vaccines)			
Referral (HIV, safe abortion >12 weeks, psychosocial, etc.)			

Follow-up notes

Documentation: ◯ Patient requests copy of record ◯ Copy of record given to patient

HANDOUT 5.11

Sample Monitoring Form

Monitoring form

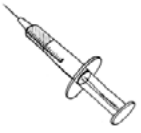
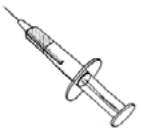
Clinic ID: _____ CHW ID: _____

NEVER record any personal or confidential information (such as a survivor's name).

Date of incident (day/mo/year)	Date care provided (day/mo/year)	Time care provided (hr:min)	F, M, transgender F/M, other)	Age (approximate if unknown)	Consent to provide care (Yes, No)	STI antibiotics (Yes, No)	Screening tests (Pregnancy, HIV)	EC (Yes, No, not indicated)	HIV PEP (Yes, No, not indicated)	Care of minor wounds (Yes, No)	Treatment counselling (Yes, No)	Other medical care provided (medication abortion, etc.)	Referrals made (where, and for what)	Personal security concerns discussed (Yes, No)	Follow-up visit completed (Yes, No; date)	Record provided to patient (Yes, No)	Other

HANDOUT 5.12

Medicines for types of sexual violence

Activity	Sexual assault (through vagina)	Anal assault (through anus)	Oral assault (through mouth)
Antibiotics to prevent or treat sexually transmitted infections 	Yes	Yes	**Yes** for gonorrhea, chlamydia and syphilis **No** for Trichomoniasis
Emergency contraception (pills) to prevent unwanted pregnancy 	Yes	Yes*	No
Post-exposure prophylaxis to prevent HIV 	Yes	Yes	No
Tetanus vaccine 	Yes	Yes	No**
Hepatitis B vaccine 	Yes	Yes	Yes

* EC is provided in the context of the pilot, given challenges to establishing risk of pregnancy.

** Tetanus vaccine is not needed, unless there are wounds in or around the mouth, or if the survivor has not received the shot in 10 years.

***Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019; and WHO/ILO, Post-exposure Prophylaxis to Prevent HIV Infections, Joint WHO/ILO guidelines on post-exposure prophylaxis (PEP) to prevent HIV infections, 2007. HIV, tetanus, dosing images from Hesperian Foundation; all others drawn by Stacey Patino.

HANDOUT 5.13

How much are you in pain?

Ask the survivor if they are experiencing any pain.

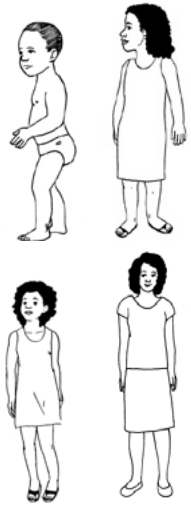
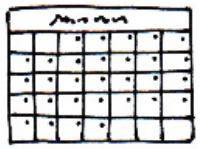
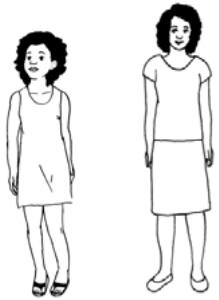
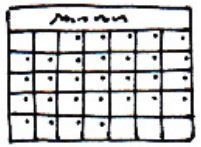
Ask them where the pain is located.

Ask them how severe the pain is on a scale of 0 (no hurt) to 10 (hurts worst) using the *FACES Pain Rating Scale*.[1]

A survivor who is experiencing some pain may receive anti-pain medication (paracetemol). A survivor who is experiencing severe pain or any abdominal pain should be referred quickly to a higher-level health facility.

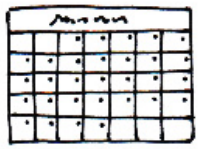
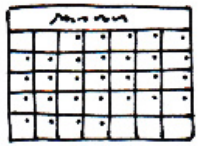
HANDOUT 5.14

Summary of presumptive treatment for sexually transmitted infections

Weight or age	Time since assault	Treatment	STIs presumptively treated
Child <45 kg or <12 years 	If the survivor comes to you **within** 30 days of the assault LESS than 	**Cefixime** 8 mg/kg by mouth, single dose  **AND** **Azithromycin** 20 mg/kg by mouth, single dose  OR **Benzathine benzylpenicillin** for syphilis if the treatment does **NOT** include Azithromycin	Gonorrhea Chlamydia Syphilis, where symptoms are not yet visible
Child more than 45 kg 	If the survivor comes to you **within** 30 days of the assault LESS than 	**Cefixime** 400 mg by mouth, single dose  **AND** **Azithromycin** 1 g (1,000 mg) by mouth, single dose 	Gonorrhea Chlamydia Syphilis, where symptoms are not yet visible

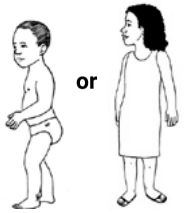
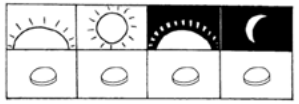
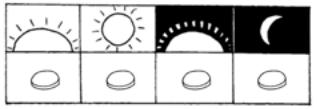
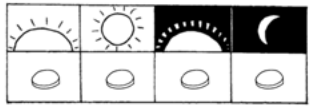
HANDOUT 5.14

Presumptive treatment for sexually transmitted infections

Weight or Age	Time since assault	Treatment	STIs presumptively treated
Adult 	If the survivor comes to you **within** 30 days of the assault LESS than 	**Cefixime** 400 mg/kg by mouth, single dose  **AND** **Azithromycin** 1 g (1,000 mg) by mouth, single dose  OR **Benzathine benzylpenicillin** for syphilis if the treatment does **NOT** include Azithromycin	Gonorrhea Chlamydia Syphilis, where symptoms are not yet visible
Adult 	If the survivor comes to you **more than** 30 days of the assault LESS than  or MORE	**Cefixime** 400 mg by mouth, single dose  **AND** **Azithromycin** 2 g (2,000 mg) orally, in a single dose 	Gonorrhea Chlamydia Syphilis, if less than 2 years

HANDOUT 5.14

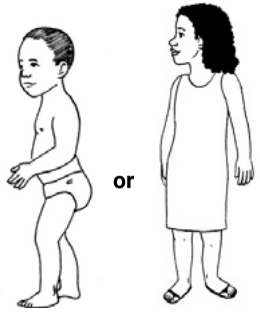
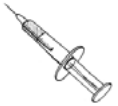
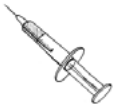
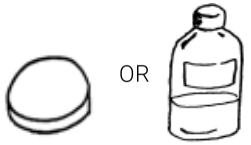
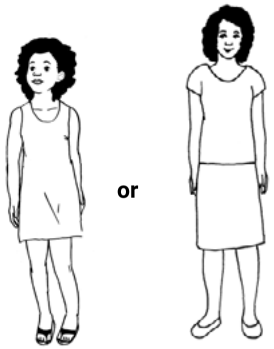
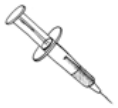
Detailed presumptive treatment for chlamydial infection in children and adolescents*

Age or weight	Treatment		
Less than 45 kg 	**Azithromycin** 20 mg/kg by mouth, as a single dose 	**OR**	**Erythromycin** 50 mg/kg of body weight daily (up to a maximum of 2,000 mg), by mouth, in 4 doses  For 7 days 
If more than 45 kg and less than 12 years 	**Azithromycin** 20 mg/kg by mouth, as a single dose 	**OR**	**Erythromycin** 500 mg by mouth, 4 times daily  For 7 days 
If more than 12 years and not pregnant 	**Azithromycin** 1 g (1,000 mg) by mouth, as a single dose 	**OR**	**Doxycycline** 100 mg by mouth, twice daily  For 7 days 

* Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2010 and WHO, *Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons*, 2004. Tablets, pill packs, dosing and calendar images from Hesperian Foundation; all others drawn by Stacey Patino.

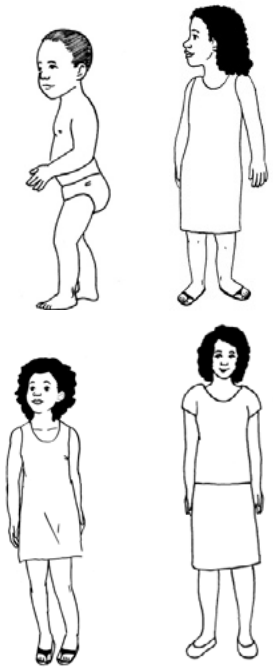
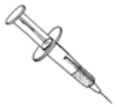
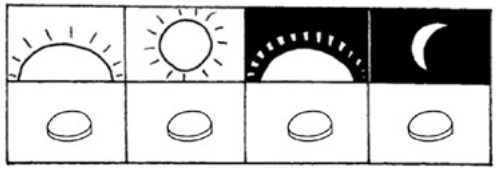
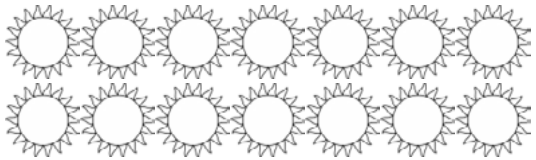
HANDOUT 5.14

Detailed presumptive treatment for gonorrhea in children and adolescents

Weight or Age	Treatment				
Less than 45 kg 	**Ceftriaxone** 125 mg intramuscularly, single dose 	**OR**	**Spectinomycin** 40 mg/kg of body weight, intramuscularly (up to a maximum of 2,000 mg), single dose 	**OR**	**Cefixime** 8mg/kg of body weight by mouth, single dose 
More than 45 kg 	**Cefixime** 400 mg orally, single dose 	**OR**	**Ceftriaxone** 125 mg intramuscularly, single dose 		

HANDOUT 5.14

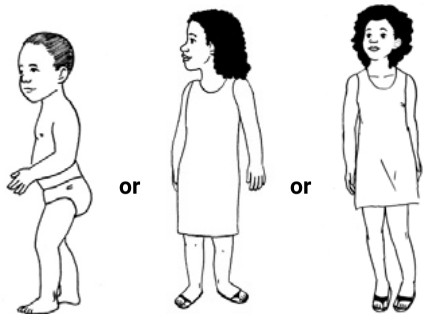
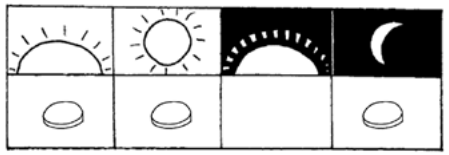
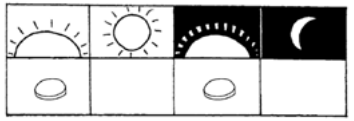
Detailed presumptive treatment for syphilis in children and adolescents

Weight or age	Treatment	
	Patient NOT allergic to penicillin	**Patient allergic to penicillin**
All weights and ages 	**Benzathine penicillin** 50,000 IU/kg intramuscularly (up to a maximum of 2.4 million IU), single dose 	**Erythromycin** 50 mg/kg of body weight daily, by mouth (up to 2,000 mg), divided into 4 doses (every 6 hours)  for 14 days 

HANDOUT 5.14

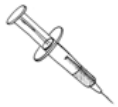
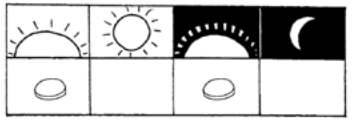
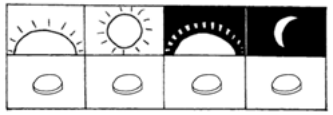
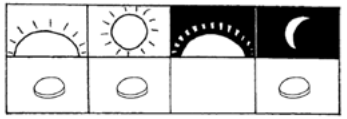
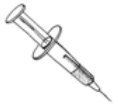
Detailed presumptive treatment for trichomoniasis in children and adolescents

(Vaginal and anal assault)

Weight or Age	Treatment
If less than 12 years 	**Metronidazole** 5 mg/kg of body weight, by mouth, 3 times daily (every 8 hours)  for 7 days 
If more than 12 years 	**Metronidazole** 2 g (2,000 mg) by mouth as a single dose  **OR** **Tinidazole** 2 g (2,000 mg) by mouth as a single dose  **OR** **Metronidazole** 400 or 500 mg by mouth, 2 times daily  for 7 days 

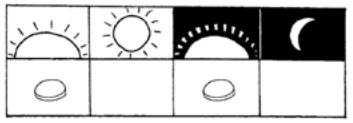
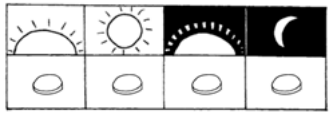
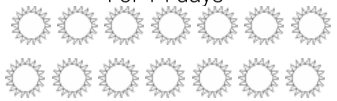
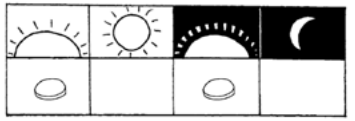
HANDOUT 5.14

Detailed presumptive treatment for sexually transmitted infections in adults

	Gonorrhea	Chlamydial infection	Chlamydial infection in pregnant women	Syphillis
Adult 	**Cefixime** 400 mg by mouth as a single dose  **OR** **Ceftriaxone** 125 mg intramuscularly, single dose 	**Azithromycin** 1 g (1,000 mg) by mouth as a single dose  **OR** **Doxycycline** 100 mg by mouth, twice daily (every 12 hours)  for 7 days 	**Azithromycin** 1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Erythromycin** 500 mg by mouth, 4 times daily  For 7 days  **OR** **Amoxicillin** 500 mg by mouth, 3 times daily  For 7 days 	**Azithromycin** 1 g (1,000 mg) by mouth as a single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Benzathine benzylpenicillin** 2.4 million IU, intramuscularly, once only *(give as two injections in separate sites)* 

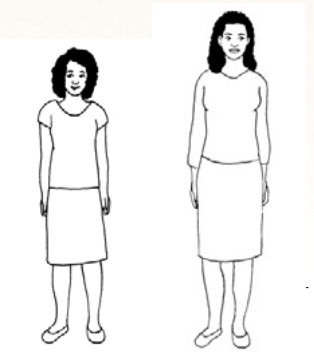
HANDOUT 5.14

Detailed presumptive treatment for sexually transmitted infections in adults

	Syphilis, patient allergic to penicillin	Syphilis in pregnant women allergic to penicillin	Trichomoniasis
Adult 	**Azithromycin** 1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Doxycycline** 100 mg by mouth, twice daily (every 12 hours)  for 7 days 	**Azithromycin** 1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Erythromycin** 500 mg by mouth, 4 times daily  For 14 days 	**Metronidazole** 2 g (2,000 mg) by mouth as a single dose  **OR** **Tinidazole** 2 g (2,000 mg) by mouth as a single dose  **OR** **Metronidazole** 400 or 500 mg by mouth, 2 times daily  For 7 days 

HANDOUT 5.15

Emergency contraception, Levonorgestrel only dose*



This medicine is for adults and adolescents (including adolescent girls who have not begun menstruating but have developed breast buds)

Emergency contraception should be given up to 120 hours (5 days) after unprotected vaginal or anal intercourse. Ulipristal acetate is more effective than progestin-only pills in the 73-120 hours after unprotected intercourse.

Type	Common brand names	How much each pill contains	Dose Take ALL tablets at the same time
Levonorgestrel only emergency contraceptive pills	NorLevo 1.5 (in RH Kits), Escapelle, Plan B One-Step, Postpill, Pregnon 1.5, Vikela, Postinor 1	1.5 mg	Take 1 tablet
Levonorgestrel only emergency contraceptive pills	Postinor 2, Levonelle-2, NorLevo 0.75, Pregnon, Next Choice	0.75 mg	Take 2 tablets
Ulipristal acetate	Ella, ellaOne	30 mg	Take 1 tablet
Ulipristal acetate	Fibristal	5 mg	Take 6 tablets
Levonorgestrel only oral contraceptive pills	Microlut, Microval, Norgeston	0.03 mg (30 mcg)	Take 50 tablets
Levonorgestrel only oral contraceptive pills	Ovrette	0.0375 mg (37.5 mcg)	Take 40 tablets

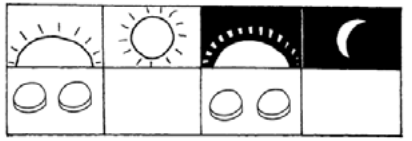
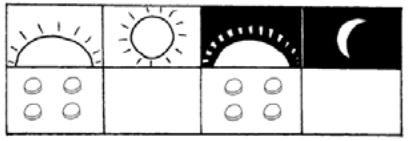
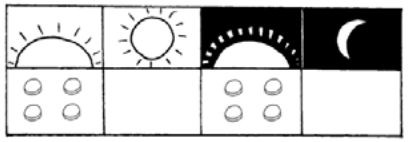
* Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019. Tablets, pill packs and dosing images from Hesperian Foundation; all others drawn by Stacey Patino.

HANDOUT 5.15

Emergency contraception, combined pill*

EE = ethinyl estradiol LNG: levonorgestrel NG = norgestrel

If using ordinary birth control pills for emergency contraception, provide 0.1 mg of ethinyl estradiol (EE) and 0.5 mg of levonorgestrel (LNG) as soon as possible, followed by the same dose 12 hours later.

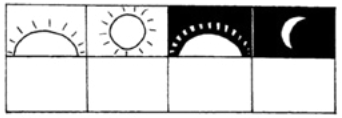
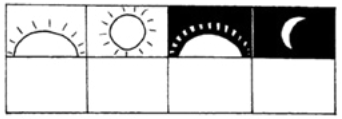
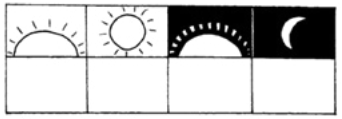
Common brand names	How much each pill contains		Dose Take ALL tablets at the same time
Eugynon 50, Fertilan, Neogynon, Noral, Nordiol, Ovidon, Ovral, Ovran, Tetragynon/PC-4, Preven, E-Gen-C, Neo-Primovlar 4	EE 0.05 mg **AND** LNG 0.25 mg	**OR** EE 0.05 mg **AND** NG 0.5 mg	Take 2 tablets as soon as possible and 2 tablets 12 hours later 
Lo/Femenal, Microgynon, Nordete, Ovral L, Rigevidon	EE 0.03 mg **AND** LNG 0.15 mg	**OR** EE 0.03 mg **AND** NG 0.3 mg	Take 4 tablets as soon as possible and 4 tablets 12 hours later 
Loette	EE 0.02 mg **PLUS** LNG 0.1 mg	**OR** NG 0.2 mg	Take 5 tablets as soon as possible and 5 tablets 12 hours later 

* Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019. Tablets, pill packs and dosing images from Hesperian Foundation; all others drawn by Stacey Patino.

HANDOUT 5.16

Medication abortion*

Mifepristone/Misoprostol combination (1 Misoprostol tablet = 200 mcg)

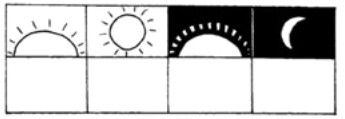
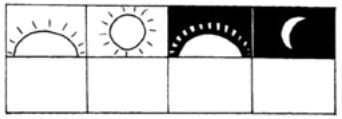
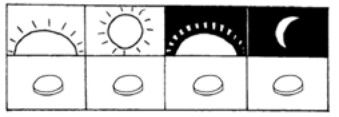
Pregnancy	Dose	Instructions
Up to 10 weeks (since first day of last menstrual period)	Mifepristone 200 mg	Take 1 tablet of mifepristone by mouth with water. 
		Wait 1–2 days 
	Misoprostol 800 mcg Plus Misoprostol 400 mcg	Place 4 misoprostol tablets **vaginally**, then 2 tablets **vaginally or under the tongue** every 3 hours for a maximum of 5 doses of misoprostol. 

* Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019. Tablets, pill packs and dosing images from Hesperian Foundation; all others drawn by Stacey Patino.

HANDOUT 5.16

Medication abortion*

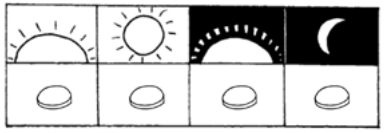
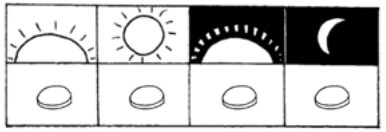
Mifepristone/Misoprostol combination (1 Misoprostol tablet = 200 mcg)

Pregnancy	Dose	Instructions
10–12 weeks (since first day of last menstrual period)	Mifepristone 200 mg	Take 1 tablet of mifepristone by mouth with water. 
		Wait 1–2 days 
	Misoprostol 800 mcg Plus Misoprostol 400 mcg	Place 4 misoprostol tablets **vaginally**, then 2 tablets **vaginally or under the tongue** every 3 hours for a maximum of 5 doses of misoprostol. 

* Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019. Tablets, pill packs and dosing images from Hesperian Foundation; all others drawn by Stacey Patino.

HANDOUT 5.16

Medication abortion*

Misoprostol-only (1 Misoprostol tablet = 200 mcg)		
Pregnancy	**Dose**	**Instructions**
Up to 12 weeks (since first day of last menstrual period)	Misoprostol 800 mcg **vaginally** **OR**	Place 4 misoprostol tablets in the vagina, then repeat every 3-12 hours for up to 3 doses. 
	Misoprostol 800 mcg **under the tongue**	Place 4 misoprostol tablets under the tongue. After 30 minutes, swallow any remaining pieces of tablets with water. Then repeat this process every 3 hours for up to 3 doses. 

* Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019. Tablets, pill packs and dosing images from Hesperian Foundation; all others drawn by Stacey Patino.

Post-abortion care for incomplete abortion*

1 Misoprostol tablet = 200 mcg

Pregnancy	Dose	Instructions
Up to 13 weeks uterine size (since first day of last menstrual period)	Misoprostol 600 mcg **by mouth** **OR**	Take 3 misoprostol tablets **by mouth** with water. 
	Misoprostol 400 mcg **under the tongue**	Place 2 misoprostol tablets **under the tongue**. After 30 minutes, swallow any remaining pieces of tablets with water. 

*Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019. Tablets, pill packs and dosing images from Hesperian Foundation; all others drawn by Stacey Patino.

HANDOUT 5.17

Medication abortion: How do I know if it was successful?

To know whether your abortion was successful, ask yourself these four questions:

1. Did you have cramping after you took the abortion pills?
2. Did you have bleeding after you took the abortion pills?
3. Did you pass tissue or see blood clots after you took the abortion pills?
4. Did any pregnancy symptoms you had before taking the pills go away after taking the abortion pills?

If you answered "yes" to most of these questions, it is likely that your abortion was successful.

If your answered "no" to any of these questions, please see a community health worker or go to the health facility.

If you would like to confirm that you are no longer pregnant with a pregnancy test, you should wait until four weeks after taking the abortion pills. A pregnancy test may still have a positive result for up to four weeks after an abortion.

HANDOUT 5.18

Recommended Three-drug Combination Therapies for HIV-PEP in Adults and Adolescents 10 years of age (>30 kg)

Modify with locally recommended regimen

3-drug ARV PEP	Treatment	Referral
Offer to all survivors whose HIV status is not known or is negative, if they present within 72 hours (3 days) after the sexual assault. 	**Lamivudine + Tenofovir** (300 mg/300 mg) **and** **Dolutegravir** (50 mg)	Refer the survivor to a higher-level health provider with experience in HIV care and treatment. 

WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019.

HANDOUT 5.19

Preventing infection (basic)[1,2,3]

Infections are caused by germs that are too small to see. Every person carries germs. These germs do not usually cause problems, but they can cause infections if passed to and from sick people. Germs also live on the equipment and tools used when caring for other people and can easily be passed to others you help.

IMPORTANT! You must follow these guidelines every time you help someone, whether you use your hands, tools or special equipment. If you do not, you may get a dangerous infection, or pass an infection to the people you are helping.

Protecting yourself from flu-like illness

Use appropriate personal protective equipment where concerns for transmission of flu-like illness (COVID-19) exists. This includes wearing a face mask that covers your nose and mouth, eye protection, and gloves. Non-medical or surgical masks can become dirty on the outside or when touched by your hands. Therefore, avoid touching your face mask while using it. If possible, change the mask for a fresh one as soon as it becomes soiled or damp. Non-medical face masks that cannot be washed should be thrown away and replaced when they become damp, soiled, or crumpled. Wash your hands frequently with soap and water or an alcohol-based sanitizer, before and after every encounter with a survivor. If possible, leave at least 1 meter between you and the survivor, and offer a face mask if the survivor is not wearing one.

There are four steps to prevent infection:

1. Wash your hands:

- Always wash your hands before and after giving care, especially if you touch blood, urine, stool, mucus or fluid from the vagina. Use soap to remove dirt and germs. Count to 30 as you scrub your hands with the soapy lather. Use a brush or soft stick to clean under your nails. Then rinse in water that flows. Let your hands dry in the air unless you have a clean towel.
- If blood (or other body fluid) splashes into your eyes or mouth, rinse them immediately with plenty of clean water.

2. Cover any cuts or open wounds on your hands:

- Cover any cuts, grazes, or other open wounds on your hands with plaster, clean cloth or bandage.
- If possible, wear gloves. If you do not have gloves, use a clean plastic bag as a barrier before coming into contact with blood or an open wound.

Gloves, plastic bags

Reproduced and adapted from IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 173.

Hesperian Foundation, A Book for Midwives: Care for pregnancy, birth and women's health, updated 2010.

IFRC, *International first aid and resuscitation guidelines*, 2020.

HANDOUT 5.19

3. Avoid direct contact with blood:

- If a survivor is bleeding, ask them to put pressure on the wound themself (see handout on controlling bleeding).
- Use plenty of clean gauze, thick dressings or a plastic bag as a barrier to avoid direct contact with the survivor's blood.

4. Clean up blood spills (including on tables and floors):

- Burn bloodstained bandages, or bury them in the ground as deep as possible in plastic bags.
- Treat stains with household bleach (see handout for advanced infection prevention).
- Wash bloodstained clothes, linens and any tools in very hot water.
- If you prick or wound yourself when handling blood or body fluids, immediately:
    - wash the area well with soap and clean water (see handout for advanced infection prevention).
    - notify your supervisor or health center staff as soon as possible. You may need to receive post-exposure prophylaxis to prevent HIV, or a vaccine to prevent Hepatitis B.
- Refer the survivor to higher level health care with their consent if wounds look red, hot and painful to touch after some days.
- Make sure you are protected against tetanus.

HANDOUT 5.20

Sample informed consent script for CHWs 2 and 3 to provide care for adult survivors[1]

This script should be adapted to reflect any relevant mandatory reporting requirements.

Hello ***[name of client]***.

My name is ***[your name]*** and I am here to help you. I am a community health worker with ***[name of agency]*** and my role is to help people who have experienced difficulties. Many people benefit from working with me. You are very brave to come to me. What has happened is not your fault.

The first thing I will do is learn about what has happened to you. That way I can understand your situation and know how to best help you. If you are hurt, I can see what I can do about any wounds. I can also give you medicines to help you feel better or stop you from getting certain illnesses.

It is important for you to know that I will keep what you tell me private, including any notes that I write down. This means that I will not tell anyone what you tell me or any other information about what happened, unless you give me permission or say yes it is okay. Also, if you tell me something that worries me or if you need help that I cannot give you, I will ask you to give me permission to tell someone. I will not write your name anywhere.

If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given me is if:

- I find out that you are in very serious danger, I would have to tell my supervisor from ***[insert appropriate agency here]*** about it.
- Or, if you tell me you have made plans to seriously hurt yourself.
- If you tell me you have made a plan to seriously hurt someone else, I would have to let my supervisor know. I would not be able to keep these problems just between you and me.
- ***[Explain mandatory reporting requirements as they apply in your local setting].***
  There are some laws that require me to report different types of incidents. I have your best interests in mind and want to prevent putting you in further danger. I will evaluate if making a report like that will put you in danger and will speak with my supervisor and your caregivers to develop a plan for reporting or not reporting what has happened. If they decide that a report needs to be made, I will explain what you can expect to happen after the report is made.
- ***[Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].***

[1] All scripts based adapted from WHO, Clinical Management of Rape and Intimate Partner Violence Survivors: Developing protocols for use with refugees and internally displaced persons, 2019; and IRC/UNICEF, Caring for Child Survivors of Sexual Abuse, 2012.

HANDOUT 5.20

If I need to get you more help to take care of you or talk to someone who can help keep you safe, we will talk together about how you would like to move forward. I will not take any action about your situation without your agreement, except for cases like the ones I just shared.

Before I begin, I would also like to share with you that:

- You can say no to have what you say written down. It is okay if there is something you want to tell me, but you would rather I not write it down while we talk.
- You do not have to answer any question that I ask you. You can ask me to stop or slow down if you are feeling upset or scared.
- You can meet with me alone or with a caregiver or a person you trust. This is your decision and you can let me know what you prefer to do. Would you like to have someone with you? Who is this, so I can have them come in?
- You can ask me any questions you would like, or to let me know if you do not understand something I say.
- You can say no to any part of the care I provide. I will start with asking a few questions about what happened. I can then see if there are certain medicines you can take to prevent infections and HIV ***[for women, girls, and transgender men:*** and pregnancy]. Before doing anything, I will explain exactly what I will do and why I am going to do it. I will then ask you every time whether you would like me to do it or give you a medication.
- You can refuse any health care I offer, and I will share with you other options for services in the community, such as additional health services from the health facility, safety services, legal assistance, and other social support.

Do you have any questions about my role and the health care I can offer you?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent/assent to proceed].

May I have your permission to provide you with care if there is anything I find that I can help you with or treat?

If YES, note this on the intake form and begin with the health history.

If NO, I can give you information about what things we can do to help and connect you with others who can provide safety, legal, and other services.

HANDOUT 5.20

Sample informed assent script for CHWs 2 and 3 to provide care for child survivors

This script should be adapted to reflect any relevant mandatory reporting requirements.

If someone who can legally consent for the survivor is present and that person is not a perceived perpetrator of the violence, you can obtain consent from this caregiver. However, you will still need to obtain assent to provide care from the child or adolescent. Please speak in short sentences and use words that the survivor can understand.

Hello ***[name of client].***

My name is ***[your name]*** and I am here to help you. I am a community health worker with ***[name of agency]*** and my role is to help children and families who have experienced difficulties. Many children benefit from working with me. You are very brave to come to me. What has happened is not your fault.

The first thing I will do is learn about what has happened to you. That way I can understand your situation and know how to best help you. If you are hurt, I can take care of your wounds. I can also give you medicines to help you feel better or stop you from getting certain sicknesses.

It is important for you to know that I will keep what you tell me private, including any notes that I write down. This means that I will not tell anyone what you tell me or any other information about what happened, unless you give me permission or say yes it is okay. Also, if you tell me something that worries me or if you need help that I cannot give you, I will ask your permission to tell someone. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given me is if:

- I find out that you are in very serious danger, I would have to tell my supervisor from ***[insert appropriate agency here]*** about it.
- Or, if you tell me you have made plans to hurt yourself very badly, I would have to tell your parents or another trusted adult.
- If you tell me you have made a plan to hurt someone else very badly, I would have to let my supervisor know. I would not be able to keep these problems just between you and me.
- ***[Explain mandatory reporting requirements as they apply in your local setting].***
  There are some laws that require me to report different types of incidents. I have your best interests in mind and want to prevent putting you in further danger. I will evaluate if making a

HANDOUT 5.20

report like that will put you in danger and will speak with my supervisor and your caregivers to develop a plan for reporting or not reporting what has happened. If they decide that a report needs to be made, I will explain what you can expect to happen after the report is made.

[Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].

If I need to get you more help to care for you or talk to someone who can help keep you safe, we will talk together about that other person and decide what we should say. I will not take any action about your situation without your agreement, unless I need to in order to protect your safety.

Before I begin, I would also like to share with you that:

- You can say no to have what you say written down. It is okay if there is something you want to tell me, but you would rather I not write it down while we talk.
- You do not have to answer any question that I ask you. You can ask me to stop or slow down if you are feeling upset or scared.
- You can meet with me alone or with a caregiver or a person you trust. This is your decision and you can let me know what you prefer to do. Would you like to have someone with you? Who is this, so I can have them come in?
- You can ask me any questions you would like, or to let me know if you do not understand something I say.
- You can say no to any part of the care I provide. Before doing anything, I will explain what I will do and why I am going to do it. I will then ask you every time whether you would like me to do it or give you a medicine.
- You can refuse any health care I offer, and I will share with you other options for services in the community. Depending on when you were hurt, I can give you medicines.

Do you have any questions about my role and the health care I can offer you?

[Allow for time to answer any questions the child and caregiver may have before moving forward to obtain their informed consent/assent to proceed].

May I have your permission to provide you with care if there is anything I find that I can help you with or treat?

- ***If YES,*** note this on the intake form and begin with the health history.
- ***If NO,*** I can give you information about what things we can do to help and connect you with others who can provide safety, legal and other services.

HANDOUT 5.20

Sample informed consent/assent script to for CHWs 2 and 3 to provide care for survivors with cognitive or intellectual impairments

This script should be adapted to reflect any relevant mandatory reporting requirements.

If the survivor does not have the capacity to consent to care, you can obtain consent from a caregiver who is not perceived to be the perpetrator of the violence and who can legally consent for the survivor. You will still need to obtain assent from the survivor to provide care. Please speak in short sentences and use words that the survivor can understand.

Hello ***[name of client].***

My name is ***[your name]*** and I am here to help you. I am a community health worker with ***[name of agency]*** and my role is to help people who have experienced difficulties. Many people benefit from working with me. You are very brave to come to me. What has happened is not your fault.

The first thing I will do is learn about what has happened to you. That way I can understand your situation and know how to best help you. If you are hurt, I can take care of your wounds. I can also give you medicines to help you feel better or stop you from getting certain sicknesses.

It is important for you to know that I will keep what you tell me private, including any notes that I write down. This means that I will not tell anyone what you tell me or any other information about what happened, unless you give me permission or say yes it is okay. Also, if you tell me something that worries me or if you need help that I cannot give you, I will ask you to give me permission to tell someone. I will not write your name anywhere. If I am worried that you are in danger, I may need to talk to someone who can help you. The times I would need to share the information you have given me is if:

- I find out that you are in very serious danger, I would have to tell my supervisor from ***[insert appropriate agency here]*** about it.
- Or, if you tell me you have made plans to hurt yourself very badly, I would have to tell your caregiver or another trusted adult.
- If you tell me you have made a plan to hurt someone else very badly, I would have to let my supervisor know. I would not be able to keep these problems just between you and me.
- ***[Explain mandatory reporting requirements as they apply in your local setting].***
  There are some laws that require me to report different types of incidents. I have your best interests in mind and want to prevent putting you in further danger. I will evaluate if making a report like that will put you in danger and will speak with my supervisor and your caregivers to develop a plan for reporting or not reporting what has happened. If they decide that a report needs to be made, I will explain what you can expect to happen after the report is made.

HANDOUT 5.20

- ***[Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].***

If I need to get you more help to care for you or talk to someone who can help keep you safe, we will talk together about that other person and decide what we should say. I will not take any action about your situation without your agreement, unless I need to in order to protect your safety.

Before I begin, I would also like to share with you that:

- You can say no to have what you say written down. It is okay if there is something you want to tell me, but you would rather I not write it down while we talk.
- You do not have to answer any question that I ask you. You can ask me to stop or slow down if you are feeling upset or scared.
- You can meet with me alone or with a caregiver or a person you trust. This is your decision and you can let me know what you prefer to do. Would you like to have someone with you? Who is this, so I can have them come in?
- You can ask me any questions you would like, or to let me know if you do not understand something I say.
- You can say no to any part of the care I provide. Before doing anything, I will explain what I will do and why I am going to do it. I will then ask you every time whether you would like me to do it or give you a medicine.
- You can refuse any health care I offer, and I will share with you other options for services in the community. Depending on when you were hurt, I can give you medicines.

Do you have any questions about my role and the health care I can offer you?

[Allow for time to answer any questions the person may have before moving forward to obtain their informed consent/assent to proceed].

[To make sure the survivor understands and is consenting to the process, the following questions should be answered correctly or with a YES to 4 before moving on with questioning]

Before we move on, I would like to make sure you understood what we discussed.

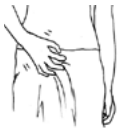
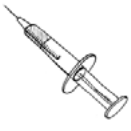
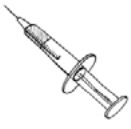
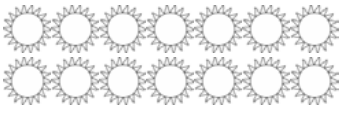
1. What will I be talking to you about today?
2. If you do not want to answer any of my questions, what can you do?
3. When would I have to tell someone else what you have told me?
4. Are you still happy that I provide this care?

May I have your permission to provide you with care if there is anything I find that I can help you with or treat?

- ***If YES,*** note this on the intake form and begin with the health history.
- ***If NO,*** I can give you information about what things we can do to help and connect you with others who can provide safety, legal, and other services.

HANDOUT 5.21

Medicines for survivors of sexual violence*

Medicine	For what?	How soon after the assault must the survivor start taking the medicine?	Does the medicine need to stay cold?
Antibiotics 	PREVENT or TREAT sexually transmitted infections 	Anytime	No
Emergency contraception (pills) 	Prevent unwanted pregnancy 	Within 5 days 	No
Post-exposure prophylaxis 	Prevent HIV 	Within 3 days 	No
Tetanus vaccine 	Prevent tetanus (lockjaw) 	Anytime	Yes
Hepatitis B vaccine 	Prevent hepatitis B 	Within 14 days 	Yes

*Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2010; and WHO, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2004. HIV, tetanus, dosing and woman in distress images from Hesperian Foundation; all others drawn by Stacey Patino.

HANDOUT 5.22 *CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS*

Table of weight-based treatment for antibiotics

Azithromycin for chlamydia and syphilis in children and adolescents

The below is based on the formulations included in the *Inter-agency Reproductive Health Kits*. In the kits, Azithromycin is available as a suspension for children weighing less than 30 kg (roughly 8-9 years of age). It is available as a capsule for >30 kg.

If a tablet and scoring is available, amend the below accordingly (see example for Cefixime).

Azithromycin (suspension) antibiotic dosaging table

WEIGHT	AZITHROMYCIN	SUSPENSION	NUMBER OF TEASPOONS
Kg	**20 mg/kg**	**200 mg /5 ml**	**1 teaspoon = 5 ml**
5	100	2.5	**Half a teaspoon** 
6	120	3.0	
7	140	3.5	
8	160	4.0	
9	180	4.5	
10	200	5.0	**One teaspoon** 
11	220	5.5	
12	240	6.0	
13	260	6.5	
14	280	7.0	
15	300	7.5	**One and a half teaspoons** 
16	320	8.0	
17	340	8.5	
18	360	9.0	
19	380	9.5	
20	400	10.0	**Two teaspoons** 
21	420	10.5	
22	440	11.0	
23	460	11.5	
24	480	12.0	
25	500	12.5	**Two and a half teaspoons** 
26	520	13.0	
27	540	13.5	
28	560	14.0	
29	580	14.5	

HANDOUT 5.22 *CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS*

ANTIBIOTIC DOSAGING TABLE (continued)

Azithromycin (capsule)

WEIGHT	AZITHROMYCIN	CAPSULE	NUMBER OF CAPSULES
Kg	**20 mg/kg**	**250 mg**	
30	600	2.40	**Two capsules**
31	620	2.48	
32	640	2.56	
33	660	2.64	
34	680	2.72	
35	700	2.80	
36	720	2.88	
37	740	2.96	**Three capsules**
38	760	3.04	
39	780	3.12	
40	800	3.20	
41	820	3.28	
42	840	3.36	
43	860	3.44	
44	880	3.52	**Four capsules**
>45	1,000	4.00	

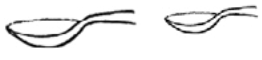
HANDOUT 5.22 ***CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS***

ANTIBIOTIC DOSAGING TABLE (continued)

Cefixime for Gonorrhea in children

In *Inter-agency Reproductive Health Kits*, Cefixime is available as a suspension for children weighing less than 30 kg (roughly 8-9 years of age). It is available as a tablet for >30 kg.

Cefixime (suspension)

WEIGHT	CEFIXIME	SUSPENSION	NUMBER OF TEASPOONS
Kg	**8mg/kg**	**100 mg/5 ml**	**1 teaspoon = 5 ml**
5	40	2.0	**Half a teaspoon** 
6	48	2.4	
7	56	2.8	
8	64	3.2	
9	72	3.6	
10	80	4.0	
11	88	4.4	
12	96	4.8	
13	104	5.2	**One teaspoon** 
14	112	5.6	
15	120	6.0	
16	128	6.4	
17	136	6.8	
18	144	7.2	
19	152	7.6	**One and a half teaspoons** 
20	160	8.0	
21	168	8.4	
22	176	8.8	
23	184	9.2	
24	192	9.6	
25	200	10.0	**Two teaspoons** 
26	208	10.4	
27	216	10.8	
28	224	11.2	
29	232	11.6	

HANDOUT 5.22 *CHECK AGAINST AND ADAPT TO LOCALLY AVAILABLE REGIMENS*

ANTIBIOTIC DOSAGING TABLE (continued)

Cefixime (tablet)

If further scoring is available, the tablet can be cut into quarters:

WEIGHT	CEFIXIME	TABLET	NUMBER OF TABLETS	
Kg	**8mg/kg**	**200 mg**	**Un-scored**	**Scored**
30	240	1.2	**One tablet** 	**One whole tablet** 
31	248	1.24		
32	256	1.28		**One whole tablet and one quarter tablet** 
33	264	1.32		
34	272	1.36		
35	280	1.40		
36	288	1.44		
37	296	1.48		
38	304	1.52	**Two tablets** 	**One whole tablet and one half tablet** 
39	312	1.56		
40	320	1.60		
41	328	1.64		
42	336	1.68		
43	344	1.72		
44	352	1.76		**Two whole tablets** 
>45	400	2.0		

MODULE 6

Self-care for community health workers

What is stress?

Working with survivors and hearing stories about sexual violence can be very hard on CHWs.

It is important that you learn how to take care of yourself.

As a CHW, you should know what are the things that give you stress in your life and also what your signs of stress are.

Stress is a normal and natural feeling. It can help you focus on the things that are important to you.

For example, it may help you get out of bed in the morning, get your work done, do a good job and have good relationships.

Stress can also be a reminder to take care of yourself.

If you handle stress the right way, it can be positive. But, if you feel stress very often or if the stress is very strong, it can be harmful.

What are the different forms of stress?

A main source of stress is day-to-day stress. Much of this stress is positive. As long as you feel like you have control over the things that cause stress, you are okay.

A high level of stress can be very harmful for your work and life. Longterm stress is when you experience many stressful things for a long time.

When you cannot control the cumulative stress, it may be too much for you to handle. This is called *burnout*.

Some situations that may cause burnout are:

- Working long hours without any support or recognition.
- Working with and for survivors but not having the resources to provide the care they need.
- Working in areas that are not safe.

Signs of burnout can include:[40]

Body/physical reactions:

- Always feeling tired
- Sleeping problems (sleeping too little, or sleeping too much)
- Frequent headaches
- Stomach problems
- Not eating enough, or eating too much

Emotional reactions:

- Feeling down, depressed, sad, or blue
- Feeling very angry
- Feeling annoyed, or becoming irritated more easily than usual
- Feeling frustrated, or feeling trapped

Thoughts:

- Having very negative thoughts about your performance or in general
- Becoming very cynical
- Starting to focus on your own mistakes and /or the mistakes of others

Behavior:

- Not showing up at work
- Working very hard and long hours
- Risk of drinking alcohol or smoking cigarettes, etc.
- Being in constant fights with colleagues or family/friends

There are two types of stress that can be very harmful and lead to extreme distress.

1) Stress that comes after experiencing a sudden, violent, and unexpected event.

Examples of this type of stress are:

- Becoming a victim of or seeing an unsafe situation, such as attacks, robbery, or threats.
- Accidents.
- Facing survivors of an incident.
- Being victim of a natural disaster.
- Being faced with the sudden loss of a peer.

2) Stress that happens after very stressful events.

- For example: When you listen regularly to stories of sexual violence, you can become affected and begin to suffer from signs of stress that are somewhat similar to those of survivors.

40 UNICEF, *Caring for Survivors of Sexual Violence in Emergencies Training Pack*, 2010.

Signs of these two types of stress can be:

- Taking work "home." This means that even when people are not at work, when they are home or with their families, they are unable to stop thinking about work.
- Finding little interest or pleasure in doing things that once brought joy or happiness.
- Feeling down, sad, or blue.
- Trouble falling asleep or staying asleep, or sleeping too much.
- Feeling tired or having little energy.
- Poor appetite or overeating.
- Muscle, bone, or joint pain.
- Faintness, dizziness, or weakness.
- Feeling strong emotions during or after working with a survivor.
- Feeling suddenly scared for no reason.
- Feelings of being overwhelmed or helpless, like there is no way to cope with what is happening around you.
- Feelings of incompetence, so that you can no longer do what you once did well.
- Trouble concentrating,
- Moving or speaking slowly that other people have noticed, or being more fidgety or restless more than usual.
- Not feeling happy or sad, or not feeling at all.
- Thoughts that you would be better off dead, or thoughts of hurting yourself in some way.
- Feeling nervous, anxious, or on edge.
- Not being able to stop or control worrying.
- Worrying too much about different things.
- Trouble relaxing.
- Feeling afraid, as if something awful might happen.
- Scary thoughts of survivors, their families, and stressful events through dreams or nightmares.
- Anger at survivors, your families, yourself, and/or at staff/society.
- Overreacting to small events, especially at home.
- Having fantasies about paying back for harms done to you.
- Haunting memories of your own scary experiences.
- Having no feeling or emotion towards people who are close to you.

It is important to know the signs of different forms of stress so that you know how to deal with them in a healthy way.

How can you manage and recover from stress?

Here are some ways you can manage your stress and support others when they are stressed:

- Thinking about what has helped you cope in the past and what you can do to help take care of yourself.
- Trying to take time to eat, rest, and relax, even for short periods of time.
- Finding time for physical activity, including exercise.
- Trying to keep good working hours so that you do not become too tired.
- Try to get a full night's sleep.
- Remembering that you are not responsible for solving all problems. You can only do what you can to help survivors help themselves.
- Minimizing intake of alcohol, caffeine, or nicotine (smoking), and avoiding prescription medicines that have not been prescribed to you.
- Checking in with your peers to see how they are doing and having them check in with you. Find ways to support each other.
- Talking with friends, loved ones, or other people you trust for support.

Taking time for rest and is also an important part of helping with recovery. Some possible ways include:

- Talking about your experiences with a supervisor, colleague, or someone else you trust.
- Focusing what you are able to do to help others, even in small ways.
- Learning to think about and accept what you did well, what did not go very well, and the limits of what you can do in a situation.
- Taking some time, if possible, to rest and relax before beginning work again.
- If you find yourself with upsetting thoughts or memories about the event, feel very nervous or extremely sad, have trouble sleeping, drink a lot of alcohol or take drugs, it is important to seek support from someone you trust. You should speak to your supervisor or health professional if these difficulties continue for more than one month.

If you find yourself having thoughts of wanting to harm yourself or others, you should seek help from a mental health professional right away!

How is a self-care plan developed?

A self-care plan helps you prepare for stress cope with the stress in your life.

When you are creating your plan, try to answer these questions:[41]

- What activities would help you relax, find distance from your work, and not to take work home?
- What can you change so that uncontrollable stressors in your life become controllable?
- How can you deal with the uncontrollable stressors?

You can keep your self-care plan at home or in the office. When you look at it, think about if you are following the plan you made and taking care of your own needs.

41 UNICEF, *Caring for Survivors of Sexual Violence in Emergencies Training Pack: General and Psychosocial Modules for Facilitators*, 2010.

ADVANCED MODULE 8

Providing advanced community-based care for survivors of sexual violence

Participant Handouts

8.1 Knowing where to give an injection

8.2 HPV vaccine

8.3 Partner management of STIs

8.4 Pictorial treatment protocol for STIs

8.5 Pictorial treatment protocol for tetanus and hep B

8.6 Preparing a syringe for injection

8.7 Preventing infection (advanced)

8.8 Reproductive health anatomy

8.9 STI identification and management flowchart

8.10 Treating allergic reactions and allergic shock

8.11 Antibiotic dosing table

This module is only for CHWs with the appropriate advanced skills and experience, or for providers of last resort if there is no possibility for referral to higher level health facilities.

Providing tetanus toxoid/immunoglobin to prevent tetanus

This section is only for use if the tetanus toxoid vaccination is available and if you have been trained in giving injections. This vaccination needs to be kept cold and you must follow infection prevention standards.

What is tetanus and who is at risk for tetanus infection?

Tetanus is a serious disease caused by germs infecting a wound. The disease can be prevented through immunization.

A survivor of sexual violence who has open wounds or cuts may be at risk for tetanus infection.

If the survivor has not been fully vaccinated, vaccinate them right away, no matter how long it has been since the attack.

What is the tetanus vaccination and how does it work?

The tetanus vaccine is called Tetanus toxoid and is available in several different forms.

If the survivor has clean wounds and they got them less than 6 hours ago, or if the wound is small:

- **Give tetanus toxoid if the survivor has received fewer than three doses, or the number of doses they have received in the past is unclear.**
- **Do not give tetanus toxoid if the survivor has received three or more doses, unless the last dose was more than 10 years ago.**

If the survivor has wounds other than a clean wound that they got less than 6 hours ago, or if the wound is not a small wound (i.e., for all other wounds):

- **Give tetanus toxoid if the survivor has received fewer than three doses, or the number of doses they have received in the past is unclear.**
- **Do not give tetanus toxoid if the survivor has received three or more doses, unless the last dose was more than 5 years ago.**

If the survivor presents months or years after the assault, the tetanus vaccine can be given for future protection.

You can give the vaccine if you have enough supplies and the survivor will be able to receive the remaining doses without too much difficulty. If either is a problem, you should refer the survivor to the health facility.

You should always refer to your local protocol for how to prepare the tetanus vaccine and what dose to give!

The tetanus vaccine is given into a muscle (the upper arm for adults, or the bottom for children) using a syringe and needle.

Tetanus vaccination is safe for pregnant people and children.

For children under 7 years old, DTP (diphtheria, tetanus toxoid, and pertussis vaccine) or DT (diphtheria and tetanus toxoid) is preferred.

For people 7 years and older, Td (tetanus and diphtheria) is preferred to tetanus toxoid alone.

Message to give survivors are:

- Survivors who receive the tetanus vaccination should complete the vaccination schedule.
- The second dose should be given 4 weeks after the first dose.
- The third dose should be given 6 months to one year after the first dose.

Providing vaccines to prevent Hepatitis B

This section is only for use if Hepatitis B vaccination is available and if you have been trained in giving injections. This vaccination needs to be kept cold and you must follow infection prevention standards.

What is Hepatitis B and who is at risk?

Hepatitis B is a common and serious infection that may cause liver failure, liver disease and liver cancer in up to 40% of people who are infected.

Survivors of sexual violence who have experienced vaginal, anal, or oral assault and were exposed to the assaulter's blood or body fluids may be at risk for Hepatitis B infection.

What is the Hepatitis B vaccination and how does it work?

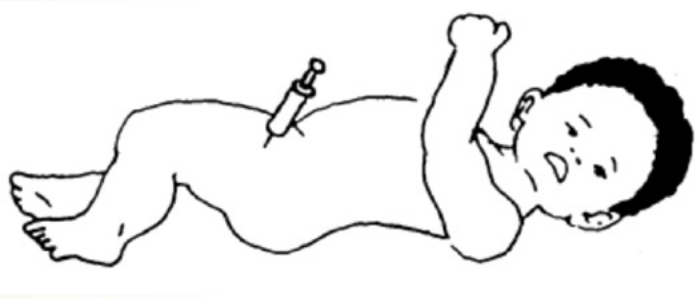
Survivors should be given the Hepatitis B vaccine if they have not been fully vaccinated with three doses of the vaccine.

The recommended dose varies by product.

If the survivor presents months or years after the assault, the Hepatitis B vaccine should be given for future protection.

You can give the vaccine if you have enough supplies and the survivor will be able to receive remaining doses without too much difficulty. If either is a problem, you should refer to the survivor to the health facility!

You should always refer to your local protocol for the right preparation and dose!



The Hepatitis B vaccine is injected into a muscle in the thigh for children younger than 2, or in the upper arm (adults and older children).[42]

You should not inject the vaccine in the bottom because it will not work as well!

Hepatitis B vaccine is safe for pregnant women and children. The dose and place to inject should be adjusted for children.

When providing a Hepatitis B vaccine, messages to give survivors are:

- A survivor who receives the hepatitis B vaccination should complete the full course. Depending on the product, the second dose should be given 1-2 months after the first dose. The third dose should be given 4-6 months after the first dose.
- The survivor may experience redness and pain at the injection site.

42 Images and guidance from Hesperian Foundation, *Where There is No Doctor*, 2021.

Managing sexually transmitted infections (STIs)

This section describes how to manage and treat basic symptoms of STIs. ***If you need to better understand reproductive anatomy, refer to Handout 8.8.***

How can STIs be managed and how is treatment provided?

Sometimes a survivor may have certain signs or symptoms of an STI.

Many STIs, including gonorrhea, chlamydia, syphilis and trichomoniasis can be cured with antibiotics.

If left untreated, STIs can lead to pain and infertility, and can cause miscarriages and stillbirths.

You can ask a survivor if they notice any of the common symptoms and signs of an STI:

- Unusual vaginal discharge (liquid) in terms of amount, smell, or color?
- Discharge from the penis?
- Itching of the genitals or anus?
- Pain in the genitals or anus?
- Pain while passing urine?
- Pain during sex?
- Lower belly pain?
- Rash, sores, or ulcers in the genital areas?

If someone does not have symptoms or signs of an STI that does not mean that there is no infection. Survivors can have STIs without symptoms, especially cisgender women.

Refer to the table on management of STIs in Handout 8.3, which explains the signs and symptoms and their most common causes. It also presents guidelines for how you can help anyone with these symptoms.

Pregnant women, children, and men and transgender women:[43]

- Some antibiotics are not safe for pregnant people!
- Children require very specific antibiotic dosages based on their weight and age.
- People who report discharge (liquid) from their penis, pain during urination and/or urinating more often than usual may have an STI. Gonorrhea and chlamydia are the most common causes of these symptoms. Men and transgender women should receive the same treatment for STIs as non-pregnant, adult, cisgender women.

43 Inter-Agency Working Group on Reproductive Health in Crises. Inter-agency field manual on reproductive health in humanitarian settings. 2018.

When offering antibiotics for managing STIs, some messages for survivors are:[44,45]

- Condoms should be used if possible during sexual intercourse until the antibiotic treatment is finished to prevent an STI in the partner.
- Antibiotics must be taken until the end to be effective.
- Pelvic inflammatory disease (PID)—inflammation of the pelvis—may develop if an STI is not cured. PID may lead to infertility if it is not treated.
- A survivor who develops severe belly pain, fever, green or yellow bad smelling discharge, or bleeding from the vagina should go to a higher-level health facility for treatment!
- Survivors should also go to a higher-level health facility if symptoms get worse or no improvement is seen after a week of treatment.

To get relief from the discomfort of some STIs, survivors can try the following:

- Wear underclothes made of cotton.
- Wash underclothes once a day and dry them in the sun.
- Sit in a pan of clean, warm water for 15 minutes, 2 times a day.
- If it is painful to pass urine, pour clean water over the genital area while passing urine.

Anyone who is treated for an STI may develop another infection if their sexual partners are not also treated. The sexual partner may or may not have symptoms and, if left untreated, could continue to spread infection. Partners include current partner(s) and all partners within the last two to three months.

You should always follow the protocol to make sure the survivor gets the right treatment. Survivors should always be given the shortest course of treatment.

Just because the survivor is being treated for STI-like symptoms, this does not mean that they definitely have an STI. However, it is safest to treat in case the medicine can help them feel better.

In case your referral health facility is very far away and a survivor develops an allergic reaction or allergic shock to the medicine, refer to Handout 8.10 for information on how to help them.

44 Inter-Agency Working Group on Reproductive Health in Crises. *"Chapter 9: Sexually Transmitted Disease" from Inter-agency field manual on reproductive health in humanitarian settings,* 2018.

45 Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, updated 2021.

How should sexual partners be managed for STI treatment referral?

A survivor who is treated for an STI will begin to feel better but may return later with another infection.

This can be caused by a problem with the treatment, or can be caused by a new infection.

These questions can help you know if it is a problem with the treatment or a new infection:

- **Treatment failure:** Did the survivor take all of the medicine? Did the survivor stop taking their medication as soon as they began to feel better?
- **Re-infection:** Did the partner receive treatment? Did the survivor and partner(s) use condoms or not have sex at all after starting treatment?

Handout 8.3 explains how to treat partners based on signs and symptoms a survivor may report.

A survivor may feel afraid to talk about her symptoms or treatment with their partner.

They may worry that their partner will leave them, act out violently, or think they were unfaithful (had sex with someone else by choice).

The survivor should never be forced to notify a partner of their symptoms or their treatment.

Sometimes these symptoms are caused by something other than an STI, like a yeast infection.

You can support a survivor during this time by:

- Listening to the survivor's fears or concerns.
- Assuring the survivor that they do not have to tell a partner of their recent treatment for STI-related symptoms if they do not feel comfortable doing so.
- Reminding the survivor that receiving treatment to treat the symptoms of an STI does not mean that they definitively have an STI.
- Sharing information with the survivor about ways to talk about condom use if they choose not to tell their partner(s) and is concerned they may get the infection again.

What are allergic reactions and allergic shock?

Some medicines, especially antibiotics like penicillin and ampicillin, can cause an allergic reaction, usually within 30 minutes after an injection.

An allergic reaction can turn into allergic shock, which is an emergency.

To prevent allergic reaction and allergic shock, before giving an injection, you should ask:

"Have you ever had a reaction to this medicine, like hives (red blotches on the skin), itching, swelling, or trouble breathing?"

If the answer is yes, they should not use that medicine in any form, or any medicine from the same family of medications.

Whenever you inject medicines, you should watch for signs and have medicines for treating them nearby.

Signs of mild allergic reactions are:

- Itching
- Sneezing
- Red spots, or rash

Signs of moderate to severe allergic reactions are:

- Itching
- Hives
- Swollen mouth and tongue
- Difficulty breathing

Signs of allergic shock are:

- Itching or hives
- Swollen mouth and tongue
- Weak, rapid pulse or heartbeat (more than 100 beats per minute for an adult)
- Sudden paleness or cool, moist skin (cold sweats)
- Difficulty breathing
- Loss of consciousness

Allergic shock is a life-threatening emergency!

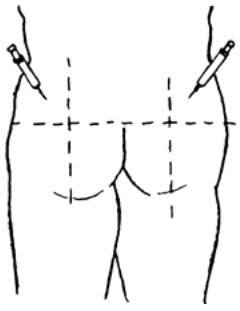
Information on the signs of allergic reactions and shock and how to treat them are in Handout 8.10.

HANDOUT 8.1

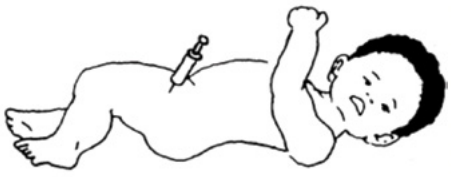
Knowing where to give an injection[1]

Before injecting, **wash hands with soap and water.**

It is preferable to inject in the muscle of the buttocks, always in the **upper outer** quarter.

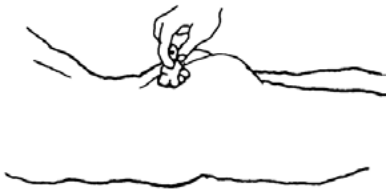


WARNING: Do not inject into an area of skin that is infected or has a rash. Do not inject infants and small children in the buttock. Inject them in the ***upper outer*** part of the thigh.



How to inject

1. Clean the skin with soap and water (or alcohol—but to prevent severe pain, be sure the alcohol is dry before injecting).



2. Put the needle straight in, all the way. (If it is done with one quick movement, it hurts less.)

3. Before injecting, pull back on the plunger. (If blood enters the syringe, take the needle out and put it in somewhere else).
4. If no blood enters, inject the medicine slowly.
5. Remove the needle and clean the skin again.
6. After injecting, discard the needle and syringe in a sharps container. If you will be disinfecting (see Advanced Module infection prevention handout), rinse the syringe and needle at once. Squirt water through the needle and then take the syringe apart and wash it. Boil before using again. **NEVER inject more than one person with the same needle or syringe without disinfecting it first.**

Do not try to put a cap back onto a dirty needle. You might stick a needle into your own skin and pass germs from the needle into your blood. Never throw a needle in the trash or leave it where other people might stick themselves.

1 Reproduced, including images, from Hesperian Foundation, A Book for Midwives, revised 2021. Images adapted by Stacey Patino.

HANDOUT 8.2

Human papillomavirus (HPV) vaccination[1,2]

Certain strains of the human papillomavirus (HPV) cause cervical cancer, vaginal and vulvar cancer, genital warts, anal cancers, and mouth, throat, head and neck cancers in women and men. HPV is spread through unprotected sexual intercourse. Vaccinations are available to reduce the risk of this cancer. The full vaccination consists of 3 doses and produces a very high immune response that lasts for at least 5 years.

Ages 9-14 years today:

- Give the initial vaccine today, then the second vaccine after 5 months.
- If the second vaccine is given within 5 months of the first, the survivor will need 1 additional dose.
- If the vaccine series is interrupted, you do not need to start over.

Ages 15 and older today:

- Give the initial vaccine today, then second vaccine after 1-2 months, then third vaccine after 6 months from the second vaccine.
- If the vaccine series is interrupted, you do not need to start over.

The HPV vaccine is given on the arm.

The HPV vaccine is recommended for all persons through age 26 years. However, adults 27-45 years can still receive it if they have had few sexual partners.

While the HPV vaccination is not recommended during pregnancy, pregnancy testing is not needed before the vaccine.

[1] CDC, HPV Vaccination Recommendations. https://www.cdc.gov/vaccines/vpd/hpv/hcp/recommendations.html

[2] IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018.

HANDOUT 8.3

Partner management of sexually transmitted infections (STIs)

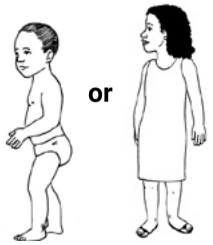
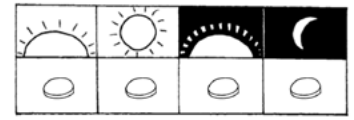
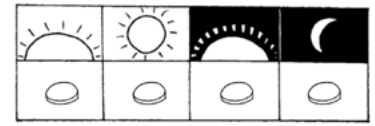
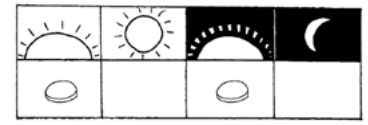
Use the table below to decide how to address possible STIs in partners based on the signs and symptoms reported by survivor.

Survivor signs and symptoms	**Possible explanations**	**Partner management strategy** (treatment protocols in *Treating Sexually Transmitted Infections in Adults* handout)
Genital sore or ulcer 	STI very likely	Treat partners for Syphilis and Chancroid
Urethral discharge (in men) 	STI very likely	Treat partners for Gonorrhea and Chlamydia
Pain and/or burning during urination 	STI very likely	Treat partners for Gonorrhea and Chlamydia
Lower belly pain 	• Often STI (Pelvic Inflammatory Disease) • But also other causes	Treat partners for Gonorrhea and Chlamydia
Pain during sex 	• Often STI (Pelvic Inflammatory Disease) • But also other causes	Treat partners for Gonorrhea and Chlamydia
Vaginal discharge (amount, smell, color) 	Non-STI infection most likely	• NO partner treatment, unless relapse • If relapse, treat for Trichomoniasis

* Pain while urinating, penile ulcer and vaginal discharge images from Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, updated 2021.

HANDOUT 8.4

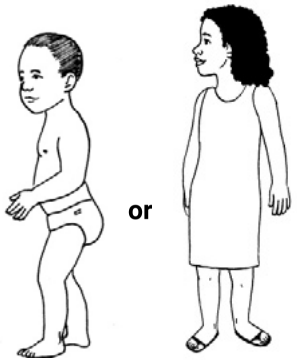
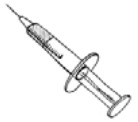
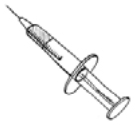
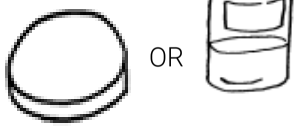
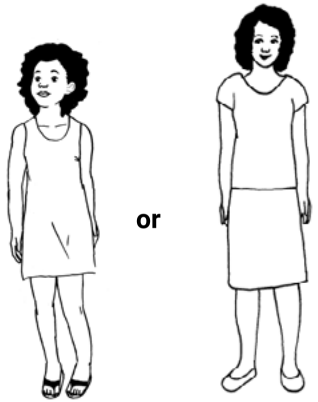
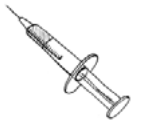
Treating chlamydial infection in children and adolescents*

Age or weight	Treatment		
Less than 45 kg 	**Azithromycin** 20 mg/kg by mouth, as a single dose 	**OR**	**Erythromycin** 50 mg/kg of body weight daily (up to a maximum of 2,000 mg), by mouth, in 4 doses  For 7 days 
If more than 45 kg and less than 12 years 	**Azithromycin** 20 mg/kg by mouth, as a single dose 	**OR**	**Erythromycin** 500 mg by mouth, 4 times daily  For 7 days 
If more than 12 years and not pregnant 	**Azithromycin** 1 g (1,000 mg) by mouth, as a single dose 	**OR**	**Doxycycline** 100 mg by mouth, twice daily  For 7 days 

*Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2010; and WHO, *Clinical Management of Rape Survivors: Developing protocols for use with refugees and internally displaced persons*, 2004. Tablets, pill packs, dosing and calendar images from Hesperian Foundation; all others drawn by Stacey Patino.

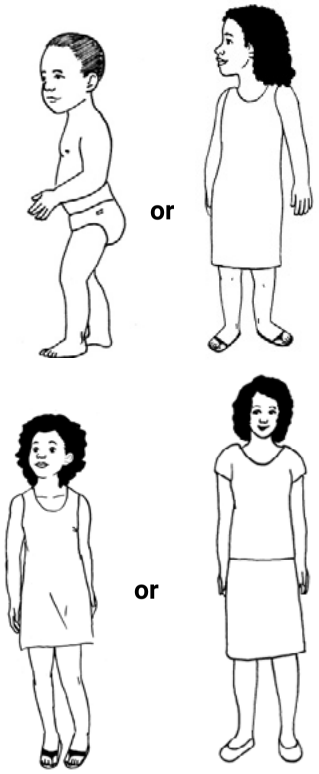
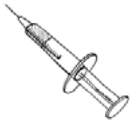
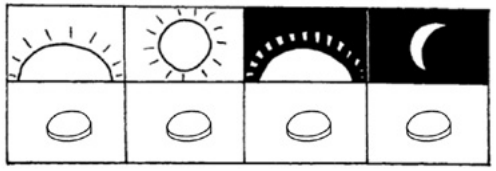
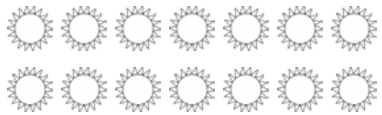
HANDOUT 8.4

Treatinggonorrhea in children and adolescents

Weight or Age	Treatment				
Less than 45 kg 	**Ceftriaxone** 125 mg intramuscularly, single dose 	**OR**	**Spectinomycin** 40 mg/kg of body weight, intramuscularly (up to a maximum of 2,000 mg), single dose 	**OR**	(if child is less than 6 months) **Cefixime** 8mg/kg of body weight by mouth, single dose 
More than 45 kg 	**Cefixime** 400 mg orally, single dose 	**OR**	**Ceftriaxone** 125 mg intramuscularly, single dose 		

HANDOUT 8.4

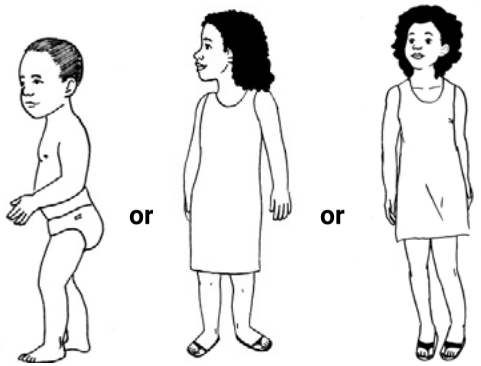
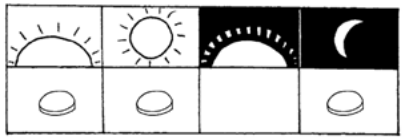
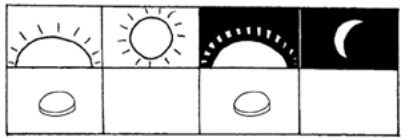
Treating syphilis in children and adolescents

Weight or Age	Treatment	
	Patient NOT allergic to penicillin	**Patient allergic to penicillin**
All weights and ages 	**Benzathine penicillin** 50,000 IU/kg intramuscularly (up to a maximum of 2.4 million IU), single dose 	**Erythromycin** 50 mg/kg of body weight daily, by mouth (up to 2,000 mg), divided into 4 doses (every 6 hours)  for 14 days 

*Based on IAWG on RH in Crises, *Inter-agency field manual on reproductive health in humanitarian settings*, 2018; WHO, UNFPA, UNHCR, *Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings*, 2019. Tablets, pill packs, dosing and calendar images from Hesperian Foundation; all others drawn by Stacey Patino.

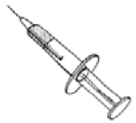
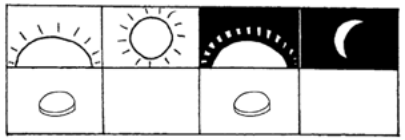
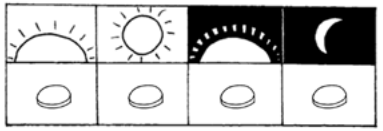
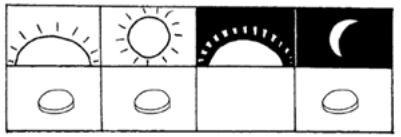
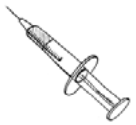
HANDOUT 8.4

Treating trichomoniasis in children and adolescents

<table>
<tr><th>Weight or Age</th><th colspan="5">Treatment</th></tr>
<tr><td>If less than 12 years
 
or or</td><td colspan="5">Metronidazole
5 mg/kg of body weight, by mouth,
3 times daily (every 8 hours)
 
for 7 days
  </td></tr>
<tr><td>If more than 12 years
  </td><td>Metronidazole
2 g (2,000 mg)
by mouth
as a single dose
  </td><td>OR</td><td>Tinidazole
2 g (2,000 mg)
by mouth
as a single dose
  </td><td>OR</td><td>Metronidazole
400 or 500 mg by mouth,
2 times daily
 
for 7 days
  </td></tr>
</table>

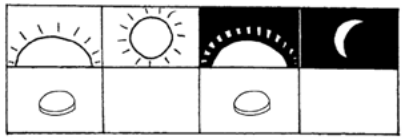
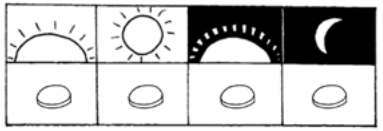
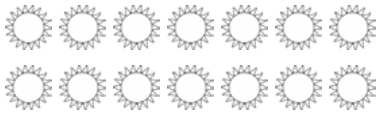
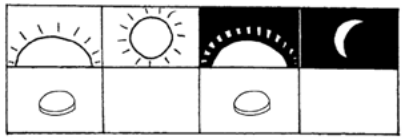
HANDOUT 8.4

Treating sexually transmitted infections in adults

	Gonorrhea	Chlamydial infection	Chlamydial infection in pregnant women	Syphillis
 **Adult**	**Cefixime** 400 mg by mouth as a single dose  **OR** **Ceftriaxone** 125 mg intramuscularly, single dose 	**Azithromycin** 1 g (1,000 mg) by mouth as a single dose  **OR** **Doxycycline** 100 mg by mouth, twice daily (every 12 hours)  for 7 days 	**Azithromycin** 1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Erythromycin** 500 mg by mouth, 4 times daily  For 7 days  **OR** **Amoxicillin** 500 mg by mouth, 3 times daily  For 7 days 	**Azithromycin** 1 g (1,000 mg) by mouth as a single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Benzathine benzylpenicillin** 2.4 million IU, intramuscularly, once only *(give as two injections in separate sites)* 

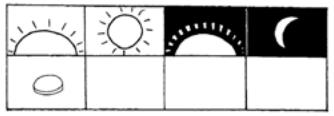
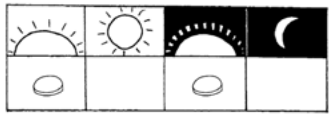
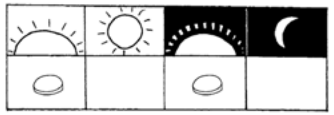
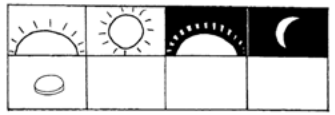
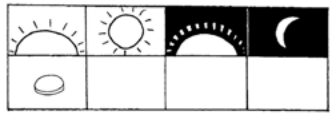
HANDOUT 8.4

Treating sexually transmitted infections in adults

	Syphilis, patient allergic to penicillin	Syphilis in pregnant women allergic to penicillin	Trichomoniasis
 **Adult**	**Azithromycin** 1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Doxycycline** 100 mg by mouth, twice daily  for 14 days 	**Azithromycin** 1 g (1,000 mg) by mouth, single dose [2 g (2,000 mg) if more than 30 days]  **OR** **Erythromycin** 500 mg by mouth, 4 times daily  For 14 days 	**Metronidazole** 2 g (2,000 mg) by mouth as a single dose  **OR** **Tinidazole** 2 g (2,000 mg) by mouth as a single dose  **OR** **Metronidazole** 400 or 500 mg by mouth, 2 times daily  For 7 days 

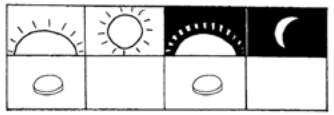
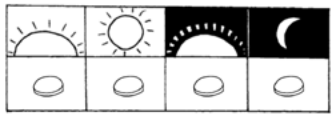
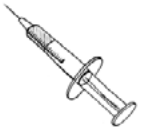
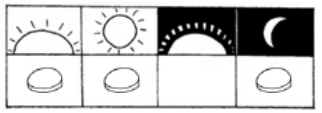
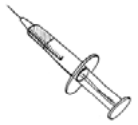
HANDOUT 8.4

Treating yeast infection

First choice treatment	Effective substitute	If pregnant or breastfeeding
Fluconazole 150 mg tablet, as a single dose  **OR** **Miconazole** 200 mg through vagina, one a day  for 3 days  **OR** **Clotrimazole** 100 mg vaginal tablet, two tablets a day  for 3 days 	**Clotrimazole 1% cream** 5g in the vagina once a day  for 7 days 	**Miconazole** 200 mg through vagina, one a day  for 3 days  **OR** **Clotrimazole 1% cream** 5g in the vagina once a day  for 7 days  https://www.cdc.gov/std/treatment-guidelines/candidiasis.htm

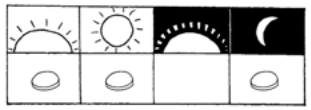
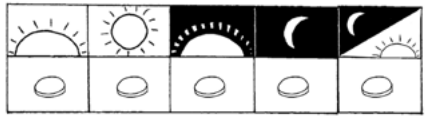
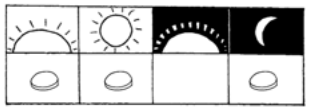
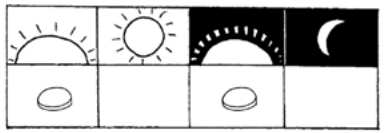
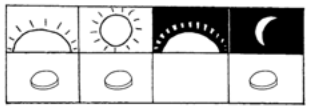
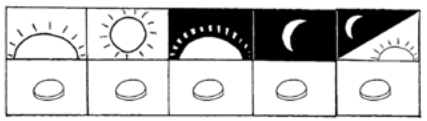
HANDOUT 8.4

Treating chancroid

First choice treatment	Effective substitute	If pregnant or breastfeeding
Azithromycin 1 gram orally, as a single dose  **OR** **Ciprofloxacin** 500 mg orally, twice a day  for 3 days  **OR** **Erythromycin** 500 mg orally, 3 times a day  for 7 days 	**Ceftriaxone** 250 mg as a single intramuscular injection 	**Erythromycin** 500 mg orally, 3 times a day  for 7 days  **OR** **Azithromycin** 1 gram orally, as a single dose  **OR** **Ceftriaxone** 250 mg as a single intramuscular injection  https://www.cdc.gov/std/treatment-guidelines/chancroid.htm

HANDOUT 8.4

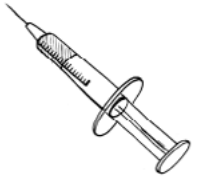
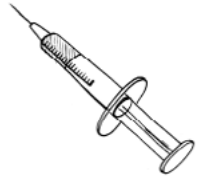
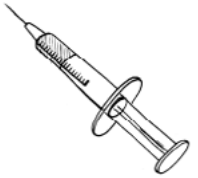
Treating genital herpes

Primary infection treatment	Recurrent infection treatment	If pregnant or breastfeeding
Acyclovir 400 mg orally, 3 times a day  for 10 days  **OR** **Acyclovir** 200 mg orally, 5 times a day  for 10 days 	**Acyclovir** 400 mg orally, 3 times a day  for 5 days  **OR** **Acyclovir** 800 mg orally, 2 times a day  for 5 days 	**Use Acyclovir only when benefit outweighs the risk. Dosage is the same as for primary infection.** **Acyclovir** 400 mg orally, 3 times a day  for 10 days  **OR** **Acyclovir** 200 mg orally, 5 times a day  for 10 days 

WHO guidelines: https://apps.who.int/iris/bitstream/handle/10665/250693/9789241549875-eng.pdf

HANDOUT 8.5

Giving tetanus toxoid and tetanus immunoglobulin to people with wounds

How many doses of tetanus has the survivor had? *(number of doses)*	**If wounds are clean** and **less than 6 hours old** or **minor wounds**		**All other wounds**	
	tetanus toxoid	**tetanus immunoglobulin**	**tetanus toxoid**	**tetanus immunoglobulin**
Uncertain or less than 3	Yes 	No	Yes 	Yes 
3 or more	No, unless last dose was more than **10 years** ago	No	No, unless last dose was more than **5 years** ago	No

Tetanus vaccination is safe for pregnant women and children. For children less than 7 years old, DTP (diptheria, tetanus toxoid, and pertussis vaccine) or DT (diptheria and tetanus toxoid) is preferred to tetanus toxoid alone. For persons 7 years and older, Td (tetanus and diptheria) is preferred to tetanus toxoid alone.

The second dose should be given at 4 weeks, and the third dose at 6 months to 1 year.

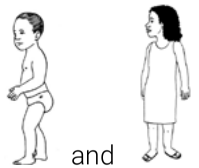
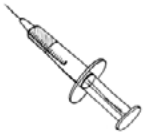
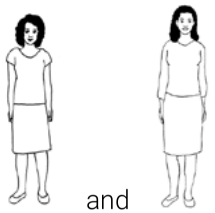
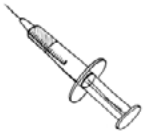
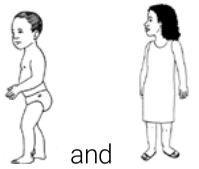
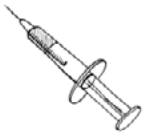
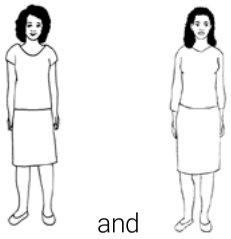
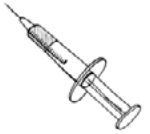
Images from Hesperian Foundation.

WHO, Clinical Management of Rape and Intimate Partner Survivors: Developing protocols for use with refugees and internally displaced persons, 2019.

HANDOUT 8.5

How to give the hepatitis B vaccine

It is given in 3 separate doses: the 2nd dose is given 1 month after the first dose; and the 3rd dose is given 6 months after the 2nd dose.*
Sometimes, the 2nd dose is given at 2 months, and the 3rd at 4 to 12 months.**

Engerix-B	Children 0 to 11 years		**10 ucg (0.01 mg)** 
	Children 12 to 19 years and adults		**20 ucg (0.02 mg)** 
Recombivax HB	Children 0 to 11 years		**2.5 ucg (0.0025 mg)** 
	Children 12 to 19 years and adults		**10 ucg (0.01 mg)** 

*WHO, Clinical Management of Rape and IPV Survivors: Developing protocols for use with refugees and internally displaced persons, 2019.
**Hesperian Foundation, A Book for Midwives: Care for pregnancy, birth and women's health, updated 2021.

HANDOUT 8.6

Preparing a syringe for injection[1]

Before preparing a syringe, **wash hands with soap and water.**

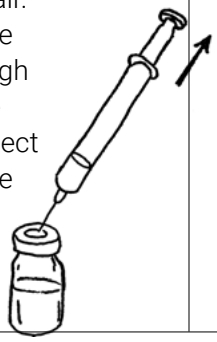
1. Take the syringe apart and boil it and the needle for 20 minutes

2. Pour out the boiled water without touching the syringe or the needle

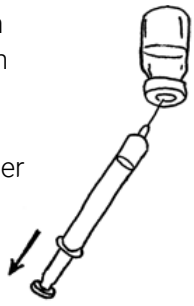
3. Put on a pair of disposable gloves if you have them. Put the needle and the syringe together, touching only the base of the needle a

4. Rub the rubber of the bottle with clean cloth wet with alcohol or boiled water.

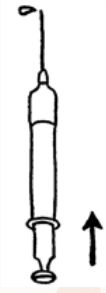
5. Pull the plunger back to fill the syringe with air. Then push the syringe through the top of the bottle, and inject the air into the bottle.



6. Rub the rubber of the bottle with clean cloth wet with alcohol or boiled water



7. Hold the syringe with the needle pointing up. Gently tap the barrel of the syringe until all the air bubbles rise to the top. Push the plung-er in just a little to get the air out.



Be very careful not to touch the needle with anything—not even the cotton with alcohol. If by chance the needle touches your finger or something else, boil it again.

Reproduced, including images, from Hesperian Foundation, *A Book for Midwives*, revised 2011. Images adapted by Stacey Patino.

HANDOUT 8.7

Preventing infection (advanced)[1,2,3,4]

Consider removing section on disinfecting needles if only disposable needles will be used in the pilot (recommended).

Infections are caused by germs that are too small to see. Every person carries germs. These germs do not usually cause problems, but they can cause infections if passed to and from sick people. Germs also live on the equipment and tools used when caring for other people and can easily be passed to others you help.

IMPORTANT! You must follow these guidelines every time you help someone, whether you use your hands, tools or special equipment. If you do not, you may get a dangerous infection, or pass an infection to the people you are helping.

Protecting yourself from flu-like illness

Use appropriate personal protective equipment where concerns for transmission of flu-like illness (COVID-19) exists. This includes wearing a face mask, eye protection, and gloves. Non-medical or surgical masks can become dirty on the outside or when touched by your hands. Therefore, avoid touching your face mask while using it. If possible, change the mask for a fresh one as soon as it becomes soiled or damp. Non-medical face masks that cannot be washed should be thrown away and replaced when they become damp, soiled, or crumpled. Wash your hands frequently with soap and water or an alcohol-based sanitizer, before and after every encounter with a survivor. If possible, leave at least 1 meter between you and the survivor, and offer a face mask if the survivor is not wearing one.

Let your hands dry in the air instead of using a towel. Do not touch anything until your hands are dry.

Washing your hands

Wash your hands before and after caring for another person. It is the most important way to kill germs living on your skin. You need to wash your hands even more thoroughly and for a longer time:

- Before and after helping someone give birth
- Before and after touching a wound or broken skin
- Before and after giving an injection, or cutting or piercing a body part
- After touching blood, urine, stool, mucus, or fluid from the vagina
- After removing gloves

Use soap to remove dirt and germs. Count to 30 (or longer for a particularly thorough wash) as you scrub your hands all over with the soapy lather. Use a brush or soft stick to clean under your nails. Then rinse. Use water that flows.

[1] Reproduced, including images, from Hesperian Foundation, A Book for Midwives: Care for pregnancy, birth and women's health, updated 2010. Images adapted by Stacey Patino.

[2] IFRC, *Volunteer manual for community-based health and first aid in action manual* (CBHFA), 2009. Page 173.

[3] IFRC, *International first aid and resuscitation guidelines*, 2020.

[4] IAWG on RH in Crises, Inter-agency field manual on reproductive health in humanitarian settings, 2018.

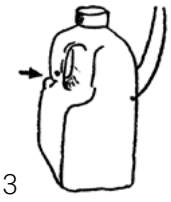
HANDOUT 8.7 PREVENTING INFECTION (ADVANCED) continued

Try making a Tippy Tap to have flowing water. It will save water and will make it easy to keep a supply of clean water for washing hands.

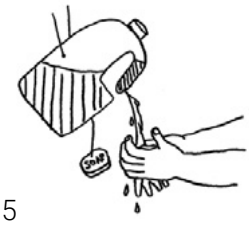
1. Use a large, clean plastic bottle with a handle. Pinch the handle together with a pair of hot pliers or a hot knife.
2. Make a small hole in the handle, just above where you sealed it.
3. To hang the tippy tap, make two more holes in the other side of the bottle and pass a string through them. Now you can hang it on a peg or tree branch.
4. Fill the bottle with clean water and replace the lid.
5. When you tip the bottle forward, the water will flow out, so you can wash your hands. Do not make the hole too large or it will waste water.

You can also hang a bar of soap from the string.

Step 1

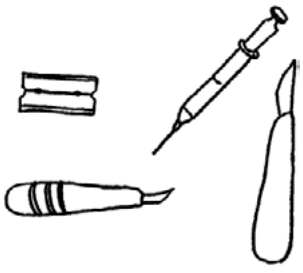


Step 3



Step 5

How to disinfect equipment and tools



Cleaning tools and equipment to rid nearly all of the germs is called high-level disinfection. Tools must **first** be washed and **then** disinfected if they are used to give an injection.

High-level disinfection: 3 steps

Steps 1 and 2 should be done right after using your tools. Try not to let blood and mucus dry on them.
Step 3 should be done right before you use the tools again. All steps can be done together if you can store your tools so they will stay disinfected.

1. **Soaking:** Soak your tools for 10 minutes. If possible, use a 0.5% solution of bleach *(chlorine)*. Soaking your tools in bleach solution first will help protect you from infection when cleaning the tools. If you do not have bleach, soak your tools in water.

How to make a disinfecting solution of 0.5% bleach:

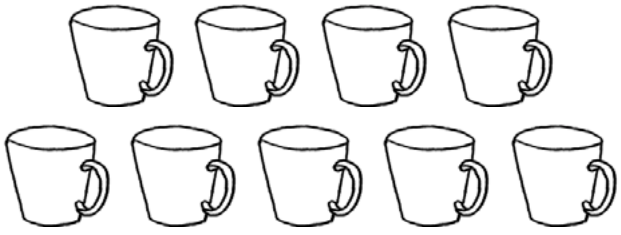
If your bleach says:	***Use:***
2% available chlorine	1 part bleach to 3 parts water
5% available chlorine	1 part bleach to 9 parts water
10% available chlorine	1 part bleach to 19 parts water
15% available chlorine	1 part bleach to 29 parts water

HANDOUT 8.7 PREVENTING INFECTION (ADVANCED) continued

For example:

If your bleach says 5% available chlorine, use this much bleach:

and this much water:



Mix just enough solution for one day. **Do not use it again the next day.** It will not be strong enough to kill germs anymore.

2. **Washing:** Wash all tools with soapy water and a brush until each one looks very clean, and rinse them with clean water. Be careful not to cut yourself on sharp edges or points. If possible, use heavy gloves, or any gloves you may have.

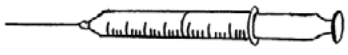
3. **Disinfecting:** Steam or boil the tools for 20 minutes (as long as it takes to cook rice).

To steam them, you need a pot with a lid. The water does not need to cover the tools, but use enough water to keep steam coming out the sides of the lid for 20 minutes.

To boil them, you do not need to fill the whole pot with water. But you should make sure water covers everything in the pot the entire time. If possible, put a lid on the pot.

For both steaming and boiling, start to count the 20 minutes after the water is fully boiling. Do not add anything new to the pot once you begin to count.

IMPORTANT! Never use a tool on more than one person without washing and disinfecting all parts between each use.



Storing your tools

If you store your tools properly you can do Steps 1, 2, and 3 at one time, and the tools will be ready to use whenever you need them. To store tools:

- After boiling, pour off the water and let the tools dry by themselves. Do not dry them with a cloth. Put a lid or a thin, clean cloth over the pot to prevent flies and dust from getting in. Be sure to let the tools dry completely. Metal objects will rust if they are not dry.
- Do not let the tools touch your hands or anything else.
- Store the tools in a covered pot that has been disinfected. You can use the pot that was used for boiling with a lid, or the steamer that was used for steaming, or a glass jar and lid that have been boiled. If possible, put everything in a clean plastic bag to protect from dust.

Make sure the pot and lid where you store the tools have also been disinfected.

HANDOUT 8.7 PREVENTING INFECTION (ADVANCED) continued

Disinfecting needles and syringes, gloves, and bandages

Needles and syringes: If a needle and syringe can be used more than once (reusable), squirt bleach or soapy water through the syringe 3 times right after using it. Then take everything apart and follow step 2 and then step 3 above. Carefully store the syringe until the next use. Be sure not to touch the needle or the plunger. If you are not able to store things in a clean and dry place, boil or steam them again before use.

If a needle and syringe can be used one time only (disposable), carefully put them in a covered container that cannot be pierced by the needle, and bury the container deeply. If you cannot dispose of the needle safely, squirt bleach solution through it three times.

Used needles are dangerous!

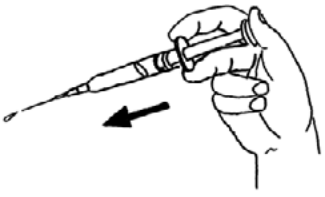
Gloves: Gloves protect both you and the people you help against the spread of infection. If you do not have gloves, use clean plastic bags to cover your hands. Sometimes it is okay to use gloves that are clean but not disinfected—as long as you are not reusing them. But you should **always use high-level disinfected gloves when:**

- Putting your hand inside the vagina during an exam before or after childbirth or abortion
- Touching broken skin

If you do not have gloves, you can use clean plastic bags to cover your hands.

If you use gloves more than one time, they should be cleaned, disinfected, and stored following the instructions. Always check washed gloves for holes, and throw away any that are torn.

If possible, it is best to steam gloves rather than boil them because they can stay in the pot they were steamed in until they are dry. If you are unable to steam gloves and must boil them, try to dry them in the sun. You will probably have to touch them to do this, so they will no longer be disinfected, but they will be clean. Keep them in a clean, dry place.



Cloth dressings: If you do not have sterile gauze, use cloth dressings. Follow the instructions for disinfection and storage. Dry the dressings in the sun, but be sure to keep them off the ground, and to protect them from dust, flies and other insects.

Any items that have touched blood or body fluids (urine, stool, semen, fluid from the bag of waters, pus) should be burned, or disposed of carefully so that children or animals will not find them. This includes supplies that are no longer useful but are contaminated, such as syringes, torn gloves or gloves that can only be used once, gauze or cotton.

HANDOUT 8.7 PREVENTING INFECTION (ADVANCED) continued

If you injure yourself when caring for a survivor

Injury with a used needle or sharp instrument, and it has broken your skin:

- Do not squeeze or rub.
- Wash immediately using soap and water.
- Do not use strong solutions. Bleach or iodine irritate the wound.

Splash of blood or body fluids on unbroken skin:

- Wash the area immediately. Do not use strong disinfectants.

Splash of blood or body fluids in the eye:

- Irrigate the exposed eye immediately with water or normal saline.
- Tilt the head back and have a colleague pour water or normal saline.
- Do not use soap or disinfectant on the eye.

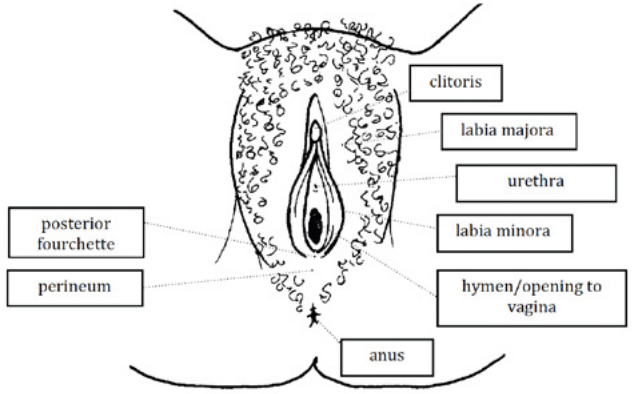
Splash of blood or body fluids in the mouth:

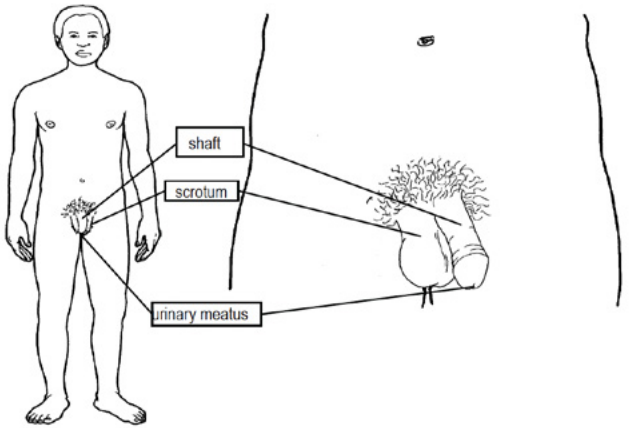
- Spit the fluid out immediately.
- Rinse mouth thoroughly with water or saline. Repeat several times.
- Do not use soap or disinfectant in the mouth.

Report notify your supervisor or health center staff as soon as possible. You may need to receive post-exposure prophylaxis to prevent HIV, or a vaccine to prevent Hepatitis B.

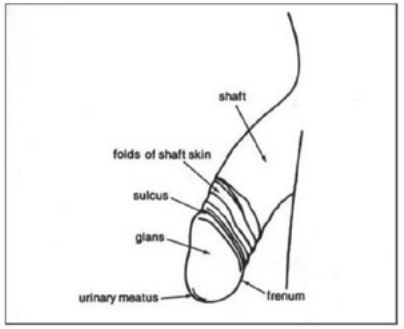
HANDOUT 8.8

Reproductive health anatomy*

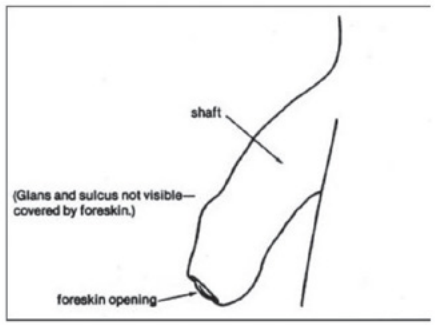




Circumcised Penis



Uncircumcised Penis



* IRC, *Clinical Care for Survivors of Sexual Assault: A Multi-Media Training Tool*, 2008. Page 119 and 125

HANDOUT 8.9

Identifying and managing STIs*

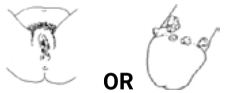
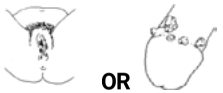
The table below explains symptoms, signs and most common causes of sexually transmitted infections (STIs), as well as guidelines for addressing them.

Syndrome	Ask survivor if she or he experiences these symptoms:	Signs	Common Causes	Treatment Protocols	REFERRAL
Vaginal discharge	Unusual vaginal discharge (in amount, smell or color) 	Abnormal vaginal discharge (in amount, smell or color) 	Trichomoniasis Gonorrhea Chlamydia Yeast infection	Give antibiotics for trichomoniasis, gonorrhea and chlamydia (follow treatment protocols in *Treating Sexually Transmitted Infections in Adults* handout) If vaginal discharge is white with curd-like appearance and there is vaginal itching, treat for possible yeast infection	Refer to higher level health facility if possible if discharge is reported yellow, green or very bad-smelling Consider referral to higher level facility if these symptoms are present: • Fever • Pregnancy • Abnormal bleeding (between periods or heavy bleeding)
	Pain while urinating 				
	Pain during sex 				
	Vaginal itching 				

* Vaginal discharge, pain while urinating, thermometer and penile ulcers images from Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, updated 2010.

HANDOUT 8.9

Identifying and managing STIs*

Syndrome	Ask survivor if she or he experiences these symptoms:	Signs	Common Causes	Treatment Protocols	REFERRAL
Lower abdominal pain	Lower belly pain  Pain during sex 	Vaginal discharge  Tenderness when lower belly is touched  Fever 	Gonorrhea Chlamydia Other anaerobic bacteria	Give antibiotics for trichomoniasis, gonorrhea and chlamydia (follow treatment protocols in *Treating Sexually Transmitted Infections in Adults* handout)	Refer to higher-level health facility when possible if these symptoms are present: • Fever • Pregnancy • Abnormal bleeding (between periods or heavy bleeding) • Abnormal vaginal discharge • Reports of severe pain in lower abdomen
Genital ulcer	Genital sore  **OR**	Genital ulcer  **OR**	Syphilis Chancroid Genital herpes	Give medications for STIs (following treatment protocols in **Treating Sexually Transmitted Infections in Adults** handout)	

* Vaginal discharge, pain while urinating, thermometer and penile ulcers images from Hesperian Foundation, *Where Women Have No Doctor: A Health Guide for Women*, updated 2021.

HANDOUT 8.10

Treating allergic reactions and allergic shock[1,2]

Some medicines, especially antibiotics like penicillin and ampicillin, can produce an allergic reaction, usually within 30 minutes after an injection. An allergic reaction can progress to allergic shock, which is an emergency. To prevent allergic reaction and allergic shock, before giving an injection ask the person: "Have you ever had a reaction to this medicine, like unusual red spots, itching, swelling or trouble breathing?" If the answer is yes, do not use that medicine in any form, or any medicine from the same family of medicines. Whenever you inject medicines, watch for signs and have medicines for treating them nearby.

Signs of mild allergic reaction: Itching, sneezing, red spots or rash

Treatment: Give 25 mg diphenhydramine by mouth 3 times a day until the signs disappear. Diphenhydramine can cause drowsiness. Pregnant or breastfeeding women may find the discomfort of a mild allergic reaction better than the risks of taking an antihistamine.

Signs of moderate to severe allergic reaction: Itching, hives, swollen mouth and tongue, or difficulty breathing

Treatment:

1. Inject 0.5 mg of epinephrine immediately under the skin. Give a second injection in 20 minutes if the signs do not get better.
2. Give 25 mg diphenhydramine by mouth or by injection into a muscle, or 10 mg cetirizine by mouth to help with rash and itchiness. These medications to not help relieve breathing difficulties.
3. Watch the person for at least 4 hours to make sure the person does not progress to allergic shock. If they have difficulty breathing or continued swelling of the mouth and tongue, refer the survivor to the health center immediately.

1. Grab the fatty part on the underside of the upper arm. Hold the skin like this:

2. Put the needle under the skin at this angle. Make sure the needle does not go into the muscle.

Signs of allergic shock: itching or hives; swollen mouth and tongue; weak, rapid pulse or heartbeat (more than 100 beats per minute for an adult); sudden paleness or cool, moist skin (cold sweats); difficulty breathing; or loss of consciousness.

Treatment:

1. Inject 0.5 mg of epinephrine immediately under the skin as in the above image. Give a second injection in 5–15 minute intervals if the signs do not get better.
2. Refer the survivor to the health center immediately.

[1] Reproduced from Hesperian Foundation, "Allergy: Mild or Severe (Anaphylaxis)," Where There Is No Doctor. updated 2021. Image adapted by Stacey Patino.

[2] Up to date, "Anaphylaxis: Emergency Treatment," 2021.

HANDOUT 8.11

Antibiotic dosaging table: Azithromycin for Chlamydia and Syphilis Prevention in children and adolescents

Consider suspension for young children who may not be able to swallow tablets.

Weight (Kg)	**Azithromycin** (20 mg/kg)	**Tablet** (250 mg)	**Number of tablets**
10	200	0.80	1 
11	220	0.88	
12	240	0.96	
13	260	1.04	1 & quarter 
14	280	1.12	
15	300	1.20	
16	320	1.28	1 & half 
17	340	1.36	
18	360	1.44	
19	380	1.52	1 & half & quarter 
20	400	1.60	
21	420	1.68	
22	440	1.76	2 
23	460	1.84	
24	480	1.92	
25	500	2.00	
26	520	2.08	2 & quarter 
27	540	2.16	
28	560	2.24	
29	580	2.32	2 & half 
30	600	2.40	
31	620	2.48	
32	640	2.56	2 & half & quarter 
33	660	2.64	
34	680	2.72	
35	700	2.80	3 
36	720	2.88	
37	740	2.96	
38	760	3.04	3 and a quarter 
39	780	3.12	
40	800	3.20	
41	820	3.28	3 and a half 
42	840	3.36	
43	860	3.44	
44	880	3.52	3 and a half and a quarter 

HANDOUT 8.11

Antibiotic Dosaging Table: Cefixime for Gonorrhea Prevention in Children

Consider suspension for young children who may not be able to swallow tablets.

Weight (Kg)	**Cefixime** (8 mg/kg)	**Tablet** (200 mg)	**Number of tablets**
10	80	0.40	Quarter 
11	88	0.44	
12	96	0.48	
13	104	0.52	Half 
14	112	0.56	
15	120	0.60	
16	128	0.64	
17	136	0.68	
18	144	0.72	
19	152	0.76	Half and quarter 
20	160	0.80	
21	168	0.84	
22	176	0.88	
23	184	0.92	
24	192	0.96	
25	200	1.00	1 
26	208	1.04	
27	216	1.08	
28	224	1.12	
29	232	1.16	
30	240	1.20	
31	248	1.24	
32	256	1.28	1 and quarter 
33	264	1.32	
34	272	1.36	
35	280	1.40	
36	288	1.44	
37	296	1.48	
38	304	1.52	1 and half 
39	312	1.56	
40	320	1.60	
41	328	1.64	
42	336	1.68	
43	344	1.72	
44	352	1.76	1 and half and quarter 

United Nations Children's Fund
Programme Division, Child Protection in Emergencies
3 United Nations Plaza
New York, NY 10017
mmarsh@unicef.org
www.unicef.org

Women's Refugee Commission
15 West 37th Street, 9th Floor
New York, NY 10018
(212) 551-3115
info@wrcommission.org
womensrefugeecommission.org