

Making Referrals

- Make sure that quality services are offered at the places you are referring clients.
- Provide details on the services you are recommending to help a woman decide which services meet her needs. Details could include: location, type of organization, costs, hours, services offered, and availability of staff. Keep this information easily accessible to everybody at your clinic.
- If your clinic doesn't have a written list of referral services, ask other clinics in the area to use theirs as a starting point for creating your own. If there are few formal services in your community talk to the survivor about informal community and family resources where she could find support.
- If you give any written referral information to a woman, counsel her to hide it or help her find ways of remembering the information without writing it down. If it is found, it could increase her risk for violence.
- Make sure she gives informed consent for any referrals you make and any information you disclose to other services.

Dos and Don'ts For discussing HIV with sexual violence survivors

DOS

- **Do** be respectful of the client's feelings. This is a difficult time for her.
- **Do** reassure her that she is not to blame for the sexual violence.
- **Do** listen to her concerns about HIV testing.
- **Do** make sure she understands why PEP will be discontinued if she is HIV positive.

DON'Ts

- **Don't** blame her for the sexual violence.
- **Don't** force her to be tested for HIV.

*NOTE: Different clinics have different guidelines about when to administer PEP. However, the World Health Organization recommends administering PEP immediately and then allowing the survivor up to three days to take the HIV test.⁸

Sexual Violence Interview Guide

Whether you are a doctor, nurse, counselor, or other health care provider, the purpose of this guide is to help you **discuss HIV with a sexual violence survivor**, including assisting and supporting survivors through an HIV test.

WHY talk to sexual violence survivors about HIV?

- One of the many concerns surrounding sexual violence is the possibility that the survivor will contract HIV as a result. Although this is already an emotionally difficult time, you must discuss HIV with survivors of sexual violence, for their own safety and well-being.

WHEN should I use this interview guide?

- If a woman comes into the clinic after experiencing sexual violence, treat her according to her needs and according to your clinic's protocol. Once you come to the portion of the client's visit that addresses HIV and the sexual violence, this guide can help you to identify topics that need to be discussed.
- This guide can be used at different points in a client's visit. Use your instinct and judgment to determine when is the right time to address violence and HIV.

HOW do I use this interview guide?

- First establish rapport with friendliness, eye contact and warm greetings.
- Modify the questions and responses as needed for your clinic, clients and context.
- The questions in this interview guide are just a starting point. Follow your client's lead. The client's response to a question could lead you to ask other questions of your own.
- At all times a survivor of sexual violence needs confidentiality, support and understanding, as well as information on health, legal, and counseling services and their purposes.¹

References

1. Bott S., Guedes A., Claramunt M.C., Guezmes A. (2004). *Improving the Health Sector Response to Gender-Based Violence: A Resource Manual for Health Care Professionals in Developing Countries*. New York: International Planned Parenthood Federation.
2. Kilonzo N., Ajema C., Thiomi J., Mutsungah Y. (2005). *Rape/sexual violence: Trauma counseling protocols*. Nairobi: Liverpool VCT & Care Kenya.
3. Womenshealth.gov: The Federal Government Source for Women's Health Information. (2006). *Emergency Contraception*. U.S. Department of Health and Human Services. Retrieved on 12/11/2007 from <http://www.4women.gov/faq/econtracep.htm>
4. Uganda Ministry of Health. (2007). *Management of Sexual and Gender Based Violence survivors*. Kampala: Ministry of Health.
5. Medline. (2006). *Emergency Contraception*. U.S. National Library of Medicine and National Institute of Health. Retrieved 12/11/2007 from <http://www.nlm.nih.gov/medlineplus/ency/article/007014.htm>
6. World Health Organization. (2006). *Addressing violence against women in HIV testing and counseling: meeting report*. Geneva: World Health Organization, viii, 18, 28.
7. Kenya Ministry of Health. (2004). *National Guidelines: Medical Management of Rape and Sexual Violence*. Nairobi: Ministry of Health.
8. World Health Organization. (2000). *Rape and HIV post-exposure prophylaxis: Relevance and reality in South Africa: discussion paper*. Geneva: WHO.

Starting a Conversation ²

Transition Statement

Before asking questions about violence, use a transition statement to make the client as ready and as comfortable as possible, such as:

“Although I know that this is an emotionally difficult time for you, I always ask these routine questions to clients who have experienced sexual violence. I apologize if this is difficult, but I need to know the following so I can provide quality care.”

Questions

1. Did you know your HIV status before the assault?
2. Do you know the HIV status of your perpetrator?

Responding to Clients' Needs

Once the client has answered your questions, you will have a general idea of her treatment requirements. At this time, you can provide information and support, and treat her according to her individual situation. This document provides responses for the most common scenarios encountered by professionals supporting survivors of sexual violence. Combine these ideas with your own knowledge, skills, practices and protocols.

IF a woman knows her HIV status and she is HIV positive . . .

- Treat her for injuries.
- Inform her about her options for emergency contraception (EC). EC can be administered up to five days after an assault.³ It does not interrupt an established pregnancy, and so is not considered a method of abortion.^{4,5}
- Provide STI treatment prophylactics.
- Do not administer post-exposure prophylaxis (PEP).
- Gather forensic evidence (evidence of the violence that could be used in court) if your clinic or laboratory has the capacity.
- Refer her for further counseling services, women's NGOs, or rape trauma services for ongoing support. If there are no formal support options in your community, brainstorm with her trusted relatives or friends who could support her, maintain her confidentiality, and help her cope.

IF the sexual assault occurred less than 72 hours ago and a woman:

- a. **does not know her HIV status or to her knowledge she is currently HIV negative**
- b. **knows that the perpetrator was HIV positive**
- c. **does not know the status of the perpetrator (in which case assume that he is HIV positive) . . .**

- Treat her for injuries.
- Inform her about her options for emergency contraception (EC). EC can be administered up to five days after an assault.³ It does not interrupt an established pregnancy, and so is not considered a method of abortion.^{4,5}
- Provide STI treatment prophylactics.
- Gather forensic evidence if your clinic or laboratory has the capacity.
- Explain to her that post-exposure prophylaxis (PEP) is a treatment to reduce her chances of contracting HIV.
- Administer PEP immediately.*
- Inform her about the dosage, length of treatment, and adherence for the specific ARV's that make up the PEP regimen you prescribe.
- Tell her that she will have to be tested for HIV and that she has up to 72 hours (three days) to be tested in order for PEP to continue.
- Refer her for further counseling services, women's NGOs, or rape trauma services for ongoing support.⁶ If there are no formal support options in your community, brainstorm with her trusted relatives or friends who could support her, maintain her confidentiality and help her cope.

Is your clinic ready? ¹

Can you ensure:

☐ Client Confidentiality

Confidentiality, and any limits to it that might exist in your country (e.g., mandatory reporting, etc.) must be discussed with clients at the beginning of the consultation.

☐ Secure Records

Clinics must provide a secure storage area for records and a policy about who can look at those records.

☐ A Well-Trained, Sensitive Staff

Clinic staff must be trained in and have explored their own attitudes and experiences about violence against women.

☐ Client-Centered Services

Clinical services must be in the best interest of the client and uphold client's rights.

☐ An Effective Referral System

Clinics must keep a list of appropriate and up-to-date referrals for women experiencing violence and/or HIV.

Sexual Violence and PEP Guidelines^{4,7}

- If a woman presents at your clinic within 72 hours of the sexual assault, begin the PEP regimen immediately* and give her three days to get tested for HIV. She may need this time to prepare herself for the emotional difficulty of the HIV test after the already traumatizing sexual violence.
- If a client comes into the clinic more than 72 hours after the sexual violence, she is ineligible for PEP. However, she should be referred to both trauma counseling services and medical management services for STI prevention and emergency contraception.
- If the HIV test comes back positive, take her off PEP.
- If the HIV test comes back negative, give her the rest of her PEP regimen.

The Next Step: The HIV Test

The HIV test that a survivor of sexual violence must take to continue PEP may be traumatizing.

IF a survivor is ready for the HIV test . . .

- Follow the **VCT Counselor Interview Guide** for discussing violence against women and HIV. This will help you discuss things that are important for the survivor to think about as she is being tested.
- Inform her of the window period between exposure and testing positive for HIV. She should be tested after 6 weeks and again after 3 months.
- Explain that if her test result does come back positive, she did not contract HIV from the sexual assault. Rather, her exposure occurred more than six weeks ago.⁷
- Explain to her that if the test comes back positive, the PEP regimen is not possible or helpful for her. In this case, discuss with her other ongoing treatment options and strategies for positive living.

IF a survivor is not ready for the HIV test . . .

- Explain that the decision must be made within three days for PEP to continue.
 - Talk with her about coping with sexual violence and refer her for further counseling services, to women's

NGOs, or rape trauma services for ongoing support.⁶ If there are no formal support options in your community, brainstorm with her trusted relatives or friends who could support her, maintain her confidentiality and help her cope.

- Explore her issues and concerns about getting tested.

Once the HIV test results come back, do the following:

IF the survivor's HIV test comes back negative . . .

- Continue with administration of PEP. You should give her enough for one or two weeks so she can come back to the clinic for additional medical attention and counseling. It is not recommended to give survivors the full month's regimen of PEP at once unless she is unable to return for additional services.⁷
- Help her think of ways to adhere to PEP. If she has a partner and is unsure of his reaction, help her practice telling her partner or advise her to store her PEP regimen at the house of a trusted relative, neighbor or friend.
- Refer her to trauma counseling services, general counseling services or women's NGOs so she can have ongoing support.⁶ If there are no formal support options in your community, brainstorm with her trusted relatives or friends who could support her, maintain her confidentiality and help her cope.
- If she takes another HIV test after six weeks and she has sero-converted, discuss the disclosure options found in the *SASA! VCT Counselor Interview Guide*.

IF the survivor's HIV test comes back positive . . .

- Discontinue PEP. Explain the window period and that her exposure to HIV occurred more than 6 weeks ago. PEP will not help her.
- Emphasize options for ongoing support and treatment of HIV, and refer her to HIV treatment services, counseling services or women's NGOs for additional support.⁶ If there are no formal support options in your community, brainstorm with her trusted relatives or friends who could support her, maintain her confidentiality and help her cope.
- Discuss strategies for positive living such as proper nutrition, ongoing counseling and medical care.⁷
- Review HIV status disclosure with her. Status disclosure can be dangerous if the survivor is living in a violent relationship. See the *SASA! VCT Counselor Interview Guide* for ways to discuss disclosure with her and what to do once she makes her decision.

