

# Medical & psychological support for those who have been sexually assaulted

## *Information for Human Resources, Security and Field Managers*

This document is aimed at those with responsibilities towards field personnel working remotely from good medical care who may be at increased risk of sexual assault. The information is aimed to help you plan in advance for such an incident as well as giving you some of the information you may need to support an individual in the immediate period after the incident until they can access medical and psychological help of a good standard that is sensitive to their needs.

This document accompanies the booklet on sexual assault issued with the treatment kits for individuals travelling to the field.

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# Definition of sexual assault

The law on this may vary greatly between different countries.

Sexual violence and abuse can be defined as any behaviour perceived to be of a sexual nature which is unwanted and takes place without consent or understanding. Consent is defined as being 'by free agreement.' Assaults can be strangers, acquaintances, friends, or family members. Assaults commit sexual assault by way of violence, threats, coercion, manipulation, pressure or tricks. It is important to recognise that men, as well as women, may be subjected to sexual violence.

We know that sexual assault is significantly underreported worldwide (UN, Special Rapporteur on Violence Against Women, 1997).

In the UK, oral penile penetration is included in the definition of rape. Sexual assault includes enforced penetration by a finger.

Sexual activity of any kind between adults and/or children under the age of 16 is unlawful in the UK, however this will vary greatly between different countries.

We recognise that sexual harassment can also feel like an assault and is also significantly underreported worldwide and is prevalent within the humanitarian sector.

## Who is at risk?

Sexual violence is ubiquitous; it occurs in every culture, in all levels of society and in every country of the world. Data from country and local studies indicate that, in some parts of the world at least, one woman in every five has suffered an attempted or completed rape by an intimate partner during her lifetime. (WHO, 2003)

Any worker in the field is at risk, but particularly those working in remote environments or places with safety and security issues. Special considerations should be given to planning for an incident in those working remote from good medical care.

Sexual assault is often thought of as a particular issue for women but men may also be the victims.

## General issues for an agency in contingency planning for an incident

None of us can be fully prepared for every eventuality; however it may be helpful to consider the following issues:

- Identify those working or travelling to locations which may be of higher risk. This may include assignments with security issues or where sexual violence is common. It also includes places remote from good medical care.

- Consider training in Psychological First Aid (available from InterHealth) for field workers so that they have the skills to support an individual after an incident.
- Consideration of the legal and cultural issues in country regarding sexual assault. Attitudes towards a person who has been sexually assaulted may be very variable.
- Consideration of whom an individual may or may not wish to be contacted in their family network following an incident. Workers from some cultures may feel that reporting an incident to their family may raise some problematic issues.
- Create policies on contingency planning for an incident and make staff aware of them.
- Consider what your insurance will cover in the event of an incident. Alcohol is a common factor in sexual assault and this may invalidate some insurance policies. Make staff aware of these clauses and what standards of behaviour are expected of them in the field.

### **Medical issues in planning in advance for an incident**

We always recommend a face to face medical assessment for anyone following an assault in a position to access good medical care. However, for those working remotely who are unable to access this immediately following an incident, the following steps can help in bridging the gap between an incident and medical assessment. Some of the medications which may be needed following an assault work best if taken as soon as possible. Advance identification of the availability of certain other treatments or suitable medical practitioners in-country or region can also save time in the period following an assault. Steps to consider may include:

- Preparation of at-risk individuals with a sexual assault kit from InterHealth. Kits include emergency medications which work best if taken immediately following an incident. This includes emergency contraception (“morning after pill”) and post exposure prophylaxis against HIV (HIV PEP). Detailed advice is also included in an information booklet on the psychological aspects following an assault as well as information on how to make a risk assessment of the medical issues. The booklet also includes advice on the recommended follow up in the medium and long term.

Each individual is required to have a consultation at InterHealth in order to be prescribed a kit. This allows them the opportunity to receive education about the kit contents as well as a medical assessment to make sure it is safe for them to take the medications. Kits are prescribed for individual use only.

Full details of kit contents are given on page 7.

- Storage of medications for field workers: ideally this needs to be between 2 and 30 degrees Celsius for HIV PEP. In field conditions where it is not possible to control storage within these parameters it may be better to store HIV PEP at a central location such as an air conditioned office where the temperature can be better controlled. HIV PEP works best if started within 1 hour after an incident; however it may be better to

store the HIV PEP in good conditions a few hours away rather than rely on drugs that may have degraded due to temperature extremes. It is still worthwhile considering HIV PEP up to 72 hours after an incident.

- Ensure that staff have access to a general first aid kit in the field for treatment of any general injuries sustained.
- Early access to ongoing medical care following an assault (0-7 days). Medical care needs to be culturally appropriate for that individual as far as possible as well as sympathetic and of good quality including access to laboratory services.
- Capacity of local medical structures to deal with a forensic medical examination if an individual wishes to report an incident to the legal authorities.
- Ongoing access to HIV Post Exposure Prophylaxis. InterHealth sexual assault kits contain Combivir and Kaletra in a 3 day supply. For those individuals who choose to start HIV PEP, a full course is 28 days. As availability of Combivir and Kaletra varies from country to country, you should consider where an individual might need to travel to in order to access supplies that are of a reliable quality.
- Medical review of any HIV PEP, if started. This is recommended at 72 hours to help manage side effects and also help the person review their decision about taking PEP and whether they want to continue. Those taking HIV PEP also need access to blood test monitoring for side effects at the end of week one and two. Further blood tests are done at week three and four if there are abnormalities on the initial tests.
- Other medications which may be difficult to access include Hepatitis B immunoglobulin. This is recommended for those assaulted in high prevalence regions who are not previously known to be immune on a blood test following vaccination. Travel to excellent medical facilities will be required to access this. Some individuals may also require a Hepatitis B booster vaccination. It is worth identifying in advance where an individual may need to travel in the event of needing either of these items.

A more detailed description of the medical issues around each of these steps is included in the information booklet issued to individuals travelling to the field.

# Steps to consider in the immediate period after an incident

## Safety

Ensure the person who has been assaulted is in a place of safety. This may not mean leaving the area where the assault has taken place, particularly if that is where their support network is but it does involve ensuring they feel protected. If they need to travel in order to feel safe then someone they trust should accompany them. Research and our experience at InterHealth suggests that retaining as much of previous life and location as is safe to do so facilitates recovery but the wishes of the individual should always be considered.

Do not assume that the person identified as next of kin in a crisis is the same person that should be notified in the case of sexual assault. We recommend you ask the individual before contacting anyone.

***We recommend that someone in the field documents the events and the decisions taken at each step.***

We also recommend that in the event of an incident, a person is appointed to be the one whom accompanies the affected individual including assisting them in making decisions about each step. This person should be released from other duties. It is important to acknowledge that this role has an impact on the identified supporter and that they also need to be supported in their role by others. We recommend that others also offer support as time goes on to help ensure a range of relationships but also to prevent burn-out.

***It is essential that the person who has been assaulted has full ownership of the decisions at each step. This includes any medical decisions and the decision as to whether or not they wish to report the assault.***

## Psychological

Psychological care informs all aspects of this information and guidance sheet and all staff can and should offer immediate psychological support.

It is important that you know that each person responds to sexual assault differently and that feelings also change over time within the same person. Do not be surprised at the range of feelings that the person you are supporting may have or how long times of numbness may last.

Sexual assault is rarely a crime of passion. Research suggests it is usually used to degrade, dominate, humiliate, terrorise and control. It leaves a sense that privacy, safety and well-being have been violated (WHO, 2003). As you support individuals, be mindful of doing nothing to repeat this. Allow people to take back as much control and make decisions about their care for themselves. This may be hard to do when someone is in shock and may find decisions hard but take the time necessary to facilitate this.

Most people experience feelings of shock after a sexual assault. This affects people differently but may leave the individual feeling numb or dazed. Sometimes people may be in denial about what has just happened due to the enormity of processing recent events. Be mindful that in the initial stages after an assault it may be hard for the individual to know what to do. Some feel that they cannot do anything while others try to resume things that they were doing before, going into automatic pilot. This is a normal part of the process and over the next hours or days shock will gradually decrease and other feelings will start to come.

Please see the Sexual Assault Booklet that accompanies the Sexual Assault Kit for a list of some common experiences and feelings in the initial days. We recommend that you read this so that you are aware of the range of common experiences, many of which are distressing in themselves. It is important for you to know that they are common and to reassure those experiencing them that it is the case. Why not after listening to what they are feeling point out where that experience is listed in the booklet to further reassure them?

### **What we know you can do to help**

- We know that it is helpful for the person to have someone to listen to them and feel believed.
- Make it clear that the person has the right to choose who to talk to or not to talk to and to make decisions about their care and on-going support.
- Check out regularly whether the person feels safe.
- Encourage them to use patterns or routines that they did before the assault. Ask what they used to do to keep themselves going and ask them to try them again. Warn them that they may feel different but it is worth persisting.
- People often worry that it was their fault in some way- tell them repeatedly and regularly that it was not.
- Be mindful that drinking excessive amounts of alcohol or taking drugs can exacerbate emotions and may also set up unhelpful patterns of coping. Whilst they give a very short moment of relief, escape and forgetfulness turning to alcohol or drugs is a strategy of high risk for future serious problems.

### **Please note:**

Debriefing by an untrained professional is not helpful. Forcing someone to talk when they do not want to or are not sure that the space is confidential is not helpful. If you do need information about the incident for crisis reporting, give the individual as much choice as possible about who and when this happens. We recommend that it does not occur in the initial 7 days and when it does it is focused on events and not emotions.

### **Legal**

This is complex and will be dictated very much by the circumstances and environment where the assault has taken place. The decision as to whether to report the assault will vary greatly between different individuals who have been assaulted as well as according to local circumstances, culture and legal systems.

***It is essential that the person who has been assaulted has full ownership of the decision as to whether to report the assault.***

For UK citizens, the Foreign and Consular Office (FCO) offers assistance to victims of sexual assault including guidance on local police and legal procedures. In most countries, it is required to report the crime before leaving. The information booklet issued for those who have been assaulted includes the FCO booklet “Rape and Sexual Assault Overseas.”

If the affected person is a citizen of another country, we recommend contacting their own in-country embassy for assistance, if the individual agrees it is an appropriate step to take.

### **Cultural**

It is important to recognise that the news of sexual assault of a family member or friend may be received very differently in different cultures. The wishes of the affected individual as to who the assault is disclosed to should be respected at all times. It is worthwhile consulting employees in advance of any incident as to whom they would wish to be contacted in the event of an incident and whom they would not wish to be consulted. This decision should be recorded.

### **Forensic issues**

It is likely that the affected person will have a strong urge to wash. If however the individual has chosen to report the assault then they should be encouraged to avoid this if at all possible as it would interfere with forensic evidence. Washing clothes, brushing teeth and even drinking liquids may destroy all forensic evidence. Clothes worn during the incident should also be kept.

It may be useful to take photographs of any scene of assault or any injuries if it is anticipated these may be used as evidence.

### **Medical issues**

The issues and decisions involved in each step below are described in more detail within the booklet for individuals. The information given here is aimed as background information on the issues needing consideration rather than giving sufficient information to enable you to make any decisions about whether or not an individual should take any of the treatments. The final decision on each step should be left to the person who has been assaulted. However, there are multiple issues to consider and it is likely that the individual may need assistance or wish to discuss some of the steps.

The medical contents included in the kit are as follows:

- Levonorgestrol (emergency contraception or “morning after pill”)
- 3 day starter supply of HIV prophylaxis (HIV PEP) Combivir and Kaletra
- Azithromycin 1 g - *may* prevent some, but not all sexually transmitted infections. Screening is still essential.
- Pregnancy test

- Cyclizine: anti-nausea drug to counteract side effects of HIV PEP
- Loperamide: anti-diarrhoeal drug to counteract side effects of HIV PEP
- Information booklet
- UK Foreign and Commonwealth Office booklet 'Rape and Sexual Assault Overseas'

The main medical issues to be considered are as follows:

#### **First aid of any injuries**

These should be attended to as a matter of priority.

#### **Emergency contraception**

Emergency contraception in tablet form (Levonorgestrol) is provided with each kit. This works best if taken within one hour of the incident but can be taken up to 72 hours later. If circumstances permit (or if the individual wishes it), then a coil or IUCD can be inserted in good medical facilities. Our experience in practice is that the majority of women prefer to take oral emergency contraception as a more practical measure.

#### **HIV Post Exposure Prophylaxis (HIV PEP)**

This works best if taken within one hour of the incident but can be taken up to 72 hours later. Starter kits taken with each pack contain either 3 or 7 days of Combivir and Kaletra. A full course of HIV PEP is 28 days which needs to be sourced and completed in order for it to be effective. Detailed information as to how to undertake a risk assessment is included in the booklet.

Starting HIV PEP does not commit the individual to continuing the medication should they change their mind later.

Individuals on medication must seek medical advice from InterHealth if their medication has changed in any way since they were prescribed their pack.

HIV PEP should be reviewed by a medical professional, ideally at 72 hours to help manage any side effects and review the decision as to continue. Blood monitoring and medical review is required whilst taking a full 28 day course of PEP at 1 and 2 weeks as a minimum. Further monitoring may be required in the event of abnormalities.

#### **Antibiotic prophylaxis against sexually transmitted infections**

Kits contain azithromycin, an antibiotic. This *may* be effective as prophylaxis against chlamydia and syphilis. In practice, it is very difficult to conduct the right medical studies to confirm this.

Global antibiotic sensitivities of gonorrhoea are so variable and rapidly changing that we are unable to provide satisfactory prophylaxis in the kit. It may be that the individual can access prophylaxis locally that is suitable for the region once they can access good medical care.

There are several other sexually transmitted infections that are possibilities: these include trichomonas and genital herpes simplex, amongst others. These are either not preventable or not serious. Management of this is based on screening and treatment of any symptoms.



It is by no means essential for an individual to take prophylaxis against sexually transmitted infections should they not wish to do so, however we strongly recommend that screening takes place at a later date. Please refer to the section on intermediate care.

**In case of pregnancy**

Employees who are pregnant or may be pregnant at the time of an assault should seek specialist advice regarding the suitability of any medications including HIV PEP. Advice may be obtained from a trusted local medical provider or from InterHealth. Pregnancy tests are included in the kits.

**Hepatitis B prophylaxis**

Hepatitis B is a highly infectious virus affecting the liver and is common throughout the developing world. The booklet for individuals includes detailed advice on how to approach preventing infection according to their immunization status. Please note that a course of 3 primary vaccinations will not automatically prevent Hepatitis B. Even in those who have developed immunity on a blood test following vaccination should access a booster vaccination after a high risk incident.

# Intermediate Care

This refers to the 7 to 14 days after the sexual assault. We recommend at this point that the individual has access to a good standard of medical care from a trusted clinician.

## Medical issues

- Screening for STIs is essential even if antibiotic prophylaxis has been taken. No antibiotic is 100% effective and some STDs are not preventable.
- Pregnancy testing is sometimes possible in the early stages. Emergency contraception is not 100% effective, particularly if there has been a delay in starting it.
- Medical review of any HIV PEP taken. This includes management of any side effects and appropriate blood monitoring. Further details of recommended tests are detailed in the booklet.

## Psychological

This is the time to build on all of the time that has been spent supporting, listening and taking time to offer choices to the individual in the initial period. Continue to be mindful of all of the recommendations for support in the initial days. Continue to listen, check that they are feeling safe and allow them to choose whether to talk or not, what medical care and ongoing support they want.

Be aware that supporting someone well at this time will be hard work. As you continue to provide intense support for 7 to 14 days you may also need to think about ways to support and look after yourself in order to allow you to continue to be there helpfully. Be aware of yourself and practice what you are asking those to do as well!

Do keep an eye out for how people are doing but be aware that a whole range of emotions (including extreme ones) are normal at this time and it is helpful to allow people to express and experience these. Do reassure him/her that this is to be expected. If you do get concerned that someone is putting themselves at risk ensure that someone that they trust is with them.

Reinforce the need to drink (non-alcoholic) and eat regularly and begin to pick up usual routines, exercise and coping mechanisms. These help the individual to increasingly build on their own resources.

Use what you know about those you are supporting to encourage them to re-engage with things that they used to enjoy- if music restores them encourage them to play or listen, or if they like being outside encourage them to go for walks. If appropriate you may suggest someone they can go for a run or exercise with. Go at their pace but gentle encouragement to do things that they used to enjoy can help restore their sense of self.

It is important to note that brief single session interventions are not recommended by NICE (National Institute of Clinical Excellence) and while people should feel able to talk to friends in these initial stages we do not recommend an appointment with a professional as this can put pressure on individuals to talk in ways that may re-traumatise them. Research suggests that it

is better to allow people's own coping styles and support networks to step in. If someone is isolated or requests someone professional to talk to it is important to provide support but this should be someone suitably qualified.

At InterHealth we offer a Trauma Assessment Consultation (TAC) which can provide a reflective space to help the individual monitor their responses and access what they need next. They will not be required to go into distressing detail as the TAC is about supporting and informing decisions about what they need now.

TRiM (Trauma Risk Management Assessment) appointments are also offered by a number of organisations. These are evidenced based assessments that allow you to filter the impact of the event and think about ways that you are coping.

## In the long term

### Medical Care

Screening for other sexually transmitted infections should take place at the following intervals:

- Six weeks: blood screening for syphilis and Hepatitis B.
- Twelve weeks: HIV, Hepatitis B and Hepatitis C. In the event of symptoms then it is sometimes possible to test earlier for HIV in good medical facilities. Please contact us if you need more advice on this.
- Medical follow up of any HIV PEP used.

### Psychological care

It is important to remember that we are all different and stages of recovery reflect that. Some people feel increasingly worse as time goes on, others gradually feel stronger and many fluctuate between the two. Be aware that both the individual and those supporting them will be longing for them to feel stronger. It can be hard to be repeatedly asked if you are feeling better particularly when you know that is what the person asking wants to hear. That does not mean do not ask but be mindful of the context you are in as you ask and also what you say. 'What have the last couple of days been like?' is better than 'how are you doing' which is better than 'are you feeling any better yet?'.

Supporting someone in the long term means being aware that recovery does take a long time. Be mindful of this- it is helpful for everyone involved to know recovery takes time and however much you all want it to speed up, it is the process of allowing emotions to be felt that helps people to recover fully.

While it is recommended that people be encouraged to develop patterns and routines of work and life as soon as they feel able to in order to allow people's pre-existing coping mechanisms to work, it will be important to acknowledge that psychosocial support may need to go beyond the normal sickness policy provision of an organisation.

We recommend that psychological support by a trained clinician be routinely offered to everyone who has suffered a sexual assault. This does **not** mean that they have to take up the appointment but that they are given someone they can contact should **they** choose to do so. It is important that no one should be pressured to attend and an appointment should not be booked for them, unless they ask for help booking. The decision to access help and the timing of it should be chosen by the individual. This ensures no-one feels stigmatized by a referral or pressured into attending.

Ideally, individuals should use their local support mechanisms but where local psychological support is not available it may be helpful to suggest that the next R&R is used to access some support.

We are aware that many field workers are keen to be seen as resilient and there may be a tendency to 'solider on'. We suggest that you are persistent in mentioning that others have found it helpful to talk things through. Individuals may well say no the first time you mention it but in our experience, they may change their mind later on and it is often harder to ask for help than to accept it if it is offered. So do keep offering- in a way that does not add pressure but reminds people that help is available and they are not on their own, nor are they the first person that this has happened to.

If after 6 weeks, he/she is continuing to experience a range of distressing emotional and physical symptoms, we suggest that you recommend psychological support. As a rough rule of thumb, we would think that having 3 or more of the below symptoms may indicate the need for greater help.

- Having trouble functioning at home or work
- Suffering from marked fear, anxiety, or depression
- Feeling constantly vigilant and easily startled
- Experiencing terrifying memories, nightmares, or flashbacks
- Avoiding more and more things that remind you of the trauma
- Feeling numb and disconnected from others
- Using alcohol or drugs to change the way they feel

As an employer you have a duty of care if an assault happens in the course of work. We think that best practice would involve offering to fund this support. If he/she decides to remain in the field then it is often appropriate to arrange some psychological support on their next R&R.

At InterHealth we offer a Personal Impact Review but we can also help you find a suitable referral in whatever region of the world he/she is living in.

We would also encourage you to be mindful of the impact of a sexual assault on the partner or relative. It may also be helpful to offer support to spouse/partner or close family members or colleagues. Be mindful of the wider impact of an assault on others within the organisation.

# Summary of support InterHealth can offer

- Supply of sexual assault kits and booklet to individuals. Accessed via a HIV PEP/sexual assault consultation with an InterHealth nurse plus completion of a health questionnaire
- Training for HR and security and/or field managers on preparation of an incident in the field
- Psychological first aid training to develop practical skills and the emotional awareness to support staff in the immediate aftermath of a critical incident
- Remote medical support in the immediate period after an incident for a person in the field who has been assaulted
- Access to remote medical support and advice at any other stage after an incident
- Post incident medical screening for sexually transmitted infections for those individuals who can attend InterHealth face to face
- Trauma Assessment Consultation to help individuals think through what they need and decide on what to do following an assault
- Advice, back-up and support to organisational staff in time of crisis and adversity

## Abbreviations used in text

- **HIV PEP:** Human Immunodeficiency Virus Post Exposure Prophylaxis (prevention of HIV infection)
- **STI:** Sexually transmitted infection

### InterHealth authors:

Dr Claire Davies & Dr Beth Hill

*Last updated: April 2013*

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InterHealth Worldwide, operating from our centres in the UK and East Africa  
London Centre +44 (0) 20 7902 9000 Nairobi Centre +254 (0) 203861023 / +254 (0) 714763560  
[www.interhealthworldwide.org](http://www.interhealthworldwide.org)