ECHO Summary, 5/JULY/2024
Session Title: Emergency Management of Sexual Violence and Gynecological Trauma

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Epidemiology and Definitions

- Sexual violence can be defined as any sexual attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion by any person regardless of their relationship to the victim or in any setting
- Perpetuator - a person who carries an immoral act
- Survivor/victim - a person who was subjected to sexual violence
- Rape - physically forced or otherwise coerced penetration of the vulva or anus with a penis or other body parts or objects
- Defilement - Sexual intercourse with a person < 18 years

Epidemiology

- Global lifetime prevalence is 6%. Median prevalence in Africa is 27%
- In Uganda, 1580 cases of sexual and gender-based violence were recorded in 2018
- 1 in 3 women are victims/survivors of sexual violence and 1 in 6 men are survivors/victims of rape or assault
- 70% of people aged 15-49 years have experienced physical/sexual violence
- Females are at risk of sexual violence at all stages of their lives while males are at more risk during childhood and as teenagers

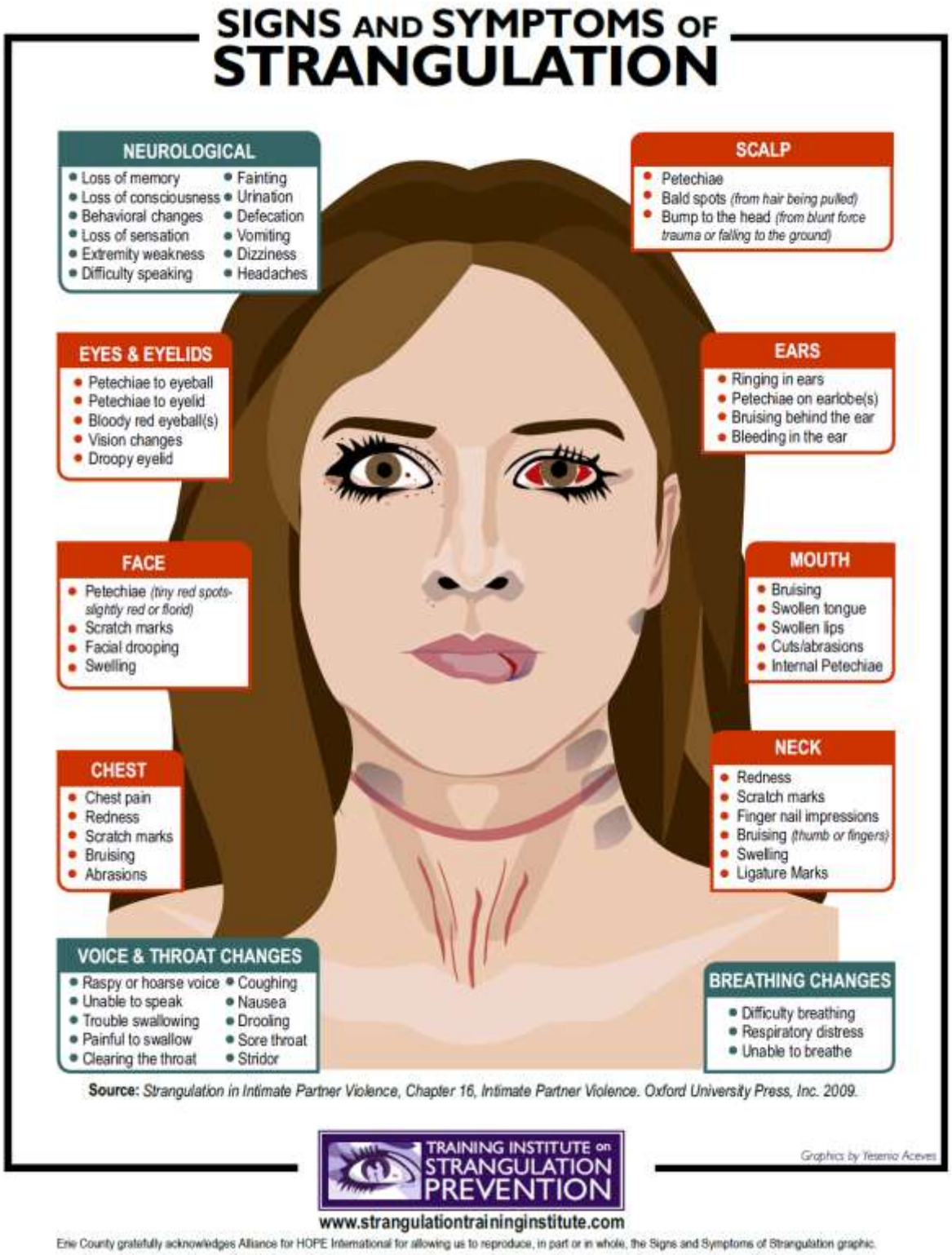
Risk Factors (for Victims)

- HIV positive
- History of child maltreatment
- Previous violence victimization and stigma
- Community/society norms
- Delay in justice systems for rape victims
- Unemployment
- Women and girls
- Children

Clinical features

- **AIRWAY/BREATHING**: Check for patency of the airway, hoarseness of the voice, respiratory distress, oxygen saturation, equal breath sounds
    - In cases of strangulation, specifically check for stridor, neck swelling that could compromise the airway OR tracheal deviation from tension pneumothorax that could compromise breathing

- **CIRCULATION**: Assess capillary refill time, heart rate, and blood pressure for hemodynamic stability
    - Patients who have suffered physical trauma are at risk for hemorrhagic shock from internal or external bleeding
        - If externally bleeding - apply direct pressure or a tourniquet where applicable
        - If there is suspicion of intraabdominal or intrathoracic bleeding, obtain an eFAST exam (where point-of-care ultrasound is available). Pursue further imaging as necessary based on signs of physical trauma
    - In cases of strangulation, specifically check for bruits on neck exam
- **DISABILITY:** Assess the level of consciousness using the AVPU, check glucose if the patient is exhibiting a decreased level of consciousness
    - In cases involving head injury
        - Adults - use the Canadian CT Head Injury (https://www.mdcalc.com/calc/608/canadian-ct-head-injury-trauma-rule) or NEXUS Head CT Instrument (https://www.mdcalc.com/calc/10423/nexus-head-ct-instrument) to determine the need for imaging
        - Children - use the PECARN Pediatric Head Injury rule to determine the need for imaging - https://www.mdcalc.com/calc/589/pecarn-pediatric-head-injury-trauma-algorithm
    - In case of strangulation, check for symptoms of spine injury (i.e. spinal shock, paralysis/paresis, paresthesias, temperature sensation changes, altered deep tendon reflexes, etc.)
        - In patients with no hard signs of spinal injury that would warrant immediate imaging, use a clinical decision rule to help determine the need for imaging
            - Canadian C-Spine Rule - https://www.mdcalc.com/calc/696/canadian-c-spine-rule
            - NEXUS Criteria for C-Spine Imaging - https://www.mdcalc.com/calc/703/nexus-criteria-c-spine-imaging
- **EXPOSURE**: Head-to-toe examination for bruises, abrasions, and any evidence of struggling. Check for vaginal and anal injuries, dirt, signs of strangulation
    - You can use a body map (see Appendix) for complete physical examination
    - Conclude with the genital areas keeping in mind the relevant anatomy



Source: https://www4.erie.gov/dv/sites/www4.erie.gov.dv/files/2024-02/dvstrangulationenglish.png

Diagnostics

- **Use a rape kit if available for sample collection**
    - Samples collected
    - Clothes
    - Swabs from sites of contact
    - Scalp and pubic hair
    - Saliva
    - Whole blood
    - Fingernail scrapings
- **Laboratory tests**
    - Baseline tests for the presence of STIs (HIV, Hep B, gonorrhea, chlamydia, syphilis)
    - Pregnancy test
    - Wet preparation for motile sperm
    - Toxicology screen
- **Imaging**
    - Done based on history and presentation - target imaging to
    - Skeletal surveys may be important in young children to assess for current and prior injuries that may or may not be obvious on physical exam
        - Help evaluate for non-accidental trauma

Treatment[1]

- Post-exposure prophylaxis against HIV
    - Adults: TDF+3TC+ATV/r for 28 days
    - Children: ABC+3TC+LPV/r
- Post-exposure prophylaxis against hepatitis B
    - Hepatitis B vaccine if not already immunized
    - *If available, international guidelines recommend concomitant administration of hepatitis B immune globulin* since the vaccine series will take time to work (https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5516a3.htm)
- Emergency contraceptives if within 72 hours (but may work up to 5 days)
    - Levonorgestrel 1.5 mg orally (double the dose if the patient is HIV positive on ART)
- Prophylaxis for STIs
    - Ceftriaxone 1g IM or cefixime 400 mg orally
    - PLUS azithromycin 1 g orally STAT or doxycycline 100 mg orally twice a day for 1 week
    - PLUS metronidazole 2 g orally STAT

Complications

- **Health Problems**
    - Chronic pelvic pain
    - Overall poor health
    - Fibromyalgia

- Communicable diseases such as HIV, STIs

- **Psychological problems**
  - Anxiety and depression
  - Post-traumatic stress disorder
  - Sleep disorders
  - Re-victimisation

Disposition

- **When to refer**
  - Uncontrollable bleeding
  - Persistent pelvic pain
  - Need for psychological support
  - Need for law enforcement, police
  - Need for community integration

Special Notes

- Role of EM physician in the management of these patients
  - Treatment of acute medical conditions and injuries
  - Preservation and collection of forensic material
- The 3Rs of the appropriate approach to a survivor
  - Recognize - the ability to recognize that the patient is a survivor of sexual assault
  - Record-keeping - all records of patient examination, and history because these are important in forensics
    - Ensure a proper medical history including LNMP, anal/genital injuries, surgeries in the recent days (60 days), and pertinent medical history such as a bleeding disorder - these may affect the interpretation of the case
    - Pre- and post-assault history
      - Any other intercourse within the previous 5 days (anal, oral, or vaginal)
      - Whether the patient is on contraceptives
      - Voluntary or involuntary alcohol or drug use prior to the assault
    - Assault-related history
      - Loss of awareness
      - Presence of nongenital or anal-genital injury
      - Date/time/location of assault
      - Alleged assailant(s) age/gender/relationship with the survivor
      - Methods utilized for assault - weapons, restraints, threats to harm, involuntary ingestion of drugs, strangulation
      - If there was sexual penetration of the vagina or rectum, was a condom used?
    - Post-assault hygiene history
      - Bodily functions such as urination, defecation
      - Use of genital or body wipes or douches
      - Washing, changing of clothing, brushing or gargling of teeth
  - Refer - proper disposition of these patients

- Physical Examination
    - Use a well-lit room with adequate privacy
    - Obtain consent
    - Get a chaperone (ideally NOT the gender of the perpetrator)
    - Take photographs of injuries (if the patient consents) to include in the medical record
    - Identify and document evidence of trauma:
        - **T** - Tears and tenderness
        - **E** - Ecchymosis

- **A** - Abrasions
- **R** - Redness
- **S** - Swelling

Legal Aspects

- Victims/survivors should report for health care within 72 hours
- Advise survivors not to wash up after the incident to maintain evidence
- Survivors are given the medical form for assault to be filled out by a healthcare provider (see Appendix) or they may report to the healthcare facility where they are treated before reporting to the police
    - Healthcare workers must complete these forms

Key Principles When Working With Victims

- Respect for autonomy - obtain consent before conducting sensitive examinations
- Right to confidentiality
- Access to services
- Nondiscrimination

Important Numbers

- Toll-Free contact to report a case of assault - Sauti 116
- Uganda Police toll-free hotline - 0800199195

Collaborating Partners

1. Ministry of Health of the Republic of Uganda
2. Seed Global Health
3. Techies Without Borders

References

- Flower, O. (2021, July 14). *Sexual Assault in Critical Care • LITFL • SMACC 2019*. LITFL. Retrieved August 8, 2024, from https://litfl.com/sexual-assault-in-critical-care/
- Callahan M. Sexual Assault Evaluation. In: Johnson W, Nordt S, Mattu A and Swadron S, eds. CorePendium. Burbank, CA: CorePendium, LLC. https://www.emrap.org/corependium/chapter/rec2M4jSi2fbjvxHY/Sexual-Assault-Evaluation#h.u11cukwns33. Updated August 2, 2024. Accessed August 8, 2024.
- The Republic of Uganda Ministry of Health. Uganda Clinical Guidelines 2023: National Guidelines for Management of Common Health Conditions.; 2023. Accessed May 11, 2024. chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.health.go.ug/wp-content/uploads/2023/11/UCG-2023-Publication-Final-PDF-Version-1.pdf

Appendix - Medical Examination of a Victim of Sexual Assault

POLICE FORM 3A

THE REPUBLIC OF UGANDA

UGANDA POLICE

MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT

PART (a)

REQUEST FOR MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT

(To be filled by a Police Officer in duplicate)

TO: MEDICAL/HEALTH PRACTITIONER*

.....

Police Unit: .....

Police Case No: .....

Please examine .....

Who is a victim in a .....case and has been sent to you on

the.....day of.....20.....

Please report your findings in part (b) below. The duplicate should be kept at the health unit.

Name of the Police Officer: .....Force No:.....Rank:.....

Signature: .....Telephone contact:.....

PART (b)

MEDICAL EXAMINATION OF A VICTIM OF SEXUAL ASSAULT

(To be filled by a Medical/Health Practitioner in duplicate)

1) Place of Medical Examination:.....

.....

....

Signature and Stamp of Examining Practitioner *Date of Examination*

**Medical Health Practitioner means a clinical officer, registered midwife or a medical doctor*

2) Particulars of the victim

Name:.....

Sex:..... Occupation:.....Marital Status:.....

Place of Residence:.....

3) State the apparent age based on your medical examination and briefly explain how the age was estimated.

.....

.....

.....

4) History and Circumstances of the incident(s) as narrated to the practitioner.....

.....

.....

.....

Name of Narrator: .....Relationship to victim:.....

5) General examination (Note the physical condition of the victim and the state of clothing where applicable).

.....

.....

6) Mental Status (include behaviour and emotional state).

.....

.....

7) Examination of the regions of the body. (Carefully document the nature, number, position, age and dimensions of all injuries and show them on the pictogram on page 4).

(a) Head and Neck (including the mouth):.....

.....

(b) Chest and Breast:.....

.....

(c) Abdomen and Back:.....

.....

....

Signature and Stamp of Examining Practitioner *Date of Examination*

(d) Upper and lower Limbs:.....
.....

(e) Genitals:.....
.....

(f) Buttocks and anus (where applicable):.....
.....
.....

8) What is/are the probable cause(s) of the above injuries?.....
.....
.....

9) Materials/samples for purposes of analysis/evidence (indicate materials/samples taken for purposes of analysis/evidence.....
.....
.....

10) Other investigations e.g Ultra-sound scan and X-rays.....
.....
.....

NB: Report and attach the results of the investigations in (9) and (10) above if available.

11) State whether there is need for referral or review and the reasons thereof.
.....
.....

12) State any other relevant observations.....
.....
.....

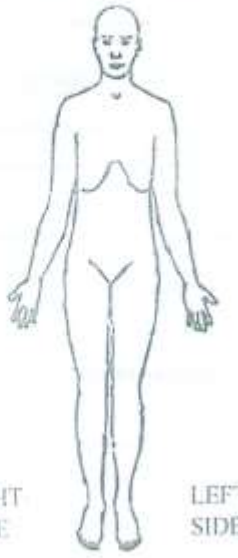
Name of Examining Medical/Health Practitioner:.....

Title..... Qualifications:.....
Telephone contact and physical adddress:.....

....
Signature and Stamp of Examining Practitioner *Date of Examination*

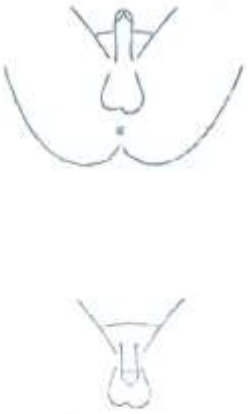
PICTOGRAM FOR EXAMINATION OF A VICTIM OF SEXAUL ASSAULT

FRONT OF A PERSON



BACK OF A PERSON

MALE ORGAN OF A PERSON



FEMALE ORGAN OF A PERSON

....

Signature and Stamp of Examining Practitioner *Date of Examination*