# STEP 6 – Prescribing treatment

Treatment will depend on how soon after the incident the survivor presents to the health service. Follow the steps in Part A if she presents within 72 hours of the incident; Part B is applicable to survivors who present more than 72 hours after the incident. Male survivors require the same vaccinations and STI treatment as female survivors.

## Part A: Survivor presents within 72 hours of the incident

### Prevent sexually transmitted infections

***Good to know before you develop your protocol***

Neisseria gonorrhoeae, the bacterium that causes gonorrhoea, is widely resistant to several antibiotics. Many countries have local STI treatment protocols based on local resistance patterns. Find out the local STI treatment protocol in your setting and use it when treating survivors.

- Survivors of rape should be given antibiotics to treat gonorrhoea, chlamydial infection and syphilis (see Annex 9). If you know that other STIs are prevalent in the area (such as trichomoniasis or chancroid), give preventive treatment for these infections as well.
- Give the shortest courses available in the local protocol, which are easy to take. For instance: 400 mg of cefixime plus 1 g of azithromycin orally will be sufficient presumptive treatment for gonorrhoea, chlamydial infection and syphilis.
- Be aware that women who are pregnant should not take certain antibiotics, and modify the treatment accordingly (see Annex 9).
- Examples of WHO-recommended STI treatment regimens are given in Annex 9.
- Preventive STI regimens can start on the same day as emergency contraception and post-exposure prophylaxis for HIV/AIDS (PEP), although the doses should be spread out (and taken with food) to reduce side-effects, such as nausea.

### Prevent HIV transmission

***Good to know before you develop your protocol***

As of the date of publication of this document, there are no conclusive data on the effectiveness of post-exposure prophylaxis (PEP) in preventing transmission of HIV after rape. However, on the basis of experience with prophylaxis after occupational exposure and prevention of mother-to-child transmission, it is believed that starting PEP as soon as possible (and, in any case, within 72 hours after the rape) is beneficial. PEP for rape survivors is available in some national health settings and it can be ordered with inter-agency emergency medical kits Before you start your service, make sure the staff are aware of the indications for PEP and how to counsel survivors on this issue or make a list of names and addresses of providers for referrals.

- PEP should be offered to survivors according to the health care provider's assessment of risk, which should be based on what happened during the attack (i.e. whether there was penetration, the number of attackers, injuries sustained, etc.) and HIV prevalence in the region. Risk of HIV transmission increases in the following cases: If there was more than one assailant; if the survivor has torn or damaged skin; if the assault was an anal assault; if the assailant is known to be HIV-positive or an injecting drug user. **If the HIV status of the assailants is not known, assume they are HIV-positive, particularly in countries with high prevalence.**
- PEP usually consists of 2 or 3 antiretroviral (ARV) drugs given for 28 days (see Annex 10 for examples). There are some problems and issues surrounding the prescription of PEP, including the challenge of counselling the survivor on HIV issues during such a difficult time. If you wish to know more about PEP, see the resource materials listed in Annex 1.
- If it is not possible for the person to receive PEP in your setting refer her as soon as possible (within 72 hours of the rape) to a service centre where PEP can be supplied. If she presents after this time, provide information on voluntary counselling and testing (VCT) services available in your area.
- PEP can start on the same day as emergency contraception and preventive STI regimens, although the doses should be spread out and taken with food to reduce side-effects, such as nausea.

## Prevent pregnancy

- Taking emergency contraceptive pills (ECP) within 120 hours (5 days) of unprotected intercourse will reduce the chance of a pregnancy by between 56% and 93%, depending on the regimen and the timing of taking the medication.
- **Progestogen-only pills are the recommended ECP regimen.** They are more effective than the combined estrogen-progestogen regimen and have fewer side-effects (see Annex 11).
- Emergency contraceptive pills work by interrupting a woman's reproductive cycle - by delaying or inhibiting ovulation, blocking fertilization or preventing implantation of the ovum. ECPs do not interrupt or damage an established pregnancy and thus WHO does not consider them a method of abortion.[4]
- The use of emergency contraception is a personal choice that can only be made by the woman herself. Women should be offered objective counselling on this method so as to reach an informed decision. A health worker who is willing to prescribe ECPs should always be available to prescribe them to rape survivors who wish to use them.
- If the survivor is a child who has reached menarche, discuss emergency contraception with her and her parent or guardian, who can help her to understand and take the regimen as required.
- If an early pregnancy is detected at this stage, either with a pregnancy test or from the history and examination (see Steps 3 and 5), make clear to the woman that it cannot be the result of the rape.
- There is no known contraindication to giving ECPs at the same time as antibiotics and PEP, although the doses should be spread out and taken with food to reduce side-effects, such as nausea.

4 Emergency contraception: a guide for service delivery. Geneva, World Health Organization, 1998 (WHO/FRH/FPP/98.19).

## Provide wound care

Clean any tears, cuts and abrasions and remove dirt, faeces, and dead or damaged tissue. Decide if any wounds need suturing. Suture clean wounds within 24 hours. After this time they will have to heal by second intention or delayed primary suture. Do not suture very dirty wounds. If there are major contaminated wounds, consider giving appropriate antibiotics and pain relief.

## Prevent tetanus

***Good to know before you develop your protocol***

- Tetanus toxoid is available in several different preparations. Check local vaccination guidelines for recommendations.
- Antitetanus immunoglobulin (antitoxin) is expensive and needs to be refrigerated. It is not available in low-resource settings.

TT - tetanus toxoid

DTP - triple antigen: diphtheria and tetanus toxoids and pertussis vaccine

DT - double antigen: diphtheria and tetanus toxoids; given to children up to 6 years of age

Td - double antigen: tetanus toxoid and reduced diphtheria toxoid; given to individuals aged 7 years and over

TIG - antitetanus immunoglobulin

- If there are any breaks in skin or mucosa, tetanus prophylaxis should be given unless the survivor has been fully vaccinated.
- Use Table 2 to decide whether to administer tetanus toxoid (which gives active protection) and antitetanus immunoglobulin, if available (which gives passive protection).
- If vaccine and immunoglobulin are given at the same time, it is important to use separate needles and syringes and different sites of administration.
- Advise survivors to complete the vaccination schedule (second dose at 4 weeks, third dose at 6 months to 1 year).

## Table 2: Guide for administration of tetanus toxoid and tetanus immunoglobulin to people with wounds[5]

| **History of tetanus immunization** *(number of doses)* | **If wounds are clean** and **<6 hours old** or **minor wounds** | | **All other wounds** | |
|---|---|---|---|---|
| | **TT*** | **TIG** | **TT*** | **TIG** |
| Uncertain or <3 | Yes | No | Yes | Yes |
| 3 or more | No, unless last dose >10 years ago | No | No, unless last dose >5 years ago | No |

**For children less than 7 years old, DTP or DT is preferred to tetanus toxoid alone. For persons 7 years and older, Td is preferred to tetanus toxoid alone.*

5 Adapted from: Benenson, A.S. Control of communicable diseases manual. Washington DC, American Public Health Association, 1995.

## Prevent hepatitis B

***Good to know before you develop your protocol***

- Find out the prevalence of hepatitis B in your setting, as well as the vaccination schedules in the survivor's country of origin and in the host country.
- Several hepatitis B vaccines are available, each with different recommended dosages and schedules. Check the dosage and vaccination schedule for the product that is available in your setting

- Whether you can provide post-exposure prophylaxis against hepatitis B will depend on the setting you are working in. The vaccine may not be available as it is relatively expensive and requires refrigeration.
- There is no information on the incidence of hepatitis B virus (HBV) infection following rape. However, HBV is present in semen and vaginal fluid and is efficiently transmitted by sexual intercourse. If possible, survivors of rape should receive hepatitis B vaccine within 14 days of the incident.
- In countries where the infant immunization programmes routinely use hepatitis B vaccine, a survivor may already have been fully vaccinated. If the vaccination record card confirms this, no additional doses of hepatitis B vaccine need be given.
- The usual vaccination schedule is at 0, 1 and 6 months. However, this may differ for different products and settings. Give the vaccine by intramuscular injection in the deltoid muscle (adults) or the anterolateral thigh (infants and children). Do not inject into the buttock, because this is less effective.
- The vaccine is safe for pregnant women and for people who have chronic or previous HBV infection. It may be given at the same time as tetanus vaccine.

## Provide mental health care

- Social and psychological support, including counselling (see Step 7) are essential components of medical care for the rape survivor. Most survivors of rape will regain their psychological health through the emotional support and understanding of people they trust, community counsellors, and support groups. At this stage, do not push the survivor to share personal experiences beyond what she wants to share. However the survivor may benefit from counselling at a later time, and all survivors should be offered a referral to the community focal point for sexual and gender-based violence if one exists.
- If the survivor has symptoms of panic or anxiety, such as dizziness, shortness of breath, palpitations and choking sensations, that cannot be medically explained (i.e. without an organic cause), explain to her that these sensations are common in people who are very scared after having gone through a frightening experience, and that they are not due to disease or injury.[6] The symptoms reflect the strong emotions she is experiencing, and will go away over time as the emotion decreases.
- Provide medication only in exceptional cases, when acute distress is so severe that it limits basic functioning, such as being able to talk to people, for at least 24 hours. In this case and only when the survivor's physical state is stable, give a 5 mg or 10 mg tablet of diazepam, to be taken at bedtime, no more than 3 days. Refer the person to a professional trained in mental health for reassessment of the symptoms the next day. If no such professional is available, and if the severe symptoms continue, the dose may be repeated for a few days with daily assessments.

6 Resnick H, Acierno R, Holmes M, Kilpatrick DG, Jager N. Prevention of post-rape psychopathology: preliminary findings of a controlled acute rape treatment study. Journal of anxiety disorders, 1999, 13(4):359-70.

- **Be very cautious: benzodiazepine use may quickly lead to dependence, especially among trauma survivors.**

# Part B: Survivor presents more than 72 hours after the incident

## Sexually transmitted infections

If laboratory screening for STIs reveals an infection, or if the person has symptoms of an STI, follow local protocols for treatment.

## HIV transmission

In some settings testing for HIV can be done as early as six weeks after a rape. Generally, however, it is recommended that the survivor is referred for voluntary counselling and testing (VCT) after 3-6 months, in order to avoid the need for repeated testing. Check the VCT services available in your setting and their protocols.

## Pregnancy

- If the survivor is pregnant, try to ascertain if she could have become pregnant at the time of the rape. If she is, or may be, pregnant as a result of the rape, counsel her on the possibilities available to her in your setting (see Step 3, Step 7, and Step 8).
- If the survivor presents between 72 hours (3 days) and 120 hours (5 days) after the rape, taking progestogen-only emergency contraceptive pills will reduce the chance of a pregnancy. The regimen is most effective if taken within 72 hours, but it is still moderately effective within 120 hours after unprotected intercourse (see Annex 11). There are no data on effectiveness of emergency contraception after 120 hours.
- If the survivor presents within five days of the rape, insertion of a copper-bearing IUD is an effective method of preventing pregnancy (it will prevent more than 99% of subsequent pregnancies). The IUD can be removed at the time of the woman's next menstrual period or left in place for future contraception. Women should be offered counselling on this service so as to reach an informed decision. A skilled provider should counsel the patient and insert the IUD. If an IUD is inserted, make sure to give full STI treatment to prevent infections of the upper genital tract (for recommendations see Annex 9).

## Bruises, wounds and scars

Treat, or refer for treatment, all unhealed wounds, fractures, abscesses, and other injuries and complications.

## Tetanus

Tetanus usually has an incubation period of 3 to 21 days, but it can be many months. Refer the survivor to the appropriate level of care if you see signs of a tetanus infection. If she has not been fully vaccinated, vaccinate immediately, no matter how long it is since the incident. If there remain major, dirty, unhealed wounds, consider giving antitoxin if this is available (see "Prevent tetanus" in Part A).

## Hepatitis B

Hepatitis B has an incubation period of 2-3 months on average. If you see signs of an acute infection, refer the person if possible or provide counselling. If the person has not been vaccinated and it is appropriate in your setting, vaccinate, no matter how long it is since the incident.

## Mental health

- Social support and psychological counselling (see Step 7) are essential components of medical care for the rape survivor. Most survivors of rape will regain their psychological health through the emotional support and understanding of people they trust, community counsellors, and support groups. All survivors should be offered a referral to the community focal point for sexual and gender-based violence if one exists.
- Provide medication only in exceptional cases, when acute distress is so severe that it limits basic functioning, such as being able to talk to people, for at least 24 hours. In this case, and only when the survivor's physical state is stable, give a 5 mg or 10 mg tablet of diazepam, to be taken at bedtime, no more than 3 days. Refer the person to a professional trained in mental health for reassessment of symptoms the next day. If no such professional is available, and if the severe symptoms continue, the dose of diazepam may be repeated for a few days with daily assessments.
- **Be very cautious: benzodiazepine use may quickly lead to dependence, especially among trauma survivors.**
- Many symptoms will disappear over time without medication, especially during the first few months. However, if the assault occurred less than 2 to 3 months ago and the survivor complains of sustained, severe subjective distress lasting at least 2 weeks, which is not improved by psychological counselling and support (see Step 7), and if she asks repeatedly for more intense treatment and you cannot refer her, consider a trial of imipramine, amitriptyline or similar antidepressant medicine, up to 75-150 mg at bedtime. Start by giving 25 mg and, if needed, work up to higher doses over a week or so until there is a response. Watch out for side-effects, such as a dry mouth, blurred vision, irregular heartbeat, and light-headedness or dizziness, especially when the person gets out of bed in the morning. The duration of the treatment will vary with the medication chosen and the response.
- If the assault occurred more than 2 to 3 months ago and psychological counselling and support (see Step 7) are not reducing highly distressing or disabling trauma-induced symptoms, such as depression, nightmares, or constant fear, and you cannot refer her; consider a trial of antidepressant medication (see the bullet above).