**Case Study 1**

An adult woman survivor comes to the clinic 36 hours after being sexually assaulted. She states she wants all available treatment. She states she has no allergies that she knows of. The woman feels emotionally numb, but does feel supported by her husband. Fill in the initial counseling that should be offered to the woman in the table below.

|  |  |  |
| --- | --- | --- |
| **To prevent:** | **Give treatment:** | **Counseling:** |
| Pregnancy | Levonorgestrel 1.5 mg stat or other emergency contraception |  |
| Chlamydia | Azithromycin 1g stat **or** Doxycycline 100 mg twice daily for 7 days |  |
| Syphilis | Nothing if given azithromycin  Benzathine penicillin 240 million international units |  |
| Gonorrhoea | According to local STI protocol. Preferably stat oral dose. (i.e. cefixime 400 mg stat) |  |
| Trichomonas | Metronidazole 2g stat |  |
| Other STIs according to your setting | Azithromycin (1g) also gives good coverage for chancroid |  |
| HIV/AIDS | Tenofivir (TDF) + lamivudine (3TC) 300 mg/300 mg – once daily for 28 days  **Plus** atazanavir/ritonavir (ATV/r) 300 mg/100 mg one tablet, once daily for 28 days |  |
| Wound care if necessary | Clean and dress wounds  Tetanus vaccination |  |
| Referrals and other counseling |  |  |

***New information:***After you have counseled her on emergency contraception, the woman tells you that she is not as sure about the date of her last normal period as she indicated in her medical history. You do a pregnancy test and it is positive. What additional counseling does she need?

**Case Study 2**

An adolescent girl, 13, was brutally sexually assaulted by five soldiers four days ago. Her mother is very concerned about HIV and wants all possible treatment. On examination, you note multiple bruises on her breasts, healing lacerations around the introitus, and anal tears. When she takes off her skirt, you see that she has wet (urinated on) herself. What important counseling does she need at this visit?

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| --- | --- | --- |
| **To prevent:** | **Give treatment:** | **Counseling:** |
| Pain | Paracetamol 500 mg |  |
| Pregnancy | Levonorgestrel 1.5 mg stat or other emergency contraception |  |
| Chlamydia | Azithromycin 1 g stat **or**  Erythromycin 500 mg, 4 times daily for 7 days |  |
| Syphilis | Nothing if given azithromycin **or**  Benzathine penicillin 240 MIU |  |
| Gonorrhoea | According to local STI protocol. Preferably stat oral dose. |  |
| Trichomonas | Metronidazole 2g stat |  |
| Other STIs according to your setting | Azithromycin (1g) also gives good coverage for chancroid |  |
| HIV/AIDS | Most experts agree that it is too late for PEP because she presents after 72 hours |  |
| Possible vesico-vaginal fistula | Do not do pelvic examinationUrgent referral to gynecology |  |
| Wound care | Clean and dress wounds  Tetanus vaccination |  |
| Referrals and other counseling |  |  |

***New information:*** The girl returns to the clinic two weeks later for follow-up. She has a positive pregnancy test. What counseling does she need now?

**Case Study 3**

A 5-year-old boy comes to the clinic 70 hours after being sexually assaulted. His mother states she wants all available treatment. She states he has no allergies that she knows of.

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| --- | --- | --- |
| **To prevent:** | **Give treatment:** | **Counseling:** |
| Pain | Paracetamol 250 mg |  |
| STIs | He has presumably been exposed to STIs and this can lead chlamydia, gonorrhea or syphilis of the rectum |  |
| Chlamydia | Azithromycin 20 mg/kg stat or  Erythromycin 50 mg/kg bodyweight divided into 4 doses daily for 7 days |  |
| Syphilis | Nothing if azithromycin given or  Benzathine penicillin 50 000 IU/kg stat IM or  Erythromycin for 14 days |  |
| Gonorrhea | According to local protocol (preferably stat dose orally) For instance: cefixime – 8 mg/kg |  |
| Trichomonas | Not indicated with anal abuse |  |
| Other STIs according to your setting | Azithromycin (20 mg/kg) also gives good coverage for chancroid |  |
| HIV/AIDS | Zidovudine (AZT) / Lamivudine (3TC) 60 mg/30 mg, fixed dose combination 2,5 tablets twice per day  **plus** lopinavir /ritonavir (LPV/r) 100 mg/25 mg – 2 tablets twice per day |  |
| Wound care if necessary | Clean and dress |  |
| Referrals and other counseling |  |  |

***New information:***You have finished your examination and are making a treatment plan for the child. The mother tells you that the perpetrator of the sexual violence is their adult male neighbor who is a police officer. What additional counseling do you offer the boy’s mother?

**Case Study 4**

A woman, 42, presents to the clinic after she was severely beaten and sexually abused by a soldier two days ago. The perpetrator was unable to achieve sufficient erection for vaginal penetration. The survivor was forced to perform oral sex on the perpetrator, who neither achieved erection nor ejaculated. On examination, you note multiple bruises around her face, legs, and abdomen. She has a laceration on her forehead and abrasions on her elbows. She is very emotional and very concerned about HIV. She wants all possible treatment. What counseling should you offer?

|  |  |  |
| --- | --- | --- |
| **To prevent:** | **Give treatment:** | **Counseling:** |
| Pregnancy | Not indicated |  |
| Chlamydia | Azithromycin 1 g stat **or**  Doxycycline 100 mg twice daily for 7 days |  |
| Syphilis | Nothing if given azithromycin  Benzathine penicillin 240 million international units |  |
| Gonorrhea | According to local STI protocol. Preferably stat oral dose. |  |
| HIV/AIDS | Not indicated |  |
| Wound infection | Clean and dress wounds  Tetanus vaccination |  |
| Referrals and other counseling |  |  |

***New information:*** During your counseling, you explain that PEP is not indicated. The patient becomes increasingly distressed as you discuss the low risk of HIV transmission. She is unable to sit still to speak with you or have a discussion. She is pacing the room, shakes and cries, and says she wants to go home and get back to her family. Her son is waiting in the waiting room. It is getting late and it is not possible to get a referral for psychological support before tomorrow. What additional counseling do you offer?