

CLINICAL MANAGEMENT OF SEXUAL VIOLENCE SURVIVORS IN CRISIS SETTINGS

KNOWLEDGE ASSESSMENT

Date: _____ Name / Number of Trainee (ID): _____

Professional cadre: _____ Number of years provider has been in service: _____

Gender: Female Male Other/prefer not to say

Is this a pre-training or post-training assessment? (Circle one) a. PRE b. POST

Please rate the course on each item below using the following scale. Please use the comments section to provide more information about the rating and suggestions for improvement.

1 = Unsatisfactory **2** = Needs improvement **3** = Very good **4** = Excellent **n/a** = not applicable

Questions	Rating	Comments
1. I understand the meaning of gender-based violence (GBV)		
2. I understand the impact of GBV on health, well-being		
3. I understand my responsibilities in supporting GBV survivors		
4. I am confident in my ability to identify possible GBV survivors among clients in a clinical setting		
5. I am confident in my ability to offer therapeutic communication		
6. I am confident in my ability to support the survivor in creating safety plans to ensure their safety		
7. I am confident in my ability to maintain records and reports and provide them to relevant facilities as appropriate		
8. I am confident in my ability to coordinate with different services (stakeholders) to provide what the survivor needs		
9. I am confident in my ability to make appropriate referrals		

Please answer the following questions about sexual violence and the care of sexual violence survivors in the health facility. Please read the questions carefully and provide what you think to be the most true and honest answer. For questions marked, "Select all that apply," you may select one or more answer. If you do not understand a question or an answer, then feel free to ask the facilitators for an explanation.

1. Which of the following are forms of gender-based violence? *(Select all that apply.)*
 - a. Any unwanted sexual comments
 - b. Forced penetration of the anus with the penis or foreign object
 - c. Forced marriage
 - d. Female genital cutting
 - e. Honor killing
2. Is it possible for a sexual violence survivor to have no visible injuries?
 - a. Yes
 - b. No
3. The health care provider should communicate with the survivor by:
 - a. Asking open-ended questions and empathizing with them
 - b. Giving them a short lecture about human rights
 - c. Probing about the perpetrator who is known to the provider
 - d. Listing the negative consequences of sexual violence
4. If a husband has sex with his wife when she does not want to, that is:
 - a. His right, since they are married
 - b. Not the concern of a medical professional
 - c. Only illegal if she is a minor
 - d. Considered sexual violence
5. A sexual violence survivor's medical and health information can be discussed without consent with: *(Select all that apply.)*
 - a. The survivor's family members
 - b. A police officer who requests the medical certificate
 - c. A legal advisor
 - d. A psychologist
 - e. No one
6. What should be done in the preliminary assessment of a patient presenting after a sexual assault? *(Select all that apply.)*
 - a. Assess for medical stability
 - b. Assess whether or not needed treatment can be given at your facility or referral is needed
 - c. Decide whether or not the patient has been sexually assaulted
 - d. Give first-line response (LIVES)
7. What is the purpose of informed consent?
 - a. To provide the sexual violence survivor with an explanation of all examination and treatment procedures
 - b. To ensure the sexual violence survivor understands all examination and treatment procedures
 - c. To give the sexual violence survivor a choice of which examination and treatment procedures to receive
 - d. All of the above
8. What should you do if a sexual violence survivor refuses to give consent for the examination?
 - a. Explain the purpose and procedures of the examination and treatment in detail, and accept the patient's decision
 - b. Explain that without the exam, no one will believe him/her
 - c. Proceed with the exam and treatment, since it is within the best interest of the patient
 - d. Ask the survivor to bring a family member so that you can explain it to the family member instead

9. While you are talking to the survivor, he becomes teary-eyed and quiet. What is the best response? *(Select all that apply.)*
- Avoid eye contact and quickly move on to another question
 - Ask the patient if he needs to take a break
 - Reassure the patient by saying, "I know how you feel"
 - Encourage him to respond by telling him you have another patient waiting
10. During the safety assessment, a client discloses that her partner choked her, threatened to kill her, and follows her every move. Which is the appropriate action?
- Counsel the client to try not to provoke her partner in order to maintain her safety
 - Provide first line support, offer referrals to shelter or safe housing, or work with her to identify a safe plan she can go to (such as a friend's home or place of worship)
 - Take no further action, since the client responded yes to fewer than three safety assessment questions and is not in immediate danger
11. The purpose of a physical examination of a sexual violence survivor is to: *(Select all that apply.)*
- Determine virginity
 - Determine conclusively whether or not a sexual assault occurred
 - Assess and document injuries
12. When performing a physical examination of a sexual violence survivor, I should: *(Select all that apply.)*
- Avoid explaining what I am doing so as not to frighten the patient
 - Encourage the patient to ask questions if she or he wants
 - Ask for the patient's permission before touching her or him
 - Stop the examination at any time the patient says so
13. Vaginal speculum exam is indicated for:
- All women sexual violence survivors
 - Forensic evidence collection in pre-pubertal girls
 - If a woman reports vaginal penetration and shows signs of unusual bleeding
14. Examination findings which may indicate a need for referral to a higher level of surgical care include:
- Foreign body embedded in the vaginal wall
 - Heavy bleeding from the rectum
 - Loss of control over urine or feces
 - All of the above
15. To prevent unwanted pregnancy, emergency contraception must be administered within ____ hours. *(Fill in the blank)*
16. HIV post-exposure prophylaxis (PEP) may be indicated for: *(Select all that apply.)*
- Pregnant women and children survivors of sexual violence
 - Sexual violence survivors presenting within 72 hours of exposure
 - Sexual violence survivors presenting within 120 hours of exposure
 - Survivors of penile penetration of the anus within 72 hours of exposure
17. HIV PEP medication must be taken for 28 or 30 days. *(Circle the correct answer.)*
18. HIV testing is required before starting PEP.
- True
 - False

19. A 16-year-old female presents to your health facility six months after being sexually assaulted. She reports no vaginal discharge, pain, or bleeding. What services should you offer? (*Select all that apply.*)
- a. Antibiotics to treat chlamydia and gonorrhea
 - b. Syphilis screening, if available
 - c. Emergency contraception
 - d. HIV PEP
 - e. Referral for psychological counseling and community support services
20. List four common emotional reactions to sexual assault which a survivor may experience:
- 1.
 - 2.
 - 3.
 - 4.
21. Male survivors of sexual assault may experience an erection or orgasm during an assault and should be reassured that this is a normal reflex they could not control.
- a. True
 - b. False
22. Fecal incontinence noted during an exam of a 5-year-old boy survivor may indicate:
- a. Need for a digital rectal exam
 - b. Need for higher level surgical care
 - c. Rectal sphincter muscle tear
 - d. All of the above
23. Emergency contraception is indicated for young female survivors who have not started menstruation but have developed breast buds or other signs of puberty.
- a. True
 - b. False