Comprehensive Post-Rape Care Services in Resource-poor Settings: Lessons learnt from Kenya

Why have a policy briefing for establishing comprehensive post rape care services?

There is a moral and public health imperative to provide post-rape care services
• Rape is an offence against the integrity of a person and is a crime
• Rape is a significant risk factor for sexually transmitted infections (STIs) and HIV
• Rape results in unwanted and unintended pregnancy and may result in unsafe abortion
• Rape is associated with increased sexual risk-taking behaviour among survivors
• Rape increases the risk of health problems in survivors
• The long-term psycho-social effects of sexual assault are severe and influence the recovery of a survivor

What is rape?
There is no single definition of ‘rape’ or sexual assault. It differs by country, community and legal context. Provision of post-rape care services as described in this policy briefing are inclusive of “the physical, forced or otherwise coerced, penetration of the vulva or anus, using a penis, other body parts or an object”.

What is a comprehensive post rape care service?
A comprehensive service includes health care, legal support and protection for survivors. This policy briefing focuses on comprehensive care within the health sector. It relies on lessons learnt in Kenya and draws on experiences of providing comprehensive post rape care services in three district hospitals. It aims to set out a clear model of how this can be integrated into existing government services and what challenges and pitfalls to expect.

Health based comprehensive care should include:
• Clinical evaluation (forensic examination and documentation)
• Clinical management
• Counselling services.

What are the components of a comprehensive post rape care service?
Forensic examination, specimen collection, analysis and documentation provides the vital link between health care and the criminal justice system. Courts use the documentation from this process as evidence for convictions.

How should examination be undertaken and documented?
It should include establishing the background of the survivors, taking the history of the occurrence, medical history, a full body physical examination (taking note of all bruises, abrasions, teeth marks and cuts). A government-approved documentation form, which is admissible as evidence in court, should be used. The examination should cause minimum stress and trauma.

What should be collected and how should it be documented?
Specimen collected includes torn or soiled clothing, a vaginal, anal or oral swab as well as any depositions on the body of the survivor. All these should be packaged, clearly labelled with a date, time of collection, destination and signature of the person undertaking the examination.
Creating a chain of custody of evidence
Any specimen or notes that are handed over to another party are to be signed for and a copy kept in the health facility.

Clinical management and preventive therapies:
some survivors will require treatment or surgery for physical injuries. Preventive therapy should be considered for all survivors

Post Exposure Prophylaxis (PEP): PEP is a 28-day course of anti-retroviral drugs offered to HIV negative people after exposure to HIV that reduces the chances of infection. It should be given as routine to all survivors of rape, in high prevalence settings. PEP must be initiated as soon as possible within 72 hours. It should be given as a priority and should be available at the point of entry to the health facility.

Emergency contraception (EC): Pregnancy resulting from rape is traumatic and often unwanted. Emergency contraception should be offered to all female survivors who are not pregnant, not covered by a reliable form of contraception, and who show signs of secondary sexual characteristics. Where dedicated EC drugs are not available, combinations of oral contraceptive pills should be offered.

Prevention of sexually transmitted infections (STIs) excluding HIV: The same antibiotics as used for syndromic management can be given. Where a high vaginal swab is taken, it should be primarily for medico-legal purposes. People with ‘normal’ vaginal swabs should still be offered STI prophylaxis.

Counselling is the cornerstone of post-rape care and on-going counselling sessions should coincide with clinical appointments to reduce client visits and increase discussions on PEP.

Crisis and trauma prevention: Survivors of rape are highly traumatised. Counselling should be client-centred and attempt to reduce immediate rape trauma and long-term post-traumatic stress disorder.

HIV testing: Undergoing HIV testing, as a requisite for access to PEP, is necessary but often difficult for survivors. Counselling should aim to prepare the client for HIV testing and the results. Previous risk, the window period and the possibilities of HIV infection even when on PEP should be addressed. Post test counselling should cover risk reduction strategies such as use of condoms while on PEP.

PEP adherence: The common side effects of PEP are very similar to those of rape trauma syndrome and may include nausea, vomiting, malaise and aches. Adherence to PEP may also be compromised by the difficulties of disclosure of HIV status.

Preparing clients for the justice system: The survivor has the right to make an informed decision about whether or not to report a rape. The counsellor can encourage reporting, provide information on client rights and responsibilities and provide support to clients undergoing the litigation process. However, there are many barriers to reporting rape and conviction rates remain low.

Designing comprehensive post rape care programmes

Linking systems at the health facility level
Internal referrals commonly referred to as ‘client flow’ are required to various services in the health facility.

- At casualty (or the point of presentation): forensic examination, specimen collection and documentation, PEP and EC
- At the counselling service: trauma counselling, HIV testing, PEP adherence counselling, preparing client for justice system, support of the family
- At the laboratory: Specimen analysis and HIV testing. Specimen collected can be screened for pre-existing STIs where possible. Routine prophylaxis should be offered
- At the clinic where PEP is managed (often the HIV care clinic): on-going PEP management, STI drugs. Follow up sessions should coincide with counselling sessions.
Linking systems at national policy level
The department charged with post rape care services in the Ministry of Health (e.g. Reproductive Health) needs to coordinate with the National AIDS Control Programme and the National Laboratories. Guidelines and standards developed should include protocols, drugs, required documentation and reporting mechanisms and the specific roles and responsibilities of health care facilities and providers should be outlined.

Policy decisions needed on post rape care
Two or three anti-retroviral drugs for PEP?
Common regimes include a combination of anti-retroviral drugs, often two nucleoside analogue reverse transcriptase inhibitors (dual-therapy). An additional third drug would be from the protease inhibitor class. There exists only theoretical evidence of the use of triple over dual therapy. Neither is considered wrong. Consideration for the use of dual or triple therapy should be based on:

1. Adherence to treatment: Addition of a third drug could increase the complexity of medication regimes and the side effects of PEP thus reducing adherence.
2. Cost: The increased cost of an additional third drug to HIV/PEP has implications for resource poor settings.
3. Storage requirements and availability of drugs from national programmes: drugs requiring refrigeration or with short expiry times impact supplies and logistics.
4. The risk of exposure to HIV: Where multiple penetrations and/or perpetrators and extensive internal tears are present, triple therapy PEP may be preferred.

Experiences from Post Rape Services in Kenya
Rape is a significant risk factor for HIV in Kenya, where the adult sero-prevalence of HIV is 8 - 10%. Recent surveys conducted in Kenya indicate 24% women have been raped at least once and an estimated 4% of HIV infection in adolescents is due to rape.

Understanding the context in Kenya:
A situation analysis
In 2003 Liverpool VCT and care, Kenya conducted a situation analysis in three Kenyan districts. The health, criminal justice systems and rehabilitative services at local and national levels were involved and the capacities for delivery of comprehensive post rape care services were assessed. The gaps and challenges were identified and linked to policy. More information and the full report are available on the website www.liverpoolvct.org.

Stage 1 Situation Analysis
Stage 2 Developing an essential PRC package of services and internal referral mechanisms
Stage 3 Developing a Quality Service
Stage 4 Setting indicators and Keeping data
Stage 5 Using a Multi-disciplinary Approach
Stage 6 Institutionalising comprehensive care services

Starting small: Developing a package of services and referral mechanisms
Using results from the situation analysis post rape services were successfully developed in three district hospitals with established VCT services. A “Post-rape care systems algorithm” was developed. PEP (Zidovudine and Lamivudine) and emergency contraception were provided. Training on aspects of clinical care was undertaken with clinicians and nurses, as well with practising VCT counsellors. HIV serology was performed at baseline, 4 weeks and 3 months. Indicators and data systems were developed in consultations with the different health facilities. Data were collected on age, sex, injury to presentation and to PEP time and over 400 clients accessed the services in the first year. Over 50% of clients were under the age of 18 with 22% being under the age of 9 years old.

Creating necessary linkages in Kenya:
Using multi-disciplinary approaches
Partnerships were created with the Ministry of Health aimed at influencing policy. Information from the sites was used to provide evidence for policy decisions. Partnerships were also formed with civil society organisations, whose members engaged the Ministries of Health, Criminal Justice and Constitutional Affairs and of Gender and Social services. Multiple points of government intervention and synergistic working have raised the visibility of sexual violence, leading to legislative and policy changes in Kenya.
What goes in Post Rape Kits?

Post Rape Care Pack
These are pre-packaged kits that contain all items typically required when collecting evidentiary materials from survivors of rape/sexual violence. Post rape packs can be assembled locally in the health facility within the central surgical sterilisation systems. PRC packs should be available in the casualty or health facility point of presentation for survivors at all times.

The following are absolute essentials for the locally assembled post rape care kit

1. An insert depicting the steps of evidence collection
2. Powder free gloves
3. At least 6 Swabs
4. Swab/sample guard bags (to keep the swab specimens contact free & dry)
5. Appropriate labels (improvisations can include use of masking tape)
6. Glass slides for preparing wet and/or dry mounts
7. A starter pack for requisite drugs
   • 6 doses of PEP
   • 2 doses of Emergency Contraception (EC)
   • STI prevention drugs
   • An anti-emetic
8. Envelopes/brown papers for any of the following specimens:
   • Clothes & Panty; Pubic hair; Blood sample;

Sanitary towels (where available); Hair sample; Condoms; Finger nail clippings
9. Gown, cloth or sheet to cover the survivor during the examination
10. Sanitary towels

The following must accompany the packs and be available at the casualty/point of presentation

1. Form records to be filled & signed that are admissible in court (to ensure chain of custody of evidence)
2. Speculum (adult)
3. Tape measure (for measuring the size of bruises, etc)
4. Needles & syringes
5. Clothes for change
6. Tamper evidence seals

Recommended POST-RAPE CARE Client Flow

<table>
<thead>
<tr>
<th>SURVIVOR CASUALTY</th>
<th>EMERGENCY MANAGEMENT</th>
<th>LABORATORY</th>
<th>COUNSELLING (Primarily at VCT)</th>
<th>HIV care clinic: PEP management (STIs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PEP/EC, forensic examination, Documentation, PRC1 filled</td>
<td>HIV testing, blood monitoring specimen analysis</td>
<td>Trauma/crisis, HIV testing, PEP adherence</td>
<td>PRC 2 Form: HIV status, age, wt, sex, Laboratory monitoring, PEP outcomes</td>
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<td></td>
<td></td>
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<td>On going management</td>
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<td></td>
<td>Refer to STI clinic if not provided at CCC</td>
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</tbody>
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Providing comprehensive Post Rape Care Services: A summary of lessons learned

• An essential services package and mechanisms for its delivery should be based on local health systems.
• The availability of national guidelines for setting standards and protocols supports their implementation.
• Post rape care kits and drug choices should be dictated by local availability and supplies. PEP and emergency contraception should be included in these.
• Clinical care must be accompanied by linkages to the criminal justice system and specialised counselling.
• The needs of children should be specifically addressed.

This policy briefing was written by Nduku Kilonzo and Miriam Taegtmeyer. It is one of a series of policy briefings from the Liverpool School of Tropical medicine and Liverpool VCT & Care Kenya.

Liverpool VCT & Care Kenya (LVCT) is a recognized non-profit, non-governmental organisation in Kenya. It was founded as a project of the Liverpool School of Tropical Medicine in 1998 and in 2002, it was registered as a Kenyan NGO. The work described in the Kenyan case study was funded by Trocaire and the production of this policy briefing by the HIV/AIDS/STI Knowledge Programme of the Liverpool School of Tropical Medicine, funded by the UK Government’s Department for International Development (DFID). The authors would like to acknowledge inputs and support from the Department of Reproductive Health in Kenya.

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