



## SEXUAL ASSAULT PROTOCOL 1 APRIL 2015



1. If you are a victim of sexual assault, contact someone Mbarara-based from MGH on the list below and he/she will assist you in following this protocol. Do not take a shower or clean yourself before meeting them.
2. **Assess safety.** Ensure victim is not still in a dangerous or threatening environment. If victim is not in a safe environment, facilitate transfer to another location such as – CGH Program Director’s home, MGH Guesthouse or victim’s place of residence, wherever victim is most comfortable.
  - **Do not leave victim alone.** Ask the victim if he/she would like to have a ‘buddy’ with them. This person would not serve in any medical capacity but would be on hand for emotional support. The buddy is tasked with staying with the victim as long as he/she wants.
3. **Contact MGH on call physician.** MGH on call physician (i.e., Ryan Carroll, Lisa Bebell or other MGH approved physician) to be notified immediately of assault. This can be a notice from the victim or the staff member who first becomes aware of assault, and following permission granted by the victim. If possible, it is best to contact a physician of the same gender as the victim.
4. **Assess for injuries.** Brief medical evaluation should be conducted by MGH on call physician at a designated safe location to assess for injuries beyond sexual assault, which may necessitate immediate transfer to Mbarara Regional Referral Hospital (MRRH) for emergent care.
  - a) If on call physician deems emergent evaluation within a hospital setting is needed (i.e. life threatening injury, need for emergent imaging, need for blood products, or need for resources not immediately available outside of a hospital) transport victim immediately to the MRRH’s Accidents and Emergency Ward. If the victim is transferred to MRRH, the MGH on call physician should coordinate care and ensure timely completion of this protocol with the appropriate MRRH care providers. The MGH physician should call ahead and ensure that one of our trusted MUST physician colleagues is present to assist in coordination of care. **Keep in mind the patient’s medical condition may warrant transfer to another healthcare facility, which could include Kampala IHK or The Surgery, or even to Nairobi. When in doubt, call TravelSafe hotline.**
  - Or
  - b) If on call physician deems emergent evaluation at MRRH is not necessary, go to step 5 and complete this checklist within the designated safe location setting.
5. **Validate and Support.** Provide emotional support and empathy to the victim; listen carefully, and affirm three messages:
  - **I believe you**
  - **You are not alone**
  - **We are sorry this happened to you and it is not your fault**

## SEXUAL ASSAULT PROTOCOL

6. **Document facts and circumstances.** Obtain, and clearly document the details regarding the incident below:

• A brief summary of the incident	
• Type of assault	
• Date and time of incident	<ul style="list-style-type: none"> <li>• Date:</li> <li>• Time:</li> </ul>
• Location of incident	
• Accompaniment of victim at time of, or surrounding, assault	
• Use of weapon	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes, type:</li> </ul>
• Information/description regarding assailant(s) and relationship, if any, to victim	
• Suspect apprehension	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> </ul>
• Victim's intention to prosecute	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Undecided</li> </ul>
<ul style="list-style-type: none"> <li>• Whether any medical treatment was received following incident (before arrival of MGH on call physician)</li> <li>• PEP offered? -Yes/No --- if no, why?</li> <li>• PEP accepted? -Yes/No</li> <li>• Plan B offered? -Yes/No -if no, why?</li> <li>• Plan B accepted? -Yes/No</li> </ul>	<p>If yes, location treatment received:</p> <p>Medical treatment received (if comfortable sharing):</p>
• Who else is already aware of assault (i.e.: Safety and Security team at MGH, TravelSafe, home country Embassy, US Embassy, friends, family, colleagues)	
• Evacuation preference	
• Role, thus far and moving forward, of Mbarara police department	
• Local counsel retained	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes, name and contact:</li> <li>• Undecided</li> <li>• In process</li> </ul>

## SEXUAL ASSAULT PROTOCOL

7. **Obtain Medical History.** Ensure an accurate medical history is obtained including medication allergies and rapid pregnancy test (to assess for unknown pregnancy prior to assault). It is also important for medical and legal reasons to obtain an HIV test following the assault and before nPEP (non-occupational Post-exposure prophylaxis) is initiated. The HIV test should be repeated following the 28-day course of nPEP or at any time if the victim shows symptoms of acute retroviral syndrome. This is done only with victim consent.
8. **Retrieval of Belongings.** If possible, appoint a staff member to go to the victim's home and collect his/her passport, clean set of clothes and any other personal belongings that are requested.
9. **Basic Collection of Evidence.** MGH Physician to collect:
  - a) Articles of clothing, secured in a clean *paper* bag
  - b) Photo documentation of injuries, if permission is granted
10. **Complete Physical Exam (optional).** If the victim would like to press charges, or have the option to press charges in the future, it is necessary for him/her to get a complete sexual assault evidence collection exam by the physician on staff at the Mbarara Police Department (or local police department). An MGH Physician can be present during the exam (as can the buddy) but the exam has to be conducted by the police physician within 72 hours of the assault.
  - Contact the police department by phone (via DPC, Captain or other trusted officer) or by having someone on staff go to the police department and inform the DPC in person
  - Transport victim to a safe room in the station or ask the police physician to accompany the staff member to the victim
  - Ensure that the officer comes prepared with the sexual assault collection kit, sterile equipment and 'Medical Examination of an Injured Person' form
  - The Medical Examination of an Injured Person form needs to be filled out and signed by the officer after the exam. This, along with the kit, are turned into the police station for testing
  - Of note: the victim may be required to testify if a suspect is charged
11. **Evaluate for PEP.** Post exposure prophylaxis should be offered to the victim for the conditions below: HIV status is important to know prior to administering nPEP.
  - a) HIV – Truvada (Emtricitabine/Tenofovir) 200-300 mg by mouth x1 dose for 28 days. Raltegravir (Isentress) 400 mg by mouth every 12 hours for 28 days
    - It is common for people taking nPEP to experience side effects and have significant trouble with adherence. A physician should check in with them daily for the first 2 days to assess symptoms in order to offer techniques and medications that might ameliorate the ARV side effects and to assess adherence (eg: Zofran 8mg PO x1 dose)
  - b) Chlamydia – Azithromycin 1 gram by mouth x1 dose
  - c) Gonorrhea – Ceftriaxone 250mg intramuscular injection x 1 dose
  - d) Trichomonas – Metronidazole 2g PO x1 dose
  - e) Pregnancy – Plan B *or* Mifepristone 600mg x1 dose
  - PLEASE NOTE: Pregnancy status is important to know prior to administering Metronidazole and Plan B.

## SEXUAL ASSAULT PROTOCOL

- PLEASE NOTE: HIV and Plan B prophylaxis efficacy are time dependent and should be given as soon as possible following the victim's consent, ideally within 4 hours of exposure. It is not recommended to give PEP after 72 hours post-exposure.
  - PLEASE NOTE: There should be a supply readily available, and not expired, of the medications above at the MGH Guesthouse. It is the responsibility of the MGH on call physician to arrange for confidential transfer of medications to the safe house as needed.
12. **Notify other key contacts.** Discuss with victim, and receive consent, regarding individuals to be contacted. If consent is obtained, contact any/all of the people below and use a pseudonym if the victim prefers.
- TravelSafe ----- +1.443.965.9242. *If the victim is a Partners employee, he/she is required to report any incidents of sexual assault. This can be reported anonymously if preferred.*
  - MGH Boston Safety and Security Team – Dr. Hilarie Cranmer, +1.617.724.1306 (office) or +1.617.331.1196 (mobile) as lead contact. If Dr. Cranmer cannot be reached, please contact Ryan Wildes at +1.617.956.2261 and/or Dr. Miriam Aschkenasy +1.617.724.5032 (office) or +1.617.512.3826 (mobile). If reported through TravelSafe, they will be automatically informed.
  - Appropriate foreign country Embassy. US Embassy: 0414.306.001 or 0404.259.791
  - Emergency contact of the victim
13. **Discuss options and next steps.** Arrangements for return to home country on an urgent basis should be offered in order to begin the process of organizing psychological care.
- If the victim would like to return to their home country, work with the Center for Global Health to make ground and air transport arrangements. Funds will be made available to transport the victim and his/her buddy.
  - If the victim prefers to stay in country, give him/her the option to stay at designated safe location if that is preferred or help provide safe transfer, and support system, to desired location. Arranging for a few days away from Mbarara with the buddy/friends is possible.
14. **Alert others/debrief.** An email message that DOES NOT contain confidential patient information should be distributed to all Mbarara based MGH staff and visitors by Dr. Hilarie Cranmer as a notice. MGH expatriate staff need to debrief in person regarding the event, any temporary/permanent changes in behavior needed, and ways in which to move forward as a group.