What National and Community Leaders Need to Know About Post-Rape Care

EVERY 72 HOUR MATTERS
Speed is of the essence.

Together for girls
Ending violence against children

WHAT IS POST-RAPE CARE?

Comprehensive, survivor-centered post-rape care includes a range of services for survivors of forced or coerced sex.

Examples include:

- Counselling and psychosocial support
- Identification and treatment of injuries
- Post-exposure prophylaxis (PeP) for HIV (within 72 hours)
- Emergency contraception to prevent pregnancy (within 120 hours)
- HIV testing and counselling
- Prophylaxis, testing, and treatment for other sexually transmitted infections
- Immunizations to prevent and treat tetanus and Hepatitis B (where available)
- Forensic evidence collection (as soon as possible)
- Information on survivors' rights
- Referral to other services, including: police, legal services, case managers, and continued medical treatment

Every hour matters after sexual assault to prevent further negative consequences. Some medications, including antiretrovirals for PeP and emergency contraception, have a time limit to be effective; other care, like psychosocial support, can help no matter how much time has passed. Communities, survivors, and service providers—be it healthcare workers, police officers, faith leaders, teachers, and others—need to know that it is important for survivors, including children, to receive health services as soon as possible after forced or coerced sex.

It's important to consider a number of issues when assessing the information and services available in your country or community and when creating an action plan to increase access to quality survivor-centered post-rape care.

NATIONAL GUIDELINES AND PROTOCOLS

- Are there national and/or subnational guidelines or standard operating procedures on post-rape care?
  - If yes, are they aligned with the World Health Organization's clinical and policy guidelines on post-rape care?
  - Do they highlight the needs of children and adolescents?
  - Which institutions are responsible for oversight and implementation of the guidelines?
- Is there a relevant cadre of personnel, for example—health workers, police, social workers—trained and able to implement the protocols and procedures?
- Are there national and local budget allocations to implement protocols and procedures?

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SERVICES

- Where are post-rape care services available? What types of services are available? Who are the providers and are the hours of service accessible?
- What government ministries, local organizations, or international government organizations (INGOs) are providing services, conducting research, and/or advocating around this issue?
- Are systems to support the provision of post-rape care in place? These include financing; logistics and supply chain; providers trained in post-rape care; and monitoring and evaluation systems that include data on service use as well as quality assurance measures.
- Is there a system of referrals and community support services to facilitate access to services, reduce stigma, support adherence to medications, and prevent re-victimization? Who are the focal points?

BARRIERS TO CARE

Even in environments where both national guidelines and services are established and available, there can be barriers to care. Identifying the most significant obstacles and addressing them is essential.

Examples include:

- Lack of knowledge and information for individuals and communities
- Lack of acknowledgement of rape and sexual assault
- Stigma and self-blaming that prevent disclosure and care-seeking
- Health center barriers, including distance to health centers, operating hours, negative attitudes towards adolescents, and lack of training on post-rape care or other relevant areas for service providers
- Discrimination in healthcare settings, which can result in revictimization or prevent access to care
- Weak referral systems at the community level
- Mandatory police reporting prior to receiving medical care and lack of police cooperation in reporting
- The risk of increased violence against survivors after disclosing rape and sexual assault
- Economic barriers, including cost of services, cost of police reporting, and transport
- Delays in decision-making, both on the part of the survivor and in the health facilities

ACCESS AND ADHERENCE TO MEDICATION

Some post-rape medication, especially antiretroviral (ARV) medications to prevent HIV, may be difficult to get and distribute to healthcare centers. It is vital that governments ensure coherence with national HIV prevention and ARV policies in order to ensure access to medication. Furthermore, because of possible side-effects, the relatively long period (28 days) of treatment of PeP, and stigma associated with ARVs, adherence to medication can be an issue. It is important to support the patient throughout their recovery, including in adhering to their medication.

CONSIDERATIONS FOR CHILDREN AND OTHER VULNERABLE GROUPS

Even if guidelines are comprehensive, they may not fully address considerations for girls and boys; people living with disabilities; people of sexual and gender minorities; or other at-risk groups, such as sex workers. Identifying these gaps and improving protocols and services for these populations is essential. In addition, it is important to acknowledge the incidence of sexual violence in schools and establish policies and protocols to prevent sexual violence and address sexual violence if it does occur.

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LAWS AND POLICIES

Reviewing laws and national policies will help identify gaps in protections for survivors and advocacy opportunities. Relevant laws and policies include, for example, the legal definition of rape; laws related to child survivors and caregivers; post-rape care medications; spousal and parental consent for HIV testing; mandatory police reporting prior to medical care; and policies on the cost of care. Many countries have strong legal frameworks, but enforcement is lacking and needs the greatest attention.

COMMUNICATIONS AND COMMUNITY MOBILIZATION

Individuals and communities need to be informed about the life-saving potential of timely access to post-rape care services and can play an essential role in both advocating for services and destigmatizing rape. National and local campaigns, hotlines, and interventions that promote social norm change at the community level are important tools.

CONFIDENTIALITY AND PRIVACY

Maintaining confidentiality and privacy is critical to ensuring quality, non-discriminatory care and to ensure people return for follow up care. Women, children, and other at-risk groups such as gay, lesbian, bisexual, and transgender people face stigma and discrimination and, therefore, may not want their families or communities to know they have been raped. Confidentiality is particularly important for patients taking post-exposure prophylaxis as some will view this as a disclosure of rape or positive HIV status.