HISTORY AND EXAMINATION

4. HISTORY AND EXAMINATION

PREPARATION AND MATERIALS

OBJECTIVES

- Describe the purpose of obtaining informed consent and how to obtain informed consent
- Demonstrate skills to take history
- Describe how to use information from the history to guide the exam
- Know how to conduct physical examination
- Understand why there may not be injuries, and understand when a speculum exam is needed

AVAILABLE TRAINING RESOURCES

Presentation
4. History and examination

Facilitator guide
4. History and examination

Activities
2.1 Step by step guide to providing care and support
4.1 Informed consent role play
4.2 History taking role play
4.3 Virginity testing role play

Videos
4.1 Welcome the survivor
4.2 Informed consent
4.3 Medical history
4.4 History of the incident
4.5 Performing the general examination
4.6 Genital examination
4.7 Vaginal Speculum Exam
4.8 Anal examination

Participant handouts
4.1 Sample Consent form
4.2 Preparing to gather the story
4.2 Topics to cover when taking the history with a survivor
4.3 Examination checklist

REQUIRED SUPPLIES & MATERIALS

- Projector
- Laptop
- Space for group discussions
- Pen and blank paper
- Print outs of hand outs and scenarios for activities – depending on which activities you choose

KEY MESSAGES

- Before taking the history, providers should explain any obligations to report and the limitations of confidentiality
- Welcome the survivor, provide information, ask for consent
- Obtain consent separately for each aspect of the exam
- The history determines the examination, treatment and forensic evidence collection (if requested and feasible)
- The purpose of the examination is to guide medical care and treatment

FURTHER RESOURCES FOR FACILITATORS (OPTIONAL)

Further resources for facilitators (optional)
- WHO (2014) Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook, pg 40-48
- WHO (2020) Clinical management of rape and intimate partner violence survivors Developing protocols for use in humanitarian settings, pg 15-20

HISTORY AND EXAMINATION FACILITATOR GUIDE

INTRODUCTION

SLIDES 1-3 INTRODUCE THE SESSION

Slide 3 notes

- Briefly review the steps in care, and explain these steps will be explored in depth in this session and the next.
- Remind that at every step in the protocol, providers should always:
  1. Remember the **guiding principles,** treat the survivor with **dignity, respect** the survivor and their decisions, assure **privacy and confidentiality.**
  2. Practice the elements of **LIVES** - Listen, ask or inquire about needs, validate, enhance safety and support in connection with other services, and provide psychosocial support.

Activity 2.1 Step by step guide to providing care and support

Place **'Injuries that need care?'** on the wall, place lines with **YES** written on them, then **'Admit to hospital'** or **'Treat',** then a line with **NO** written on it to **First Line Support.** This should be placed above **First Line Support.**
Place **'Take complete history and physical exam. Assess emotional state'.**

ASSESS URGENT & LIFE-SAVING NEEDS

SLIDES 4-5 ASSESS AND TREAT URGENT AND LIFE-SAVING NEEDS

Slide 5 notes

- The **initial assessment** of a survivor may reveal severe medical complications that need to be treated urgently, and for which the patient may have to be admitted to hospital.
- These complications might include: extensive trauma (to genital region, head, chest or abdomen); asymmetric swelling of joints; neurological deficits; and/or respiratory distress.

SLIDES 6-7 CASE STUDY

Slide 6
Present the case study and ask the participants to choose 1 of the multiple choice answers.
A 25-year-old female comes to the clinic several hours after a sexual assault. She is crying and holding her right wrist, which is deformed and appears broken. The patient's vital signs are normal. She is awake and speaking normally.

What should the physician do?
A. Instruct the patient to calm down. Ask her about the sexual assault.
B. Call in support staff to keep the patient company until she stops crying and return after she is calm.
C. Perform a thorough physical examination.
D. Quickly order pain medication after ensuring that the patient has no medication allergies and set and apply a splint to the wrist.

Slide 7
The correct answer is D.
Quickly order pain medication after ensuring that the patient has no medication allergies and set and apply a splint to the wrist. The patient is awake, alert, and her vital signs are normal. After determining the patient has no immediate life-threatening conditions, care providers should treat the patient's pain. Quick pain control and supportive care, such as wrist splinting, creates trust and shows compassion. Leaving the patient in pain or instructing her to calm down is neither compassionate nor helpful. Delaying treating this patient's pain to perform a complete physical exam is not necessary or ethical given the patient's otherwise normal general appearance and stable vital signs.

WELCOME THE SURVIVOR AND ASK FOR INFORMED CONSENT

SLIDES 8-10 WELCOME THE SURVIVOR

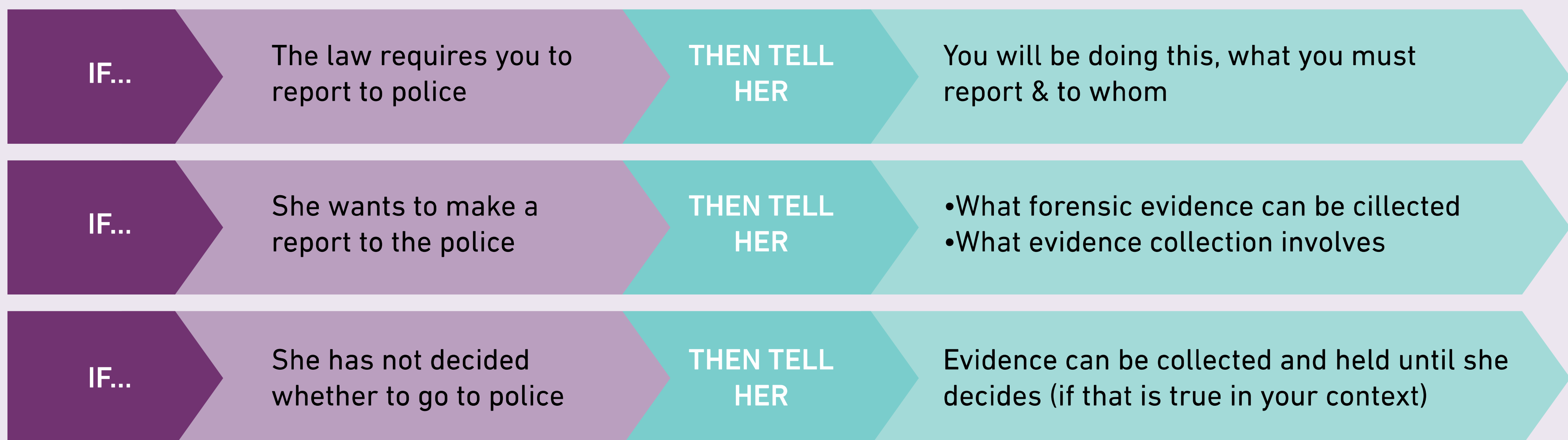
Slide 8 notes

- Every clinic worker should be trained and knowledgeable in the first line support and LIVES after a survivor of GBV discloses that they have experienced GBV.
- However only health care providers trained in history, examination and providing medical care should conduct the history, examination.
- This may occur in different ways – the survivors comes for care and discloses to and receives all care from the same person, the survivor first discloses GBV to one health care worker and is referred to a 2nd health care worker.
- The following steps of welcoming the survivor may be done before providing first line support and LIVES – or should be done after the survivor is referred to you from another care provider.
- However you should continue to listen, inquire about needs and validate throughout the history and examination.

Slide 9 notes

- Assure her that you will keep what she says **confidential** and share it with only those who need to know in order to give care, unless she wants the police to take up her case or the law requires you to report. Any obligation to report disclosures of violence, particularly for children and adolescents, must be mentioned at the beginning, and the limitations of confidentiality must be highlighted.
- If the survivor is with someone, ask the survivor if it would be okay if you ask this other person to step out for a minute. Then ask the survivor if she/he want this person to be present during the consultation. Some survivors may come to the clinic with their partner, who may ask or demand to be present during the entire examination. This may not be safe for survivors, develop a plan on how to handle this (e.g., blame on clinic policy).
- Have an observer or **support person** present, preferably a trained support person or female health worker, introduce and explain role of observer

Slide 10 notes



Video 4.1 Welcome the survivor

Discuss the video

- What did the physician do well?
- What was missing? What could be improved?

Ask:

- How did the provider demonstrate listening?
- Any non-verbal cues?
- What else could be done?
- Did the provider demonstrate inquiring or validating?
- What types of questions were used?
- How else could you response?

SLIDES 12-13 INFORMED CONSENT

Slide 12 notes

- Explain to the survivor will be examined and treated **only if** they want to.
- Describe **all aspects** of the exam: medical, pelvic exam, forensic evidence collection including photos if relevant and release of medical information and evidence to police (if the survivor chooses to).

- Explain that they can **refuse** to answer any questions in the history and can refuse any part of the examination and can stop at anytime.
- Invite and answer questions. Check if the survivor understands.

Slide 13 notes

- Ask the survivor to ask to decide whether they consent to each part (yes or no) and tick the corresponding boxes on the form. Ask the survivor to sign the consent form.
- Explain that this is a sample consent form, and will be provided in their handouts.

Video 4.2 Informed consent

- **Discuss the video**
- What did the physician do well?
- What was missing? What could be improved?
- **Summarize** that she provided clear information about what can be done, about privacy and confidentiality (this conversation is between me and you, unless your life is in danger"), the potential disadvantages of care (it can get uncomfortable), she let her know that she can take a break and can decline to answer any question ("If you are uncomfortable with a question you don't have to answer it. We can always stop anytime you want to."). However she did not mention medical care specifically and could mention this more. She did not say it is your choice and that Hawfswa could decline to receive care at all if she wanted to.
- **Discuss** confidentiality and the statement "This conversation is between me and you, unless your life is in danger. Can we continue?". Discuss that you must inform patients of mandatory reporting laws, and should consider breaching confidentiality if you fear that the patient is at risk of severe, imminent harm (such as suicide or child sexual abuse) and also consider the risks of breaching confidentiality.

SLIDES 15-16

Slide 15

Present the case study and ask the participants to choose 1 of the multiple choice answers.
A patient consents to a physical examination. The health care worker then explains the pelvic examination. The patient appears uncomfortable and becomes increasingly quiet and withdrawn. The health care worker asks if she would like more explanation. The patient nods "yes." The health care worker provides more information and then asks the patient if she consents to the examination. The patient shakes her head "no."

How should the health care worker respond?

A. Explain the pelvic examination in detail but accept the patient's final decision.
B. Explain that without the pelvic exam no one will believe her
C. Proceed with the entire exam, since it's in the best interest of patient.

Slide 16

Explain the answer is A. Explain the pelvic examination in detail but accept the patient's final decision. The health care worker provided a detailed explanation of the pelvic examination and the patient chose not to consent to it. The patient's choice must be respected. While a health care worker may disagree with a patient's decision, they must follow the patient's wishes. Saying no one will believe her is not supportive or respectful. The pelvic exam may be important if the case goes to court but it is not the only evidence that can be used. It is not appropriate for a care provider to give legal opinions or to pressure a patient into having an examination.

Activity 4.1 Informed consent

TAKING THE HISTORY

SLIDES 19-27 TAKING THE MEDICAL HISTORY

Slide 20 notes

- Taking the **history** is a critical element of sexual assault care. The patient's history guides and determines what to look for during the medical examination, what care and treatments to offer, what to document in the medical record, and what forensic evidence to collect

- Often, the history and the examination are the only documented evidence of the assault available, should the survivor decide to pursue legal options.

Slide 21 notes
- Review any papers so as to minimize requests to repeat the story as it can be traumatizing.
- Avoid asking questions already answered and documented.
- Explain **why** you asking each question and that learning what happened will help you give the best care, but they do not have to tell you anything that they do not want to. Do not force or pressure survivors to share details they do not want to.

Slide 25 notes
- **Assessment of mental state** is an important part of history-taking to ensure the survivor is competent to continue, and so that any mental health issues can be followed up. Also, documenting a confused mental state can help explain to courts, etc., any discrepancies in narrative or the impact on the survivor's mental health even if there is no physical evidence.
- There is no particular mental state that indicates, or is typical of, sexual abuse.

Video 4.3 Medical history

SLIDES 29-36 TAKING THE HISTORY OF THE INCIDENT

Slide 29 notes
- Ask "what happened" or **ask about the incident,** instead of using the words sexual violence, rape or abuse.
- Explain that learning what happened will help you give her the best care, but she does not have to tell you anything that she does not want to. She may omit or avoid describing painful, frightening or horrific details. It is the survivors' **choice** how much or little information they want to share. **Do not force** a survivor to talk about sexual violence she has experienced if she does not want to. Limit questions to what is required for medical care
- Let her tell her story in the way that she wants and **at her own pace.** Do not interrupt. If it is essential to clarify any details, ask after she has finished. Wait until the survivor pause or finish to ask clarification questions
- Continue use your active listening skills, to validate that the survivor is not to blame and it is not their fault.
- Do not make blaming remarks, such as "What were you doing there?"
- However, if a survivor clearly wants to talk about what happened, it is very important to listen actively, with empathy and without judgement.

Slide 30 notes
- Use **open-ended questions.** Open ended questions can not be answered with a yes or no, but allow the survivors to tell the full story without influencing or suggesting certain answers.
- Open-ended questions are the "who, what, when, where" questions that help you collect specific facts about a situation. Examples: Where did this happen?
- Do not ask **leading questions,** such as, "I would imagine that made you feel upset, didn't it?"
- Don't ask **"why"** questions, such as "Why did you do that?" They may sound accusing. Avoid questions that might suggest blame (for example, "What were you doing there alone?")

Slide 32 notes
- It is helpful to get an exact **timing of the incident** – to help guide what medication to provide.
- Ask about the **penetration** – if it was oral, vaginal or anal? Ask what the survivor was penetrated with – a penis, finger or foreign object?
- Ask about the **type of physical violence,** where on the body the violence was used. Ask about use of weapons, or restraints.

Slide 33 notes
- If there is more than one **assailant,** this increases the risk of potentially acquiring HIV.
- Assess if this is a **single or ongoing incident** – Ask has this happened before? When was the first time? How long has it been happening?
- If there are any **memory lapses or decreased level of consciousness,** consider asking if any substances were used as some perpetrators may use substances or drugs to facilitate abuse.

Slide 34 notes
- Survivors often do not have a linear way of sharing their experiences. They may often jump around, which can be confusing. They may also forget to tell a key part they intended to share.
- It can be **re-traumatizing** for some survivors to hear their story, so the care provider should ask the survivor whether or not the they would like to hear their story.

Slide 35 notes

- The medical history and examination form will help guide you on what to ask.

Video 4.4 History of the incident

Before showing the video, explain that this video describes a specific experience of sexual violence (or intimate partner violence depending on which video shown). This can be distressing or difficult for participants to hear, and they can feel free to step out if they need to.

SLIDES 37-38 CASE STUDY

Slide 37

Present the case study and ask the participants to choose 1 of the multiple choice answers
A health care worker asks the patient where and when the assault occurred. The patient replies, "It happened next to my grandmother's house." The patient has tears in her eyes and is quiet. The health care worker doesn't acknowledge the patient's answer, and quickly moves onto the next question. The patient declares she doesn't want to talk anymore.

What could the interviewer have done better?

A. Reassure the patient by saying, "I know this is hard, and you're doing great so far. Please continue only when you are ready and share only what you feel comfortable right now"
B. Ask the patient if she needs to take a break.
C. Both answers A and B.

Slide 38
Correct Answer C.

Comforting words, reassurance, and active listening might help the patient to feel more comfortable and allow the interview to continue. Rushing to the next question without acknowledging the patient's answer and emotions indicates that the health worker is more interested in filling in the form than in the caring for the patient. This could make the patient feel disrespected, uncared for, and that she is not in control of what is happening. Health workers should show compassion and patience by allowing a survivor to proceed through her care and treatment at her own pace or to stop at any time.

SLIDES 39-40 CASE STUDY

Slide 39

Present the case study and ask the participants to choose 1 of the multiple choice answers
A 22-year-old woman was sexually assaulted by soldiers and arrives at the clinic for care. During the patient history she states, "one of the soldiers raped me," and then pauses.

What is the most appropriate next question?

A. Did you fight back or scream?
B. Can you help me understand what you mean by rape?
C. Did he have any identifiable birth marks or scars?

Slide 40
Correct Answer B.

Asking her whether she fought back may seem judgmental and the patient may think you're saying that the assault was her fault because she did not resist the assailant.
Asking questions aimed at identifying the assailant is not directly related to her medical care and is the responsibility of police and legal authorities if the survivor chooses to report, not the responsibility of health workers.

See Activity 4.2 Taking the history role play

PERFORMING THE EXAMINATION

SLIDES 42-46 PERFORMING THE EXAMINATION

Slide 43 notes
- It is **not** the health care provider's responsibility to determine whether or not someone has been raped.
- The main reason for the physical and genital examinations is to **determine what medical care** is needed for the survivor. These examinations are also used to complete any **legal documentation.** Document your findings **without stating conclusions** about the rape.

Slide 44 notes
- Ask if the survivor wants to have a specific person present for support. Ask when the survivor is alone.
- If the survivor does not have someone specific, preferably an observer should be present. Seek consent for ensure that another person is present during the examination. The observer should be a trained support person or female health worker. It is essential to have a woman present if the provider conducting the examination is male. Introduce this person, explain that she is there to give the survivor help and support. Besides the observer, keep the number of people to a minimum
- Maximize efforts to have **only one examination.**
- Prepare all equipment and supplies before proceeding.
- Be professional, be organized, ensure that you have adequate time.

Slide 45 notes
- Give the patient **control** of the exam, of what will happen, of the pace, timing and components of the examination.
- **Explain** every step of examination and **obtain consent.** At each step of the examination, tell her what you are going to do, let her know when and where you will touch, and ask her permission before you do it.
- Explain every step of the examination and your findings as you go along using terms that she can understand
- Encourage her to **ask questions** and express her feelings and fears. Ask often if she has any questions and if you can proceed.
- Tell her that you will stop any time she says so, and can refuse any part of the exam. If she says "no", then stop the examination at that point.
- **Ask for permission** before touching her. Always look at the survivor before you touch her and pay attention to her appearance and emotional state.
- Ensure **privacy** keeping the room closed, having minimal interruptions and keeping the people in the room at a minimum. Never ask her to undress or uncover completely. Examine the upper half of her body first, then the lower half; and give her a gown, sheet or blanket to cover herself. Undress or uncover systematically - Respect her and restore her dignity.
- Reassure her that the examination findings will be kept **confidential** unless she decides to bring charges or if there are mandatory reporting laws.

Slide 46 notes
- Systematically examine the survivor,
- Look for signs that are consistent with the survivor's story, such as bruises, bite and punch marks, marks of restraints on the wrists, patches of hair missing from the head, or perforated eardrums, which may be a result of being slapped.
- Examine the body area that was in contact with the surface on which the sexual violence occurred to see if there are injuries.
- If the survivor reports being throttled or choked, look in the eyes for petechial haemorrhages and on the neck for bruises or finger marks.

Video 4.5 Performing the general examination

This video includes sensitive images such as breasts and genitals to show how to correctly perform an examination and to document common injuries. The images are meant for educational purposes, some individuals or groups may find them inappropriate. Either make a group decision to block the photo viewer for sensitive images, or allow participants to leave if they choose.

Ask:
- What did the physician do well?
- What was missing? What could be improved?

Explain that the health care worker should ask permission to remove head scarf or clothing.
Ask why do you think that physical examination can be difficult or even unbearable to the survivor?

SLIDE 48-51 PERFORMING THE GENITAL EXAMINATION

Slide 48 notes
- Being sexually assaulted/raped can be a traumatic event. Survivors may be sensitive to being examined or touched. Proceed slowly. Ask often if she is okay and if you can proceed. Be very careful not to increase distress.
- Ensure the survivor is as comfortable as possible
- Inform of when and where you will touch.
- Seek for permission/consent step by step.

Slide 49 notes
- Inspect in order: the mons pubis, inside of the thighs, perineum, anus, labia majora and minora, clitoris, urethra and introitus.
- Check for injuries to the vulva, introitus and vagina by holding the labia at the posterior edge between index finger and thumb and gently pulling outwards and downwards.
- Look for any sign of **infection,** such as ulcers, vaginal discharge or warts.
- Look for **genital injury,** such as bruises, scratches, abrasions, tears (often located on the posterior fourchette).
- Note the location of any tears, abrasions and bruises on the pictogram and the examination form.
- Note any previous scars from female genital circumcision/mutilation or childbirth.

Slide 50 notes
- **Virginity testing** is a **harmful practice.**
- It increases distress and harms to those examined; can cause pain and mimic the original act of sexual violence, exacerbating the survivors' sense of disempowerment and re-victimization. and is a violation of their human rights.

Slide 51 notes
- **Virginity (or "two-finger") testing** has **no medical or scientific validity,** It should never be conducted. It has no role in clinical management of rape.
- Digital examination of anus or vagina is rarely warranted and not an indication of likelihood or frequency of penetration. They should **not** be used to assess the tone or elasticity of the vagina or anus or to comment on the likelihood or frequency of penetration.
- There is no examination that can prove that a girl or woman has had sexual intercourse or is sexually active, including the appearance of girl's or woman's hymen. Hymen is a poor marker of penetrative sexual activity or virginity in post-pubertal girl.
- A survivor's sexual history prior to the rape is irrelevant to determining whether or not rape occurred.

Video 4.6: Genital examination
This video includes sensitive images such as breasts and genitals to show how to correctly perform an examination and to document common injuries. The images are meant for educational purposes, some individuals or groups may find them inappropriate. Either make a group decision to block the photo viewer for sensitive images, or allow participants to leave if they choose.

Ask:
- What did the physician do well?
- What was missing? What could be improved?

Explain that you should ensure you get all the information when you ask the history – but of course we may forget and this is acceptable. Discuss the indications for a vaginal speculum exam, and that there was no indication for a vaginal examination in this exam.

See 4.3 Activity: Virginity testing

Slide 54 Vaginal speculum exam

- Perform a vaginal speculum exam **only for the following indications:**
  - heavy or uncontrolled vaginal bleeding
  - pain
  - foul smelling vaginal discharge
  - when a foreign object is suspected
  - for forensic evidence collection
- A speculum exam should not be performed on: a prepubescent child, any patient who declines the exam.
- A speculum exam on a woman in the second half of pregnancy with vaginal bleeding can cause increased bleeding and should be done only by a health care worker trained in the management of pregnancy complications.
- If there are signs of bleeding, evaluate its source:
  - Bleeding originating from inside the cervical os is usually due to normal menstruation and not related to injury, but may also signal miscarriage of a pre-existing pregnancy.
  - Bleeding originating from the vaginal wall or the outside of the cervix is usually due to injury.
  - Foul smelling discharge from the vagina or cervix may indicate the presence of foreign matter.
  - If you suspect retained foreign matter, gently try to retrieve it and carefully inspect the vaginal walls for injuries.
  - Do not remove a foreign object if it appears deeply embedded in tissue. Refer such patients to a higher level of care.

Video 4.7 Vaginal speculum exam

This video includes sensitive images such as breasts and genitals to show how to correctly perform an examination and to document common injuries. The images are meant for educational purposes, some individuals or groups may find them inappropriate. Either make a group decision to block the photo viewer for sensitive images, or allow participants to leave if they choose.

Slide 56 Anal exam

- Note the shape and dilatation of the anus; any fissures around the anus; the presence of faecal matter on the perianal skin; and any bleeding from rectal tears.
- Most rectal injuries heal without treatment.
- Heavy bleeding from the rectum (more than just blood on underclothes or when wiping) or loss of control over urine or feces may indicate more severe injuries.
- Internal injuries can result from either violent penile penetration or penetration by a foreign object.
- Such injuries can lead to severe complications, such as fistula or an intra-abdominal infection, and require referral to a facility that can perform surgical repair.

Video 4.8 Anal examination

SLIDES 58-59 INJURY INTERPRETATION AND SUMMARY

Slide 58 notes

- There may be no injuries found when there is a lack of provider training. Without training, providers may not perform an examination properly, know common locations of injuries, lack poor lighting, knowledge of techniques for examinations – and providers may miss injuries.
- Younger and post-menopausal survivors are more likely to have injuries.
- Even when a female survivor is examined immediately after rape, there is **only visible injury in less than 50%** of the survivors.