

**Table 3.4: Checklist for follow-up visits with a rape survivor**

<b>Two-week follow-up visit</b>	
Injury	<ul style="list-style-type: none"> <li>• Check that any injuries are healing properly.</li> </ul>
STIs	<ul style="list-style-type: none"> <li>• Check that the survivor has taken the full course of any medication given for sexually transmitted infections (STIs).</li> <li>• Check adherence to post-exposure prophylaxis (PEP), if she is taking it.</li> <li>• Discuss any test results.</li> </ul>
Pregnancy	<ul style="list-style-type: none"> <li>• Test the woman for pregnancy if she was at risk. If she is pregnant, explain and discuss the available options. If abortion is legally available, and she chooses this option, refer her for safe abortion.</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Continue first-line support and assess the survivor's emotional state and mental health status (see Step 7).</li> </ul>
Planning	<ul style="list-style-type: none"> <li>• Remind her to return for further hepatitis B vaccinations in 1 month and 6 months, and for HIV testing at 3 months and 6 months, or else to follow up with her usual health-care provider.</li> <li>• Ask her to return for follow-up care if emotional or physical symptoms of stress have emerged or become more severe, or if there is no improvement at all by 1 month after the incident.</li> <li>• Make the next routine follow-up appointment for 1 month after the initial visit.</li> </ul>
<b>One-month follow-up visit</b>	
STIs	<ul style="list-style-type: none"> <li>• Give the second hepatitis B vaccination, if needed. Remind her of the 6-month dose.</li> <li>• Test for syphilis, gonorrhoea, chlamydia and trichomoniasis (if available), even if presumptive treatment (and testing) was provided near the time of exposure.</li> <li>• Ask the survivor about symptoms of STIs and examine for genital and/or anal lesions or other signs of STIs.<sup>16</sup></li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Continue first-line support and assess the survivor's emotional state and mental health status (see Step 7). For depression, post-traumatic stress disorder (PTSD), self-harm, suicide or unexplained somatic complaints, see Annex 10.</li> </ul>
Planning	<ul style="list-style-type: none"> <li>• Make next routine follow-up appointment for 3 months after the initial visit.</li> </ul>
<b>Three-month follow-up visit</b>	
STIs	<ul style="list-style-type: none"> <li>• Offer HIV testing and counselling. Make sure that pre- and post-test counselling is available and refer for HIV prevention, treatment and care.</li> <li>• If laboratory testing is available, retest for syphilis.</li> <li>• If presumptive STI treatment was not given, evaluate for STIs and treat as appropriate.</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Continue first-line support and assess the survivor's emotional state and mental health status (see Step 7). For depression, PTSD, self-harm, suicide or unexplained somatic complaints, see Annex 10.</li> </ul>
Planning	<ul style="list-style-type: none"> <li>• Make next follow-up appointment for 6 months after the sexual violence incident. Also, remind her of the 6-month dose of hepatitis B vaccine, if needed.</li> </ul>
<b>Six-month follow-up visit</b>	
STIs	<ul style="list-style-type: none"> <li>• Offer HIV counselling and testing if not done before. Make sure that pre- and post-test counselling are available and refer for HIV prevention, treatment and care, as needed.</li> <li>• Give the third dose of hepatitis B vaccine, if needed.</li> <li>• If presumptive STI treatment was not given, evaluate for STIs and treat as appropriate.</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Continue first-line support and assess the survivor's emotional state and mental health status (see Step 7). For depression, PTSD, self-harm, suicide, or unexplained somatic complaints, see Annex 10.</li> </ul>

16 When genital ulcers suspicious for syphilis are present on physical exam and a syphilis test is negative, repeat testing may be required to exclude syphilis due to delayed antibody response. A negative treponemal or non-treponemal test at three months after sexual exposure excludes the diagnosis of syphilis. Presumptive treatment with benzathine penicillin or doxycycline (non-pregnant women only) should be provided if suspicious lesions are present. Similarly, testing for chlamydia and gonorrhoea may be negative if provided less than one week after exposure. Repeat testing is needed.