

## **FOLLOW-UP CARE AND REVIEW**

Follow-up reviews/visits are recommended at 2 weeks, 6 weeks, 3 months and 6 months post assault.

If the survivor has been commenced on HIV PEP then they need to be reviewed within 5 to 7 days to check compliance, review medication side effects and ensure HIV baseline blood test results have been reviewed. Baseline blood tests for monitoring (i.e. full blood count, liver function tests, urea and electrolytes and serum amylase) can be taken if indicated.

If the survivor has been commenced on the Hepatitis B accelerated vaccination course then they need to be followed up after 7 days to receive the second dose of Hepatitis B vaccination. Otherwise they need to be followed up as indicated below and in accordance to their vaccination schedule.

The purposes of the follow-up reviews/visits are follows:

### **2 Week Follow-Up Visit**

- Examine any injuries and assess for proper healing;
- Document healing (photograph injuries if indicated) – this will serve to reassure the survivor and may also be useful in court proceedings;
- Check that the survivor has completed or is still compliant with any medications prescribed at initial contact;
- Obtain relevant cultures and blood samples to assess STI and HIV status if these were not done at the initial contact. Make sure that HIV pre- and post-testing counselling is available or make a referral to a site

where this is available;

- Discuss results of any tests performed at initial contact if they have not already been discussed;
- Test for pregnancy if indicated: if pregnant, advise survivor about options;
- Remind survivors to return for their hepatitis B vaccinations and HIV testing at 3 and 6 months or to follow-up with their usual health care provider for this (provide appropriate referral letters as needed);
- Schedule the next follow-up visit;
- Assess the survivor's emotional and mental state (see Appendix 14 and Appendix 15 for screening tools): refer for counselling or additional support as needed.

### **6 Week Follow-Up Visit**

- Check that the survivor has completed any medications prescribed at initial contact;
- Obtain relevant cultures and blood samples to assess STI and HIV status if these were not done at previous visits. Make sure that HIV pre- and post-testing counselling is available or make a referral to a site where this is available;
- Discuss results of any tests performed at initial contact if they have not already been discussed;
- Test for pregnancy if indicated: if pregnant, advise survivor about options;
- Remind survivors to return for their hepatitis B vaccinations and HIV testing at 3 and 6 months or to follow-up with their usual health care

provider for this (provide appropriate referral letters as needed);

- Schedule the next follow-up visit;
- Assess the survivor's emotional and mental state (see Appendix 14 and Appendix 15 for screening tools): refer for counselling or additional support as needed.

### **3 Month Follow-Up Visit**

- Test for HIV: make sure that pre- and post-testing counselling is available or make a referral to a site where this is available;
- Test for syphilis and Hepatitis B and screen for STIs (even if prophylactic antibiotics were given at initial contact). If the survivor has received a course of Hepatitis B vaccination, test for hepatitis B surface antibodies (HepBsAb) to assess response to vaccination;
- Assess pregnancy status and provide advice and support as needed;
- Discuss results of any previous tests done if not already discussed;
- Assess the survivor's emotional and mental state (see Appendix 14 and Appendix 15 for screening tools): refer for counselling or additional support as needed.

### **6 Month Follow-Up Visit**

- Test for HIV: make sure that pre- and post-testing counselling is available or make a referral to a site where this is available;
- Discuss results of any previous tests done if not already discussed;

- Ensure that the survivor completes/has completed their Hepatitis B vaccination course if previously commenced;
- Assess the survivor's emotional and mental state (see Appendix 14 and Appendix 15 for screening tools): refer for counselling or additional support as needed.

## **APPENDIX 6: Skills Required by Healthcare Professionals Undertaking Forensic Medical Examinations of Child Survivors of Sexual Violence**

- An ability to communicate comfortably with children and their carers about sensitive issues.
- An understanding of and sensitivity to the child's development, social and emotional needs and his or her intellectual level.
- An understanding of consent and confidentiality as they relate to children and young people.
- Competence to conduct a comprehensive general and genital examination of a child, and skills in the different techniques used to facilitate the genital examination.
- An understanding, based on current research evidence, of the normal genital and anal anatomy and experience of age and gender of the child to be examined.
- An understanding, based on the current research evidence, of the diagnosis and differential diagnosis of physical signs associated with abuse.
- An understanding of what forensic samples may be appropriate to the investigation and how these samples should be obtained and packaged. The ability to comprehensively and precisely document the findings in contemporaneous notes.
- The competence to produce a detailed statement or report describing and interpreting the clinical findings.
- An understanding of the importance of communicating and co-operating with other agencies and professionals involved in the care of the child (this may include attending case conferences; making referrals to other health professionals and to social services).
- The ability to present evidence, and be cross-examined, in subsequent civil or criminal proceedings.
- An understanding of the different types of post-coital contraception available, the indications and contraindications of the various methods, and the capacity to prescribe contraception where appropriate.
- Understanding of prophylaxis (including Hepatitis B, HIV);, screening, diagnosing and treating sexually transmitted infections.

## APPENDIX 14: Risk Identification Tool – Initial Contact

### RISK ASSESSMENT AND IDENTIFICATION TOOL

#### 1. Self-Harm Risk Identification

**Appearance**                      Kempt / unkempt

**Behaviour**                      withdrawn / no eye contact / agitation / motor retardation / other .....

**Mood**                              normal / low/ flat/ hyper /anxious/ other .....

**Speech**                          normal / pressured/ slow / incoherent / other .....

**Cognition**                      normal / abnormal If delusions specify .....

**Perception**                      normal / hallucinations (visual / auditory/ tactile) specify.....  
.....

Other (specify)                      .....

#### 2. Psychiatric history

Prior to the sexual assault did the client have a history of:

Anxiety / Depression / Schizophrenia / Alcohol misuse / Drug misuse / NIL

Other mental health problems.....

ANY contact with other mental health services?

Counselling / Psychology / Psychiatry / NIL

Details .....

Is the client currently receiving treatment from this service? Y / N

Has the client ever been a psychiatric in-patient?                      Y / N If yes number of admissions

Date / Place of last admission .....

#### 3. Self-harm and suicidal ideation

Has the patient ever self-harmed? Y/ N Approx. number of incidents .....

Method(s) used:    Overdose / Cutting / Burning / Multiple / Other .....

When did this last occur ..... After this sexual assault?                      Y / N

Intention: Hurt self / Ease emotional pain / Die / Other .....

Was medical attention necessary? Y/N    If so was medical attention sought?    Y / N

Does client think they are likely to self-harm    Y / N

Has this been so bad that the client has felt like killing self?    Y / N

**If YES ;** Suicidal ideas only / frequent or persistent thoughts / vague plans / specific plans

Hopelessness (e.g. no plans for future / pessimism about future )    Y / N

**If suicidal: Proposed means** .....

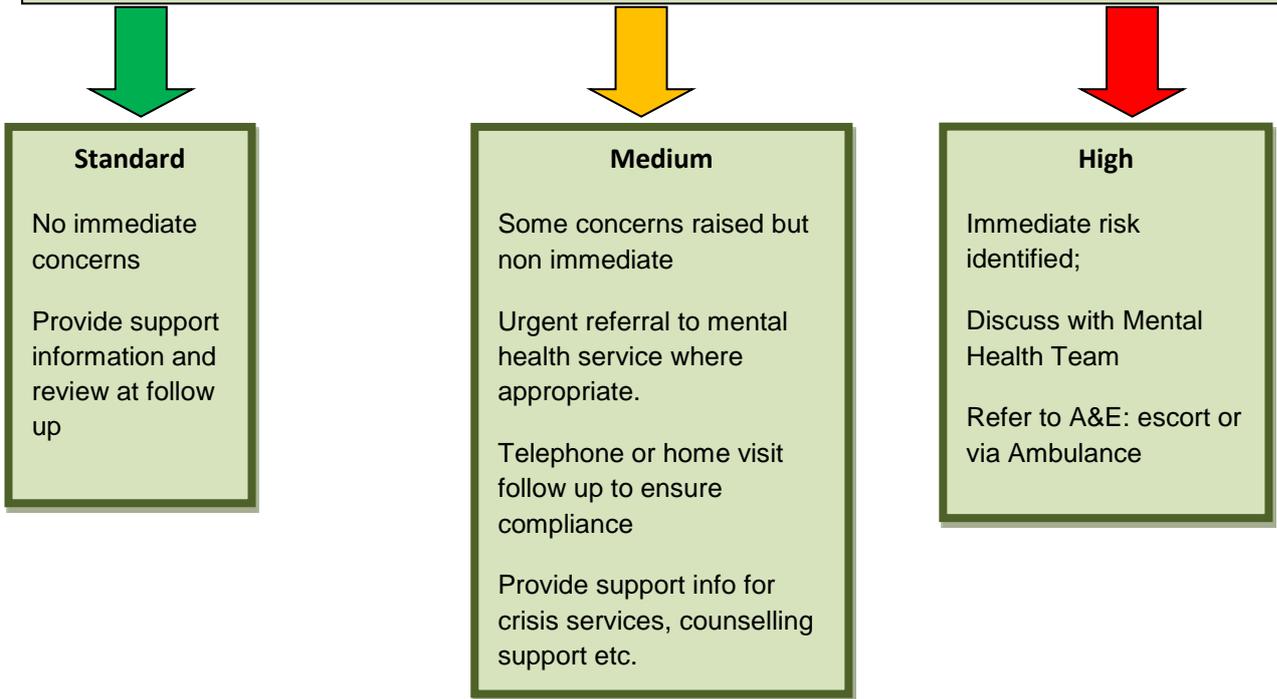
**Are these readily available** Y/ N

**Anything to stop an attempt?** Children / Family / Religion / Pets / Other

.....

## 4. Risk Identification

### Risk Identified



Further information / action \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature** ..... **Designation**



## APPENDIX 15: Risk Identification Tool –At Follow-Up

### FOLLOW-UP RISK IDENTIFICATION TOOL

#### 1. COPING AND SOCIAL SUPPORT

How does the patient feel they are coping? (Circle): Very Well / Well / OK / Struggling / Not coping

If **STRUGGLING** or **NOT COPING**, please describe the areas of difficulty (e.g. work, difficulties being outdoors, relationship problems etc.)

\_\_\_\_\_

\_\_\_\_\_

In education / employed?

\_\_\_\_\_

Attending: Y / N If NO, reasons?

\_\_\_\_\_

Living arrangements \_\_\_\_\_

Who have they disclosed to and what was their reaction \_\_\_\_\_

#### 2. PSYCHOLOGICAL SYMPTOMS

Does the patient currently report any of the following? (Circle / specify where appropriate)

NONE

Change in eating habits \_\_\_\_\_

Poor Sleep \_\_\_\_\_

Flashbacks / Intrusive thoughts \_\_\_\_\_

Guilt / Depression / Anxiety / Self-Blame \_\_\_\_\_

Irritability / Anger \_\_\_\_\_

Emotional Numbing / Avoidance \_\_\_\_\_

Sexual Difficulties \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Since last here have these generally:

Improved      Worsened      Stayed about the same

Please comment on any changes:

\_\_\_\_\_

If **NOT COPING** or things have **WORSENERD**, has the client sought help? Y / N

If YES, what and who from \_\_\_\_\_

Is the patient using drugs or alcohol in a problematic way? Y / N

If YES, what, how much and how often?

**Alcohol** Amount: \_\_\_\_\_ Frequency: \_\_\_\_\_

Has this increased? Y / N

**Drugs** Type(s): \_\_\_\_\_ Amount/Frequency: \_\_\_\_\_

Has this increased? Y / N

### 3. SELF HARM AND SUICIDE RISK

#### **SELF-HARM**

**Has client self-harmed or made a suicide attempt since the sexual assault, or thought about attempting to do this? Y / N**

If YES: When \_\_\_\_\_

**Method(s) used to self-harm?** Overdose / Cutting / Burning / Other \_\_\_\_\_

**What was the intention in doing this?**

To hurt self / Ease emotional pain / To die / Other \_\_\_\_\_

**Did they have to seek medical attention? Y / N** \_\_\_\_\_

**Was this life-threatening? Y / N** \_\_\_\_\_

#### **SUICIDE RISK**

**Since the last appointment, has the client at any point felt SUICIDAL? Y / N**

If YES has this been: *Fleeting thoughts / Persistent thoughts / Vague plans / Specific plans*

If SPECIFIC PLANS, what are these? \_\_\_\_\_

**Does the client have the means to carry these out? Y / N**

**Is there anything that would stop them from acting on these thoughts? Y / N**

If YES what? \_\_\_\_\_

### 4. FURTHER ACTION

**CAN assure safety** → Discuss local follow-up or need for referral on where appropriate

**CANNOT assure safety** → Refer to A & E / Psychiatry Team

**Signature** \_\_\_\_\_ **Designation** \_\_\_\_\_

## APPENDIX 16: Child Sexual Exploitation (CSE) Risk Identification Tool

This 'Traffic Light Tool' forms part of a resource designed to help professionals who work with children and young people to identify, assess and respond appropriately to sexual behaviours. By identifying sexual behaviours as **GREEN**, **AMBER** or **RED**, professionals across different agencies can work to the same criteria when making decisions and protect children and young people with a unified approach. The normative list aims to increase understanding of healthy sexual development and distinguish it from harmful behaviour. Have any of these been identified in the adolescent history. If so please **tick and discuss with the investigating officer**

### LOW LEVEL INDICATORS – ONE OR MORE OF THE FOLLOWING INDICATORS IDENTIFIED

- Regularly coming home late or gone missing
- Overtly sexualised dress, sexualised risk taking (including on the Internet)
- Unaccounted for monies or goods
- Associating with unknown adults
- Associating with other sexually exploited children
- Reduced contact with family and friends and other support networks
- Sexually transmitted infections
- Experimenting with drugs and alcohol
- Poor self-image, eating disorders or self-harm
- Non schools attendance

### MEDIUM LEVEL INDICATORS – ANY OF ABOVE AND TWO OR MORE OF THE FOLLOWING INDICATORS

- Getting into cars with unknown adults or associating with known CSE adults
- Being groomed on the Internet
- 
- Receiving rewards of money or goods for recruiting peers into CSE
- Disclosure of physical sexual assault and then refusing to make or withdrawing complaint
- 
- Having a much older boyfriend/girlfriend
- Missing school or excluded from school due to behaviour
- Staying out overnight with no reasonable explanation
- Unaccounted for money or goods including mobile phones, drugs and alcohol
- Multiple sexually transmitted infections (STI's)
- Self-harming
- Repeat offending
- Gang member or association

### HIGH LEVEL INDICATORS – ANY OF THE ABOVE AND ANY ONE OR MORE OF THE FOLLOWING INDICATORS

- Child under 13 engaging in penetrative sex with another young person over 15 years
- 
- Child under 16 meeting different adults and engaging in sexual activity
- Removed from known 'red light' district by professionals due to suspected CSE
- Being taken to clubs and hotels by adults and engaging in sexual activity
- Disclosure of serious sexual assault and then withdrawal of statement
- Abduction and forced imprisonment
- Being moved around for sexual activity
- Disappearing from the 'system' with no contact or support
- Being bought
- Multiple miscarriages or terminations
- Chronic alcohol and drug use
- Indicators of CSE alongside serious self-harming