

How to use this scenario booklet:

This booklet consists of 17 scenarios of clients presenting to SATCs for sexual assault care. It is to be used by individual health care providers and/or teams for building HIV risk assessment, HIV counselling and HIV PEP decision-making skills.

Many of these scenarios were provided by SATC staff and reflect challenging issues that you may face in your practice. They provide an opportunity for individual staff and teams to think about how best to manage a range of possible issues, and to engage in dialogue about how best to deliver HIV counselling and HIV PEP care in your site. Many teams currently integrate discussions of specific cases into team meetings in order to brainstorm, review procedure, strategize together and gain confidence in delivering HIV PEP care, particularly for staff who are not frequently involved in this work. This booklet is meant to support this ongoing team skill-building and to provide a starting point for individuals and/or teams not currently engaged in this type of review.

Each scenario provides information about a case - some are highly detailed while others are much less so. This is meant to reflect the fact that in different cases, you may have access to varying amounts of relevant information and are often making decisions with incomplete facts. Each scenario is accompanied by prompts identifying the key steps in HIV PEP care, as well as standard questions to be considered and case-specific elements regarding HIV care and HIV PEP delivery. The scenarios prompts are not exhaustive – they are just a starting point. You will likely come up with a range of other factors that should be considered based on your own expertise and the local realities of your site.

These scenarios can be used as handouts – each scenario should be distributed to the team (or read individually) and then discussed, without referring to the prompts that follow each scenario. Each step of HIV care should be outlined and the specific considerations that the group sees arising from the case should be discussed (alternatively, each person could write down the steps and specific considerations). Following initial discussion, the prompts that follow each scenario can then be reviewed to continue the dialogue and to confirm that all steps and considerations were captured in the discussion.

SCENARIO I:

Maria, a 19-year-old woman arrives with a uniformed police officer at the emergency department at 1:00pm. She has been sexually assaulted by an unknown man earlier that day (at approximately 6:00am). Maria discloses that she was orally and vaginally penetrated. During the oral assault, no condom was used and no ejaculation occurred. She is unsure if a condom was used or if the assailant ejaculated during the vaginal assault. Maria says she did not experience any bleeding post assault. Multiple bruising is present on her inner thighs.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- None

SCENARIO 2:

Carolyn, a 17 year old young woman presents 24-hours post sexual assault.* She does not verbalize much, mainly sitting quietly with minimal response to questions. She was drinking with some friends and passed out, something she says they do most weekends. She can't remember what happened but knows that she woke up without her pants on. She says that her friends told her that they think they saw some guy on her but they don't know who it was because the room was dark. She is tired, hungry and hung over. She is not really sure what she wants – mostly she just wants to go home. She has a previous history of child sexual abuse and also has a history of suicidal ideation and grief reactions due to her sister committing suicide last spring. She does not go to school (quit during grade 9), nor work.

**For Northern sites - She is flown down to the SATC from a remote (air access only) community and does not have an escort with her.*

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- How to provide adequate follow-up to support compliance with HIV PEP
- Effectively assessing an unresponsive client
 - How can HIV PEP safety be assessed?
 - Try to get Carolyn to agree to a follow-up appointment the next day
 - Offer HIV PEP (and provide 5-day starter kit if Carolyn is receptive) and review Carolyn's options at next day follow-up appointment
- Previous history with SATC
- Immediate safety plan
- Investigate client's support systems
- Link client with a counselling service near her home and/or a social worker (if relevant)
- Consider referring client to treatment for alcohol abuse
- Confidentiality within home community (especially if Northern community)
- Review client's chart to understand her past history

SCENARIO 3:

Nada, a 22 year old woman, assaulted by an unknown assailant, presents 28-hours post sexual assault. She is tired, hungry and hung over. She is developmentally delayed; staff suspect she has FASD, but this diagnosis is unconfirmed. She has a history of alcohol and marijuana abuse as well as a history of depression and suicidal ideation. She is currently homeless and has no social support. Also, she was recently admitted to the hospital for pancreatitis.

She decides she wants to do everything – HIV PEP, STI Prophylaxis, ECP, a Kit, and report to the police. There are major concerns regarding her previous lab results from the pancreatitis, as well as concerns regarding compliance with the medications and follow-up, and having the medications out on the streets. She is scheduled for a preliminary court appearance at which time she may be incarcerated.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Health contraindications to HIV PEP due to pancreatitis
- Potential for opiate use (e.g., oxycontin, percocet) – pancreatitis is a symptom of chronic opiate use - Kaletra® can alter the clearance of opiates from the body and can cause opiate withdrawal
- Liver function test results STAT (high possibility liver functions may be increased)
- Offer Combivir ONLY (consult with an HIV Specialist about incorporating an alternate to Kaletra into the regimen).
- Alter follow-up schedule?
 - Plan for additional follow-up appointments (e.g., every 2nd day)
 - Maintain a flexible approach to Nada's follow-up to ensure she gets adequate care (e.g., appointment times are strictly adhered to)
- Living situation (homeless) and mental health status
 - Possible to admit Nada to hospital while HIV PEP is started & the situation re-assessed?
- Possibility of incarceration – would Nada's incarceration improve compliance and follow-up?

- RN / MD personal opinion regarding Nada's situation - dilemma: despite potential personal feelings that Nada will not complete the regimen, HCP cannot be the gate-keeper to drugs

SCENARIO 4:

Samantha, an 18 year old woman from a remote northern community presents post sexual assault. She is not accompanied by an escort. Following counselling and HIV risk assessment, she accepts HIV PEP and is given a 5-day supply of medication. A follow-up appointment is scheduled for the next day. She spends the night in a hotel, and then attends her first follow-up appointment the following day. SATC staff contact the nursing station near her home community to arrange for the remaining follow-up visits. Samantha is given an additional 5-day supply of HIV PEP “just in case” there are difficulties in getting the medications to her community (e.g., supply plane cannot fly due to weather; shipment ends up at wrong community). SATC staff contact the hospital pharmacy and arrange for the remaining HIV PEP medications to be shipped by cold chain.

She travels back to her home community, where she will attend her remaining follow-up visits. Her sister-in-law is a clerk in her local nursing station, so Samantha has requested confidentiality regarding her assault and taking HIV PEP. SATC staff speak directly with the Nurse-in-Charge at the nursing station to ensure she will personally receive the shipment of medications, and drawing and sending out of blood work etc. She is willing to help keep Samantha’s situation confidential; however she will be going on holidays in one week. She will pass the info on to the acting Nurse-in-Charge.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Confidentiality
 - Document as little as possible
 - Use “No Notes North” stamp on any documented information
 - Verbally communicate with client and Nursing Station as much as possible
- Difficult for SATC to know if patients are continuing or complying with their meds. Community nurses are generalists, dealing with multiple acute and chronic health care issues in the community, and are very busy. Often community nurses are transient, moving from nursing station to nursing station.
 - Leave follow-up to Nursing Station
- Too easy for follow-up information to not be passed on due to the volume of work for the community nurses.
- Patients are difficult to contact. Many don’t have phones, or the phone number provided is not in service.
- Multiple / extended family members live in the same house. Issues of overcrowding are common making it difficult to talk on the phone confidentially. Often, women will go live in another community with relatives following an assault, further complicating follow-up and keeping in touch.

SCENARIO 5:

Ela, a 42 year old woman comes into the SATC 24 hours post sexual assault. She has been assaulted by a man who she met at a work party. She remembers that they went out for a drink following the party, but doesn't know what happened next. She woke up at his house with her clothes removed. The man she met the night before is sleeping beside her. When speaking with the nurse, she is having difficulty deciding what to do about HIV PEP. She has heard that this man has a reputation for 'womanizing'. She doesn't remember everything that happened and is confused by this. She is adamant that she had only two drinks all night. She suspects there was anal penetration.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Emotional support & counselling re: coping mechanisms for returning to work to face her co-worker (assailant)
- If Ela accepts HIV PEP – how will she manage side effects at her work place
- If Ela cannot decide whether to accept HIV PEP – give her the 1st dose, then make an appointment for the next day to reassess the risks/benefits of taking HIV PEP

Scenario 6:

Thomas, a 4-year-old boy arrives with CAS and parents with rectal bleeding. He disclosed to his mother that his 16-year-old male babysitter had “hurt my bum bum” while his parents were out the previous evening. No further disclosure came from the child. The babysitter denies any sexual assault and states his injuries came from falling off his tricycle. On inspection of the anus a 3mm tear was noted in the 6 o’clock position and a 6mm tear noted in the 3 o’clock position. No further bleeding was noted from area.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

SPECIAL CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Is a Paediatrician available to examine Thomas?
- Providing emotional support to the parents
 - SA is often more difficult for parents to work through
 - Establish an ongoing relationship with the parents and encourage them to contact the SATC with any follow-up questions they may have
- If HIV PEP is accepted:
 - Calculating paediatric dosage is difficult
 - Limited access for consultation on evenings & weekends (HIV Expert, Pharmacist)
 - Unavailability of 1st dose (liquid formulation)

SCENARIO 7:

Sara, a 29-year-old deaf woman arrived alone ambulatory to the emergency department in the early afternoon. After arranging an American Sign Language (ASL) interpreter she discloses that she thinks she was sexually assaulted by possibly 2 men she recently met through mutual friends. She was at a bar and vaguely remembers leaving the bar with 2 men. When she woke up in the morning she was in one of the men's bed with no clothes on. She denies injuries but states she "feels like she had sex". She is on the birth control pill and has no other health history. While explaining the baseline HIV test, it becomes apparent that Sara has a low literacy level. Despite multiple attempts to explain the purpose of this test, Sara repeatedly informs the nurse of how glad she is that she didn't get HIV. The ASL interpreter tried to explain the situation, without success. Despite difficulty reading the material on HIV PEP and understanding the ASL interpreter, Sara wants to start HIV PEP.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Confidentiality – the deaf community is small and ASL interpreters are few with the majority knowing, socializing and/or working with each other.
- Social supports within the small deaf community & potential for isolation within small community
- Difficulty booking an ASL interpreter for follow-up appointments. Emergency situations are even more difficult.
- Informed consent – does the client fully understand the drugs she's taking?
 - Could writing back-and-forth with Sara help to ensure she understands all information?
 - Increase the number of follow-up appointments to ensure Sara is adequately supported throughout taking HIV PEP
- Possibly 2 assailants – increased HIV risk

Scenario 8:

Fiona, a 24-year-old woman arrived in the emergency department by ambulance at 600 hours. She was found in a park, naked and appearing intoxicated. She disclosed to the ambulance attendant that she had been “raped” by one unknown man that she had been “partying with” the night before. She had witnessed the man injecting drugs earlier on in the night. She was vaginally penetrated and sustained a small tear vaginally in the 6 o’clock position. Fiona has a history of drug and alcohol abuse and is Hepatitis C positive. Initial blood work showed that she had an elevated blood alcohol level, slightly elevated liver enzymes and she was slightly anaemic. All other blood work was normal.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

SPECIAL CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Incomplete client history
 - Need to further investigate potential health contraindications
- Fiona's current living situation (homeless?)
 - Compliance with medications
 - Compliance with follow-up schedule

Potential approach: administer HIV PEP via direct observation (i.e., Fiona comes to SATC at 8am and 5pm daily to receive medications and be monitored for side effects)

- If Fiona is interested in accepting HIV PEP, give 1st dose and have her return the following day for a more detailed assessment

SCENARIO 9:

Carrie is 20 years old. She went to a party with friends last night. She was quite certain when asked if she wanted a drink that she refused but did accept a soft drink.

She had a few sips of her soft drink and then went outside for a cigarette. She woke up hours later outside in a different location. She has no memories from the time she was outside smoking with her friends until she woke up. She was fully clothed but cold and dirty from being outside.

Carrie tried to contact friends to find out what happened, but everyone remembers her appearing to be having a good time laughing and joking with a group of new comers to the party.

Carrie is a sexually active young woman who is on the birth control pill. She has not been immunized against Hepatitis B because she is needle phobic. She has no complaints of physical injury or pain. She has showered since returning home. Upon examination, it is discovered that Carrie has bacterial vaginosis.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Could the drugs used in the DFSA interact with HIV PEP?
 - If Carrie is alert, the drugs are no longer present in high levels and HIV PEP can be administered safely
- Could the client's existing vaginal infection put her at increased risk?
 - Bacterial vaginosis is known to increase susceptibility to HIV infection

SCENARIO 10:

Sean is a 15 year old boy currently living in a group home. He was out with some friends 'partying' in a park. He had six beers and smoked a little weed. One of the boys he met offered to walk home with him. Along the way they stopped and began to "make out" and Sean realized he needed to get back to the group home in order to make curfew. The other boy became increasingly aggressive and forceful in his advances. Sean told him to stop but the boy pushed him to the ground and sexually assaulted him. Anal penetration took place and no condom was used.

When he could, Sean got up and ran home. He was reluctant to tell his counsellor at the group home because he was not supposed to be drinking and smoking drugs. The next morning, Sean's counsellor noticed that Sean seemed very upset. After some initial hesitation, Sean disclosed the assault and agreed to go to the hospital.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Assault posing significant HIV risk
 - Recommend that Sean take the 1st dose of HIV PEP immediately, prior to continuing with counselling
- Limited social support within Sean's group home
 - Link Sean with a counselling service near his group home and/or a social worker

Scenario 11:

Natalie is a young woman who started university this week. She was at her first frosh party where she had “way too much” to drink. She was visibly impaired and one of the guys living on her floor said he would take her home. He walked Natalie back to residence and helped her to her room. They started to talk and watch TV. Natalie asked him to leave because she was really tired, but he told her that he just wanted to watch the end of the movie they had started watching. Natalie fell asleep and when she woke up he was sleeping in bed with her and he was naked. Natalie was also undressed from the waist down and her bra was undone. Natalie got up to go to the bathroom and saw a condom wrapper on the floor by her bed. She woke the guy up and asked what had happened. He said nothing; that he must have fallen asleep too and took his clothes off because it was warm in the room.

Natalie is struggling with many issues. She has no memories of anything that happened. She is afraid to tell her parents because they were reluctant to have her live on campus. She has a boyfriend and she is afraid he will blame her if he finds out something may have happened. She blames herself because she had so much to drink. She is afraid because this guy lives on the same floor as her.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Limited social support
 - Natalie does not want to disclose assault to her parents or her boyfriend
- Emotional support & counselling re: coping mechanisms for returning to her residence to face her assailant (lives on same floor)
- If Natalie accepts HIV PEP – how will she manage side effects at her residence

Scenario 12:

Lin is a 56 year old woman whose first language is Cantonese and who has difficulty communicating in English. She arrives at the hospital in the evening, accompanied by the police and her 14-year old son who is acting as an intermediary. She was assaulted earlier that afternoon during a home burglary by one unknown man and experienced oral-penile penetration and vaginal penetration with an object. She seems hesitant to share details of the assault.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Accessing an interpreter
- Questions to ask: Was the son home during the assault? If so, was he also assaulted?
- Dealing with son's involvement
 - Use pictures to communicate – can limit son's involvement with details of the assault
- Assessing risk due to language barriers and reluctance to share details
- Potential for increased trauma due to Lin's age
 - Additional emotional support

- Increase number of follow-up appointments

SCENARIO 13:

Brenda, a 22-year-old university student presents to the SATC at 4am on a Saturday morning following a drug-facilitated assault at a party. She has no memory of the assault but states that she is 'sore'. Upon examination, vaginal tearing is discovered. Brenda has a history of severe depression that has responded well to Venlafaxine XR 225 mg at bedtime in combination with Bupropion CR 100 mg every morning. After discussion with a SATC team member, Brenda decides she would like to start HIV PEP as soon as possible. Neither a physician nor HIV expert is available for immediate consultation.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Consult a Pharmacist and/or HIV Expert
 - Multiple drug therapies need to be assessed very carefully
- Drug interactions
 - Venlafaxine XR 225 mg – not contraindicated to Kaletra®
 - AND Bupropion CR 100 mg – not contraindicated to Kaletra®
 - BUT – all 3 drugs together interact and make the drugs significantly contraindicated
- If Brenda accepts HIV PEP – give 1st dose of Combivir ONLY
 - Kaletra® or an alternate 3rd drug could be added to the regimen later, after all potential drug interactions have been thoroughly assessed

SCENARIO 14:

Ariel, an 11 year old girl (height 4'6", weight 41 kg) and her parents present to the Emergency Department. Ariel has signs of vaginal trauma and states that she was assaulted by her uncle. Her mother informs the staff that the assailant has a history of IV drug use. HIV PEP in a zidovudine, lamivudine and lopinavir/ritonavir liquid formulation is prescribed by the attending paediatrician. The HIV PEP Kit available only contains Combivir and Kaletra in solid oral dosage forms.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Timeline – is Ariel presenting < 72 hours post-exposure?
- If HIV PEP is accepted:
 - **Is 1st dose available at SATC in liquid formulation**
 - **If not, how can the SATC get the liquid HIV PEP quickly?**
- Providing emotional support to the parents
 - SA is often more difficult for parents to work through
 - Establish an ongoing relationship with the parents and encourage them to contact the SATC with any follow-up questions they may have

- CAS involvement (mandatory)
- HIV testing of perpetrator if possible

SCENARIO 15:

Amanda, a transsexual woman (MTF), presents at the Emergency Room 36 hour post-assault. She has been physically assaulted and anally penetrated by her ex-partner, who she knows to be HIV+. No condom was used and she is unsure if ejaculation occurred.

Amanda is a former sex worker and is routinely tested for HIV. Her last test was 2 months ago and came back negative. She is reluctant to return for follow-up as she is concerned that health care providers will not be sensitive to her needs as a transsexual woman.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIFIC CONSIDERATIONS:

- Give initial dose of HIV PEP medications immediately
 - HIV+ status of assailant + anal penetration = significant HIV risk
- Identify a physician sensitive to the particular experiences of transsexual clients.

SCENARIO 16:

Mark, a 30 year-old man is escorted to the SATC from a local jail by guards 80 hours post assault. He has been anally assaulted by 2 men while in custody, one of whom is known to be taking HIV drugs. An exam shows significant tearing to his rectum.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIAL CONSIDERATIONS:

- Consult with physician immediately (an initial dose of HIV PEP may be considered despite post-72 hour timeframe given very high risks of HIV transmission)
- Consultation with HIV expert strongly recommended given extremely high-risk situation
- Ongoing safety planning for client
 - Who needs to be consulted?
- Follow-up plan for client, e.g. HIV testing
- Addressing issues of confidentiality for the client (guards in exam room) while ensuring health care provider safety

SCENARIO 17:

Lorraine, a 34 year-old woman presents to the SATC with her sister. She is 9 weeks pregnant. She has extensive bruising to her face and a broken wrist and was vaginally assaulted without a condom. She identifies her assailant as her ex-boyfriend, who she recently left after discovering he had repeatedly cheated on her. She says this is the first time he has hurt her but later acknowledges earlier incidents of violence.

APPROACH:

- Attend to any acute medical needs
- Discuss HIV risk (at-risk? factors increasing or decreasing level of risk?)
- Determine when the assault occurred (if > 72 hours do not offer – alternate plan)
- IF at risk, and < 72 hours, consider giving 1st dose immediately
- Take a detailed medical history – ask about all medications the client currently uses, *including illicit drugs*
- Discuss HIV PEP (duration of drug regimen & efficacy of drugs, follow-up, side effects)
- Review potential risks and benefits of taking HIV PEP
- IF client is having difficulty deciding whether or not to take PEP, encourage her/him to take 1st dose immediately and schedule a follow-up appointment for the next day (give client time to make the decision overnight)
- Recommend HIV testing at baseline

STANDARD CONSIDERATIONS:

- Does the client currently take any medications (including OTC, herbals, and/or illicit/street drugs)?
- Does the client use the birth control pill?
- Could the client be pregnant? Is the client breastfeeding?
- Does the client have any existing concerns re: STIs and/or HIV?
- Is a consult with a physician, pharmacist and/or HIV expert required?

SPECIAL CONSIDERATIONS:

- Consult with physician and/or HIV expert
- In-depth discussion required with client to weigh pros and cons of HIV PEP in this situation: first trimester of pregnancy; identify known HIV risk factors (multiple sexual partners); other risks?
- Ongoing safety planning for client (high-risk situation – pregnant and recently ended the relationship)
 - Immediate housing concerns?
 - Legal proceedings?
- Extent of physical trauma from assault – potential requirement of additional supports to complete regimen (if client chooses to begin HIV PEP)

