



Clinical Management of Rape and Intimate Partner Violence Guidelines

Primer on the Guidelines and UNFPA Support on CMR-IPV

Clinical management of rape and intimate partner violence survivors

Developing protocols for use in humanitarian settings



What it is about?

Sexual violence and IPV damage any person's health in many ways – immediate and longterm, obvious and hidden.

Clinical management of rape and intimate partner violence (CMR-IPV) ensures that **any person** experiencing sexual violence and domestic violence receives a supportive, comprehensive, **survivor-centered health response**, regardless of sex, gender identity, age, religion, income bracket and geographic location.



Where it is used?

Humanitarian setting increased risk of sexual violence and intimate partner violence

This guideline is used in humanitarian settings with mass displacement and the breakdown of social protections which increase the risk for women and children, including men and boys who are refugees or internally displaced persons (IDPs).



Why it is important?

Providing clinical care for survivors of sexual violence is a priority intervention in emergencies

The guideline is developed to address the humanitarian response for sexual and IPV because:

- Sexual violence is immediately life-threatening
- Sexual violence has serious negative consequences: physical injuries, psychological disorders, STIs including HIV, unintended pregnancy and unsafe abortion, fistula and chronic pain, and death
- An effective response to sexual violence can prevent further violence
- It is feasible and possible to prevent some negative consequences of sexual violence



Who it is for?

Providing clinical care for survivors of sexual violence is a priority intervention in emergencies

This guideline is intended for use by qualified health-care providers (medical doctors, clinical officers, midwives and nurses) who are working in humanitarian emergencies or other similar settings, and who wish to develop specific protocols for the medical care of survivors of sexual violence and IPV. In addition, this is useful for psychosocial providers and GBV case managers.



How it is done?

CMR-IPV includes medical assessment, documentation (including forensics if requested), treatment of injuries and provision of prophylactic medication.

In addition, CMR links survivors to psychosocial and case management services, and legal support as requested by the survivor.

Interagency and intersectoral coordination should be established to ensure comprehensive care for survivors of sexual violence and IPV

Capacity building support of UNFPA



In collaboration with UN agencies and local CSOs this 2023, UNFPA is conducting **5-day training for CMR – IPV** for medical providers, GBV focal persons and mental health providers in Ukraine, Slovakia, Romania and Poland.

Topics will cover:

- GBV core concepts
- Survivor-centered approach
- Linkages and referral
- First line support
- Medical care, including treatment and forensics
- Mental health and psychosocial support
- PSEA

This will be followed by Training of Trainers and Mentoring and Coaching.