Physicians for Human Rights

PHR

Forensic Medical Certificate: Practical Guide

This practical guide contains key principles for conducting a forensic medical exam of sexual violence and provides practical tips for completing the forensic medical certificate.

Basic Principles

- All health professionals must abide by their Professional Code of Conduct, which includes ensuring survivors' safety and confidentiality and treating everyone with respect, without discrimination.
- Health professionals must provide survivor-centered, trauma-informed care.
- Effective prosecution of sexual violence depends on high quality medical and scientific evidence.

Examination Essentials

- Introduce yourself and anyone else who will be participating in the encounter
- Obtain informed consent (see next page for more)
- Sit at eye level with the survivor and maintain eye contact throughout the encounter
- Explain your reason for asking about traumatic events
- Explain each step of the examination and informed consent or assent before proceeding with each step
- Allow survivor as much control over the interview content as possible while also obtaining the necessary information
- Show compassion and patience. Avoid words that cast doubt about the survivor's experience
- Set expectations and explain the process at the outset
- Do not use medical jargon
- Document your findings objectively and legibly
- Apologize in advance for painful or intrusive questions
- Set up the room to be comfortable
- Allow breaks as needed
- Examine non-sensitive body parts first
- Use open-ended questions and pace according to the survivor's comfort (avoid seeming to interrogate)
- Stop at any time
- Interact with warmth and respect
- Examine your own biases about certain groups of people and be aware of your own personal reactions

Necessary Equipment

- A private room that promotes confidentiality
- Writing materials: pen, pencil, a computer or other digital means of capturing the information
- Disposable gloves
- Hand sanitizer
- Examination table and clean cover
- A speculum (various sizes): Only to be use when indicated and by trained professionals
- Exam light source
- Lubricant (as needed)
- Forensic medical certificates
- Physical Evidence collection materials: paper bags, tape
- Camera
- Ruler
- Good light source
- Dignity Drapes
- STI cultures, swab, samples slides, and sterile water if you will be taking DNA samples
- Bags (paper and plastic), envelopes, and tape for packaging evidence
- Chain of custody forms

Informed Consent

- Informed consent is critical to ensure an ethical process that preserves a survivor's autonomy and adheres to principles of justice and beneficence.
- You must obtain informed consent from every survivor prior to every encounter and document it in writing.
- If the survivor is a child, consent must be obtained from the child's parent or legal guardian.
- Informed consent applies to taking a survivor's history and performing a medical examination as well as disseminating the information obtained during the encounter to third parties (police, legal system, etc.)
- You must ensure that a survivor fully understands the benefits and risks of any actions before they sign the consent form.
- A survivor has a right to decline or refuse any actions, at any point, even if they've previously given consent to the actions.
- Ensure the survivor understands that declining a forensic examination or parts of it does not affect their access to legal proceedings but may affect the outcome.

History Taking

- Listen to the history without passing judgement on the survivor's narrative
- Build rapport with the survivor by asking about neutral topics first, to help put the survivor at ease
- During the assault history, offer emotional support and empathy
- Allow silence when needed
- Encourage detailed descriptions and ask for clarification about the incident
- The assault history should include:
    - Date, time, and location of assault
    - Name, identity, number of assailants, and relationship to survivor (if known)
    - Detailed account of violence
    - Risk of pregnancy and STI
    - Methods used: weapons, threats, restraints, etc.
    - Voluntary or involuntary use of substances (medications, drugs, alcohol, inhaled substances)
    - Injuries that occurred during assault
    - Post-assault hygiene and behavior
    - Note behavior and effect of survivor during the history documentation
    - Determine history of vaginal/ anal / oral penetration by offender's penis, finger, or objects

Physical Exam

- Assess the survivor's mental state by observing their behaviors before you begin your examination and history-taking.
- Document your findings of the survivor's mental and behavioral state. The psychological assessment is as important as the physical exam as it may produce crucial evidence
- Be gentle, explain everything, and do not do anything without consent. Continually seek verbal consent throughout the exam.
- Only expose the area under examination; Do not have the patient fully or partially undress if not necessary.
- Follow a head-to-toe exam flow. Perform an anogenital exam as needed and based on the history.
- Begin with uninjured body parts
- Include mouth and dental examinations, as well as ear canals, and bottoms of feet
- Document and describe all injuries in a systematic manner. That should include: [SPECL SCAB mnemonic]: Size, Pattern, Elevation, Color, Location, Shape, Consistency (hard, soft, fluid filled), Border. [[LEST CABS: Location & distribution (symmetrical, flexures/extensors, etc.); Erythema; Surface Features (crusting, rough, smooth, scaly, warty); Type (macule, papule, ulcer, vesicle); Color; Arrangement (single, multiple, grouped, linear, etc.); Border & shape (well defined, round, irregular, etc.); Special Sites (scalp, mouth, nail, etc.)
- A child should never be examined against their will, regardless of age.
- Consider anesthesia if a child is in too much pain and/or is unable to relax and be examined. Consider the risks of general anesthesia versus the benefit of the examination under anesthesia and the best interest of the child.
- Be aware that hymeneal examinations often have non-specific findings. Perceived anomalies of hymeneal tissue may not offer "proof" of sexual assault.
- Adult exam techniques such as the use of stirrups or specula, are often traumatizing for children and adolescents. Specula is traumatizing for pre-pubertal children and can be for the post-pubertal children as well. A catheter can only be used in pubertal children and are not traumatizing, if explained properly to the young person.

PHR

Evidence Collecting Tips

- Wear gloves at all times and ensure that specimens are not contaminated by other materials.
- Collect forensic specimens as soon as possible, ideally within 72 hours of the assault.
- DNA found in blood, saliva, or semen, can persist up to:
  - 48 hours in the mouth
  - 72 hours in the anus
  - 7 days in the vagina in pubertal females
- As usual, the earlier the better. Health workers should check with their local laboratory for specific guidance
- Specimens must be packed, stored, and transported correctly, in sealed envelopes documenting chain of custody. They should be secured and entrusted only to authorized people.
- Details of transfer between individuals and handling should be recorded in a chain of custody form. All specimens must be clearly and accurately labeled with survivor's name and DOB, and the health worker's name, type of specimen, and date and time of collection. Include what specimens were collected in the survivor's medical notes.

Laboratory and Diagnostic; Point-of-Care Treatment

- It is best practice to collect laboratory specimens (especially genital or vaginal) at the time of the exam. Avoid sending a survivor to the laboratory for genital specimen collection.
- Collect any necessary laboratory tests based on the history or national guidelines: Pregnancy Test, HIV, Hepatitis B/C, Gonorrhea, Chlamydia, syphilis, urinalysis, etc.
- Provide the survivor with post-exposure prophylaxis based on your local guidelines.
- Provide post-exposure/emergency contraception based on local guidelines.
- Do not forget to follow up on the lab results and necessary management plans.

Affidavit and Conclusion

- A complete affidavit includes the survivor's history, physical examination, injury description, assessment and interpretation of the findings and conclusions
- Use Istanbul Protocol (IP) language for your interpretation about the consistency of the exam and medical evidence with the survivor's reported history and allegations:
  1. *Not consistent with:* the injury could not have been caused by the trauma described
  2. *Consistent with*: the injury could have been caused by the trauma described, but it is non-specific and there are many other possible causes
  3. *Highly consistent with*: The injury could have been caused by the trauma described, and there are few other possible causes
  4. *Diagnostic of:* the injury could not have been caused in any other way than that described

Next Steps

- Connect the survivor to local legal and law enforcement services if they so desire.
- Connect the survivor to local mental health and psycho-social support services.
- If the survivor elected to pursue a legal course of action, maintain close contact with law enforcement and legal experts related to the case.
- Write a comprehensive medical affidavit.
- If requested, provide testimony in court.

If the survivor is a child, label civil status as “non-applicable”.

Threats to others may include murder, sexual assault, or other crimes committed against children, siblings, parents, partners, friends, community members of the survivor.

This information is necessary to properly interpret biological findings. There may be residual semen and sperm if the survivor engaged in consensual sex prior to the examination.

République démocratique du Congo

CERTIFICAT MÉDICO-LÉGAL D’AGRESSION SEXUELLE

Document Confidentiel

Date de l’examen / / à ______ heures | Lieu de l’examen :

A. INFORMATION SUR LE / LA PATIENT(E)

1. Nom | 2. Post-nom | 3. Prénom (s)

4. Adresse | 5. Sexe ☐ Féminin ☐ Masculin

6. Date de naissance / / ☐ Ne sait pas | 7. Âge (declaré par le / la patient(e) ☐ Ne sait pas | 8. Lieu de naissance ☐ Ne sait pas

9. Etat civil ☐ Célibataire ☐ Marié(e) ☐ Veuf / Veuve ☐ Divorcé(e) ☐ Séparé(e) ☐ Non applicable

Noter: Si le patient est de sexe masculin, sauter jusqu’à la question numéro 14.

10. Date des dernières règles / / ☐ Non reglée ☐ Ménopausée ☐ Ne sait pas

11. Nombre de grossesses | 12. Nombre de naissances vivantes | 13. Actuellement enceinte ☐ Oui ☐ Non ☐ Ne sait pas

14. Le / la patient(e) a eu un rapport sexuel consenti au cours des 7 jours qui ont précédé la date de l’examen
☐ Oui ☐ Non *Si « Oui, » expliquer :*

15. Le / la patient(e) a subi des blessures anales / génitales, opérations, procédures diagnostiques ou traitement médical au cours des 60 jours qui ont précédé l’agression, susceptibles d’affecter l’interprétation du présent examen médical
☐ Oui ☐ Non *Si « Oui, » expliquer :* ______

16. La date et l’heure de l’agression / / ____ : ____ ☐ Ne sait pas | 17. Lieu de l’agression ☐ Ne sait pas

18. Utilisation de force, de menaces ou d’arme(s) *(cocher tout ce qui s’applique)*
☐ Force physique ☐ Armes ☐ Menaces contre le / la patient(e) ☐ Menaces contre tiers ☐ Pas de force ☐ Ne sait pas

19. Type de force / armes *(cocher tout ce qui s’applique)*
☐ Bâtons ☐ Couteaux ☐ Bandeau ☐ Mains ☐ Ne sait pas ☐ Autre *(tel que la nudité forcée, la suspension, la torture électrique, témoignage ou participation dans la torture des autres, etc.)* : ______
☐ Pistolets ☐ Contraintes ☐ Bâillon ☐ Pieds

20. Intoxication chimique involontaire du / de la patient(e) *(cocher tout ce qui s’applique)*
☐ Non ☐ Drogues ☐ Alcool ☐ Ne sait pas ☐ Autre : ______

B. INFORMATION SUR LE(S) SUSPECT(S)

1. Nombre de suspects
☐ Un (1) ☐ Deux (2) ☐ Trois (3) ☐ Plus de trois *Si « plus de trois, » préciser le nombre :* ______ ☐ Ne sait pas

Premier Suspect: répondre aux questions 2 à 6	*Deuxième Suspect: répondre aux questions 7 à 11*
2. Relation entre le suspect et le / la patient(e) ☐ Connaissance ☐ Membre de la famille ☐ Étranger ☐ Partenaire intime / Ex-partenaire ☐ Ne sait pas ☐ Autre : ______	7. Relation entre le suspect et le / la patient(e) ☐ Connaissance ☐ Membre de la famille ☐ Étranger ☐ Partenaire intime / Ex-partenaire ☐ Ne sait pas ☐ Autre : ______
3. Sexe du suspect ☐ Féminin ☐ Masculin ☐ Ne sait pas	8. Sexe du suspect ☐ Féminin ☐ Masculin ☐ Ne sait pas
4. Âge approximatif du suspect ☐ Ne sait pas	9. Âge approximatif du suspect ☐ Ne sait pas
5. Le suspect est un: ☐ Civil ☐ Policier ☐ Militaire ☐ Militia ☐ Ne sait pas	10. Le suspect est un: ☐ Civil ☐ Policier ☐ Militaire ☐ Militia ☐ Ne sait pas
6. Langue(s) parlée(s) par le suspect ☐ Ne sait pas	11. Langue(s) parlée(s) par le suspect ☐ Ne sait pas

Si trois suspects ou plus, compléter la question 12.

12. Décrire les suspects en détail *(préciser leur relation avec le / la patient(e), leur sexe, leur âge approximatif, si les suspects sont des policiers / militaires / rebelles, la langue parlée, etc.)* : ______

Nom du clinicien ______ N°C.N.O.M. ______
Signature du clinicien ______ page 1 sur 4 Date / /

Record all details of suspect from previous sections in section 12 including language, relation to survivor, age, and sex.

Reminder: Complete patient identification and clinician information on every page legibly. Any mistakes need to be crossed out with the proper word written next to it and initialed. Any changes or additions to the document should also be crossed out with correct information next to it, initialed and dated. Sign and date every page.

Examples include but are not limited to a survivor non-consensually engaging in oral copulation/oral sex, kissing, licking, sucking of a third party's genitalia.

Examples include but are not limited to a survivor non-consensually engaging in kissing, licking, sucking of a third party's perianal area or anus.

Examples include but are not limited to rubbing, fondling, groping, stroking that is non-penetrative to the genital region.

If a survivor has bathed, showered, or douched, samples should still be collected to attempt to preserve any biological or trace evidence.

CERTIFICAT MÉDICO-LÉGAL D'AGRESSION SEXUELLE *(suite)*

C. RÉSUMÉ DES ACTES DÉCRITS PAR LE / LA PATIENT(E)

1. Pénétration de l'appareil génital féminin par :	Oui	Non	Tenté	Ne sait pas	Commentaires :
a. le pénis	☐	☐	☐	☐	________
b. le(s) doigt(s)	☐	☐	☐	☐	________
c. corps étranger	☐	☐	☐	☐	________

2. Pénétration de l'anus par :	Oui	Non	Tenté	Ne sait pas	Commentaires :
a. le pénis	☐	☐	☐	☐	________
b. le(s) doigt(s)	☐	☐	☐	☐	________
c. corps étranger	☐	☐	☐	☐	________

3. Contact oral avec l'appareil génital	Oui	Non	Tenté	Ne sait pas	Commentaires :
a. du suspect sur le / la patient(e)	☐	☐	☐	☐	________
b. d'un tiers sur le / la patient(e)	☐	☐	☐	☐	________
c. du / de la patient(e) sur le suspect	☐	☐	☐	☐	________
d. du / de la patient(e) sur un tiers	☐	☐	☐	☐	________

4. Contact oral avec la sphère anale :	Oui	Non	Tenté	Ne sait pas	Commentaires :
a. du suspect sur le / la patient(e)	☐	☐	☐	☐	________
b. d'un tiers sur le / la patient(e)	☐	☐	☐	☐	________
c. du / de la patient(e) sur le suspect	☐	☐	☐	☐	________
d. du / de la patient(e) sur un tiers	☐	☐	☐	☐	________

5. Attouchement des organes génitaux :	Oui	Non	Tenté	Ne sait pas	Commentaires :
a. du suspect sur le / la patient(e)	☐	☐	☐	☐	________
b. d'un tiers sur le / la patient(e)	☐	☐	☐	☐	________
c. du / de la patient(e) sur le suspect	☐	☐	☐	☐	________
d. du / de la patient(e) sur un tiers	☐	☐	☐	☐	________
e. du / de la patient(e) sur lui- / elle-même	☐	☐	☐	☐	________

6. Y a-t-il eu éjaculation :	Oui	Non	Ne sait pas	Commentaires :
a. à l'intérieur des orifices du / de la patient(e)	☐	☐	☐	________
b. à l'extérieur des orifices du / de la patient(e)	☐	☐	☐	________
c. préciser la localisation de l'éjaculation : ________				

D. HYGIÈNE POST-AGRESSION DU / DE LA PATIENT(E)

1. Après l'agression, le / la patient(e) *(cocher tout ce qui s'applique)*

☐ a mangé ☐ a bu ☐ s'est brossé(e) les dents ☐ s'est douché(e) ☐ a pris un bain ☐ a uriné ☐ a changé d'habits

E. RÉSUMÉ DES DÉCLARATIONS DU / DE LA PATIENT(E)

Résumer les éléments clés de l'agression selon le / la patient(e) (si nécessaire, ajouter des pages additionnelles contenant le récit du / de la patient(e) de préférence sous forme dactylographiée) :

____

____

F. EXAMEN PHYSIQUE GÉNÉRAL DU / DE LA PATIENT(E)

1. Tension artérielle *(mmHg)*	2. Pouls *(battements/min)*	3. Respiration *(cycles/min)*	4. Température *(Celsius)*	5. Poids *(kg)*	6. Taille *(cm)*
/					

7. Le comportement et l'état psychologique *(cocher tout ce qui s'applique)*

☐ Peureux / peureuse ☐ Renfermé(e) ☐ Triste ☐ Honteux / honteuse ☐ État psychique altéré

☐ Fâché(e) ☐ Choqué(e) ☐ En pleurs ☐ Muet(te) ☐ Anxieux

SE RAPPELER DE: RAMASSER LES PREUVES *(sécrétions humides et sèches, taches, vêtements et objets étrangers du corps du / de la patient(e)* ; D' UTILISER LE KIT DE VIOL *(si disponible)* ET LE FORMULAIRE DE LA CHAINE DE TRAÇABILITÉ ; ET DE PRENDRE DES PHOTOS

Nom du clinicien ________ N°C.N.O.M. ________

Signature du clinicien ________ page 2 sur 4 Date ___/___/___

Reminder: Complete patient identification and clinician information on every page legibly. Any mistakes need to be crossed out with the proper word written next to it and initialed. Any changes or additions to the document should also be crossed out with correct information next to it, initialed, and dated. Sign and date every page.

PHR

<u>Abrasion (scrape):</u> superficial wound in which the outer layer of skin is scraped off, caused by rubbing or scratching, the loss of a partial thickness of skin against a rough surface. There are different types of abrasions including scratches, imprints, and friction.

<u>Laceration:</u> a wound made by tearing of body tissues; resulting from blunt force such as a bottle or pipe.

<u>Burn:</u> may be from fire, heat, cigarettes, electrical sources, chemicals, or branding. They can result from direct trauma or torture or secondary to punishment. Burns may heal quickly and develop secondary infections and serious scarring.

CERTIFICAT MÉDICO-LÉGAL D'AGRESSION SEXUELLE *(suite)*

F. EXAMEN PHYSIQUE GÉNÉRAL DU / DE LA PATIENT(E) *(suite)*

Légende des éléments observés et / ou trouvés								
A Abrasion	AB Autre blessure *(décrire)*	AC Autre corps étranger *(décrire)*	BB Blessure par balle	BÉ Brûlure étranger	D Débris	DF Déformation	EC Ecchymose *(bleu)*	EN Enflure
F Fibres *(y compris cheveux et poils)*	I Incision	L Lacération	M Morsure	R Érythème *(rougeur)*	S Sensibilité *(y compris douleur)*	SH Sécrétion humide	SS Sécrétion sèche	V Végétation *(y compris terre, saletés)*

Numéroter chaque blessure / élément trouvé sur les schémas ci-dessous.
Dans le tableau situé à droite des schémas, noter le numéro avec l'abréviation correspondant à l'élément observé ou trouvé.

Localisation sur le corps	Éléments observés et / ou trouvés	Commentaires

G. EXAMEN GÉNITAL (FÉMININ)

Utiliser la légende figurant en haut de page pour identifier et localiser sur les schémas ci-contre les éléments observés / trouvés lors de l'examen génital. Examiner l'intérieur des cuisses, l'appareil génital et la sphère périnéale (cocher la case s'il y a des éléments relatifs à une agression).

1. Blessure à l'intérieur des cuisses ☐ Oui ☐ Non
2. Blessure au méat urétral / périurétral ☐ Oui ☐ Non
3. Blessure au périnée ☐ Oui ☐ Non
4. Blessure aux grandes lèvres ☐ Oui ☐ Non
5. Blessure aux petites lèvres ☐ Oui ☐ Non
6. Blessure à l'hymen ☐ Oui ☐ Non
7. Blessure au clitoris / sphère alentour ☐ Oui ☐ Non
8. Blessure à la marge de l'anus / fesses / plis ou crêtes ☐ Oui ☐ Non
9. Blessure au vagin ☐ Oui ☐ Non
10. Blessure au col de l'utérus ☐ Oui ☐ Non
11. Position pendant l'examen ☐ Couché(e) ☐ Genoux sur poitrine ☐ Autre

H. EXAMEN GÉNITAL (MASCULIN)

Utiliser la légende figurant en haut de page pour identifier et localiser sur les schémas ci-contre les éléments observés / trouvés lors de l'examen génital. Examiner l'intérieur des cuisses, l'appareil génital et la sphère périnéale (cocher la case s'il y a des éléments relatifs à une agression).

1. Blessure à l'intérieur des cuisses ☐ Oui ☐ Non
2. Blessure au gland ou pénis ☐ Oui ☐ Non
3. Blessure au scrotum ☐ Oui ☐ Non
4. Blessure aux testicules ☐ Oui ☐ Non
5. Le patient est-il circoncis ☐ Oui ☐ Non
6. Blessure à la marge de l'anus / fesses / plis ou crêtes ☐ Oui ☐ Non
7. Saignement rectal ☐ Oui ☐ Non

Nom du clinicien ______ N°C.N.O.M. ______
Signature du clinicien ______ page 3 sur 4 Date ___ / ___ / ___

<u>Incision:</u> A cut or injury that has well-defined edges made by a sharp object such as a knife or razor or broken glass.

<u>Ecchymosis (bruise or contusion):</u> a blunt force injury that occurs when blood vessels in the skin or internal organ are ruptured; the site, shape, size, and severity of bruising vary. Note: age of a bruise cannot be determined, shape does not always reflect object used, size does not always reflect extent of injury, and bruising spreads.

Obtain permission at each point in the exam. The most sensitive areas (anogenital exam) should be examined last.

Remember all unnecessary individuals should be removed from the exam room. Obtain permission even if it was obtained earlier in the exam. Use a privacy drape. Be mindful of verbal and nonverbal cues for dissent and stop exam accordingly.

Describe the site, size, shape, surrounding area, color, course, age, borders, depth, and classification of any injuries.

Reminder: Complete patient identification and clinician information on every page legibly. Any mistakes need to be crossed out with the proper word written next to it and initialed. Any changes or additions to the document should also be crossed out with correct information next to it, initialed and dated. Sign and date every page.

Survivors must receive repeat testing for VIH, Syphilis, and Hepatitis B if they are tested too close to the assault. It can take up to 3 months for these infections to become identifiable.

CERTIFICAT MÉDICO-LÉGAL D'AGRESSION SEXUELLE *(suite)*

I. EXAMENS PARACLINIQUES ET AUTRES EXAMENS

EFFECTUÉS:	Oui	Non	*RÉSULTATS:*	*EFFECTUÉS:*	Oui	Non	*RÉSULTATS:*
1. Sérologie VIH	☐	☐	______	6. Culot urinaire	☐	☐	______
2. Syphilis	☐	☐	______	7. Une lame pour les spermes ou infections	☐	☐	______
3. Hépatite B	☐	☐	______	8. Echographie	☐	☐	______
4. Frottis cervico-vaginal	☐	☐	______	9. Autres examens	☐	☐	______
5. Test de grossesse	☐	☐	______				

J. TRAITEMENT ET RECOMMANDATIONS

	Oui	Non	Commentaires :
1. Prophylaxie post-exposition (PPE)	Oui	Non	Commentaires :
a. PPE	☐	☐	______
2. Médicaments	Oui	Non	Commentaires :
a. Antibiotiques	☐	☐	______
b. Analgésiques	☐	☐	______
c. Contraception d'urgence	☐	☐	______
d. Autre	☐	☐	______
3. Renvoi vers un spécialiste	Oui	Non	Commentaires :
a. Le / la patient(e) sera référé(e) vers un spécialiste	☐	☐	______
4. Réquisition de l'autorité judiciaire	Oui	Non	Commentaires :
a. Réquisition de l'autorité judiciaire a été effectuée	☐	☐	Numéro de référence: ______
b. *Si 4a est «Non,»* est-ce que le / la patient(e) veut informer la justice ?	☐	☐	OPJ/OMP: ______
c. *Si 4b est «Non,»* est-ce que le / la patient(e) a été informée sur l'utilité de l'enquête judiciaire?	☐	☐	Date: ______

Emergency contraception: IUD (up to 5 days after sexual contact), Ulipristal (up to 5 days after sexual contact), Levonorgestrel (up to 3 days after sexual contact).

K. ELÉMENTS DE L'ÉVALUATION

1. Récit de l'événement : ______
2. Observations sur le comportement : ______
3. Examen physique : ______
4. Examens paracliniques : ______
5. Documents joints au présent certificat dûment complété *(cocher tout ce qui s'applique)* :
   ☐ Copie(s) des résultats d'analyses ☐ Écrit(s) (de préférence dactylographiés) ☐ Photographies ☐ Non applicable

Remember each survivor has the right to decide who should know what has happened to them and what should happen next.

L. CONCLUSIONS DE L'EXAMEN

1. Les résultats de l'évaluation médicale sont: *(choisir une conclusion uniquement)*
   ☐ COMPATIBLES avec une
   ☐ TRÈS COMPATIBLES avec une
   ☐ SPÉCIFIQUES d'une
   ☐ NON COMPATIBLES avec une
   agression SEXUELLE.

2. Les résultats de l'évaluation médicale sont: *(choisir une conclusion uniquement)*
   ☐ COMPATIBLES avec une
   ☐ TRÈS COMPATIBLES avec une
   ☐ SPÉCIFIQUES d'une
   ☐ NON COMPATIBLES avec une
   agression PHYSIQUE.

Consistent: the injury could have been caused by the trauma described, but it is non-specific and there are many other possible causes.

Highly Consistent: the injury could have been caused by the trauma described, and there are few other possible causes.

Specific: this injury could not have been caused in any other way than that described.

Not consistant: the injury could not have been caused by the trauma described.

Most examinations are without abnormal physical examination findings. The absence of psychological and physical exam findings does not mean that the exam is inconsistent with a history of sexual violence.

M. INFORMATION SUR LE CONSENTEMENT

J'ai fourni une information éclairée au / à la patient(e), afin de recueillir son consentement, concernant l'examen médical, la prise de photographie(s) et la communication éventuelle de tout document joint au présent certificat aux autorités judiciaires ou de police. ☐ Oui ☐ Non

Je jure solennellement que l'information contenue dans ce formulaire est vraie et complète à ma connaissance.

Nom du clinicien : ______
Signature du clinicien : ______
Date : ___ / ___ / ___

Nom du clinicien ______ N°C.N.O.M. ______
Signature du clinicien ______ page 4 sur 4 Date ___ / ___ / ___

Reminder: Complete patient identification and clinician information on every page legibly. Any mistakes need to be crossed out with the proper word written next to it and initialed. Any changes or additions to the document should also be crossed out with correct information next to it, initialed and dated. Sign and date every page.

Physicians for Human Rights

phr.org

For more than 30 years, Physicians for Human Rights (PHR) has used science and the uniquely credible voices of medical professionals to document and call attention to severe human rights violations around the world. PHR, which shared in the 1997 Nobel Peace Prize for its work to end the scourge of landmines, employs its investigations and expertise to advocate for persecuted health workers and facilities under attack, prevent torture, document mass atrocities, and hold those who violate human rights accountable.