Physicians for Human Rights

Completing the Post Rape Care Form: Practical Guide



This practical guide contains key principles for conducting a forensic medical exam of sexual violence and provides practical tips for completing the Post Rape Care form

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 and Communication Essentials

- Introduce yourself and anyone else who will be participating in the encounter
- Obtain informed consent (see page 2 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 exam and obtain informed consent or assent before proceeding with each step
- Allow the survivor to have as much control over the interview content as possible while also obtaining the necessary information
- Show compassion and patience. Avoid words that cast doubt on 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
- 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 the survivors appears to need a break
- Interact with warmth and respect for the survivor
- 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)
- Post-rape care forms (MoH 363)
- Physical evidence collection materials: paper bags and 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.
- Ensure the survivor understands that declining a forensic examination or parts of it does not affect their access to legal proceedings, but it may affect the outcome

History Taking

- Listen to the history without passing judgment 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:
 - o Date, time, and location of assault
 - o Name, identity, number of assailants, and relationship to survivor (if known)
 - o Detailed account of violence
 - Risk of pregnancy and sexually transmitted infections
 - o Methods used: weapons, threats, restraints, etc.
 - Voluntary or involuntary use of substances (medications, drugs, alcohol, inhaled substances)
 - Injuries that occurred during assault
 - o Post-assault hygiene and behavior
 - o Note behavior and affect? of survivor during the documentation of their history
 - o 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/during 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 ano-genital 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 to be examined. Consider the risks of general anesthesia versus the benefit of the exam under anesthesia and the child's best interest.
- Be aware that hymeneal examinations often have non-specific findings. Perceived anomalies of hymeneal tissue may not offer "proof" of sexual assault, please see the PHR Hymen Factsheet for more information.
- Adult exam techniques such as the use of stirrups or specula are often traumatizing for children and adolescents.
 Specula can be painful or 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 may not be as traumatizing, if reasons for its use are explained properly to the young person



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:
 - o 48 hours in the mouth
 - o 72 hours in the anus
 - o 7 days in the vagina in pubertal females
- a 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 HIV 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.

Post Rape Care Form and Conclusion

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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 and forensic report for use in court.
- If requested, provide testimony in court.

If the nurses, clinical officers and other medical survivor is a practitioners. minor. indicate as "notapplicable" POST RAPE CARE FORM (PRC) PART A **MOH 363** PRC FORM IS NOT FOR SALE MOH 363 Known Pregnancy? Date of last consensual sexua OR /GYN LMP d as clinical notes to guide filling in of the P3

County Code Sub-county Code Yes No intercourse History Facility Name Demeanor /Level of anxiety (calm, not General BP Pulse Rate RR Date Day Month calm) Condition FORENSIC If a survivor Contacts (Residence and Phone number) hid the survivor change clothes? State of clothes (stains, torn, color, where were the worn clothes taken)? has bathed. Marital Status (specify) Yes Orphaned vulnerable child (OVC) Yes showered. No douched, or | Date and time of Examination | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | AM | Day | Month | Year | Hr | Min | Day | Month | Year | Hr | Min | Day | Month | Year | Hr | Min | Day | Month | North How were the clothes transported? a) Plastic Bag b) Non Plastic Bag Hr Min AM perpetrators changed c) Other (Give details) __ Record a Male Female clothing, Were the clothes handed to the police? Did the survivor go to the toilet? comprehensive Unknown Known (specify the relationship) samples should No Long call? Short call? and detailed Did the survivor have a bath or clean themselves? still be Administrative location: County Sub-county_ account of the No Yes (Give details)_ collected to Chief complaints: Indicate what is observed survivor's Did the survivor leave any marks on the perpetrator? Indicate what is reported attempt to history. Circumstances surrounding the incident (survivor account) remember to record penetration (how, where No Yes (Give details) preserve any Attach additional GENITAL EXAMINATION OF THE SURVIVOR-indicate discharges, inflammation, bleeding biological or comments as trace evidence. necessary as an Physical injuries (mark in the body map) Use of condom? Incident already reported to police?

Yes No Yes (indicate name of police station) Outer genitalia Type of Sexual annex to the Violence Vagina Unknown Date and time of Day Month Year Hr Min AM report

Attended a health facility before this one? Were you given form if the Oral Hymen Vaginal allocated space Other significant orifices Anal is insufficient. No Yes (Indicate name of facility) treated? Yes Yes No Management No No No No ☐ No Attach additional Yes(Comment) Yes(Comment) Yes (No of comments as Comments: Indicate additional information provide by the client or observed by clinician Yes tablets) necessary as an Any other treatment / Medication given /management? PHYSICAL EXAMINATION [indicates sites and nature of injuries bruises and marks outside the genitalia] annex to the Please use the body map below to indicate injuries, inflammations, marks on various body parts of the survivo form, if the Referrals to Comments BODY MAP Police Station HIV Test Laboratory Legal allocated space Trauma Counseling is insufficient. Safe Shelter OPD/CCC/HIV Clinic Other (specify) Sample Type Test Please tick as is applicable Comments В Outer Genital swab Wet Prep Microso Record a 0 DNA comprehensiv R Culture and Oral swab e and detailed Describe the Specify sensitivity High vaginal swab Wet Prep Mic account of the 0 site, size, Pregnancy Test Microscopy R survivor's shape, history. surrounding Female Genitalia Attach HIV Te area, color, SGPT/GOT additional VDRL DNA course, age, M information as borders, depth, an annex, if Nail clippings Foreign bodies and DNA necessary. Other (specify) classification of CHAIN OF CUSTODY any injuries. Male Genitalia These /All / Some of the samples packed and issued (please specify) Name of Examining Officer (Doctor/Nurse/Clinical officer) Day Month Police Officer's Name PSYCHOLOGICAL ASSESSMENT | Complete psychological assessment section in Part B Itemize clearly all the samples packed and forwarded to the police, whether or not the police officer is present. Ensure that the officer signs upon receipt of the samples.

The Post-Rape Care form can be filled by

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It is advisable to have one trained practitioner fill both parts (A and B) of the PRC form. This helps to reduce retraumatizatio n of the survivors and possibilities of inconsistenci es. Additional specialized information can be appended as a separate expert report.

Part B of the PRC form gives the examining officer (healthcare professional) cues and prompts to enable them to identify possible symptoms of trauma exhibited by the survivor. Comprehensiv e history taking, keen observation and skilled communication will allow the examiner to note and document symptoms of psychological disorders.

PRC FORM IS NOT FOR SALE PSYCHOLOGICAL ASSESSMENT	PART B	reem	ng that he/she commonly experiences and ask wha	, makes min/ner i	cer that way
OH 363	Post Rape Care Form				
art B is intended to assess the mental status of a client in order to be a his should inform the management and subsequent follow up of the cl lled in at presentation.	able to offer holistic care. lient and hence should be	Cog	nitive function- a. Memory: Recent memory, long-te	rm and short	term memory (
sychological assessment should be done by trained health care prov officers, Nurses, Clinical Officers, Psychiatrists, Psychological Couns Workers duly recognized by the Ministry of Health.			several days, months, years).		
The Medical Officers and other persons designated by law as expert wand Clinical Officers) should be the ones to sign off both the Part A and E General appearance and behavior Note appearance (appear older or younger than stated age), gait, dres	3 of the PRC form.		b. Orientation: to time, place, person i.e. ability people around e.t.e.	y to recognize tim	ne, where they are,
nkempt) and posture.					
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			d. Intelligence: Use of vocabulary (compare l	evel of education	with case presentat
viood dow he/she feels most days (happy, sad, hopeless, euphoric, eleva nxious, angry, easily upset).	ted, depressed, irritable,		above average, average, below average).		
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Reminder: Complete all 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. Clinician and police officer should sign and date every page.

Attach additional comments and reports as necessary to the form if the allocated space is insufficient.



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, 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.

Human Rights