



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.
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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
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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:
 - 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 sexually transmitted infections
 - 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 affect? of survivor during the documentation of their history
 - 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: [SPECLE 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:
 - 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 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.
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The Post-Rape Care form can be filled by nurses, clinical officers and other medical practitioners.

If the survivor is a minor, indicate as "not-applicable"

POST RAPE CARE FORM (PRC) PART A
 MOH 363 Ministry of Health National Rape Management Guidelines: Examination documentation form for survivors of rape/sexual violence (to be used as clinical notes to guide filling in of the P3 form)
 PRC FORM IS NOT FOR SALE The Rape Centers MOH 363

OB/GYN Parity Contraception type LMP Known Pregnancy? Date of last consensual sexual intercourse
 History Yes No

General BP Pulse Rate RR Temp Demeanor /Level of anxiety (calm, not calm)

FORENSIC
 Did the survivor change clothes? State of clothes (stains, torn, color, where were the worn clothes taken?)
 Yes No

How were the clothes transported? a) Plastic Bag b) Non Plastic Bag c) Other (Give details)

Were the clothes handed to the police? Did the survivor go to the toilet?
 Yes No Long call? Short call?

Did the survivor have a bath or clean themselves?
 No Yes (Give details)

Did the survivor leave any marks on the perpetrator?
 No Yes (Give details)

GENITAL EXAMINATION OF THE SURVIVOR-indicate discharges, inflammation, bleeding
 Describe in detail the physical status
 Physical injuries (mark in the body map)
 Outer genitalia _____
 Vagina _____
 Hymen _____
 Anus _____
 Other significant orifices _____
 Comments _____

Immediate Management No Yes (No of tablets) PEP 1st dose No Yes ECP given No Yes Stitching /surgical toilet done No Yes (Comment) STI treatment given No Yes (Comment)

Any other treatment / Medication given /management?

Referrals to Police Station HIV Test Laboratory Legal Trauma Counseling Safe Shelter OPD/CCC/HIV Clinic Other (specify)

L	Sample Type	Test	Please tick as is applicable		Comments
A			National government Lab	Health Facility Lab	
B	Outer Genital swab	Wet Prep Microscopy			
O	Anal swab	DNA			
R	Skin swab				
A	Oral swab	Culture and sensitivity			
T	High vaginal swab	Wet Prep Microscopy			
O	Urine	Pregnancy Test			
R		Microscopy			
Y		Drugs and alcohol			
		Other			
B	Blood	Haemoglobin			
S		HIV Test			
A		SGPT/GOT			
M		VDRL			
P	Pubic Hair	DNA			
L	Nail clippings	DNA			
E	Foreign bodies	DNA			
S	Other (specify)				

CHAIN OF CUSTODY
 These /All / Some of the samples packed and issued (please specify)

By Name of Examining Officer (Doctor/Nurse/Clinical officer) Signature Day Month Year

To Police Officer's Name Signature Day Month Year

PSYCHOLOGICAL ASSESSMENT Complete psychological assessment section in Part B

Record a comprehensive and detailed account of the survivor's history. Attach additional comments as necessary as an annex to the form if the allocated space is insufficient.

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

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

Record a comprehensive and detailed account of the survivor's history. Attach additional information as an annex, if necessary.

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.

