PROTOCOL FOR THE MANAGEMENT OF RAPE SURVIVORS AT PRIMARY HEALTH CARE FACILITIES

1. All rape survivors arriving at a Primary Health Care Facility must be interviewed by the Sister in charge.

2. Under no circumstances is any victim to be turned away to seek help from another institution.

3. All rape survivors are to be interviewed by the Sister in a private room.

4. Establish whether the victim has reported the matter to the police.

5. If not, discuss the advantages and disadvantages of reporting the incident, and establish whether the victim wishes to report the incident or not.

6. If the victim does, phone the police station in the area in which the rape occurred or the Child Protection Unit, if under the age of 15 years, and ask them to come to the Clinic to take a statement from the patient.

7. Currently Crisis Centers operating on a 24-hour basis, exist at

   the option of being examined at the Crisis Centre should be explained to the patient. If he/she is either reluctant or too traumatised to be transferred to the Crisis Centre, the examination and treatment, including the forensic examination, should be performed by the Sister.

8. The examination and treatment of the patient must not be delayed beyond 2 hours, even if the police are not able to come to the clinic within 2 hours of being contacted.

9. Rape survivors may present to the PHC facility under the following circumstances:-

   ▪ If the victim belongs to the clinics drainage area;
   ▪ If the victim “walks in” to the clinic for whatever reason;
   ▪ If the victim has sustained serious injuries and no other health facilities are available.

   In the first two instances the patient should be immediately referred to the Sister on call who will discuss the options available and perform the examination as per protocol, including a clear explanation of each aspect of examination and treatment and its rationale. It is essential that pre-examination and pre-test counseling for HIV be done before the medical examination is performed.

10. If the victim has sustained serious physical injuries he/she should be referred to the nearest Casualty/Trauma Unit, after stabilisation, for diagnosis and management of the injuries. The forensic examination should be done once the emergency has been dealt with at the Unit. Under no circumstance must an injured victim be referred back to the referring PHC Facility for the forensic assessment.

11. If an adult victim declines to report the matter to the police, the Sister should still perform the full forensic examination of the victim in case he/she changes his/her mind. The specimens collected will be retained in storage and will only be forwarded for testing if the victim lays a complaint with the police.
12. If the victim declines the forensic examination, this choice should be respected and no
undue pressure exerted upon him / her, other than to ensure that the victim
understands the implications of not reporting the incident.

13. All forensic specimens must be sealed and locked away in a designated cupboard or
refrigerator, the Rape Protocol Form delivered by hand to the Medical Superintendent
in charge of the mother hospital. A special envelope marked “private and confidential”
has been provided for this purpose.

14. Routine clerking notes of the patient should be kept in the patient’s folder.

15. The victim should be given the option of going for post trauma counseling to:

- The hospital social worker;
- Psychiatry/psychology OPD;
- NGO rape support groups.