

Documenting the Examination

The main purpose of the examination is to determine what medical care should be given. Proper documentation assures quality care and follow up. The documentation of the examination may also be the only evidence the survivor has that an assault took place.

It is not your responsibility to determine whether or not a woman has been raped. Document your findings without stating conclusions about the legal status of the case. In many cases of sexual assault the examination will be completely normal.

Record the interview and your findings in a clear, complete, objective, non-judgmental way. Record the survivor's story in her own words. Include any statements of threat made by the assailant. Use quotes to indicate the survivors exact words. Avoid words such as "claims" or "alleges" which imply the survivor may not be telling the truth.

Note whether the patient was seen alone or with another person as translator or support person.

Complete all parts of the form including any treatment provided, vaccinations give, or samples collected.

Note the survivor's emotional state and general appearance, condition of her clothing (torn, dirty, neat, well cared for).

Document all injuries clearly and systematically using standard medical terminology. Record your findings on the medical history form and the pictograms, noting size, color, type, etc. (see below). Health workers who have not been trained in forensics or injury interpretation should not speculate about the cause of the injury.

Describing features of physical injuries:

Feature	Notes
Classification	Use accepted terminology: abrasion, contusion, laceration, incision, gun shot
Site	Record the anatomic position in words and on the pictogram
Size and depth	Measure the dimensions of the wounds
Shape	Describe whether straight, round, irregular. The edges of the wound can help identify the weapon used
Color	Particularly in reference to bruises
Contents	Note the presence of foreign material (dirt, glass)
Age	Comment on signs of healing – scabbing, granulation, scar tissue. Old injuries should also be noted.

Adapted from Clinical Management of Rape Survivors, Geneva, WHO, 2004.