

THE SEXUAL OFFENCES ACT

(No. 3 of 2006)

IN EXERCISE of the powers conferred by section 35 (3) of the Sexual Offences Act, 2006, the Minister for Public Health, makes the following Regulations:—

THE SEXUAL OFFENCES (MEDICAL TREATMENT)
REGULATIONS, 2012

1. These Regulations may be cited as the Sexual Offences (Medical Treatment) Regulations, 2012. Citation.
2. In these Regulations, unless the context otherwise requires— Interpretation.
- “designated person” includes—
- (a) a nurse registered under section 12(1) or enrolled under section 14 (1) of the Nurses Act; and Cap. 257.
- (b) a clinical officer registered -under section 7 of the Clinical Officers (Training, Registration and Licensing) Act; 260.
- “medical practitioner” means a medical practitioner registered in accordance with section 6 of the Medical Practitioners and Dentist Act; Cap. 253.
- “medical treatment” includes counseling;
- “public hospital” means a Government health facility at all levels of health care, or such other health facility as may be designated, by notice in the Gazette, as a public hospital for the purpose of this Act .
3. (1) A victim, suspect, a person convicted or witness of a sexual offence has the right to medical treatment in a public hospital, private hospital or any other medical facility. Rights to medical treatment

(2) The expenses incurred by a victim, a person who is suspected to have committed a sexual offence, a person convicted or witness of a sexual offence for medical treatment in a public hospital shall be borne by the Government.

(3) A victim of a sexual offence shall be entitled to receive medical treatment at any medical facility, whether they have or have not reported the matter to the police

(4) The Minister may, at any time, enter into agreements with private hospitals or any other health facility to be designated as public hospitals for purposes of the Act.

4. A police officer who is on duty shall, who receives a report that a sexual offence has been committed against anyone, notify a medical practitioner or designated person at any health facility and refer the victim of the sexual offence to the medical practitioner or designated person at any health facility.

Notification.

5. (1) A court may order the collection of the appropriate samples from any person who has been charged with a sexual offence, under the Act, at such place and subject to such conditions that the court may specify.

Medical examination.

(2) Upon receiving an order made under paragraph (1), a police officer of any rank above the rank of police constable shall request any medical practitioner or designated person to take the appropriate samples from the person charged with a sexual offence.

(3) The medical practitioner or designated person shall determine the samples to take, the parts of the body from which the samples shall be taken from and the quantity that is reasonably necessary in accordance with the national guidelines for the management of sexual violence.

6. (1) Upon receiving the notification given under regulation 4, the medical practitioner or designated person shall—

- (a) conduct a full medical-forensic examination on the victim and prescribe the appropriate medical treatment; and
- (b) Provide appropriate professional counseling to the victims of the sexual offence;
- (c) complete the prescribed Post Rape Care form and psychological assessment form as set out in the schedule and any other relevant records;
- (d) collect and preserve the necessary medical forensic samples in accordance with the national guidelines on management of sexual violence;
- (e) inform and forward to the investigating officer or his or her representative, the samples collected, while maintaining a record of the chain of custody by appending his or her signature for the samples; and
- (f) initiate appropriate referral to the relevant areas for subsequent areas for the necessary subsequent care

(2) A medical practitioner or designated person shall also provide the medical treatment prescribed in paragraph (1) (a), (b), (d), (e) and (f) to a person who is suspected to have committed a sexual offence.

(3) The medical practitioner or designated person may, where they deem appropriate, conduct other examinations and treatment on the victim of sexual offence(s), witnesses or a person who is suspected to have committed a sexual offence.

SCHEDULE

Post Rape Care Form (PRC)

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PRC FORM IS **NOT** FOR SALE

PRC

Post Rape Care Form



Ministry of Health National Post Rape Management Guidelines:
Examination documentation form for survivors of rape/sexual assault
(to be used as clinical notes alongside with P3 form for legal purposes.)

PART A

Date	Day	Month	Year	County Code	District Code	OP/IP No.						
						Facility Name	PRC reg. No					
Last Name		First Name		Date of birth	Day	Month	Year	<input type="checkbox"/> Male				
								<input type="checkbox"/> Female				
Contacts (Residence and Phone number) _____												
Disabilities (Specify) _____						Marital Status (specify) _____						
Orphaned vulnerable child (OVC) _____						Citizenship _____						
Date and time of Examination				Date and Time of Assault				No. of perpetrators				
Day	Month	Year	Hr	Min	AM	Day	Month		Year	Hr	Min	AM
					<input type="checkbox"/> PM						<input type="checkbox"/> PM	
Alleged perpetrators				<input type="checkbox"/> Male	<input type="checkbox"/> Female	Estimated Age _____						
<input type="checkbox"/> Unknown				<input type="checkbox"/> Known (is there relationship)		Occupation of perpetrator _____						
Place Assault Occurred /Where incidence occurred: _____												
Administrative location _____												
Chief complaints / Presenting Symptoms _____												
Circumstances surrounding the incident (survivor account) remember to record penetration (how, where, what was used? Indication of struggle?) _____ _____												
Type of Assault		Use of condom?		Incident already reported to police?								
<input type="checkbox"/> Oral		<input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes (indicate which police station)								
<input type="checkbox"/> Vaginal		<input type="checkbox"/> No		Date and time of report		Day	Month	Year	Hr	Min	AM	
<input type="checkbox"/> Anal		Attended a health facility before this one?		Were you treated?		Were you given referral notes?						
<input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> No <input type="checkbox"/> Yes (Indicate name of facility) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No						
		Date		Day	Month	Year	Hr	Min	AM			
									<input type="checkbox"/> PM			
Comments _____												
Significant medical and/or surgical history _____												

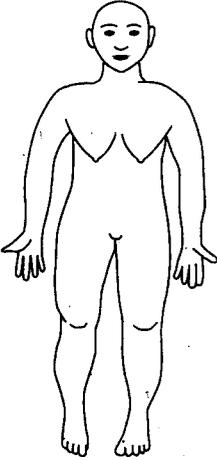
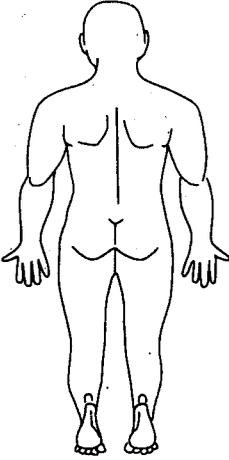
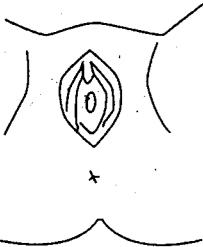
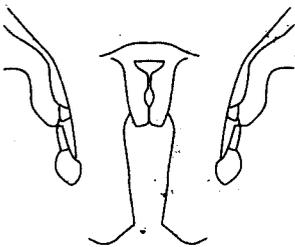
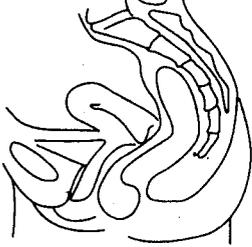
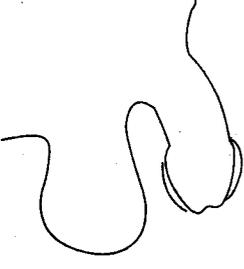
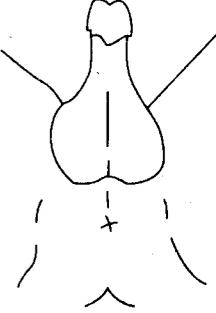
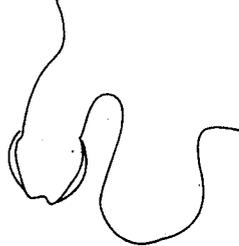
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OB /GYN History	Parity	Contraception type	LMP	Known Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last consensual sexual intercourse
General Condition	BP	Pulse Rate	RR	Temp	Demeanor /Level of anxiety (calm, not calm)
For ensic					
Did the survivor change clothes? <input type="checkbox"/> Yes <input type="checkbox"/> No		State of clothes (stains, torn, color, where were the worn clothes taken)?			
Were the clothes put in a non-plastic paper bag? <input type="checkbox"/> Yes <input type="checkbox"/> No			Were the clothes given to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the survivor have a bath? <input type="checkbox"/> Yes <input type="checkbox"/> No			Did the survivor go to the toilet? <input type="checkbox"/> Long call? <input type="checkbox"/> Short call?		
Comments:					
Does the survivor have any details on the assailant? Is the assailant known, is there any relation? Did the survivor leave any marks on the assailant? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes specify.....					
PSYCHOLOGICAL ASSESSMENT		Mental state (normal, confused, flashback, hyper-aroused, dazed, coma, retarded, extremely calm, etc) (Complete psychological assessment section in PART B)			
Genital Examination of the survivor -indicate discharges, inflammation, bleeding Describe in detail the physical status Physical injuries (sign in the body map) _____ Outer genitalia _____ Vagina _____ Hymen _____ Anus _____ Other significant orifices _____					
Comments					
Immediate Management	PEP 1st dose <input type="checkbox"/> No <input type="checkbox"/> Yes (No of tablets)	ECP given <input type="checkbox"/> No <input type="checkbox"/> Yes	Stitching /surgical toilet done <input type="checkbox"/> No <input type="checkbox"/> Yes(Comment)	STI treatment given <input type="checkbox"/> No <input type="checkbox"/> Yes(Comment)	

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Physical examination [indicates sites and nature of injuries, bruises and marks outside the genitalia]

Please use the sketches below to indicate injuries, inflammations, marks on various body parts of the survivor

Sketch of person		Comments
Anterior view	Posterior view	<hr/>
		
		
		
Female Genitalia		
		
Male Genitalia		
		

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Any other treatment / Medication given /management?					
Referrals to					
<input type="checkbox"/>	Police Station	<input type="checkbox"/>	HIV Test	<input type="checkbox"/>	Laboratory
<input type="checkbox"/>	Legal	<input type="checkbox"/>	Trauma Counseling	<input type="checkbox"/>	Safe Shelter
<input type="checkbox"/>	OPD/CCC/HIV Clinic	<input type="checkbox"/>	Other (specify)		
Name of Examining Medical/clinical/Nursing Officer					
Signature of Examining Medical/clinical/Nursing Officer				D	Day
				a	Month
				t	Year
				e	
L A B O R A T O R Y S A M P L E S	Sample Type	Test	Please tick as is applicable		Comments
			National government Lab	Health Facility Lab	
	Outer Genital swab	Wet Prep Microscopy			
	Anal swab	DNA			
	Skin swab	Culture and sensitivity			
	Oral swab Specify				
	High vaginal swab	Wet Prep Microscopy			
	Urine	Pregnancy Test			
		Microscopy			
		Drugs and alcohol			
		Other			
	Blood	Haemoglobin			
		HIV Test			
		SGPT/GOT			
		VDRL			
		DNA			
Pubic Hair	DNA				
Nail clippings	DNA				
Foreign bodies	DNA				
Other (specify)					
Chain of custody					
These /All / Some of the samples packed and issued (please specify which and to where)					
To	Police Officer's Name	Signature	Day	Month	Year
By	Medical/clinical/Nursing Officer's Name	Signature	Day	Month	Year

Part B

MENTAL ASSESSMENT EXAMINATION

Psychological assessment should be done by trained health care providers (Doctors, Nurses, Clinical Officers, Psychological Counselors, Social Workers, Psychiatrists who may be counselors recognized by accredited counseling associations or by the Ministry of Health as rape trauma counselors.

- *Past Medical history* -----

- *General appearance:* Note appearance, gait, dress, grooming (neat or unkempt), posture, appear older or younger than stated age? -----

- *Motor behavior:* Level of activity: psychomotor agitation or psychomotor retardation, emotional appearance –anxious, tense, panicky, bewildered, sad, unhappy; voice-faint, loud, hoarse; eye contact. (Does the survivor maintain eye contact or not)-----

- *Attitude during interview:* How survivor relates to examiner-irritable, aggressive, seductive, guarded, defensive, indifferent, apathetic, cooperative, sarcastic.-----

- *Mood:* (Steady or sustained emotional state)-gloomy, tense, hopeless, ecstatic, resentful, happy, bashful, sad, exultant, elated, euphoric, depressed, apathetic, anhedonic, fearful, suicidal, grandiose, nihilistic)-----

- *Affect* (Feeling tone associated with idea)-labile, blunt, appropriate to content, inappropriate, flat.)-----

- *Speech:* (Slow, fast, pressured, garrulous, spontaneous, taciturn, stammering, stuttering, slurring, staccato. Pitch, articulation, aphasia, coprolalia, echolalia, incoherent, logorrhea, mute, paucity, stilted.)-----

- *Perceptual disorders:* (Hallucination),-olfactory, auditory, haptic (tactile), gustatory, visual; (illusions); hypnopompic or hypnogogic experiences; feeling of unreality, déjà vu, déjà entendu,)-----

- *Thought content:* Delusions-/persecutory (paranoid), grandiose, infidelity, sensory, thought broadcasting, thought insertion, ideas of reference, ideas of unreality, phobias, obsessions, compulsions, ambivalence, autism, dereism, blocking suicidal or homicidal preoccupation, conflicts, nihilistic ideas, hypochondria sis, depersonalization, Derealization, flight of ideas, idée fixe, magical thinking, neologisms.)-----

- *Thought process:* (Goal-directed ideas), loosened associations, illogical, tangential, relevant, circumstantial, rambling, ability to abstract, flight of ideas, perseveration.)-----

- *Sensorium*: (Level of consciousness-alert, clear, confused, clouded, comatose, stupor-us; orientation to time, place person, cognition.)-----
- *Memory*: (Remote memory (long-term memory); past several days, months, years.)-----
- *Recent memory* (short term): recall or events in past day or two). -----
- *Immediate memory* (very short-term memory): Lying down of immediate information with ability to quickly recall data.)-----
- *Concentration and calculation*: ability to pay attention; distractibility; ability to do simple math). -----
- *Information and intelligence*: (Use of vocabulary; level of education; fund of knowledge.)-----
- *Judgment*: (Ability to understand relations between facts and to draw conclusions; responses in social situations.)-----
- *Insight level*: (Realizing that there are physical or mental problems; denial of illness, ascribing blame to outside factors; recognizing need for treatment).....-

NB inquire if possible about if there has been any abuse or if this is first episode FOR A CHILD

Evaluate behavior, mood and speech as above but use the following to evaluate thought:

- Drawing – allow child to comment on the drawing and report verbatim.
- Play – by use of toys ; allow child to comment on the drawing and report verbatim
- Assess the unconscious world of the child by:-----
 - Asking about feelings e.g. ask the child to report the feeling that he/she commonly experiences and ask what makes him/her feel that way
 - Wishes
- Take full History including Past medical history and full physical examination as indicated

Conclusion

Dated the 17th October, 2012.

BETH MUGO,
Minister for Public Health and Sanitation.