

Clinical response to sexual violence

Standard operating procedure (SOP) | FLD-SOP-004

Document type	Standard operating procedure (SOP)
Title	Clinical response to sexual violence
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 9 (Field Hospital), criterion 9.13
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. A patient who reports sexual violence is seen at once, in private, by a trained clinician.
2. Medical care and emergency treatment are offered within the set time, and the patient is told the options.
3. Evidence is preserved only with the patient's consent (FLD-FRM-006).
4. The patient is referred to a support service and to a protection contact.

Stop and get help straight away if: a report of sexual violence receives no clinical response, or no referral.

1. Purpose

To give a patient who reports sexual violence a defined clinical response within a short time (9.13).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To give a patient who reports sexual violence a defined clinical response within a short time (9.13).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Clinician	Gives the clinical response	Clinician
Protection focal point	Makes the referral and keeps the record secure	Protection

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Respond.	• See the patient at once in private, with a chaperone or a trained support person.	At once, in private.
2	Treat and offer options.	• Offer emergency contraception, post-exposure prophylaxis and injury care within the set time, and explain the options.	Within the set time.
3	Record and refer.	• Record on FLD-FRM-006 with consent, and refer to support and protection.	Consent, record, referral.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Reports receiving a clinical response in the set time	100%	Each report	Field unit lead	Escalate to the coordinating authority

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_}}

Record	Where it is kept	Kept for
		years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
FLD-FRM-006	Sexual violence response record	Record
HOS-SOP-013	Vulnerable patients and safeguarding (existing, reused)	Procedure

16. Evidence

ID	Source and status
E-009	Based on the WHO Clinical management of rape survivors (2004) and IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings (2015).
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval