Standard operating procedure (SOP) · FLD-SOP-004 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 9.13

At a glance

- A patient who reports sexual violence is seen at once, in private, by a trained clinician.
- Medical care and emergency treatment are offered within the set time, and the patient is told the options.
- Evidence is preserved only with the patient's consent (FLD-FRM-006).
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

A patient who reports sexual violence needs medical care, evidence preserved and support, within a short time. Without a written pathway, that care is delayed or missed.

5. Responsibilities

Role	Responsibility	Competence
Clinician	Gives the clinical response	Clinician
Protection focal point	Makes the referral and keeps the record secure	Protection

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Respond.

- See the patient at once in private, with a chaperone or a trained support person.

Key point: At once, in private.

Step 2. Treat and offer options.

- Offer emergency contraception, post-exposure prophylaxis and injury care within the set time, and explain the options.

Key point: Within the set time.

Step 3. Record and refer.

- Record on FLD-FRM-006 with consent, and refer to support and protection.

Key point: Consent, record, referral.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Reports receiving a clinical response in the set time	100%	Each report	Field unit lead	Escalate to the coordinating authority

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

No e-learning course is linked to this document yet.

Planned course: Clinical response to sexual violence in field settings. New course planned.

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)

- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

Download this document as PDF

Download this document as an editable Word file