Royal Kingdom of Cambodia

Nation Religion King

Ministry of Health
No. 031 ABPh/ChP

Phnom Penh, 30th, August, 2004

Minister of Health

To

- Director of Provincial-Capital Health Department
- Director of National Hospital
- Director of Center
- And All authorized private sector

Objective: Guidelines on Sexual abuse examination file

Reference: - Due to many sexual abuses at the current situation, which led to the difficulty in juridical decision of authority.

- Based on the Meeting of Gynecology Specialists collaborated with legal and medical Working Groups

Ministry of Health has developed the sexual abused examination file for official use. Therefore, all Referral Hospitals, including authorized private clinics shall adhere to filing this sexual abused examination file for every case of woman and children sexual abuse according to the instructions of Hospital Department.

Sincerely Yours,

CC:
-Ministry of Justice
- Ministry of Interior
- Directorate of Ministry of Health
- Directorate of Admin and Finance, Ministry of Health
- National Medical Council
- Capital-Provincial Medical Council
- Document, archive

(Stamped and Signature)
Touch Sokhom

Appendix 19: Sexual Rape Examination Document

The Kingdom of Cambodia

Nation-Religion-King

Ministry of Health
Facility:…….....
No. :.....

Confidential

Sexual Abuse Examination File

(female: done by obstetric-gynaecologist physician, male: can be done by general physician)

-Patient examination files must be kept originally in the original facility or provincial/ municipal forensic committee. This file consists of a total of 7 pages.

- The provincial/municipal forensic committee can provide a copy of this form unless there is a formal written request from: Judiciary police that have duty in the investigation, judge, prosecutor, and lawyer. The copied file must be kept in the sealed envelop in order to ensure confidentiality.

- Operational facility: .....Phone No.....

- Provincial/municipal committee: .....Phone No .....

Fax:.....Email.....

- National forensic committee (MoH): ……..Phone No .....

Fax:.....Email.....

Sexual Abuse Examination File

Name and surname of victim: .....Nickname: .....Sex: Male❑Female ❑

Date of birth: ...../...../..... Current Address :.....

.....Code number: .....

Phone number: .....

Date of examination: ...../……...../.....Hour: .....

Place of examination: .....

Suspected sexual abuse (provided by victim)

❑ Rape
❑ Incest
❑ Indecent Assault
❑ Other sexual abuses: .....

Date of abuse: ...../...../.....Hour:….....

Accompanied persons

❑ Self ❑ Police
❑ Friend ❑ Relatives(what) : .....
❑ Others (specify).....

Name:.....

Phone: .....

Informed consent for medical examination

(read to the victim or the guardian with witness)

I totally agree on this medical examination including genital examination and record of the results of this examination. I allow: to collect all necessary analysis samples for laboratory test and take any necessary pictures on the injured parts that are relevant to this medication examination.

Date:...../...../.....

Relationship with victim

❑ Self ❑ Police ❑ Friend
❑ Relatives (what) .....
❑ Others (specify):….....
.....

Signature or right thumb print
Victim or guardian

Signature or right thumb print
Witness

Victim's name.....

Witness' name.....

Signature or right thumb print
Physician-clinical examiner

Signature or right thumb print
Physician Witness

Name of Physician: ……..

Name of Physician witness…….
Career: …….

Victim Examination

Name: .....Place of examination.....

Name of physician: .....Hour of examination.....

Address of facility: .....

1. History and interrogation:

1.1 Antecedent:

A-Heart:	yes ❑	no ❑	B- Liver:	yes ❑	no ❑
C- High blood pressure:	yes ❑	no ❑	D-STD:	yes ❑	no ❑
E- Surgery:	yes ❑	no ❑	F- Mental health:	yes ❑	no ❑

G- Others (specify) : .....

1.2 Menstrual history: Non pubertal: .....Date of first menstruation.....

Date of last menstruation .....

1.3 History of sexual intercourse: first intercourse, date: .....
last intercourse, date:.....

1.4 History of Birth Spacing: Methods:.....numbers:.....when:.....

1.5 Pregnancy history:

A. pregancy:	yes ❑ no ❑	B. Number of pregnacy:	☐ times
C. Number of delivery:	☐ times	D. Number of abortion:	☐ times

1.6 Methods of intercourse:

A. Insert penis in vagina	yes ❑ no ❑	B. Insert fingers in vagina	yes ❑ no ❑
C. Insert penis in mouth	yes ❑ no ❑	D. Insert penis in anus	yes ❑ no ❑

E. Others: .....

1.7 Behaviours after sexual intercourse:

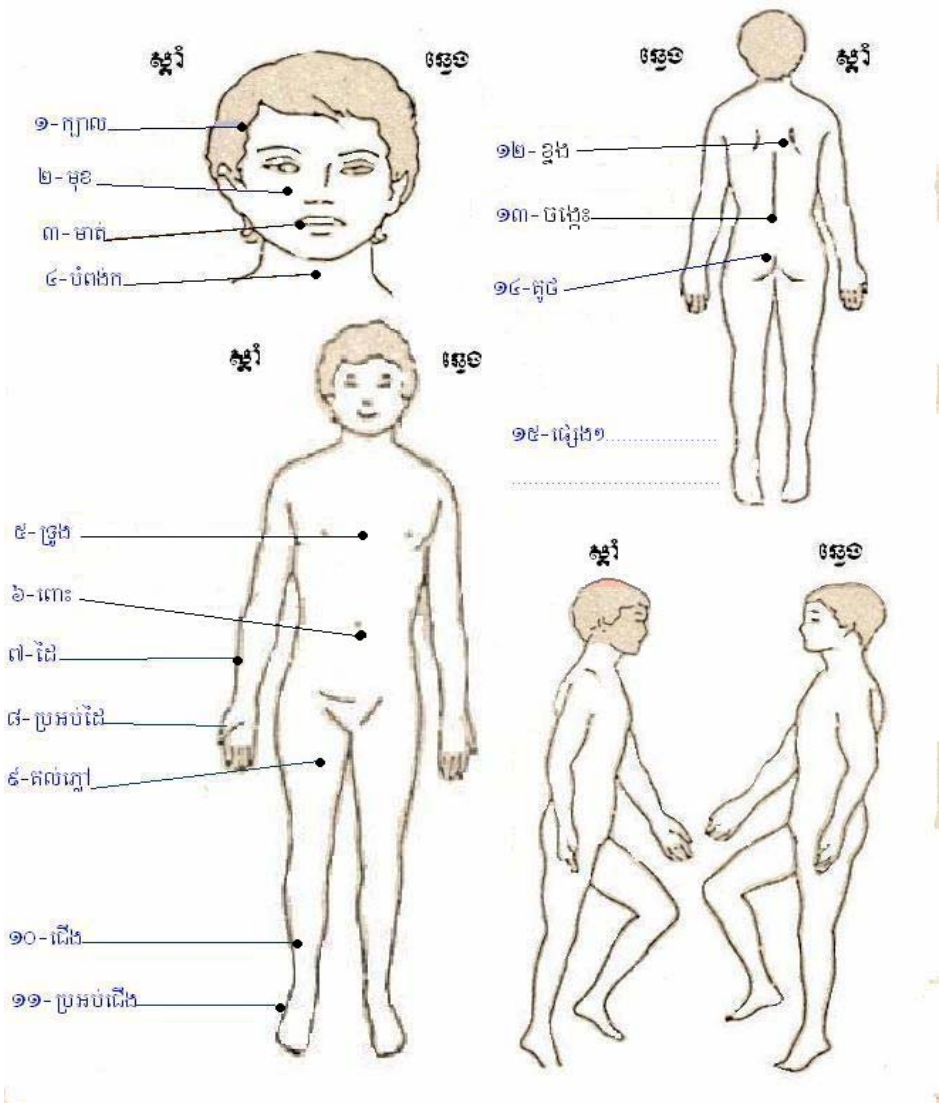
A. Wash vagina	yes ❑ no ❑	B. Urinate	yes ❑ no ❑
C. Defecate	yes ❑ no ❑	D. Shower	yes ❑ no ❑
E. Clean mouth	yes ❑ no ❑	F. Clean Teeth	yes ❑ no ❑
G. Change dresses	yes ❑ no ❑	H. Others:.....	

2. Clinical examination:

2.1 General examination: use the diagram for details on all abrasion, swelling, scratch and tear

	Normal	**Abnormal** (please indicate the size of the wound)
1.	❑ Head	❑ : ……
2.	❑ Face	❑ : ……
3.	❑ Mouth	❑ : ……
4.	❑ Neck	❑ : ……
5.	❑ Chest	❑ : ……
6.	❑ Abdomen	❑ : ……
7.	❑ Arm	❑ : ……
8.	❑ Hand	❑ : ……
9.	❑ Thigh	❑ : ……
10	❑ Leg	❑ : ……
11.	❑ foot	❑ : ……
12.	❑ Back	❑ : ……
13.	❑ Waist	❑ : ……
14.	❑ Buttock	❑ : ……
15.	❑ Others	❑ : ……

Please indicate the place, the size in cm of the wound



2.2 External genital examination:

-Vulva:

❑ Lubrificant ❑ Semen ❑ Blood

❑ Mucus ❑ Pus ❑ Others …….

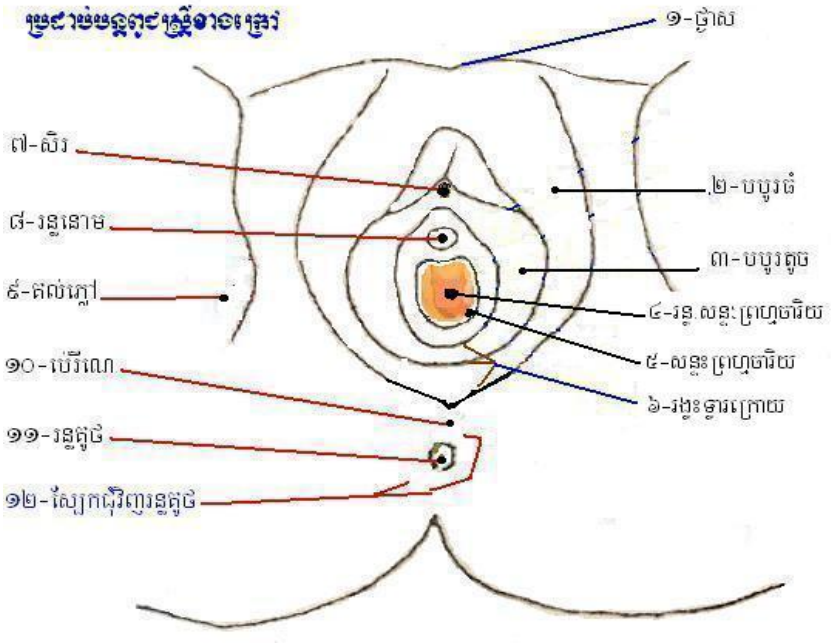
-External genital:

❑ Mature ❑ Pubertal ❑ Pre-pubertal

-Examination record any pain or tenderness

	Normal	**Abnormal** (please indicate the size of the wound)
1-	❑ Mons	❑ : …….
2-	❑ Labia majora	❑ : …….
3-	❑ Labia minora	❑ : …….
4-	❑ Introtus	❑ : …….
5-	❑ Hymen	❑ : …….
6-	❑ Posteriour anus	❑ : …….
7-	❑ Clitoris	❑ : …….
8-	❑ Meat	❑ : …….
9-	❑ Inner thighs	❑ : …….
10-	❑ Perineum	❑ : …….
11-	❑ Anus	❑ : …….
12-	❑ Perianal skin	❑ : …….

Please indicate the place, the size in cm of the wound



- Take analysis samples to detect presence of blood cell or semen

- Procedure before internal genital examination, please take sample by cotton smear for forensic medicine purpose and documentation.

2.3 Internal genital examination:

A. with speculum:

Normal	**Abnormal** (please indicate the size of the wound)
1- ❑ Cul de sac	❑ : …….....
2- ❑ Cervic	❑ : …….....
3- ❑ Anterior vagina membrane	❑ : …….....
4- ❑ Posterior vagina membrane	❑ : …….....

B. Vaginal examination:

..……...

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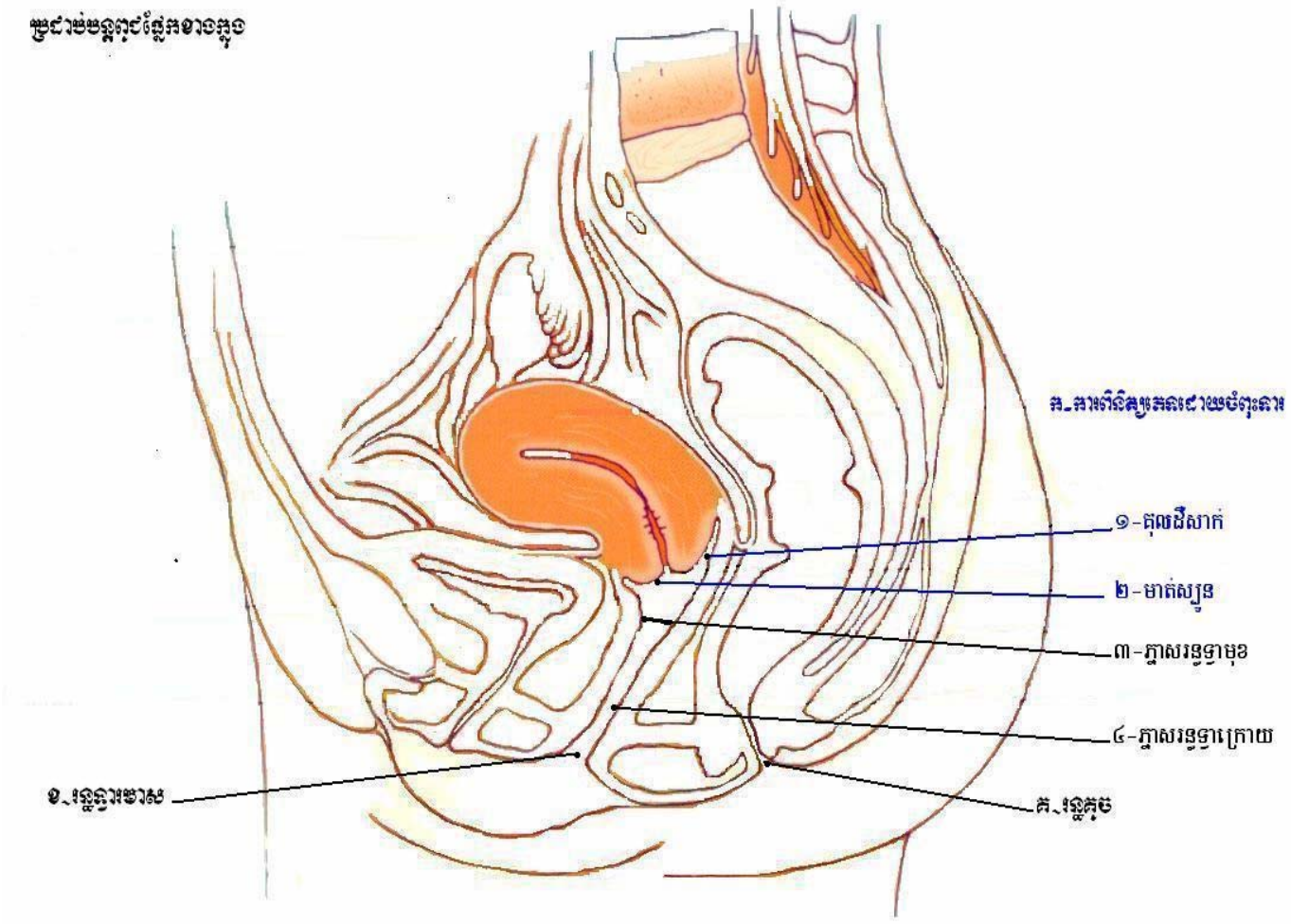
C. Rectal examination:

..……....

……..…

Please indicate location, size in cm, of the wound



Note: For male or monosexual man, please indicate the wound in the conclusion below:

3. Analysis samples:

-Vagina mucus ❑	-Cervical mucus ❑	-Blood ❑
-Anal mucus ❑	-Hair ❑	- Body hair❑
-Nails ❑	-Other specify ❑ : …….....	

4. Laboratoty examination:

-Wet Mount	☐	-Pregnancy Test	☐
-Gram Stain	☐	- Urine Analysis	☐
-Sperm Check	☐	- HIV Test	☐
-RPR	☐	-Others……...	

5. Conclusion and recommendation:

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Consent Form for Information Delivery to:

Judiciary police that have duty in investigation, judges, prosecutors, lawyers

I, undersigned, permit the hospital ……..or doctor named …… to provide a copy of my sexual abuse examination form and other relevant laboratory reports to judiciary police that have role in investigation, judges, prosecutors, lawyers, that request for the forensic purpose. If needed, the provincial/municipal forensic committee can provide this copy with written request from judiciary polices, judges, prosecutors, lawyers.

Date.....

Signature or right thumb print of victim	Relationship of witness with victim:	Signature or right thumb print of witness
	❑ Parents/Guardian ❑ Relatives ❑ Others (please specify) ..... ❑ Self (if no witness)	

Name (Victim).....

Name (Witness).....

Date.....

Signature with seal

Seen and approved

Hospital-OD.....

Date.....

Signature-Provincial/municipal forensic committee

.....

Director.....

Director.....