

Appendix D: Form – RAPE PROFILE

SA																	
TVEP CLIENT INTAKE PROFILE			REPORTING DATE DD / MM / YYYY			TIME OF ARRIVAL H		INITIALS & SURNAME				RAPE	IND ASS				
GIVEN NAMES			DATE OF BIRTH DD / MM / YYYY		AGE	SEX	POSTAL ADDRESS				ATT RAPE	INCEST	ABDUCTION				
PHYSICAL ADDRESS & VILLAGE (<i>Include nearest landmark or physical structure</i>)							CLIENT'S CONTACT DETAILS, WORK PLACE, IF EMPLOYED:										
							NAME & CONTACT DETAILS OF TRUSTED CONFIDANT				RELATIONSHIP						
CAME TO TVEP VIA:	FVSA-Tshi	FVSA-DF	SOCA	CO	SAPS	CASUALTY /OPD	SELF	HELP DESK, specify:		OTHER (<i>Explain</i>)		CAN CHILD BE VISITED AT SCHOOL?	Y	N			
HOW DID CLIENT HEAR ABOUT TVEP?	N/A	FRIEND/FAMILY	SAPS	SOCA	CAMPAIGNS/SCHOOLS	MEDIA specify:		HELP DESK, name clinic:		OTHER (<i>Explain</i>)							
PREVIOUS HISTORY OF SEXUAL ASSAULT?		Y	HAS CLIENT EVER COME TO THE TRAUMA CENTRE BEF		Y	If yes, please explain (<i>date, time, profile #, problem</i>)				Client physically disabled	Y	Client mentally disabled	Y	N			
TIME DOCTOR PHONED	TIME DOCTOR ARRIVED		EXAMINING DOCTOR'S NAME			TIME POLICE PHONED	TIME POLICE ARRIVED	NAME OF POLICE OFFICER WHO TOOK STATEMENT									
H	H					H	H										
INCIDENT DATA:																	
DATE OF INCIDENT DD / MM / YYYY		TIME OF INCIDENT H		PERP USE CONDOM	Y	N	DK	CLIENT BATHED	Y	N	CLIENT URINATED	Y	N	VILLAGE OF ASSAULT		WEAPON USED	
J88 COMPLETED	Y	If no, why not?			RAPE KIT USED	Y	If no, why not?			CRIMINAL CASE OPENED?	Y	N	GANG RAPE?	Y	N	PRIOR OR PENDING CASES AGAINST PERP/S:	
TYPE OF PLACE ASSAULT TOOK PLACE:	Client's home	Perp's home	Taxi Rank/Bus Stop	Prison	In the bush	On the road	Other <i>explain</i> :		DISTINGUISHING FEATURES:								
PERP'S NAME			SEX	RELATIONSHIP TO CLIENT:		PERP AGE	CONFIRMED AGE	PERPVILLAGE		PERP'S OCCUPATION							
SERVICES AND REFERRALS:																	
HIV CONSENT		Y	N	HIV STATUS		Pregnancy Test	Pregnant	PEP	STI Meds	EC	HVs OK?	Form 25	Support Group				
PRETEST COUNSELING		Y	N	Y													
POSTTEST COUNSELING		Y	N	N													
Tick all referrals made:	N/A	Maintenance Forum	Trauma Counsellor	Magistrate's Office	VEP, Specify:		Specify Other:		DATE OF APPOINTMENT DD / MM / YYYY								
	MuFAMSA	Psychologist	Tshedza/AIDS Clinic														
NETWORK CONTACTS:																	
AGES AND GENDER OF ALL CHILDREN AGED 17 OR UNDER, LIVING IN SAME HOUSEHOLD:																	
Name				Age		Gender		Name				Age		Gender			
1								5									
2								6									
3								7									
4								8									
HOW IS CLIENT FINANCIALLY SUPPORTED?	Client Works	Piece Jobs	Social Grant	Family Member	Other (<i>explain</i>)			BREADWINNER relationship to client			Medical Aid?	Y	N				
											Unknown						
REASON FOR CLIENT DELAY	Client	Police	Trad. Authority	N/A	Client's Family	Perp	Other (<i>explain</i>)			BUS FARE from TC to home		R					
I confirm I was	Care Kit	On the understanding that my confidentiality will not be violated, I hereby (a) Confirm I was given the items ticked at left; (b) Give															

Appendix D: FORM – DOMESTIC VIOLENCE PROFILE (DV)

												DV			
TVEP CLIENT INTAKE PROFILE			REPORTING DATE DD / MM / YYYY			TIME OF ARRIVAL H			INITIALS & SURNAME			Physical Abuse	Emotional Abuse	Verbal Abuse	
GIVEN NAMES			DATE OF BIRTH DD / MM / YYYY		AGE	SEX	POSTAL ADDRESS				Economic Abuse	Harassment	Stalking	Property Damage	
PHYSICAL ADDRESS & VILLAGE <i>(Include nearest landmark or physical structure)</i>								CLIENT'S CONTACT DETAILS & WORK PLACE, IF EMPLOYED:							
								NAME & CONTACT DETAILS OF TRUSTED CONFIDANT				RELATIONSHIP			
CAME TO TVEP VIA:	FVSA-Tshi	FVSA-DF	SOCA	CO	SAPS	CASUALTY /OPD	SELF	HELP DESK, <i>specify:</i>		OTHER, <i>explain:</i>		CAN CHILD BE VISITED AT SCHOOL?		Y	N
HOW DID CLIENT HEAR ABOUT TVEP?	N/A		FRIEND/FAMILY	SAPS	SOCA	CAMPAIGNS/SCHOOLS		MEDIA, <i>specify:</i>		HELP DESK, <i>name clinic:</i>		OTHER, <i>explain:</i>			
PREVIOUS HISTORY OF ASSAULT?	Y	HAS CLIENT EVER COME TO THE TRAUMA CENTRE BEFORE?			Y	If yes, please explain <i>(date, time, profile #, problem)</i>					Client physically disabled	Y	Client mentally disabled	Y	
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	
TIME DOCTOR PHONED H	TIME DOCTOR ARRIVED H		EXAMINING DOCTOR'S NAME				TIME POLICE PHONED H	TIME POLICE ARRIVED H	NAME OF POLICE OFFICER WHO TOOK STATEMENT						

INCIDENT DATA:

DATE OF LAST INCIDENT DD / MM / YYYY		TIME OF INCIDENT H		DATE OF 1 ST ABUSE DD / MM / YYYY		ABUSE FREQUENCY		VILLAGE OF ASSAULT		WEAPON USED		
J88 COMPL ETED	Y	If no, why not?			DOES ACCUSED OWN A GUN?	Y	IS IT LICENSED	Y	CRIMINAL CASE OPENED?	Y	PRIOR OR PENDING CASES AGAINST PERP/S:	
N	N	N	N	N	N	N	N	N	N	N	N	
TYPE OF PLACE ASSAULT TOOK PLACE:		Client's home	Perp's home	Taxi Rank/ Bus Stop	Prison	In the bush	On the road	Other <i>(please explain):</i>				
PERP'S NAME		SEX	RELATIONSHIP TO CLIENT:			PERP AGE	CONFIRMED AGE	PERPVILLAGE		PERP'S OCCUPATION		

SERVICES AND REFERRALS:

DOES CLIENT NEED SHELTER?	Y	If yes, detail gender & ages of children to accompany					IS THERE A FAMILY MEMBER CLIENT CAN STAY WITH?	Y	If yes, detail name, relationship, location contact no.		
N	N	N	N	N	N	N	N	N	N	N	
FORM 25	Y	N	PROTECTION ORDER		Y	N	SUPPORT GROUP		Y	N	N
Tick all referrals made:	N/A	Maintenance Forum	Trauma Counsellor	Magistrate's Office	VEP, Specify:			Specify Other:		DATE OF APPOINTMENT DD / MM / YYYY	
		MuFAMSA	Psychologist	Tshedza/AIDS Clinic							

