

Teaching society that rape is no joke...

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RINJ RSAC

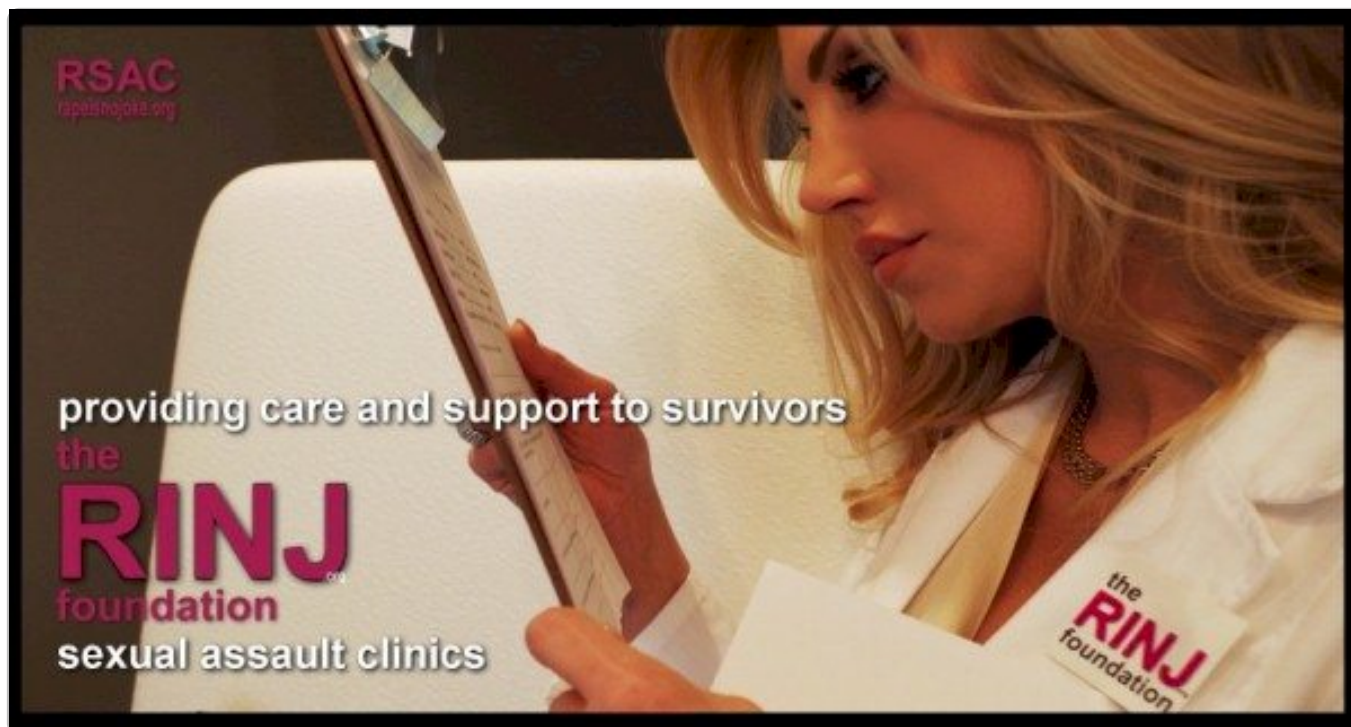
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RSAC (RINJ Sexual Assault Clinics) are Nurse-led sexual assault medical clinics treating rape survivors in combat zones and refugee camps in the Middle East and in Africa. New locations are planned.

The RSACs offer free medical care to women and children.

Community related services such as general medicine, general health care, victim advocacy, crisis hotlines, community outreach, & education programs are provided based on each RSAC's resources at the discretion of the local RSAC nurse-led team.

- Trauma care;
- Physical injuries treatment and minor surgery;
- Sexually transmitted disease detection treatment and prevention;
- Sexual assault forensic testing;
- Pregnancy issues, from abortion to delivering your baby;
- Legal course of action counseling;
- Criminal prosecution assistance;
- Mental health care; and
- all needed follow-up care.



The RINJ Foundation's women's health care nurses at **RSAC** facilities provide a full range of outpatient & walk-in services to rape survivors, sexual assault & gender-based violence of other types. Some RSACs offer periodical educational & counseling services inside hospitals, community centers, refugee camps, & learning institutes.



Missing Persons

In certain RSAC operations it is possible our workers have contact with missing persons such as ISIL War Brides and other exploited women. If you believe you are missing such a family member you are invited to dialogue with us so that we may ascertain what if any information we can share.

Our goal is to find benefit for patients and in the case of minor children or youth, to see that they are if possible returned to the safety of their home. Follow [this link](#) for more information or simply contact us [here](#). The **RSAC** is caring for patients in absolute privacy and that is the first priority.



Nurse-led RSACs Leverage Modern Health Care Technology

Satellite data networks securely access encrypted RSAC patient records from any RSAC location and VSee /TeleHealth medical video conferencing is available in some cases with remote medical and surgical specialists.



The Mid-East Two Finger Virginty Test is a Form of Rape

Persons (men) asking for a so-called "virginity" test of their female family members are refused and warned of the consequences of attempting such (Middle East Two Finger Test is a form of **rape**) acts of sexual violence themselves.

"Virginity Test requests come often enough to mention the issue.

Patient privacy is absolute.

The so-called Middle East two-finger virginity test that was much debated in the 1980s is a criminal offence defined as rape: "the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim." See: <https://rinj.org/rape/>

Click the map to open it up. Pink indicates the areas and routes used by The RINJ Foundation volunteers in the Mid-East region since 2012 and the green symbols are refugee camps.



The Examination and Forensic Evidence Collection Kit (Rape Kit)

Rape kit = Sexual assault evidence collection kits; sexual assault forensic evidence (SAFE) kits; Sexual offence evidence collection (SOEC) kits; or Physical Evidence Recovery Kits (PERK)

The rape exam serves two goals: first to provide the best immediate care for the survivor, and second to collect evidence that may be used to prosecute the crime.

In order to collect evidence, a survivor must seek treatment at a clinic within 120 hours of an



assault.

- The survivor is in control of the entire exam. Before each step of the Kit, the RSAC nurse will explain the step and ask the survivor if they wish to continue. Nothing will be done that the survivor does not agree to.
- A rape exam is usually done by the RSCA nurse; sometimes it will be done by a doctor.
- The exam may take several hours. During the exam, the RSAC nurse must remain with the evidence kit at all times.
- The survivor can give the RSAC nurse a verbal account of the assault. This will tell the RSAC nurse where to look for evidence on the survivor's body.
- As mentioned earlier a physical exam is performed to assess, document, and treat physical injuries like bruises, lacerations and broken bones.
- the RSAC nurse may collect samples from the survivor's mouth, vaginal and/or anal cavities, fingernails, and other parts of the body that the rapist touched during the assault.
- the RSAC nurse will ask the survivor if he or she had sex with anyone in the past five days (who may also have left behind DNA).
- If there are signs that the survivor may have been drugged, a 'toxicology kit' may be collected (blood and urine samples).
- Some garments may be collected as evidence during the RSAC rape exam.

The mental health of the people we

care for is extremely fragile. There are many triggers capable of causing their state of mind to rapidly deteriorate.

Living conditions they are forced to face, memories of their ordeal, and uncertainty

about what is going to happen to these women are factors contributing to thoughts of suicide and eventual deaths.



These are invisible wounds and the worst are among the female children. STD's and other traumatizing aspects always have the underlying problem of mental health

issues which skilled RSAC nurses treat during recurring patient visits. There is no charge of the patient for this ongoing care.



Privacy of the patient is a foremost priority and exhaustive steps are taken to assure that privacy.



Some women seeking care in Northern Iraq & in Syria have shown fear on a religious basis. If the person is in our care it could be for a number of reasons including a full range of medical care including ingrown toe nails, non of which procedures anyone can assume and none we will reveal.

We need more volunteers and donations. Please help.

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Bibliography. Reading:

- 1) [RINJ Is Building an ICC Case Against Each ISIL Rapist](#)
- 2) [ISIL/ISIS combatants. They are Sexually Violent Predators](#)
- 3) [Islamic State Cabinet Seeks & Recruits Sexually Violent Predators](#)



RSAC Protocol Documents

- # 0 - RINJ Biological Waste Disposal PDF- 17 08 kB
- # 1 - RINJ Care of Women WHO RHR 1426 eng PDF- 1834 kB
- # 0 - RINJ Biological Waste Disposal- 17 08 kB
- # 1 - RINJ Care of Women WHO RHR 1426 eng- 1834 kB
- # 2 - RINJ Disinfection Standards Nov 2008- 971 kB
- # 3 - RINJ Donation Process Guidelines For Professionals- 323 kB
- # 4 - RINJ End of Life- 268 kB
- # 5 - RINJ Intake Primary Examination- 186 kB
- # 6 - RINJ Rape Patients Initial Indications- 347 kB
- # 7 - RSAC Best Advice Panel Size- 729 kB
- # 8 - RSAC Container packing- 313 kB
- # 9 - RSAC DNA Testing- 346 kB
- # 10 - RSAC Drug Discrepancy Form- 72 kB
- # 11 - RSAC General Discharge Form- 39 kB
- # 12 - RSAC Hand Sanitizer Instructions- 87 kB
- # 13 - RSAC Monitoring and Reporting Adverse Events
- # 14 - RSAC Needle Stick Injury- 115 kB
- # 15 - **RSAC Nursing Manual**- 347 kB
- # 16 - RSAC OR Cleaning Record- 111 kB
- # 17 - RSAC Policy on sharp injury prevention- 104 kB
- # 18 - RSAC Policy re Patients- 71 kB
- # 19 - RSAC Policy re Protective Equipment- 27 kB
- # 20 - RSAC Procedure on Steam Sterilization- 95 kB
- # 21 - RSAC Protocol Instrument Sterilization- 42 kB
- # 22 - RSAC Pt Discharge RINJ- 116 kB

23 - [RSAC Quality Assurance Program- 66 kB](#)

24 - [RSAC Release of Medical Info Form- 34 kB](#)

25 - [RSAC Sterilization Manual Cover- 48 kB](#)

26 - [RSAC peer review and audit chart- 216 kB](#)

27 - [RSAC survivor service worker sexual assault](#)

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