

**Medical Control Guideline: Care of the Sexual Assault/Human Trafficking/
Intimate Partner Violence Patient**

DEFINITIONS:

Intimate Partner Violence (IPV): The willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another.

Sexual Assault: Any form of non-consensual sexual conduct/contact with another person, including when the victim is unable to give consent due to age, cognitive disability or voluntary/involuntary incapacitation by drugs or alcohol.

Human Trafficking: Involves labor or services, by means of force, fraud or coercion for the purposes of subjection into commercial sex acts or other involuntary servitude. If the person is under 18 years of age, no force, fraud or coercion is required.

PRINCIPLES:

1. Victims of IPV, sexual assault, and human trafficking transcend gender, sexual orientation, race, culture, age, ability, education, occupation, class and nationality. There is no "right" or "wrong" type of victim, and there is no "correct" response for a victim.
2. It is not the role of EMS to determine whether a sexual assault incident has occurred.
3. Drugs and alcohol are a contributing factor in many sexual assault cases. One should keep an elevated index of suspicion when responding to patients under the influence.
4. Human trafficking can be difficult to detect; victims may be fearful or resistant to disclosure. EMS personnel should be alert to warning signs of human trafficking, which can include:
 - A. Individuals isolated/segregated from contact with responders, physically or emotionally bullied by others, or who lack control of their own ID/documents
 - B. Signs of physical neglect (e.g. malnourished, unreasonable injuries)
 - C. Unsuitable living conditions or unreasonable/unsafe working environments
 - D. Responders approached and asked for protection from other individuals at a scene
5. If the patient has an on-scene support person, transport this person with the patient if possible. Use judgment as abusers may attempt to remain close to interfere and intimidate the victim.
6. Patient Care Records (PCRs) may be subpoenaed for court. It is important that field documentation be specific, objective, complete, and timely. Using quotes to document the patient's words verbatim is preferred.

7. Law enforcement notification should be made as soon as possible, if not already present, for all suspected cases of sexual assault, human trafficking or IPV. Ref. No. 822 and 823 describe reporting guidelines for child, elder or dependent adult abuse; which may include sexual assault, human trafficking or IPV.
8. When determining the most appropriate destination, the emergency medical needs of the patient take priority. Every effort should be made to transport sexual assault patients to a specialty care center that has an affiliated designated SART Center. If EMS personnel determine that such a transport would unreasonably remove the transport unit from its primary response area, the patient should be transported to the most accessible receiving (MAR) facility.
9. Transfer of care to the receiving facility should include the report of sexual assault, IPV and/or human trafficking so that the facility can implement their specific care plans for such patients.

GUIDELINES:

1. Ensure your safety. Do not confront a suspected abuser and maintain an exit strategy at all times.
2. Follow appropriate treatment protocol(s) based on provider impression.
3. Use judgment when assigning the EMS patient care provider, if possible, noting the gender of the clinician can be triggering to the victim.
4. Attempt a private audience with the patient in cases of IPV where the abuser may be present, maintaining regard for safety. If at all possible, avoid treating the patient in kitchen or bedrooms as kitchens have a variety of potential weapons (knives, glass, pans) and bedrooms may contain concealed weapons and fewer escape routes.
5. Support the victim. Use the phrases: "I believe you."; "I am sorry this happened to you"; "It's not your fault"; "I'm here to help you."
6. Ask about abuse but do not force disclosure.
7. Explain, in advance, each treatment/procedure and offer the patient simple choices (e.g. to sit up or recline on the gurney).
8. Mirror the patient's language (e.g., do not say 'rape' or 'sexual assault' if the patient has not used those words).
9. Keep the assessment brief and injury focused:
 - A. Do not interview the patient about the details of the assault.
 - B. Assess the patient for injuries.
 - C. Specifically evaluate for strangulation injuries, as this is common with IPV/sexual assault and signs may be subtle.
 - i. Signs/symptoms may include: soft tissue neck injury, swelling, or tenderness, ligature marks or neck contusion, dyspnea, voice hoarseness

- or inability to speak, painful or difficulty swallowing, neurological signs (e.g., altered level of consciousness (ALOC), seizures, stroke-like symptoms, visual changes), facial, intraoral, or conjunctival petechial hemorrhage, subcutaneous emphysema, bladder and/or bowel incontinence.
- ii. Encourage transport to the hospital for suspected or reported strangulation regardless of physical findings for evaluation of potential serious underlying injuries given the high morbidity and mortality.
- D. In the absence of hemorrhage, there is rarely a need to visualize genitalia.
10. Preserve physical evidence:
- A. Transport the patient 'as found'. Discourage showering, removing/changing clothes, brushing teeth, using mouthwash, smoking, eating or drinking. Do not allow the patient to wash or clean their hands as this may disturb evidence collection during a sexual assault forensic examination.
 - B. If necessary to cut off the patient's clothes, cut around soiled, torn or damaged area(s) by six (6) inches.
 - C. Place any removed clothes or items in a paper bag. Plastic bags degrade important organic material/evidence.
 - D. Bag items separately to avoid cross-contamination.
 - E. Do not clean, irrigate or apply ointment to wounds. When wound dressing is indicated, apply dry sterile gauze to wounds.
 - F. If the patient needs to urinate or vomit, preserve in a clean container when possible, e.g., urinal or emesis basin.
 - G. Retain all equipment and supplies used in treatment such as bandages, sheets, and any bodily fluids.
 - H. Maintain chain of custody for each item at all times, to ensure the forensic process. This is best accomplished by having the patient keep all evidence collected at scene in their possession or having law enforcement maintain possession, if present.
11. Transport the patient to the most appropriate destination as per Ref. No. 508. And inform the receiving hospital clinicians of the suspected abuse.
12. If the patient is not transported and human trafficking is suspected, offer the patient the 24/7 National Human Trafficking Hotline number 888-373-7888; one can also text the hotline by sending "BEFREE" or "HELP" to 233733.
13. Contact law enforcement if not already present at the scene and ensure reporting is completed.
14. Documentation:

- A. Be specific, objective, complete and timely.
- B. Use the victim's own language. Document exact statements from the victim and others present in quotes whenever possible.
- C. Do not use terms like "alleged", or "supposed". You may state 'reported' or simply describe what is told to you and by whom.
- D. Include injury descriptions and physical examination findings; it is important to include observed as well as findings on palpation e.g., tenderness.

Resources:

<https://humantraffickinghotline.org/en>

https://www.thehotline.org/?utm_source=youtube&utm_medium=organic&utm_campaign=domestic_violence

<https://rainn.org/>

<https://startbybelieving.org/>