Sexual Assault

Note to Responders: Victims of sexual assault commonly require psychological support.

- Respect all stress they may be enduring and be thoughtful with your speech and movement.
- Touching may be traumatic. Be clear and communicate what you are doing and any procedures or physical assessments that are completed.

I. Treat any life-threatening injuries or other emergencies first and according to protocol.

II. Neck Injury
   a. Signs and symptoms of strangulation and neck injury are not visible over 50% of the time.
      i. Evaluate for: loss of conscious, inability to recall how they became unconscious, voice change, involuntary urination, or defecation.
   b. Patients with signs or symptoms of any injury to the neck (e.g., strangulation) are at significant risk for complications.
   c. Visible signs may include:
      i. Any injury to the neck
         1. Redness
         2. Scratches
         3. Rope marks
         4. Bruising (especially thumb prints)
         5. Red eyes
   d. Symptoms
      i. Spasms of the neck/throat

III. Incontinence of bowel or bladder (this is a significant symptom associated with near death). During treatment, attempt to maintain evidence, refer to **Crime Scene Management-Procedure Protocol**.
   a. Do not cut through tears or stains. Only cleanse skin when necessary to provide immediate treatment.
   b. Any clothes that have been removed from the patient, should be bagged in paper bags, and brought with the patient to the hospital, if possible.
   c. Explain to the patient why they should not eat, drink, smoke, bathe, change clothing, or go to the bathroom. If they must urinate, ask that they not wipe.
   d. If the patient desires and/or mandatory reporting is indicated, notify law enforcement if they are not present.
   e. Any incident involving a minor or a vulnerable adult is a mandatory reporting event.

IV. At the request of the patient, further assessment and treatment may be delayed for law enforcement arrival only if no life-threatening situation is present.

V. During transport, allow the patient to choose the preferable attendant, if possible.

VI. Do not communicate details of a sexual assault over an open radio channel. Use telephone or other secure electronic communication.

VII. If the patient declines transport to the hospital:

a. Advise patients of risks and document according to the **Refusal of Care, Adult and Minor-Procedure Protocol**
b. Encourage patients to seek follow-up care at a local specialized treatment center.
c. If law enforcement is not present, and the patient refuses law enforcement contact, advise patient that evidence of assault is best collected within 120 hours.
d. Advise of available resources by seeking treatment or assistance, such as:
    i. MCA Specific resources, if available (i.e., Community Integrated Paramedicine if available and patient consents, MCA specific resource sheets if available, etc.)
    ii. Michigan's sexual assault hotline 1-855-VOICES4 (1-855-864-2374)
    iii. Links to local resources: https://www.michigan.gov/mdhhs/safety-injury-prev/domestic-violence/find-services-in-your-area
    
    iv. If unaware of local resources, and law enforcement is not available, contact Medical Control

VIII. Documentation
a. Excited utterances, which are statements that patients make while under stress from the event, should be noted as direct quotes from the patient
b. Thorough and accurate documentation of the incident is integral for continuity of care and the legal process.
c. In the case of refusals, risks documented should be specific to the type of injury and assault that occurred.