

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:

Michigan
**TRAUMA AND ENVIRONMENTAL
SEXUAL ASSAULT**

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Section 2-15

- 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.