

## **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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- 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.