



# Sexual Assault and Suspected Human Trafficking

<p>PURPOSE</p>	<p>I. To provide guidance on any EMS incident that involves sexual assault e.g., any form of non-consensual sexual contact/conduct with another person, or the inability of the victim to give consent due to age, cognitive disability, or voluntary/involuntary incapacitation by drugs or alcohol.</p>
<p>POLICY</p>	<p><b>I. SEXUAL ASSAULT:</b></p> <p>A. Principles:</p> <ol style="list-style-type: none"><li>1. Drugs and alcohol are involved in the majority of all sexual assault cases. Keep an elevated index of suspicion when responding to patients under the influence.</li><li>2. Sexual assault victims 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 to being sexually assaulted.</li><li>3. It is not the role of EMS providers to determine whether an assault has occurred. Always encourage transport to a facility with sexual assault evidence exam capabilities. If the patient has an on scene support person, transport this person with the patient if possible.</li><li>4. PCRs may be subpoenaed for court. Be detailed with the injury descriptions. Do not use terms like, “alleged,” or “supposed,” to describe the assault. Keep documentation focused on the patient’s injuries and use quotes for the patient’s words.</li></ol> <p>B. Scene Management</p> <ol style="list-style-type: none"><li>1. Follow <a href="#">General Medical Care M-01</a>, <a href="#">General Trauma Care T-01</a> or <a href="#">General Pediatric Care P-01</a> as appropriate.</li><li>2. Use best judgement when assigning the responder noting the gender of the responder could be triggering to the victim.</li><li>3. Explain in advance each treatment/procedure, and offer the patient simple choices (e.g. to sit up or recline on the gurney) empowering them to feel in control.</li><li>4. The assessment should be brief and injury-focused:<ol style="list-style-type: none"><li>a. Do not interview the patient about the assault.</li><li>b. In the absence of hemorrhage, there is rarely a need to visualize genitalia.</li><li>c. Asses the patient for strangulation injuries, see policy <a href="#">Strangulation T-06</a>.</li></ol></li><li>5. Transport patient to a hospital with sexual assault evidence examination resources as defined in Napa County EMS Agency <a href="#">Administrative Policy 501, Patient Destination</a>.</li></ol>

6. Preservation of physical evidence:

- a. The best way to preserve physical evidence is to transport the patient to the hospital “as found” by EMS.
- b. Discourage the patient from showering, removing/changing clothes, brushing teeth, gargling with mouthwash, smoking, eating or drinking. Do not allow the patient to wash or clean their hands.
- c. If clothes have been removed, place each item in a paper bag. Do not use plastic bags; they collect moisture, which degrades important organic material.
  - i. If it is necessary to cut off the patient’s clothes, cut around soiled, torn, or damaged areas by 6 inches. Place clothes in a paper bag.
- d. Do not clean, irrigate, or apply ointment to wounds. If necessary, apply a dry sterile gauze to wound.
- e. If the patient needs to urinate, or vomit, the evidence should be preserved in a clean container (e.g. urinal, emesis basin). This is especially important during a drug-facilitated sexual assault.
- f. Chain of custody must be maintained for each item to be valuable in the forensic process. This is most easily accomplished by having the patient keep all evidence collected at scene in their possession or having law enforcement maintaining possession.

C. Reporting Procedures:

1. EMS personnel should report to local law enforcement, any patient who is suffering a wound or physical injury inflicted as a result of sexually assaultive or abusive conduct.
2. Immediate verbal notification should be made to the local law enforcement agency with jurisdiction at the scene of the incident.
  - a. The verbal report must contain:
    - i. The name of the injured person, if known;
    - ii. The injured person’s whereabouts;
    - iii. The character and extent of the person’s injuries;
    - iv. The identity of the person who allegedly inflicted the injury.
3. If the patient continues to refuse transport, and also refuses to engage with law enforcement, ensure the patient is given the NEWS Domestic Violence and Sexual Abuse Services 24/7 hotline number 707-255-6397.
4. A written report may be submitted within two working days.
5. EMS personnel should use the [CalOES 2-920](#) Form to complete the reporting requirement. Submitting directly to the local law enforcement agency with jurisdiction at the scene of the incident

## II. SUSPECTED HUMAN TRAFFICKING:

### A. Principles:

1. Human trafficking involves labor or services, through the use of force, fraud or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage or slavery
2. Commercial sex acts through the use of force, fraud or coercion and;
3. Any commercial sex act, if the person is under 18 years of age, regardless of whether any form of coercion is involved
4. EMS personnel are encouraged to report to local law enforcement suspected human trafficking cases.
  - a. Warning signs of human trafficking include:
    - i. Individuals, who are segregated from contact with responders, are physically or emotionally bullied by others, or who don't have control of their own ID/documents.
    - ii. Locations with unsuitable living conditions or unreasonable security measures.
    - iii. Incidents where responders are approached and asked for protection/asylum from other individuals at a scene.

### B. Reporting Requirements:

1. For suspected human trafficking offer the patient the 24/7 Human Trafficking Resource Center hotline number 888-373-7888.