

# County of Monterey EMS System Policy



Policy Number: 4530  
Effective Date: 7/1/2025  
Review Date: 6/30/2028

## SEXUAL ASSAULT AND SUSPECTED HUMAN TRAFFICKING

### I. PURPOSE

To provide guidance on EMS incidents involving sexual assault or suspected human trafficking.

### II. DEFINITIONS

- A. Human Trafficking – The use of force, fraud, or coercion to exploit someone for labor or commercial sex. If the person is under 18 years of age, force, fraud, or coercion is not required.
- B. Sexual Assault – Illegal sexual contact that usually involves force upon a person without consent or upon a person who is incapable of giving consent.
- C. Sexual Assault Medical Forensic Examination – An examination of a sexual assault patient by a healthcare provider with specialized education and clinical experience in the collection of forensic evidence and treatment of sexual assault patients.
- D. Sexual Assault Patient – A person who states that they were sexually assaulted, or a person suspected to have been the victim of a sexual assault.
- E. Sexual Assault Response Team (SART) – A coordinated interdisciplinary intervention model between law enforcement, a crime laboratory, the District Attorney’s Office, medical-forensic specialists, and patient advocates to meet the forensic needs of the criminal justice system and the medical and emotional needs of the sexual assault patient.

### III. GENERAL PRINCIPLES

- A. Maintain a heightened awareness of scene safety. Family members, caregivers or bystanders may exhibit anger or may be the perpetrator. Interactions and decision-making should focus on ensuring the safety of both providers and the patient from immediate danger of further assault or violence.
- B. All cases of suspected domestic assault, strangulation, sexual assault, intimate partner violence, human trafficking, and similar situations should involve law enforcement either at the scene or as soon as practical for the situation.
- C. 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 sexual assault.
- D. It is not the role of EMS providers to determine whether a crime has occurred.

**IV. GENERAL SCENE MANAGEMENT**

- A. Treat life-threatening conditions per the appropriate Monterey County EMS Treatment Protocol.
- B. Immediately notify the appropriate law enforcement agency.
- C. Assess the patient privately and in a safe place. Deferring the physical exam until the patient is in the ambulance or away from the scene may be necessary.
- D. Provide compassionate, non-judgmental support.

**V. SEXUAL ASSAULT**

- A. Sexual assault involves any form of non-consensual conduct/contact with another person, or the inability of the victim to give consent due to age, cognitive disability, or voluntary/involuntary incapacitation by substances.
- B. Substances are involved in most sexual assaults. Keep an elevated index of suspicion when responding to patients under the influence of substances.
- C. Use best judgment when assigning the primary EMS provider, noting that the provider's gender may be anxiety-provoking for the victim. If available, the patient may prefer a provider who is the same gender as the patient. If the assault was a same-sex assault, the patient may prefer a provider of the opposite gender.
- D. The assessment should be brief and injury-focused:
  - 1. In the absence of hemorrhage, there is rarely a need to visualize genitalia.
  - 2. Assess the patient for strangulation-related injuries.
- E. Explain each treatment/procedure in advance and, when practical, allow the patient to maintain a sense of control. For example, offer the patient simple choices (*e.g.*, to sit up or recline on the gurney).
- F. If the patient has an on-scene support person (who is not a suspected perpetrator or otherwise disruptive influence), consider transporting this person with the patient if possible and if the patient desires the person to be present.
- G. The Monterey County Rape Crisis Center maintains a 24/7 hotline that victims can call for emotional support, accompaniment, and information. Their number is: (831) 375-4357. Services are provided by Sexual Assault Counselors and available in both English and Spanish.

**VI. SUSPECTED HUMAN TRAFFICKING**

- A. Human trafficking is the use 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.

- B. By having access to a scene, EMS providers have a unique opportunity to observe the patient's social environment and identify individuals who may be victims of human trafficking.
- C. Warning signs of human trafficking include:
  - 1. Individuals who are isolated or segregated from contact with responders, who are physically or emotionally bullied by others, or who do not have control of their own ID or documents.
  - 2. Manifest signs of physical neglect – malnourished, unreasonable workplace injuries, bruises in various stages of healing, tattoos or branding marks, infections due to improper medical care.
  - 3. Live or work in locations with unsuitable living conditions or unreasonable security measures.
  - 4. Incidents where responders are approached and asked for protection/asylum from other individuals at a scene.
- D. Share your concerns privately with other emergency responders and emergency department staff.
- E. Transport, if possible. Protect the patient from additional harm by encouraging transport to a hospital, even if injuries appear to be minor.
- F. If the patient refuses transport, offer the patient the 24/7 National Human Trafficking Resource Center hotline number 1-888-373-7888 if doing so does not compromise patient safety.

## **VII. PRESERVATION OF PHYSICAL EVIDENCE**

- A. Do not touch or move anything at a crime scene unless it is necessary to do so for patient care. Observe and document the original location of items moved by EMS providers.
- B. 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.
- C. If it is necessary to cut off the patient's clothes, cut at least six (6) inches from soiled, torn, or damaged areas.
- D. If clothes have been removed, place the items in a paper bag. Do not use plastic bags since they collect moisture, which degrades important organic material.
- E. Do not clean, irrigate, or apply ointment to wounds. If necessary, apply dry sterile gauze to wounds.
- F. 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 for an assault that was potentially facilitated by drugs or other substances.

- G. Maintain a chain of custody for all evidence. This is most easily accomplished by having the patient keep all evidence collected at the scene in their own possession or by having law enforcement maintain possession.

**VIII. DESTINATION CONSIDERATIONS**

- A. If the patient is not clinically stable, transport to the closest appropriate receiving facility based on the patient's condition.
- B. For clinically stable patients, always encourage transport to a facility with sexual assault forensic exam capabilities.
- C. Within Monterey County, Natividad is the facility designated to receive sexual assault victims and to conduct sexual assault medical forensic examinations.

**IX. REPORTING AND DOCUMENTATION**

- A. All medical providers are mandated reporters in the State of California. Ensure all assaults or suspected assaults are reported to the appropriate law enforcement agency.
- B. Thorough and accurate documentation of the incident is integral for continuity of care and the legal process.
- C. Document pertinent findings, including all marks or evidence of trauma and other significant physical findings.
- D. Document statements made by the patient or bystanders related to the assault, including direct quotes when possible.
- E. Document environmental and household findings exactly as they appear, but avoid making generalizations and editorial comments.
- F. If evidence is collected at the scene and/or transported with the patient, document the chain of custody, including:
  - 1. Name of individual(s) who collected evidence, maintained custody of evidence during transport, and who received evidence at the hospital
  - 2. Time(s) that evidence was transferred from one individual to another
- G. Document which law enforcement authorities were notified and when.

**END OF POLICY**