

Scene Safety

Maintain heightened awareness: family members, caregivers or bystanders may exhibit anger or may be the perpetrator. If you are threatened or suspect potential violence, consider withdrawing and notifying police.

Assessment**General**

- Assess patient privately in a safe place, if feasible. Abbreviated assessment may be indicated based on patient's mental state.
- Discreetly ask patient about past or present physical and emotional abuse, as a victim or witness.
- Note psychological/behavioral characteristics of abuse including: excessive crying, passivity or aggression; compliant or fearful behavior for safety of self, children, and/or pets; panic attacks, anxiety, depression, and/or suicidal ideation; substance abuse; vague or ambiguous chronic pain complaints; or age inappropriate behavior (e.g., children who act in a sexually inappropriate way).
- Assess for signs and symptoms of abuse:
 - Unexplained injuries or inconsistency with explanation: bruises; whiplash injuries; erythema due to slaps, grab-marks on arms or neck; burns, especially on genitals or buttocks, or with specific borders or shapes, (i.e., dip lines); lacerations, scars, or fractures including mandible; and multiple injuries in various stages of healing.
 - Children presenting with Brief Resolved Unexplained Event (BRUE), [See BRUE Protocol 2.5](#)
 - Strangulation /Choking, see [Strangulation Policy 8.17](#).
 - Injury sites hidden by clothing or hair.
 - Injury during pregnancy
- Contact hospital by telephone, when feasible, to protect privacy of patient and family.

Sexual Assault

- Provide compassionate, non-judgmental support.
- Patient may prefer an EMS provider of the same gender as the patient, if available.
- Limit physical contact with patient to that which is required to perform assessment and treatment.
- Do not attempt to get a detailed description of event. Leave this to the police.
- Limit questions to: What happened? When did it occur? Did patient bathe or clean up after attack?
- Consider drug facilitated sexual abuse/assault: document torn, stained or bloody underclothing, unexplained injuries.



- Communicate with receiving hospital early so that sexual assault nurse examiner (SANE) and advocate personnel may be available upon patient arrival.

Additional Considerations: Sexual Assault

- Limit questions to the identification of injuries and pertinent medical information
- Do not inspect genitals unless uncontrolled hemorrhage, trauma or severe pain present.
- Discourage patient from eating, drinking, smoking, bathing, or urinating until after hospital evaluation. Urine may contain evidence of drug facilitated sexual assault. If patient needs to use restroom prior to transport, advise patient to not "wipe".
- Suggest transport to hospital for prophylactic treatment for sexually transmitted disease or pregnancy, drug/alcohol screening and evidence preservation.
- If adult patient refuses care or transport, document any care provided thoroughly and handle any evidence as you would if transporting. Leave patient's belongings with patient. Provide patient with contact information for sexual assault crisis line 1-800-277-5570.

Policy Continues

Policy Continued

Human Trafficking

- Human trafficking is defined as using force, fraud or coercion to control another person for the purpose of engaging in commercial sex acts or soliciting labor. Signs may include, but are not limited to: patient with branding/tattoos and environmental clues such as padlocks and/or doorknobs removed on interior doors, and intact window that are boarded up. If you suspect your patient is a victim of human trafficking, contact local law enforcements
- Signs may include:
 - Scars, mutilations, or infections due to improper medical care
 - Urinary difficulties, pelvic pain, pregnancy, or rectal trauma caused from working in the sex industry
 - Chronic back, hearing, cardiovascular, or respiratory problems as a result of forced manual labor in unsafe conditions
 - Malnourishment and/or serious dental problems
 - Disorientation, confusion, phobias, or panic attacks caused by daily mental abuse, torture, and culture shock
 - Environmental clues such as padlocks and/or doorknobs removed on interior doors, intact windows that are boarded up.
- Any minor exploited for commercial sex is a victim of human trafficking and mandates reporting to DCYF and police. Mandated reporting also applies to any incapacitated or vulnerable adult, gun shot or stabbing wound. Competent adults victims should be offered assistance of police **and/or** crisis service but may decline.

Victims of human trafficking may look like many of the people you help.

Classic presentations found in trafficking victims:

- Bruises in various stages of healing caused by physical abuse
- Scars, mutilations, or infections due to improper medical care
- Urinary difficulties, pelvic pain, pregnancy, or rectal trauma caused from working in the sex industry
- Chronic back, hearing, cardiovascular, or respiratory problems as a result of forced manual labor in unsafe conditions
- Poor eyesight and/or eye problems due to dimly lit work sites
- Malnourishment and/or serious dental problems
- Disorientation, confusion, phobias, or panic attacks caused by daily mental abuse, torture, and culture shock

Report suspicious activity to local law enforcement, or call 1.866.347.2423

BLUE CAMPAIGN
One Voice. One Mission. End Human Trafficking.

Suspected Abuse or Neglect of a Disabled Person, Elder or Child

- Assess for neglect including hazardous living conditions, inappropriate clothing for weather, inadequate hygiene, absence of caregiver(s), or physical signs of malnutrition or over/under medication
- Assess all children carefully for physical injury whenever another household member is injured/abused in a domestic violence incident, and/or if the scene suggests a mechanism of injury such as broken glass or furniture.
- If physically uninjured, children should be sheltered from further harm on scene, (e.g., witnessing patient care or police interaction with the suspected abuser, or view of the crime scene). EMS may assist law enforcement with caring for the uninjured child until appropriate arrangements have been made by law enforcement.
- Consider non-accidental trauma in any infant presenting with any traumatic injury or BRUE, see BRUE Protocol 2.5
- If a parent/guardian refuses treatment of a minor child or incapacitated adult whom you feel needs medical attention, contact law enforcement immediately.

Policy Continues

Documentation and Evidence Preservation

- Document verbatim everything the patient or caregiver says that may be relevant. Do not paraphrase. Capture inconsistencies.
- If necessary to remove patient's clothing, do not damage evidence (rips, stains) if possible. Cut along seam lines.

Preserve all evidence, see Crime Scene/Preservation of Evidence Policy 8.7

Reporting Procedures/Requirements

- Suspected abuse, neglect, or exploitation of children or adults must be reported immediately, whether or not the patient is transported. Informing hospital personnel or involving law enforcement does not fulfill legal reporting requirements.



REPORTING REQUIREMENTS: According to New Hampshire State law, most domestic violence injuries are not required to be reported to the police. If the patient is 18 years of age or older and has received a gunshot wound or other serious bodily injury, the injuries must be reported to the police. As defined in RSA 625:11 "Serious bodily injury" means any harm to the body which causes or could cause severe, permanent, or protracted loss of or impairment to the health or of the function of any part of the body.

Child Abuse

Both the Department for Children, Youth, and Families (DCYF) and local police must be notified within 24 hours:

- Call DCYF at 1-800-894-5533, available 24 hours/day; if out-of-state: 603-271-6562.
- NOTE: Regardless of other agency's involvement, EMS is mandated to notify DCYF.
- Do not send reports of suspected child abuse by email.

NOTE: If an uninjured child witnesses violence, this qualifies as child abuse and neglect and mandates a report.

Abuse of Elders and Incapacitated Adults

- Call Bureau of Elderly & Adult Services at 800-949-0470 or 603-271-7014 and leave a message. For adults residing in:
 - Independent living situation (own home/apartment, home/apartment of friends or relatives, boarding home, or no fixed address).
 - Homes or programs affiliated with Bureau of Behavioral Health or Bureau of Developmental Services.
 - Hospital or rehabilitation center.
- Call Office of Long-Term Care Ombudsman at 800-442-5640 or 603-271-4375 between 8:00 am to 4:30 pm, Monday through Friday, for adult residents of nursing or assisted living facilities.

Call local police department during non-work hours and holidays and follow up with a telephone call to Bureau of Elderly & Adult Services or Office of Long-Term Care Ombudsman during work hours.

Referral Information for Domestic Violence and Sexual Assault

The NH Coalition Against Domestic and Sexual Violence (NHCADSV) supports survivors of domestic and sexual violence and offers free, confidential services (emergency shelter and transportation, legal advocacy, hospital and court accompaniment, information about public assistance). Provide patient with referral information.

24-Hour Domestic Violence Crisis Line: 1-866-644-3574.

24-Hour Sexual Assault Crisis Line: 1-800-277-5570.