Forensics, Abuse and Sexual Assault in the ED

Trauma-informed interviewing, documentation, child and elder abuse, intimate partner violence and strangulation, trafficking, sexual assault care and prophylaxis, mandatory reporting

ICU Basics
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FIRST MOVES WITH ANY POSSIBLE VICTIM

- Treat life threats first; evidence never outranks airway, bleeding or a time-limited drug (DOJ protocol)
- Separate the patient from companions for part of the visit using a routine reason (urine sample, imaging, private exam)
- Use a professional interpreter; never the partner, caregiver, employer or anyone who arrived with the patient
- Ask directly, privately and without judgment; believe and do not interrogate
- Trauma-informed: explain each step, ask consent for each part, let the patient set the pace and stop at any time
- Assess immediate danger to the patient and staff; call security by protocol if the abuser is nearby
- Say up front what you must report; promise only what you can deliver

SAFETY Never confront a suspected abuser or tell them what the patient disclosed. Keep the patient in a safe area until protective services, police or security take over.

FORENSIC DOCUMENTATION

- Quote the patient: Patient states, "My wife hit me with a frying pan." Avoid 'alleges' or 'claims'
- Name the person and object the patient names; record demeanor
- Each injury: site, size, shape, color, pattern, on a body map; photographs with consent per policy
- Describe bruises; do not estimate their age from color (classic forensic teaching)
- Statements to clinicians can be admissible in court (DOJ), so keep them accurate and complete

CHILD MALTREATMENT

- Story absent, changing or not fitting development; delayed care
- TEN-4-FACESp (under 4 yr): bruise on torso, ear, neck, frenulum, jaw angle, cheek, eyelid or subconjunctiva; patterned bruise; any bruise at 4.99 months or younger
- Fractures, immersion burns, abusive head trauma and work-up: see Pediatric Emergencies
- Nurses are mandated reporters of child abuse (who must report varies by state): report on suspicion to child protective services; proof is not your job
- A physician's disagreement does not end your duty, and telling a supervisor may not satisfy it

INTIMATE PARTNER VIOLENCE AND STRANGULATION

POINT	WHAT TO DO
Screening	Every woman of reproductive age, pregnant and postpartum included (USPSTF B); alone, safe, private
Red flags	Injury blamed on a fall, older bruises on upper arms, partner who speaks for the patient or will not leave
Strangulation	Ask directly; about half have no visible marks. Strong predictor of later homicide (Glass 2008: odds about 7 times higher)
Worrying symptoms	Loss of consciousness, incontinence, voice change, dysphagia, petechiae, neck swelling or tenderness, visual or neuro change
Imaging	CT angiography of the neck when symptomatic (GCS under 15, focal deficit, airway signs or dysphagia); arterial dissection and stroke are possible injuries
Discharge	Respect the adult's decision to return home; safety plan, advocate, hotline 800-799-7233 given discreetly

OLDER AND DEPENDENT ADULTS

TYPE	CLUES
Physical	Bruises over 5 cm, on face, lateral right arm or back; wrist or ankle ligature marks; patient cannot explain them
Neglect	Dehydration, weight loss, soiling, untreated pressure injury, undetectable drug levels despite 'every dose given'
Financial	New names on accounts, unexplained withdrawals, unpaid bills or stopped medications despite adequate income
Emotional or sexual	Fear of the caregiver, withdrawal, genital injury or new STI

- Interview the patient alone; a caregiver who answers everything is a red flag
- Many states mandate reporting to adult protective services on suspicion, even when a capable patient objects (rules vary by state; know yours); tell the patient a report is made

HUMAN TRAFFICKING

- Force, fraud or coercion for sex or labor; no movement or border crossing needed; it can happen in the patient's own hometown or home
- Any minor in commercial sex is a victim, no force needed, even if they say it was their choice: report to child protective services
- Clues: companion who controls, speaks for the patient or will not leave; passport or ID held by someone else; debt to employer; employer housing; monitored phone or movements
- Adult who discloses: her decision whether to report or leave; safety plan; hotline 1-888-373-7888 (text 233733) offered discreetly
- Consult the hotline without identifying details unless she agrees to share them
- Wants out now with the trafficker nearby: move her to a secure area and alert security first

SEXUAL ASSAULT: THE ED VISIT

- Triage as a priority patient; private room; call the SANE or forensic examiner and an advocate at once
- Treat injuries first; the exam, each sample and each photo is optional and needs consent
- Adult chooses whether to report to police (unless state law mandates); care and the exam do not depend on reporting, and VAWA-funded states make the exam free
- Ask the patient not to bathe, change, eat, drink or urinate if they can; collect anyway if they already did
- Samples up to 5 days or longer; time limits never justify refusing care
- Drug-facilitated assault suspected: collect the first available urine (within 120 h, preferred) and blood within 24 h, with consent and chain of custody
- Chain of custody: every hand-off logged; patient and family never handle evidence

SEXUAL ASSAULT: PROPHYLAXIS

RISK	OFFER
Pregnancy (test first)	Levonorgestrel 1.5 mg PO within 72 h, or ulipristal 30 mg PO within 120 h; copper IUD within 5 days
Gonorrhea, chlamydia, trichomonas	Ceftriaxone 500 mg IM once (1 g if 150 kg or more) plus doxycycline 100 mg PO twice daily for 7 days; women add metronidazole 500 mg twice daily for 7 days
HIV	nPEP as soon as possible, ideally within 24 h, no later than 72 h; 28 days. After 72 h: evidence insufficient to start nPEP; HIV test, PrEP counseling, follow-up testing
Hepatitis B	Unvaccinated: start the vaccine series. Vaccinated, never tested for response: one booster
HPV	Vaccinate if unvaccinated and age 9 to 26

EXAM TIP Who must report: child abuse and trafficked minors (every state requires child-abuse reporting, details vary); older or dependent adults in many states; competent adults with IPV, sexual assault or trafficking only when state law requires it, otherwise the patient decides.

Sources (19) are listed with links at icubasics.com/sheets/ed-forensics-abuse.html. For education and exam preparation only. Not medical advice; follow current guidelines and your institution's protocols. ICU Basics is an independent study aid not affiliated with any certifying body.