

## 11.07 SUSPECTED ABUSE REPORTING & RESOURCES

### EMSAC 2026

#### General Management

EMS will encounter children, adults, and elders who are experiencing various forms of trauma and/or interpersonal violence and neglect. The purpose of this policy is to provide guidance on trauma-informed care, legally mandated reporting, and suggested resources for patients, families, and caregivers.

Trauma-informed care: Experiences of trauma are ubiquitous and interpersonal violence is common. Applying principles of trauma-informed care with all patients and people in the immediate environment is the best practice to mitigate the adverse impacts of trauma and avoid re-traumatization. Trauma-informed principles include prioritizing physical and psychological safety, behaving in trustworthy and collaborative ways, and emphasizing empowerment.

For example:

- 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
- Mirror the patient's language (e.g. do not say "rape or sexual assault" if the patient has not used those words)
- Whenever possible, share community-based and culturally concordant resources

Assessment: Assess for your own safety. Assess patient(s) for injuries and other evidence of trauma, interpersonal violence and/or neglect of children, elders, and disabled adults (see trauma protocols). For all patients, use professional interpretation to provide language-concordant services.

Transport: Reasonable effort will be made to transport the patient to a receiving hospital for evaluation. Immediately inform the hospital staff of your observations and findings. For competent adults who refuse transport, offer relevant resources (see below) and explain that no identifying information has to be provided when calling for assistance.

Documentation: In cases of interpersonal violence and/or neglect of children or adults/elders, document all pertinent observed facts of the environment, patient, and others. Avoid bias and assumptions.

Mandated Reporting: Report known or suspected child abuse and/or neglect, known or suspected elder (or dependent adult) abuse and/or neglect, and the physical injuries of adults that are known or suspected to be caused by assaultive and/or abusive conduct by contacting the relevant agency and filing the relevant written report. EMS Personnel are mandated reporters.

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#### Child abuse and/or neglect

- **Definition:** California law defines child abuse as when someone purposefully physically injures a child (<18 years of age), subjects a child to cruelty or unjustifiable punishment, and/or sexually abuses or exploits a child. California law defines neglect as when 1) a parent or caretaker fails to provide a child with adequate food, clothing, shelter, medical care, or supervision, 2) no physical injury to the child has occurred, 3) child is at substantial risk of suffering serious physical harm or serious illness, and 4) parent's economic disadvantage is not general neglect and requires reporting of known or suspected abuse and/or neglect.
- **Reporting:**
  - **Step 1:** Verbal Report: Call Family & Children Services Hotline (24hours): **(800) 856-5553**. If you get a busy signal, please call **(628) 652 5791**
  - **Step 2:** Written Report: Submit suspected child abuse report form (BCIA 8572-Appendix A)
    - Fax: **(415) 447-5351**
    - Mail: Family & Children's Services, Attn: Hotline H110, P.O. Box 7988 San Francisco CA, 94120-7988
    - Email: [fcshotlinereports@sfgov.org](mailto:fcshotlinereports@sfgov.org)

See the [San Francisco CPS website](https://www.sfhsa.org/services/families-children/family-services) for more information on reporting and [resources](#) (<https://www.sfhsa.org/services/families-children/family-services>).

#### Elder or dependent adult abuse

- **Definition:** California law (criminal and civil) defines elder (age 65 or older) and dependent adult (age 18-64) abuse and/or neglect as any knowingly permitted or willful infliction of physical pain, mental suffering, neglect, financial abuse, abandonment or isolation by someone who has knowledge that the person is an elder or dependent adult. Examples of dependent adult disabilities include but are not limited to developmental/intellectual disabilities, Alzheimer's/dementia, physical impairments (e.g. mobility limitations, amputations), severe mental health conditions, and acquired brain injuries impairing daily function or safety awareness. Abuse includes both action and failure to act by caregivers.
- **Reporting:**
  - **Step 1:** Verbal Report: ONLY for urgent cases where there is concern for physical safety. Adult Protective Services, Adult Abuse Hotline (24 hours): **(415) 355-6700** or **(800) 814-0009**
  - **Step 2:** Written Report: for urgent and non-urgent referrals [ReportToAPS.org](https://www.sfhsa.org)

See the San Francisco APS Website for more information on reporting and resources ([Mandated Reporters of Adult Abuse | sfhsa.org](https://www.sfhsa.org))

#### Sexual Assault

- **Definition:** Sexual assault involves any form of non-consensual conduct or sexual contact with

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another person, or situations in which the patient is unable to give consent due to age, cognitive disability, loss of awareness or loss of consciousness (including from traumatic brain injury, strangulation, or other medical conditions), or voluntary/involuntary incapacitation by substances.

- Note: Substances (legal and illicit) that alter judgment and consciousness and may be taken voluntarily or given to a victim without consent are involved in many assaults. Keep a high index of suspicion of substance-facilitated sexual assaults when interacting with and documenting sexual assaults.

When EMS responds to a survivor of sexual assault:

- Keep the assessment brief and injury-focused
  - o Do not interview the patient about the assault
  - o In the absence of hemorrhage, there is no need to examine genitalia
  - o Assess the patient for concurrent strangulation injuries, this is common with sexual assault
- Preserve the physical evidence
  - o Transport the patient "as found." Discourage showering, hand washing, removing/changing clothes, brushing teeth, using mouthwash, smoking, eating or drinking.
  - o If clothes have been removed, place clothing in a paper bag. Do not use plastic bags; they can collect moisture, which degrades important organic material. If it is necessary to cut off the patients' clothes, cut around the soiled, torn, or damaged areas by 6 inches.
  - o If the patient needs to urinate, or vomit, preserve the bodily fluids in a clean container (e.g. urinal, emesis bag). This evidence is especially important with drug-facilitated sexual assaults.
  - o Chain of custody must be maintained for each item to be able to be admitted as legal evidence in the forensic process. This is best accomplished by having the patient keep all evidence collected at scene in their possession or law enforcement maintaining possession.
- Transport the patient to a facility capable of performing the sexual assault forensic exam. This exam can be performed up to 5 days post assault or beyond with injuries
  - o Zuckerberg San Francisco General Hospital (adult and pediatric)
- Resources for patients:
  - o Mujeres Unidas y Activas (Spanish Only): (415)-431-2536
  - o National Sexual Assault Hotline: (800) 656-HOPE (4673); online chat: [www.rainn.org](http://www.rainn.org)
  - o San Francisco Women Against Rape (SFWAR): (415)-647 RAPE (7273)

#### Intimate Partner Violence

- Definition: Intimate Partner Violence is the willful intimidation, physical assault, battery,

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sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another by a wide variety of tactics including controlling the medications of the person being victimized. Under California law, only patients who have physical injuries that are known or suspected to be due to abusive or assaultive conduct are reported.

- If you witness any dynamic related to power and/or control or are aware of obvious intimate partner violence, consider intimate partner violence.
- Attempt to interview the patient and accompanying partner separately.
- Document (with quotes) any history in which the patient describes abuse/violence and collect evidence as above (in sexual assault.)
- *Reporting* physical injuries by completing this form ([\(OES-2-920-and-SF-Supplemental-Health-Care-Provider-DV-Report.pdf\)](#)) and faxing or emailing the form to SFPD (as described on 2<sup>nd</sup> page)
- Resources to offer to patients. Be sure not to compromise patient safety
  - La Casa de Las Madres (hotline/text line) (877) 503-1850/200-2575
  - WOMAN, Inc (English/Spanish): (864) 4722/(877) 384-3578
  - National Domestic Violence Hotline: (800) 799-7233; online chat: [www.thehotline.org](http://www.thehotline.org)

### Suspected Human Trafficking

Definition: Human trafficking involves labor or services by means of force, fraud or coercion for the purpose of subjugation into commercial sex acts or other involuntary servitude. If the patient is <18 years of age, no force, fraud or coercion is required.

- Warning signs of human trafficking include:
  - Individuals, who are isolated/segregated from contact with responders, are physically or emotionally bullied by others, or who don't have control of their own ID/Documents.
  - Manifest signs of physical neglect- malnourished, unreasonable workplace injuries
  - Live or work in locations with unsuitable living conditions or unreasonable safety working environments.
  - Incidents where responders are approached and asked for protection/asylum from another individual at a scene
- Reporting:
  - For EMS Personnel: SFPD's Vice Crimes Tip line: (415) 643-6233
- Resources for patients. Be sure not to compromise patient safety:
  - San Francisco Bay Area Human Trafficking Hotline: (415) 907-9911
  - National Human Trafficking Resource Center hotline number: (888) 373-7888

### PROCEDURE

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- ~~1. Follow appropriate treatment protocol for patient's chief complaint, e.g. head trauma.~~
- ~~2. If concerned about patient safety, transport to an appropriate Receiving Hospital. Notify receiving hospital staff of your concerns.~~
- ~~3. Contact appropriate law enforcement agency (see below).~~
- ~~4. Provide emotional support to the victim and family.~~
- ~~5. When in doubt, transport suspected abuse/neglect victims to a Receiving Hospital.~~
- ~~6. Treat all clothing, medications, and personal items with patient at time of transport as potential evidence. If these need to be removed from patient to facilitate assessment/treatment, place them in a container labeled with patient identification and document turnover of these materials to patient treatment team or law enforcement.~~
- ~~7. The patient care report should be descriptive as possible of the conditions of the elder/dependent adult and of his/her living situation.~~

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### REPORTING PROCEDURES (SUSPECTED OR ACTUAL INCIDENT)

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~~Contact the appropriate agency by telephone as soon as possible to give a verbal report and receive instructions on how to file a written report (generally must be done within **36 hours**).~~

#### DOMESTIC VIOLENCE:

- ~~• Notify local law enforcement and/or receiving hospital staff and document.~~

#### CHILD ABUSE:

- ~~• Every effort should be made to transport pediatric patients who are potential child abuse victims.~~
- ~~• Notify local law enforcement and/or receiving hospital, CPS, San Francisco Human Services Agency, and Child Abuse Hotline (800) 865-5553~~

#### ELDER ABUSE (age 65 or older):

~~If the any combination of the following circumstances are present, contact law enforcement, APS and/or receiving hospital staff.~~

- ~~• Evidence of either (a) *decubitis ulcer on the elder/dependent adult, or (b) injuries on the elder/dependent adult that are consistent with falls or an assault, i.e., possible fractures, lacerations, bruises, or signs of inappropriate physical restraint.*~~
- ~~• Evidence of poor hygiene or living conditions for the elder/dependent adult (i.e., *feces/urine soaked bedsheets or clothing, evidence of dehydration or malnutrition, extreme clutter or filth in the home, extremely bad odors, evidence of human waste that has not been properly disposed of, such as dirty adult diapers, or waste being kept in buckets or by other inappropriate means*).~~

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- ~~• Identifiable caretaker(s) for the elder/dependent adult, whether or not present at the scene at the time of the paramedics responding.~~

~~The report by the paramedic should be descriptive as possible of the conditions of the elder/dependent adult, and of his/her living situation, including any odors, and the extent of poor hygiene or filth in the residence or facility.~~

#### ELDER ABUSE AT A LICENSED HEALTH CARE FACILITY BY FACILITY STAFF:

California Department of Health Services Division of Licensing and Certification 350 90 <sup>th</sup> Street Daly City, CA 94105 (650) 301-9971 / (800) 554-0353	OR	Ombudsman (for Skilled Nursing Facility Complaints) 6221 Geary Boulevard San Francisco, CA 94121 (415) 751-9788
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#### ELDER ABUSE AT HOME OR ABUSE BY A VISITOR OR ANOTHER RESIDENT AT A LICENSED HEALTH CARE FACILITY:

- ~~• San Francisco Human Services Agency – Adult Protective Services,~~
- ~~• Adult Abuse Hotline (415) 355-6700 (24-hour number)~~

#### DEPENDANT ADULT AT HOME OR ABUSE BY A VISITOR OR ANOTHER RESIDENT AT A LICENSED HEALTH CARE FACILITY:

- ~~• San Francisco Human Services Agency – Adult Protective Services,~~
- ~~• Adult Abuse Hotline (415) 355-6700 (available 24 hrs)~~

#### SEXUAL ASSAULT:

- ~~• Patients should be encouraged to be transported to San Francisco General Hospital emergency department for evidence collection if the assault occurred less than 72 hours prior to ambulance call.~~
- ~~• Discourage bathing, washing, urination/defecation or changing clothes until arrival at the hospital in order to preserve evidence.~~

#### HUMAN TRAFFICKING:

~~Signs of possible trafficking include situations where the individual(s):~~

- ~~• Appears segregated from contact with first responders~~
- ~~• Unable to speak with first responders without another person present (i.e. employer or significant other)~~
- ~~• Seems physically or emotionally bullied by another~~
- ~~• Is not in control of their own ID/documents~~
- ~~• Residing in unsuitable living conditions and/or with suspiciously heavy security measures~~
- ~~• Appears submissive and/or fearful~~

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- ~~Approach and request help from others at the scene~~

~~If suspected human trafficking:~~

- ~~SFPD's Vice Crimes tip line (415) 643-6233 for suspected human trafficking.~~
- ~~San Francisco Collaborative against Human Trafficking ([www.sfcaht.org](http://www.sfcaht.org)) lists other local resources or call the National Human Trafficking Resource Center (888) 373-7888.~~
- ~~Report suspicions to law enforcement and receiving hospital staff.~~
- ~~Include all observations in PCR.~~

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