



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved February 2020

Management of the Patient with the Complaint of Sexual Assault

Reaffirmed February 2020,
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Revised October 2002

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January 1992

The sexually assaulted patient, who may be an adult or child of either sex, presents special medical, psychological, and legal needs. ACEP believes that all patients who report a sexual assault are entitled to prompt access to emergency medical care and competent collection of evidence that will assist in the investigation and prosecution of the incident. ACEP has therefore developed the following guidelines:

- With the cooperative efforts of local governments, law enforcement agencies, hospitals, courts, and other relevant organizations, each county, state or other geographic area should establish a community plan to deal with the sexually assaulted patient. The plan should ensure that capable, trained personnel and appropriate equipment are available for treating sexual assault patients.
- Each community plan should address the medical, psychological, safety, and legal needs of the sexually assaulted patient. The plan should provide for counseling and should specifically address pregnancy and testing for and treatment of sexually transmissible diseases, including HIV.
- Each hospital should provide for access to appropriate medical, technical, and psychological support for the patient. A community may elect to establish, under the supervision of a physician, an alternative medical site, which specializes in the care of the sexually assaulted patient and provides medical and psychological support capabilities when no other injuries are evident.
- A victim of sexual assault should be offered prophylaxis for pregnancy and for sexually transmitted diseases, subject to informed consent and consistent with current treatment guidelines. Physicians and allied health practitioners who find this practice morally objectionable or who practice at hospitals that prohibit prophylaxis or contraception should offer to refer victims of sexual assault to another provider who can provide these services in a timely fashion.
- Specially trained, nonphysician medical personnel should be allowed to perform evidentiary examinations in jurisdictions in which evidence collected in such a manner is admissible in criminal cases.

- Physicians and trained medical staff who collect evidence, perform in good faith, and follow protocols should be immune from civil or criminal penalties related to evidence collection, documentation of findings, and recording of the patient's subjective complaints.
- For the special diagnostic and therapeutic needs of the pediatric patient, a community plan should provide for primary referral centers with expertise and ancillary social services that support a multidisciplinary approach.
- As part of its ongoing quality management activities, the hospital should establish patient care criteria for the management of the sexually assaulted patient and monitor staff performance.
- ED staff should have ongoing training and education in the management of the sexually assaulted patient.
- ACEP supports appropriate measures to prevent sexual assault in the community.