



Protocol for Medical Evaluations for Runaways and/or Commercial Sexual Exploitation of a Minor (CSEM)

Supplemental to DCS Policy: 14.6, CPS Tasks Manual, 20.7 attachment, 31.2

Any child/youth who reports, or is suspected to have experienced, sexual assault, physical assault, and/or drug or alcohol use, receives an immediate medical evaluation. In cases of sexual assault or victims of trafficking, the child/youth is taken to a Sexual Assault Center or a Hospital Emergency Room (ER) immediately. Any child/youth with a CANS CSEM Risk Score of HIGH is recommended for an immediate medical evaluation upon return from runaway regardless of a disclosure or active suspicion of being trafficked. A child/youth may choose to refuse all or part of a medical evaluation but are taken to a Sexual Assault Center or Hospital ER regardless so the child/youth may discuss the decision with a medical professional.

- ◆ Clearly state why a medical evaluation is being requested, specifically indicating that the child/youth has been on runaway and may have been exposed to drugs, alcohol, physical or sexual abuse and/or other dangerous conditions.
- ◆ If the child/youth is a suspected victim of human trafficking, specifically indicate that to the medical provider and provide reasons for suspicion of human trafficking. Provide all known health/medical information regarding the child/youth if possible.

1. Forensic sexual exam

- a) If sexual assault occurred or is suspected to have occurred within the last 120 hours, the child/youth is offered a forensic medical exam immediately. Youth may refuse all or part of a forensic exam. The exam is conducted by a sexual assault forensic examiner when possible and includes
 - ◆ Assess for signs of sexual abuse
 - ◆ Forensic evidence collection
 - ◆ Pregnancy test and emergency contraception when appropriate
 - ◆ Sexually Transmitted Infection (STI) testing and prophylactic treatment
 - ◆ Provision of prescriptions for ongoing medication needs
- b) If sexual assault occurred or is suspected to have occurred within the last 72 hours, the medical provider considers HIV Post-Exposure Prophylaxis (PEP). This is time sensitive and considered an emergency treatment.

2. Criteria that warrants a Sexual Assault Center or Hospital ER visit:

- ◆ CANS CSEM risk score HIGH
- ◆ Physical/Sexual abuse/Trafficking
- ◆ Indications of drug/alcohol abuse
- ◆ Altered mental status
- ◆ Visible injuries

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- ◆ Chest pain, abdominal pain, shortness of breath
- ◆ Pregnant or suspected pregnancy
- ◆ Insulin dependent diabetics

3. Criteria for Urgent Care visit (hospital based open 24 hours vs independent):

- ◆ Refusing to go to hospital ER or Children's Advocacy Center (CAC)
- ◆ Minor injuries

4. Criteria for EPSDT Health Department exam:

- ◆ Refusing all other medical services
- ◆ Youth has been on a runaway episode for more than 24 hours and has no injuries.

5. Call the regional or safety nurse when:

- ◆ Youth is uncooperative and refusing all medical services
- ◆ Youth can't get the care outlined above
- ◆ Unsure which level of care to access
- ◆ Refused treatment by ER staff

Elements that may be included in the examination of the child

a) Physical exam

- ◆ Assessment for signs of physical abuse and/or sexual abuse
- ◆ Assessment for injuries, bruises, burns, tattoos or markings that may be hidden by clothing
- ◆ Assess for evidence of acute dental issues
- ◆ Indicated laboratory tests if appropriate (HIV, STI) pregnancy, drug/alcohol screen)

b) Pain assessment

- ◆ Etiology of pain, if identifiable and associated factors
- ◆ Location/Radiation/Severity/Quality/Quantity/Chronicity

c) Substance use assessment

- ◆ Assess for signs of drug use, withdrawal symptoms
- ◆ Test for recent substance use when indicated

d) Mental Health Assessments

- ◆ Can be done by the ER staff or mobile crisis
- ◆ Identify any indication of suicide and homicidal ideations or self-injurious behaviors
- ◆ Identification of human trafficking-related safety issues

Note: If psychotropic medications are needed the Family Service Worker (FSW) or Juvenile Service Worker (JSW) contacts the previous provider or requests an appointment with a community mental health provider ASAP.

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Additional Information

- ◆ Request diagrams of injuries if possible, including shape, distribution, size, and placement.
- ◆ Documentation of any needed follow-up services is provided.
- ◆ Refusal by the child/youth, of any part or the entire exam, is documented in the medical record and the FSW/JSW is informed.