



Tennessee Department of Children's Services

Protocol for Health Services for Trafficked Youth

Supplemental to DCS Policy: 14.6, 20.7 Attachment, 31.2, 31.10

The needs of victims of trafficking are among the most complex of crime victims, often requiring a multidisciplinary approach to address trauma, medical, mental health, and safety needs.

1. Consent and Refusal

It's important to obtain the youth's consent for the various processes associated with the examination and testing when possible and to respect his or her wish to decline the procedures if there would be no immediate danger to the youth's health or other compelling reason to proceed.

If the youth refuses, provide information about the time frame for evidence collection and prophylactic treatment for STDs and pregnancy in case they want this evaluation in the future.

2. Health conditions may include:

- a) Exposure to STDs, HIV and gynecological diagnoses associated with sexual violence and rape. b) Unwanted pregnancies.
- c) Forced, unsafe abortions.
- d) Reproductive health problems and fertility issues.
- e) Blood-borne infections from tattoos or brandings.
- f) Self-injurious behavior such as cutting, suicide ideation.
- g) Physical problems associated with beatings and rapes including cuts, cigarette burns, untreated fractures, bruises, lacerations, mouth injuries, and skin injuries that may be hidden by clothing.
- h) Untreated chronic medical conditions (asthma, diabetes).
- i) Mental health issues including PTSD, depression, anxiety, aggression, and ADHD.
- j) Substance abuse either forced by the trafficker or used to cope with trauma and abuse.
- k) Somatic complaints (headaches, chronic pain) associated with stress and trauma.
- l) Malnutrition (may be thin or obese).
- m) Poor dentition or chronic lack of dental care, broken teeth.

3. Situations requiring an urgent medical evaluation

An urgent evaluation is indicated in any of the following circumstances:

- a) Youth has a history of acute sexual assault meeting criteria for an evidence collection kit or prophylaxis for pregnancy and STDs (can be up to 120 hours but is determined on a case by case basis)
- b) Youth complains of medically urgent symptoms (e.g., anal and genital pain, abdominal or pelvic pain).
- c) Youth has anal/genital injury or vaginal bleeding.
- d) Youth has suspicious injuries or injuries that may require surgical intervention.
- e) Youth has any injuries that may require documentation.

- f) There are urgent mental health or safety issues.

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- g) To recover forensic evidence or document injuries that may heal quickly.

4. Situations appropriate for a non-urgent medical evaluation

- a) The last episode of sexual assault is remote (>120 hours).
- b) The victim is asymptomatic.
- c) There are no urgent mental health or safety concerns
- d) Follow-up medical care can be assured.

5. The forensic medical evaluation

The forensic medical evaluation includes a medical screening for physical and sexual assault, as well as unmet medical and mental health needs. It may include collection of forensic evidence from the victim's body, documentation of injuries, and prophylaxis for STDs and pregnancy.

The evaluation should be performed in an emergency department or a sexual assault center by a doctor or nurse trained to collect forensic evidence or by a sexual assault nurse examiner (SANE). A sexual assault evidence kit may be obtained if an assault has occurred within the past 120 hours but is determined on a case by case basis.

6. Injuries by use of force

Signs of sexual assault by use of force and/or lack of consent can include:

- a) Wounds caused by forceful genital penetration
- b) Presence of blood
- c) Contusions
- d) Lacerations
- e) Abdominal trauma
- f) Joint dislocation
- g) Mechanical back pain

Anal and genital injuries typically heal quickly, within days to a few weeks, and scarring is very unusual. Although visible injury may be present, it is not unusual to have a normal or nonspecific anal and genital examination.

Inflicted trauma may be suspected when injuries are noted in protected areas of the body (torso, genitals, neck, inner thighs), when they have a patterned appearance, or when the explanation provided by the patient is incongruous with the injury.

7. Infectious disease, STD and pregnancy testing

Testing for HIV, hepatitis B and C, syphilis, common STDs, and pregnancy should be performed in this high-risk population. Other testing may be considered (e.g., hepatitis D, herpes simplex virus).

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8. STD testing

There is no single test for every STD; tests are specific to each infection.

Gonorrhea, chlamydia and trichomonas tests are done with a sample of urine or a swab of the cervix (in women) or urethra (in men). Testing for oral or rectal gonorrhea is done with a swab. A hepatitis panel is a blood test to detect current or past infection by hepatitis A, B or C.

For HIV there are 3 broad types of tests available: antibody tests, combination or fourth-generation tests, and nucleic acid tests (NAT). Tests may be done on blood, oral fluid, or urine.

Testing for HPV is done with a swab from the cervix and is usually done if there is an abnormal Pap Smear. There is no genital HPV test for males. There are oral tests for HPV of the mouth and throat for both men and women. There are blood tests for syphilis and herpes, but they may not be conclusive.

9. Prophylactic Treatment for STDs

Gonorrhea, chlamydia, and trichomonas – antibiotics orally or by injection

Syphilis - intramuscular injection of long acting antibiotic

HPV - for unvaccinated youth, the first vaccine dose or any missed doses are given.

Hepatitis A - human normal immunoglobulin (HNIG) and/or hepatitis A vaccine is given

Hepatitis B - for unvaccinated youth, the first or any missed vaccine doses are given; for vaccinated youth, a vaccine booster dose is given. Hepatitis B immune globulin may also be given.

Hepatitis C - currently no accepted prophylactic regimen Herpes virus –

currently no accepted prophylactic regimen Tetanus booster may be

given if the youth has open wounds.

10. Follow-up care for STDs

Testing for STDs may be recommended in 1-2 weeks if the youth did not take preventive treatments at the initial evaluation. Follow-up testing is also recommended if there is concern that the first test was a false negative because not enough infectious agents were present. Testing should also be provided if the youth develops symptoms of an infection or would like to be tested.

11. Prophylactic Treatment for HIV

HIV Post-exposure prophylaxis (PEP) must be started within 72 hours. PEP is the same as the antiretroviral regimen used for AIDS. It typically lasts 4 weeks and requires close compliance. It can have unpleasant flu-like side effects. PEP is effective in preventing HIV, but not 100%.

12. Follow up care for HIV

Testing for HIV is usually repeated at 4-6 weeks, 3 months, and 6 months after the exposure. In some cases, it takes up to 6 months for the blood test to become positive.

13. Emergency contraception (See *Note below)

Emergency contraception (EC) works best when taken within 3 days of unprotected sex but can help to prevent pregnancy up to 5 days. EC is not an abortion pill and will not cause an abortion. It does not work if pregnancy has already occurred. EC pills may work less well for obese females (BMI≥30).

There are three types of emergency contraception:

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1. Progestin only (Levonorgestrel) pills
2. Progestin and estrogen (combined birth control pills)
3. Ulipristal acetate

Progestin only (Levonorgestrel) is available without a prescription for youth of any age and can be purchased by both females and males. Not all drug stores have EC pills and some stores keep it behind the counter so you will need to ask for it at the pharmacy.

Combined birth control pills contain both estrogen and progestin. Taken in higher-than-usual amounts, they can be used for EC. A gynecologist or pharmacist can tell how many pills should be taken for the type of birth control pills already prescribed. This is the least effective of the EC pills.

Ulipristal is available only by prescription. When taken as directed, Ulipristal is more effective in preventing pregnancy than progestin-only or combined EC pills. It should not be given if there is a suspected pregnancy.

14. Intrauterine device (IUD)

The copper IUD is a plastic and copper device inserted into the uterus by a physician and can be used for emergency contraception. It is more effective at preventing pregnancy than the pills.

15. Follow-up Care for emergency contraception

Testing for pregnancy is recommended 4 weeks after the initial examination if the youth took EC. If the youth did not take EC and misses a menstrual period, a pregnancy test is recommended.

16. Medical and mental health follow-up

After the initial examination, follow-up examinations provide an opportunity to:

- a) Detect new infections acquired during or after a contact/assault;
- b) Continue hepatitis A, B and HPV vaccination, if indicated;
- c) Complete counseling and treatment for other STDs;
- d) Monitor side effects and adherence to post exposure prophylactic medication if prescribed.

17. Medical history

A medical history is important to determine the youth's physical status and health history, past or present mental health symptoms, substance use, history of inflicted injuries related to physical or sexual abuse, and their reproductive history (STDs, pregnancy, abortions, sexual partners, birth control, etc.). This information helps determine testing and referrals and anticipatory guidance.

18. Schedule an EPSDT medical examination

- a) Assess and treat acute and chronic medical conditions;
- b) Reassessment of suspected or confirmed genital injury if indicated.
- c) Any additional testing for pregnancy, STDs, hepatitis and HIV
- d) Assess overall health, nutritional status, and hydration
- e) Assess dental health and care

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- f) Assess for mental health issues
- g) Offer contraceptive options, in particular long-acting reversible contraception (LARC)
- h) Arrange ongoing reproductive health care with a gynecologist

19. Schedule a mental health/trauma assessment

A mental health assessment may be especially important, because many victims experience PTSD, major depression, anxiety, and signs/symptoms of other emotional disorders. The provider may ask about past thoughts or actions related to self-harm, current suicidal ideation, and current symptoms, such as intrusive thoughts, nightmares, dissociation, and panic attacks.

20. LGBTQ

Youth may not appear to be LGBTQ or initially self-identify, this detail may come out over time. In addition to a traditional approach to trauma treatment, consider peer-to-peer counseling. They may be more comfortable with LGBTQ peers who understand and have had similar pain and exploitation.

For all victims, always be mindful during all interactions:

Explanations, Confidentiality and Privacy, Safety, and Permission

***Note: Tennessee Conscience Clause**

Tennessee Code Ann. 68-34-104 (5) allows physicians or any agent of such an entity to refuse to offer contraceptive services, supplies, or information if it interferes with a moral or religious belief. It further states that physicians or other agents may not be held liable for this refusal.

If you are refused emergency contraception at a pharmacy, you can find out where to obtain EC by calling 1-888-668-2528 or by visiting www.not-2-late.com.