

Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims

Jordan Greenbaum, MD,

Stephanie V. Blank Center for Safe and Healthy Children

Children's Healthcare of Atlanta



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Objectives

- Recall at least three risk factors for child sex trafficking
- Recall at least three potential indicators of victimization.
- Describe an appropriate trauma informed approach to victims.
- Describe appropriate reporting procedures and common medical referrals.

Human Trafficking Definition

- 3 components:
 - Action
 - Means
 - Purpose

Human Trafficking

- Action:
- “The recruitment, transportation, transfer, harboring or receipt of persons”

Human Trafficking

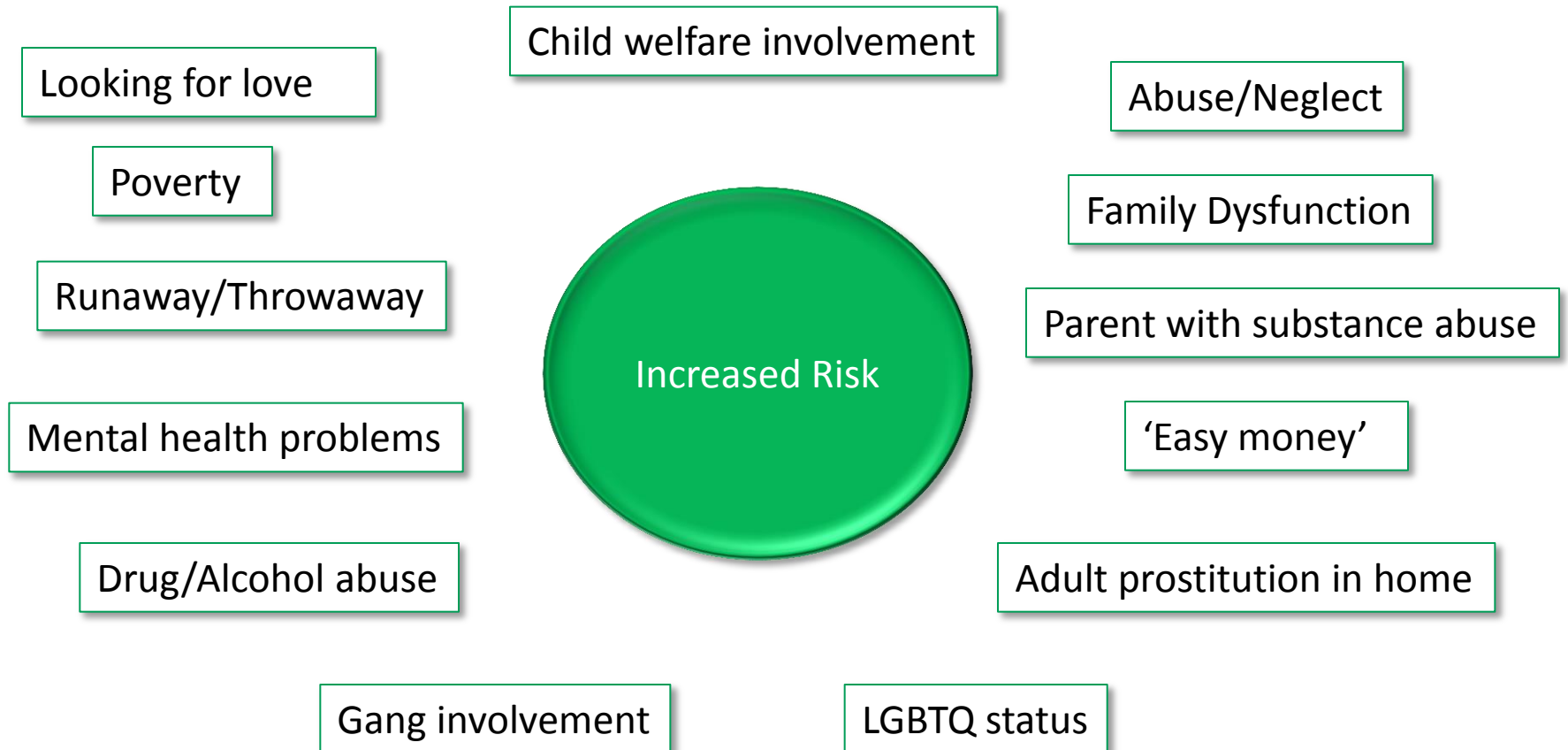
- Means:
- “by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person
- *(The means is not relevant when victim is <18 years of age)*

Human Trafficking

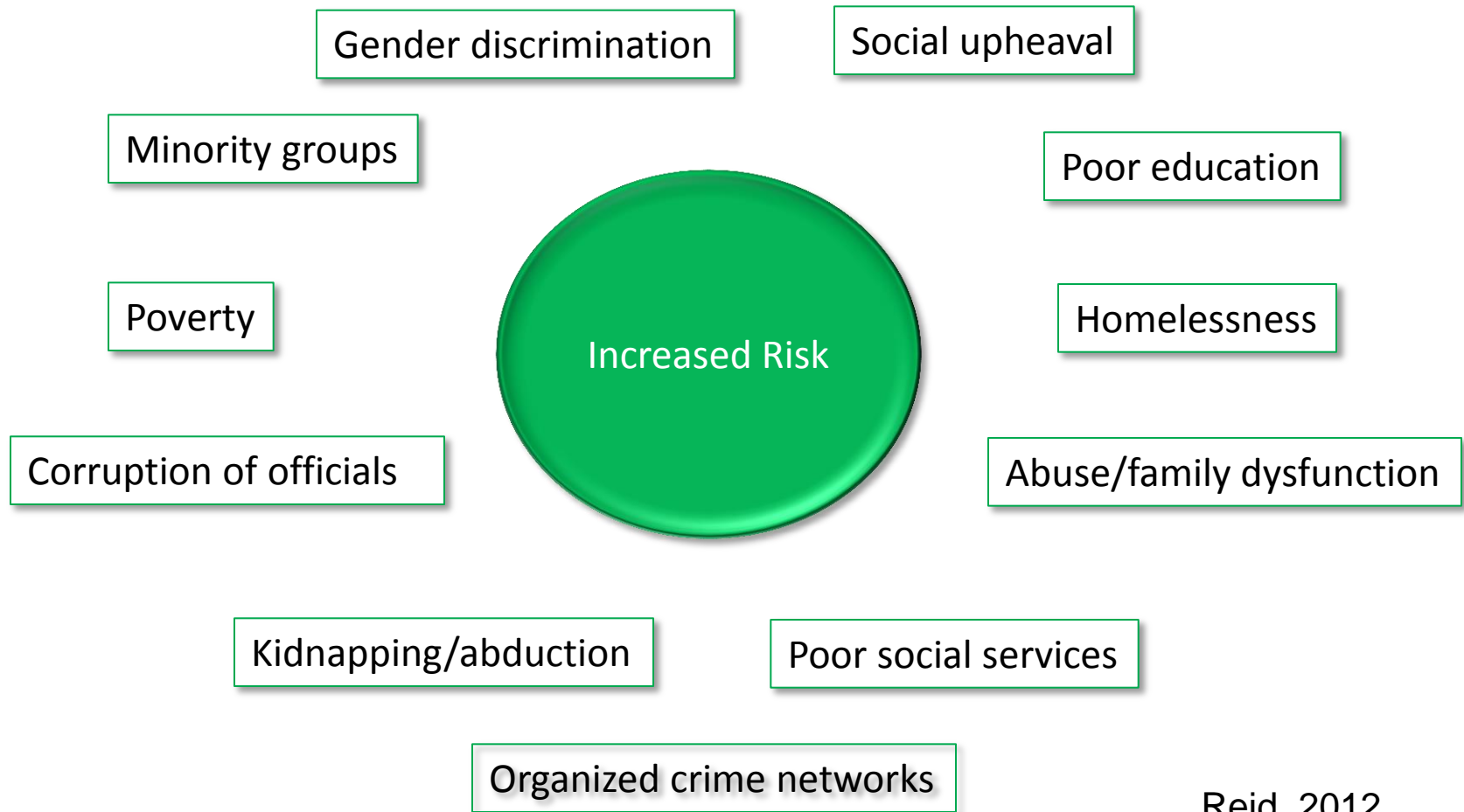
Purpose

“for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practices similar to slavery, servitude or the removal of organs”

Children At Risk for Sex Trafficking



Risks for Trafficking



Reid, 2012

Pathways to Entry

- Seduction, then coercion
- False advertising for modeling, acting, or dancing
- Internet : Chat rooms or social media
- Offered food, safety while migrating to another country (unaccompanied minor)
- Mechanism for survival

Pathways to Entry

- Peer recruitment
- Parents selling children
- Violence and force, kidnapping
- Drugs/alcohol

Conditions in “the Life”

- Lots of variation
 - Survival sex on the streets
 - Work alone or with group
 - Live at home
 - Live with trafficker
 - Involvement with gang
 - Freedom may vary
 - Brothel vs motel vs trailer in field vs street

Do Victims Seek Medical Care?

- Potentially severe adverse health effects for victims
- Many seek medical attention
 - >75% had seen provider within last 6 months
- Healthcare professional has unique opportunity to intervene
- Victims seek care in variety of settings
 - 63% Hospital/Emergency Department
 - 57% any type of clinic
 - 30% Family planning clinic
 - 23% Regular doctor

Physical Violence

Types of Abuse

can lead to:

Beat, choke, whip

**Torture (ice-baths, burns,
suspension, salt in wounds)**

Physical restraint and/or confinement

Deprivation (sleep, food, light)

Murder

Fractures, head injury

Lacerations, bruises

Abdominal trauma, Burns

Anogenital trauma

Shock, bleeding, infection

Scarring, disfigurement,

loss of function

Malnutrition

Exhaustion

Chronic pain

Lederer & Wetzel, 2014; Silverman, 2011; Zimmerman & Watts, 2003; Yates & McKenzie, 1991

Sexual Violence

Types of Abuse

can lead to:

Rape, gang rape

Forced prostitution

Forced unprotected sex

Sex without lubricants

Misuse of contraceptives

Anogenital injury

STIs, HIV

Pelvic inflammatory disease

Bladder infection

Cervical Cancer

Infertility

Pregnancy, abortion

Humiliation

Chronic pain/IBS

Chronic pain with intercourse

PTSD

Lederer & Wetzel, 2014; Silverman, 2011; Zimmerman & Watts, 2003;
Yates & McKenzie, 1991

Sexually Transmitted Infections

- May have to buy condoms from trafficker
- Problems negotiating condom use
- May not use condom with trafficker ('boyfriend')
- Client pays more without condom
- Limited knowledge of STIs, importance of condoms



Pregnancy

- Contraception is unusual
- Morbidity higher for adolescent girls than adults
- Many unsafe abortions
 - 10-50% of women who have unsafe abortions have complications
- Infants born with acute and chronic conditions

Psychological Abuse

Types of Abuse

can lead to:

Threats

Intimidation/Terrorizing

Blackmail

Deception, deceit

Unpredictability

Lack of control

Isolation

Forced dependency

PTSD

Chronic fear, anxiety

Depression

Trauma bonds

Suicide

Memory loss

Somatic complaints

Aggression, violence

Guilt, shame, hopelessness

Substance misuse

Lederer & Wetzel, 2014; Zimmerman & Watts, 2003; Deisher et al, 1989, Edinburgh, 2015

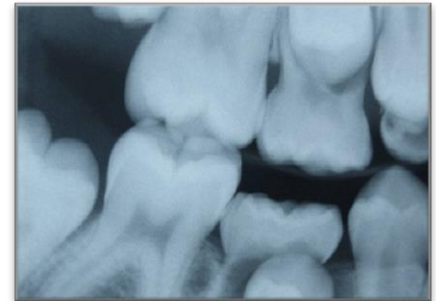
Substance Use/Misuse

- Pre-existing use or introduced by trafficker
- Method of control, manipulation
- Self-medication
- Alcohol, marijuana, cocaine, pills
- Intoxication, overdose or withdrawal



Untreated Chronic Conditions

- Poorly controlled chronic conditions (e.g. asthma)
- Dental problems
- Chronic pain (headache, abd, pelvic)
- Chronic fatigue
- Problems associated with prior traumatic brain injury



Challenges to Victim Identification

- Patients don't self-identify
- Reluctant to disclose
- No clinically validated quick screening tool for healthcare setting

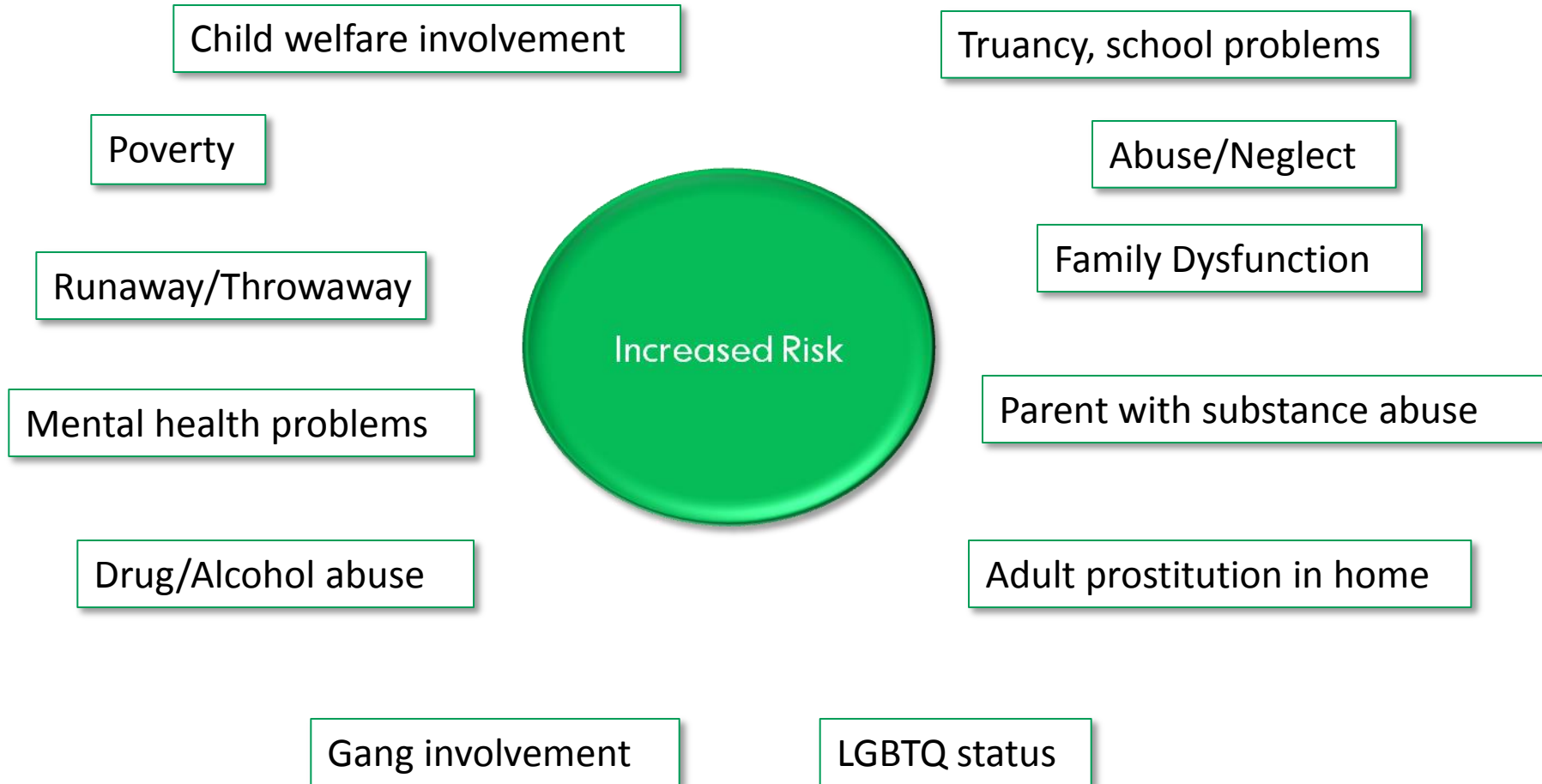
*So, how will I know a victim
when I see one?*



Possible Indicators of Sex Trafficking/CSEC: First Impressions

- Youth appears afraid of adult, or overly submissive, anxious
- Chronic pain complaints without obvious cause
- Changes in behavior, sleeps in class
- Depressed affect
- Aggressive, withdrawn

Youth at Risk



Possible Indicators of Sex Trafficking/CSEC

- Think about the adverse health effects of trafficking....
 - Multiple sexually transmitted infections
 - Pregnancies, abortions, or miscarriages
 - Illicit drug use
 - Current or past history of:
 - Sexual assault
 - Inflicted Injury
- Multiple expensive items (clothing, jewelry, etc)
- Tattoos
- Visible signs of physical abuse

Medical History

- Primary Goals for Interview
 - Assess safety and health needs
 - Identify resource/referral needs
 - Anticipatory guidance
 - Guide evaluation

Not Your Typical Patient

Patient may:

- Be hostile, uncooperative, manipulative
- Be fearful and untrusting of authorities
- Be afraid of trafficker
- Not see self as victim
- May experience traumatic stress

Safety Issues

- Primary concern during visit
- Interview youth alone
 - How?
 - “It’s our policy to interview adolescents alone”
 - Interview when child taken out of room for test/procedure
- Is it okay for you to talk to me?
- Is there anything I can do to make you feel more comfortable while we talk?

Tips for Talking to Possible Victims

- Treat youth with respect
- Accept patient as she/he is
- Don't forget: she/he is a victim/survivor, not an offender
- Review limits of confidentiality early on
- Be sensitive to youth's reactions and to possible stress
- Tell her/him what you need to do and ask permission

What Do You Say If....

- Child is obviously not telling the truth
 - “I’ve only had sex once before” (police report she has been trafficked for a year)
 - “I don’t do drugs” (child has positive drug screen from prior medical visit)
- “He’s my boyfriend; he’s never hurt me.”
- Youth refuses to allow sexual assault kit and curses out staff; police are insisting on kit

Major Medical Issues

- Reproductive History
- Injuries/Abuse, past and present
- Alcohol/drug use and treatment
- Mental health history, screening

Reproductive History

- Current anogenital symptoms/signs
- Sexual identity (avoid making assumptions)
- Prior sexual experiences
- Condom use and other contraception
 - Great opportunity for anticipatory guidance!
- Prior sexually transmitted infections, pregnancies, procedures
- Prior anogenital injuries

Direct Questions About Possible Trafficking/CSEC

- 1) Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter or other items)?
- 2) Has anyone ever asked you to have sex with another person?
- 3) Has anyone ever taken sexual pictures of you or posted such pictures on the internet?
- 4) Has anyone ever forced you to have sex or do something else sexual?

Questions About Physical Abuse/Injuries

- Anyone ever hit, kick, slap, choke, beat you?
- Tell me about what happened
- Who and when?
- What was done about it?
 - Investigation?
 - Medical care?



Safety Issues: Family History

- Family roles
- Intimate partner violence
- Mental health issues
- Criminal activity
- Is family supportive?
- Ever run away? Why?
- Any gang involvement?
- Are you afraid of anyone?

If Youth Has Run Away In The Past

- Where did you stay?
- How did you get food and money?
- Did you owe anyone money?
- Did you get hurt while out on the streets?
- Did anyone approach you and ask you to do something you didn't want to do?

Mental Health and Substance Use

- Screen for symptoms/signs
 - Depression, suicidality
 - Post-traumatic stress disorder (PTSD)
 - Anxiety, panic
- Substance Use/Abuse
 - Circumstances of drug use

Exam and Diagnostic Evaluation

Focus on:

1. Assessing and treating acute and chronic conditions
2. Documenting acute/remote injuries, genital and extra-genital
3. Assessing overall health, nutritional status and hydration
4. Obtaining a sexual assault evidence kit as indicated
5. Testing for pregnancy and sexually transmitted infections and providing treatment (as available)
6. Testing for alcohol and drugs, as indicated (as available)

Obtain patient assent for exam, kit, testing

Important Considerations

- Explain steps before doing them
- Monitor for signs of distress
- Have a chaperone!
- Exclude suspected trafficker
- Explain results of your exam
- Ask if child has any questions/concerns during exam

Healing of Hymenal Injuries

- 239 girls, 4 months to 18 years old
- Accidental and inflicted injury
- Left NO residual, except deep lacerations; no scar tissue seen

Petechiae	Resolved 48-72 hours
Abrasions and mild bruising	~3-4 days
Marked bruising	May last ~11-15 days
Blood blister	May last >30 days

Testing for STIs

- May reflect pre-existing disease, or infected ejaculate or saliva
- Baseline testing in U.S.:
 - Gonorrhea, Chlamydia
 - Trichomonas
 - HIV Ab, HBV surface Ag and Ab
 - HCV Ab, RPR
 - +/- Herpes or others



Treatment

- Presumptive/Prophylactic treatment recommended in U.S.
 - High prevalence of STIs
 - Possibility of PID
 - Poor patient follow-up



Drug Testing

- Altered mental status, memory lapse, drug given by someone else
- Urine drug screen
 - Limited ability to identify substances
 - Quick and cheap
- If available, DFSA screen
 - Over 100 drugs tested
 - Send-out, so results delayed



Reports and Referrals



Reports and Referrals

- Know the reporting laws in your country
 - Call child protective services
 - Law enforcement

- Potential issues reporting to local authorities
 - May or may not be victim services available
 - Authorities' understanding of issues facing victims
 - Law enforcement response
 - Emphasize victim level status

Possible medical referrals

- Drug/alcohol abuse assessment and treatment
- Behavioral health assessment and treatment
- Follow up surgical care
- HIV PEP monitoring
- OB/GYN care
- Primary care provider

Practice Implications

How can this information be incorporated into your practice?

- How can you train your staff to be aware of child sex trafficking and the need to treat youth as victims rather than offenders?
- How can you use all of your staff to help identify victims?
- How can you ensure that you speak with the youth alone?
- How can you use all of your staff to help provide resources efficiently?

Other Resources

- ECPAT International
 - (www.ecpat.net)
- International Organization for Migration
 - www.iom.int
- Polaris Project
 - (www.polarisproject.org)
- Shared Hope International
 - (www.sharedhope.org)

My contact info:

Jordan Greenbaum, MD

jordan.greenbaum@choa.org

404-785-3829



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