Identification and Medical Evaluation of Sex Trafficking Victims

 Trafficking in Persons Taskforce
Educational Objectives

At the conclusion of this program, participants should be able to:

• Recognize the indicators that a patient may be a victim of sex trafficking
• Take the necessary steps to identify whether the patient is in fact a victim
• Perform an adequate medical evaluation of a sex trafficking victim
Definition

United States

• Sex trafficking is the use of force, fraud, or coercion to cause an adult to work within the sex industry

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Trafficking Victims Protection Act, 2000
Definition

United States

Sex Industry includes:

• Any form of prostitution or escort work
• Stripping
• Production of pornography

Trafficking Victims Protection Act, 2000
Definition- U.S.

• Minors (<18) involved in commercial sex are automatically victims of sex trafficking regardless of the use of force, fraud, or coercion
• State laws may vary

Trafficking Victims Protection Act, 2000
Sex Trafficking:

- Commercial sex act induced by force, fraud or coercion...
- Or in which person performing the act is under age 18
Definition of Sex Trafficking
Internationally- UN

• Three elements
  1. Acts
  2. Means
  3. Exploitation

United Nations Protocol, 2000
UN Protocol Element 1 - Acts

 Trafficking in persons includes:

• Recruitment,
• Transportation,
• Transfer,
• Harboring, or
• Receipt of persons

United Nations Protocol, 2000
UN Protocol Element 2 - Means

By means of...

- Threat
- Force
- Abduction
- Coercion
- Fraud
- Deception

United Nations Protocol, 2000
UN Protocol Element 3

For the purposes of exploitation

- Adult – must prove one of the means
- Minor under 18 – NOT necessary to prove one of the means

United Nations Protocol, 2000
## Definitions

<table>
<thead>
<tr>
<th>U.S. TVPA</th>
<th>UN Protocol</th>
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</thead>
<tbody>
<tr>
<td><strong>Adult (≥ 18):</strong></td>
<td><strong>Adult (≥ 18):</strong></td>
</tr>
<tr>
<td>Must prove force, fraud, or coercion used with involvement in commercial sex</td>
<td>Must prove one of “means” used with involvement in commercial sex</td>
</tr>
<tr>
<td><strong>Minor (&lt;18):</strong></td>
<td><strong>Minor (&lt;18):</strong></td>
</tr>
<tr>
<td>Automatically a victim of severe sex trafficking if involved in commercial sex</td>
<td>Automatically a victim of sex trafficking if involved in commercial sex</td>
</tr>
</tbody>
</table>
Definitions Caveat:

• Definitions vary by country –
  – Age of minor
  – What constitutes force, fraud, or coercion

• UN Protocol against human trafficking is not proscriptive on definitions
2 Types of Sex Trafficking Victims

• International
• Domestic

• Victims have different presentations, and different health needs
Gender of the Sex Trafficking Victim

• Vast majority are female
• Approximately 20% of minor victims are male
• There are rare adult male sex trafficking victims
• Good data is scarce
International Sex Trafficking
International Sex Trafficking

- Recruited to the U.S. from various developing countries in 4 general regions of the world:
  - Central/South America
  - Eastern Europe
  - Asia
  - East Africa

The Protection Project (2013)
The major factor creating vulnerability for these victims is: 

POVERTY

The Protection Project (2013)
International Sex Trafficking

Other contributing factors:

• Low status of women/children
• Low caste/class
• Abuse
• Greed

The Protection Project (2013)
International Sex Trafficking and Healthcare

• 50% of victims of international trafficking had visited a healthcare professional while in captivity\(^1\)
• None were freed as a result of the encounter
Domestic Sex Trafficking
Domestic Sex Trafficking

The major factor creating vulnerability for these victims is:

ABUSE!
Domestic Sex Trafficking

• The abuse frequently starts in childhood

• Abuse may affect children of any race or socioeconomic background
Domestic Sex Trafficking

• Abuse may cause children to run away from home and become victims of domestic minor sex trafficking (DMST)

• These victims are highly traumatized and require trauma-informed care
Domestic Sex Trafficking and Healthcare

- 87.8% of victims interviewed reported contact with healthcare system!\(^6\)
Categories of Indicators of Sex Trafficking
3 Categories of Indicators

• Indicators of control

• Strange Red Flags

• Health Indicators
Indicators of Control

Remember that the controlling person accompanying the patient or the minor may claim or actually be their mother, father, boyfriend, uncle, husband, brother or sister.
Indicators of Control

• Person controls conversation
  – Corrects the patient
  – Person does not allow the patient to answer questions

• Person doesn’t want to leave
Indicators of Control

- Patient may exhibit body language displaying:
  - Fear
  - Anger
  - Anxiety
  - Submission

- Not in control of ID documents
Indicators of Control

• Not in control of money

• Avoids eye contact due to inherent shame found with being controlled by another person
Indicators of Control

It is not uncommon for traffickers to exert their control via psychological means rather than physical means.

Therefore, they may allow the victim to enter healthcare alone.
Indicators of Control

- If alone, may exhibit the following:
  - Frequent texting
  - Phone calls during or after exam
  - Appear in a hurry or unwarranted anxiety
  - Canned answers
Suspicious Red Flags

- Clothing inconsistent with weather
- Large amount of cash on their person (from working all night)
- Patient doesn’t know what city he/she is in (due to frequent movement)
Suspicious Red Flags

- Patient unable to give physical address
- Patient appears to be lying about age
- Patient is a very poor historian (due to trauma and loss of timeline)
Suspicious Red Flags

• History keeps changing
• All the pieces do not seem to fit together
• Do you get the feeling you’re not getting the whole story
• Late presentation
Health issues that help identify international sex trafficking victims

- Inadequate nutrition
- General lack of quality medical care
- Poor immunization status
- Unusual infectious diseases endemic to their country of origin

Victims may begin the trafficking scenario with physical problems stemming from a life in poverty:
Health issues that help identify international sex trafficking victims

- Victims may further suffer from physical problems within the trafficking scenario:
  - Inhumane living conditions
  - Poor sanitation
  - Poor personal hygiene
  - Brutal physical abuse
  - Additional lack of quality medical care
Health issues that help identify international sex trafficking victims

Immigrants and refugees coming into the U.S. legally will usually have obtained proper immunizations according to the CDC²
Victims trafficked into the U.S. *illegally* will not necessarily have all immunizations required to enter the U.S.
Health issues that help identify international sex trafficking victims

Thus, an infectious disease not usually encountered in immunized individuals increases the likelihood the patient has been trafficked.
Health issues that help identify international sex trafficking victims

- Examples:
  - Polio
  - Measles
  - Tetanus
  - Childhood diseases
Health issues that help identify international sex trafficking victims

Increased rates of sexually transmitted infections over average patients!
Health issues that help identify international sex trafficking victims

- Rates of STI’s found increased in sex trafficking victims:
  - Syphilis- 20%
  - Hepatitis B-3.8%³
HIV and Sex Trafficking

• Sex trafficking has direct cause and effect linkages to the spread and mutation of the AIDS virus

• Sex trafficking contributes to the global dispersion of HIV/AIDS

• Women and child victims of sex trafficking have a high incidence of HIV/AIDS and other STI’s
HIV and Sex Trafficking

• 15% of HIV in the female population is estimated to be from prostitution\textsuperscript{5}

• It is estimated that 106,000 female deaths occur each year from HIV contracted through prostitution globally\textsuperscript{5}
# Health Issues of Domestic Trafficking Victims

<table>
<thead>
<tr>
<th>Category</th>
<th>% of respondents reporting at least one symptom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Physical Health Problem</td>
<td>99.1% (N=106)</td>
</tr>
<tr>
<td>Neurological</td>
<td>91.7% (N=106)</td>
</tr>
<tr>
<td>General Health</td>
<td>86.0% (N=105)</td>
</tr>
<tr>
<td>Injuries</td>
<td>69.2% (N=102)</td>
</tr>
<tr>
<td>Cardiovascular/Respiratory</td>
<td>68.5% (N=106)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>62.0% (N=106)</td>
</tr>
<tr>
<td>Dental</td>
<td>54.3% (N=105)</td>
</tr>
</tbody>
</table>
# Health Issues of Domestic Trafficking Victims

<table>
<thead>
<tr>
<th></th>
<th>During Trafficking (N=106)</th>
<th>After Trafficking (N=83)</th>
<th>Change in % reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported at least one psychological issue</td>
<td>98.1%</td>
<td>96.4%</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Average number of psychological issues</td>
<td>12.1</td>
<td>10.5</td>
<td>-1.6</td>
</tr>
<tr>
<td>Depression</td>
<td>88.7%</td>
<td>80.7%</td>
<td>-8.0%</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>68.0%</td>
<td>63.9%</td>
<td>-4.1%</td>
</tr>
<tr>
<td>Shame/guilt</td>
<td>82.1%</td>
<td>71.1%</td>
<td>-11.0%</td>
</tr>
<tr>
<td>PTSD</td>
<td>54.7%</td>
<td>61.5%</td>
<td>+6.8%</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>41.5%</td>
<td>20.5%</td>
<td>-21.0%</td>
</tr>
</tbody>
</table>
Health Issues of Domestic Trafficking Victims

<table>
<thead>
<tr>
<th>Common Reproductive/Gynecological Issues</th>
<th>% Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy</td>
<td>71.2% (N=66)</td>
</tr>
<tr>
<td>STD/STI</td>
<td>67.3% (N=104)</td>
</tr>
<tr>
<td>Abortion</td>
<td>55.2% (N=67)</td>
</tr>
<tr>
<td>Miscarriage</td>
<td>54.7% (N=64)</td>
</tr>
<tr>
<td>Pain During Sex</td>
<td>46.2% (N=104)</td>
</tr>
<tr>
<td>Urinary Tract Infection</td>
<td>43.8% (N=105)</td>
</tr>
<tr>
<td>Vaginal Discharge</td>
<td>33.3% (N=105)</td>
</tr>
</tbody>
</table>
## Health Issues of Domestic Trafficking Victims

<table>
<thead>
<tr>
<th>Substance</th>
<th>% Reporting Usage (N=102)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse</td>
<td>84.3%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>59.8%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>53.4%</td>
</tr>
<tr>
<td>Cocaine</td>
<td>50.5%</td>
</tr>
<tr>
<td>Crack Cocaine</td>
<td>44.7%</td>
</tr>
<tr>
<td>Heroin</td>
<td>22.3%</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>13.6%</td>
</tr>
<tr>
<td>PCP</td>
<td>9.7%</td>
</tr>
</tbody>
</table>
Health issues that help identify domestic sex trafficking victims

- Signs of physical/sexual abuse
- Frequent need for pregnancy tests
- Multiple sexually transmitted infections
- Signs of illicit drug use
Tattoos and domestic sex trafficking

Tattoos are a form of “branding”
Evaluation of the Sex Trafficking Victim
Very Important:

Evaluation is optimized when a response protocol for human trafficking has been previously established.
Medical Evaluation of the Sex Trafficking Victim

First step:

• Separate her from everyone accompanying her

• Including family members such as a purported spouse!
Evaluation of Sex Trafficking Victim

Translators/Interpreters:

- Do not use family or acquaintances
- They may be connected to the trafficker
- The person accompanying the patient may falsely identify as the guardian
Evaluation of Sex Trafficking Victim

• If at all possible, do a full forensic exam
  – More detailed; documents assault
  – Necessary for legal action to take place

• Challenges:
  – Forensic exam may not be possible in community outreach or free clinic
  – May require transport to local Emergency Dept.
  – Patient may be unable or unwilling to go to another site for more care, due to threat of physical violence
Evaluation of Sex Trafficking Victim

• **Dilemma:**
  – Clinician must provide the best care possible for each victim
  – Patient safety must be the first priority
  – Legal action will most likely not be possible if a full forensic exam is not completed
  – If in doubt, collect forensic evidence whenever possible
Triage!

• Assess for immediate safety needs
• Triage for trauma:
  – Altered level of consciousness
  – Dehydration
  – Fractures, lacerations
  – Vaginal/anal bleeding
  – Abdominal pain
  – Fever
Evaluation of the Sex Trafficking Victim

• Overview of forensic evaluation
  – Date/time of assault
  – Medical history
  – Recent consensual sexual activity
  – Activities since assault
  – Physical exam findings
Evaluation of the Sex Trafficking Victim

- Evaluation should be performed by a provider trained in the medical forensic examination such as a Sexual Assault Nurse Examiner (SANE)

- To whatever degree possible, follow the recommendations of the “National Protocol for Sexual Assault Medical Forensic Examination”

  - Most states have specific protocols for evaluation, documentation and evidence collection, and provide evidence kits for use by clinicians.
Evaluation of the Sex Trafficking Victim

• Call the National Hotline! 888-3737-888
  • They will assist in risk assessment for trafficking, and can contact local authorities

• Remember, local law enforcement may or may not have training on human trafficking and may not be able to provide appropriate assistance

• The National Human Trafficking hotline and local human trafficking coalitions can advise whom to call
Evaluation of the Sex Trafficking Victim

• Mandatory reporting requirements exist if the victim is a minor and in certain cases even with an adult.
  - Refer to your state requirements

• Ascertain the level of knowledge and experience regarding human trafficking of the agency you must report to.
Evaluation of the Sex Trafficking Victim

• Finding local officials knowledgeable and experienced in human trafficking can be done by:

  – Calling the National Hotline number
     – 888-3737-888
  – Connecting with a local anti-trafficking group that may have established a relationship with trained law enforcement and child protective officials
Issues to keep in mind

- Victim-centered care - essential
- Coordinated team approach with focus on patient advocacy and support
- Informed consent – care for the victim with recovery in mind
- Confidentiality, privacy, and security needed
Evaluation of the Sex Trafficking Victim

- **Healing process can begin** during the examination
  - The physical examination and evidence collection can be difficult for the patient, but when done in a compassionate, respectful manner, it may *begin the healing process*

- **Autonomy is crucial**
  - The patient needs to have control and make decisions as part of her healing
  - Any decision she makes to decline the exam or portions thereof should be supported
Evaluation of the Sex Trafficking Victim

• Principles to follow
  – Address immediate needs
  – Coordinate with other professionals
    • Team collaboration minimizes repetitive questions
  – Sexual Assault Response Team may consist of:
    • Physician/SANE nurse
    • Law enforcement
    • Prosecutor
    • Advocate
    • Crime lab
    • Children's Services
Evaluation of the Sex Trafficking Victim
Medical Exam

• History
  – Extensive history of presenting problem
    • Include recent activities to further evaluate status as sex trafficking victim
  – Full review of systems
  – Recent sexual history
  – Exposure to potential STI’s
Evaluation of the Sex Trafficking Victim

Medical Exam

- History
  - Physical abuse
    - Type
    - Location
    - Date
  - Sexual abuse
    - Date- if recent perform a forensic exam
Evaluation of the Sex Trafficking Victim Medical Exam

- Additional Systems Review
  - GU
    - History of sexual trauma including foreign objects
  - Musculoskeletal
    - Fractures
    - Burns
    - Contractures
Evaluation of the Sex Trafficking Victim
Medical Exam

• Additional Systems Review
  – Neck
    • History of strangulation
  – Cardiovascular
    • Chest trauma
  – Respiratory
    • Exposure to TB (living conditions, number of people sharing living space)
Evaluation of the Sex Trafficking Victim Medical Exam

- Additional Systems Review
  - Neurological/behavioral
    - Seizure activity
    - Head trauma
    - Sleep disorders
    - Headaches
    - Visual changes
  - GI
    - Chronic diarrhea; abdominal trauma
Evaluation of the Sex Trafficking Victim Medical Exam

• Additional Systems Review
  – Nutrition
    • Deficiencies? (food intake? Content?)
    • Eating disorder
  – Dermatological
    • History of scabies, lice
    • History of burns, fungal infection
    • History of impetigo
Evaluation of the Sex Trafficking Victim
Medical Exam

• Physical
  – Full physical examination for possible abuse

• Pelvic Exam
  – Examine for evidence of recent sexual trauma
    • If found, do full forensic examination
  – Pap smear according to ACOG guidelines
Evaluation of the Sex Trafficking Victim Medical Exam

- Consider testing for the following STI’s:
  - Chlamydia
  - GC
  - Syphilis
  - Trichomoniasis
  - HIV
  - Hepatitis
Evaluation of the Sex Trafficking Victim
Medical Exam

• Examine for:
  – Acute or chronic pelvic inflammatory disease
  – Genital herpes
  – Genital warts
  – Pubic lice
Triage

Reminder: Continue to assess for immediate safety needs

• Triage for trauma:
  – Altered level of consciousness
  – Dehydration
  – Fractures, lacerations
  – Vaginal/anal bleeding
  – Abdominal pain
  – Fever
Evaluation of the Sex Trafficking Victim
Forensic Exam

• Overview of evaluation
  – Assault-related history
  – Medical history
  – Recent consensual sexual activity
  – Activities since assault
  – Evidence collection
Evaluation of the Sex Trafficking Victim
Forensic Exam

- Assault-related history
  - Suspect information
  - Nature of physical assault
  - Nature of sexual assault
Evaluation of the Sex Trafficking Victim
Forensic Exam

• Date and time of assault
  – Time affects interpretation of physical evidence
  – Ability to recover DNA decreases with time
  – Examination should be performed within 72 hours after the assault for ideal results
Evaluation of the Sex Trafficking Victim
Forensic Exam

• Date and time of assault
  – Enhanced DNA technology allows DNA to be recovered up to 7 days following assault
  – If time between assault and examination is delayed due to a hostage situation, DNA may be recovered even later
  – However, local protocols may limit the time for recovery of DNA
Evaluation of the Sex Trafficking Victim
Forensic Exam

• Pertinent medical history
  – Last menstrual period
  – Anal/genital injuries, surgeries, diagnostic procedures that may affect current medical findings
  – Medical conditions such as pregnancy that may affect current physical findings
Evaluation of the Sex Trafficking Victim
Forensic Exam

- Pertinent medical history
  - Pre-existing injuries
  - Recent consensual sexual activity
    - Anal/vaginal within the last 5 days
    - Oral within the past 24 hours
    - Condom use
Evaluation of the Sex Trafficking Victim
Forensic Exam

- Post assault activity – past 72 hours
- Assault-related history
  - Loss of memory
  - Lapse of consciousness
  - Vomiting
Evaluation of the Sex Trafficking Victim
Forensic Exam

• Assault-related history
  – Non-genital injury, pain, and/or bleeding
  – Anal-genital injury, pain, and/or bleeding
  – Toxicology screening/testing if any lapse of memory
Evaluation of the Sex Trafficking Victim
Forensic Exam

- Nature of assault
  - Penetration of vagina or anus (penis/finger/object)
  - Oral contact with genitals
    - Patient by assailant
    - Assailant by patient
  - Non-genital acts (licking, kissing, suction, biting)
  - Ejaculation (location)
  - Contraceptive or lubricant use
Evaluation of the Sex Trafficking Victim
Forensic Exam

- Physical exam and evidence collection
  - Consider physical limitations
  - Consider cultural and religious beliefs
  - Goal is to find evidence and document assault, not to draw conclusions
Evaluation of the Sex Trafficking Victim
Forensic Exam

General physical exam/evidence collection

• Collect outer and under clothing
• Thorough physical exam
• Collect dried and moist secretions, stains, foreign materials from the body
  • If available, an alternate light source can be used to scan the body/clothing for foreign secretions/stains
Evaluation of the Sex Trafficking Victim
Forensic Exam

General physical exam/evidence collection

• Collect fingernail swabs or cuttings
• Body maps are helpful in documenting locations of injuries and findings
  – Abrasions, bite marks, contusions, burns, erythema, point tenderness, dry and moist secretions, stains, debris, foreign bodies, fibers and hair
• Toluidine blue dye can be used to augment visibility of lacerations to hymen, introitus, perineum and anus
Evaluation of the Sex Trafficking Victim
Forensic Exam

General physical exam/evidence collection

• Clothing as evidence:
  – Patient undresses on a sheet on the floor
  – Collect clothing worn before and immediately after assault
  – Collect any debris on sheet and package
  – Collect tampons/pads; air dry or place in paper (never plastic since this destroys DNA)
  – If clothing must be cut away, do not cut through holes or tears in clothing
Evaluation of the Sex Trafficking Victim

Forensic Exam

General physical exam/evidence collection

- Collect oral swabs and smears
- Debris found on body: use tweezers, comb or tape to remove, wrap in paper bindle
- Dried secretions on skin: Apply 1-2 drops of sterile or distilled water to a cotton swab, swab area, then follow with a dry swab. Swabs must be air-dried prior to packaging (moisture destroys DNA)
- Fingernail swabs/cuttings: Use cotton swab or orange stick. If nail is broken, trim remaining nail and package
Evaluation of the Sex Trafficking Victim
Forensic Exam

General physical exam/evidence collection

• Obtain buccal swab for patients DNA after evidence is collected from oral cavity

• Female genital examination (post pubescent)
  – Photograph prior to manipulating tissue and injuries
  – Toluidine blue stain improves visibility of injuries
  – Collect dried and moist secretions, stains, and foreign materials
  – Scan with alternate light source
  – Collect pubic hair onto paper, wrap in bundle
Evaluation of the Sex Trafficking Victim
Forensic Exam

General physical exam/evidence collection

• Female genital examination (post pubescent)
  – Collect swabs of external genitalia and perineum. Use dry swab on moist areas, and a wet to dry swab (see procedure above) for dry areas.
  – Vaginal/penile swabs: No lubrication
    • Collect swabs from vaginal pool
    • Collect swabs from cervix
Evaluation of the Sex Trafficking Victim
Forensic Exam

General physical exam/evidence collection

- Males: swab entire penile shaft
  - Swab glans, corona and frenulum separately
- Anal swabs
  - Gently relax and dilate anal sphincter by spreading anal tissue without inserting finger or object into anus
  - This exposes anal tissue and injuries may be discovered
Evaluation of the Sex Trafficking Victim
Forensic Exam

STD and pregnancy risk assessment/testing

• Follow CDC guidelines for STD treatment with sexual assault
• http://www.cdc.gov/std/tg2015/default.htm
Evaluation Goals Summary

• Evaluate and treat injuries
• Conduct prompt medical and forensic examinations
• Provide support for healing, crisis intervention, and advocacy for recovery
• Provide prophylaxis against STIs
• Assess female patients for pregnancy risk and discuss treatment options
• Provide follow-up care for medical and emotional needs
Evaluation of the Sex Trafficking Victim

After the exam:

– Take special precautions to keep the patient safe
– Partner with law enforcement with the patient
– Actively help them with their next steps, if possible
  – Community referrals for shelter, safe house
  – Physician referral for follow up
    • STD testing, HIV testing
    • Further evaluation of injuries
– Advocacy support
Your success in identifying and evaluating victims depends on your level of advanced preparation!
Suggested advanced preparations

• Contact the national hotline number at 888-3737-888 to investigate local service agencies experienced with human trafficking victims

• Research local law enforcement to find officers knowledgeable about human trafficking
Suggested advanced preparations

• Develop an in-house protocol to evaluate human trafficking victims prior to their presentation
• Train your staff on human trafficking
• Consider having a “mock trafficking patient” trial run to test your protocol


References


Post Test –
Your success in gaining knowledge through this module is important to us. To measure what you have learned, click on the following link and take a brief self evaluation:

https://www.surveymonkey.com/r/PZJZWZ8

To receive continuing education credits for this module, you MUST complete the online evaluation through the link above and pay any appropriate fees (see http://www.cmda.org/library/doclib/tipcepaymentform.pdf for more information).