

WHAT YOU NEED TO KNOW

SEX TRAFFICKING AND SEXUAL EXPLOITATION

A TRAINING TOOL FOR

HEALTH CARE PROVIDERS

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Intervention Research**

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Human Trafficking and terms like “modern day slavery” usually conjure images of young girls being sold to sex tourists in faraway countries. Movies and documentaries feature scenes of tourists being kidnapped and forced into sexual servitude.

Human trafficking is a real and growing problem all over the world, including here in the United States. It defies stereotypes and experts continue to build new knowledge about the issue.

The sex trafficking market is driven by the laws of supply and demand. As long as there remains a demand for a commercial sex industry, there will remain a supply of individuals willing to profit from its sale.

Sex Trafficking is a highly profitable criminal enterprise generating several billion dollars annually, second only to illegal arms trafficking and the drug trade. (FAS, 2000) Sex trafficking is a high profit, low risk business where the commodity, a human body, can be sold repeatedly, unlike drugs or weapons, where the product can only be sold once.

Along with a means to recruit victims, traffick-

ers use technology to reach a wide client base for prostitution services. The perceived anonymity of online transactions has emboldened traffickers to openly recruit, buy and sell their victims via the internet (Boyd, 2012).

Consequently, those looking to profit will continue to recruit, abduct, and exploit young people

for the purpose of supplying the demand. (Harris, 2012)

Although there is limited data to quantify the exact number of human trafficking incidences, we know that the sex trafficking of minors happens and has devastating physical and mental health consequences on victimized youth. It can be difficult to detect unless people who

*In 2013,
multiple cases of
human trafficking
were reported in
all 50 states and
Washington, D.C.*

(Polaris Project, 2013).

interact with victims are trained to recognize the signs.

Sex Trafficking is now being treated as a public health crisis, and has become a topic of research and debate across all sectors.

Common public health concerns often co-occurring with sex trafficking victimization include domestic violence, child abuse and neglect, HIV and other Sexually Transmitted Infections, unwanted pregnancies, unmet preventative healthcare needs, drug and alcohol abuse and addiction (Williamson et al., 2009).

Unfortunately, the majority of health care providers have a limited understanding of the issue of sex trafficking and how it may present with their patients.

The reality is that trafficked victims often endure physical violence and neglect, and are likely to present for medical care at some point during their abuse.

In fact, health care providers are one of the few groups of professionals who interact with victims while they are still under the control of their abuser or the person profiting from their abuse (Issac, Solak & Giardino, 2011).

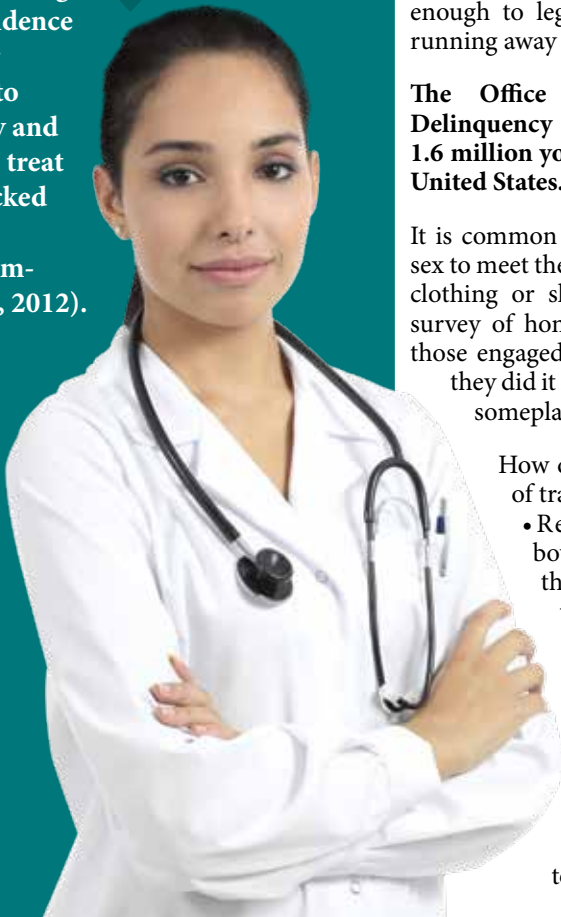
Front-line health care settings where a victim may present for services include the emergency room, urgent care, primary care clinics, obstetrics/gynecology clinics, school nurse's office, community health centers, mobile clinics, Planned Parenthood and dental clinics.

**IF YOU SUSPECT
HUMAN TRAFFICKING,
CALL THE NATIONAL
HUMAN TRAFFICKING
HOTLINE AT
1-888-3737-888**



AS MANDATED REPORTERS IN ALL 50 STATES, HEALTH CARE PROVIDERS PLAY A CRUCIAL ROLE IN KEEPING CHILDREN SAFE. IF YOU SUSPECT OR HAVE REASON TO BELIEVE THAT A CHILD IN YOUR CARE HAS BEEN SEXUALLY ABUSED OR EXPLOITED IN ANY WAY, YOU MUST TRIAGE THE SITUATION AND ALERT THE APPROPRIATE AUTHORITIES IMMEDIATELY.

In a recent study of Emergency medicine residents, ED attendings, ED nurses, and hospital social workers, only 4.8% felt some degree of confidence in their ability to identify and 7.7% to treat a trafficked patient (Chisolm-Straker, 2012).



MANY HEALTH CARE PROVIDERS FEEL UNCOMFORTABLE WITH THEIR KNOWLEDGE LEVEL AND ABILITY TO RECOGNIZE THE PHYSICAL AND MENTAL SIGNS OF TRAFFICKING.

WHO ARE THE VICTIMS?

While there is no commonly accepted profile for victims of minor sex trafficking, certain populations are more vulnerable than others.

HOMELESS, RUNAWAY, THROWAWAY, AND FOSTER CHILDREN ARE THE MOST VULNERABLE POPULATION OF YOUTH AT RISK FOR SEX TRAFFICKING (ECPAT USA, 2013).

Pimps/traffickers target runaway or “throwaway” teens or those who are having trouble at home. Runaway and homeless youth are at increased risk for predators as they have few resources, may not be old enough to legally get a job, and are often running away from difficult situations.

The Office of Juvenile Justice and Delinquency Prevention estimates that 1.6 million youth run away in a year in the United States.

It is common for these adolescents to trade sex to meet their basic survival needs of food, clothing or shelter. According to a recent survey of homeless youth in New York, of those engaged in commercial sex, they said they did it for shelter because they needed someplace to stay (Bigelsen, 2013).

How do individuals become victims of trafficking?

- Recruitment by “Romeo/boyfriend” pimps who convince them that they love and care for them
- Kidnapping by “gorilla pimp” and forced into the life
- Gang related prostitution
 - A parent or family member pimps their child for drugs or money
 - Running away and living on the streets and are forced to exchange sex for survival

MISSED OPPORTUNITIES

Despite chances for intervention, health care providers can easily fail to identify victimized youth. With increased knowledge about the topic, and new screening tools and intervention strategies, you can begin to ask the right questions and help your clients avoid further exploitation and abuse.

Vulnerable youth can be lured into prostitution and other forms of sexual exploitation using promises, psychological manipulations, provision of drugs and alcohol, and violence. The trafficker’s main purpose is financial gain and will make every effort to establish trust and allegiance by wooing the victim in what feels like a loving and caring relationship.

TARGETED Pimps “shop” for their victims online, in shopping malls, bus stops, schools, after school programs, foster homes and other places where teens gather.

TRICKED Pimps invest a lot of time and effort in forming a bond with their victim. They often buy gifts, provide a place to stay, and give affection before revealing their true intent to sexually exploit them. Traffickers use a powerful technique pioneered by religious cults known as “love bombing” in which a girl is showered with affection as a means of manipulating her (Dorais & Corriveau, 2009).

TRAUMATIZED The pimp’s use of psychological manipulation, physical violence and rape can make the victim feel trapped and powerless. The “trauma bond” is very difficult to break and may require intensive long term treatment and counseling (National Center for Missing and Exploited Youth, 2014).

THERE IS NO SUCH THING AS A WILLING CHILD PROSTITUTE

The Federal Trafficking Victims Protection Act (TVPA) defines the crime of trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age. The most important thing to understand from the federal definition is that anyone under the age of 18 who is induced to perform a commercial sex act is automatically a trafficking victim.

Victims are often reluctant to come forward because they have been taught by their victimizer that if they attempt to seek help, no one will believe them, and they will be treated like a criminal and a prostitute (Bigelsen, 2013).

It is helpful to understand that there are many similarities in victimization between intimate

partner violence and sex trafficking. Victims of sex trafficking and domestic violence tend to hide their situations and both victim groups are hesitant to disclose their victimization in medical or clinical settings. (Roe-Sepowitz et al, 2013)

Health care providers can apply their knowledge about domestic violence, trauma and sexual abuse to better understand a trafficking victim's fear and reluctance to leave the relationship.

In addition, common myths and stereotypes about sex trafficking can affect judgment and response. Common myths include "that only happens abroad" or "it was consensual." The more health care providers know about this population, including the mindset of a victim, the better equipped they will be to identify victims and focus on prevention strategies.

"A lot of victims of trafficking do not identify themselves as being a victim. Some may feel that they got themselves in this situation and it's their responsibility to get out."

– Jane, a survivor

SEX TRAFFICKING OF MINORS IS A FORM OF CHILD ABUSE.

According to the National Coalition to Prevent Child Abuse and Exploitation, sex trafficking of minors is a severe form of child abuse with lasting effects on the health and wellbeing of individuals, family and society (National Plan 2012).

Young people can be commercially sexually exploited through prostitution, pornography, stripping, erotic entertainment or other sex acts. The commercial aspect of the sexual exploitation is critical to separating the crime of trafficking from sexual assault, molestation or rape (Shared Hope, 2014).

UNDERSTANDING the Mindset of a Victim

VICTIMS OFTEN DO NOT SEE THEMSELVES AS VICTIMS

VICTIMS MAY FEEL SHAME, SELF-BLAME AND FEELINGS OF UNWORTHINESS OF A BETTER LIFE

VICTIMS MAY BE COACHED TO LIE TO MENTAL HEALTH PROFESSIONALS AND OFTEN GIVE FABRICATED HISTORIES WITH SCRIPTED STORIES

VICTIMS ARE OFTEN FEARFUL AND DISTRUST LAW ENFORCEMENT AND GOVERNMENT SERVICES DUE TO FEAR OF ARREST

VICTIMS MAY HAVE FORMED A TRAUMA BOND WITH THEIR EXPLOITER AND MAY HAVE DEEP LOYALTIES AND POSITIVE FEELINGS FOR THEIR ABUSER

VICTIMS OFTEN FEAR FOR THEIR OWN SAFETY AND THE SAFETY OF THEIR LOVED ONES DUE TO THREATS OF VIOLENCE

DRUGS OFTEN PLAY A ROLE IN SEX TRAFFICKING SITUATIONS- SOMETIMES AS A WAY TO COPE OR VICTIMS SOMETIMES ENTER "THE LIFE" TO SUPPORT A DRUG HABIT

The U.S. Department of Health and Human Services states that victims of sex trafficking often suffer from health related problems including the physical effects of rape, as well as the physical effects of beatings and abuse such as broken bones, dental injuries and untreated wounds (Clawson and Grace, 2007).

According to the World Health Organization, the most commonly reported physical health problems reported by survivors of sex trafficking include fatigue, headaches, sexual and reproductive health problems, back pain and significant weight loss (WHO, 2012).

Once identified, victims of sex trafficking should be referred to support systems that can help them obtain psychological care and material support to enable them to move beyond the victimization (Issac et al, 2011).

The plan of care should be patient specific, but providers are encouraged to contact the National Human Trafficking Resource Center 1-888-373-7888 for assistance in finding local resources for the victim and helping develop a safety plan for the patient.

Possible Physical Sex Trafficking Indicators

- Evidence of sexual trauma
- Cigarette burns
- Fractures
- Bruises and or contusions
- Tattoos found on the body may serve as a “brand” that the victim belongs to a certain trafficker
- Respiratory infections
- Drug related health issues such as asthma, Hepatitis C, skin infections
- Tension headaches, back pain, stomach pains
- Malnutrition and poor diet
- Dehydration
- Unexplained scars
- Injuries to head and mouth
- Bladder damage, injury or infection
- Temporal Mandibular Joint problems from oral sex
- Bite marks
- Stab or gunshot wounds
- Hearing loss from head trauma
- Traumatic Brain Injury (TBI)
- Bald patches from having hair pulled
- Dental problems

(Dovydaitis, 2010; Sabella 2010 & 2013)

Possible Sexual Health Indicators of Sex Trafficking

- Multiple Sexually transmitted Infections
- Pelvic Inflammatory Disease
- HIV infection
- Pregnancy (little to no prenatal care)
- Abortion complications
- Impacted sponges, condoms, tampons or baby wipes
- Vaginal discharge and infection from using items inserted into the vagina to block menstruation
- Vaginal wall tears
- Traumatic Fistulas

(Issac et al, 2011) (ECPAT, 2013)

If you suspect Human Trafficking, call the National Human Trafficking Hotline at 1-888-3737-888

RED FLAGS

Discrepancy in reported age and apparent age

Resistance to gynecological exam

Homelessness

Chronic runaway

History of abuse

Traveling with an older male

Presence of an older “boyfriend” or older peer

Unusual tattoos or branding marks

Involvement with the juvenile justice system through truancy, curfew violations and other status offenses

Companion who refuses use of an interpreter

Use of street lingo with references to “the game” “the life”

Lack of identification

Dominating or controlling “boyfriend” or companion in the room who refuses to leave

Claim that the patient is “just visiting” the area and unable to provide a home address

(STIR TRAINING MATERIAL , 2013)

THE ROLE OF TRAUMA

Instead of:

“WHAT’S WRONG WITH YOU?” or
“WHY ARE YOU DOING THIS?”

ask

“WHAT HAS HAPPENED TO YOU?”

This change reduces the blame and shame that some people experience when being labeled. It also builds an understanding of how the past impacts the present, which effectively makes the connections that progress toward healing and recovery (Substance Abuse and Mental Health Services Administration’s National Center for Trauma-Informed Care).

Sex trafficking victims have endured a high level of trauma and require services and interventions that do not inflict further trauma such as physical restraint, isolation or harsh verbal interrogation.

Traumatic experiences can be dehumanizing, shocking or terrifying and often include a loss of safety and the betrayal by a trusted person or institution

(National Center for Trauma-Informed Care, 2013).



WARNING SIGNS

NOTICING THE WARNING SIGNS CAN HELP VICTIMS RECEIVE THE SERVICES THEY NEED SO THEY ARE NOT FURTHER TRAUMATIZED.

Number of suicide attempts
Extreme anger
Running away
Guilt and low self-worth
Self-harm and/or self-mutilation
Multiple sexual partners
Eating disorders
Mood swings
Difficulty forming relationships

Flashbacks and/or nightmares
Confusion
Depression
Withdrawal and isolation
Somatic complaints
Sleep disturbance
Academic decline
Suicidal thoughts
Dramatic change in behavior

Truancy or school avoidance
Substance abuse
Antisocial behavior
(National Institute of Mental Health)
(The National Child Traumatic Stress Network 2013)

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Dr. Randy Christensen, founder and director of a mobile health clinic for homeless youth in Phoenix, Arizona shares many stories of interacting with victims of sex trafficking in his book, "Ask Me Why I Hurt: The Kids Nobody Wants and the Doctor Who Heals Them."

did you know

In one case, Dr. Christensen reports seeing both vaginal and rectal tearing from a violent rape. The victim didn't want to call the police for fear they would not believe her because she thought there was no such thing as raping a prostitute. His nurse commented, "whatever happens to her she thinks she deserves it."

Some excerpts from the book:

"Oh, I'm eighteen. We're always eighteen, unless you want me to be twelve, a lot of "Johns" (customers) do."

"She was physically there, but not emotionally present at all. I learned what I had read about sexual abuse victims and how they learned to disassociate from their bodies. Reading about it was different than actually dealing with a real

"They are not out playing in the front yard or in school daydreaming about becoming a prostitute"

- Sarah, a survivor

"My childhood was not a childhood. In my family, men had sex with little girls. It was our normal."

- Elisabeth, a survivor

"He seemed very nice at first. I actually thought he cared about me."

- Cody, a survivor

"I was just trying to get a better life the fastest way I could"

- Monique, a survivor

patient on my exam table, a child who lay there like a defenseless puppet."

"These kids have built fortresses around their hearts. They seemed so shut down that I wasn't sure if anyone could reach them. I wondered if it would be possible to act professional yet also connect as a caring adult."

Between 244,000 and 325,000 American youth are considered at risk for sexual exploitation, and an estimated 199,000 incidents of sexual exploitation of minors occur each year in the United States (Estes & Weiner, 2001).

The average age at which girls first become exploited through prostitution is 12-14 years old (US Department of Health and Human Services, 2013).

Minors in sex trafficking nearly always have a pimp — someone who they view as their protector but who in fact is managing and benefitting from the sexual exploitation of the child (Shared Hope International, 2009).

Adolescent boys and lesbian, gay, bisexual, transgendered and queer/questioning (LGBTQ) can also be victims. According to a recently released study, boys make up almost half of the victim population (Bigelsen, 2013).



In many cases, youth who come in contact with law enforcement are arrested and treated as criminals or delinquents, which results in further harm to the child. (Polaris Project, Sex Trafficking of Minors and "Safe Harbor 2013).

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Trust between the victim and the healthcare professional is essential.

If you suspect your client could be a victim of sex trafficking, the first step is to get them alone in a confidential location for an interview.

If the client is in immediate danger, call 911.

Sample messages to use with a victim to gain trust:

"You can trust me."

"I am here to help you."

"My first priority is your safety."

"We will give you the care you need."

"We can help you find a safe place to stay."

"No one has the right to hurt you or make you do things against your will"



Most sex trafficking victims run from treatment multiple times - it takes an average 3-7 attempts before actually leaving the life (Hernandez, 2013).

Treatment of sex trafficking clients may be intermittent. It is important to work on a safety plan with the victim's input so she can have it in case she returns to the life.

According to De Chesnay (2013) **"Do what you can. Assume that the first visit is the last."**

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SCREENING QUESTIONS TO ASK:

"Can you come and go as you please?"

"Has anyone ever paid someone else to have sex with you (like a boyfriend, boss, manager, etc)"

"Tell me about that tattoo."

"Do you have to work to contribute money to your 'family'?"

"Do you have a boyfriend? If so, how old is he and what do you like to do together?" "Where did you meet?"

"Have you ever run away from home? If so, where did you stay and who did you stay with?"

"Have you ever had to do things in order to stay somewhere that you did not want to do?"

"Has anyone ever taken pictures of you and put them on the internet?"

"Have you been physically harmed in any way?"

"Where are you staying?"

"Are you or your boyfriend a member of a gang?"

(Ohio Human Trafficking Task Force Human Trafficking Screening Tool, 2013)

IMPORTANT INTERVIEW TIP:

Mirror the language of the victim. For example, if she refers to her abuser as "boyfriend" then use this word instead of "pimp" or "abuser"

SOME TERMINOLOGY:

The Life/Game: commercial sex industry

Bottom: the traffickers head girl

Daddy: the trafficker

John/ Trick: purchaser of sex/client

Track: street location for commercial sex

Square: those who have never been in the life

Manager: Pimp

AFTER VICTIM IDENTIFICATION, WHAT DO I DO?

If the victim is under 18, it is mandatory under federal law to report sexual exploitation of children.

Notify the police and Child Protective Services.

Call the National Human Trafficking Resource Center to report the incident and ask for help.

The center's phone number is 1-888-3737-888.

Contact the National Center for Missing and Exploited Children to report suspected sexual exploitation of a minor.

1-800-THE-LOST (1-800-843-5678)



Sources:

Bigelsen, J. (2013). Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House, New York.

Boyd, Danah (2012). Human Trafficking and Technology: A Framework for Understanding the Role of Technology in the Commercial Sexual Exploitation of Children in the U.S.

Clawson, H.J. & Grace, L.G. (2007). Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking. Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.

Chisolm-Straker, M., Richardson, L., Cossio, T. (2012). Combating slavery in the 21st century: the role of emergency medicine. *Journal of Healthcare for the Poor and Underserved*, 23(3), 980-987.

Christensen, R. & Denfeld, R. (2011). Ask Me Why I Hurt: The Kids Nobody Wants And The Doctor Who Heals Them. New York: Broadway Books.

Dorais, M. and Corriveau P. (2009). Gangs and Girls: Understanding Juvenile Prostitution. Trans. Peter Feldstein. Montreal: McGill-Queen's University Press.

Dovydaitis, T. (2010). Human Trafficking: The Role of the Health Care Provider. *Journal of Midwifery & Women's Health*. 2010 Sep-Oct; 55(5): 462-467.

End Child Prostitution, Child Pornography and the Trafficking of Children for Sexual Purpose (2013). "And Boys Too"

Federation of American Scientists (2000) International Crime Threat Assessment Chapter 2

Harris, K. (2012). The State of Human Trafficking in California.

Hernandez, Barbara "Identification and Treatment of Domestic Minor Sex Trafficking" National At-Risk Education Network, 2013.

Issac, R; Solak, J; and Giardino, A. (2011). Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene. *Journal of Applied Research on Children: Informing Policy for Children at Risk*: 2(1)

National Academy of Sciences. (2013). Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States, 271-296.

Ohio Human Trafficking Task Force Recommendations. "Human Trafficking Screening Tool" 2013.

Sabella, D. (2011) The role of the nurse in combating human trafficking. February 2011: American Journal of Nursing 111(2).

Sabella, D. (2013) Health issues and interactions with adult survivors. In De Chesnay, M. (Ed.) Sex Trafficking: A Clinical Guide for Nurses. New York: Springer Publishing Company.

Williamson, E; Dutch, N. and Clawson, H. (2010). Evidence-Based Mental Health Treatment for Victims of Human Trafficking. *Study of HHS Programs Serving Human Trafficking Victims*.

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