

**Turn Out:
Medical Response to DMST**

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Financial Disclosures

Dana Kaplan, MD, FAAP

Has no financial interest in or affiliation with
any commercial supporter to disclose.



Learning Objectives

At the conclusion of this activity participants should
be able to:


- Describe a patient-centered, informed and collaborative approach to patient-victims of DMST
- Summarize the dynamics that influence patient-victims of DMST
- Describe effective communication strategies for patient-victims of DMST



Teaching Points


What's in a name?

- _ Escorts, teen prostitutes, sex workers
- _ Criminals
- _ Sexually exploited child
- _ Victims
- _ *Domestic Minor Sex Trafficking (DMST)*


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Victims

- _ **Any minor (<18 years old)** used in a commercial sex act (the exchange of any item of value for a sex act) **IS a victim of trafficking**, regardless of their willingness or desire to engage in the sex act.
- _ Under the Trafficking Victims Protection Act (TVPA) sex trafficking requires force, fraud or coercion **UNLESS** the victim is a minor.


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My Life My Choice

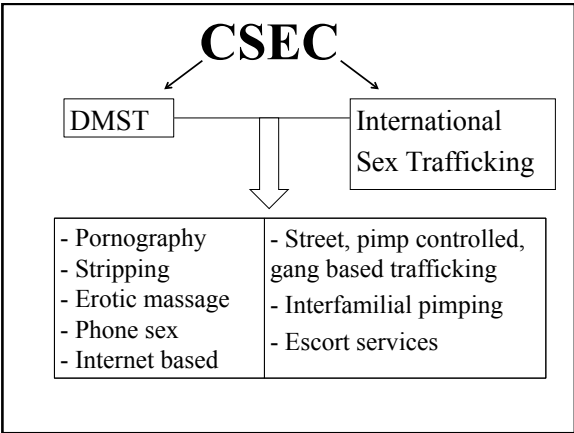
- _ Founded in 2002
 - _ Serves girls in Eastern Massachusetts between the ages of 12 and 18
- _ Survivor-led organization
 - _ Pairs exploited youth, or young people at high risk of exploitation with an adult female Survivor Mentor
 - _ Immediate and long-term support
 - _ Provides prevention education
 - _ Raises awareness

<http://www.fightingexploitation.org>

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CSEC – Commercial Sexual Exploitation of Children


- _ Minor is induced to engage in a sex act in exchange for something of value
 - _ Money, food, shelter, etc.
- _ Defined by element of organization/intent
 - _ Organized sexual abuse of children and adolescents
 - _ Minor is a commercial sex object

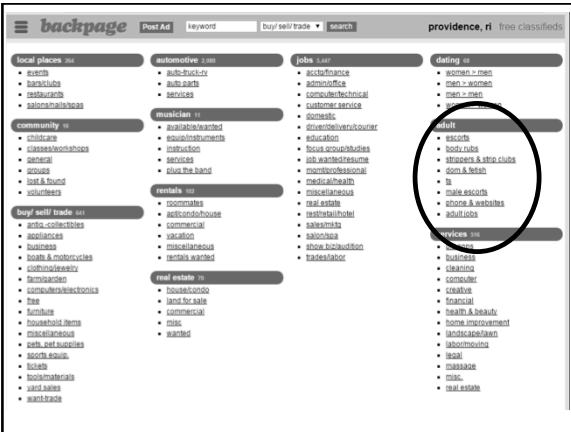
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Recruitment


- _ Grooming
- _ Face to face
- _ Social Media
 - _ Facebook
 - _ Snapchat
 - _ Instagram

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Teaching Points

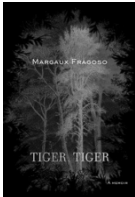
- _ Who is this “boyfriend”?
- _ Why do these patients/victims return to “the life”?



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“I’m in love with you. There is nobody else, Nobody can make me feel this way. I love you unconditionally.”

-Peter (51y) to Margaux (7y)


Tiger Tiger, page 94




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Grooming


- _ Build trust with a child and the adults around the child
- _ Create a “safe” relationship
- _ Gain access and time alone with the child
- _ Offer love, currency
- _ *Plays on the child’s vulnerabilities and needs*


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Grooming

Grooming of an adolescent


- _ Gain trust and loyalty
- _ Offer “love”
- _ Currency
- _ Befriend and seduce in order to recruit
- _ *Plays on the adolescent’s vulnerabilities and needs*


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Finesse Pimp/Romeo Pimp

- _ One who prides himself on controlling others primarily through psychological manipulation
- _ Showers his victims with affection and gifts (especially during the recruitment phase)
- _ The threat of violence is always present

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What is a Pimp?

- _ A recruiter, an exploiter, an abuser, a trafficker
- _ Pimps capitalize on an adolescent's vulnerability as the grounds to become exploited
 - _ Using tools like befriending, seduction



Automatic

- _ Term used to describe when a victim still complies with a pimp's rules even when he is not around (example: incarcerated)
- _ aka "learned loyalty" to an exploiter


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Automatic

Accompanied/monitored by exploiter


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Bottom

Female appointed by the trafficker/pimp to supervise and report rule violations


- _ Help instruct victims
- _ Collect money
- _ Book hotel rooms
- _ Post ads
- _ Inflict punishments

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So What Should You Do?

- _ Observe the interaction
- _ Separate the patient
 - _ To ask more questions
- _ Similar to what you would do if you suspect IPV/DV

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Teaching Points


- _ Who is at risk?
- _ Is this a “thing”?


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Risk


- _ Estimated 150,000-300,000 U.S. children are *at risk* for commercial sexual exploitation each year
- _ Estimated 199,000 incidents of sexual exploitation of minors occur each year in the United States
- _ Average age of entry into the commercial sex industry is 12-14 years old

Estes & Weiner, 2001 & 2002


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Risk

- _ Want more independence
 - _ Separate from their parents
 - _ Friends most important
 - _ Romantic relationships
- _ Test boundaries
- _ Take risks
- _ Experiment


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Who is at Risk?

- _ All adolescents are at risk!!!
- _ Development of an adolescent


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Risk


- _ All adolescents are looking for love, acceptance
 - _ They also experiment
- _ Pimps capitalize on an adolescent's vulnerability as the grounds to become exploited
- _ Not a normal "thing"
- _ Some adolescents are more vulnerable than others...


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Known Risk Factors

- _ Domestic violence
- _ Death/abandonment of a parent
- _ Parental substance abuse/addiction


Clawson, et al. 2009


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Known Risk Factors

- _ 70-90% of female DMST victims have a history of sexual abuse
- _ Sexually abused children are 28 times more likely to be arrested for adult “prostitution” vs. their peers

Clawson, et al. 2009




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Highest Risk Populations

- _ Youths in group homes/foster care system
- _ Homeless/runaway youth
- _ Targeted by a pimp and become exploited

Estes & Weiner, 2001 & 2002




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Need for “Family”

- _ Term used to describe the other individuals under the control of the same pimp
- _ He plays the role of father (or “Daddy”) while the group fulfills the need for a “family”
- _ Part of grooming

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Contents lists available at ScienceDirect

Child Abuse & Neglect

ELSEVIER


Research article

Characteristics of child commercial sexual exploitation and sex trafficking victims presenting for medical care in the United States^{a,b}

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Varma S, et al. 2015




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Objective: To identify characteristics of trafficked patients that distinguished them from victims of sexual abuse when seeking medical care

Evaluation in either Emergency Department or Child Protection Clinic

- Compared 27 trafficked youth to 57 victims of sexual abuse

Varma S, et al. 2015




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Characteristics of CSEC and CSA Groups

More common in trafficked youth:	No difference:
- Length of time sexually active	- History of pregnancy
- Frequency of condom use	- Menstrual problems
- Prior history of STI	- Mental health disorders
- Contraception use	- Prior sexual abuse
- History of violence by caregiver	
- History of violence with sexual activity	
- Drug/alcohol abuse	
- History of running away	
- History with the police	

Varma S, et al. 2015




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Conclusions

- _ Females 12–18 years who are suspected victims of CSEC significantly vary from victims of alleged sexual abuse/sexual assault
 - _ Reproductive, behavioral, and historical factors
- _ Study supports the need for a screening tool for victims of commercial sexual exploitation


Varma S, et al. 2015



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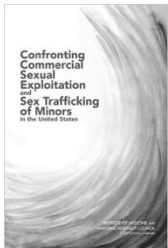


Teaching Points

- _ Medical information and physician knowledge
- _ Identification
- _ Medical care
 - _ Acute and follow up



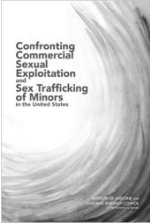

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Many resources have information for law enforcement and child protective services but extremely limited information for medical providers regarding medical care



The Institute of Medicine (IOM) & National Research Council (NRC) Report


- Consensus report called *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States* (2013)
 - _ Funded by the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention
 - _ Studied these crimes as they affect U.S. citizens and lawful permanent residents of the United States under age 18.

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The Institute of Medicine (IOM) & National Research Council (NRC) Report



- Lays the groundwork by providing a comprehensive view and offers a detailed investigation of causes and consequences of sex trafficking
 - _ Recommendations informing future policy and practices within law enforcement, human services, and health care agencies



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Polaris Project

- Works directly with sex trafficked victims by:
 - _ Conducting direct outreach and victim identification
 - _ Providing social services and transitional housing to victims
 - _ Operating the National Human Trafficking Resource Center (NHTRC)-a central national hotline
- Advocates for stronger state and federal anti-trafficking legislation
- Leads community members in local and national grassroots efforts

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Domestic Sex Trafficking of Minors: Medical Student and Physician Awareness

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⁵ Department of Obstetrics and Gynecology, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin
⁶ San Francisco State University, San Francisco, California


Titchen, et al. *Pediatric Adolescent Gynecology*. 2015.



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- _ Objectives: Assess
 - _ (1) medical trainee and practicing physician awareness about domestic sex trafficking of minors;
 - _ and (2) whether respondents believe that awareness of trafficking is important to their practice.
- _ Methods
 - _ Anonymous electronic survey, 1648 medical students, residents, and practicing physicians in the US

Titchen, et al. *Pediatric Adolescent Gynecology*. 2015.




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Conclusions


- _ Most medical trainees and physicians place importance on knowing about human trafficking
- _ Lack knowledge about the scope of the problem
- _ Most would not know where to turn if they encountered a trafficking victim
- _ There exists a need for standardized trafficking education for physicians, residents, and medical students

Titchen, et al. *Pediatric Adolescent Gynecology*. 2015.




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


Jordan Greenbaum, MD, James E. Crawford-Jakubiak, MD, FAAP, COMMITTEE ON CHILD ABUSE AND NEGLECT



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AAP Guidelines


- _ Knowledge of risk factors
- _ Recruitment practices
- _ Possible indicators of CSEC
- _ Common medical and behavioral health problems experienced by victims to help pediatricians recognize potential victims and respond appropriately



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Identification: Physical


- _ Visible signs of abuse
- _ Dressed in inappropriate clothing
- _ Change in physical appearance
- _ Reluctant to explain a certain tattoo



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Identification: Behavioral

- _ Unexplained/multiple absences from home, school or group home
 - _ Including running away
- _ Controlling relationships

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Identification: Psychological

- _ Self injury
- _ Suicidal ideation
- _ Substance abuse

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Identification: Medical

- _ History of multiple STI's
- _ Multiple pregnancies
 - _ Terminations
- _ Multiple sexual/physical assaults

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Screening Tool


A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting

V. Jordan Greenbaum, MD, Martha Dodd, DNP, FNP-BC,* and Courtney McCracken, PhD†*

TABLE 3. Six-Item Screening Questionnaire

Is there a previous history of drug and/or alcohol use?
 Has the youth ever run away from home?
 Has the youth ever been involved with law enforcement?
 Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
 Has the youth ever had a sexually transmitted infection?
 Does the youth have a history of sexual activity with more than 5 partners?

Greenbaum. 2015




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Screening Tool

- _ 2 positive answers to the 6-item questionnaire identified CSEC/CST patients with a
 - _ Sensitivity of 92%, specificity of 73%
 - _ PPV of 51%, and NPV of 97%
- _ Low PPV
 - _ BUT the “intervention” prompted by the positive screen is relatively benign and would consist of the provider asking additional questions

Greenbaum. 2015




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Identification – ASK!

- _ Has someone you know ever been asked to have sex for something?
- _ Has someone you know ever had sex for something?


Greenbaum. 2015



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Identification – ASK!

- _ Have you ever been asked to have sex for something?
- _ Have you ever had sex for something?
- _ Has someone ever asked you to have sex with someone else?


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Identification: Confirmed or Suspected?

- _ **Confirmed cases**
 - _ Patient disclosure
 - _ Found by law enforcement
 - _ Found advertised on social media
- _ **Suspected cases**
 - _ Has been asked, but patient denies involvement
 - _ High risk behaviors
 - _ Example: AWOL multiple times, has large sums money, tattoos, change in appearance, etc.


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Medical Care

- _ Acute care
- _ Follow up care


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Acute Medical Care

- _ Offer FEK
 - _ Often refuse
- _ STI testing
- _ STI prophylaxis
- _ HIV Post Exposure Prophylaxis
 - _ In some cases...
- _ Pregnancy Prophylaxis
- _ Screen for SI/II/SIB

APSAC  **Hasbro Children's Hospital**
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Acute Medical Care

- _ Similar to acute sexual assault
- _ Key differences
 - _ Average life expectancy 7 years
 - _ Ongoing exposure to violence
 - _ Mortality due to homicide
 - _ Ongoing HIV Risk
 - _ Mortality due to HIV/AIDS

Farley, M. 2008  **Hasbro Children's Hospital**
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Other Key Differences

- _ Ongoing STI risk
- _ Ongoing pregnancy risk
- _ Ongoing general health risks
 - _ Malnutrition, sleep deprivation, extreme stress, severe physical and psychological abuse, substance abuse (overdose)

Farley, M. 2008; APSAC  **Hasbro Children's Hospital**
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Acute Psychological Care

- _ Psychiatric admission?
 - _ Imminent risk of serious intentional self-harm
 - _ Imminent risk of serious harm to others
 - _ Imminent risk of harm due to inability to protect oneself in community setting
- _ How would it help/hurt?


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Follow Up Care

- _ How can we follow these patients?
- _ How should we follow these patients?
- _ What are their specific medical needs?
- _ What are their specific *psychological needs*?
- _ What about their safety?


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Follow Up Care

- _ Sexual exploitation increases risk for adverse health outcomes more than homelessness or runaway status
- _ Children who were runaway/homeless and sexually exploited
 - _ **Twelve times** more likely to have pelvic inflammatory disease
 - _ **Three times** more likely to become pregnant
 - _ **Twice** as likely to abuse drugs, have an STD, or have uncontrolled asthma

Yates, Mackenzie, Pennbridge, & Swofford. 1991
 
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Follow Up Care


- **This is a population that needs follow up**
 - For baseline medical issues (example: asthma)
 - Infection related to STI's
 - Pregnancy
- Transient living conditions makes follow up difficult for victims of DMST
- STI follow-up testing schedules
 - Based on timing of last possible sexual contact
 - This is limiting



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Initial Follow Up Protocol


- Follow up every three months
- GC/CT/Trichomonas testing every three months
- Genital exam every 3 months
- HIV, RPR, Hepatitis C every 6 months
- We found
 - Not realistic
 - Not based on the patient's needs or risk



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Follow Up Care: Our Practice


- Follow up based on risk
 - These kids have high mortality!
 - Weekly, monthly, when the patient returns from being AWOL
- Test for GC/CT/Trichomonas and pregnancy based on exposure
- HIV, RPR, Hepatitis C – at minimum yearly
- Genital examinations based on symptoms and patient request



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Follow Up Care: Our Practice


- _ Pregnancy prophylaxis
- _ STI treatment
- _ General medical care
 - _ Example: dental referral

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Follow Up Care: Prevention


Pregnancy Prevention

- _ LARC (long acting reversible contraception)
 - _ IUD, Nexplanon
 - _ <0.1% failure
- _ We offer Nexplanon
 - _ Prevents pregnancy for 3 years

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Follow Up Care: Psychological

- _ Assess safety
- _ Assess needs
- _ Screen for SI/HI/SIB


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Follow Up: Psychological

Victims of DMST present with

- _ Mood disorders
- _ Anxiety disorders
- _ Dissociative disorders
- _ Substance use disorders
- _ Impulse control
- _ Conduct Disorder
- _ ADHD
- _ Antisocial personality traits
- _ PTSD


Williamson. 2008



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Follow Up: Psychological Intervention


- _ Trauma informed care
 - _ Long term, comprehensive care
- _ Barriers
 - _ Transient
 - _ Have been through counseling before, didn't work
 - _ Do not yet view these behaviors as a problem



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Most Important Part of Follow Up?


GAIN RAPPORT AND TRUST



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Gaining Rapport

- _ Expect lies
 - _ True story may not emerge until there have been multiple encounters, or ever!
- _ Do not dispute facts or comment on the patient's motivation


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DO NOT

- Make promises you can't keep
- Try to rescue the patient


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Teaching Points

- _ Motivators to not run?
- _ Leaving "the life"?
- _ Why do these patient/victims keep going back to "the life"?
- _ Role of CPS/law enforcement and multidisciplinary approach

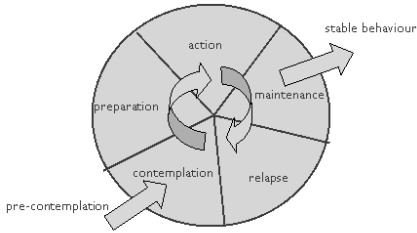

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Motivators


- _ Different for each patient
- _ Need to ask the right questions to assess
- _ Must act fast!
- _ The patient must be ready
 - _ Cannot force change


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Motivators - Cycle




Stages of change model


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Leaving “the Life”

- _ Exit Fee
 - _ The money a pimp will demand from a victim who is thinking about trying to leave.
 - _ It will be an exorbitant sum, to discourage her from leaving.
 - _ Most pimps never let their victims leave freely.
- _ Squaring Up
 - _ Attempting to escape or exit

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Returning to “the Life”


- _ Money
 - _ “Can you make \$50 in 5 minutes?”
- _ Lack of an alternative
 - _ We need to work to provide these!
- _ Hurry up and wait


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Multidisciplinary Approach

Identify expertise in multidisciplinary team

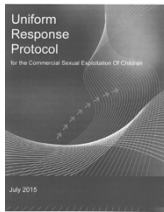
- _ Mental health clinicians
- _ Child welfare
 - _ Investigators, social workers, foster care
- _ Medical providers
- _ Law enforcement
- _ Criminal justice



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First Steps...Acute Response

Rhode Island Human Trafficking Task Force


- _ All branches of law enforcement
- _ Justice system
- _ Child Protective Services
- _ Clinical
- _ DECRIMINALIZE (for the victim)
- _ Mandated report?
- _ Attend similar trainings
- _ Develop response protocol




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Multidisciplinary Follow Up


- _ Intervene and care for the patient
- _ Make decisions WITH the patient involved
- _ Meet their needs
 - _ Medical
 - _ Psychological
- _ Peer support groups
- _ Tracking team
- _ Survivor mentors
- _ Ongoing training



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Agencies


- _ My Life My Choice: MA
- _ Love146: CT
- _ GEMS: NY



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Our Response Should be Automatic

- _ Do not give up on them
- _ Be present
- _ Meet their immediate needs
 - _ Example: Nexplanon
- _ Meet them on their terms



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"I don't have many answers, for myself or for the girls. So I listen and listen, doing my best to learn as much as I can, to make the connections, to be open and honest about my own experiences, to be sincere, to love them and not judge. And while that isn't much to offer, it becomes the basis for some amazing relationships."



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