Human Sex Trafficking

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Learning Objectives: After participating in this CME activity, the obstetrician/gynecologist should be better able to:
1. Define and cite the prevalence of human trafficking and sex trafficking.
2. Identify victims of sex trafficking.
3. Provide health care to sex trafficking victims.
4. Offer support and resources to sex trafficking victims.

Key Words: Human trafficking, Sex trafficking

Human and sex trafficking is a worldwide problem. Over 800,000 people are trafficked annually, with anywhere from 14,000 to 50,000 individuals trafficked in the United States alone. Therefore, health care providers must be knowledgeable about how best to care for women and girls affected by, or at risk for human and sex trafficking.

This article reviews the definitions of sex trafficking and commercial sexual exploitation and discusses contributing and identifying factors of patients at risk to better equip the obstetrician/gynecologist in recognizing and providing support to potential victims. Given that almost 80% of trafficked individuals are women and girls, obstetrician/gynecologists can play a pivotal role in helping to reduce human trafficking by being well versed in the identification and support of victims. A review of the health consequences has also been discussed in hopes of assisting health care providers to better serve their diverse patient population through increased awareness.

Background

Human trafficking is a global phenomenon to which no country is immune. It has often been called the modern-day form of slavery that involves illegal trade of human beings for the purpose of some form of forced exploitation.

The 2 most common purposes of human trafficking are sexual exploitation and forced labor. Before 2000, one of the biggest challenges that law enforcement faced when attempting legal prosecution of traffickers was the variable definitions of human trafficking. The enormity of the problem necessitated the development of a unified, comprehensive response from world leaders to collectively address a crime that defies all borders. To assist in establishing a more concrete definition, the United Nations Convention Against Transnational Organized Crime (the Palermo Convention) met in 2000 and defined human trafficking as:

... recruitment, transportation, transfer, harboring or receipt of persons, 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, for the purpose of exploitation.

The United States adopted this definition through the Federal Trafficking Victims Protection Act in 2000, as it paralleled the Palermo Protocol, and specified that persons who are younger than 18 years are considered victims of sex trafficking even if they are not subjected to force, fraud, or coercion. The implementation of this formal definition has been crucial in the identification of victims and legal prosecution of their traffickers.
Prevalence

Globally, human trafficking victims are most commonly recruited from Mexico and East Asia followed by the former Soviet Union, Africa, Eastern Europe, and Latin America involving over 800,000 people annually. Approximately 80% of these trafficked victims are women or girls and 50% are minors. The global sex trade is the fastest-growing form of commerce, generating over $32 billion annually. These statistics make human trafficking close to surpassing the illegal arms trade as the second-largest criminal enterprise in the world, as traffickers quickly learned that women could be sold many more times over, earning profit over many years, whereas guns and drugs could only be sold once.

Human trafficking is both a human rights violation and a public health problem. The true prevalence is difficult to establish secondary to the hidden nature of the crime and the lack of uniform methodology in identifying the victims and survivors. However, continued international recognition of the devastating effects of human trafficking and the desire to eliminate it grows each year.

There is often misconception as to what sex trafficking is and where it occurs. Crimes of modern slavery are exploited in every region of the world and locally—in a favorite nail salon or restaurant; in a neighborhood home or popular hotel; and on a city street or rural farm. Local communities face the realities and consequences of modern slavery, including weakened rule of law, strained public health systems, and decreased economic development, whereas traffickers profit from the exploitation of others.

Characteristics of Individuals Being Trafficked

Individuals who are victims of human trafficking come from a multitude of different racial and ethnic backgrounds and are subjected to multiple different tactics and manipulative efforts to coerce them into sex trafficking situations. They are often promised a good job, education, and a “better life.” Many victims are sold into the sex trade by their parents, husbands, significant others, and close friends, whereas others are forcibly kidnapped by trafficking strangers.

This can occur in a variety of settings, including foster care group homes, public housing areas, schools, and online through social media outlets. Victims are often lured into trafficking as a means of paying off a personal debt, family obligation, or promises for a more secure future financially.

Potential victims are often economically or socially vulnerable. This includes victims who are susceptible to poverty, have a history of physical or sexual abuse, societal isolation, substance abuse, or are sometimes fleeing from countries with political and social unrest. These victims are often subjected to finesse pimping, which involves the use of compassion, kindness, and gifts to formulate a psychological alliance with their capturers, making it emotionally difficult for the victims to leave. Finesse pimping tactics are often overshadowed by guerrilla pimping, which involves violence, threats to friends/family, intimidation, and aggression.

Health Consequences

Currently, there is a lack of extensive clinical research focusing on the specific health consequences for young sex trafficking victims.
victims in the United States. However, in recent years, as the epidemic of human trafficking continues to rise, more health care providers have spoken out about these disparities and encouraged continued research to identify and address common physical and psychological barriers these patients face in an effort to improve their social circumstances and health. Through this research, it has been recognized that victims of sex trafficking are likely exposed to adverse conditions that can negatively affect their physical and mental health.3

One of the biggest health consequences that sex trafficking individuals face is exposure to multiple sexually transmitted infections such as HIV, gonorrhea, syphilis, urinary tract infections, and pubic lice. It has been reported that these victims may be subjected to 100 to 1500 unprotected sexual acts a year. From a health care perspective, patients may present with pelvic pain, vaginal/anal trauma, and urinary difficulties as a result of their commercial sex work. These victims are often physically abused, experience malnutrition, or suffer from severe and chronic medical illnesses due to inadequate access to health care and unsanitary housing conditions. Victims of sex trafficking may also face psychological trauma from daily psychological abuse and torture. These victims often develop concomitant substance abuse problems or addictions either from being coerced through drug use by their traffickers or by use of substances to cope with or escape their desperate situations.3

Identification

In 2004, the United States Department of Health and Human Services implemented a campaign to increase the awareness of human trafficking among health care workers who may unknowingly interact with victims in their day-to-day work.5 Recent studies have demonstrated that 28% to 50% of trafficking victims in the United States encountered health care professionals while in captivity, but they were not identified and/or recognized.6 Common barriers to identification include lack of education and training of health care providers to recognize victims and lack of protocols for victim identification (often complicated by lack of proper identification and language barriers). Furthermore, there can often be a significant language barrier, so engaging an interpreter who is knowledgeable about trafficking is often the first and most important step to take. These patients also often develop a mistrust of adults and authority figures and will sometimes lie about their situation when questioned.

Currently, there are no formal, evidence-based protocols in the health care setting to assist in the identification of victims. However, the Polaris Project (a national organization working to address human trafficking by advocating for stronger federal and state laws) and the United States Department of Health and Human Services have developed a series of questions to guide health care workers in screening patients and identifying “red flags” and risk factors associated with sex trafficking. Common screening questions can be as simple as “Where do you sleep and eat?” and “What are your working and living conditions like?” to more direct questions such as “Have you ever been asked to exchange sex for money, drugs, food, or housing?” or “Have you been or are you forced to have sex or perform sexual acts?” Common associated medical conditions include a reported history of multiple sexual partners, frequent sexually transmitted infections and/or physical injuries, or findings inconsistent with the patient’s explanation or story. Patients can also present with their trafficker posing as their “boyfriend,” who insists on answering all of the questions or being with the patient for the entire visit. Asking open-ended questions centered on mental and physical health may also help to reveal abusive environments. In some cases, identifying victims can be particularly challenging because the victims themselves may come to identify with their partners, develop a sense of loyalty, and may not want to escape.

Initial Assessment

Trafficking victims and survivors face complex physical and social challenges that can cause immediate threats to their safety, housing, and food access every day. As a healthcare provider, it is pivotal to address these issues in a safe and sensitive manner. It is recommended that the provider first address the acute medical reason for which the victim is seeking care. By addressing these needs first, the provider can develop a sense of trust with the patient. If the provider is suspicious of child abuse, it is important to be well-informed of the state laws surrounding reporting of known or suspected child abuse. This information can be easily accessed online at https://rainn.org. RAINN, which stands for Rape, Abuse, and Incest National Network, is the nation’s largest antisexual violence organization. Its website provides easy access to up-to-date legal information regarding sexual violence laws in each state.

Once a sex trafficking victim has been identified, health care providers are encouraged to offer ongoing support and assistance, as the process of identification and rescue can take several attempts. Providers are also encouraged to evaluate victims for additional needs outside the chief symptom, such as treatment/screening for chronic medical conditions, mental health conditions, possible substance abuse disorders, and vaccinations. Common initial screening tests include a urinalysis to evaluate for a urinary tract infection, a sexually transmitted disease panel, and a complete blood count. These tests are helpful tools in the initial assessment of a patient’s overall medical state. A thorough mental evaluation is also important, as these patients often have feelings of helplessness, shame, humiliation, or guilt and are at high risk for mental disorders. These patients often have feelings of helplessness, shame, humiliation, or guilt and are at high risk for mental disorders.

Roles of Health Care Providers

Health care providers represent one of a few groups of professionals who may come in contact with victims of sex trafficking. Physicians, nurses, midwives, and other health care providers can play critical roles in helping to identify victims of sex trafficking and initiate the first step in providing assistance and advocacy to improve their social circumstances.
Practice Pearls

- Health consequences associated with trafficking include sexual and reproductive health issues, as well as other acute and chronic physical and mental concerns that can be addressed by the obstetrician/gynecologist.

- Trafficking victims who have been illegally transported from another country are eligible for a T visa (a type of visa allowing certain victims of human trafficking and immediate family members to remain and work temporarily in the United States) if they are willing to work with law enforcement against their traffickers.

- The Polaris Project and the US Department of Health and Human Services have developed a series of questions to guide health care workers in screening patients and identifying red flags and risk factors associated with sex trafficking. If a victim is identified, providers are urged to call the National Human Trafficking Resource Hotline at 1-888-373-7888.

- Health care providers can play an important role in collaborative efforts by working with local child welfare agencies, law enforcement, and local nonprofit organizations to establish policies and protocols to meet the needs of the victims and ensure immediate and long-term stability for survivors.

As health care providers, one of the crucial ways to help identify and become an advocate for sex trafficking victims is to become informed. Training providers on how to recognize complex trauma and its effects on victims of abuse is paramount to eliminating sex trafficking. Something as simple as a limited pelvic examination and limiting the number of people the patient is exposed to can help minimize retraumatizing the victims.

Patient safety and safety planning are vital when arranging immediate and long-term support. Health care providers can assist in establishing resources for food, shelter, and medical needs and long-term assistance in schooling, job training, and long-term housing. Trafficking victims who have been illegally transported from another country are eligible for a T visa (a type of visa allowing certain victims of human trafficking and immediate family members to remain and work temporarily in the United States) if they are willing to work with law enforcement against their traffickers.

Health care providers’ offices and clinics are encouraged to have pamphlet information, posters, or small pocket cards in private areas such as bathrooms and examining rooms that provide a list of local resources and or hotlines services to help victims. The Polaris Project also operates the National Human Trafficking Resource Hotline and is often the first phone call (1-888-373-7888); this is an important source of information and recommendations and can also provide a list of local area resources. It is important to note, however, that direct confrontation of a suspected trafficker or an attempt at physical rescue should never be done by health care personnel, as doing so could put the safety of the confronted, the office staff, and the victim at risk. If a victim is identified and desires immediate assistance, the police department should be called immediately.

Eliminating Human Trafficking

Eliminating human trafficking requires a unified approach with local, national, and global leadership; successful local strategies center on increasing public awareness and consciousness. Legislative efforts should be undertaken to help protect individuals and agencies that combat trafficking and end the criminalization of victims. Global goals include improving the livelihood of communities where residents are targeted, and eliminating warfare that causes tragic disruption and exposes a large number of refugees to the risks of being trafficked. Health care providers can play an important role in collaborative efforts by working with local child welfare agencies, law enforcement, and local nonprofit organizations to establish policies and protocols to meet the needs of the victims and ensure immediate and long-term stability for survivors.

Conclusion

Attention to the global and US public health problem of sex trafficking is growing. Evidence-based protocols for identification and response by health care providers remain scarce. Health consequences associated with trafficking include sexual and reproductive health issues that can be addressed by the obstetrician/gynecologist and other acute and chronic physical and mental concerns. Effective responses to victims and survivors should include trauma-informed care. Health care providers have an important role in identification, assessment, and response to the immediate and long-term needs of victims and survivors. This requires increased training and professional guidance. Health care providers can be key collaborators in multisector efforts to develop policies and protocols to address sex trafficking. Currently, the biggest role for the obstetrician/gynecologist is starting the dialogue with patients. Too often, providers fail to recognize the signs or have the courage to ask the difficult questions. As health care providers, it is imperative to pay attention and be vocal. You never know the difference in someone’s life it may make.

REFERENCES


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1. Which one of the following statements regarding the psychological consequences of human trafficking is false?
   A. For some human trafficking victims, feelings of shame lead to self-destructive behaviors.
   B. Posttraumatic stress disorder is a universal diagnostic category and should be used for all human trafficking victims.
   C. Victims sometimes identify with their partners, develop a sense of loyalty to them, and may not want to escape.
   D. Because traffickers may force sex trafficking victims to take drugs to perform sexual acts, some victims may have substance abuse problems.
   C. Address the patient’s urinary symptoms, the acute medical reason for which she is seeking care.
   D. Give the patient pamphlets with resources about domestic violence and a list of local shelters.

2. If a practitioner suspects an individual is a victim of human trafficking, which one of the following should be contacted?
   A. The suspected perpetrator
   B. A local social service agency
   C. The executive director of the agency
   D. The National Human Trafficking Resource Center

3. Which one of the following is an important first step to identify and initiate care for a victim of human trafficking?
   A. Be spontaneous and act in accordance with what the victim says.
   B. Assess the level of secondary traumatization experienced by the victim.
   C. Bypass informed consent because it may be threatening to the victim.
   D. Assess whether an interpreter is needed and ensure the interpreter is knowledgeable about the dynamics of human trafficking.

4. A 17-year-old woman with a history of drug and alcohol abuse, depression, and a previous suicide attempt presents to the emergency department reporting urinary symptoms and nausea. She is not very cooperative during the examination, states that she has been seen in the past for similar symptoms and only wants antibiotics so she can get back to work. When asked if she could be pregnant, the patient says that she has not been able to buy birth control during the past few months. On visual inspection, you notice a thin, tired-appearing woman with several bruises along her extremities. Vital signs are temperature: 37°F oral; heart rate: 70; blood pressure: 110/60; respiratory rate: 12; Spo₂: 99%. The patient has poor eye contact, appears anxious, and refuses to be examined further. Which one of the following is the best next step?
   A. Ask the patient whether she feels safe at home.
   B. Tell the patient you are concerned about her bruises and inquire whether it would be okay to ask her more about this.
   C. Educate the patient on the risks of drug and alcohol abuse.
   D. Prescribe antibiotics and discharge the patient.

5. Which of the following explains why the prevalence of human trafficking is difficult to establish?
   A. The hidden nature of the crime
   B. Lack of uniform methodology in identifying the victims and survivors
   C. Few survivors agree to discuss their abuse publicly
   D. All of the above

6. Common tools used by traffickers to trick their victims include
   A. promise of a good job
   B. promise of money for the victim’s family
   C. promise of an education
   D. All of the above

7. From a health care perspective, commercial sex workers commonly present with all of the following symptoms except
   A. pelvic pain
   B. vaginal/anal trauma
   C. urinary difficulties
   D. pelvic organ prolapse

8. Which of the following is/are a crucial way in which a health care provider can help to identify and advocate for sex trafficking victims?
   A. Be informed and have resources available with the names of local food, shelter, and medical assistance programs
   B. Train providers on how to recognize complex trauma and its effects on victims of abuse
   C. Limit the number of people to whom the patient is exposed during the examination
   D. All of the above

9. All of the following are common barriers to identification of sex trafficking victims except
   A. lack of education and training of health care providers to recognize victims
   B. lack of protocols for victim identification
   C. victims can sometimes lack proper identification and often face language barriers
   D. victims rarely require medical attention from an obstetrician/gynecologist

10. All of the following are reasonable initial screening tests for suspected human trafficking victims except
    A. urinalysis
    B. sexually transmitted disease panel
    C. complete blood count
    D. pelvic ultrasound