

# CHILD SEX TRAFFICKING

A Major Public Health Issue in the USA  
and Worldwide

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## OBJECTIVES

- ❖ Define child sex trafficking and commercial sexual exploitation of children (CSEC)
- ❖ Determine youth risk factors
- ❖ Describe Trafficker characteristics
- ❖ Describe physical and psychological health consequences of human trafficking
- ❖ Reasons these youth access medical care.
- ❖ Learn how to screen and identify potential victims of CSEC in a clinical setting.
- ❖ Healthcare provider considerations during physical examination
- ❖ Referrals, resources, and multidisciplinary intervention

## Definition of Sex Trafficking

*The recruitment, harboring, transportation, provision, obtaining, soliciting, or patronizing of a person for the purposes of a commercial sex act (any act on account of which anything of value is given to or received by any person) using force, fraud, or coercion, OR involving a child less than 18 years of age*





**Child Sex Trafficking is:**

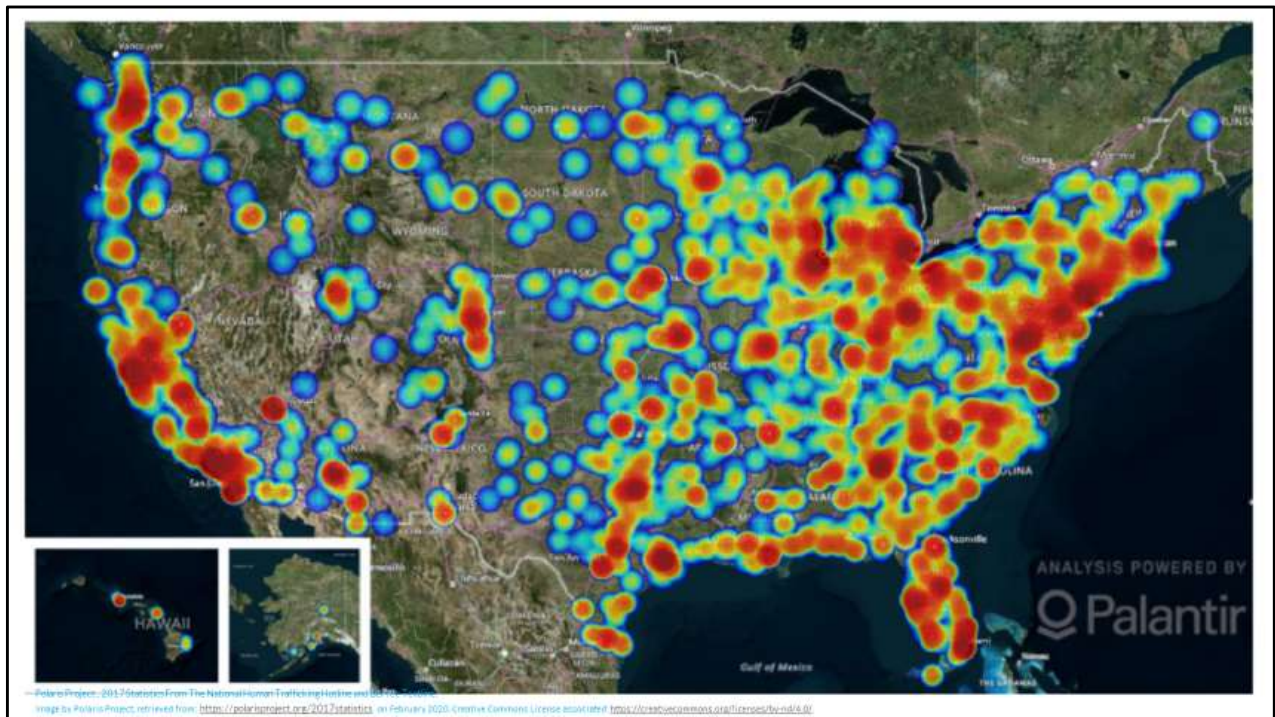
Child Sexual Abuse,  
Sexual Exploitation  
and  
Child Victimization

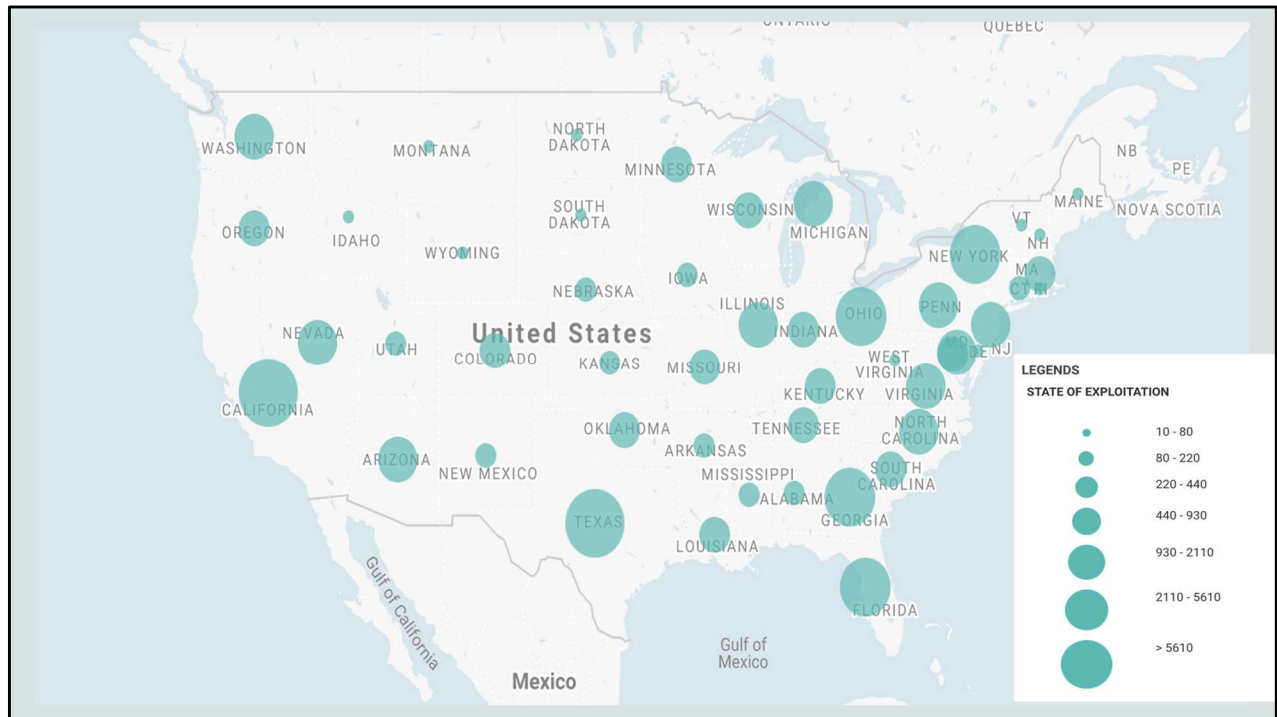


## How Big is The Problem

- ❖ Child Sexual Exploitation is a multibillion-dollar industry across the world
- ❖ Human trafficking is a \$150 billion dollar industry globally
- ❖ 40.3 million people victimized world wide
- ❖ 29 million were women and girls (75%)
- ❖ Human trafficking is the worlds most profitable enterprise 2nd only to illegal drug trade
- ❖ According to the Polaris Project, 100,000 children are traded for sex in the USA annually
- ❖ The number of 10-17yo involved in CSEC in USA each year exceeds 250,000 (60% runaways, thrown away, or homeless youth
- ❖ One third of runaways with become Trafficked within 48hr of leaving home

- ❖ Total number of children trafficked unknown: Hidden crime, lack of central data base to track, differences in definitions in countries, lack of child disclosure
- ❖ The United States is a “Destination Country” for trafficked victims worldwide
- ❖ Statistics from 2014: USA, Mexico, and Philippines were Federally identified as origins for trafficking of all kinds
- ❖ Americans comprise the largest number of sex tourists
- ❖ Trafficked persons are often unnoticed



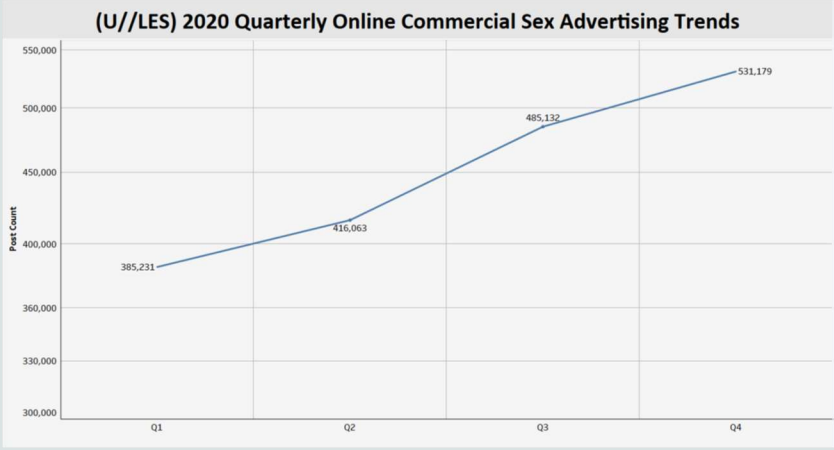


Per the Counter Trafficking Data Collaborative, the number of cases that are reported are often in states that have many anti-trafficking organizations and thus an increased index of suspicion. Often this does not mean that trafficking truly is increased in these areas.

These stats are updated every year. Please adjust based on the time of your presentation. This data is from 2019.

Image retrieved from: <https://www.ctdatacollaborative.org/> on February 2020. Permission granted based on Terms of Use of Counter-Trafficking Data Collaborative (CTDC), <https://www.ctdatacollaborative.org/terms-use>.

# COVID 19 TRENDS





## Washington State Law

### **Commercial sexual abuse of a minor (CSAM) -**

A person is guilty of commercial sexual abuse of a minor if they provide anything of value to the minor as compensation for engaging in sexual conduct. They are also guilty of CSAM if they solicit, offer or request sex in return for anything of value. **Consent by the minor to the sexual act does not constitute a defense.**

### **Promoting commercial sexual abuse of a**

**minor-** The person is guilty if they knowingly advance (promote) commercial sexual abuse or profits from such conduct. Consent by the minor does not constitute a defense.

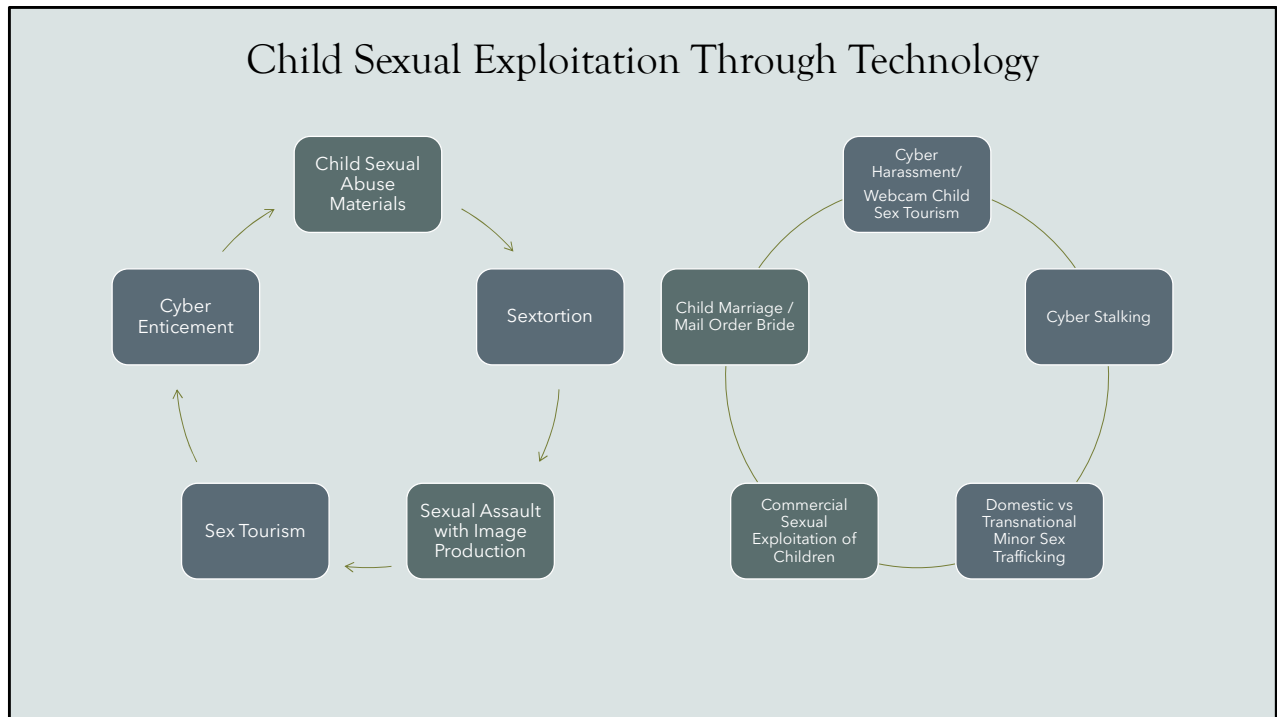
❖ **Trafficking-** Trafficking is defined as recruiting, harboring, transporting, transferring, obtaining, buying or receiving another person where force, fraud or coercion will cause that person to engage in forced labor, involuntary servitude, or a sexually explicit or commercial sex act. **This includes causing any person under 18 years of age to engage in a sexually explicit or commercial sex act.**

❖ **Safe Harbor Law-** In Washington state, when a young person is accused or convicted of prostitution. The prosecutor may "divert the offense" if there is a program to provide safe, stable housing; on-site case management; mental health and chemical dependency services; education and employment training; and referrals to specialized services in the county where they were arrested.

## Federal Law (Definitions)

- **Sex trafficking children**- It is illegal to recruit, entice, obtain, provide, solicit, patronize, move or harbor a person, or benefit from such activities, knowing that the person will be caused to engage in commercial sex acts where the person is under 18 years of age or where force, fraud or coercion exists. It does not require that either the defendant or the victim travel.
- **Labor trafficking**- Federal law makes it illegal to recruit, harbor, transport, provision, or obtain a person for labor or services through the use of force, fraud, or coercion for purposes of involuntary servitude, peonage, debt bondage, or slavery.
- **Commercial Sex Act**- Any sex act in which anything of value is given to or received by any person. This includes but is not limited to prostitution, pornography, webcam, videos or photos; erotic or nude massage; exotic dancing or stripping; gang-based prostitution; or sex tourism.
- **Commercial sexual exploitation of children (CSEC)**- This refers to the range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value give or receive by any person.

## Child Sexual Exploitation Through Technology



**CSAM-** SA materials or abusive images

**Sextortion-** Use of explicit images for blackmail resulting in sexual assault or production of increasingly explicit images for purposes of possession, distribution, or for monetary gain.

**Sex tourism-** With hands on abuse or coerced mutual sexual contact between multiple child victims further exploited by image production.

**Cyber enticement-** Technology based. Well beyond chats to presently include victimization through mobile apps, dating sites, and multiplayer online role-playing games.

**Cyber harassment-** Involves provocative or explicit images. Can be a form of grooming with intent on cyber bullying using sexual connotations focused on gender identity or sexual orientation.

**Cyberstalking-** Purpose is to gain power and control over a minor victim using intimidation, sexual assault, or for grievous bodily harm

**Familial Sex Trafficking-** (online or offline)- For the sale or exchange of minor children for sexual purposes by family members or persons serving in a position of caretaker. Mothers are predominant in this abuse. Children are typically younger.

**Domestic minor trafficking-** CSEC recruitment, obtaining, harboring, provision of, or transportation of minors for purposes of commercial sex act within the boundaries of one country. using force fraud or coercion (not required for children)

CSEC- internationally accepted term. Trafficking of both international and domestic victims for sex trafficking under 3<sup>rd</sup> party control. Prostitution is a voluntary exchange of sex for money, drugs, influence, benefits.

**Child marriage-** sexual exploitation associated with minor children forced or sold into marriage to adults

**Webcam child sex tourism-** Newer form of sexual exploitation. Adult buyers pay for view to individuals who coerce minor children into performing sexual acts via webcams, allowing the buyers to watch and sexually expose themselves to the child for sexual gratification.

Prevention- End the demand for children as acceptable partners.

## Culture of Sexploitation

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Sexploitation- term in entertainment describing sexually explicit media and music with degrading lyrics, violence, and themes of power, and control

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Glorification of pimping and prostitution

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Access to this imagery causes normalization of sexual harm, and denigration of women and girls

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Promotes unhealthy beliefs about gender roles and sexual relationships (unhealthy) to the young people exposed.

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Toxic exploitation materials promote misogyny, mutual intimate partner violence, disrespect, bullying, and exploitation

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Negative role model for males encouraging dominance, relationship violence, encourages treatment of females as sexual commodities

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These are the behavioral tenets that are the basis of prostitution messaging (AAP 4<sup>TH</sup> ED)

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## Pornography

- ❖ Work from Dr. Gail Dines, sociologist and professor:
  - ❖ 36% of internet is Pornography
  - ❖ 40 million regular customers in the USA alone
  - ❖ More combined visitors each month than combined clicks on Netflix, Amazon, and Twitter
  - ❖ 21 billion visits with 2 ½ million visits per hour
- ❖ Dr Mary Anne Layden, Ph.D. (Truth about Porn)
  - ❖ Teaching attitudes, behaviors and emotions that are destructive. Giving permission for extreme types of sexual behaviors and aggression
  - ❖ The earlier males began using pornography in childhood, the more likely they were as young adults to commit a non-consensual sexual act
  - ❖ It fuels sexual psychopathy
  - ❖ Research shows that use of porn is linked with sexual dysfunction in men average age 25yrs. Unable to be sexual with a real person

Both of these women gave testimony before congress regarding harms of pornography.

## Youth Developmental Risks

Young age with  
ave 12-16 years at  
entrance. Range 10-  
17yr

Youth are vulnerable  
to manipulation and  
exploitation

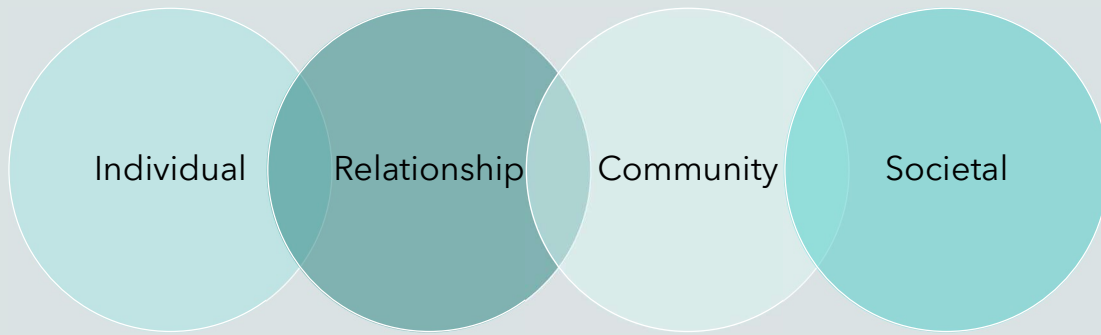
Limited life  
experiences and  
immature prefrontal  
cortex

Limited impulse  
control

Limited ability to  
think critically,  
consider alternative  
actions, and evaluate  
risks

They have more  
limited options

## Vulnerable Conditions



INDIVIDUAL	RELATIONSHIP
❖ Hx of maltreatment	❖ Family violence
❖ Homeless/runaway	❖ Familial poverty
❖ Substance misuse	❖ Family dysfunction
❖ Juvenile Justice	❖ Forced migration
❖ LGTBQ	❖ Gender ID intolerant
❖ Mental health Dx, behavioral health	❖ Sexual orientation
❖ CPS involved/ foster care	
❖ Immigrant/undocumented	
❖ Persons of color	

- These children come from homes where they may have already been victimized
- Running away, childhood emotional abuse, sexual abuse and rape significantly associated with domestic CSEC.
- 6 out of 10 survivors rescued by the FBI are foster children or have a case open with CPS
- Low parental involvement
- Feelings of inadequacy, school bullying
- Major vulnerability related to age, maturity, immature brain development
- Certain risk factors highest risk: running away. Leads to survival sex

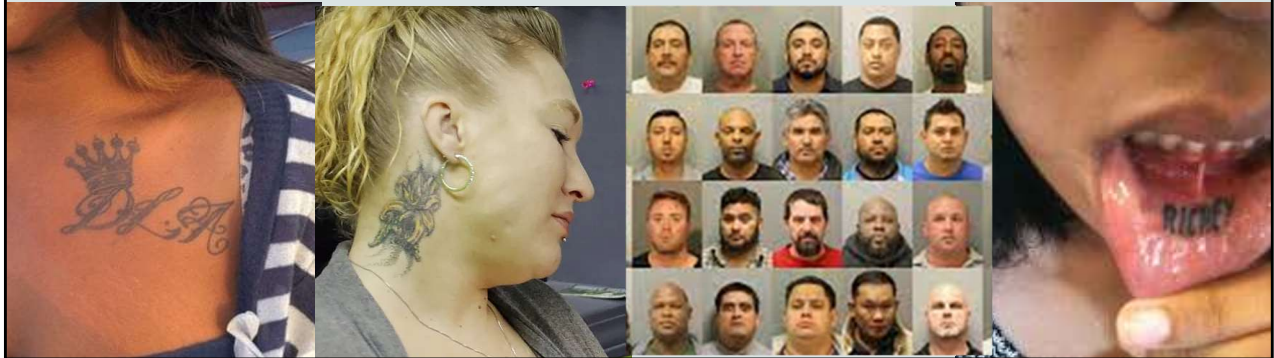




- They may be escaping family violence, familial drug abuse
- Communities with poor resources, poverty, poor educational opportunities, prominent street life (gangs)
- Culture that normalizes or has cultural expectation of Misogyny , patriarchy
- Sexual objectification of girls and women
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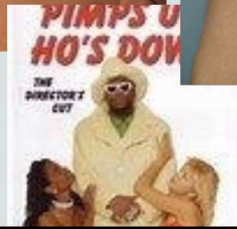
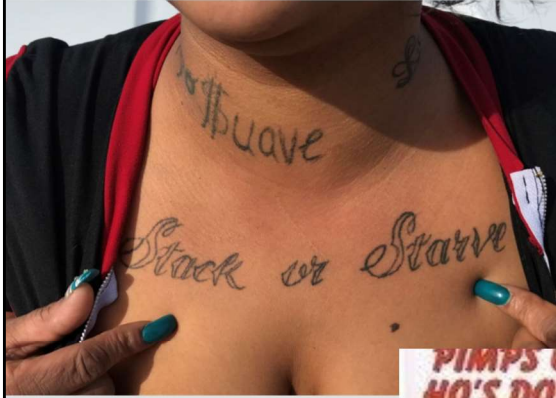
## Gang Movement into Human Trafficking

- ❖ Gangs throughout the USA are involved in human trafficking (adults/adult)
- ❖ High renewable profit and low risk of detection
- ❖ Recruiting victims through social media, high schools



- ❖ These branding tattoos are not a choice but a branding to demonstrate the women as property.
- ❖ The crown symbolizes sex trafficking and pimp ownership
- ❖ 30 pimps arrested at the Super bowl after a sting operation
- ❖ The blond female victim demonstrates branding and inflicted injury (bruising). She died shortly after this photo was taken

# BRANDING TATTOO'S



## What Types of Trafficking Exist

Polaris Project. (2017). The Typology of Modern Slavery.

Image by Polaris Project, retrieved from: <https://polarisproject.org/typology-report>

on February 2020. Creative Commons License associated:

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## Sex Trafficking Venues

Craigslist, Backpage

Strip clubs

Residential or commercial brothels

On the street

Fake massage or nail parlor

Truck stops

Hotels

Escort services

## Types of Child Sex Trafficking



Familial – Trafficker is family or a person perceived as family by the victim

- Use technology, social network apps to traffic their child for drugs, rent, entertainment. Sending erotic images, child porn . Poorly recognized.

Organized crime / Gangs- perceived as low risk, high- reward enterprise. Sex trafficking by gangs has increased. The victim is viewed as easily replaceable

- Gangs have defined structure, organization, enforced loyalty, willingness to use violence.
- -have access to drugs, weapons
- Broad network and connectedness

Pimp controlled- A single unrelated trafficker exploiting one or more victims for profit

- Not always males. Can be females
- Will often pose as BF
- Complex and manipulative relationships
- Child feels

Buyer Brokered- Can be survival sex. Attempt for child to obtain food, housing, place to sleep, drugs. Still a crime

## Trafficker

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Someone who recruits, harbors, transports, provides, or obtains a person for the purposes of CSEC

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Many faces: male, female, foreign national, US citizen, "respectable businessperson", "respectable and trustworthy couple", or a "thug"

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Motivated by the singular goal of PROFIT!!!

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Often are family members, family friends, or "boyfriends" pretending to love and provide

## Trafficker Recruitment

- ❖ Recruited via social media, schools, parks, or wherever kids congregate
- ❖ Seduce with promises: Love, money, attention, acceptance, other desires
- ❖ Promise of a job or exciting opportunity (modeling, acting)
- ❖ Child may be deceived by advertisements for a false job
- ❖ Offer to make fast money/ Bait and switch
- ❖ May be introduced by someone close to them already in the sex industry
- ❖ Social media, gaming sites, chat rooms
- ❖ Gangs recruit girls via parties/events, romanticized gang life, offers to assist child to leave family situation

When we talk about recruitment tactics, what / where are the opportunities for prevention? Where do kids spend their time?



## Dynamics

- ❖ Ensure compliance through coercion, threats, and intimidation
- ❖ Force child to pay unreasonable/unobtainable debt
- ❖ Using privilege (treating child like a servant)
- ❖ Confiscate passports and ID
- ❖ Psychological manipulation, isolation
- ❖ Denying, blaming, and minimizing
- ❖ Cycles of violence (infrequent or constant), beatings, rape, fear, and trauma
- ❖ Chemical dependency, starvation (quota not met), and close monitoring
- ❖ Total control

- This is much like the leader of a cult expecting total loyalty



*Some children are free to come and go and may not be recognized as children being trafficked.*

*The bonds are often not physical chains or cuffs, but “invisible” or psychological ones. Fear paralyzes victims, acting as shackles that emotionally confine them to their trafficking situation.*

*The mental weapons used by the trafficker to exercise power and control over their victim may include threats of harm to children, siblings, or other family members;*

*Deportation or return to traumatizing situations; calls to social services; and violence*

([ncbi.nlm.nih.gov](http://ncbi.nlm.nih.gov))



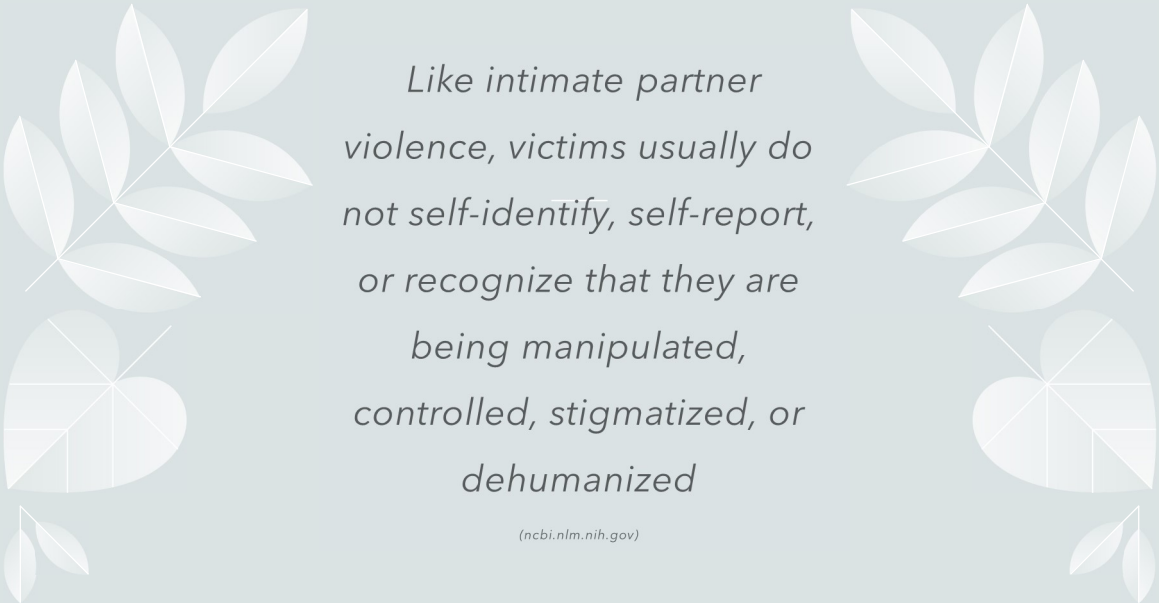
Bond formed during an abusive/exploitive situation (trafficking)

Trafficker alternates abuse/punishment with small rewards

## Trauma Bonds

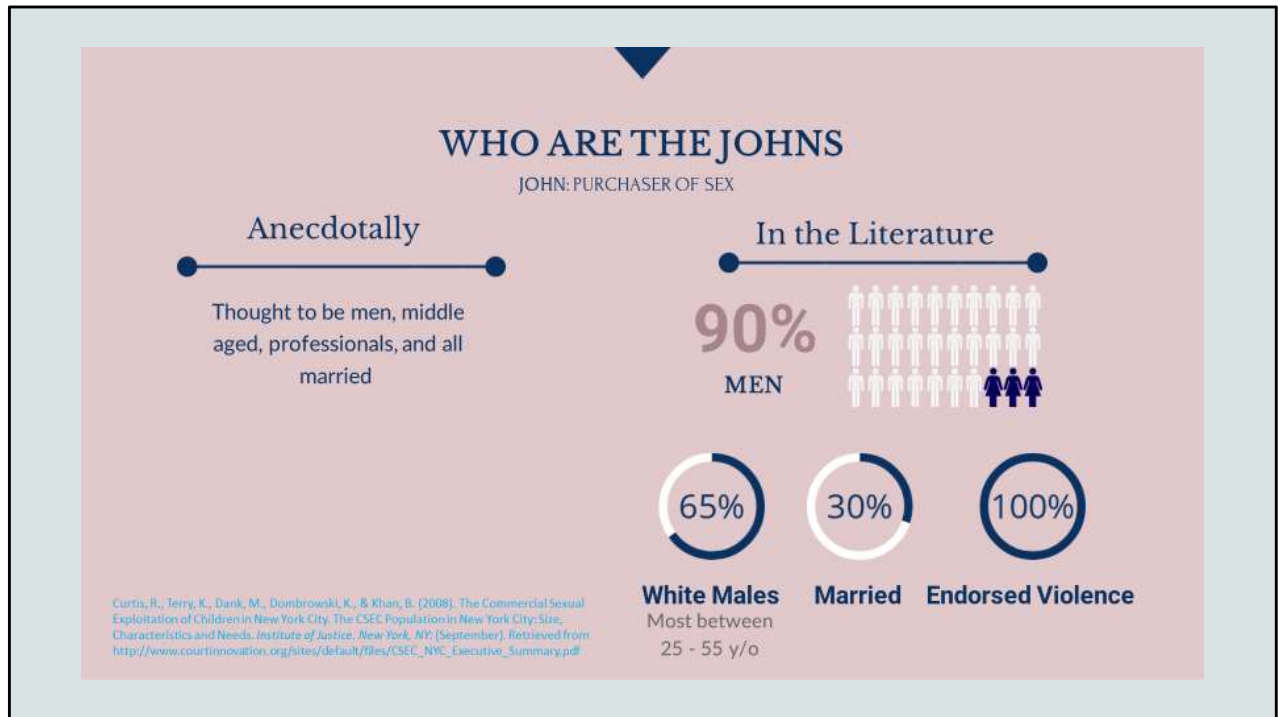
Creates a strong misplaced sense of loyalty mixed with fear of punishment if victim doesn't obey

Victim believes that the trafficker controls everything and is always watching



*Like intimate partner  
violence, victims usually do  
not self-identify, self-report,  
or recognize that they are  
being manipulated,  
controlled, stigmatized, or  
dehumanized*

([ncbi.nlm.nih.gov](https://ncbi.nlm.nih.gov))



[Images author owned, created using Visme.] A John is the purchaser of sex. Anecdotally they are thought to be middle aged men who are married and professionals. In the literature, Johns are 90% men but 10% can be women. Additionally, its important to know in a study, 100% of trafficked children reported violence at the hands of their Johns indicating that the physical and emotional abuse they are afflicted with can come from the John and the trafficker.

## Red Flags for Victimization

- ❖ Unexplained school absences
- ❖ Presence of an "older boyfriend" or older male
- ❖ Expensive material possessions
- ❖ Chronic running away/ environmental exposure
- ❖ No control over schedule, ID, money
- ❖ Symptoms of depression, anxiety, overly submissive (s/s psychological coercion)
- ❖ Branding tattoos or marks
- ❖ Substance abuse, addiction
- ❖ Abrupt change in attire, behavior, or relationships
- ❖ STI's, malnutrition, severe dental neglect
- ❖ communicable diseases (TB), Infections
- ❖ Symptoms of physical trauma (bruises, cuts, burns, scars, broken teeth, fractures)

Cultural considerations: language barriers, inadequate interpreter services lead to history lost in translation. Red flag behaviors can be passed off as culturally specific behaviors resulting in missed opportunity.

· “When I turned 13 I’d had enough of the abuse in the home and I ran away. I didn’t know where to go so I went to the center of town and stood by the town hall. A man saw me hanging around there and he said that he was looking for a ‘protégé.’ I didn’t know what it was but it sounded fine to me. He said that I could stay at his house if I didn’t have a place to stay... When we got to his house he pulled out a bottle of gin and had me drink and drink. The next thing I remember is waking up drunk in his bed all wet and hurt. He took me out on the street and told me what to do... During that time I saw 10 to 20 men a day. I did what he said because he got violent when I sassed him. I took all kinds of drugs—even though I didn’t really like most of them... Over the years I had pimps and customers who hit me, punched me, kicked me, beat me, slashed me with a razor. I had forced unprotected sex and got pregnant three times and had two abortions at [a clinic]. Afterward, I was back on the street again. I have so many scars all over my body and so many injuries and so many illnesses. I have hepatitis C and stomach and back pain and a lot of psychological issues. I tried to commit suicide several times”

· - Survivor of domestic sex trafficking [Lederer, L, Wetzel, C. “The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities.” *Annals of Health Law*. 2014;23(1): 61-91.]

Can you pick out the Red Flags in this scenario? The next slide points out red flags and consequences of sex trafficking

- **“When I turned 13 I’d had enough of the abuse in the home and I ran away. I didn’t know where to go so I went to the center of town and stood by the town hall. A man saw me hanging around there and he said that he was looking for a ‘protégé.’ I didn’t know what it was but it sounded fine to me. He said that I could stay at his house if I didn’t have a place to stay... When we got to his house he pulled out a bottle of gin and had me drink and drink. The next thing I remember is waking up drunk in his bed all wet and hurt. He took me out on the street and told me what to do... During that time I saw 10 to 20 men a day. I did what he said because he got violent when I sassed him. I took all kinds of drugs—even though I didn’t really like most of them... Over the years I had pimps and customers who hit me, punched me, kicked me, beat me, slashed me with a razor. I had forced unprotected sex and got pregnant three times and had two abortions at [a clinic]. Afterward, I was back on the street again. I have so many scars all over my body and so many injuries and so many illnesses. I have hepatitis C and stomach and back pain and a lot of psychological issues. I tried to commit suicide several times”**

This vignette emphasizes the various forms of trauma that a trafficked youth can experience. Psychological trauma, physical abuse, sexual abuse... all these different forms of trauma have long lasting effects on the development of this youth.

Words used by victims/survivors to describe their feelings of human trafficking:  
“Forgotten, “ Invisible, “ “different, “ “broken, “ and “discarded”



Challenges to  
Providing Medical  
Care for  
Trafficked Minors



## Hierarchy of Trauma-Informed Care



# Knowledge Gaps of Medical Providers

2015 study (n~500) demonstrated that only 42% of medical providers correctly distinguished child sex trafficking victims from child abuse victims

63% of medical provider respondents reported never receiving any training to correctly identify ST victims

Greatest barriers were lack of training (34%) and lack of awareness (22%)

Reporting to the National Hotline or referral for human trafficking resources if they were social workers (45%) vs medical providers (14%)

95% of study respondents reported interest in training.



## Missed Opportunities

- ❖ In a recent study, 88% of trafficking survivors had been in contact with a healthcare provider during their victimization
- ❖ 63% sought medical care in emergency rooms/hospital
- ❖ 57% in clinics
- ❖ 30% Planned Parenthood
- ❖ 23% were seen with regular provider
- ❖ **NONE WERE IDENTIFIED AS VICTIMS OF TRAFFICKING**

- ❖ Cultural language barriers
- ❖ Victims do not self-identify
- ❖ Victim fear
- ❖ Victims can be adversarial, angry
- ❖ Sometimes the parent accompanying has not idea their child is being trafficked
- ❖ Those more likely to identify trafficking are social services (social workers) and nurses
- ❖ Remember RED FLAGS

## Why Trafficked Victims Do Not Disclose to Medical Providers

- ❖ Fear the trafficker
- ❖ Experience trauma bonding with the trafficker
- ❖ Mistrust social workers, medical professionals or other authority figures
- ❖ Fear being arrested or deported
- ❖ Their hesitance may also stem from shame, stigma, assumptions about gender or sexuality, and cultural and language barriers
- ❖ Trafficking victims don't self-identify is because they are not yet aware, or may only be starting the process of comprehending, that they are being exploited (Seattle Childrens Resource Guide for Human Trafficking PDF)

## Consent for Treatment Exceptions in Washington State

- ❖ **Sexually transmitted diseases:** Washington state law allows for minors, 14 years and older, who may have come into contact with sexually transmitted infections (STI), to consent for diagnosis and treatment of STI's without consent of a parent or legal guardian.
- ❖ **Reproductive health services:** Minors 14 years of age and older may consent for themselves to receive reproductive health services. Consult the RCW 9.02.100(2) for further information related to abortion services. Additional information can be found to the [Washington State Department of Health website.](#)
- ❖ **Inpatient or outpatient mental health:** Washington state law allows minors, 13 years and older, to request and receive both inpatient and outpatient treatment without parental or legal guardian consent. Parental consent is required under the age of 13 years.
- ❖ **Chemical dependency:** Washington state law allows minors, 13 years and older to consent for treatment of substance use by a chemical dependency program certified by the Department of Social and Health Services. Parental authorization is required < 13yo.

## Consent: Know Your State Laws

If a child is brought to Children's by a relative or friend, the parent or guardian should be contacted to provide consent. If the parent or guardian is unavailable or unwilling to sign a consent for care, and the provider deems that a sexual abuse exam must be done emergently, please follow these steps:

Medical provider discusses the circumstances with CPS.

CPS notifies police to take the child into protective custody.

Police take the child into emergency protective custody.

CPS authorizes the medical exam.

CPS arranges for placement of the child.

**The sexual assault nurse exam (SANE) is not considered an emergency and therefore is not considered a minor right in Washington state. A parent or legal guardian must consent for a youth to undergo a sexual assault exam.**

If the child's guardian is not present at the medical visit, the medical provider needs to be aware of state laws regarding medical evaluations, obtaining sexual assault evidence kits, consent for examination, photography, testing, treatment, and obtaining forensic evidence

## Consent of a Minor: Emergently

❖ If the child is brought to clinic by someone other than the parent or guardian, the parent or legal guardian should be contacted to provide consent. If the parent or guardian is unavailable or unwilling to sign a consent for care, and the medical provider deems that a sexual abuse exam must be done emergently, follow the steps below:

1. Medical provider to contact CPS to discuss circumstances with CPS social worker.
2. CPS notifies police to take the child into protective custody.
3. Police to take the child into emergency protective custody.
4. CPS authorizes medical examination.
5. CPS arranges for placement of the child.

· If the patient feels that it would be unsafe to tell the parent or guardian, then CPS should be contacted to assess safety and provide consent of care.

· OF NOTE, THE SEXUAL ASSAULT NURSE EXAM (SANE) IS NOT CONSIDERED AN EMERGENCY AND THEREFORE IS NOT CONSIDERED A MINOR RIGHT IN WASHINGTON STATE. A PARENT OR LEGAL GUARDIAN MUST CONSENT FOR A YOUTH TO UNDERGO A SEXUAL ASSAULT EXAM.



# Common Presenting Symptoms

Physical assault/violence- universally reported (punched, kicked, beaten, torture)

Injuries not explained/ inadequate explanation

Malnutrition

Sexual assault (acute)- anogenital trauma.

Serious communicable diseases: STI (GC, CT, Trich), PID, Hepatitis B, C, D, Syphilis, TB, HIV or other infections

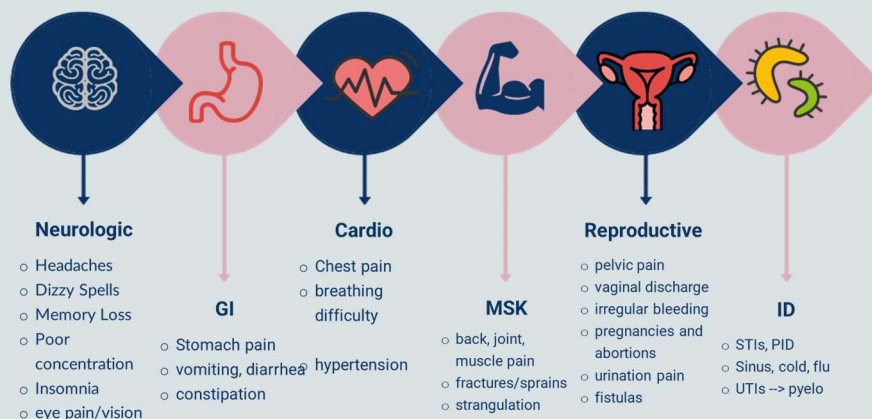
Suicide attempt, acute mental health crisis

Behavioral concerns (mental health)

Toxic ingestion

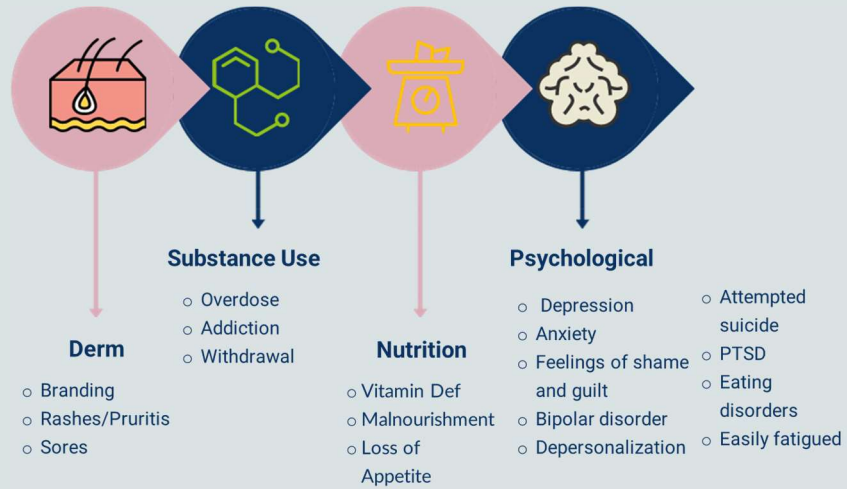
Remember other red flags and history that correlate with trafficking- serial STIs, repeated (forced) abortions, pregnancies, injuries. Tattoos, large amounts of cash, multiple mobile phones

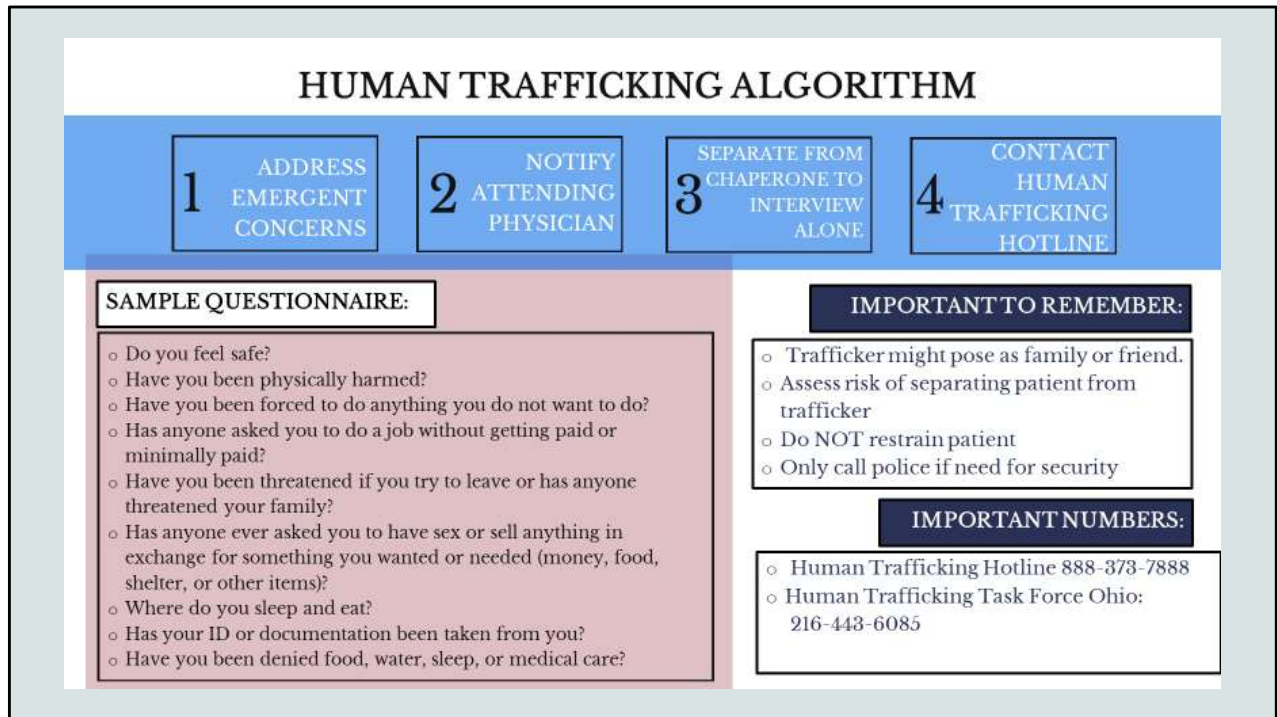
## Physical Symptoms of Sex Trafficking



[Images author owned, created using Visme.] Health consequences of human trafficking encompasses all organ systems and trafficked children can present with a seemingly disconnect set of symptoms that would not point to trafficking unless you have a high index of suspicion. For example, a child presenting several times for an asthma exacerbation despite repeated health education could not have proper access to their life saving medications. A child with headaches, weight loss, and poor concentration could be trafficked as well. Additionally, trafficked individuals may experience malnutrition as a result of an inadequate diet, and be forced to live in substandard conditions.<sup>6</sup> Given the varied and potentially severe health implications of human trafficking, it is imperative that pediatricians be equipped to recognize and respond to suspected labor and sexual exploitation.

## Health Consequences of Sex Trafficking





This algorithm is designed to help aid you if you come across a child who you are worried about being trafficked.

Sample screening questions. There are validated screening tools such as 1. Quick youth indicators for trafficking (QYIT), 2. A short screen for child sex trafficking, 3. CSE-IT Assessment tool

# RED FLAGS

- Discrepancy between HPI or pattern of injury (vague history or has run away frequently)
- History of multiple STIs or pregnancies or abortions
- Presence of tattoos or other forms of branding (check bottom of feet)
- Disconnected from family, friends, community, organizations, or house of worship
- Has stopped going to school
- Sudden or dramatic change in behavior
- Person disoriented, confused, or showing signs of mental or physical abuse
- Bruises in various stages
- Person fearful, timid, or submissive during the visit
- Person shows signs of being denied food, water, sleep, or medical care
- Person defers answers to someone else or someone else seems in control of the situation
- Person seems coached in their answers
- Living in unsuitable conditions
- Lack of personal possessions

## Obtaining Child's History

### PRIVACY

- ❖ Child needs to be interviewed alone not with the trafficker
- ❖ Have the accompanying individual "fill out paperwork" in waiting room
- ❖ Take child to "get a urine sample" or for an "X ray"
- ❖ Ask if it is Okay to talk alone with the child (The child will know if they will be punished later for disclosure)

### RIGHTS OF THE CHILD

- ❖ Participate in care and decisions up to developmental capacity
- ❖ Respectful treatment. Non-discriminatory (age, gender, cultural)
- ❖ Non-biased, non-discriminatory
- ❖ Right to privacy and confidentiality (within confines of the law).
- ❖ Explanation for testing, procedures and recommendations

## Medical History (cont)



### **Special Attention to the following:**

- ❖ Reproductive history- condom use, pregnancy, STIs, current symptoms
- ❖ Prior injuries/ assaults
- ❖ Substance abuse/ use
- ❖ Mental health history
- ❖ Screenings (trafficking, CRAFFT, Mental health)
- ❖ GOAL: Health and Safety are the primary concerns. Not disclosure of trafficking

## Physical Exam

- ❖ Chaperone advisable / Advocate present
- ❖ Accurately document injuries. Use trauma chart/diagrams, written explanation, direct quotes
- ❖ Image documentation (photo colposcope)
- ❖ Forensic evidence collection if within 120 hours. Remember consent
- ❖ Speculum exam may be indicated for PID or internal injury suspected
- ❖ STI testing / prophylaxis- per CDC - 2021 guidelines. GC, CT, Trichomonas, HIV, Syphilis, hepatitis B, C, D. Hep C high rates in trafficked females



## Physical Exam (Cont)

- ❖ Pelvic Inflammatory disease risks are high- Advisable to offer STI prophylaxis (CDC - 2021 guidelines- next slide)
- ❖ If not vaccinated or not sure: Hepatitis B vaccination, HBV IgG may be given. Td or Tdap for wounds or if unknown tetanus status.
- ❖ HIV prophylaxis given high risk. 28-day regimen compliance to be considered
- ❖ Syphilis treatment if positive testing
- ❖ Pregnancy testing / prophylaxis
- ❖ HPV vaccination (up to age 26yr)
- ❖ Birth control. Emphasis long acting reversable (LARC- Nexplanon)
- ❖ Care for immigrant children- guidance and screening

## Mandatory Reporting

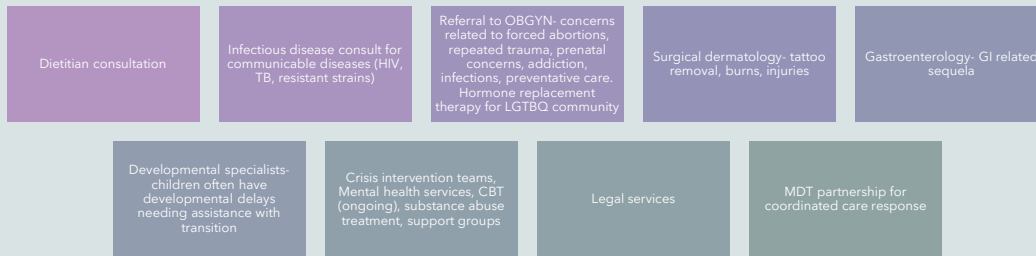
❖ **Requirement:** Healthcare workers must report when they have **reasonable suspicion** or cause to believe that the child has experienced sexual abuse, assault or sexual exploitation.

❖ The report must be made to law enforcement or child protective services (CPS) within 48 hours of learning about the abuse, assault or exploitation.

❖ CPS must be informed if there is suspicion that that caregiver or parent may have abused the child or **immediate safety concerns**. If forensic evidence is collected, inform law enforcement as soon as possible. Make report to CPS, call 866-END HARM (866-363-4276)

❖ **Police report:** Contact law enforcement by contacting the agency in the jurisdiction where the event occurred. Call 911 if the jurisdiction is unknown. Try to involve the patient in making the report if required.

# Potential Referrals for Survivors



# Importance of Establishing a Trafficking Treatment Protocol

Providers must know local resources for Human trafficking (like Intimate Partner Violence)

Local resources like: Project Help, Rape Crisis centers, women's shelters, homeless shelters, addiction / recovery centers, churches and non-profits to provide materials, support services.

Know resources available for potential victims through local law enforcement or task forces

Mandated reporting by state, local, and federal requirements. Proper language interpretation, translator services

Vital Elements: Assistance with separation with trafficker, interview procedures, safety maintenance (victim/staff) and referral information

Development of a Multidisciplinary team of SW, case managers, customer service reps, nurses, physicians, nurse practitioners, PA's, NAC, MA, educators, dental hygiene, law enforcement, security, support, and community partners.



## Multi-disciplinary Team (MDT) Partners

- Comprised of seven disciplines
  1. *Child Protective Services*
  2. *Law Enforcement*
  3. *Prosecution*
  4. *Victim Advocacy*
  5. *Mental Health*
  6. *Medical*
  7. *Forensic Interviewing*

- ❖ In many jurisdictions, some or all of these services are located under the same roof; this is called co-location. Spokane’s MDT has had varying degrees of co-location over the years but is not currently co-located.
- ❖ Legally, the prosecutor’s office is responsible for implementing the MDT processes; in Spokane, the prosecutor has elected to designate the CAC as the convener of the MDT. This means that the CAC employs the MDT Coordinator and is responsible for the MDT functioning.
- ❖ CPS- Department of Children, Youth & Families;
- ❖ Spokane County has 6 different LE agencies: SPD, Spokane County Sheriffs Office, Lib. Lake, Airway Heights, Cheney PD, EWU PD. We also work with Lincoln Co when appropriate. There are also state and federal agencies with presence in Spokane. We work frequently with the FBI and occasionally serve the other state and federal agencies and include them as participants in our MDT meetings on an as-needed basis.
- ❖ Spokane County Prosecutor’s Office; crimes are typically charged in the Special Assault Unit aka SAU
- ❖ Lutheran Community Services provides our advocacy. This is different than most MDTs, as advocacy is usually provided under the CAC umbrella. LCS advocates come on-site at the CAC to meet with victims and families and are there to assist victims in understanding their rights and the investigation process. As community-based advocates, they have privileged communication. This means that they are not required to inform the investigators or prosecutors/defense of any pertinent info they may learn from the client but do not have client’s permission to share (this does not apply to their mandatory-reporter status).



## Survivor Role

- ❖ Incorporation of Survivors onto boards, advisory committees, or staff to offer much-needed insight to the MDT partners
- ❖ Provide insight into thoughts, feelings, needs of survivors as they interact with healthcare and other disciplines
- ❖ Help guide care and training programs

## History of CACs & MDTs: how they came to be

- 1985 - a District Attorney in Alabama developed the MDT  
*was frustrated that the social service and criminal justice systems were not working together*  
*felt that the distance between the two added to the emotional stress of victims*  
*victims often were interviewed multiple times in various locations*  
*the way things were being done often resulted in a "frightening experience for the child victims"*

*[nationalcac.org](http://nationalcac.org)*

The system oftentimes revictimized children by subjecting them to the chaotic system, compounding their trauma and creating uncooperative/unwilling witnesses. In turn, this created more victims.



- Partners' CAC is accredited through the National Children's Alliance

*We've met ten rigorous standards that ensure we're providing services in a trauma-informed, evidence-based manner*

*[nationalchildrensalliance.org](http://nationalchildrensalliance.org)*

National  
Children's  
Alliance

- 1) MDT
- 2) Diversity, Equity, and Access of Services
- 3) FI
- 4) Victim Support and Advocacy
- 5) Medical Evals
- 6) Mental Health
- 7) Case Review and Coordination
- 8) Case Tracking
- 9) Organized Capacity
- 10) Child Safety and Protection





## How Schools Can Prevent Sex Trafficking

- ❖ According to the Institute of Medicine and National Research Council, U.S. schools are emerging as promising environments for prevention / intervention strategies
- ❖ Kids spend 180 days average/year for 6-8 hours/day, not including extracurricular activities (sports, music, arts, clubs, etc)
- ❖ Teachers in a position to recognize changes in behavior and appearance AKA “Red Flag Indicators”
- ❖ Educate young people on healthy physical/emotional development, bullying prevention, dating violence

## Prevention in Schools (Cont)

Train school personnel to recognize and respond to signs of trafficking- targeted training for enrollment personnel, school nurses, and school counselors

Develop and implement a trafficking protocol (organized response)

Protocols need to clearly communicate that child sex trafficking is child abuse; Children are victims and not criminals

Collaborate with other school districts and community agencies (DCYF, Law enforcement)

Offer prevention curriculum to students  
(National Center for Homeless Education. [www.serve.org/nche](http://www.serve.org/nche))



## Educational Resource Links

- ❖ [www.nesteducators.org](http://www.nesteducators.org) > 40 educational resources that can be used in the classroom
- <https://nche.ed.gov/resources/> National Center for Homeless Education

## Advocacy

- ❖ YouthCare Community Advocates (homeless youth) Program: 855-400-2732
- ❖ Washington Anti-trafficking Response Network (WARN) for cases of labor trafficking:  
206-245-0782
- ❖ National Human Trafficking Hotline (888-373-7888) Lutheran Community Services Northwest (Spokane)
  - ❖ Sexual assault / Crime Victim Advocate: Office: 509-747-8224
  - ❖ 24/7 Crisis Line: 509-624-7273- Statewide

## CDC Guidelines, Reproductive Health, 2021 CDC STI Guidelines, & Links for Mobile Apps

- ❖ <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- ❖ <https://www.cdc.gov/std/treatment-guidelines/provider-resources.htm#MobileApp>
- ❖ <https://www.std.uw.edu/>
- ❖ <https://www.cdc.gov/reproductivehealth/contraception/contraception-app.html>
- ❖ <https://www.cdc.gov/std/treatment-guidelines/sexual-assault.htm>

## Resources to Address Transitional Needs of Trafficked Victims

- ❖ Transitional Services and Needs:
- ❖ This is an online Referral Directory made up of anti-trafficking organizations and programs that offer emergency, transitional, or long-term services to victims and survivors of human trafficking as well as those that provide resources and opportunities in the anti-trafficking field. Click link and input city, state, or zip.
- ❖ They received 50,123 clicks in 2021
- ❖ <https://humantraffickinghotline.org/en/human-trafficking/sex-trafficking>
- ❖ Youth Homelessness resource: <https://youthcare.org>




- ❖ Washington Anti-trafficking Response Network (WARN) for cases of labor trafficking:  
206-245-0782
- ❖ National Human Trafficking Hotline (888-373-7888)
- ❖ Lutheran Community Services Northwest (Spokane)
  - ❖ Sexual assault / Crime Victim Advocate: Office: 509-747-8224
- ❖ 24/7 Crisis Line: 509-624-7273- Statewide

## Organizational Resources and References

- [Articles/Guidelines-for-Human-Trafficking-Evaluation.King.county.pdf](#)
- <https://healtrafficking.org/>
- <https://www.youtube.com/watch?v=crXSy1ttw8o>
- <https://www.netsmartz.org/SexualSolicitation>
- <https://ccyj.org/our-work/combating-child-sexual-exploitation/>
- <https://www.state.gov/j/tip/laws/>
- [Polaris-Analysis-of-2021-Data-from-the-National-Human-Trafficking-Hotline.pdf](#)
- <https://www.westcoastcc.org/cse-it/>

- Resource while still in the sex trade (Seattle Children's Resource Guide; Guidelines for Human Trafficking). Copy and paste link in browser
- [https://static1.squarespace.com/static/5bcf2a05c2ff6129ecf5fa9d/t/5ca3b9f5e4966b6d86aadf9d/1554233846186/REST\\_Heath-Booklet\\_mobile.pdf](https://static1.squarespace.com/static/5bcf2a05c2ff6129ecf5fa9d/t/5ca3b9f5e4966b6d86aadf9d/1554233846186/REST_Heath-Booklet_mobile.pdf)
- AAP Screening tools for Child Sex Trafficking
- <https://www.aap.org/en/patient-care/child-trafficking-and-exploitation/tools-for-screening-and-universal-education/>
- Trauma informed Care - Pearr Tool-  
<https://www.dignityhealth.org/content/dam/dignity-health/pdfs/pearrtoolm15nofield2019.pdf>



*The True Character of  
A Society is Revealed  
In How It Treats Its  
Children*

*Thank you for all that you  
do for the children and  
families that you serve*

