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HUMAN SEX TRAFFICKING SYMPOSIUM



#### They Are Not For Sale Restoring Broken Dignity



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#### **Disclosures**

I have no actual or potential conflict of interest in relation to this presentation or symposium

### When do we as Health Care Professionals Interface with Human Trafficking?

- Emergency Department Visits/Urgent Care Visits
  - ✓ 28-88% report visit to medical provider during time of exploitation
  - ✓ 63% in US sex trafficking survivors report visit to ED
  - ✓ 4.8% of ED physicians report confidence in ability to recognize trafficking
- Outpatient Gynecologic Office Visits
  - ✓Genital Trauma
  - ✓ Multiple STI
- Family Planning Clinic Visits
  - Overly sexual behavior
  - Multiple Spontaneous or Elective Terminations



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# **Sex Trafficking**

- Any Commercial Sexual worker that is under force, fraud or coercion
- Anyone less that 18-years-old who is involved in commercial sexual trade
- Average Age of Entry 12- 14-years-old
- Female and Male
- Pornography

Zimmerman et al. 2003

#### **Reproductive and Sexual Health Concerns**

- Genital Trauma/Vaginal Lacerations
  - ✓ Vaginismus/Sexual Dysfunction
  - ✓Scar Tissue
- Multiple STI
  - ✓ Increased risk of Pelvic Inflammatory Disease
  - ✓ Increased risk of Scarring of Fallopian Tubes
  - ✓ Increased risk of Ectopic pregnancy
  - Increased risk of HIV transmission
  - If reporting sexual assault be sure to offer prophylaxis for STI and also to discuss emergency contraception

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# **Unintended Pregnancies**

- Repeated Instrumentation of the Uterus
  - Repeated instrumentation of Uterus increases risk of In-utero scarring (Asherman's Syndrome)
- Late Term Abortion
- Maternal/Neonatal Outcomes of Unintended Pregnancies
  - Increased Risk of tobacco/polysubstance abuse
  - ✓Late entry to Prenatal Care
  - ✓ Decreased Breastfeeding Rates
  - Increased Maternal Depression/Anxiety
  - Poor maternal and neonatal outcomes

Santelli et al 2003

# **Patient Centered Approach**

- Ensure the Safety of Patient
- Establish Trust and Transparency
- Offer Peer Support
- Be Collaborative
- Empower the Patient
- Be sensitive to Cultural and Gender Issues

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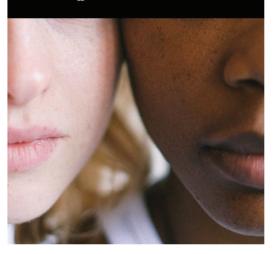
# **Professional Interpreters**

- If you are not fluent, use the professional interpreter as you may not pick up on subtle differences in answers
- · Use open ended questions to allow trafficked individual a chance to talk
- Do not use family members or "friends" as interpreter
  - ✓You will not be able to ascertain what is being asked or the response
  - Trafficked individuals may be afraid of what the trafficker will do to their loved ones if they speak up. However, the interpreter may pick up on some inconsistent answers or other hints of trafficking
- If the patient is an immigrant
  - ✓ May ask when they arrived into the US
  - May ask about where they live now

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### **Appropriate Language to Use**

- "I am here to help you."
- "Your safety is important to me."
- "You have rights."
- "You are not alone."
- "You are not to blame."

# Words NOT to Use

- Coersion
- Sex Worker
- Victim
- Call girl
- Pimp
- Escort

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Shandro et al 2013

#### Appropriate Documentation is Key This documentation may be used in prosecution

- History
  - ✓ State only medically relevant facts
  - When appropriate use patient's own words
- Physical Exam
  - Do clinically relevant exam and only with consent and permission
  - Document all findings as objectively as possible
  - Document all findings (cigarette burns, tattoos, bruises, scars)
  - ✓Include details of mental health exam

# **Appropriate Documentation**

- Photographs
  - ✓ ALWAYS OBTAIN CONSENT
  - First photo should include patient face and area involved
  - If possible use a ruler or common object to help one understand size of lesion
  - Always include a sheet of paper with the date
  - Include name of individual who took photograph
- Assessment and Plan
  - Explain plan even for findings not related to trafficking
  - ✓ Use not/possibly/likely consistent with history
  - Include "suspected human trafficking"

Alper et al. Human Trafficking; Guidebook on Identifying, Assessment and Response in the Health Care Setting. Sept 2014.

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## **Chain of Custody**

- A list must be maintained of all persons who came into possessions of a particular item of evidence.
- Failure to do this may and will lead to serious questions regarding the authenticity and integrity of the evidence and it may not be admissible in court.
- Each time an evidence container is opened and closed it must be sealed with a label that has the examiner's name, date and location of the item.
- If the evidence is moved to another location/lab, the date of this transfer must also appear on the label.
- In addition, a complete record of all persons in touch with the evidence is maintained and these persons may be summoned to court to testify during court proceedings.

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#### Implications of Law Enforcement Involvement

- Just the idea generally increases the stress of the situation
- The trafficked individual may respond with wide array of emotions
- If the mention of Law Enforcement brings about fear it should add concern for trafficking
- Need to overcome the distrust or risk losing confidence

### Importance of Organizational Protocols

- Does your clinic/institution have a protocol or policy in the event you suspect human trafficking?
- May want to use Trafficking Screening Tool.
- Are SANE nurses available and is that contact posted for all to be able to find?
- Post National Hotline number **1-888-373-7888** in bathrooms or other places the trafficked individual may be.
- Have a list of local trafficking resources for referral.
- Local forensic examiner information and guidelines for referral.
- Local and national law enforcement contact and guidelines for referral.

Shandro et al 2016

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# thank you

Jaura W. Bush

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