Turn Out: Medical Response to DMST

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Financial Disclosures

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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)

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.

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
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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CSEC

DMST

International Sex Trafficking

- Pornography
- Stripping
- Erotic massage
- Phone sex
- Internet based

- Street, pimp controlled, gang based trafficking
- Interfamial pimping
- Escort services

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Recruitment

- Grooming
- Face to face
- Social Media
  - Facebook
  - Snapchat
  - Instagram
Teaching Points

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

“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
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

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

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

Sharedhopes.org
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

SharedHope.org
Automatic
Accompanied/monitored by exploiter

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

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
Teaching Points

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

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

Want more independence
- Separate from their parents
- Friends most important
- Romantic relationships
- Test boundaries
- Take risks
- Experiment
Who is at Risk?

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

Risk

_ All adolescents are looking for love, acceptance
  _ They also experiment
_ Pimps capitalize on an adolescent’s vulnerably
  as the grounds to become exploited
_ Not a normal “thing”
_ Some adolescents are more vulnerable than others…

Known Risk Factors

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

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


Highest Risk Populations

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

Estes & Weiner, 2001 & 2002

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

SharedHope.org
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

Characteristics of CSEC and CSA Groups

More common in trafficked youth:
- Length of time sexually active
- Frequency of condom use
- Prior history of STI
- Contraception use
- History of violence by caregiver
- History of violence with sexual activity
- Drug/alcohol abuse
- History of running away
- History with the police

No difference:
- History of pregnancy
- Menstrual problems
- Mental health disorders
- Prior sexual abuse

Varma S, et al. 2015
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

Teaching Points

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

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.

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

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

+ Polaris
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

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
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

Identification: Physical

- Visible signs of abuse
- Dressed in inappropriate clothing
- Change in physical appearance
- Reluctant to explain a certain tattoo
Identification: Behavioral
- Unexplained/multiple absences from home, school or group home
- Including running away
- Controlling relationships

Identification: Psychological
- Self injury
- Suicidal ideation
- Substance abuse

Identification: Medical
- History of multiple STI’s
- Multiple pregnancies
- Terminations
- Multiple sexual/physical assaults
Screening Tool

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

S. Rinaud Greenbaum, MD*; Martha Bold, BSN, FNP-BC*; and Courtney McIlvain, PhD*

<table>
<thead>
<tr>
<th>TABLE 2: Six-Item Screening Questionnaire</th>
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</thead>
<tbody>
<tr>
<td>1. Has the youth ever run away from home?</td>
</tr>
<tr>
<td>2. Has the youth ever been involved with law enforcement?</td>
</tr>
<tr>
<td>3. Has the youth ever been a minor, had a serious illness?</td>
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<tr>
<td>4. Has the youth ever had a sexually transmitted infection?</td>
</tr>
<tr>
<td>5. Has the youth ever had a history of actual activity?</td>
</tr>
<tr>
<td>6. Has the youth ever had more than 1 partner?</td>
</tr>
</tbody>
</table>

Greenbaum, 2015

Identification – ASK!

1. Has someone you know ever been asked to have sex for something?
2. Has someone you know ever had sex for something?
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?

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 of money, tattoos, change in appearance, etc.

Medical Care

- Acute care
- Follow up care
Acute Medical Care

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

APSAC

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

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
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?

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?

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
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

Initial Follow Up Protocol

- Follow up every three months
- GC/CT/Trichomonas testing every three months
- Genital examinations every 3 months
- HIV, RPR, Hepatitis C every 6 months

- We found
  - Not realistic
  - Not based on the patient’s needs or risk

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
Follow Up Care: Our Practice

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

Follow Up Care: Prevention

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

Follow Up Care: Psychological

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

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

Most Important Part of Follow Up?

GAIN RAPPORT AND TRUST
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

DO NOT

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

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
Motivators

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

Motivators - Cycle

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
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

Multidisciplinary Approach

Identify expertise in multidisciplinary team
- Mental health clinicians
- Child welfare
  - Investigators, social workers, foster care
- Medical providers
- Law enforcement
- Criminal justice

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
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

Agencies

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

Our Response Should be Automatic

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