# WHAT YOU NEED TO KNOW SEX TRAFFICKING AND SEXUAL EXPLOITATION

## A TRAINING TOOL FOR EMS PROVIDERS

In 2014,

multiple cases

of human

trafficking were

reported in all

50 states and

**ASU School of Social Work** 

## Office of Sex Trafficking Intervention Research

School of Social Work ARIZONA STATE UNIVERSITY

As an EMS provider, chances are you have treated victims of human trafficking and child sex trafficking and did not recognize it, or, if you did suspect something, you may not have known what to do. EMS providers are often the first set of eyes on trafficking victims.

Human Trafficking and terms like "modern day slavery" usually conjure

images of young girls being sold to sex tourists in faraway countries. Hollywood movies, TV shows and documentaries

feature scenes of tourists being kidnapped and forced into sexual servitude.

Despite this media portrayal, human trafficking is a real and growing problem all over the world, including here in the United States. It defies stereotypes and

experts continue to build new knowledge about the issue.

EMS providers must recognize that sex trafficking exists in their community and understand that they are on the frontlines and through proper intervention, could aid in victim rescue and ultimate recovery. As a pre-hospital health care provider, you may be the first or in some cases, the only health care professional with whom a victim of human trafficking interacts

In addition to patient care, vou need to use vour observation skills to be able to "read between the lines" and be alert for possible clues and red flags of sex trafficking. This training brochure will explore the topic of sex trafficking to help EMS Pro-

viders know what to look for and how to respond.

Common myths and stereotypes about sex trafficking can affect a EMS provider's judgment of who may be involved in a sex trafficking situations and response. Common myths include, "Prostitution is a victimless crime," "That only happens abroad," or "It is between two consenting adults." Neither of which are true.

Cultural attitudes can also interfere with the ability to identify victims and traffickers, as both groups may not appear commonplace. In addition. stereotypes about the race and gender of a pimp or trafficker can also impact judgment of who may be involved in a sex trafficking situation. The reality is that anyone can be a pimp or trafficker, regardless of race, ethnicity, gender of socioeconomic status. Family members have been known to pimp out their relatives for money, drugs or other items, and boys can also be victims of sex trafficking.

> The Federal Trafficking Victims Protection Act (TVPA) defines the crime of trafficking as the recruitment, har-

boring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act where such an act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18

years of age.

**Washington, DC** 

EMS responders must recognize that sex trafficking exists in their community

The most important thing to understand from the federal definition is that anyone under the age of 18 who is induced to perform a commercial sex act is automatically a trafficking victim. All minors, whether they give consent or not, are considered victims.

Vulnerable youth can be lured into prostitution and other forms of sexual exploitation using promises, psychological manipulations, provision of drugs and alcohol. and violence.

The commercial aspect is

what differentiates the crime of sex trafficking from sexual assault, molestation or rape. Sex trafficking is now being treated as a public health issue. Common public health issues often co-occurring with sex trafficking victimization include domestic violence, child abuse and neglect, HIV and other sexually transmitted disease, unwanted pregnancies, unmet preventative healthcare needs, and drug and alcohol abuse and addiction. It is important to apply your existing training and knowledge about these other health topics as you evaluate a potential sex trafficking situation.

### **VICTIMS OF HUMAN TRAFFICKING LOOK** LIKE THE PEOPLE YOU HELP EVERYDAY

Remember that trafficking victims can be male, female or transgender, under 18 or adults. Victims of trafficking are recruited into prostitution, groomed and tricked by their trafficker and forced to comply through beatings, rape, starvation and threats of violence to loved ones. Most trafficking victims suffer extreme physical and psychological trauma and often have a strong bond with their trafficker, similar to a domestic violence victim. These traumatic experiences can be dehumanizing, shocking or terrifying, and may include feelings of shame and the loss of safety or betrayal by a loved one, trusted person or institution.

Sex trafficking victims have often endured a high levels of trauma and require interventions that do not inflict further trauma such as physical restraint, isolation or harsh verbal interrogation.

It is important to understand examples of FORCE, FRAUD and COERCION used by pimps or traffickers (Polaris Project).

#### **FORCE**

- · Slapping and beating with objects
- Burning
- Sexual assault
- Rape and gang rape
- · Confinement and physical restraint
- Torture

#### **FRAUD**

- False promises
- · Deceitful enticing or affectionate behavior
- Lying about working conditions
- Lying about the promise of a better life
- Withholding wages
- · Blackmail or extortion

#### COERCION

- · Threats of serious harm or restraint
- Intimidation and humiliation
- · Creating a climate of fear
- Enforcement of trivial demands
- Occasional indulgences
- Intense manipulation
- Emotional abuse
- Dependency for food, clothing and shelter
- Control of children
- Threatening abuse or legal process or convincing victims that they are criminals
- Removal from family and support structures to a place where a victim is unfamiliar and knows no one

Hotels and motels are routinely used for sex trafficking where victims are compelled to provide commercial sex to paying customers. Victims may be forced to stay at a hotel or motel where customers come to them (in-call), or they are required to go to rooms rented out by the customers (out-call). Sex trafficking victims often stay in hotels and motels with their traffickers while moving to different cities or states.

You many notice excessive amounts of sex paraphernalia in rooms (condoms, lubricant, rubbing alcohol, lotion.) Multiple women may be living in the room with all their belongings, and a male known to the victims could be staying in an adjoining or nearby room.



EMS may be called to a scene after a victim, trafficker or bystander calls 911. Victims earn income for a trafficker so their health and ability to earn money is important to them.

#### **HOW TO SPOT A VICTIM OF SEX** TRAFFICKING

- Any minor working in commercial sex
- Presence of a companion who answers for a patient
- Lack of ID documents

**VICTIMS** 

**MAY NOT** 

**RECOGNIZE** 

**THAT** 

THEY ARE

VICTIMS.

**AND MAY** 

**NOT ASK** 

FOR HELP.

- Reluctance to explain tattoos/branding
- Rectal/vaginal trauma
- Bald patches or missing hair
- Inadequately and at times inappropriately or provocatively
- Bruises in various stages of healing caused by physical abuse
- Scars, mutilations, or infections due to improper medical care
- Poor hygiene
- Urinary difficulties, pelvic pain, pregnancy, or rectal trauma caused from working in the sex industry
- Malnourishment and/or serious dental problems
- Disorientation, confusion, phobias, or panic attacks

#### **SCAN THE PHYSICAL ENVIRONMENT UPON SCENE ARRIVAL:**

- Rooms may have numerous beds on the floor.
- There may be small rooms throughout the residence that have locks on the outside of the doors.
- Locks may be on many/all of the windows that keep people from coming in AND getting out.
- There may be the presence of drugs or drug paraphernalia.
- There may be the presence of restraint devices such as rope, chain or what may appear to be related to erotic practices involving dominance and submission.
- There may be numerous phones present and there may be expensive cars, jewelry and purses that seem out of place at a budget hotel.

#### **Possible Physical Sex Trafficking Indicators**

- · Evidence of sexual trauma
- Cigarette burns
- Fractures
- Bruises and or contusions
- Tattoos found on the body may serve as a "brand" that the victim belongs to a certain trafficker
- Drug abuse related health issues such as asthma, Hepatitis C, skin infections
- Somatic signs of stress such as headaches, back pain, stomach pain
- Malnutrition and poor diet
- Dehydration
- Unexplained scars
- Injuries to head and mouth
- Bladder damage, injury or infection
- Temporal Mandibular Joint problems from oral sex
- Bite marks
- Stab or gunshot wounds
- Hearing loss from head trauma
- Traumatic Brain Injury (TBI)
- Bald patches from having hair pulled
- Dental problems

(Dovydaitis, 2010; Sabella 2011 & 2013)

#### **Possible Sexual Health Indicators** of Sex Trafficking

- Sexually transmitted Infections
- Pelvic Inflammatory Disease
- HIV infection
- Pregnancy (little to no prenatal care)
- Abortion complications
- Impacted sponges, condoms, tampons or baby wipes
- Vaginal discharge and infection from using items inserted into the vagina to block menstruation
- · Vaginal wall tears
- Traumatic fistulas

(Issac et al, 2011) (ECPAT, 2013)

#### · Discrepancy in reported age and

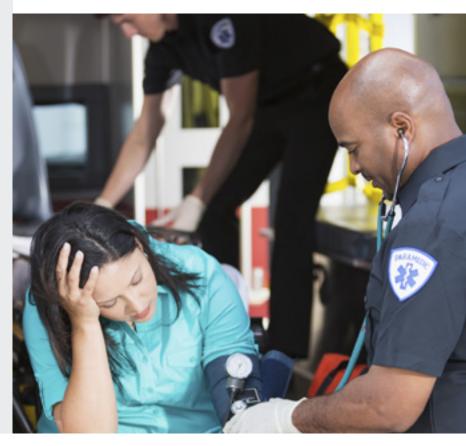
apparent age

**RED FLAGS** 

- · Resistance to gynecological exam
- Homelessness
- Runaway teen
- History of abuse
- Traveling with an older male
- Presence of an older "boyfriend" or older peer
- Unusual tattoos or branding marks
- Involvement with the juvenile justice system through truancy, curfew violations and other status offenses
- · Not an English speaker and their companion refuses the use of a translator

- · Use of street lingo with references to "The game" or "The life"
- Lack of identification
- · Dominating or controlling "boyfriend" or companion in the room who refuses to leave
- Claim that the patient is "just visiting" the area and unable to provide a home address
- The victim does not know the identify of the person who assaulted or hurt them but was in a hotel or car when the incidence took place

(STIR Training Manual, 2013)



The U.S. Department of Health and Human Services states that victims of sex trafficking often suffer from health related problems including the physical effects of rape, as well as the physical effects of beatings and abuse such as broken bones, dental injuries and untreated wounds (Clawson and Grace, 2007).

According to the World Health Organization, the most commonly reported physical health problems reported by survivors of sex trafficking include fatigue, headaches, sexual and reproductive health problems, back pain and significant weight loss (WHO, 2012).

Once identified, victims of sex trafficking should be referred to support systems that can help them obtain psychological care and material

support to enable them to move beyond the victimization (Issac et al, 2011).

Transporting the potential victim to the nearest medical facility is always safer than leaving them on-scene. Encourage potential victims to consent to transport. If they decline transport, consider an MCEP call to have a physician speak with the patient. EMS providers are encouraged to contact the National Human Trafficking Resource Center. Also, once at the medical center, inform the social worker or staff there of your suspicions.

> If you suspect Human Trafficking, call the National Human Trafficking Hotline at 1-888-3737-888

## VICTIMS DO NOT IDENTIFY THEMSELVES AS VICTIMS OF SEX TRAFFICKING

Because of psychological manipulation by their trafficker, sex trafficking victims may resist attempts for help or rescue. Focus on transporting potential victims to a safe location.



**WARNING SIGNS** 

minor, they called a Medical Control

by Emergency Physician and had her

## NOTICING THE WARNING SIGNS CAN HELP VICTIMS RECEIVE THE SERVICES THEY NEED SO THEY ARE NOT FURTHER TRAUMATIZED.

Number of suicide attempts
Extreme anger
Running away
Guilt and low self-worth
Self-harm and/or self-mutilation
Multiple sexual partners
Eating disorders
Mood swings

have any obvious injuries. The skin on

her lower back was irritated from a

Difficulty forming relationships
Flashbacks and/or nightmares
Confusion
Depression
Withdrawal and isolation
Somatic complaints
Sleep disturbance
Academic decline

Suicidal thoughts
Dramatic change in behavior
Truancy or school avoidance
Substance abuse and overdose
Antisocial behavior
(National Institute of Mental Health)
(The National Child Traumatic Stress
Network 2013)

medical providers that she had a pimp.

## WHAT MAKES TEENS VULNERABLE?

#### **History of child abuse**

A majority of underage trafficking victims have a history of sexual abuse from earlier in their childhood (National Report on DMST, 2009).

### Runaways/ Being "thrown out" of the house

Traffickers target teens who are having trouble at home. Runaway youth are at an increased risk for predators because they have few resources. It is common for teens who have run away to trade sex for basic survival needs like food, clothes, or a place to stay.

While some teens run away from home without permission, others are "thrown out" or told to leave by their parents or guardians. Others just don't have a parent or guardian adequately supervising their relationships. Youth who have recently runaway from home are considered to be the most vulnerable within the first 48 hours (National Center for Missing and Exploited Children).

#### Foster care/group home

habit.

Youth in foster care move around a lot, and are prone to victimization because they may not have someone looking for them or making sure they are safe. They may crave the attention a pimp can provide. The pimp/trafficker will provide a false sense of safety and security and will quickly establish himself/herself as a person that is essential to the victim's ability to survive.

#### **Gang membership**

Increasingly, gangs are moving to prostitution as a means for income, much like selling drugs or guns. While drugs or guns can be sold just once, a human body can be sold over and over. Some girls are told they must sell their bodies as part of gang initiation, membership or for protection.

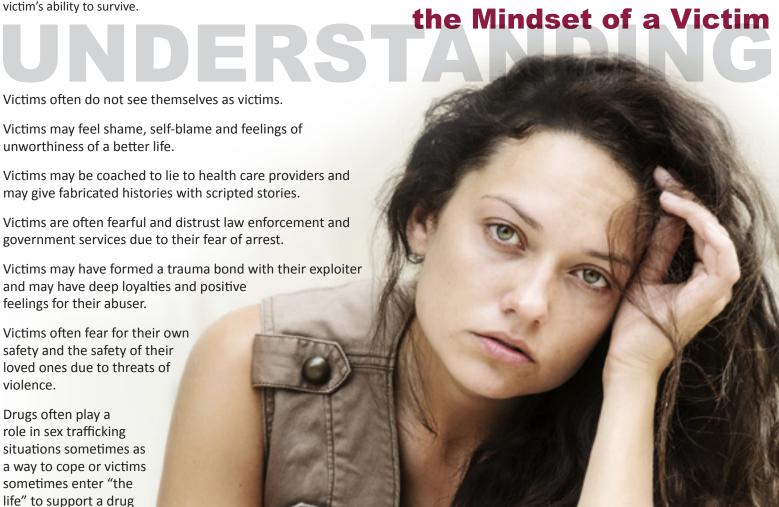
#### Juvenile justice system involvement

Youth who have been arrested or are currently on probation are at a higher risk for trafficking. Juveniles are most commonly arrested for related crimes such as loitering, curfew, runaway or minor in possession of drugs or alcohol.

Thirteen years old is the average age a child is first exploited through prostitution.

(Shared Hope International)





## HOW TO TALK TO A VICTIM

Like victims of domestic violence, victims of sex trafficking consistently minimize the level of violence they experience. Many sex trafficking victims are embarrassed, shocked, or feel responsible for their situation and want to minimize the violence out of guilt and shame.

Victims of sex trafficking are almost always also victims of domestic violence.

Like victims of domestic violence, the sex trafficking victim may be fearful and claim to have deep feelings of love for her abuser. For these reasons, the victim may not be cooperative and can act in a hostile manner toward anyone in uniform or anyone else trying to help.

Assume control of the situation SLOWLY. Introduce yourself, speaking directly to the patient. Explain what you're doing. Ask open-ended questions, allowing them to talk. Restore control to the victim. Do not be judgmental. Use empathic and active listening skills when discussing options for the victim. She must have control of the conversation for the healing process to begin.

If you can, separate yourself and the victim from the trafficker. A good explanation could be that you need to use equipment that is in your ambulance. The ambulance can provide a safe place to take a victim to get them alone and away from their trafficker and an ideal location for the EMS provider to question the victim and uncover injuries and abuse related to sex trafficking.

Ask the patient direct, non-threatening questions in an empathetic manner, emphasizing that these questions are asked of all patients.

Another important aspect of injuries from both domestic violence and sex trafficking is that you may encounter injuries in different stages of healing.

When treating injuries, and documenting the situation, plans for the victim's safety should be discussed. Be mindful that victims often run from a safe place and return to their abuser several times before finally leaving the life. Do what you can. Assume that your interaction may be her first and last interaction with a health care provider.

The pre-hospital health care provider can help the victim by encouraging her to allow transport to the nearest medical facility or by calling the National Human Trafficking Hotline at 1-888-373-7888 for local resources.

### Sample messages you can use to gain trust:

- "We are not the police."
- "We are not here to get you in trouble, we just want to help."
- "We will not make you do anything you don't want to do or feel uncomfortable with."
- "I am here to help you."
- "My first priority is your safety."
- "We will get you the care that you need."
- "We spoke to our doctor, they feel that we should take you to the hospital to get (issue x) checked out."

#### **What Questions Should You Ask?**

If you have a feeling in your gut telling you something with a situation is not right, ask for more information.

### **OF SEX TRAFFICKING**

When questioning adolescents, keep in mind that these youths have often been manipulated, they have been taught to be scared of authorities, and they are terrified of their pimps.

#### **Sample Questions**

- Who is with you?
- Is that your Boyfriend, Dad or Uncle?
- Do you have any ID? Where do you usually keep it?
- What sort of past medical issues or injuries have you had?
- Are you on any medications?
- When was the last time you were in the hospital or saw your Doctor?
- When was your last meal and what was it?
- Where are you staying?
- Would you like to talk in private?
- What sort of work do you do?
- Do you play any sports?
- Did someone hurt you? Was it on purpose?
- Have you ever had to trade sex for money or something else you needed?
- Have you ever had to do things in order to stay somewhere that you did not want to do?
- Has anyone ever taken pictures of you and put them on the internet?
- Are you scared, nervous or anxious? Why do you think that is?



## WHAT TO DO WHEN YOU SUSPECT

**SEX TRAFFICKING** 

Once you suspect someone might be a trafficking victim, the next steps are very important. If the minor refuses to be transported, contact the police.

- 1. First of all, transport the patient alone, do not allow their companion to come with them.
- 2. Also, ask the patient to turn off their cell phone and observe them as they do it so no one can listen in during the transport.
- 3. Share your concerns privately with other emergency responders and the emergency department staff so they understand the sensitivity of the situation.
- 4. If they are a minor and refuse to be transported, immediately contact the police.
- 5. If the patient is younger than 18, EMS providers are mandated to report any concern about trafficking to police and Child Protective Services.
- 6. Ask your medical director to develop a protocol to respond to suspected victims of sex trafficking.

#### The Role of Law Enforcement

Human trafficking situations are very dangerous and police must be notified. Do whatever it takes to get law enforcement involved. You can be helpful by getting the patient alone and safe until law enforcement can arrive or can assist with the law enforcement interview at the hospital after transport.

When you suspect you have encountered a trafficking victim, notify law enforcement from the scene (discretely) so police can meet the patient at the emergency department or arrive at your location quickly or ask your dispatch to notify police. When contacting police, do not use the word "prostitution." Instead say you are transporting someone whom you suspect is being trafficked for commercial sex. If you notify police that you think you have a minor who is being trafficked, they will send their crimes against children unit or qualified sex trafficking unit who have experience dealing with this situation. Regarding adult sex trafficking victims, in some jurisdictions, you may not be allowed to report injuries related to sex trafficking to law enforcement without the adult patient's consent.



sensitivity

For additional victim resources, call the National Human Trafficking Resource Center (Call: 1-888-373-7888 or Text: BeFree to 233733).

### WITH PROPER IDENTIFICATION AND INTERVENTION, EMS PROVIDERS CAN BE ESSENTIAL TO VICTIM RESCUE AND ULTIMATE RECOVERY

#### Sources:

Clawson, H.J. & Grace, L.G. (2007). Finding a Path to Recovery: Residential Facilities for Minor Victims of Domestic Sex Trafficking, Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation (ASPE), U.S. Department of Health and Human Services.

Chisolm-Straker, M., Richardson, L., Cossio, T. (2012). Combating slavery in the 21st century: the role of emergency medicine. Journal of Healthcare for the Poor and Underserved, 23(3), 980-987.

Dovydaitis, T. (2010). Human Trafficking: The Role of the Health Care Provider. *Journal of Midwifery & Women's Health.* 2010 Sep-Oct; 55(5): 462–467.

Hernadez, Barbara "Identification and Treatment of Domestic Minor Sex Trafficking" National At-Risk Education Network, 2013.

Issac, R; Solak, J; and Giardino, A. (2011). Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene, Journal of Applied Research on Children: Informing Policy for Children at Risk: 2(1)

National Academy of Sciences. (2013). Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States. 271-296.

Ohio Human Trafficking Task Force Recommendations. "Human Trafficking Screening Tool" 2013.

Sabella, D. (2011) The role of the nurse in combating human trafficking. February 2011: American Journal of Nursing 111(2).

Sabella, D. (2013) Health issues and interactions with adult survivors. In De Chesnay, M. (Ed.) Sex Trafficking: A Clinical Guide for Nurses. New York: Springer Publishing Company.

Williamson, E; Dutch, N. and Clawson, H. (2010). Evidence-Based Mental Health Treatment for Victims of Human Trafficking. *Study of HHS Programs Serving Human Trafficking Victims*.





This EMS Brochure project was funded by TRUST. TRUST coordinates anti-trafficking efforts in Arizona and increases awareness as it relates to Arizona's children. www.trustaz.org

Dominique Roe-Sepowitz, MSW, PhD, Director, STIR Angelyn Bayless, Director of Communications, STIR Donna Sabella, MSN, PhD, CRNP-BC Ramsey Tate, MD

John Whitney IV, Division Chief - EMS, Scottsdale Fire Department

Office of Sex Trafficking Intervention Research

For more information, please contact:

Office of Sex Trafficking Intervention Research
Phone (602) 496-0093 | Dominique.Roe@asu.edu
http://ssw.asu.edu/research/stir