IN THEIR SHOES: UNDERSTANDING VICTIMS' MINDSETS AND COMMON BARRIERS TO VICTIM IDENTIFICATION

The following document outlines a wide variety of both physical and psychological reasons why trafficked persons cannot or will not leave a trafficking situation. The list is inclusive of both sex and labor trafficking operations, as well as foreign-born and U.S. citizen victims. Items on this list are not meant to be interpreted as present in all trafficking cases, neither is this list intended to be exhaustive.

- **Captivity/Confinement**
  - Past examples have included victims being locked indoors, held in guarded compounds, or locked in trunks of cars.
- **Frequent accompaniment/guarded**
  - In many trafficking networks, victims' public interactions are mediated, monitored, or entirely controlled. In certain severe cases, victims have been controlled by armed guards.
- **Use and threat of violence**
  - Severe physical retaliation (e.g., beatings, rape, sexual assault, torture) are combined with threats to hold victims in a constant state of fear and obedience.
- **Fear**
  - Fear manifests in many ways in a trafficking situation, including fear of physical retaliation, of death, of arrest, or of harm to one's loved ones.
- **Use of reprisals and threats of reprisals against loved ones or third parties**
  - Traffickers target reprisals at children, parents, siblings, and friends, or other trafficking victims.
- **Shame**
  - Victims from all cultures and in both sex and labor cases may be profoundly ashamed about the activities they have been forced to perform. Self-blame links closely to low self-esteem.
- **Self-blame**
  - In the face of an extremely psychologically manipulative situation, trafficked persons may engage in self-blaming attitudes and blame themselves for being duped into a situation beyond their control. Self-blaming attitudes are often reinforced by the traffickers and can serve to impede the victim from testifying against or faulting the trafficker.
- **Debt bondage**
  - Traffickers create inflated debts that victims cannot realistically pay off. These debts are often combined with accruing interest or small fees to ensure that the victim stays in the debt situation.
- **Traumatic bonding to the trafficker**
  - In many trafficking cases, victims have exhibited commonly-known behaviors of traumatic bonding due to the violence and psychological abuse (a.k.a., Stockholm syndrome).
- **Language and social barriers**
  - Feelings of unfamiliarity or fear of the unknown provide obstacles to leaving a trafficking situation. These feelings are exacerbated by language and social barriers.
- **Distrust of law enforcement or service providers**
  - In many cases, traffickers are known to brainwash victims into a false distrust of law enforcement, government officials, and service providers. Victims also may have had negative past experiences with institutional systems, which also impact trust levels.
- **Isolation**
  - Traffickers purposefully isolate victims from a positive support structure and foster controlled environments where the victim is kept in a state of complete dependency. High levels of

dependency and learned helplessness often lead victims to 'prefer the hell they know' than face the uncertainty of adapting to a new world of independence.

- **False promises**
  - Traffickers use sophisticated methods of manipulating the human desire to hope through false promises and lies about a future better life. Victims who are children are especially vulnerable to these false promises.
- **Hopelessness and resignation**
  - In the face of extreme control, violence, and captivity, notions of hope may fade over time towards states of hopelessness and resignation.
- **Facilitated drug addiction**
  - In certain trafficking networks, traffickers provide addictive substances to their victims to foster longer-term drug addiction and monetary dependency.
- **Psychological trauma**
  - Many trafficking victims experience significant levels of psychological trauma due to the levels of abuse they have endured. In certain cases, this trauma leads to disassociation, depression, anxiety disorders, and post-traumatic stress disorder (PTSD), which in turn affects daily functioning and levels of agency.
- **Lack of awareness of available resources**
  - Victims may not leave a situation due to a lack of awareness of any resources or services designed to help them. Traffickers purposefully control the information that victims receive.
- **Low levels of self-identifying as trafficking victims**
  - The majority of trafficking victims do not self-identify as victims of human trafficking. They may be unaware of the elements of the crime or the Federal criminal paradigm designed to protect them.
- **Normalization of exploitation**
  - Over a long period of enduring severe levels of trauma, physical abuse, and psychological manipulation, victims demonstrate resilience strategies and defense mechanisms that normalize the abuse in their minds. In a relative mental assessment, what once may have been viewed as abuse may now be experienced as a normal part of every day life. This changing "lens" on viewing the world impacts the ability to self-identify as a victim.
- **A belief that no one cares to help**
  - Trafficking victims may believe that no one cares to help them, a belief that is reinforced both by traffickers' lies but also when community members do not take a strong stance against trafficking. When the community is silent on the issue, traffickers' power is increased and feelings of hopelessness are sustained.

In addition to all the above-stated reasons, numerous additional factors contribute to the difficulty of trafficking victim identification. These factors include:

- The **frequent movement of victims** fosters a **low likelihood of multiple encounters** with law enforcement or service providers. Victims may not be in one place long enough for a meaningful intervention.
- Victims may be **trained to tell lies or canned stories** to the organizations that are there to help them.
- Victims **rarely come into contact with institutional systems.**
- **Untrustworthy or corrupt interpreters** may impact the course of effective service provision.

Module 4:

Victim Identification and Engagement

I needed someone to talk to me, like, every one makes mistakes, to tell me, you know, it's going to be ok and I'm better than that."

- CSEC Survivor

Victim Identification and Engagement

Objectives...

- Catalog the many needs of CSEC victims, and recognize group's ability to meet many of these needs in a professional capacity.
- Learn potential warning signs of CSEC and strategies for victim identification.
- Brainstorm opportunities for intervention with CSEC victims, and review guidelines for appropriate and effective engagement.

Meeting the Needs of CSEC Victims

Question:

For adolescents, what needs are being "met" by being in "the life"?

Question:

For adolescents, what needs are *not* being met by being in "the life"?

Tangible Needs

- Crisis housing
- Longterm housing
- Food
- Clothing
- Education
- Job or income
- Viable alternatives for employment
- Transportation
- Legal representation and/or advocacy
- Opportunities to develop new skills and strengths
- Medical and/or dental care
- Health education
- Mental healthcare
- Counseling and/or case management
- Safety plan
- Childcare and/or parenting skills

Intangible Needs

- Safety
- Protection
- Nonjudgmental environment
- Respect
- Acceptance
- Engagement in positive community
- Healthy adult relationships
- Mentors and/or positive role models
- Supportive peers
- Understanding of the recovery process
- Affirmation of skills and strengths
- Recognition of abuse and trauma
- An opportunity to not be defined solely by abuse and trauma
- Options
- A sense of empowerment in one's own healing and restoration process
- Political education to understand the issue of CSEC
- Youth leadership opportunities
- Love & Holistic care

Needs of CSEC Victims

Discussion Questions:

What personal and professional skills do you bring to the table that CSEC victims need?

How do you (or would you) offer these skills in a way that specifically serves CSEC victims?

How can you collaborate with another professional field to better meet children's needs?

CSEC Victim Identification

Identifying CSEC Victims

If the age of an individual has been verified to be under 18, and the individual is in any way involved in the commercial sex industry, or has a record of prior arrest for prostitution (or related charges), then he or she is a CSEC victim.

Identifying CSEC Victims

Physical and sexual violence are the everyday reality of many sexually exploited children and may leave visible signs of abuse, such as: unexplained bruises, blackeyes, cuts, or marks.

Exhibit behaviors including fear, anxiety, depression, submission, tension, and/or nervousness.

Exhibit "hyper-vigilance" or paranoid behavior.

Sexually exploited children and youth often express interest in, or are in relationships with, adults or older men.

Identifying CSEC Victims

Evidence of controlling or dominating relationships, including: repeated phone calls from a "boyfriend" and/or excessive concern about displeasing partner.

Unexplained shopping trips or possession of expensive clothing, jewelry, or a cell phone could indicate the manipulation of an exploiter.

Not in control of their own money.

Use of lingo or slang from "the life" among peers, or referring to a boyfriend as "Daddy."

(see Handout 3.6 *Street Terminology*)

Identifying CSEC Victims

Secrecy about whereabouts.

Unaccounted for time, vagueness concerning whereabouts, and/or defensiveness in response to questions or concern.

Keeping late-night or unusual hours.

A tattoo that he or she is reluctant to explain may the result of tattooing or branding by a pimp. Pimps and other sexual exploiters often tattoo or brand children and youth, particularly girls. Youth are commonly branded with their exploiter's name tattooed on the neck, chest, or arms.

Identifying CSEC Victims

Wearing sexually provocative clothing can be an indicator of sexual exploitation. But it should be noted, so as not to rely on stereotypes, that not all children in the commercial sex industry wear such clothing. Sexually provocative clothing is not a warning sign in and of itself. Wearing new clothes of any style, or getting hair or nails done with no financial means to this independently, is a more general indicator of potential sexual exploitation.

Identifying CSEC Victims

Most sexually exploited children have been trained to lie about their age. Sometimes a child's appearance and/or actions can contradict the information they give. Be sensitive to clues in behavior or appearance that could indicate that a child is underage.

Personal information – such as: age, name, and/or date of birth – might change with each telling of his or her story, or the information given might contradict itself.

Has no identification or is not in control of his or her identification documents.

Identifying CSEC Victims

Has an explicitly sexual online profile via internet community sites, such as MySpace.com, Blackplanet.com, etc.

Excessive frequenting of internet chat rooms or classified sites, such as Craigslist.org, known for recruitment.

Depicts elements of sexual exploitation or the commercial sex industry in drawing, poetry, or other modes of creative expression. Prints lyrics to sexually explicit music or songs that allude to the sex industry Doctors and nurses can consider frequent or multiple sexually transmitted diseases (STDs) or pregnancies a warning sign.

Identifying CSEC Victims

Homeless or runaway youth who are in the position of surviving on their own may be forced to exchange sex for survival needs, such as housing or shelter. This can lead to recruitment into the commercial sex industry or a more organized or regular trading of sex for money, shelter, or things of value.

Youth living in group homes and youth shelters are targeted by exploiters for sexual exploitation.

Truancy or tardiness from school may be a sign that sexual exploitation is occuring during school hours, or during hours when the young person should otherwise be sleeping.

Family dysfunction – including: abuse in the home (emotional, sexual, physical, etc.), neglect, absence of a caregiver, or substance abuse – is a major risk factor for CSEC, and therefore may be a warning sign.

Identifying CSEC Victims

Debriefing Questions:

Have you seen these warning signs (or a combination of them) displayed by children you have worked with?

What did you do?

First Contact and First Impressions

How do you identify?

A. I work specifically with identified CSEC victims.

B. I work with at-risk youth.

C. I currently conduct or want to develop outreach to CSEC victims.

When, where, or under what circumstances, do you (or would you) first engage with CSEC victims?

Intervention and Engagement with CSEC Victims

Activity:
Do's and Don'ts

Activity: Do's and Don'ts

For Every Don't, name at least two Do's...

DON'T react verbally or physically in a way that communicates disgust or disdain. Refrain from diplaying a shocked face or talking about how "awful" the child's experience was. This may shut the child down.

Activity: Do's and Don'ts

DO be nonjudgmental when listening to a sexually exploited child.

How do you do this?

Activity: Do's and Don'ts

For Every Don't, name at least two Do's...

DON'T use strategies that switch intermittently between treating the child as an offender, then as a victim.

Activity: Do's and Don'ts

DO recognize the various symptoms of trauma exhibited, and coping mechanisms used, by a CSEC victim that may not be those one typically associates with victims.

How do you do this?

Activity: Do's and Don'ts

For Every Don't, name at least two Do's...

DON'T dispute facts or comment on a child's motivation. This is likely to stop the flow of information.

Activity: Do's and Don'ts

DO keep the child talking and make him or her feel comfortable.

How do you do this?

Activity: Do's and Don'ts

For every Don't, name at least two Do's...

DON'T expect a child to recognize their situation as exploitative, or to present themselves as a victim in need of immediate intervention or rescuing.

Activity: Do's and Don'ts

DO meet a sexually exploited child where they are and on their terms, and try to meet the needs they present.

How do you do this?

Activity: Do's and Don'ts

For every Don't, name at least two Do's...

DON'T assume sole responsibility for meeting the myriad and complex needs of a CSEC victim.

Activity: Do's and Don'ts

DO improve a systemic response to CSEC by creating inter-agency relationships to comprehensively meet victims' needs.

*How do **you** do this?*

Appropriate Engagement with CSEC Victims

Use these Do's and Don'ts to...

- Be aware of your actions when working with children
- Set a nonjudgmental and empathetic tone
- Treat the child as a victim of trauma and abuse

What Youth Say Works

Discussion Questions:

- What do these comments tell you about how to engage with and support CSEC victims?
- How do these comments speak to your capability to meet the needs of CSEC victims?

Activity:
Myths & Stereotypes Revisited

Activity: Myths & Stereotypes Revisited

Discussion Questions:

- How does each commonly held belief measure up to what we just learned about CSEC?
- How would you engage with someone who relies on these myths and stereotypes about CSEC?
- Do you feel like the training you received so far has given you any tools to educate or inform others about the realities of CSEC?

Module 8:

Medical and Mental Healthcare of CSEC Victims

"They (counselors) be too quick to give you medication… maybe you just need to talk. I hate when they're looking at their watch like ' time is up', 'see you next week'…".

- CSEC survivor

Medical and Mental Healthcare of CSEC Victims

Objectives…

- Use a holistic definition of health in discussing the healthcare for CSEC victims.
- Understand how CSEC victims develop and exhibit symptoms of Post Traumatic Stress Disorder (PTSD).
- Learn appropriate protocols for interviews and physical exams of CSEC victims.

A Holistic Definition of Health

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease…"

-Preamble of the Constitution of the World Health Organization

Understanding Post Traumatic Stress Disorder

CSEC and PTSD

Definition of PTSD

1. The person has been exposed to a traumatic event in which both of the following were present:
   a) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
   b) The person's response involved intense fear, helplessness, or horror.

Definition of PTSD (cont.)

2. PTSD can develop in people who have experienced:
   a) childhood physical, emotional, or sexual abuse, including prolonged or extreme neglect; also, witnessing such abuse inflicted on another child or an adult
   b) experiencing an event perceived as life-threatening, such as:
      - a serious accident
      - medical complications
      - violent physical assaults or surviving or witnessing such an event, including torture
      - adult experiences of sexual assault or rape
      - warfare, policing and other occupations exposed to violence or disaster
      - violent, life threatening, natural disasters
      - incarceration

Recognizing Symptoms of PTSD in Victims of CSEC

CSEC and PTSD

Symptoms of PTSD

Intrusion

The traumatic event is re-experienced in…

- Recurrent, distressing recollections (images, thoughts, perceptions)
- Recurrent distressing dreams
- Acting/feeling as if traumatic event were recurring (sense of reliving event, hallucinations, flashback episodes)
- Intense distress/reactivity to internal/external cues that symbolize or resemble aspect of traumatic event

Symptoms of PTSD (cont.)

Avoidance

Persistent avoidance of stimuli associated with trauma/ numbing of general responsiveness

- Efforts to avoid thoughts, feelings, conversations associated with trauma
- Efforts to avoid activities, places, people associated with trauma
- Inability to recall important aspects of trauma
- Diminished interest or participation in activities
- Feeling of detachment from others
- Restricted range of affect/loving feelings
- Sense of foreshortened future

Symptoms of PTSD (cont.)

Hyper-Arousal

Persistent symptoms of increased arousal:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hyper-vigilance
- Exaggerated startle response

Defense Mechanisms & Coping Strategies

Dissociation

Intense levels of anxiety and fear cause dissociation.

- **Primary Dissociation:** in the face of overwhelming threat, thoughts are split form experience.
- **Secondary Dissociation:** emotions or affect are not experienced during overwhelming stress.
- **Tertiary Dissociation:** stressor is so overwhelming that a "separate self" develops in order to deal with the trauma. Initially an adaptive pattern that can become the only pattern response to fear and stress.

Includes feelings of depersonalization and disconnection between memory and affect. The person is "in another world."

Defense Mechanisms & Coping Strategies

Trauma Reenactment

- An attempt to relive, master, come to terms with, make meaning of, and transform traumatic experiences through recreation in literal and symbolic ways.
- Destructive process of abuse translated into self-destructive behaviors that reflect earlier trauma.
- Range from adaptive experiences to risk-taking behavior.
- Driven, tenacious, compulsive, and involuntary.

Working Group Instructions

Choose 1 or 2 "counseling snapshots" to discuss

- What symptoms to PTSD is the child demonstrating?
- What behaviors of CSEC trauma should the counselor be aware of?
- How would you work with this child if he/she was in your office?

Safety: Setting the Stage for Trust

First Engagement with Healthcare Providers

- Can occur in the context of a medical emergency such as assault, for a compulsory or routine check up, or if child comes in with an unrelated health issue (like a fever).
- CSEC victims likely to either be in crisis, or downplay existing health problems or risks
- Most CSEC victims will not seek your help, afraid that the information they give you will lead to arrest, placement in social services, return to family, or retribution from exploiter
- Be alert to warning signs of CSEC when conducting interviews and physical exams with all children!
- You may not the first person to try to intervene in the child's life. Remain aware of how many interviews or counseling sessions the child has likely been through.

What makes and interview or exam feel safe?

What makes and interview or exam feel unsafe?

Intake Process

Intake Process

- What do you think are some important things agencies should consider to make intake useful for agencies and CSEC victims?
- What are good questions to ask? How should you ask them?

Interviews

Keep in mind:

- Warning signs of CSEC & victim identification
- The importance of first contact
- The do's and don'ts of engagement
- What you can do to ensure safety

Interviews

TEAMSTAT Approach

Tell them your agenda

Express concern

Assure normalcy of feelings

Medical issues

Safety issues
Family history, support, runaway tendencies

Test and treat presumptively
STDs, pregnancy prophylaxis, birth control

Access appropriate psychological and legal assistance

Timely follow-up
Injuries, STDs, birth control, drug/alcohol use, psychological issues

Interviews

Pay attention to:

- The questions you ask.
- How you ask them.
- How many follow up questions you ask.
- Ask questions out concern and a real interest in best serving the child, not just to gather information on a form.
- Make the interview conversational and relaxed to make the child more comfortable...

Interviews

With a partner discuss…

- What do you think of the sample questions?
- Do any get at information you would want from a child?
- How would a child likely answer the question?
- What kinds of follow up questions would you ask?
- Are there any questions on this list you would not ask? Why not?

Exams

Exams

Protocol for Exams with CSEC Victims

1. Spend ample time preparing (interview) to gain information, reduce anxiety, and give the child some control.
2. Follow all exam protocol for victims of child abuse or sexual assault, conducting a "rape kit" if necessary.
3. Ask child if they would like anyone in the room with them (offer to provide victim advocate).
4. Allow child to "test" certain instruments (look through coloscope, put hand under light, touch cotton tip of applicator to see it is soft, etc.)
5. Tell the child you will "explain everything before it happens."

Exams

Protocol for Exams with CSEC Victims

6. Be careful, gentle, and sensitive.
7. Relax. If you are nervous, the child will be too
8. Be familiar with examination positions.
9. Raise the head of the examination table so the child can see you and so you can gauge reactions and anxiety level.
10. Move quickly and gently through the examination.
11. Avoid "groping" movements.

Exams

Protocol for Exams with CSEC Victims

12. Gather evidence that will corroborate the victim's story (if reporting assault).
13. Check for visible injuries. Photograph if found.
14. Test for all STDs, infections, and pregnancy.
15. After the examination, let child change into clothing before discussing any results.
16. Do not make a child feel dehumanized or humiliated because of their sexual history and/or history of abuse.

Exams

Protocol for Exams with CSEC Victims

17. Make sure child understands all results. Encourage them to ask questions. Explain anything further that you think the child did not understand.
18. Make an appointment for a follow up visit.
19. In the case of severe assault or medical emergency, do not let child leave hospital/clinic alone. If the child discloses, or if you suspect the child to be a CSEC victim, contact child protective services or an appropriate service provider.
20. Do not let child leave with anyone you suspect could be a pimp or exploiter. If a child displays warning signs of CSEC and/or enters the emergency room as an assault victim, ensure that the adult he/she leaves with is a trusted caregiver.

Mini-Case Studies: Interviewing and Exam

Activity: *Mini Case Studies*

Working Group Questions

1. What are the concerns?
2. What would you ask this child in an interview?
3. What would you look for or be sensitive to during an exam?
4. What would you make sure to do before the child leaves?

Identifying Commercially Sexually Exploited Youth

The following are common indicators that you may find useful in identifying commercially sexually exploited youth. Aside from the first bullet point, a child exhibiting one of these indicators may not necessarily or definitively be a victim of CSEC. Likewise, not all victims of CSEC exhibit all of these warning signs. However, the presence of any of these signs is worthy of further inquiry and intervention, and may suggest that the child is being commercially sexually exploited.

- If the **age of an individual has been verified to be under 18, and the individual is in any way involved in the commercial sex industry**, or **has a record of prior arrest for prostitution** (or related charges), then he or she is a CSEC victim.

- Physical and **sexual violence** are the everyday reality of many sexually exploited children and may leave **visible signs of abuse,** such as: **unexplained bruises, blackeyes, cuts, or marks.**

- Exhibit behaviors including **fear, anxiety, depression, submission, tension, and/or nervousness**.

- Exhibit "**hyper-vigilance**" or **paranoid** behavior.

- Sexually exploited children and youth often **express interest in, or are in relationships with, adults or older men.**

- **Evidence of controlling or dominating relationships**, including: repeated phone calls from a "boyfriend" and/or excessive concern about displeasing partner.

- **Unexplained shopping trips or possession of expensive clothing, jewelry, or a cell phone** could indicate the manipulation of an exploiter.

- **Not in control of their own money.**

- **Use of lingo or slang from "the life" among peers, or referring to a boyfriend as "Daddy."** (See Handout 3.6 *Street Terminology*)

- **Secrecy about whereabouts.**

- **Unaccounted for time, vagueness concerning whereabouts**, and/or **defensiveness** in response to questions or concern.

- Keeping **late-nights or unusual hours.**

- **Wearing sexually provocative clothing** can be an indicator of sexual exploitation. It should be noted that, contrary to stereotype, not all children in the commercial sex industry wear such clothing, and sexually provocative clothing is not a warning sign in and of itself. **Wearing new clothes of any style, or getting hair or nails done with no financial means to do this independently**, is a more general indicator of potential sexual exploitation.

- A young person with **a tattoo, which he or she is reluctant to explain,** may have been tattooed or branded by a pimp. Pimps and other sexually exploiters often tattoo or brand children and youth, particularly girls. Youth are commonly branded with their exploiter's name tattooed on the neck, chest, or arms.

- Most sexually exploited children have been trained to lie about their age. Sometimes a child's appearance and/or actions can contradict the information they give. Be sensitive to **clues in behavior or appearance that could indicate that a child is underage**.

- **Personal information—such as: age, name, and/or date of birth—might change** with each telling of his or her story, or the **information given might contradict itself**.

- **Has no identification** or is not in control of his or her identification documents.

- **Has an explicitly sexual online profile** via internet community sites, such as MySpace.com, BlackPlanet.com, etc.

- **Excessive frequenting of internet chat rooms or classified sites,** such as Craigslist.org, known for recruitment.

- **Depicts elements of sexual exploitation or the commercial sex industry in drawing, poetry, or other modes of creative expression**. Prints lyrics to sexually explicit music or songs that allude to the sex industry.

- Doctors and nurses can consider **frequent or multiple sexually transmitted diseases (STDs) or pregnancies** a warning sign.

- **Homeless or runaway** youth who are in the position of surviving on their own may be forced to exchange sex for survival needs, such as housing or shelter. This can lead to recruitment into the commercial sex industry or a more organized or regular trading of sex for money, shelter, or things of value.

- Youth **living in group homes and youth shelters** are targeted by exploiters for sexual exploitation.

- **Truancy or tardiness from school** may be a sign that sexual exploitation is occuring during school hours, or during hours when the young person should otherwise be sleeping.

- **Family dysfunction**—including: abuse in the home (emotional, sexual, physical, etc.), neglect, absence of a caregiver, or substance abuse—is a major risk factor for CSEC, and therefore may be a warning sign.

Behaviors and Symptoms Associated with CSEC Trauma

Psychological Symptoms
Anxiety/fear/paranoia/flashbacks
Post traumatic stress disorder (PTSD)
Inability to trust, extreme confusion about who to trust
Lack of eye contact
Somatization (complaining of physical problems that have no physical origin)
Unusual interest in or avoidance of all things of a sexual nature
Hyper-sexualization
Out of control emotions and impulses
Difficulty controlling anger
Self-destructive behavior (such as substance abuse, cutting, suicidal)
Withdrawal
Depression
Dropping out of school

Body Symptoms
Digestive system upset
Sexual problems, complaints
STDs and HIV/AIDS
Headache
Chronic pain
Heart/lung symptoms
Auto-immune disorders
Multiple sexual/physical assaults
Pregnancies and abortions

Changed feelings or beliefs about oneself
Ineffectiveness
Shame
Feeling damaged
Isolation: "No one can understand me"
Excessive guilt and responsibility
Minimizing: "I am/it is not important"
Loss of reasons to hope or future plan

Changed Perception of the Perpetrator
Distorted beliefs
Idealization of the perpetrator
Preoccupation with hurting the perpetrator
Traumatic bonding with the perpetrator

Changed relationships with others
Inability to trust
Victimizing others
Re-victimization
Re-enactment of previous traumas and abuse in relationships
Dependency on exploitative relationships

*Lists of symptoms documented by SAGE, an organization serving and advocating for survivors of the commercial sex industry in San Francisco, California.

Considerations for Intake

Even if your agency does not provide services specifically for CSEC victims, you are likely already serving children who are CSEC victims or at high risk. Here are some considerations for the intake process that consider both the agency and the child.

1. Include CSEC-related questions on your intake form in **language** easily understood by kids (although "commercial sexual exploitation" is correct, kids may not know what this means.)

2. If/when asking questions about **sexual history**, distinguish between **consensual** sex/partners and **nonconsensual** sex/partners.

3. Consider not just the questions asked, but **how** a counselor asks them as to ensure safety and a non-judgmental tone.

4. Don't ask questions related to abuse or risk—ask questions about their **interests** or **strengths**. Take interest in the child as a whole person.

5. Choose a **comfortable** space conducive to **confidentiality.**

6. Explain clearly the limits of confidentiality if you are a mandated reporter.

7. Let the child fill out the agency's intake form **him-/herself** as you guide him/her through it. It may be intimidating to see an adult you don't know fill out a form for you.

8. Or create a **youth-friendly** intake form to be filled out by the child independently.

9. Many agencies do not fill out forms with kids on first engagement. Consider doing something less formal to **get to know** the child before filling out forms.

"TEAMSTAT" Approach[1]

When sexual abuse, physical injuries, sexual exploitation, and other health risks are suspected, the clinician should approach the child with concern and empathy while remaining nonjudgmental and maintaining confidentiality to the extent that the law allows. Although many victims do not fully disclose their victimization in a clinical setting, the clinician may still acquire useful information in the short term and begin a relationship of trust.

The "TEAMSTAT" approach is one that may be followed when assessing children who have been abused.

The "**TEAMSTAT**" Approach

Tell them your agenda

Express concern

Assure normalcy of feelings

Medical issues
- Sexual/physical victimization
- Drug and alcohol use
- Psychiatric symptoms and diagnoses

Safety Issues
- Family history, support
- Runaway tendencies

Test and treat presumptively
- Sexually transmitted diseases (STDs)
- Pregnancy prophylaxis, birth control

Access appropriate psychological and legal assistance
- Psychiatric assessment
- Reporting requirements

Timely follow-up
- Injuries
- STDs
- Birth control
- Drug and alcohol use

Tell them your agenda

"I am going to ask you some questions about your how your body is doing, how your feelings are doing, how your life is going, and about any hurtful or uncomfortable things that have happened to you. The reason I am asking is so I can figure out what I need to check you for, what tests I might need to do, and how I can best help you with your health."

Express concern

To reduce anxiety and facilitate information sharing, link concern with presenting medical complains in a clear and empathetic way: "I am concerned about the painful sores you describe; have you ever been checked for sexual infections?"

Assure normalcy of feelings

The child may allude to feelings of shame, guilt, fear, or embarrassment regarding his or her victimization, family life, or risky behavior. Children and youth will be sensitive to your responses. Acknowledge that such feelings are normal, and remind him or her that any information they provide will let you help more.

Medical issues

Begin with past medical history including hospitalizations, gynecological examinations, injuries, psychiatric treatment, drug/alcohol treatment, pregnancy, menstrual history, and medications.

Not all CSEC victims respond to direct questions about sexual victimization. Questions such as, "How many consensual sex partners have you had?" or "How many sex partners were not consensual?" can be helpful in eliciting a sexual history. The current physical, emotional, and psychological symptoms of abuse, and the history of events, can then be explored.

Safety Issues

Violence among family members may be revealed. Children should be asked explicitly if they fear going home for any reason.

Test and treat presumptively

If a child is a CSEC victim or believed to be, they should be tested for STDs, pregnancy, and HIV/AIDS.

Access appropriate psychological and legal assistance

When possible, crisis intervention services should be provided to the victim at the time of the medical evaluation. A social worker or victim advocate can aid in this process.

Timely follow-up

Telephone and appointment follow-up should be attempted for all children. Contact children directly or through working with service providers to ensure long-term care.

[1] Most material excerpted from Kellogg, Nancy D. M.D. "Medical Care of Children of the Night." Medical, Legal, & Social Service Aspects of Child Sexual Exploitation." Ed. Sharon Cooper M.D. Missouri: G.W. Medical, 2005.

Questions That May Provide Further Information About Abuse[1]

Home Environment

Where do you live?
How long have you lived there?
With whom do you live?
Describe your relationship with your parents/guardians and siblings.
What are your responsibilities at home?
Have you ever run away from home?
Are you or have you ever been homeless?

Activities

What do you like to do for fun?
Do you go to school?
What subjects do you like/dislike?
What is your school like?
Are you involved in any activities in school?
Do you have a car available to you? If yes, who owns the car?
Do you have a curfew?
What are your friends like?
Who is your best friend?
Do you have an income? If yes, what is the source of this income?

Drugs

Do the people you hang out with use drugs? If yes, what types of drugs?
Do members of your family use drugs? If yes, what types of drugs?
Do you or have you used drugs? If yes, what type of drugs and when do you use them?
How do you get and/or pay for these drugs?

Sex

Do you date?
Have you had previous sexual experiences? What kinds?
When was your first sexual experience? What was it like for you?
Are any of your friends sexually active?
Are you currently involved with someone?
How would you describe the relationship?
Do you feel safe in the relationship?
How many sexual partners have you had that were consensual?
How many sexual partners have you had that were not consensual?
Have you ever had a sexually transmitted disease? If yes, what type?
Do you use contraception? What kind?
How frequently do you have sex?
Have you ever been pregnant?
Have you ever had an abortion?
Have you ever felt pressured or forced to have sex?
Have you ever had sex in exchange for money, food, somewhere to stay, or anything else?

Suicide

Do you currently have any thoughts about suicide?
Have you ever tried to commit suicide?
Would you ever kill yourself?
Have any of your friends ever commit suicide or attempted suicide?

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[1] Most material excerpted from Kellogg, Nancy D., M.D. "Medical Care of Children of the Night." Medical, Legal, & Social Service Aspects of Child Sexual Exploitation. Ed. Sharon Cooper M.D. Missouri: G.W. Medical, 2005.

Protocol for Exams with CSEC Victims

1. Spend ample time preparing (interview) to gain information, reduce anxiety, and give the child some control.
2. Follow all exam protocol for victims of child abuse or sexual assault, conducting a "rape kit" if necessary.
3. Ask child if they would like anyone in the room with them (offer to provide victim advocate).
4. Allow child to "test" certain instruments (look through coloscope, put hand under light, touch cotton tip of applicator to see it is soft, etc.).
5. Tell the child you will "explain everything before it happens."
6. Be careful, gentle, and sensitive.
7. Relax. If you are nervous, the child will be too.
8. Be familiar with examination positions.
9. Raise the head of the examination table so the child can see you and so you can gauge reactions and anxiety level.
10. Move quickly and gently through the examination.
11. Avoid "groping" movements.
12. Gather evidence that will corroborate the victim's story (if reporting assault).
13. Check for visible injuries. Photograph if found.
14. Test for all STDs, infections, and pregnancy.
15. After the examination, let the child change into clothing before discussing any results.
16. Do not make a child feel dehumanized or humiliated because of his or her sexual history and/or history of abuse.
17. Make sure the child understands all results. Encourage him or her to ask questions. Explain anything further that you think the child did not understand.
18. Make an appointment for a follow-up visit.
19. **In the case of severe assault or medical emergency, do not let the child leave hospital/clinic alone. If the child discloses, or if you suspect the child to be a CSEC victim, contact child protective services or an appropriate service provider.**
20. **Do not let the child leave with anyone you suspect could be a pimp or exploiter. If a child displays warning signs of CSEC and/or enters the emergency room as an assault victim, ensure that the adult he/she leaves with is a trusted caregiver.**

Injuries in Assault Victims[1]

TYPE	MECHANISM
Perioral or intraoral injuries, especially erthema/petechiae near junction of hard/soft palate	Hand restraint (voice muffling), forced penile-oral penetration
Neck bruises or "hickies"	Choke by hand or ligature, suction/bite
Oval or semicircular bruises to neck, chest, breasts, extremities	Bite
Impact bruises to face, body, especially lips, and eyes; intra-abdominal hematomas or organ rupture	Penetrating blow with fist
Impact bruises to extensor surfaces of upper/lower arms, knuckles	Defense injuries (victim tries to protect head with arms)
Traumatic alopecia, subgaleal hematoma	Hair-pulling
Numerous small (2-3 cm) bruises on shoulders, arms, thighs, face	Hand restraint bruises or grab marks
Ligature marks to wrists/ankles	Restraint with rope or wire
Abrasions, friction injuries to body prominences of back	Victim struggle while restrained in supine position or firm surface

** Injuries listed are non-genital. In many cases of sexual assault or abuse, there may not be visible signs of genital trauma.*

[1]Kellogg, Nancy D. M.D. "Medical Care of Children of the Night." Medical, Legal, & Social Service Aspects of Child Sexual Exploitation. Ed. Sharon Cooper M.D. Missouri: G.W. Medical, 2005.

Health Care Screening Tips for Human Trafficking Victims

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Look Beneath the Surface: Does your patient fit the profile of a trafficking victim?

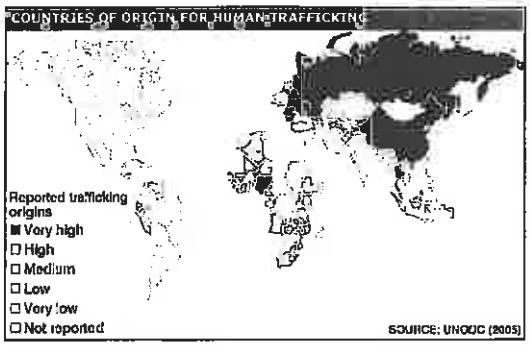
Human Trafficking

- Human trafficking is a 32 Billion dollar a year industry
- Most domestic victims are minors being exploited in the commercial sex industry
- International and Domestic Problem
- In the United States, greater than 200,000 incidents of sexual exploitation of minors occurs annually
- In the United States, the average age of entry into sex trafficking is 12 to 13 years old
- One out of every 3 teens on the street will be lured into prostitution within 48hrs of leaving home

Vulnerable Youth

- Homeless youth
- Runaways
- Youth with physical and mental disabilities
- Kidnapping victims

Human Trafficking Incidence and Prevalence



Human Trafficking Incidence and Prevalence

- 14,500-17,500: estimated number of people trafficked into the United States each year
- 50% of people trafficked into the U.S. each year are children
- 800,000 people are trafficked worldwide each year
- East Asia/Pacific is the region that is the largest source of people who are trafficked into the U.S. each year.

Sources: U.S. Department of Health and Human Services
U.S. Department of Justice; Free the Slaves

Human Trafficking

46% Prostitution
27% Domestic Servitude
10% Agriculture
5% Factories
12% Other

- Traffickers exploit the victim **without** their **consent** for **labor** or **commercial** sex.

Role of Health Care Professional

- Encounter victims while they are been held by their trafficker
- Assure provision of health care and follow up

Human Trafficking

- Other medical specialists (dinicians) who need to be vigilant and highly suspicious, if their patient fits the profile:
  - Pediatricians
  - OB-GYN
  - Internists
  - Family Practitioners
  - School Nurses
  - Public Health Department workers
  - etc....

Look Beneath the Surface

Health Problems of Victims

Victims suffer more severe health problems than what would be expected given their age and gender:

- Forceful removal from home
- Deprivation of food and sleep
- Extreme stress
- Hazards of travel
- Violence from perpetrator
- Nature of the work
- Denial of health care access

Human Trafficking

Health Care Providers:

- Should have a **high index of suspicion:**
  - Especially if the patient is withdrawn, displays fear or is evasive when being examined.
  - There are multiple varied age injuries e.g. bruises or abrasion in various stages of healing.
  - There are multiple recent visits to seek healthcare services with vague or mild complaints.

Indicators of Human Trafficking

- Patient is accompanied by controlling person
- Accompanying person gives health information
- Patient has visible signs of abuse
- Patient unusually fearful or submissive
- Patient is a recent immigrant
- Patient lacks identification

Indicators of Human Trafficking
(cont)

- Poor Self Esteem
- Fear of Disclosure
- Poor nutritional status
- Delayed growth (small for age)
- Patient does not speak English

Human Trafficking

Recommended **interview techniques** for the health care provider:

- Interview victim/patient alone
- Calm environment
- Reassure confidentiality with a nurse or social worker and interpreter if necessary
- Ask probing appropriate questions
- Do not use patronizing or condescending tone

Sample Questions

- Can you leave your job if you want?
- Can you come and go as you please?
- Have you been threatened with harm if you quit?
- Has anyone threatened your family?
- What are your living conditions like?
- Where do you sleep and eat?
- Is there a lock on your door or window so you cannot get out?
- Do you have to ask permission to eat, sleep and go to bathroom?

Categories of Health Consequences

- Infectious Diseases: HIV/AIDS
- Non-Infectious Diseases
- Substance Abuse
- Mental Health Problems
- Physical Trauma

Health Manifestations of Victims of Human Trafficking

- Mental Health
  - Anxiety
  - Stress disorder
  - Affective disorders
  - Conduct disorders
  - Suicidal ideation
  - Personality disorders
  - Post-traumatic stress disorder

Health Manifestations of Victims of Human Trafficking (cont)

- Physical trauma
  - Trauma can result from physical violence by trafficker, client, or forced manual labor:
    - Burns
    - Fractures
    - Bruises
    - Contusion
    - Tattoo
    - Any injury inconsistent with history

Health Manifestations of Victims of Human Trafficking (cont)

- Reproductive and Genitourinary Illnesses:
  - HIV/AIDS
  - Pregnancy/Abortion related complications
  - Vaginal bleeding or discharge
  - Pelvic Inflammatory Disease/STD

Health Manifestations of Victims of Human Trafficking (cont)

- Infectious Diseases
  - Victims tend to live in overcrowded, squalid conditions:
    - Tuberculosis
    - Recurrent bronchitis
    - Hepatitis
    - Meningitis
    - Influenza

Human Trafficking

Recommended **documentation** for health care providers:

- Systematic documentation of:
  - History: Date/Time/Location and circumstances of injury or sexual assault or abuse
  - Physical:
    - Document **ALL** pertinent negative and positive findings.
    - Use photograph and include pictures in the medical record

Treatment

- Once identified as a victim of human trafficking, patient must be referred to support services:
  - Physical and psychological care
  - Material support to enable them to move beyond victimization:
    - Income support
    - Legal support
    - Food and Housing
    - Safety and security

Human Trafficking

Health care providers should:

Uphold their **ethical** and **moral responsibility** to support patient autonomy and to do no harm (or turn a blind eye to pain and suffering).

"Be the Change You Wish to See In the World"

Gandhi

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