



Conceptualizing the health care response to sex trafficking in Indigenous communities

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indigenous sexual assault & abuse clearinghouse

ISAAAC



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Learning Outcomes

At the end of the presentation, participants will:

- Demonstrate an understanding of the need for medical forensic evaluation of sex trafficking victims
- Facilitate acquiring medical forensic evaluation of sex trafficking victims by properly training medical providers
- Demonstrate an understanding of the coordinated community response needed to address the health, safety, and criminal justice needs of the patient who has experiences sexual exploitation.

Picture with me



Native peoples, within the United States and Canada, experience rates of sex trafficking higher compared to other ethnic or racial groups

Sex trafficking and exploitation are only exacerbated by jurisdictional complications, lack of resources and funding, and historical racism

(Minnesota Indian Women's Sexual Assault Coalition, 2020)

Background



- Highly underreported
- Do not identify as being trafficked
- 40% of women in sex trafficking did identify as AI/AN or First Nations

(National Congress of American Indians
Policy Research Center, 2016)

Background



Compliance is not Consent



Words Matter

Sex trafficking

Prostitution

Poverty

Survival

Homelessness

Drug and
alcohol use

Sex for money

Health Impacts

Drug and alcohol abuse

Exhaustion, Sexually transmitted infections, sleeplessness, headaches, stomach aches, eating disorders and more.

Post-traumatic stress disorder, depression, dissociation.

Fatality

(Linacre Q., 2017)

Chronic Health Problems of 105 Native American Women in Minnesota

Trouble concentrating 69% (72)

Muscle aches or pains 72% (76)

Headaches or Migraines 57% (60)

Memory problems 69% (72)

Vision problems 55% (58) Joint pain 52% (52)

Stomachache or upset stomach or bloating 48% (50)

Neck pain 44% (44)

Asthma 32% (33)

Dizziness 30% (31)

Constipation or diarrhea 28% (29)

Trouble with balance or walking 27% (28)

Swelling of arms, hands, legs, or feet 27% (28)

Carpal tunnel 27% (26)

Rapid or irregular heartbeat 28% (29)

Painful menstruation 25% (26)

Muscle weakness or paralysis 25% (25)

Jaw or throat pain 19% (20)

Vaginal pain 13% (14)

Pain in breasts 12% (13)

Pelvic pain 10% (10)

(Farley, M., & et al., 2011)



Health Impacts

Close to three
fourths of women
suffered traumatic
brain injuries

Sixty-five percent
of the women had
a diagnosis of
mental health
problem

Fifty-six percent of
the women were
taking medication
(at the time they
were interviewed)

(Farley, M., & et al., 2011)



In multiple studies they found up to 88% of victims of human trafficking had encountered the health care system while being trafficked.

(McAmis N., 2022)

SANE programs

“Thirty-three percent of the women we interviewed had used sexual assault services since they had been in prostitution, and most (86%) had found the programs useful because they were listened to, received support, and realized they were not alone. ”



(Farley, M., & et al., 2011, pg. 47)

SANE VS. SAFE

SEXUAL ASSAULT NURSE EXAMINER

RN who has been specially trained to provide comprehensive care to sexual assault survivors. A SANE demonstrates competency in conducting a medical forensic examination.

*Both can provide expert testimony

SEXUAL ASSAULT FORENSIC EXAMINER

RN or Advanced Practice Provider who has been specially trained to provide comprehensive care to sexual assault survivors. A SANE demonstrates competency in conducting a medical forensic examination.



Medical Forensic Exam



Trauma Informed Response

- Care is adapted based on individual need
 - Understanding the patient's circumstance developmental level, nature of sexual exploitation, and the patient's reaction to it
 - The goal is for the responders to acknowledge and appreciate the whole patient and be sensitive and inclusive in their interactions
-
- Ensure access to culturally, linguistically, developmentally and ability-specific resources
 - Become familiar with issues facing specific populations in the community
 - Evaluate the inclusivity and accessibility of forms and informational materials.



Consent for Care

- Obtain informed consent and *assent*- Patient right to decline
- State laws in combination with institutional policy govern consent for evaluation of abuse and assault in minor victims
 - Who can provide consent for minors (parent, guardian, other....)
 - Procedures that require consent
 - Explain the exam process to ensure informed consent.
 - Seek assent from the patient- adult or minor
 - Must be developmentally and linguistically appropriate for the patient

Medical Evaluation and Care

- Possible imaging and pain medications
- Evaluate for STD's and when necessary, pregnancy
- Treat with positive test results
- Use STD tests with high specificities and sensitivity
- HIV testing and post-exposure prophylaxis (nPEP)
- Ensure follow-up care

Specialized Assessments

- Sexual abuse facilitated by alcohol and drugs
- Risk and Lethality Assessments
- Non-Fatal Strangulation Assessment
- Human trafficking assessment



Coordinated Response

- Coordination of MDT ensures that medical forensic care is a component of the initial response, and that the patient's health, safety and legal needs are comprehensively addressed
- Include the medical provider on the MDT, particularly for case review and education



Communication Concepts

- Patient self-determination
- Informed consent
- Mandatory reporting

HISTORY



Medical History



Psych/Social History



Event History

GENERAL MEDICAL HISTORY



- Past medical history (family hx)
- Medications, allergies, immunizations, surgical, gynecological/obstetrical
- PCP
- Chief complaint
- Health and symptoms
- Specific circumstances of abuse
- Review of all systems

PSYCH/SOCIAL HISTORY



- Suicidal Ideation
 - History
 - Plan
- Homicidal Ideation
- Mental illness
- Supports
- Home
- Employment/School
- Significant Other
 - Including IPV
- Children
- Military History
- Other

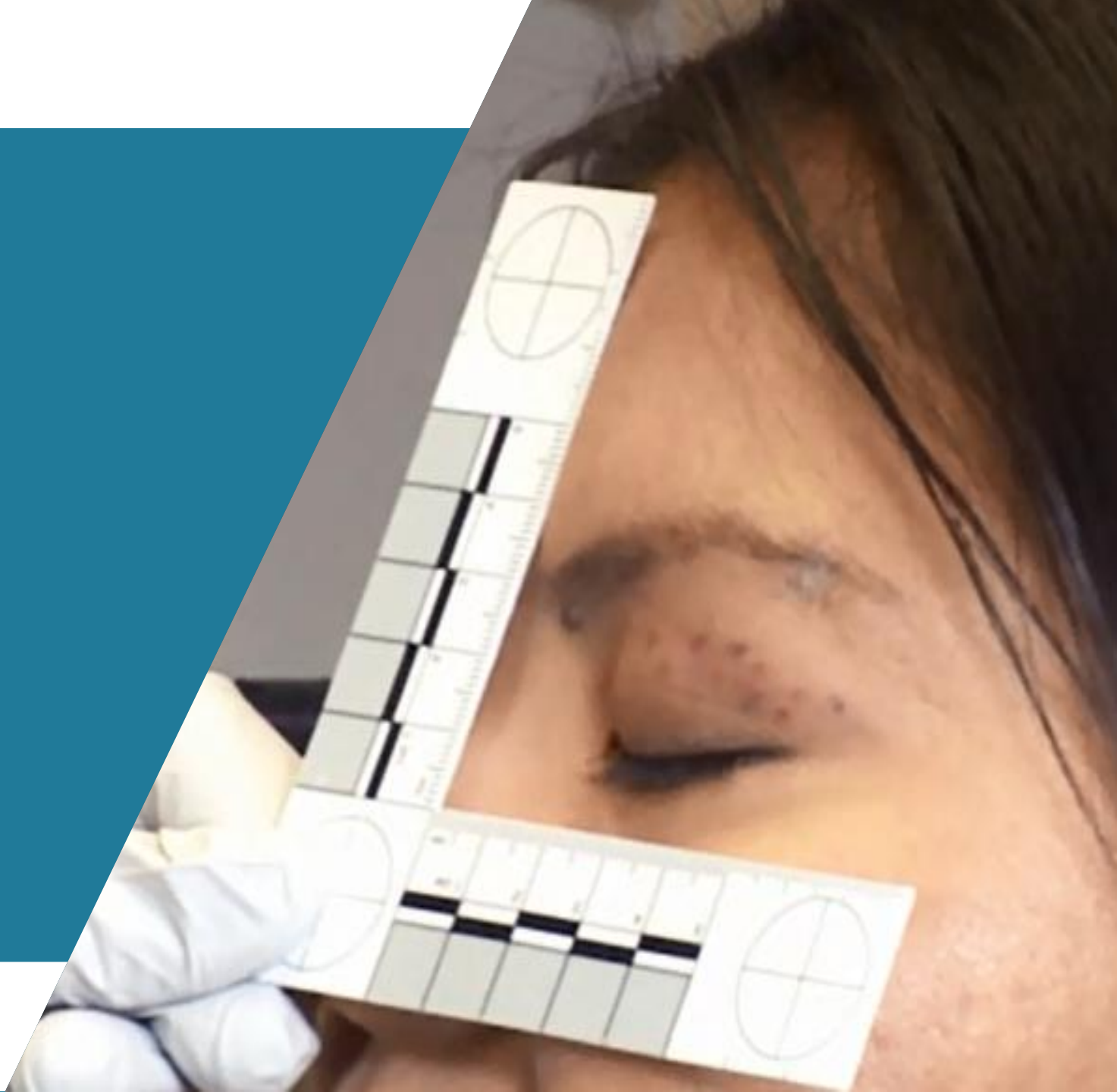
EVENT HISTORY



Focuses the exam and assists in determining diagnosis and treatment

- Injury
- Disease
- Evidence
- Risk of...

COMPLETE PHYSICAL ASSESSMENT



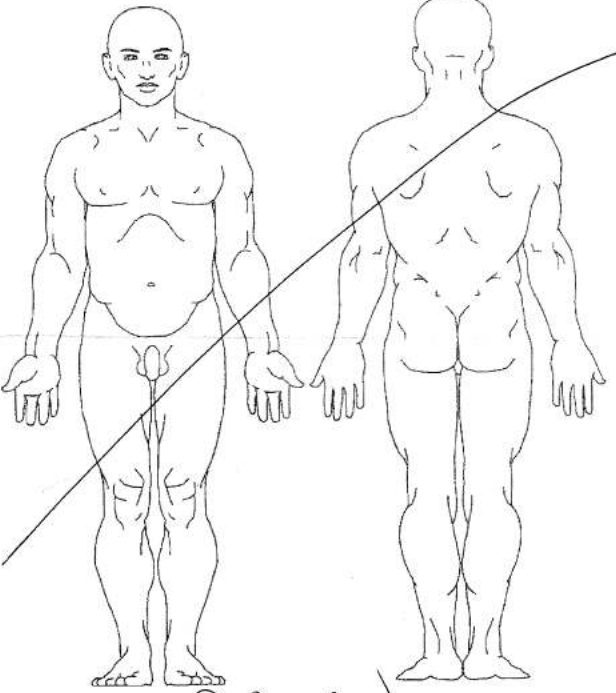
The Physical Exam

- Focus is on the entire patient
- Even though the timelines for evidence collection may be past, the gathering of the history, the physical assessment and documentation of injuries can be critical
- Medical components of exam cannot be separated from evidentiary components
- Explain the exam, encourage questions and option to decline
- Differences of prepubescent and pubescent female examination
- Clarify who can be in the room during the exam
- Normal to have normal physical findings

Physical exam

- Assess for injuries
- Refer/Provider involvement
- Injury Documentation

PHYSICAL ASSESSMENT (continued)
 Numerically mark each finding (1, 2, 3...) and provide a detailed description below.
Tanner Stage: Male
 Genitalia 5 4 3 2 1 Pubic Hair 5 4 3 2 1
 Circumcised: Yes No ALS Used



Examiner Signature: *[Signature]*

E equally
@ apex. No murmurs or rubs

throat clear.
 soft, non-tender.
 assessment
 flowing, none now.
 assessment
 20 yr ago.
 immunizations Hep B Series
 in the past 5yr.

worked x 3 years.
 lives c 5yo daughter.
 daughter is c a girlfriend right now)



Examples of Tattoos and/or Branding

Every patient who has experienced sexual violence
should be assessed for strangulation





Necessity of the Medical Evaluation

- Acute, delayed and long-term health consequences may exist
- Residual signs/symptoms have been reported (i.e., petechial hemorrhages, ringing in the ears) days to weeks post strangulation (Jain, 2001) and strangulation may cause an anoxic brain injury (TBI) (Campbell, et al., 2018)

Best Practice Recommendations

Trauma-informed, patient-centered care is best for patients.

Standardization of sexual assault kits would improve consistency

Medical forensic examinations should be performed by specially trained healthcare professionals

All patients should be given options for evidentiary samples to be collected regardless of reporting to law enforcement



Evidence Collection



Discharge

Medical follow-up

Safety planning

Crisis intervention

STI follow-up

Mental health follow-up

Advocacy follow-up

Criminal justice follow-up



Medical Follow-up



Reexamine and document areas of injury

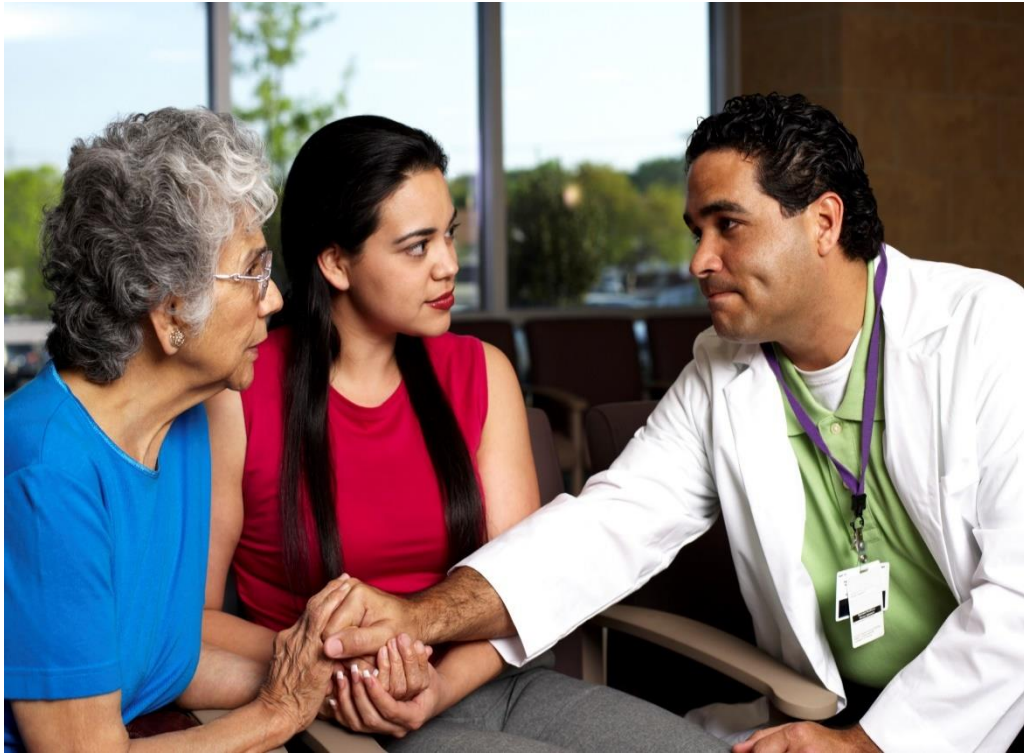
Document resolution/healing of injuries

Repeat photographs of injuries

Repeat testing for pregnancy, STIs

Ongoing concerns

Mental Health Follow-up



Suicide assessment at time of acute exam

Referral for outpatient services

Counseling

Advocacy services

Community Preparation



Health Care Infrastructure

Hospital
emergency
departments

Community-
based health
clinics

Family Justice
Centers (or
similar models)

Primary care
physician
offices

*Every community should have ready access to trained, competent examiners who can provide care to victims of sex trafficking.

Prevention

According to the Prevention Institute:

Prevention is a systematic process that promotes healthy environments and behaviors and reduces the likelihood or frequency of violence against women occurring.

*Screening tools and resources

Payment for Exams



ICD	LAB-CHEMISTRY	LAB-HEMATOLOGY	SURG
01/27/15			
01/28/15-01/28/15			
01/29/15-01/29/15			
01/30/15-01/30/15			
01/31/15-01/31/15			
02/01/15-02/01/15			

TOTAL AMOUNT

If you have any questions about this invoice,
Your web site, email, phone number

What are some of the charges the patient may incur from the exam?

- Medical Screening exam
- Room charges in the ER
- ER doctor fee for screening exam
- Pregnancy testing
- Medications
- Lab testing/XRAYs
- Supplies used in the exam – the speculum
- Injury treatment supplies
- Other consultant fees

Examination costs
will likely exceed one
medical forensic
examination

- Depending on the health challenges, the medical evaluation may be significantly more extensive requiring more resources, time and providers
- Each case will be unique
- Reportable cases should allow access to crime victim's compensation



Connect and *coordinate* with healthcare:

- Education of registration staff, hospital billing
- Meet with universities where exams are done
- Schools/colleges where billing and coding is taught
- AAPC association of coders- state chapters
- State hospital association involvement
- Meet with free-standing center and CACs

WHERE DO WE
GO FROM HERE?



Resources

- www.isaaconline.org
- <https://www.miwsac.org/>
- www.safeta.org

Questions?

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