



Position Paper on the Sex Trafficking of Women and Girls in the United States May 2014

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The American Medical Women's Association (AMWA) condemns human trafficking and considers it an egregious human rights violation. While human trafficking is a global issue, this AMWA Position Paper addresses the problem of the trafficking of women and girls for commercial sex exploitation in the United States (US) in an effort to provide information and recommendations for physicians and other healthcare providers who may be in a unique position to identify and care for these victims.

Magnitude of the Problem

Human sex trafficking is a form of modern slavery, an epidemic affecting millions of people throughout the world. According to the US State Department and the International Labor Organization (ILO), more than 20 million people around the world are living in slavery. The ILO estimates that women and girls make up the largest share of forced labor victims with 11.4 million victims (55%), compared to 9.5 million (45%) men and boys. Women and girls make up the vast majority, about 80%, of individuals trafficked specifically for commercial sex exploitation, although men and boys are also victims of sex trafficking.¹ An estimated 1.2 million women and girls are ushered into the global commercial sex market every year

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through human trafficking.² Unfortunately, increased access to and use of the Internet has facilitated the trade of women and children in the business of sex trafficking.³ Approximately 50% of trafficking victims are minors.⁴ While projections vary, the US Department of Justice estimates there are 14,500 to 17,500 foreign nationals trafficked into the US each year.⁵ An estimated 100,000 to 300,000 children go missing each year in the United States, putting them at increased risk for trafficking into the sex industry.⁶ The average age of entry into the sex trade for girls is around 12-14 years of age, and many victims are runaway girls who have already suffered sexual abuse as children.⁷ Victims of trafficking can come from all walks of life; however, those most in danger of being trafficked come from poverty-stricken areas with poor gender equity.⁸

Modern Day Slavery

The United Nations (UN) Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (“UN Trafficking Protocol”) defines trafficking in persons as “the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”⁹ Traffickers force victims to participate in a variety of activities, including prostitution and other forms of sexual services, and forced labor and servitude, and in some instances, they harvest organs from victims. Traffickers often charge victims for transport and basic needs such as housing and meals, and thus victims become progressively more indebted. Some victims do give initial consent to various ‘opportunities’, but later find themselves in situations that they did not anticipate and to which they did not consent. These situations constitute trafficking if the victim does not have freedom to leave, if she or her loved ones are threatened, and if others are profiting.¹⁰

According to the UN Trafficking Protocol, sex trafficking refers to individuals forced, coerced or sold into the commercial sex trade or other forms of sexual exploitation, including non-consensual marriage.¹¹ They may be moved across state lines, across international borders, or not moved at all.

The Trafficking Victims Protection Act of 2000 (TVPA) defines coercion, in part, as “any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person...”.¹² This serves as a stronghold of fear that perpetuates the bondage. As a result, trafficked women and girls typically experience extreme and sustained gender-based violence and as a consequence suffer severe physical and psychological trauma.¹³

National Policy

In 2000, the US Congress passed the TVPA, which has been reauthorized as the Trafficking Victims Protection Reauthorization Act (TVPRA) in 2003, 2005 and 2008.¹² The TVPA and TVPRA criminalize human trafficking, allow for prosecution of traffickers and call for greater services for victims. The TVPA defines “sex trafficking” as the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act.¹⁴

The TVPA was reauthorized again last year as part of the Violence Against Women Act that was signed into law on March 7, 2013. The original law punished severe forms of trafficking but had a fairly narrow definition that made prosecution difficult. There have been improvements with each version; there is now a more progressive definition of the threat of serious harm that allows for a broader scope of prosecution and greater services for victims.

In 2005, the United States became a signatory to the UN Trafficking Protocol (“to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children”), which contains strong language against human trafficking. The UN Trafficking Protocol is aimed at prevention, suppression and punishment of those involved in the trafficking of persons.⁹ The UN protocol is nuanced and inclusive, and provides for a definition of force that includes threats to reputation, among other kinds of threats, coercion, fraud and abuse of power. The federal law is not as nuanced, with one of the drawbacks being the requirement to prove “force, fraud and coercion.” This poses an onerous burden of proof for victims of trafficking and federal prosecutors; as a result, according to the advocacy organization Equality Now, “only 137 sex trafficking cases were prosecuted under the TVPA from 2001 to 2008.”¹⁵

Just as there are gaps between the UN Trafficking Protocol and the TVPA/TVPRA, so there are gaps between the TVPA/TVPRA and individual state legislation through which victims of human trafficking slip into obscurity, or experience punitive measures or deportation. Foreign victims can be provided with relief from deportation through a “T-Visa” in exchange for cooperation with law enforcement to prosecute traffickers.¹⁶

State Legislation

All 50 states and the District of Columbia have now passed legislation to combat human trafficking, punish traffickers and support survivors. Each state has taken a different approach to codifying human trafficking legislation within its own borders. The Polaris Project has designated a rating system based on the categories of laws that are deemed

critical for an effective approach to human trafficking. A Tier 1 designation is based on the strength of anti-trafficking legislation, and within the past year 39 states have passed new laws to fight human trafficking. There are now 32 states with a Tier 1 designation, up from 21 states in 2012. New Jersey and Washington have perfect scores, meaning they have laws fulfilling all 10 categories that Polaris tracks.¹⁷ Anti-trafficking activists across the country are working to address gaps and improve current legislation in numerous states.

Identification of Victims of Human Sex Trafficking

Physicians and other health care professionals encounter patients who are victims of sex trafficking in medical settings, and can play a crucial role in identification and assistance. Research published in 2005 demonstrated that 28% of trafficked victims had come in contact with healthcare providers during captivity. However, the healthcare providers missed opportunities to intervene or assist the trafficked victims.¹³ Victims typically do not disclose their status due to fear, shame, language barriers and short encounter times with providers, especially if the trafficker is in the room or in close proximity to the patient at the time of the encounter.¹⁸ There is developing consensus concerning trafficking indicators, identification recommendations, strategies for interactions and response and child-specific indicators of sex trafficking victimization.¹⁹ The American College of Obstetrics and Gynecology recently recommended that clinicians screen women and girls for reproductive and sexual coercion, noting that this can include sabotage of contraceptive methods and pregnancy pressure.²⁰ The Department of Homeland Security has developed indicator cards to help first responders identify victims of human trafficking.²¹

Victims of human trafficking may look like many of the patients that physicians and other healthcare providers see routinely. Indicators may include signs that the person is being controlled or monitored during the encounter, cannot change jobs or move, has been physically abused, appears fearful, tense or depressed or avoids eye contact.¹⁹ Victims who have been trafficked from abroad often do not speak English nor do they have identification, immigration documents or passports. Victims of human sex trafficking are frequently seen for sexually transmitted infections, unintended pregnancies and sexually related trauma. Physicians and other healthcare providers should be alert if the patient has moved frequently, lacks knowledge of her whereabouts, lives with her employer or in a brothel, has little contact with the community, has numerous inconsistencies in her story, or has family members that have been threatened.

Screening questions used for domestic or sexual violence may be helpful in identifying victims of human trafficking. In particular, questions that address safety, employment, living environment and travel or immigration status may be useful. Safety questions are often aimed at a person's ability to leave the current situation without threat of harm or

deportation to herself or her family. Questions regarding employment may also be useful in identifying victims of human trafficking, especially those that assess how the job was obtained and whether the patient incurred debt as a result of indentured servitude, receives no payment for work, or experienced forced sex as a part of work. Child-specific questions include queries about education, the living environment and threats against family. If the child is not from the United States, providers should ask questions about how she came to this country and her reasons for moving.

Health Consequences

Survivors of sex trafficking experience numerous health problems related to physical abuse, psychological control, unprotected sex, forced use of drugs, poor nutrition and lack of ongoing health care.^{19, 22} These health issues can have severe consequences for the individual, including injuries due to horrific violence and the severe psychological trauma suffered as a result of the experiences and also present a serious public health threat due to the increased risk of sexual transmission of infectious diseases, including human immunodeficiency virus (HIV). The majority of data on health consequences of human sex trafficking is from international research.

Injuries related to violence

The frequency of sexual and/or physical assault in sex-trafficked women and girls is high, ranging from 31% to 95%.^{23, 24, 25, 26, 27, 28, 29, 30, 31} In one study, injuries resulting from physical violence were documented in 146 victims of sexual exploitation; most had been trafficked across borders and within borders of Indonesia, the Philippines, Venezuela and the United States. About 80% reported physical assault and the following injuries: vaginal bleeding in 40%, bruising in 40%, internal pain in about 33%, head trauma in 30%, mouth and teeth injuries in about 30% and other bleeding in 15%. The highest number of injuries was reported by women in the United States and by Russian women trafficked into the United States, with over 75% reporting an injury. These injuries resulted from being hit and beaten and from multiple incidents of rough oral, anal and vaginal sex.³² Sex-trafficked girls may also suffer from lacerated and ruptured vaginas, perforated anal and vaginal walls and asphyxiation from oral sex.³²

Sexually transmitted infections

Trafficked women and girls incur numerous sexually-transmitted infections. Although HIV infection is recognized as a consequence of sex trafficking, few reports have evaluated its prevalence based upon serological testing.²² The test results available in case files of 554 women receiving post-trafficking services in India and Nepal estimated the prevalence of HIV infection to range from 22.7% to 45.8%.^{33, 34, 35, 36} Only one study reported serological

testing for sexually transmitted infections other than HIV, revealing that in sexually exploited women from Nepal, 0.4% tested positive for syphilis and 3.8% tested positive for hepatitis B.³⁷ Other studies have documented self-reported symptoms of gynecological infections among trafficked women, although the estimates of prevalence (ranging from 5.7% to 65.9%) are likely not reliable.²² Trafficked women have reported symptoms of yeast infections, including vaginal discharge and itching, gonorrhea, syphilis, pubic lice, warts, herpes, pelvic inflammatory disease sometimes resulting in a hysterectomy or sterility and urinary tract infections. In a study of female sex workers in Thailand including sex-trafficked women, about two-thirds reported symptoms in the preceding four months of sexually transmitted infections such as lesions, warts, itchiness, lower abdominal pain, pain when urinating, with a similar frequency in sex-trafficked and non sex-trafficked sex workers. Trafficked female sex workers in comparison to those not trafficked were more likely to report recent condom failure and recent condom non-use.²⁷

Pregnancies and abortions

Due to the low rate of consistent use of reliable contraceptive methods, trafficked women may become pregnant, although data regarding prevalence are scarce. As ascertained from interviews of 146 international and American women trafficked in the sex industry, 43% of international women became pregnant as a result of sexual exploitation in prostitution and 20% gave birth, while 50% of American women became pregnant and 42% gave birth.³² In Thailand, trafficked sex workers were more likely to become pregnant than non-trafficked sex workers, with 20% reporting pregnancy compared with 7.5% of non-trafficked sex workers.²⁷ Trafficked sex workers were also more likely to report abortion: 11.8% vs. 4.7%. Pregnancy in trafficked girls has led to death during childbirth.³²

Other physical health problems

Women in the sex industry may suffer from a variety of diseases, some of which are not necessarily related to sex trafficking, that remain untreated due to lack of ongoing health care. These include pulmonary tuberculosis, anemia, cervical cancer, high blood pressure and diabetes.^{32,38} Sex-trafficked girls may also suffer rectal fissures, poor sphincter control, peritonitis due to perforated vaginal and anal walls and chronic choking from gonorrheal tonsillitis.³²

Three studies have collected data on trafficked women's physical symptoms. Within two weeks of entering post-trafficking care, 192 women and girls from twelve countries were interviewed and 63% were found to have more than 10 concurrent physical health problems.²³ A similar but smaller study of 49 female trafficked sex workers reported that the women had an average of four symptoms.²⁴ Specific symptoms reported include headache,

fatigue, vaginal discharge and other gynecologic infection, dizziness, back pain, abdominal pain, chest pain, pelvic pain, memory problems, loss of appetite, tooth pain, nausea, throat infection, skin rash and itching.^{23, 24, 32}

Psychological sequelae

Poor mental health outcomes among victims of sex trafficking may be related to a variety of factors including physical and psychological abuse, coercion into violent and unsafe sex practices, forced drug addiction, inhumane living and working conditions with food and sleep deprivation, and lack of access to healthcare services.³² In addition to physical abuse, sex-trafficked women are typically abused emotionally by threats, blackmail, isolation and repeatedly being sold.

Sex-trafficked women and children often suffer from a range of psychiatric disorders, including depression, post-traumatic stress disorder (PTSD), psychosomatic illness and drug or alcohol abuse and/or addiction.^{23,32,39} Interviews of women who had been sex-trafficked in Indonesia, the Philippines, Venezuela and the United States found that the majority suffered psychological problems. Of 146 women, approximately three-quarters reported physical assault (usually repeatedly), verbal threats and control through use of drugs and alcohol. More than one-half of the women reported feelings of depression, self-blame or guilt, or anger and rage. About one-third reported suicidal thoughts.³² In one study that used validated instruments to evaluate mental illness in sex-trafficked women, 16.7% of women suffered from depression and 35.8% had PTSD.⁴⁰ Other studies screened for mental disorders in sex-trafficked women; anxiety, depression and PTSD were reported most frequently.^{24, 41, 42} One study suggested that women trafficked for sexual exploitation had a higher risk of depression and PTSD compared to women trafficked for labor exploitation.⁴¹ Other psychological consequences of sex-trafficking include hyper-vigilance or paranoia and traumatic bonding (a destructive bond that develops between victims and their abusers).⁴³ The emotional abuses that sex-trafficked women suffer make it difficult for them to heal emotionally and to reintegrate into society.

Response to a Victim of Human Trafficking

Sex trafficking survivors require access to coordinated, trauma-based medical and mental health care, as well as other support services delivered in a safe and confidential environment. Because there are limited data delineating the best practice guidelines for physicians and other healthcare providers on how to best identify and treat women who have survived sex trafficking, recommendations have been drawn substantially from the domestic violence literature and accumulated experience in the field.

The most important principle of appropriate response to a suspected victim of violence or abuse is to establish a therapeutic relationship and “do no harm.”⁴⁴ Patients should be questioned when they are alone; assurance of confidentiality is essential prior to questioning. If a woman or girl discloses information regarding sex trafficking or other interpersonal violence, an initial statement of support that validates her concerns should be offered. Physicians and other healthcare providers should respect the victim’s assessment of her situation and her autonomy, avoid interrogation and be attentive to the woman’s cues as to her comfort with the line of questioning. The interviewer should remain sensitive to cultural differences; use an interpreter when needed but consider the risks and benefits; avoid re-traumatizing the patient; assess her safety; and be prepared to give local resource and referral information.⁴⁴ In addition, physicians and other healthcare providers should be familiar with the unique mental and physical health problems related to sex trafficking in order to begin assessment, evaluation, treatment and referral as appropriate.²³

If a child, elder, or disabled victim is suspected of being trafficked, physicians and other healthcare providers, as mandatory reporters, must follow the laws in the state in which they practice, and, when required, report to appropriate authorities. For other victims, physicians and other healthcare providers must balance reporting to law enforcement with respect for patient autonomy, especially with regard to concerns for legal ramifications such as deportation, witness protection and the limits of legal authority.⁴⁴ Providers should have abuse hotline information readily available and know how to respond if a woman or child needs urgent or emergent help.¹⁷

Summary

Human sex trafficking is a pervasive, persistent and extremely pernicious practice. It is largely an underground problem in which traffickers prey on at-risk individuals from marginalized groups for economic gain. Trafficked women may be reluctant to report their exploitation due to fear of harm from traffickers. The existing evidence demonstrates numerous adverse health consequences of sex trafficking for women and girls: physical trauma, HIV infection, other sexually transmitted infections, unplanned pregnancies, abortions, depression, PTSD, anxiety disorder and a variety of physical and psychological symptoms which may be related to serious illnesses, in some cases life-threatening. The horrific harm borne by sex-trafficked women and girls is real and devastating. Much work needs to be done to eliminate sex trafficking. However, in the interim, victims of sex trafficking require access to coordinated medical care and other support services in a safe and confidential environment in order to meet their physical and social needs, start appropriate treatment, and begin the process of reintegration into society. Physicians and other healthcare providers urgently need additional training to effectively identify and treat

survivors of sex trafficking. The doctor-patient visit may be the only contact or opportunity to provide compassionate care and offer appropriate services. Further, as advocates, physicians and other healthcare providers can become a very powerful voice aligned with others in the community calling for the end to this most pressing and egregious of human rights violations.

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Table 1. AMWA Anti-Trafficking Recommendations

Train healthcare providers
<ol style="list-style-type: none">1. Incorporate clinical training on human trafficking in medical school curricula.2. Develop and disseminate continuing medical education activities for practicing healthcare providers.
Advocate for education
<ol style="list-style-type: none">1. Support domestic and international K-12 education initiatives to provide education for children on the risk of human trafficking.2. Support domestic and international K-12 education initiatives to advance gender equity.
Address gaps in policy and legislation
<ol style="list-style-type: none">1. Support ongoing policy development at the state and federal level to provide effective prosecution of traffickers and to provide services for survivors.2. Consider legislation that is targeted at the societal factors promoting solicitation of commercial sex.
Expand research initiatives
<ol style="list-style-type: none">1. Determine best training methods for healthcare providers on victim identification, intervention techniques, and appropriate resources.2. Test identification strategies and screening questions, and validate instruments. Determine whether different strategies and questions are needed for domestic versus international victims.3. Develop mechanisms to determine the mortality rate of victims of sex trafficking due to illness, violence, and suicide.4. Determine the best practices for treating victims of human trafficking, including the provision of mental health care.5. Investigate how duration of experiences, number of clients and other characteristics of the trafficking experience impact physical and mental health.6. Determine health outcomes, with particular attention to HIV and other sexually transmitted infections, and pregnancy.7. Determine societal factors that promote solicitation of commercial sex and the characteristics of the consumers (“Johns”).8. Identify the economic factors involved in sex trafficking and the characteristics of the traffickers.9. Develop a research agenda to test what works for the prevention of human trafficking.
Expand support services
<ol style="list-style-type: none">1. Ensure the safety and confidentiality of sex trafficking survivors.2. Advocate for support services to address the acute needs of survivors (e.g., emergency medical care, shelter, food, legal counsel).3. Build capacity to address more long-term needs, including health care for physical and psychological problems, substance abuse and addiction, and chronic diseases.

Table 2. Resources for Healthcare Providers and Victims of Human Trafficking

Organization	Website
Federal Bureau of Investigation (FBI)	http://www.fbi.gov/stats-services/publications/law-enforcement-bulletin/march_2011/human_sex_trafficking
Human Trafficking.org	http://www.humantrafficking.org/countries/united_states_of_america
National Human Trafficking Resource Center Hotline	http://www.polarisproject.org/what-we-do/national-human-trafficking-hotline/the-nhtrc/overview 1-888-373-7888
U.S. Department of Health and Human Services	www.acf.hhs.gov/trafficking http://www.acf.hhs.gov/programs/orr/resource/services-available-to-victims-of-human-trafficking
U.S. Department of Health and Human Services Office of Women’s Health	http://www.womenshealth.gov/violence-against-women/types-of-violence/human-trafficking
U.S. Department of Homeland Security	http://www.ice.gov/news/library/factsheets/human-trafficking.htm
U.S. Department of State	http://www.state.gov/j/tip/laws/
Versus: Confronting Modern Day Slavery	Library for healthcare providers: http://vsconfronts.org/library/health-care-providers/

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