

Commercially Sexually Exploited Children: Primary Care, Public Health, and Advocacy in a Community Health Center

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Objectives

- Understand the commercial sexual exploitation of children
- Discuss the health effects of sexual exploitation, and the challenges of meeting survivors' health needs
- Explore strategies to improve victim identification in health care settings



**“I been raped two times.
Then I been tortured by
two guys in two days.”**

Cambodian American Teenager living in Oakland

QUESTION



Trafficking Victims Protection Act (2000)

“Sex Trafficking”: the recruitment, harboring, transportation, provision, or obtaining of a person for a commercial sex act via fraud, coercion or force.

Under 18: even if fraud, coercion or force was not used, they are still *victims of sex trafficking*.

How are victims trafficked?

As defined in the TVPA:

- Force
 - ▣ Rape, beatings, constraint, confinement
- Fraud:
 - ▣ False and deceptive offers of employment, marriage, better life
- Coercion:
 - ▣ Threats of serious harm to, or physical restraint of, victim or her/his family
 - ▣ Plan or pattern to cause victims to believe that failure to perform them would result in harm
 - ▣ Abuse or threatened abuse of legal system



Trafficking Impacts

Trafficking has a profound impact on the health and well-being of victims & survivors

- Conditions that impact health in the short and long term include:
 - Social restrictions
 - Deprivation
 - Exploitation
 - Coerced use of drugs and alcohol
 - Dangerous living and working conditions
 - Abuse (physical, psychological/emotional, sexual, behavioral, spiritual)



**“So...I’m tired...girls dying,
people catching AIDS, so I
don’t want to be doing it
because that can be me...”**

Cambodian American Teenager living in Oakland



Reasons for Accessing Health Care

Reproductive Health Care Needs among Trafficking Survivors


- Sexually transmitted infections
 - ▣ Screening & treatment
- Abnormal Pap smears, cervical dysplasia
 - ▣ HPV testing, colposcopy, cryotherapy & LEEP
- Contraception counseling & provision
- Preconception counseling & services

Reproductive Health Care Needs among Trafficking Survivors

- Unintended pregnancies
 - ▣ Comprehensive, unbiased options counseling
 - ▣ Abortion services
- Desired pregnancies
 - ▣ Pre-natal care
 - ▣ Labor & Delivery services
 - ▣ Pediatrics

Common Primary Care Diagnoses among Human Trafficking Survivors

- Headaches
- Acid reflux, other gastrointestinal distress
- Abdominal pain
- Low back pain, other musculoskeletal pain
- Pelvic pain
- Anemia
- Sleep disorders
- Skin problems, rashes




“It’s like if you die, get murdered or something, all it is they have another girl taking their place. That’s all it is.”

Cambodian American Teenager living in Oakland

Mental Health Issues of Trafficking Survivors

- Depression
- Anxiety
- Panic disorder
- Dissociation– psychological withdrawal to protect oneself from impact of traumatic event
- Relationship difficulties
- Self-harm
- Suicidal ideation



“I have nightmares about it. I almost died...most times I had been with these clients, *they don't really do anything to me*. They'll beat me up and rape me and stuff like that. But I'm just glad I don't have no AIDS or STDs or died...”

-Cambodian Teen from Oakland

Mental Health Issues of Trafficking Survivors

- ❑ Sleep disturbances– insomnia, nightmares
- ❑ Substance abuse
- ❑ Hypervigilance– strong reactions to sensory or other reminders of traumatic event
- ❑ Recurring/intrusive memories
- ❑ Post-traumatic stress disorder
- ❑ Somatization– when mental health affects physical health

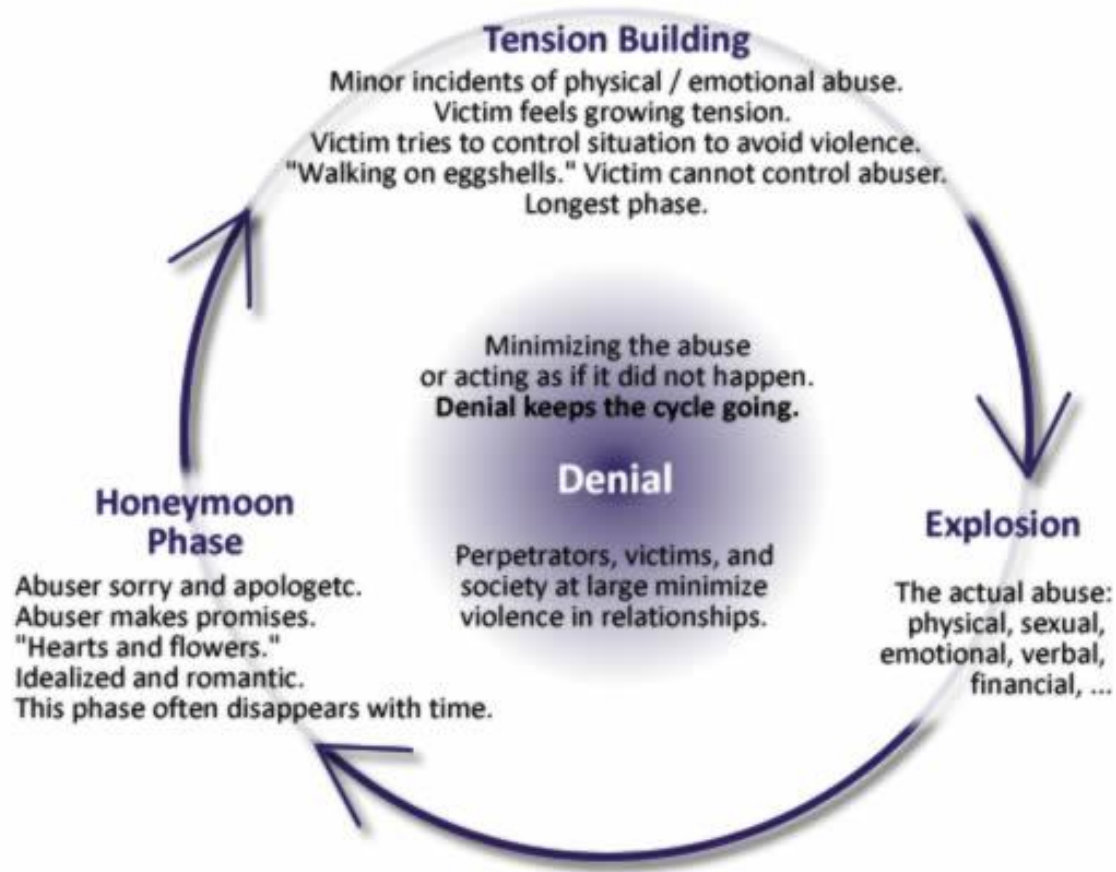
Somatization

- Unexplained somatic symptoms common among trauma survivors
- “All in her head?”
- Complex links between mind and body; neurologic, immunologic, hormonal mediators
- Common manifestations:
 - Nausea, vomiting, diarrhea, difficulty swallowing
 - Abdominal pain, chest pain, pelvic pain
 - Pain with intercourse, menses
 - Shortness of breath, dizziness, palpitations

Other Mental Health Problems among Trafficking Survivors: Psychological Issues

- Guilt, shame, low self-esteem
- Identity Disturbance- victim has to put “puzzle” back together
 - “How did this happen to me?”
 - “Why did this happen to me?”
 - “I’m not like this”
 - Separation from home, family, children
- Patient’s history *prior* to trafficking profoundly impacts current health and well-being

Cycle of Abuse/Violence





Challenges in Providing Care

Challenges of Providing Medical Care to Trafficking Survivors

- Balancing need for information on patient's history with need to not stress or re-traumatize
- Limited health literacy
- Language barriers, interpretation
- Cultural diversity, cultural barriers to allopathic care
- Stigma regarding mental health issues

Challenges in Providing Care to Trafficking Survivors

- Uninsurance— Lack of, or temporary, insurance coverage— limited access to specialty care, long waiting periods
- May present with many symptoms, complex picture
- Longer office visits to develop trust and address myriad issues
- Coordination and follow-up of primary care and mental health care, specialty care
- Need for intensive case management
- Lack of understanding of human trafficking among other medical staff

Clinical Correlations of CSEC: Social Harms

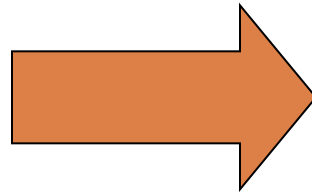
- Criminalization
- Stigmatization
- Lack of formal education
- No experience for other viable economic opportunities



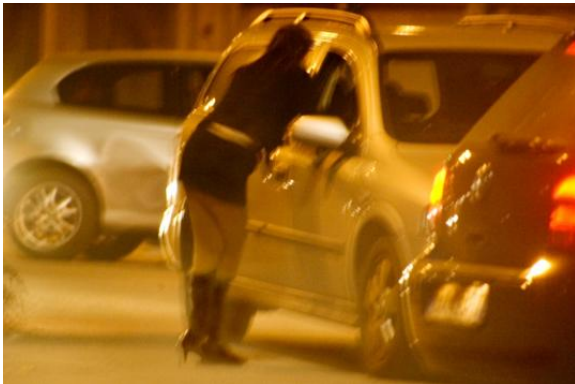
Reframing

Language/Re-Framing

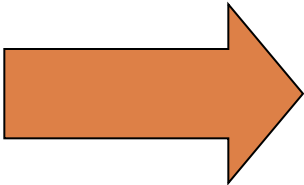
- (Child) Prostitute
- Ho
- (Bottom) Bitch
- Whore
- Hooker
- Slut

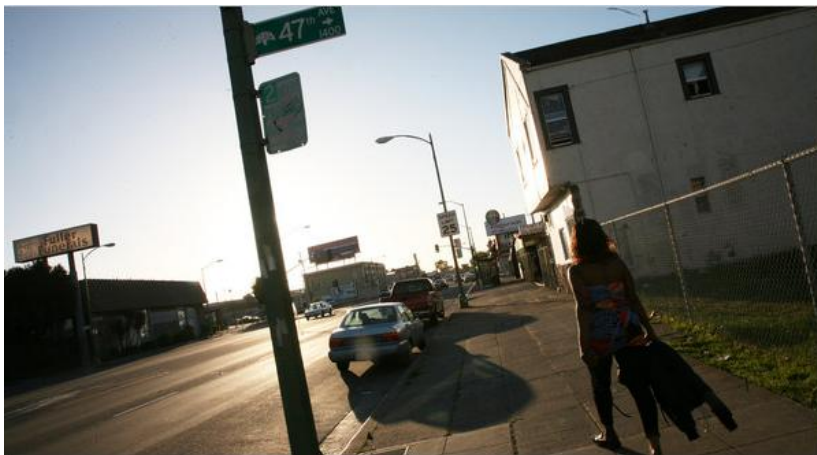


- Victim/Survivor
- Sexually Exploited Minor (SEM)
- Commercially Sexually Exploited Child (CSEC)
- Domestic Minor Victim of Sex Trafficking (DMST)



Language/Re-Framing

- John
 - Trick/Pimp
 - Gentleman's Club
 - Daddy
 - Madam
- 
- Sexual Offender
 - Sexual Predator
 - Exploiter
 - Sex Trafficker
 - Human Trafficker



“The World’s Oldest Profession”

CSEC is....

The commercial sexual exploitation of children (CSEC) is:

- Sexual activity involving a child in exchange for something of value, or promise thereof, to the child or another person or persons.
- The child is treated as a commercial and sexual object.
- CSEC is a form of violence against children.

CSEC includes:

- street prostitution
- pornography
- stripping
- erotic/nude massage
- escort services
- phone sex lines
- private parties
- gang-based prostitution
- interfamilial pimping
- forms of Internet-based exploitation



Recruitment

Pathways to Entry: Recruitment

- Seduction and coercion
- Violence and force
- Peer recruitment
- Kidnapping
- Parents selling children
- Internet enticement through chat rooms or profile-sharing sites
- False advertising for “modeling,” “acting,” or “dancing” opportunities

Children at risk for recruitment into CSEC are children who:

- Are under 18 years old
- Walk to school or to the store alone
- Own or have access to a computer
- Are attracted to consumer goods
- Desire to develop romantic relationships
- Sometimes feel insecure
- Feel misunderstood
- Fight with their parents
- Sometimes feel their parents don't care
- Want more independence
- Test boundaries and take risks

Question:

According to this, who is at risk for recruitment into CSEC?

Answer:



ALL CHILDREN

The Making of a Girl – GEMS video

<http://www.youtube.com/watch?v=ZvnRYte3PAk>

[The Making of Girl](#)

Community Health Centers

Who are we?

- Non-Profit
- Service and Advocacy
- Comprehensive Primary Care
- Community Board of Directors



Community Health Centers

Who we serve?

- 71 % in Poverty
- 40% Uninsured
- 66 % Racial and Ethnic Minorities



**AHS
Founded**

**AHS
Teen
Clinic**

**Banteay
Srei
Founded**

**NDAA
Partnership**

**AHS
Youth
Program**

**Patient
Trends:
CSECs**

**SEM
Network
Health
Cmte**

1974

1996

2000

2001-2003

2004

2008-2009

2009-pres



Background on Southeast Asian (SEA) Issues

- PTSD
- Intergenerational gap
- Intergenerational trauma
- Poverty
- Fear and distrust of authoritarian figures and law enforcement

Background on Southeast Asian (SEA) CSECs

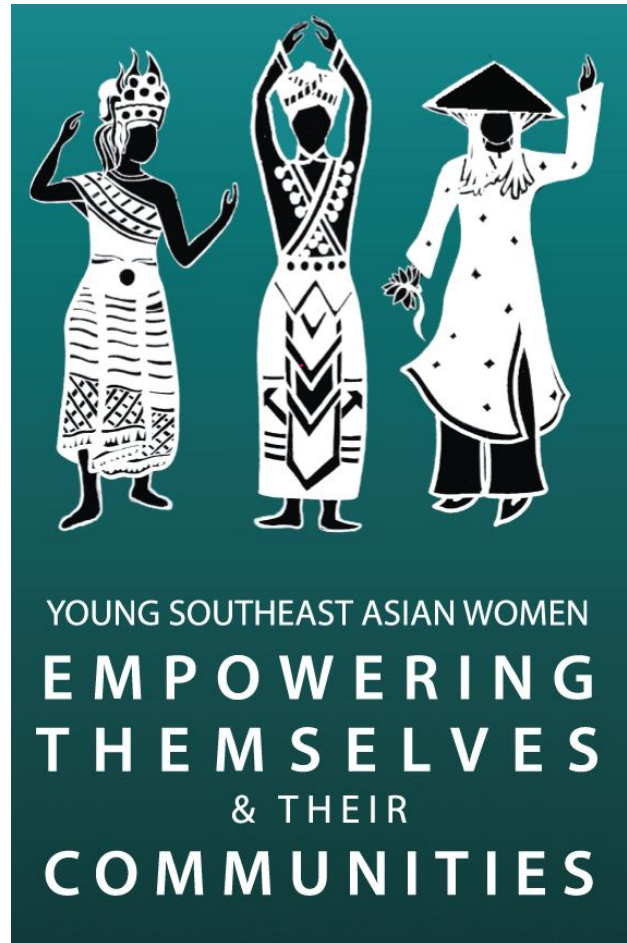
- Not internationally trafficked
- Heavily recruited / exoticized
- Can't talk to parents
- Pride in being able to contribute financially to the household
- Invisible

2002-2003 Snapshot of CSECs in Alameda County

- ◆ **218** Minors ***known*** to Oakland Police Department (OPD) as being involved in prostitution
- ◆ **185** Minors with sexual exploitation as “peripheral issue” as tracked by OPD Youth Services
 - ◆ **58** Minors reporting involvement in prostitution to OUSD School Attendance Review Board (SARB)
- ◆ **67** Minors introduced to or approached about prostitution by adults or other peers, as self-reported to SARB
 - ◆ **12** Average cases per month involving exploited youth seen by Alameda County Juvenile Court Commissioners

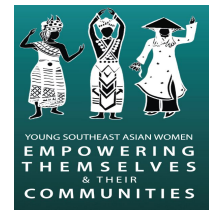
NOTE: Data presented does not capture the *actual* number of sexually exploited youth as much is dependent upon youth’s self disclosure and circumstances upon arrest. Nor does it include the number of CSECS who have not had contact with the police or other authorities and are unidentified.

Banteay Srei



Banteay Srei

(*Khmer translation: "Citadel for Women"*)



Banteay Srei Develops Community-based Intervention Strategies

- Though community trainings, Banteay Srei receives referrals to work with young SEA women from community members
- CSECs request access to health services
- Banteay Srei starts working with Youth Program of AHS to develop a SEM/CSEC Assessment Tool and referral system
- Community Health Clinics identified as a valuable intervention site to outreach and deliver services to CSECs

Banteay Srei's Mission

Banteay Srei is a youth development, asset building organization that is non-judgmental of young Southeast Asian Women who are at risk of or engaged in sex work. We seek to provide the resources that support their healthy development through self empowerment and self determination.



Banteay Srei Survey (2006)

40 girls being commercially sexually exploited.

3 had been arrested criminally for prostitution.

Culturally Relevant Intervention Strategies for the Southeast Asian CSEC Population

- Strengthening Individual Support System
 - Family Services
 - Educating family members about sexual exploitation
 - Translation services
 - Relationship building activities
 - CSEC Services
 - Emergency transportation
 - Court Advocacy
 - Access to health services
 - Short term intensive case management
 - Referrals

- Pro Active Prevention Strategies
 - Peer based programming
 - Peer led education about sexual exploitation
 - Mentorship
 - Leadership development
 - Employment opportunities



Prevention

Working with high risk girls to keep them from becoming commercially sexually exploited



The Problems

Criminalization

Criminal Justice Funding Streams

Minimal Collaboration Across Sectors

Need for Public and Community Health Model



Identifying CHCs as Early Intervention Sites

- Banteay Srei and AHS Youth Program and Teen Clinic have been working together to identify high risk clinical indicators within Teen Clinic and to develop screening tools and protocols
- Organizing SEM Health Committee - Multidisciplinary
 - Health focused trainings on CSEC issues
 - sharing best practices, creating a referral form for clinics to use, information pamphlet for physicians
- Identify and reach CSECs **before** they enter the juvenile justice system



Clinical Correlations

Public Health Model - Prevention

Prevention Levels			Clinician Side	
			Disease	
			(-)	(+)
Patient Side	Illness	(-)	Primary Prevention <i>Illness Absent</i> <i>Disease Absent</i>	Secondary Prevention <i>Illness Absent</i> <i>Disease Present</i>
		(+)	Quaternary Prevention* <i>Illness Present</i> <i>Disease Absent</i>	Tertiary Prevention <i>Illness Present</i> <i>Disease Present</i>



* Quaternary Prevention is not a clearly defined prevention level

Clinical Correlations: Taking a history from a high risk adolescent

- Be open and non-judgmental
- Ask, ask, ask, keep asking in different ways
- Clarify language and terminology: “What do you mean by ... ?”
- Be comfortable with slang terms
- Don't be embarrassed
- Understand that their life experience is extremely different from your own
- Take language and non-verbal cues from patients
- Establish rapport and trust

HEADDS Assessment

Category	Examples – use language the patient uses
Home	Who do you live with? Who do you talk to about things? How many rooms in the home? What is your neighborhood like? Do you get along with your family? Describe what you do at home.
Education	What grade are you in? What are your grades? Do you have friends at school? What classes do you like? Do you skip classes?
Activities	What do you do afterschool? Who do you hang out with? Do you have any hobbies or interests? What do you do on weekends?
Drugs	Do you smoke cigarettes, weed? Have you ever tried any drugs? Do you drink beer, shots, liquor? How much? How do you get it? Do you ever get sick, pass out or have a hangover?
Depression	Do you ever feel sad or lonely? Have you had thoughts of suicide? Ask about violence or abuse history in childhood .
Sex	How many people have you ever had sex with in your life? What is sex to you – be specific with patients. How many people in the past month? Ever been pregnant or have STD? Ever been forced to have sex or trade sex for something? Do you know people who have traded sex or sold themselves?

Clinical Correlations: High Risk History/HEADSS assessment

- Unstable home or living situation
- History of physical or sexual abuse
- Chronic runaway
- Not enrolled in school, truancy, or change in grades
- Change in appearance/dress/tattoos (branding)
- Escalating drug use
- Does patient know others who are “selling themselves”
- Who does patient hang out with?

Clinical Correlations: High Risk Clinical Indicators of Sexual Exploitation* (Red Flags)

- frequent requests for STD screenings/preg tests
- sexually active younger girls (<14 yo) with multiple partners
- girls with a STD who bring in other girls with similar symptoms (i.e. Chlamydia, HPV, etc)
- history of STDs
- high # of lifetime partners

** for a reproductive health clinic; sx to 1^o care may differ*

Clinical Correlations: Medical Harms

- Sexually Transmitted Diseases
- Pregnancy
- Violence
- Lack of Primary Medical Care
- Lack of coordination between confidential reproductive services and primary care
- See Felitti's Adverse Childhood Events studies: <http://acestudy.org>



The Protocol

Dos and Don'ts

- **DO** be **non-judgmental** when listening to a sexually exploited child.
- **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.
- **DO** keep the child **talking** and make him or her feel comfortable.
- **DO** meet a sexually exploited child **where they are** and on their terms, and try to meet the needs they present.
- **DO** improve a **systemic response** to CSEC by creating inter-agency relationships to comprehensively meet victims' needs.
- **DON'T** react verbally or physically in a way that communicates disgust or disdain. Refrain from displaying a shocked face or talking about how “awful” the child’s experience was. This may shut the child down.
- **DON'T** use strategies that switch intermittently between treating the child as an offender, then as a victim
- **DON'T** dispute facts or comment on a child’s motivation. This is likely to stop the flow of information.
- **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.
- **DON'T** assume sole responsibility for meeting the myriad and **complex needs** of a CSEC victim.

AHS' Screening Protocol

- Ask any youth in teen clinic – screen
- If we suspect, we report to CPS
- If high risk or suspect, we offer community resources
- If high risk or suspect, we reframe the issue
- If identified, we report to CPS and law enforcement (victim report)
- Close follow-up, surveillance STI checks and abuse screens

Treatment: What can we do as health providers?

- Treat the medical, mental health, and social issues
- Establish therapeutic alliance, build trust (remember: non-judgmental)
- Keep asking
- Reframe the experience: discuss healthy relationships, the harms of sexual exploitation, etc.
- REPORT TO CPS – need to identify victims
- Build partnerships with law enforcement, criminal/juvenile justice
- Learn forensic documentation of the medical record to support the child as a victim of sex trafficking
- Advocate for your patient
- Find out and link to resources in your community!
Organize! We need to build a better system together...

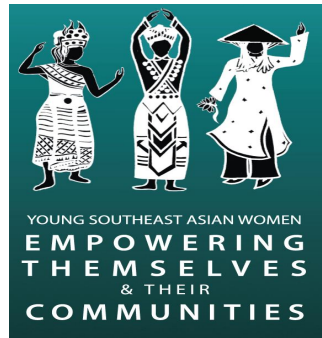
“Kind of right now, I still want to go back in the business. But I haven’t been working for almost 8, 9 months already. I been trying to be really really good. But I been broke. And I been trying to go to these agencies and stuff and have them help me find jobs. I been doin’ my resume, I been doin’ everything I can. I been goin’ around a lot of job interviews. And I can never ever get a job, and that really hurts my feelings because I try really really hard. So I was like, forget it. I’m just gonna go back to doin’ it...and it’s about to make me cry right now...that shit is crazy.”

-Anonymous Youth



Advocacy

Advocacy: Coalition Building/Organizing



Sexually Exploited Minors Network
SEM NETWORK 2011



Alameda County Interagency Children's Policy Council

HEATWATCH[®]
STOP HUMAN EXPLOITATION AND TRAFFICKING

"It takes a village to rescue a child and prosecute a trafficker,"
-DA Nancy O'Malley

Alameda County H.E.A.T. Watch Tip-Line: 1-510-208-4959

Two small photographs: one of a young girl and one of a woman's face.

The Saban
Free Clinic
Is The Los Angeles Free Clinic

Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities



Asian Health
Services



CAST
COALITION TO ABOLISH
SLAVERY & TRAFFICKING

ALAMEDA COUNTY MEDICAL CENTER

Advocacy: Media

AM Y
TUESDAY, MAY 24, 2011

National
The New York Times

In Oakland, Redefining Sex Trade Workers as Abuse Victims

By PATRICIA LEIGH BROWN

OAKLAND, Calif. — Dr. Kimberly Chang, a physician at a community clinic in Chinatown, will never forget the first young girl she suspected had been sold for sex.

Kalen, a 15-year-old Cambodian-American girl who grew up in Oakland, kept coming in to be examined for sexually transmitted diseases, the beginning of a grim cycle of diagnosis and treatment. "I started asking, 'Are you having sex with new people?'" Dr. Chang, 37, recalled. "It was always, 'No, no, no, no, no.' Eventually she confided that she was worried about 'a friend.' That's when I asked, 'Are you trading sex for money?'"

Emerging from a long, dark tunnel, Kalen slowly began to tell her stories. How her father beat her. The childhood rape. The out-of-control john who seduced her in a motel bathtub and filled it with scalding water.

Seven years and hundreds of patients later, Dr. Chang's clinic, Asian Health Services, is in the vanguard of a new public health approach to treating American-born minors lured into the sex trade, a problem enforcement officials and child advocates say has exploded with the Internet.

Once viewed as criminals and dispatched to juvenile centers, where treatment was rare, sexually exploited youths are increasingly seen as victims of child abuse, with a new focus on early intervention and counseling. There is growing recognition that doctors can be first responders, intervening before long years of exploitation and abuse can take an even greater toll.

Continued on Page A30

Struggles Over Cultural Identity Leave Girls Vulnerable To the Lure of the Streets

WMPC  **90.9 104.1**

Greater Portland Public Radio

KGNU  **38.5 FM 1390 AM**
COMMUNITY RADIO

Denver/Boulder Community Radio

Emerging Asian Populations and Needs in the Bay Area

FALL/WINTER 2011

Asian Outlook™
A PUBLICATION OF THE ASIAN PACIFIC FUND

2

Asian Outlook - Fall/Winter 2011

Child Sex Traffickers Target Asian Girls

Policy Advocacy

- Reframe Institutional Responses
- Secure Funding Streams for Community Based Services
- **2012 Californians Against Sexual Exploitation Act (CASE) Ballot Initiative**
- 2008 AB 499 in California (Swanson – Oakland): decriminalizes CSECs
- 2009 AB 17 (Swanson – Oakland): definitions and fines
- Public Health Model
- Health Arm in National Advocacy organization

Advocacy: Training Professionals

- Criminal Justice/Law Enforcement/Social Services
– NDAA/NCPCA
- Public Health – APHA, NCHDV
- School Based Health – Oakland Unified School District
- Medical – California Primary Care Association, UCSF-SFGH, SEM Network Health Cmte
- Title X funding recipients – California Family Health Council

Advocacy: Research Agenda

- Screening Protocol
- Chart Review
- Case Studies
- Medical-Legal Collaborative Research

Next Steps

- Better identification tools
- Creation of community-based culturally competent services
- Prosecution of traffickers
- Creation of a comprehensive, multidisciplinary public health model to provide support for CSECs throughout the cycle of violence and exploitation
- Building a cadre of physician/clinician advocates for CSECs

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