Red flags for trafficking

Positioned to care:

Improving identification of victims of labor and sex trafficking in Colorado

Case 1: Mary

CC:

- 16 yo girl brought in by law enforcement for concern for sexual assault
- Mary was found by police at a portable bathroom with a 32 yo man. She told police she was there with her “pimp”.

HPI:

- + vaginal bleeding, L hip pain.
- She reports having anal and oral sex with the man,
- states bleeding might be her period, hip pain from leaning on the toilet paper roll cover.

PMHx:

- Depression

Soc Hx:

- Foster care due to prior sexual assault from her sibling
- Ran away yesterday – reports maltreatment of other children in the foster home
- Denies being abused by foster family

Case 1: Mary (continued)

PE:

- WNL other than
- GU: Tanner 5, female, + blood in introitus, transection of the hymen at 7 and 2 o'clock
- Anus/perirectal: no lesions or tears

Evaluation:

- Child protection consult – pt discloses: the 32 yo was trying to pimp her out, but when it didn't work, they had sex
- LE / DHS notified, SW consult
- Forensic exam and evidence collected, post exposure prophylaxis given
- DHS recommended discharge home to foster mother

Red flags at the scene:

Unsuitable living conditions

Discrepancy between the presenting complaint and the physical findings or injuries

Unusual findings around the patient

- Lots of cash
- Multiple or no ID
- Multiple mobile phones

Patient defers to someone else for questions

Patient doesn't seem to have appropriate personal possesions

Inappropriate clothing for weather / situation

Multiple teens/children with single adult (in an unusual setting like motel room, MVC, campsite)

Case 2: Marie

CC:

- 17 yo girl presents with EMS for chills, abdominal pains and myalgia

HPI:

- Unclear number of days of symptoms, diffuse symptoms
- She is now feeling better in the ED.

PE:

- Febrile, mildly dehydrated on U/A
- GU exam deferred – "low suspicion of appendicitis or GYN etiology of pain based on H&P"

Evaluation:

- IVF & Tylenol given – symptoms improved
- Dx with abdominal pain due to viral syndrome.
- F/U with PMD in 2-3 days recommended

Red flags at registration:

- Lack of identification
- Accompanying person controls the information flow despite patient being capable of answering
- Unknown or missing personal /demographic information – i.e. address, phone, age, DOB of the patient
- False demographic information presented
- Someone other than the patient seems in control of information
- Patient has had multiple addresses/phone numbers in system recently (if multiple visits)
- Patient appears fearful

Case 3: Myra

CC:

- 17 yo girl brought in by law enforcement after asking for help – told LE she was unsafe and "being pimped out"

HPI:

- Reports being raped by 26 yo male (vaginal penetration, no condom use)
- + Suicidal ideation - due to multiple sexual partners over the past week
- Reports feeling that she might have been at risk of being killed over the past few days
- On ROS - + sore throat, + Headache, + recent ETOH (drinking vodka all day)

PMHx:

- Schizophrenia, depression – taking Li, Abilify, Lexapro
- Prior sexual assault

Soc Hx:

- Ran away from foster care 1 week ago

Case 3: Myra

PE:

- Normal except GU
- GU: dry blood at introitus, superficial abrasions and shallow lacerations in vaginal vault

Evaluation:

- No forensic evidence collection or pregnancy prophylaxis – per patient preference
- STD screening negative
- Labs including Upreg, CBC, LFT, EtOH (remember the vodka?) and Utox are negative
- Social work evaluation and psychiatric evaluation
- Admitted to inpatient psychiatry for SI
- Innocence Lost Task Force notified by the mental health clinicians

Red flags on history

History of Present illness/ Chief complaint:

- History doesn't fit the presentation
- Vague complaints that improve once alone or safe in the ED
- Patient seems coached in their answers
- Reluctance to use translator or insistence on using accompanying person to translate
- Sudden or dramatic changes in behavior

Past Medical History:

- Multiple STI (sexually transmitted infections), pregnancy or abortions
- Multiple prior ED visits for injuries or assaults

Social History:

- Running away
- Stopped going to school / can't identify their school
- Substance use (not in isolation but may be used to control or deal with current events)

Case 4: Maria

CC:

- 17 yo girl presents for 2 sexual assaults in past 72 hours

HPI:

- Assault #1: 3 days ago 3 men “took turns having sex with me” in a car. She told them to stop. She did not know the men or where the car was located at the time. Did not report to LE
- Assault #2: Yesterday – she was at the apartment of a male acquaintance when he “got angry and started yelling” then “shoved her onto the couch” and then forced her to perform oral sex. She stayed in the apartment that night because she “didn’t have anywhere else to go”.

Case 4: Maria

PE:

- Alert, well nourished, tearful at times
- Poor dentition, no oral lesions
- GU: foul smelling vaginal discharge, no bruising, lacerations around vagina, labia or buttocks

Evaluation:

- Social work and Child Protection team consulted
- Forensic evidence kit obtained
- Pt refused evaluation and/or treatment for STI, stating “it doesn’t matter anyway”
- Transferred to residential group home for at-risk youth

Red flags on Physical Exam:

- Patient appears disoriented, confused or has other signs of abuse
- Patient appears fearful, timid or submissive or might be very defensive and aggressive

- Signs of physical assault –
  - Signs of being punched, kicked or beaten
  - Bruises or injuries in multiple stages

- Signs of sexual assault / abuse
  - Genital bruising, lacerations, abrasions
  - Oral injuries
  - Remember – most common finding in sexual assault is a NORMAL exam

- Tattoos or other forms of branding (check all skin, behind ears, neck, bottoms of feet

Case 5: Maryam

CC:

- 18 year old female who presents with chest pain

HPI:

- Brought in by EMS after walking to fire station barefoot and reporting symptoms.
- Chest pain - 1 day, reproducible, not associated with fever, palpitations, shortness of breath, radiation.
- Per EMS report – patient has been walking around and “on and off buses” for the past few hours.
- Intermittent spotting, Implanon is expired.
- Denies any SI/HI

PE – no abnormal findings noted

Evaluation –

- ECG normal
- Chest pain improved with Mylanta/lidocaine/Benadryl slurry
- UA and UPT negative

Disposition – discharged into care of uncle (with whom she is living)

Document your findings….

Exam findings / suspicions

- Document any tattoos, branding or injuries
- Document any red flags for the next providers
- Document both acute and remote injuries – make the next visit easier to identify

Safe documentation

- Document your concerns where only providers have access. (Limit EMR access – even for the victim who may be at risk of re-victimization)

Say it out loud….

(a 14 year old girl was dropped off at a party where she doesn't know anyone by her much older boyfriend who doesn't come in with her. People gave her drugs and when she had chest pain and thought she was dying, they told her to leave the house and walk 2 blocks before calling 911)

If it doesn't make sense…

Why would her boyfriend drop her at a party where she doesn't know anyone and not come in with her?

Why did they tell her to walk 2 blocks away before calling an ambulance?

Keep asking questions...in a trauma informed, respectful and non-judgemental way

(see Module #4 –trauma informed screening for how)

Case resolutions:

- All 5 patients are the same person over time…looking back
- 5 interactions….many, many red flags…1 report for trafficking…
- 4 visits without any documented screening or reporting for sexual trafficking despite multiple statements that she was being “pimped out”

16 year-old prostitute = EXPLOITATION (child sexual abuse, assault)

contact: Kristin.kim@childrenscolorado.org