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Introduction:

The ER is a place of continuous turn around. Like a revolving door, patients come in as quickly as they leave. As such, An EM physician is given a very limited amount of time to assess a patient and determine the next best step for her care. While doing so, EM doctors must keep in mind the ambulances that are arriving with patients who have suffered heart attacks, gunshot wounds or even overdosed. With such limited time, one can end up “cutting corners” in history taking in order to provide adequate care. Often this is not an issue, however, there are times that important information is missed due to the physician’s haste.

Sexual violence, relating to sexual trafficking, is a discovery that is often missed in the emergency room. The purpose of this case is to review a case of sexual trafficking and illustrate ways to recognize possible victims. .

Case Information:

Patient was a previously healthy afebrile 16 year old female who presented with an acute progressive sore throat along with voice change and fatigue. She denied difficulty swallowing, shortness of breath vomiting, dyspareunia, dysuria, change in her urinary frequency, increase in urgency, frequent throat infections, sick contacts or recent travel. **She denied ever being sexually active but endorsed previous chlamydia infection.** Physical examination demonstrated an erythematous pharynx but no tonsillar exudate and was otherwise normal. A rapid strep test was negative along with a B-hCG. Differential included viral vs bacterial pharyngitis and thought to be due to viral syndrome. The patient’s parents soon arrived, along police officers, and stated they sent her to the ER because **she left home several days ago without their knowledge and came back disoriented and tearful.** Upon further questioning, the patient endorsed that she had **followed her neighbor, a 47 year old male, to his home where he and others were using alcohol and various drugs.** Her parents also reported that she had been “acting differently” for the past 2-3 months and **they worried that she was using drugs, being raped or being forced into sex work** Patient stated she felt her parents “**were too hard**”, “**did not care about her**” and “**would not know if she was dead**”. Psychiatry was consulted for formal evaluation

Statistics:

Figure 1. Sex trafficking victims by race reprinted from “2013 National Crime Victims’ Rights Week Resource Guide

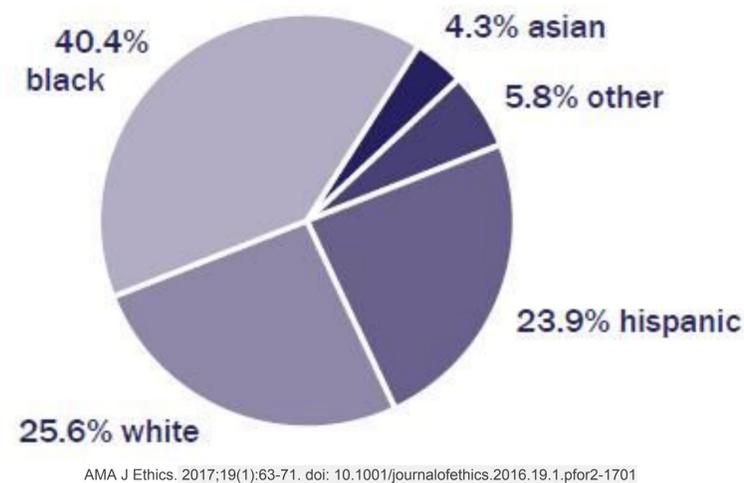
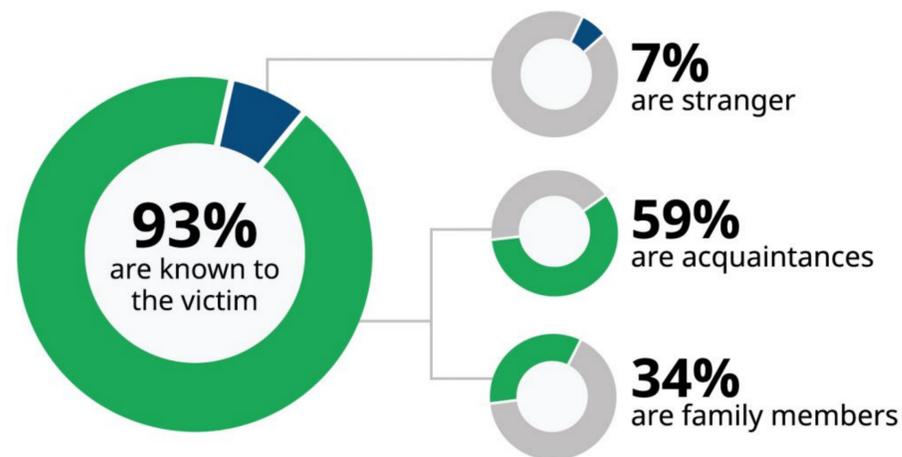


Figure 2. Sexual Assault of Young Children as Reported to Law Enforcement from date provided by Department of Justice, Bureau of Justice Statistics,



Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Sexual Assault of Young Children as Reported to Law Enforcement (2000)
<https://www.rainn.org/statistics/children-and-teens>

Discussion:

The International Labor Organization estimates that there are 4.8 million victims of sex trafficking worldwide¹. Approximately 16,000 people are trafficked in the United States each year, and it is widely believed that sex trafficking occurs in all 50 states. Trafficking victims routinely interact with healthcare professionals, for example, a study found that 87.8% of domestic sex trafficking victims surveyed had some contact with a healthcare professional while they were being trafficked and 63.3% had been treated in a hospital or emergency room². These victims regularly communicated with emergency medicine physicians, but they remained unidentified which lead to their continued victimization and abuse. It is important then to assess a patient’s risk of sex trafficking and sexual abuse in the Emergency department as it can be instrumental in aiding a victim leave his or her current situation.

Conclusion:

For an emergency medicine physician, laboratory findings are extremely helpful when one has only a few minutes to determine a working diagnosis. However, without proper history taking and a strong patient-doctor relationship, the right diagnosis may never cross the mind of even a well-trained physician. This is especially concerning since a visit to the emergency room could be the difference between life and death for some victims of sexual trafficking. The ED may be the only point of care for many victims of sexual assault and trafficking, so it is important to properly asses this risk in each patient even if their presentation appears benign

Aid to identify victims:

1. Recognize at risk populations
2. Ask about sexual history or history of abuse
3. Routinely Contemplate if Sexual violence could contribute to current symptoms
4. Try not to categorize patients based on your own implicit bias
5. Try not to “anchor” to a single diagnosis
6. Consider formal training
7. Trust your instincts

References:

1. International Labour Organization. (2017). ILO Global Estimates of Modern Slavery. Retrieved from http://www.ilo.org/wcmsp5/groups/public/-dgreports/-dcomm/documents/publication/wcms_575479.pdf
2. Lederer, L. J. & Wetzel, C. (Winter 2014). The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities. *Annals of Health Law*, 23(1), 61-91.
3. Polaris. (2015). Sex Trafficking in the U.S.: A Closer Look at U.S. Citizen Victims. <http://polarisproject.org/sites/default/files/us-citizen-sex-trafficking.pdf>
AMA J Ethics. 2017;19(1):63-71. doi: 10.1001/journalofethics.2016.19.1.pfor2-1701.
4. Shandro, J., Chisolm-Straker, M., Duber, H.C., Findlay, S.L., Munoz, J., Schmitz, G., et al. (2016).
5. Human Trafficking: A Guide to Identification and Approach for the Emergency Physician. *Ann Emerg Med*. 68(4), 501-508.