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Case Study

Healthcare Needs of the Sex Trafficking Patient

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Abstract

In this case study, the author reviews the healthcare needs and recommended treatment for a victim of sex trafficking. Challenges and opportunities for the case are presented with implications for practice.

Keywords: trafficking, sex trafficking

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Sex Trafficking in the United States is an established public health crisis. Many trafficked women, men, and transgendered individuals do not seek medical attention or have routine appointments with their providers. Although it is estimated that 50% of trafficking victims saw a health care professional during their exploitation (Waugh, 2018), it is also likely that they are often accompanied by their trafficker and are nervous during their appointment (Lepianka & Colbert, 2019). Further, when victims of sex trafficking do see a health care professional, signs of sex trafficking may not be obvious to the provider, making recognizing a trafficking victim challenging; particularly as some patients do not even identify as a victim.

Health care professionals are usually the first to contact a trafficking victim (Waugh, 2018). Recognizing the signs and conditions associated with trafficking offers an opportunity to treat properly and provide resources. The health care needs of the patient must be addressed while they are in the provider's care. There are several key indicators associated with trafficking, including: lack of a primary care provider, obvious mental health issues, evidence of drug addiction, unexplained injuries, presence of infectious diseases, and a history of multiple abortions (Toney-Butler, et al, 2023). A systematic review completed by Lepianka and Colbert

(2019) found the United States health care system is grossly inadequate in providing the health care services to a person experiencing trafficking, which suggests that there are opportunities for improvement.

Case Presentation

A 21-year-old woman, Kasha, is brought to the emergency department by EMS for a physical and sexual assault. She is noted to have a C-collar in place, blood covering her face, with notable abrasions. Kasha has difficulty providing a history but immediately shares that she has dissociative identity disorder (DID). Per EMS, the patient was found in an abandoned house by local constructions workers when they heard her scream for help. Upon entering the house, they found Kasha on the floor with a man standing over her, hitting her with a brick. The assailant then ran from the scene. Then medics arrived shortly thereafter. Kasha reports spending a couple days with a man she met at a local gas station and that she was physically and sexually assaulted and held captive. The assailant made her take Methamphetamines and that she has periods of memory lapses and thinks she was sexually assaulted during some of those times because when she woke up afterwards, she was "sore down there". Kasha further reports, she was strangled multiple times during the physical assaults and that she is having a difficult time swallowing. The patient was evaluated by trauma services because of her injuries and subsequently underwent CT scan, MRI of the neck, X-rays, and blood work. The patient was then medically cleared by the trauma team for a medical forensic examination (which she consented to) Kasha agrees to file a police report for sexual and physical assault, however she was unable to state her home address and stated she repeatedly dissociated when she was assaulted and doesn't remember much of the events surrounding the physical and sexual assault. The patient thoughts were disjointed, and she displayed delusions of grandeur; for example, during the history taking portion of medical forensic exam, she referred to herself as God and asserted that she is psychic. During another part of the exam, she referred to herself as Galina (apparently, one of the other dissociative "alters").

The patient disclosed being adopted from Russia and revealed a history of experiencing abuse by her adoptive parents in America. The patient stated she was recently kicked out of her boyfriend's house and is now homeless. The patient stated her boyfriend was forcing her have sex with others for money to help pay rent. During the history taking portion of the forensic interview, she identified different names to call her and at one point she stated she was an 8-year-old girl names Karina. The patient remembered being strangled multiple times, hit with bricks and pipes, and stated she remembered falling about 10 feet through the attic roof of the abandoned house. The patient also remembered being sexually assaulted vaginally and made to perform oral sex on the assailant.

A physical assessment showed multiple areas of abrasions, bruising, and dried blood to the body. The patient's body was covered in housing insulation. A 3cm laceration to the middle of forehead and multiple scratch marks to neck were also noted. Patients oral-pharyngeal area swabbed for sexually transmitted infections testing. Evidence swabs were obtained orally and from bilateral regions of the neck due to patient compliance. External genital evidence swabs were also obtained, and a pelvic exam was attempted but the patient became uncooperative and declined a pelvic exam.

Management and Outcome

The patient was categorized to be a trauma level two per emergency department protocol which states she was be seen immediately by an Emergency Medicine (EM) attending physician

and a trauma resident within 15 minutes of arrival. The trauma team completed a primary and secondary survey of the patient. Pain was addressed upon arrival to hospital and fentanyl IV given. X-rays of chest, bilateral hand, bilateral humerus, bilateral knees and bilateral radius/ulna were all negative for fractures. CT scan of head, abdomen and pelvis were all negative. CT scan of the maxillofacial area showed a right mildly displaced maxillary sinus fracture with no surgical intervention needed. Due to the patient stating she had been strangled multiple times with a loss of consciousness and during her physical assessment, it was noted she had swelling to the neck and multiple scratch marks to the neck. A CTA scan of the neck was ordered per the Training Institute on Strangulation Prevention "Recommendations for the Medical/Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation" algorithm (Smock & Sturgeon, 2017). A CTA scan of the neck for strangulation showed an asymmetrical widening of C6-C7 which indicated a possible ligamentous injury, and an MRI of the neck was ordered. Consequently, the MRI showed intact ligaments of the spine and no acute injury.

Labs were drawn per Centers for Disease Control and Prevention (CDC; 2021) recommendations; specifically, HIV, Hepatitis B qualitative and quantitative, Hepatitis C, Syphilis, and urine pregnancy test. A urine drug screen was obtained by trauma services, which is trauma protocol for all trauma patients, which was positive for cocaine, cannabinoids, and methamphetamines. The patient was swabbed in the oral-pharyngeal area due to a report of oral copulation on assailant and a high suspicion of patient being a sex trafficking victim. Patient test results from the oral-pharyngeal area were positive for gonorrhea and chlamydia. The forensic examiner attempted to complete rectal and vaginal exam and swab areas for STI testing but the patient declined any further examination. Specifically, the patient stated she was tired and wanted to just leave. The patient was given ceftriaxone 500mg IM, azithromycin 2 grams by mouth, metronidazole 2 grams by mouth, and Plan B 1.5mg orally.

The patient stated she did not want to go to a shelter and expressed feelings safe to go back out on the streets upon discharge; this was despite the assailant not being arrested. The patient gave no home address or phone number for follow up care. The patient was instructed to call the forensic phone number in 3 days for lab results. The patient was additionally given information on the local women's advocacy shelter for counseling and to talk with an advocate about her case. Lastly, the patient was given strangulation discharge instructions and told how to measure her neck in the next 4 days, consistent with typical strangulation protocols (Dunn et al., 2023; International Association of Forensic Nurses-IAFN, 2016; White, 2024).

The patient's lab results for gonorrhea, chlamydia, and trichomonas did not come back for 3 days. The patient never called the office for lab results and the forensic team had no way to contact the patient for her positive oral-pharyngeal gonorrhea and chlamydia results. The lead detective on the case tried to find the patient on the streets due to the fact she had told him where she usually "hangs out" in the city, which is a location in the city with high prostitution activity.

One week later a call to the forensic team from a nurse practitioner at the local Salvation Army wanting the recommended follow up protocol for sexual assault victims because they believed she had a patient staying there that was sexually assaulted. The nurse practitioner had noticed discharge paperwork the patient was carrying, and the paperwork was from the treating hospital. The patient was then notified of the positive lab work and instructions on follow up care.

Discussion

Multiple red flags for sex trafficking were identified during the medical forensic exam. The patient stated she was adopted and grew up in an abusive home. She had mental health issues for which she stated she did not take her medications for her dissociative identity disorder, depression, and autism. The patient was very private about her personal life and would not discuss in much detail her recent boyfriend who had kicked her out of his house. She would not go into detail when asked about her boyfriend trafficking her for rent money. The patient was unsure as to what city she was in at the time of admission. Further, the patient would not leave a phone number or address for follow up care and was in a rush to leave the hospital once medical care was completed.

During the medical forensic exam, the patient was screened for sex trafficking by using the National Human Trafficking Resource Center screening questions (NHTRC; 2016). The patient answered no to all questions except to the question "Has anyone physically or sexually abused you?" due to what brought her into the hospital. The patient could have been answering no to all questions due to wanting to leave the hospital and being mentally and emotionally exhausted at that time. A psychiatry consultation was attempted before the medical forensic exam, but the psychiatry personnel declined to see the patient as she was not actively suicidal or homicidal.

The patient was not given the CDC recommended 7-day course of metronidazole and doxycycline at the time of discharge (CDC, 2021). This was due to a high probability of non-adherence with medications. The non-occupational post-exposure prophylaxis (nPEP) medication for HIV was not prescribed for the patient due to not being able to come back for follow-up care at the time of discharge. The patient's prescribed NPEP medications needed to be followed up by a provider within 3-7 days of starting the medication per CDC guidelines (CDC, 2021). The Nurse Practitioner at Salvation Army was instructed to provide follow up care to the patient and recheck the status of the sexually transmitted infections and HIV.

Implications for Practice

Oral, anal, and vaginal swabs for sexually transmitted infections should be considered when sex trafficking is suspected in a patient. The CDC has guidelines for treatment of gonococcal and chlamydia pharyngeal infections with a recommendation of a test of cure in 7-14 days after a positive test (CDC, 2021). Since this might be the first-time sex trafficking victims see a health care professional, forensic nurses are able to advocate for appropriate medical care for their patients and assist in identifying potential sex trafficking victims. Following the CDC guidelines for care and treatment of a sexual assault patient is best practice when caring for sexual assault victims. Follow up with these types of patients can be challenging. In this case, written discharge instructions that the patient held on to was successful in getting the patient the follow up care she needed.

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