Identifying and Assisting Sexually Exploited and Trafficked Patients Seeking Women’s Health Care Services

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Question 1:

Trafficked patients may be distrustful of health care providers or hesitant to seek medical care. Therefore, it seems particularly imperative to establish a good rapport with these patients. Do you have recommendations on how to establish a good rapport with these patients that may be inherently distrustful of health care providers?

Response from Drs. Tracy and Macias-Konstantopoulos:

It is important to provide trauma-informed care to ascertain how patients may feel most comfortable talking about their circumstances or having a physical exam or indicated diagnostic testing. Trauma-informed care involves the survivors having potential control over specific aspects of their health care experience and involves the providers being cognizant of how survivors of trauma may feel revictimized if they feel powerless over their surroundings. It is also important to communicate with them in an open, empathetic, nonjudgmental manner. One can also use strategies that don’t indicate a power differential between the provider and patient (ie, sitting at eye level with the patient or not standing looking down on her).

Question 2:

As trafficking victims are at a high risk for communicable diseases due to poor living conditions, do you recommend any additional immunizations or preventative health screening for these patients?

Response from Drs. Tracy and Macias-Konstantopoulos:

The CDC recommends a vaccine schedule for immigrants and refugees (see https://www.cdc.gov/immigrantrefugeehealth/guidelines/overseas/interventions/immunizations-schedules.html). Survivors of sex trafficking should be screened for sexually transmitted infections and offered prophylaxis.
Question 3:
In your discussion of the clinician’s role in caring for trafficked patients, there are recommendations to perform a comprehensive physical exam to include evaluation for external signs of injury, nutritional status, and oral health. What is the role of the generalist ob-gyn in the initial evaluation and laboratory testing of a suspected trafficked patient?

Response from Drs. Tracy and Macias-Konstantopoulos:
The initial evaluation by the generalist ob-gyn should include an external evaluation for injuries or infections; an internal evaluation for injuries, infections, and suspicious lesions; and a Pap test and testing for sexually transmitted infections (STIs), including human immunodeficiency virus (HIV). If there is a clinical suspicion for STI, then appropriate treatment should be offered. In addition, the generalist ob-gyn can perform a pregnancy test as well as discuss options for and initiate contraception.

Question 4:
As victims of human trafficking may have numerous physical and mental health issues, do you recommend more frequent follow-up appointments or telephone check-ups for suspected human trafficking patients?

Response from Drs. Tracy and Macias-Konstantopoulos:
The frequency and mode of follow-ups are dependent on the patient’s situation. Both the patient’s health and social contexts should be considered and the provider should engage the patient in a discussion to determine the safest and most appropriate follow-up plan. It is important to note that, in some cases, telephone check-ups of persons who are actively being trafficked may place them at greater risk of harm and retaliation by the trafficker.

Question 5:
The risks of sexually transmitted diseases and unintended pregnancy are high in trafficking victims. How do you recommend counseling trafficking patients on contraceptive options?

Response from Drs. Tracy and Macias-Konstantopoulos:
Condoms should obviously be recommended, although some of the patients aren’t able to require their use by virtue of their involuntary participation in sex trafficking. Long-acting reversible contraception (LARC) methods such as intrauterine devices (IUDs) and progestin implants are the most efficacious contraceptives and should be encouraged to maximize potential efficacy.

Question 6:
In your article, you encourage health care providers to employ a “trauma-informed approach” to care to prevent retraumatization of the patient. How do you provide trauma-informed care? Are there certain questions or statements that you would recommend using with these patients to help facilitate a trauma-informed approach to care? Conversely, are there certain questions or statements that should be avoided?

Response from Drs. Tracy and Macias-Konstantopoulos:
Trauma-informed care involves providers tailoring various aspects of care rendered to patients, taking into consideration how their prior experiences may serve as barriers to care. Asking questions such as, “how would you feel most comfortable,” empowers the patient to participate in her care and helps the provider best understand the patient’s needs and circumstances. Providers should be aware of survivors’ potential distrust of those in positions of authority, their very real fear of bodily harm, and the risk of retraumatizing patients by the nature of gynecologic examinations. One shouldn’t use language implying doubt or disbelief when patients relate experiences they’ve endured.
Question 7:
In terms of mandated reporting, you discuss that all states mandate the reporting of any case of suspected child maltreatment. However, many of the patients seen by ob-gyns are 18 years of age or older, and laws on the reporting of abuse in adults varies by state. Where can ob-gyns find more information about their state’s laws regarding mandated reporting of abuse of adults?

Response from Drs. Tracy and Macias-Konstantopoulos:
Each state has its own repository of state legislation that is readily available to the public electronically. Health care providers can become informed of their state’s mandated reporting laws by performing an online search. In the case of adults, a situation of human trafficking may become reportable under the law through other abuse or violence-related statutes, or through statutes that are meant to protect vulnerable populations such as the elderly and disabled.

Question 8:
You discuss the importance of developing response protocols for human trafficking victims. What protocol and collaborating health services do you use in your practice to provide the best care for these patients?

Response from Drs. Tracy and Macias-Konstantopoulos:
Many of the elements necessary for a well-devised protocol are outlined in the article (e.g., privacy, discussion about confidentiality, professional interpreters, testing and treatment that is appropriate to the patient’s circumstances, consult of other services as needed, etc.). For a response protocol to be effective and implementable, it should be individualized to the practice in which it will be executed and should take into account any practice, hospital, and community resources available for addressing the needs of survivors.