“Identification, Intervention, and Prosecution of Sex Trafficking of Youth: Lessons from Science and the Field in Orange County”

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Global, National, State, and Local Problem
Coronavirus fears haven’t stopped the sex trade on Los Angeles streets
Crucial need to find best ways of identifying and intervening on behalf of victims
Ongoing Challenges

1. When trafficking suspected, victim needs to be questioned in a way that maximizes their likelihood of disclosing.

2. Once trafficking is determined, services need to be delivered in a way that maximizes sustained help, including *medical and mental health services*.
Ongoing Challenges

1. When trafficking suspected, victim needs to be questioned in a way that maximizes their likelihood of disclosing
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Evidence-Based Guidelines for Interviewing Suspected Child Victims

Questioning Unaccompanied Immigrant Children at the Border: Lessons from Developmental Science on Forensic Interviewing

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The challenges of dealing with the influx of 5,000 to 10,000 unaccompanied children at southwestern border. To determine what...

QUESTIONING THE CHILD WITNESS
What Can We Conclude From the Research Thus Far?

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Evidence-Based Guidelines for Interviewing Suspected Child Victims

- Victims range from young children through adolescents
  - Research largely concerns interviewing 3-12 year olds
- Most victims identified via their own disclosure
- Interviews conducted by highly trained specialists
  - Child Abuse Assessment Team (CAST) in Orange County
Evidence-Based Guidelines and Trafficked Youth

• Most are teens
• Rarely disclose on own
  ▫ Arrested due to delinquency, prostitution, gang activity
  ▫ Identified in medical facilities

• If victim status unknown, can be arrested and interrogated
• Most questioned by police
• May be detained for their own protection
Scientific Research

Are questioning approaches used with child and adolescent victims of sexual abuse similar to those used with youth victims of trafficking?

*Answer: not really.*

Are trafficking victims considered *victims* in trials against traffickers?

*Answer: Not really.*
Interview Questions Across Victim Types

**Child Sex Abuse Interviews**
- Types of questions
  - 8% “Tell me what happened” invitations
  - 51% Follow-ups (tell me more about...)
  - 41% Closed-ended (e.g., yes/no) questions

**Adolescent Trafficking Interviews**
- Types of questions
  - <1% “Tell me what happened” invitations
  - 38% Follow-ups (tell me more about...)
  - 62% Closed-ended (e.g., yes/no) questions
Scientific Research Part 2: Compare Victim Responses Across Victim Types

<table>
<thead>
<tr>
<th>Child Sexual Abuse Victims</th>
<th>Adolescent Trafficking Victims</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low unresponsiveness</td>
<td>• Low unresponsiveness, but</td>
</tr>
<tr>
<td>▫ Most provide substantive (legally relevant) information, even to open-ended questions</td>
<td>▫ Responses suggest evasiveness</td>
</tr>
<tr>
<td>• Unresponsiveness to closed-ended (e.g., yes/no) questions (3%)</td>
<td>• Detective: “Who is trying to work you?”</td>
</tr>
<tr>
<td></td>
<td>• Victim: “some guy.”</td>
</tr>
<tr>
<td></td>
<td>• Detective: “It’s a guy. Who is he?”</td>
</tr>
<tr>
<td></td>
<td>• Victim: “Somebody I know.”</td>
</tr>
<tr>
<td></td>
<td>• Unresponsiveness to closed-ended (e.g., yes/no) questions (10%)</td>
</tr>
</tbody>
</table>
Scientific Research Part 3: Criminal Cases Against Traffickers

Transcripts from CA trafficking criminal trials (2013-2018, 86% guilty)

Questions Asked

Hints: mostly closed-ended questions that are temporally disjointed, which undermines victim credibility

Victim Characteristics

Victims described as complicit
Victims’ delinquent/criminal behavior featured prominently
Next Steps for Challenge #1 (*identifying victims*)

1. Because trafficking victims continue to be questioned and treated differently in legal settings than other victims, awareness training needed

2. Continue to test questioning approaches to identify those most likely to elicit clear and complete disclosures from victims

3. Clear need for comprehensive training on trafficking risks, victim characteristics and vulnerabilities, and questioning tactics

   **training crucial for wide range of first responders**
Ongoing Challenges

1. When trafficking suspected, victim needs to be questioned in a way that maximizes their likelihood of disclosing.

2. Once trafficking is determined, services need to be delivered in a way that maximizes sustained help, including *medical and mental health services*.
California

*National Human Trafficking Hotline* data* for California

- Total Calls ‘07-’18 = 30,456
- Total Confirmed Cases ‘07-’18 = 8,516
- Total Survivors ‘07-’18 = 9,761 + 8,821 = 18,582

*Majority are reported by victims or family/friends of victims*

-Polaris Project
AGE AT TIME SEX OR LABOR TRAFFICKING BEGAN

Data taken from 23,078 survivors.

Polaris Project 2018
Sex Trafficking Average Age of First Exploitation

Statistics change as Knowledge changes

- **12-14 yrs** (Estes & Weiner 2001)
  - Surveyed domestic minor sex trafficking victims only
- **16 yrs** (Carpenter & Gates, 2016)
  - San Diego gang involvement
- **18 yrs** (Polaris Project 2016)
  - Although 44% were ≤17 yrs
Sex Trafficking Risks

- Average number of sexual victimizations is **8-13 per day (as high as 30-50)**
- **Physical assault, murder and HIV infection**
- **Increased suicidality rates**
- **Substance abuse, addiction, and overdose**
- **Pregnancy, abortion**

Lederer et al. 2014
Identifying Victims of Human Trafficking

87.8% had contact with a healthcare provider while they were being trafficked; 65% went alone to get birth control.
Provider types that victims of labor & sex HT visited

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER/Urgent Care</td>
<td>55.60%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>44.40%</td>
</tr>
<tr>
<td>Dentist</td>
<td>26.50%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>25.60%</td>
</tr>
<tr>
<td>Alternative Healer</td>
<td>8.50%</td>
</tr>
<tr>
<td>Other</td>
<td>5.10%</td>
</tr>
<tr>
<td>Pediatric</td>
<td>3.40%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>0.90%</td>
</tr>
</tbody>
</table>

65% had contact with a healthcare provider while they were being trafficked

Chisolm-Straker et al 2016
Physical Injury/Trauma

- Burns
- Firearm/knife wounds
- Strangulation injuries
- Fractures
- Dental & other oral injuries
- Traumatic brain injury
- Neuropathies (trauma & torture)
- **Blunt force trauma – bruising, hematomas**
- Scarring (branding, lashings, etc.)
- Chronic back pain
Medical Needs

Reproductive Health

- Sexual assault
- Genital and breast trauma
- Multiple pregnancies
- Multiple spontaneous abortions
- Multiple induced abortions
- Sexually transmitted infections (unrecognized/untreated)
- Chronic pelvic pain & pelvic inflammatory disease
- Infertility
- Most likely not on any birth control (rare exceptions)
Mental Health

- PTSD
- Suicidality
- Depression
- Anxiety/Panic attacks
- Dissociation
- Alcohol and Drug addictions
- Eating disorders
- Difficulty establishing and maintaining healthy relationships
- Memory loss
- Inability to concentrate
- Borderline personality disorder
- Stockholm syndrome – trauma bonding can cause very binding feelings toward trafficker (family/partner/pimp/gang)
So What Are We Doing Medically?

Medical Treatment SHOULD Offer:

- Physical exam
- STD testing
- Prophylactic medications
- Birth control options
- Other routine medication management
- Establishment of a medical home
- Establishment of a dental home
- Trauma-focused mental health therapy
- Drug/alcohol addiction treatment
- Vaccinations
- Screenings for other infections, exposures, etc.
HT Task Forces and Medical Experts

• Nationally, very few HT Task Forces include medical experts

• Orange County, until 2019, did NOT have a physician medical expert

• Without medical direction, victims that our Task Forces identify:
  ▫ Are NOT offered medical services immediately
  ▫ Are NOT recognized as **rape victims**
  ▫ Are NOT provided medications to prevent pregnancy, HIV, and other STDs
Funding for Medical Services

- Not all victims currently have, or are eligible for, state MediCal
- California state law protects sexual abuse/assault victims from being billed
- Law Enforcement pays for medical exams on cases they are investigating for sexual abuse/assault
  - But Sex Trafficking cases are not seen as rape
    - Therefore, Law Enforcement won’t pay for these exams.
Next Steps for Challenge #2

1. State & county HT Task Forces need medical representation
2. State level protocols that include healthcare referral and treatment recommendations
3. Funding sources for HT victims to receive medical care and mental health therapies
• By improving interviews, victims are more likely to be identified, which is crucial to ensuring justice can be served.
• By improving services (including medical), victims will be better protected, which is necessary to reduce further harm and promote their recovery.