

Yes, Virginia—Sex & Human Trafficking are Problems in Ohio

By: Christen Johnson, Maggie Rechel, and
Therese Zink, MD, MPH

The location of Ohio's I-70 and I-75 corridors is ideal for human and sex trafficking. The FBI has named Toledo, OH, as the fourth worst city in the country for such trafficking. This past September, a father and son were found guilty of sex trafficking in Columbus, OH, where victims were recruited through the Internet; heroin, violence, and threats were used to force women and children into prostitution in the city's hotel rooms. An estimated 2,879 native Ohio adolescents are at risk for sex trafficking and another 1,078 have been trafficked into the sex trade over the course of a year. Approximately 18% of Ohio's victims said they became involved in the sex trade before age 18 and 10% said they became involved before age 12.

Victims are recruited because of many reasons, but two significant reasons are Ohio's proximity to Canada and the interstates running through Ohio that connect many urban communities across rural landscapes. The victims are recruited, hidden in less populated areas, and then transported across state lines. In addition, the growing immigrant population has increased the numbers of victims that are trafficked for labor.

Ohio is Addressing the Issue

Governor John Kasich made human trafficking an important issue in his initial gubernatorial campaign. He delivered on his promise by appointing the first statewide anti-trafficking coordinator, Elizabeth Ranade-Janis,

and created the 2012 Ohio Human Trafficking Task Force. Two major bills have passed and have been signed into law increasing the penalties for offenders, increasing awareness for the public and first responders, as well as making more resources available for victims and survivors.

Because adolescents are the most targeted age group, the Ohio Human Trafficking Task Force, Ohio Department of Job and Family Services, and Ohio Department of Public Safety began in 2013 training medical professionals in the treatment of minors involved in sex trafficking and implementing community resources for victims. The program is expected to last through 2015 and will commit over \$500,000 in the direct treatment and advocacy of juveniles involved in human trafficking through a partnership with the Ohio Network of Children's Advocacy Centers. As a result of Ohio's activities to address this issue, Polaris Project, a national organization whose mission is to fight human trafficking, ranked Ohio in the top tier of states for addressing human trafficking concerns.

What do Trafficking Victims Look Like?

Children, immigrants, adolescents, and women are most at risk, especially those who have limited economic options or live on the margins of society—those individuals that might be questioning their sexual preference, school dropouts, those who are homeless, or those that

might be fleeing political conflict in their home countries. Young teens who have older boyfriends may also be victims. Perpetrators/handlers promise jobs or better life circumstances. Like victims of domestic violence, victims of sexual or labor trafficking are often isolated with restrictions on who they can see, what they can do, and where they can go. Perpetrators may exercise financial control, intimidate, and threaten physical and sexual violence. Drug and alcohol dependencies often complicate the victim's problems.

What Does a Family Physician Need to Know?

Physicians should be both alert and aware when caring for patients who may be victims. Almost one-third of sex trafficking victims have had some point of contact with a physician or other health care professional. Victims may appear confused as to where they are, unaware of local landmarks or local events, and may give vague descriptions. They may lack identification or their perpetrators/handlers have the information and may answer questions for them. Victims may also respond only after visual consultation with their handlers/perpetrators. Sex trafficking victims may also be scared of dealing with the police.

As with domestic violence victims, if you think a patient is a victim of trafficking, you do not want to begin by asking directly if the person has



Human Trafficking: Ohio's Tragic Reality

NO ONE SHOULD BE SOLD FOR SEX

Source: <http://humantrafficking.ohio.gov/Campaign.aspx>

been beaten or held against their will. Instead, start at the edges of their experience. And, if possible, you should enlist the help of a staff member who speaks the patient's language and understands the patient's culture, keeping in mind that any questioning should be done in confidence. If using an interpreter, screen the interpreter to ensure they do not know the victim or the traffickers and do not otherwise have a conflict of interest.

Suggested Tips

- Listen and observe for clues
- Be nonjudgmental
- Interview the victim separate from the handler/perpetrator
- Assure confidentiality
- Assure that no one deserves to be hurt or afraid
- Share resources
- Minors should be reported to child protective services.

Suggested Screening Questions

- Can you leave your job or situation if you want?

- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?
- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot, or on the floor?
- Have you ever been deprived of food, water, sleep, or medical care?
- Do you have to ask permission to eat, sleep, or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?
- Is anyone forcing you to do anything that you do not want to do?

Health Care Problems Seen in Trafficking Victims

- Sexually transmitted diseases, HIV/AIDS, pelvic pain, rectal trauma, and urinary difficulties from working in the sex industry
- Pregnancy, resulting from rape or prostitution
- Infertility from chronic untreated sexually transmitted infections or botched or unsafe abortions
- Infections or mutilations caused by unsanitary and dangerous medical procedures performed by the trafficker's so-called "doctor"
- Chronic back, hearing, cardiovascular, or respiratory problems from endless days toiling in dangerous agriculture, sweatshop, or construction conditions
- Weak eyes and other eye problems from working in dimly lit sweatshops
- Malnourishment and serious dental problems—these are especially acute with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth

Continued on page 35

A study of 285 youths comparing glimepiride (generic, Amaryl) to metformin over a period of 24 weeks found that improvements in blood glucose and A1c levels and attainment of an A1c level <7.0% was similar in both groups. There was no increase in hypoglycemia in the glimepiride group, although significant weight increase was noted. Glimepiride is not currently FDA-approved for use in children.

Insulin therapy is indicated for children who fail to attain glycemic goals with metformin and lifestyle changes. A bedtime dose of long-acting basal insulin is recommended with titration based on fasting blood glucose levels (target of 70-130 mg/dL). If hypoglycemia occurs, but A1c levels remain above goal, addition of short-acting insulin before meals or a meglitinide [i.e., Repaglinide (Prandin), Nateglinide (generic, Starlix)] may be considered. However, meglitinides are not FDA-approved for children.

The AAP recommends immediate initiation of insulin therapy for youth with:

- Type 2 diabetes and ketosis
- Ketoacidosis when the distinction between type 1 and type 2 diabetes is unclear
- Random blood sugar ≥ 250 mg/dL
- A1c >9.0%

The AAP recommends monitoring of A1c levels at three-month intervals with intensification of treatment if goals are not met. Monitoring of fingerstick glucose levels is recommended for those receiving insulin or other medications that may cause hypoglycemia, for those not at goal, when adjusting the therapeutic regimen and during any intercurrent illness. Frequency of testing is discussed in *Pediatrics*, “Management of Newly Diagnosed Type 2 Diabetes in Children and Adolescents.”

Screening for comorbid conditions and sequelae of diabetes is recommended at the time of diagnosis. This includes blood pressure measurement, fasting lipid profile, microalbumin determination, and dilated eye examination. Follow-up recommendations after initial assessment are shown in Table—Monitoring of Youth with Type 2 Diabetes. Additionally, administration of pneumococcal polysaccharide vaccine (Pneumovax) is recommended for children with diabetes who are age 2 and older.

Monitoring of Youth With Type 2 Diabetes

Condition	Recommendation
Hypertension	At each office visit at least annually, but more frequently if borderline or elevated
Dyslipidemia	Annually if elevated, every five years if normal
Nephropathy	Annual microalbumin
Retinopathy	Annually, unless less frequent interval deemed appropriate by ophthalmologist

REFERENCES

References for this article are available at www.ohioafp.org/news-publications/the-ohio-family-physician.

Answers

1. b
2. c
3. d

- Infectious diseases like tuberculosis
- Undetected or untreated diseases, such as diabetes or cancer
- Bruises, scars, and other signs of physical abuse and torture—sex industry victims are often beaten in areas that won't damage or show their outward appearance, like their lower back
- Substance abuse problems or addictions either from being coerced into drug use by their traffickers or by turning to substance abuse to help cope with or mentally escape their desperate situations
- Psychological trauma from daily mental abuse and torture, including depression, stress-related disorders, disorientation, confusion, phobias, and panic attacks
- Feelings of helplessness, shame, humiliation, shock, denial, or disbelief
- Cultural shock from finding themselves in a strange country.

Physician & Patient Resources

Training materials for physicians and other health care professionals are available at <http://www.acf.hhs.gov/programs/orr/resource/rescue-restore-campaign-tool-kits#health>. Physicians can assist patients by knowing what resources are available in their area. Polaris Project has a large amount of resources including a directory of resources in every state. In Ohio, the Salvation Army runs a hotline to assist victims; the phone number is (614) 285-4357(HELP).

- State of Ohio: humantrafficking.ohio.gov/
- Ohio Sex Trafficking Hotline: (614) 285-4357, www.centralohiorescueandrestore.org/
- National Hotline: (888) 373-7888, www.traffickingresourcecenter.org/
- Polaris: www.polarisproject.org/

REFERENCES

References for this article are available at www.ohioafp.org/news-publications/the-ohio-family-physician.

Christen Johnson is a second-year medical student pursuing a medical degree and master of public health from the Wright State University Boonshoft School of Medicine, Dayton, OH. Her goals include being a family physician with a special interest in adolescent medicine.

Maggie Rechel is a second-year medical student at Wright State University Boonshoft School of Medicine, Dayton, OH, and hopes to practice primary care. She has done doctoral work in sociology. Her research interest includes unintended pregnancies and mental health issues of adolescents and young adults.

Dr. Zink is the chair of the Wright State University Boonshoft School of Medicine Department of Family Medicine, Dayton, OH. She has done research in intimate partner violence and sexual assault.