



AAPLOG

COMMITTEE OPINION

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Pornography, Sex Trafficking, and Abortion

It is difficult to separate sexual exploitation and sex trafficking from pornography and abortion. Pornography is potentially addictive and can lead to compulsive sexual behavior, including violence against women and children. Pornography is also a tool for traffickers, who use it to groom victims of sex trafficking. Survivors of sex trafficking report beatings, rape, torture, and the use of drugs and/or alcohol as a means of control and entrapment in trafficking.¹ As a result, survivors often experience a significant number of health problems, both mental and physical. Not surprisingly, many experience reproductive health issues and/or trauma, including multiple abortions, many of which may be forced.²

Pornography and sex trafficking are co-dependent health crises that are on the rise. Victims of trafficking interact with the healthcare system multiple times through the course of their being trafficked. Therefore, healthcare professionals are well positioned to be “first responders.” Health professionals may play a vital role in breaking the vicious cycle of exploitation, entrapment, and abuse. The purpose of this paper is to provide evidence of the symbiotic relationship among pornography, sex trafficking, and abortion. It will then be clear that efforts to combat sex trafficking must include 1) raising public awareness regarding the role pornography plays, 2) training healthcare professionals to recognize and intervene on behalf of sex-trafficked victims, and 3) mandated reporting of abortions below age of consent with immediate referral to child protective services.

Background

Introduction

In October of 2017, in an operation called “Operation Cross Country XI,” the Federal Bureau of Investigations (FBI) arrested 120 traffickers and recovered 84 children who were being trafficked. The Denver FBI unit

rescued 17 children; the youngest two were sisters, ages 3 months and 5 years old.³

In June, 2018, the Department of Justice announced the results of an operation conducted by the Internet Crimes Against Children (ICAC) task force. This operation resulted in the arrest of 2,300 suspected online sex offenders and identification of 195 offenders who were directly involved in

child sexual abuse and/or produced child pornography. The operation was appropriately called “Operation Broken Heart” and resulted in the identification of 383 children who had suffered sexual abuse or were involved in the production of child pornography.⁴ Again, June 11, 2019, ICAC released the results of their most recent operation “Broken Heart,” during which approximately 1,700 possible online child sex offenders were arrested, including 308 offenders who were either producing child pornography or perpetrating child sexual abuse. There were also 357 children identified as victims of recent, ongoing, or historical exploitation for the production of child pornography or child sexual abuse.⁵

Survivors of sex trafficking have reported being sexually abused and trafficked starting in childhood. According to United States Department of Health and Human Services literature review (2007), the average age of girls entering sex trafficking in the U.S. is 12-14; however, recent reports vary and age may actually be lower at this time.⁶ In a fairly detailed survey of county sheriffs and police departments conducted in 2014, counties with a population greater than 250,000 reported an increase of 40% in trafficking of children under the age of 18 over the previous two years. They also saw an increase of 52% in arrests for sex trafficking over the previous five years.⁷

In their landmark report entitled *Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities* (2014), Laura Lederer and Christopher Wetzel noted that approximately 92% of survivors had experienced at least one form of physical abuse, such as

being raped, beaten, strangled, penetrated with foreign objects, burned with cigarettes, starved, and/or whipped. Many are forced to be tattooed with derogatory words or brands showing ownership. Victims may suffer from malnutrition and poor dentition or dental problems such as broken teeth from trauma. Many victims reported they had been forced to have multiple abortions, only to be back on the streets following the procedure.² Other issues include exposure to sexually transmitted diseases/infections. The trauma experienced during the victims’ trajectory in trafficking is not a one-time event. Trauma, physical and mental, occurs repeatedly over the length of the time they are being exploited. Many survivors struggle with mental health issues that result from repeated trafficking-related trauma, such as post-traumatic stress syndrome, dissociative identity disorder, depression, and suicidal ideation.^{2,8}

A disturbing finding in the Lederer report (2014) cited above was that the majority of survivors (87.8%) reported contact with the healthcare system, yet they went unrecognized and unreported.² In a separate study by Chisolm et al. (2016), 68% of survivors reported having contact with healthcare professionals during the time they were being trafficked. While 86% of physicians surveyed in the Chisolm report were aware that sex trafficking of minors is a problem in the United States, 76.8% (n=53) said they “did not feel comfortable identifying victims in their own practice.”⁹

The growing body of evidence supporting underage trafficking, significant health consequences, and resultant contact with the healthcare system should prompt us to ask

the question: How can so many victims pass through the healthcare system at multiple points during their trafficking experience, yet pass under the radar and remain unrecognized for years? The ubiquitous availability and growing acceptance of pornography, and its relationship to sex trafficking, represent a growing healthcare crisis, one that demands an urgent call to action. We must also recognize that abortion enables the traffickers to maintain control over their victims and revenue that otherwise would be lost during pregnancy and/or childcare. A review of literature demonstrates that there is a knowledge gap among healthcare professionals (physicians, nurse practitioners, physician assistants, social workers, etc.), as they lack training on sex trafficking to equip them to recognize potential victims and intervene.^{10,11}

We cannot afford to be ignorant and inadvertently complicit. If the healthcare community fails to be engaged and does not actively seek critical training to close the knowledge gap, promote public awareness, intervene, and respond to and advocate for the victims of sex trafficking, we will fail morally and ethically.

Pornography, Sex Trafficking, and Abortion

Pornography

“Not only was I used in the degrading production of child pornography, but these illicit films and pictures then brought more buyers who sadistically hurt my young body.”

Anonymous survivor (Personal communication, May 31, 2019)

Pornography is ubiquitous in our culture; in movies, music, magazines, video games, and online platforms. The Huffington Post reported in 2013 that pornography represented 30% of all the data moving across the internet. When all pornography sites were considered, pornography had more viewers than Amazon, Netflix, YouTube, and Twitter combined.¹² More money is spent by pornography viewers than consumers of news, sports, and online video games combined.¹³ Pornography represents a global, multi-billion-dollar industry. It is estimated that in the United States alone, pornography generates \$12-13 billion every year, and 5,517,000,000 hours were spent on the world’s largest pornography site in 2018.¹⁴ The demand continues to grow as it is so easy to access and often a hidden indulgence. In fact, the internet has become a major conduit for disseminating child pornography and a worldwide marketing tool for commercial sexual exploitation of both women and children.

In 2016, the Barna Group completed a large study in which they conducted thousands of interviews, including teens, adults, and older adults. Worth noting was the widespread acceptance of pornography, particularly among teens and young adults. The survey found that the majority of teens expressed a lack of concern, or a somewhat careless attitude, in conversations surrounding pornography with their peers. In fact, 90% of the teens surveyed were “encouraging, accepting or neutral when they talk about porn with their friends.” The Barna survey also found that 64% of those surveyed, ages 13-24, intentionally viewed pornography at least once a week to once a day.¹⁵

*"The exact volume of pornographic material available through the Internet is difficult to determine. A 'Google' search of the world 'pornography' results in approximately 19 million hits. A 'Google' search of the word 'obscenity' results in over 3 million hits. An online search for website names with the words 'porn' or 'sex' in the .com, .net, and .org domains shows more than 200,000 titles... Technological advances have eliminated the need for an individual to purchase or obtain an actual DVD or videotape. A person seeking such materials can now go online, order nearly any media, and have that product downloaded instantly onto the purchaser's computer."*¹⁶

The growing availability and access to pornography is extremely concerning in light of scientific evidence that links pornography to some of the same neuropathways and neurotransmitters, such as dopamine receptors, as illegal drugs, having a similar impact on the brain as those drugs.^{17,18}

In 2004, Judith A. Reisman, Ph.D., President of the Institute for Media Education, testified before a United States Senate subcommittee on the impact pornography, particularly pornography addiction, has on the brain. She stated that,

*"Pornography triggers a myriad of endogenous, internal, natural drugs that mimic the 'high' from a street drug. Addiction to pornography is addiction to what I dub erototoxins – mind altering drugs produced by the viewer's own brain."*¹⁹

Research from the University of Cambridge demonstrated changes in brain activity

within the ventral striatum and the dorsal anterior cingulate similar to changes seen with drug addiction. These regions are known to play a role in reward, craving, emotion, and motivation. Though the findings do not prove pornography itself is addictive, research is beginning to reveal their relationship to pornography's effect on the brain and compulsive sexual behavior.²⁰

"When a mind has become saturated with pornographic thoughts and images, the lust that is aroused looks for fulfillment. Too often the innocence of children is violated by this all-consuming drive, crippling their entire future."

V. Proffit, Exec. Director, Sarah's Home (Personal communication, June 1, 2019)

Pornography and Sex Trafficking

"My grandfather had a certain business savvy that was driven by greed and lust. He started selling me to other men for sex when I was just four years old and his strategy paid in multiple streams of highly profitable income. First, he sold my body and compliance to the highest bidder while he secretly photographed the assault. The pictures were then used to blackmail the pedophiles. Finally, the pornographic images were sold publicly and privately. Pornography not only played a role in my childhood sexual exploitation; it multiplied the long-term impact exponentially. Perhaps, even now images of my repeated rapes linger in some dark corner of the web feeding the fantasies of predators and my nightmares."

J. Jessen, survivor, Compass31 (Personal communication, May 29, 2019)

Human trafficking is a multi-billion-dollar criminal industry. It is market driven, based on supply and demand.²¹ Traffickers realize you can sell a gun or drug once, but a person can be sold over and over again, thus substantially increasing illicit revenue. Pornography increases the demand side of the commercial sex industry and is equally profitable to those who produce and distribute pornographic material. Survivors of sex trafficking report being forced to participate in the production of pornography or to replicate scenes from pornography, which at times involve violence.² Most consumers of pornography have no concept of what is involved in the production of pornography. Most would not realize what they are viewing, the images arousing them, were not produced by a willing actor. They don't see the victim of sex trafficking.

"Buyers would ask me to act out scenes from the pornography they had just viewed and the rougher the sex was that they were viewing the more degradingly I was treated."

Anonymous survivor (Personal communication, May 31, 2019)

"Even though I never consented to the porno that was created, it is still being sold to this day online. Which, every time I think about that, I feel like I am being raped again. I still do not get a choice about who watches me and people are still making money off of me to this day."

Anonymous survivor (Personal communication, May 31, 2019)

Sex trafficking is defined as "the recruitment, harboring, transportation, provision, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age."²²

The National Human Trafficking Hotline reported being contacted by 10,615 individual victims of human trafficking during 2017. Of this total, 7,255 were victims of sex trafficking, while 542 were victims of both sex and labor trafficking. Minors made up at least 2,762 reported cases; however, in 1,575 of the human trafficking cases, the age was unknown.²³ In 2016, the International Labour Organization estimated that 40.3 million people globally are entrapped in slavery, for the purposes of both labor and commercial sex.²⁴ These are the number of *reported* cases. There are multiple challenges in victim identification and data collection, making it impossible to track hard factual numbers. One in four victims are reported to be children.²⁵ It is also estimated that this number is less than 1% of the actual number. Currently, it is estimated that 300,000 children born in the United States are trafficked each year.²⁶ The National Center for Missing and Exploited Children reports that in 2018, one in seven runaways were likely victims of child sex trafficking and that all 50 states have reported child sex trafficking.²⁷

The National Center on Sexual Exploitation (NCOSE) is committed to exposing the links

between pornography and all forms of sexual exploitation. They define pornography as *“prostitution for mass consumption... [which] allows for masses of individuals to derive sexual stimulation and gratification from the acts of prostitution that they portray.”*²⁸

There is mounting evidence supporting a strong connection between pornography and sexual exploitation and trafficking.

*“A meta-analysis of 46 studies reported that the effects of exposure to pornographic material are ‘clear and consistent,’ and that pornography use puts people at increased risk for committing sexual offenses and accepting rape myths.”*²⁹

Sex traffickers often force victims to view pornography to prepare or groom them, i.e., to train them before they are sold for sex. In a 2012 public congressional hearing, Jennifer McCarthy, Ph.D., identified the use of pornography to groom potential victims as one of the motivations behind sex offenders’ actions.³⁰ Survivors report that they were often forced to participate in pornography or replicate scenes from pornography.^{2,6,31} As many as 88% of pornographic scenes portray violence and physical aggression.³¹ Survivors of sex trafficking report acts of violence against them, including being kicked, punched, raped, strangled, burned, stabbed, shot or threatened with a weapon, and violently penetrated with a foreign object.²

“The victims we serve each day have shown us that the harm of pornography is a double-edged sword. Children who are sexually abused in front of a camera

carry deep shame and their ability to discern who to trust is broken. As they grow, these traumatized young people are extremely vulnerable to the deceptive tactics of traffickers. Those who consume pornography may often continue to pursue more illicit experiences, culminating in the purchased rape of children, teens and adults. We provide aftercare resources for these broken children... boys and girls as young as two years old.”

L. Havens, Exec. Director, Restore Innocence (Personal communication, May 31, 2019)

Abortion and sex trafficking

In the Lederer report, 29.6% of survivors identified Planned Parenthood Clinics (PPH) as the most common clinical treatment source they had contact with. More than half of the respondents (55%) reported having had abortions, with 29.9% having had multiple abortions. The report also noted, *“The prevalence of forced abortions is an especially disturbing trend in sex trafficking.”*² Though believed to be rare, there have been survivor accounts of victims undergoing forced abortions performed by the trafficker themselves, a client, or even by a female appointed to supervise other females under the control of the trafficker (referred to as the “bottom”).^{2,32} Though pro-choice, pro-abortion advocates proclaim abortion empowers and liberates women, it is a tool of enslavement and control for the trafficker. Victims of sex trafficking are not empowered by abortion; they are deprived of their human dignity and rights.

"In 2017, a survivor group undertook an informal survey of other survivors of sex trafficking, who were minors at the time. The survey was only done by and for survivors. It was not a formal survey for a specific organization. Though the survey was vast in the scope of questions, it did include some questions on who missed them, how many have had abortions as a result of their exploitation, how many were forced to be on birth control, take abortifacient drugs, and how many were minors at the time. Surveys were sent to 1123 women who identified as survivors. Of the 1123 there were 758 responses who were trafficked as children (67%). But child sexual abuse was prevalent in nearly 96% of them. Of the 758, nearly 90% (683) had had one abortion as a minor (ages 11-17).

- *Of the 90% (683), 628 (92%) had had multiple abortions, sometimes at the same facility*
- *None of them were separated from the traffickers or bottom who brought them in.*
- *None of them were asked for ID*
- *All of them were given the abortion and not screened for their situation*
- *All of them were sent home with their trafficker after the abortion, with birth control or some kind of prophylactic.*
- *Nearly 88% of the original respondents said a Planned Parenthood facility was where they were.*

- *Nearly 85% of the original were taken in for some sort of STI, UTI, or reproductive issue multiple times."*

K. Dore, survivor (Personal communication, May 20, 2019)

On June 7, 2018, Congresswoman Vicky Harzler (MO-04), along with 55 congressional co-signers, sent a letter to the U.S. Department of Health and Human Services (HHS) requesting an investigation of Planned Parenthood (PPH). In her letter, she cited cases in which PPH performed abortions on minors and failed to report sexual abuse to authorities.

"Despite the increased attention to combatting sexual abuse, the cases detailed in the enclosed report demonstrated that Planned Parenthood has continuously embraced a culture of turning a blind eye to suspected abuse. Rather than reporting suspicious incidents to authorities as state law often requires, Planned Parenthood has chosen repeatedly to perform abortions on children as young as 12 and 13 years old and then return these young clients to their abusers.³³

LiveAction, a leading pro-life organization, using public records, has revealed multiple cases where PPH failed to report child sex trafficking.³⁴ Their report showed how employees actually helped sex traffickers to obtain abortions and/or birth control for minors.

This link between sex trafficking and abortion makes it imperative that pro-life professionals and concerned citizens scrutinize the use of the abortifacient mifepristone. Though surgical abortions and abortion clin-

ics may decline in number, it will be challenging to track the use of medical abortions, especially with a push for telemedicine, a larger pool of non-physician professionals to increase access, a growing market demand, and the ability to generate revenue. According to Planned Parenthood, a medical abortion could cost up to \$1,000.³⁵ There is already a black market for mifepristone.^{36,37} This is sure to increase within the sex trafficking industry, which itself is criminal.

Summary of Recommendations and Conclusion

The following action steps are recommended to medical professionals in order to combat pornography, sex trafficking, and abortion:

1. Educate yourself and your staff about human trafficking.
 - a. Help to develop state and local evidence-based, survivor-informed curriculum for healthcare professionals.
 - b. A few resources for information include:
 - i. Polaris Project
NHTRC@polarisproject.org
 - ii. The National Hotline Resource Center
www.TraffickingResourceCenter.org
 - iii. Shared Hope International
www.sharedhope.org
 - iv. The Center for Missing and Exploited Children
www.missingkids.com

- v. Internet Crimes Against Children www.icactaskforce.org
 - vi. Your local law enforcement/special victims unit
 - c. Develop a response protocol for your clinical setting: identifying “red flags” for recognizing potential victims of trafficking, including screening tools; how to interview potential victims; ensuring their safety; interventions to assist potential victims (e.g. local resources, Hotline, involving law enforcement if victim is in danger).^{38,39}
 - d. Be aware of HIPAA-informed reporting.⁴⁰
 - e. Utilize trauma-informed, victim-sensitive interventions.
 - f. Ensure everyone is aware of the National Hotline (1-888-3737-888) and/or local police special victims 24-hour call line.
2. Participate in local anti-human-trafficking coalitions or task forces.
 - a. Advocate for mandatory reporting of abortions below the age of consent for that state and an immediate referral to child protective services.
 - b. Promote public education/awareness regarding both sex trafficking and pornography.
 - c. Advocate for laws that will deter demand and hold traffickers and those who solicit commercial sex accountable for their role in sexual

- exploitation and sex trafficking of minors.
- d. Participate in legislative efforts to regulate online pornography, especially efforts to limit access for minors.
- e. Advocate for legislation to track the use of mifepristone and complications from medical abortions. Advocate for full informed consent (to include showing a client the ultrasound prior to abortion and informing them of the option to reverse mifepristone with progesterone).
- f. Continue to advocate for greater oversight of abortion clinics.
- 3. Support local pro-life efforts.
- 4. Join community efforts to strengthen services for victims of human trafficking.
 - a. Crisis intervention
 - b. Emergent medical care
 - c. Counseling
 - d. Safety/shelter/food
 - e. Social services
 - f. Legal services
- 5. Exercise/encourage personal internet accountability and safety for you, your family, your staff, and your clients.

Conclusion

Science has shown that pornography is potentially as addictive as illicit drugs affecting the same neurotransmitters and neuropathways. Pornography fuels demand for commercial sex; is used to

groom victims for trafficking; and can lead to destructive behavioral patterns within relationships, including compulsive sexual behavior and sex trafficking. Pornography and sex trafficking represent a growing health crisis, which exploits the vulnerable and promotes violence against women and children globally. Abortion enables the traffickers to continue this exploitation and entrapment. Victims are deeply traumatized physically and emotionally through the trajectory of their trafficking enslavement, carrying physical and emotional scars for life. Pornography, sex trafficking, and abortion rob victims of freedom and human dignity. They depend on each other in a dark, symbiotic manner, allowing traffickers to maintain power, control, and wealth. Sex trafficking is complex and challenging. No single profile fits every trafficker or every victim. In many ways, the role of the healthcare provider is as a “first responder” in caring for the physical and mental needs of trafficking victims. As healthcare professionals (physicians, nurse practitioners, nurse midwives, physician assistants, etc.), we have a moral, ethical, and professional responsibility to be informed on how to identify potential victims and how to safely intervene. We should also be compelled to advocate for public awareness, prevention, protection, and justice. As healthcare professionals, we should be victim advocates, working to ensure that every state incorporate mandatory reporting of abortions below the age of consent for that state and an immediate

referral of the affected minors to child protective services. We must maintain vigilance in scrutinizing abortion professionals, the use of medical abortions, tracking data regarding complications, and holding legislators accountable for oversight and regulations. Finally, it is imperative that healthcare professionals hold themselves accountable in their personal lives to avoid falling prey to pornography and/or commercial sex. Healthcare professionals must avoid being complicit in the horrible trauma this creates for those entrapped by the exploitation and slavery of sex trafficking.

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