

Creating the Human Trafficking Victim Medical Home in Resident Physician Education: A Synergistic Dynamic of Care

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Learning Objectives

- Human Trafficking awareness for health care providers:
 - Prevalence
 - Access
- Common red flags of human trafficking in the healthcare setting.
- Definitions of victim-centered, trauma-informed care.
- Establish Human Trafficking Safe Haven Medical Home.



(stock photo)

Why is this important for healthcare?

Prevalence

Let's Sensationalize it...?

- According to the Justice Department's National Incidence Study¹ 1.7 million children run away each year.
- 357,000 get reported (21%)...meaning 79% do not. ¹
- 1 in 6 runaways reported missing in 2015 was likely a victim of sex trafficking in the U.S.²
- >300,000 youth are at risk of being sexually exploited for commercial use in the U.S.^{3,4}
- Victims often reported to be as young as 13... some younger ⁵
- In our clinic patients report:
 - Younger age of onset for familial. Age 5 not uncommon.
 - Described recruitment more frequently done by women.
 - Buyers ("Johns, Tricks") come from various backgrounds. Many described as middle class married males with family. Included: doctors, lawyers, law enforcement, clergy.
 - Busiest time is 5-7am, 5-7pm.

Domestic Minor Sex Trafficking

100,000

Ernie Allen, former President & CEO of the National Center for Missing & Exploited Children in Congressional Testimony July 2010

(*recanted due to criticism, but let's use common sense to evaluate prevalence...)

The Controversy of Resource Allocation^{6,7}

If even 50,000 U.S. girls are trafficked this year, then a teenage girl is:

20X

as likely to be trafficked as to die in an automobile accident

50X

as likely to be trafficked as to commit suicide

2000X

as likely to be trafficked as ANY citizen is to be killed in a terrorist attack

Ernie Allen,

Former President and CEO, National Center for Missing and Exploited Children

“The only way not to find this in any American city is simply not to look for it.”⁸



(Stock Photo)

Sensationalized?

backpage.com > Sacramento adult entertainment > Sacramento escorts

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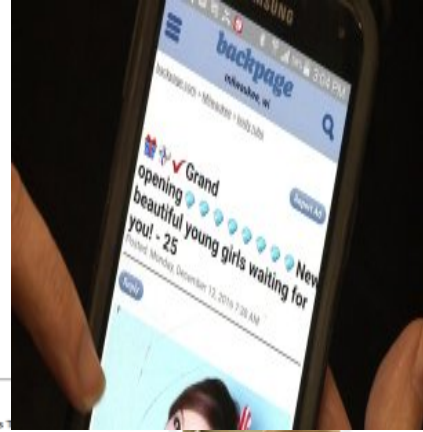
- Mon. Jul. 25
- Available Now Bombshell - 23 (City of Sacramento)
- Chinese baby Natural Body 32C 22 34 Incall only 100% Real Pic - 21 (Downtown Sac)
- LOOK ==* ((AVAILABLE)) *new* ((VISITING))*===\$\$160HR SPECIALS - 20 (Auburn)
- Palyful Sexy Sweet Slippery & Ready Incall Only - 26 (Downtown)
- All American Brunette upscale Sweetheart Super Freaky & fun #1 choice! New in TOWN - 22 ((Upscale Folsom 24hr.In/out calls))
- Exotic Anna ready right now - 23 (Rancho Cordova)
- Lovely Massage Any - 25 (Citrus Heights)
- Petite Puerto Rican - 21 (Sacramento Madison & 80)
- Specials Specials Specials - 28 (Rancho Cordova)
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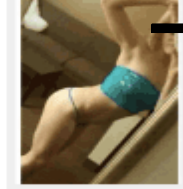
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(Party Girl) DRAMA FREE UNBELIEVABLE SKILLS PLEASE B RESPECTFUL NO BLOCKED CALLS NO BLACK MEN UNDER 37 SERIOUS INQUIRES ONLY

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- Location: AUSTIN, East, North, Round Rock
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 - London Is Finally Here Austin! Please Yourself Like A King - 19 (AUSTIN) adult.entertainment: escorts
 - London Is Finally Here Austin! Please Yourself - 19 (ALL AUSTIN) adult.entertainment: escorts



Enlarge Picture

Learn to be a Pimp? Societal prevalence.

click to search results for "the pimp game"

The Pimp Game: Instructional Guide

by Mickel Royal, Jr. (Author)



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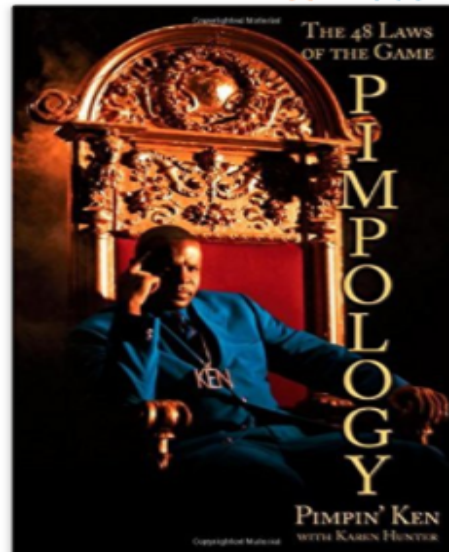
Pimpology: The 48 Laws of the Game and over



Soft cov



Look inside ↴



Listen

Pimpology: The 48 Laws of the Game

by Pimpin' Ken (Author), Karen Hunter (Contributor)



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Star of the HBO documentaries *Pimps Up, Ho's Down* and *Year of the Pimp*, the "Year" winner Ken Ivy reveals the unwritten rules that took him from the ghetto streets to the top suites.

The names change, but the game remains the same. In *Pimpology*, Ken Ivy reveals the unwritten rules that took him from the ghetto streets to the top person in any interaction: Whether at work, in relationships, in the boardroom, or on the top. To be the one with the upper hand, you've got to have a deep understanding of the rules.

The Psychological Warfare

PIMP'S BUSINESS GOAL 1:

Obtaining the "Product"

"A Bitch's Weakness is a Pimp's Sweetness"

"Weakness is the best trait a person can find in someone they want to control. If you can't find a weakness, you have to create one. You have to tear someone's ego down to nothing before they will start looking to you for salvation. Then you have a chance to build them back up, showing them that it's your program that takes them from darkness to hope. While you want them to feel good about themselves eventually, you want them to feel that it's because of you – They begin to see you as their champion, their hero – even if the weakness you rescue them from is the one you created."

-Pimpology by Pimpin Ken

From the book "The Pimpology", Ken

The Psychological Warfare

PIMP'S BUSINESS GOAL 3:

Selling the "Product"

"You'll start to dress her, think for her, own her. If you and your victim are sexually active, slow it down. After sex take her shopping for one item. Hair and/or nails is fine. She'll develop a feeling of accomplishment. The shopping after a month will be replaced with cash. The love making turns into raw sex. She'll start to crave the intimacy and be willing to get back into your good graces. After you have broken her spirit she has no sense of self value. Now pimp, but a price tag on the item you have manufactured."

-The Pimp Game

From the book: The Pimp Gang, Mickey Royal

A Word on Trauma Bonding

A term developed by Patrick Carnes to describe “the **misuse** of fear, excitement, sexual feelings, and sexual physiology to entangle another person.”⁹

Traumatic bonding occurs as the result of ongoing cycles of abuse in which the intermittent reinforcement of reward and punishment creates powerful emotional bonds that are resistant to change.

Intensity often mistaken for intimacy.

Overlaps with Stockholm Syndrome.

An Example Story

Pimp- Perpetrator-Exploiter and the Victim Relationship

- FBI, Retired Supervisory Special Agent
- Sex Trafficking Unit, Sacramento, CA.

But why argue numbers? It Just Takes One.

18 y/o pregnant female with history of bipolar disorder, substance abuse, recent suicide attempt, apparent developmental delay, removed from commercial sex trafficking yesterday (started age 5 and encouraged by her HIV positive mother who is also current guardian of patient's two year old child) brought in today by Community Organization complaining of anxiety, insomnia, nightmares, multiple cuts/bruises over body, vaginal discharge, cough, hearing loss.

Why is this important for healthcare?

Access

Healthcare Interaction with Human Trafficking Victims

Are Victims Seen? Studies Vary Widely.

- 87.8% of victims interviewed, who identified as “female sex trafficking survivors” reported contact with a healthcare system.¹⁰
 - No interventions.
- 77% of sexually exploited youth in Oakland, CA. reported seeing a physician regularly.¹¹
 - 33% currently on prescribed meds, 49% hospitalized.
- 50% of international sex and labor trafficking victims (recovered in LA) had visited a healthcare professional while in captivity.¹²
 - None report that they were appropriately identified or assisted.

Where are the victims seen?

- Hospital/Emergency rooms- 63%
- Planned parenthood- 30%
- Family physician- 23%
- Urgent Care Clinic- 21%
- Women's clinic- 19%
- Neighborhood clinic- 19%



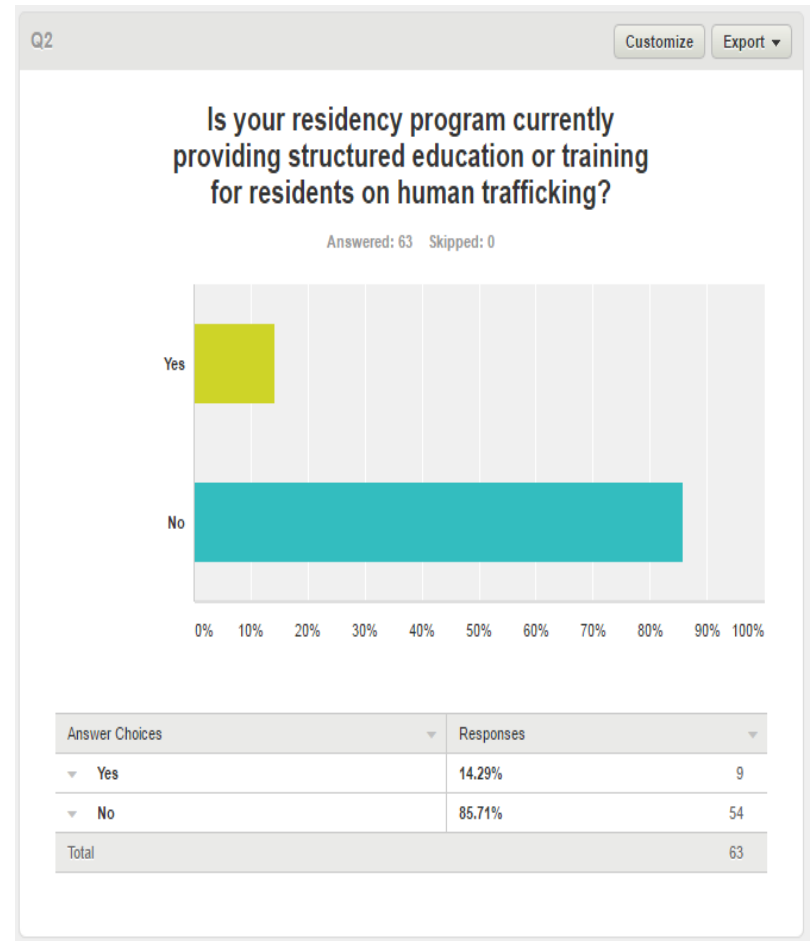
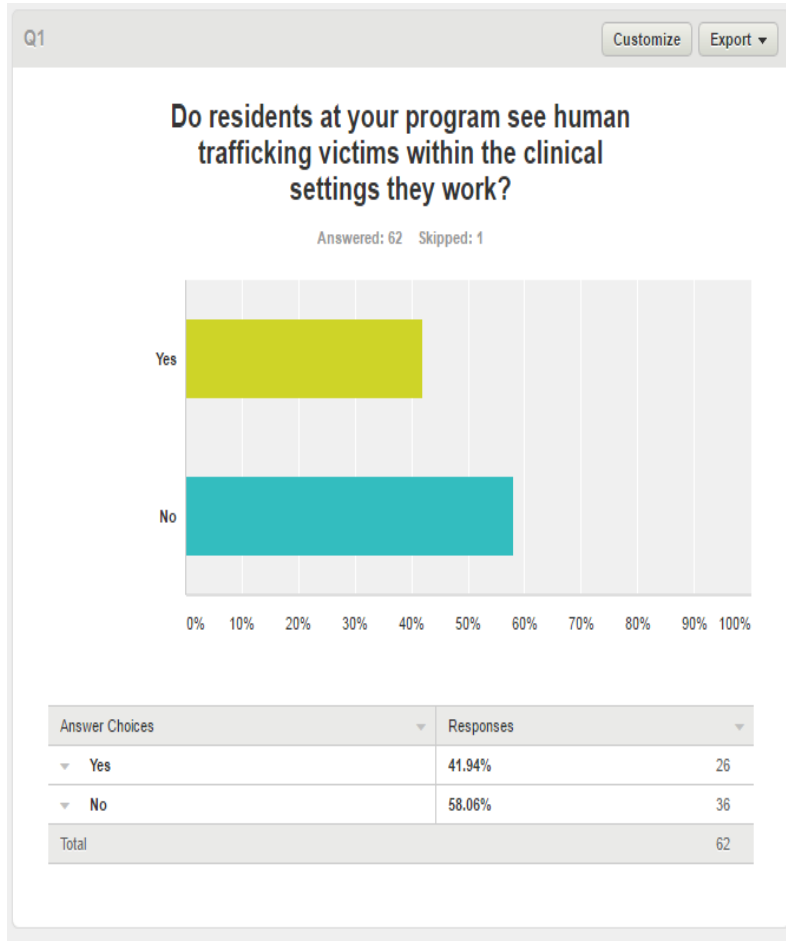
(Stock Photo)

So, how prepared are physicians?



(Stock image)

2017 Survey of Family Medicine Program Directors



Let's Learn How...

*How can you identify and treat
human trafficking victims?
Let's learn...*



(Stock Image)



(Stock Image)

Examine for Signs and Symptoms of Human Trafficking

Control

- Controlling 3rd party (boyfriend, husband, uncle, brother, sister, mom or dad.)
 - Controls conversation
 - Dose not want to leave
- Texting/calls: trained so that controlling person can keep tabs on them at all times.
- Not in control of their documents, money.

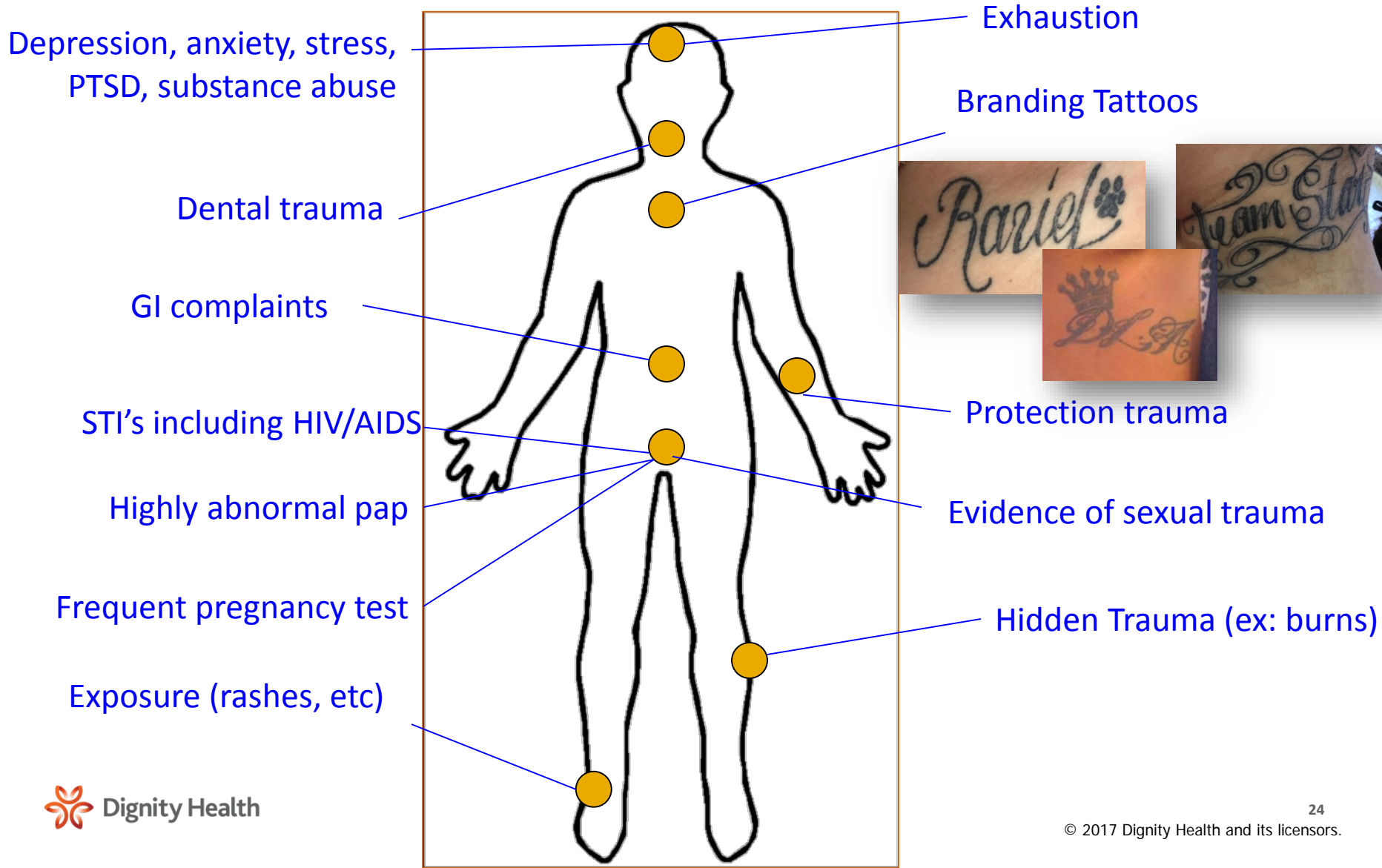
Red Flags

- Runaway/Foster Care: prevalent in Sacramento.
- Has large amount of cash.
- Unable to give address or knows what city they are in.
- Very poor historian (trauma disrupts the timeline)
- Late presentation
- Substance addiction
- You get the “**what is going on here**” feeling of a strange encounter.

Physical Indicators: Victim of Sex or Labor Trafficking.¹³

- Avoids eye contact.
- Bruising/scars/burns/cuts in “hidden” places.
- Tattoos of pimp’s name or a strange symbol.
- Appears to be lying about age.
- Act in sexually provocative ways, wear clothing inappropriate with weather.
- Body language: unwarranted fear, anger, anxiety, submission.

Additional Physical Indicators: Victim of Sex or Labor Trafficking.¹⁴



Awareness

Interact with a potential human trafficking victim using:

- **Victim-Centered, Trauma-Informed approach**
 - If patient is a victim of human trafficking, there is a strong likelihood that they are highly traumatized.
 - Takes time to create the sense of safety (not trust)
 - Trauma-informed personnel to consider include:
 - **Hospital Social Workers**
 - **SANE/SAFE Nurse (maybe – heavy focus on exam)**
 - Trauma-informed and Victim-Centered care is needed

What is Trauma Informed Care? Perspective.

Perspective.

An approach to engaging individuals with a history of trauma, recognizing trauma symptoms and understanding the role trauma has played across their life.

What is Trauma-Informed Care? Perspective.

Trauma occurs along
“continuum of complexity”

- Less complex: car accident
- More complex: frequent interpersonal violence

Victims of trafficking, especially sex trafficking, often experienced long history of traumatic events.



(Stock Image)

Trauma Concepts

Chronic Trauma:

- Experience of early, multiple, persistent overwhelming events.

Complex Trauma:

- Impact of chronic trauma on brain development and “symptomology” over a lifetime.

Potential reality for the Victim you're seeing...

- 5 Johns/Night

- 7 Days/Week

- 365 Days/Year

• **1,820 Rapes/Year**

- 10 Johns/Night

- 7 Days/Week

- 365 Days/Year

• **3,640 Rapes/Year**



(Stock photo)

Trauma - Informed Care, Perspective which allows for...

...Empathy.

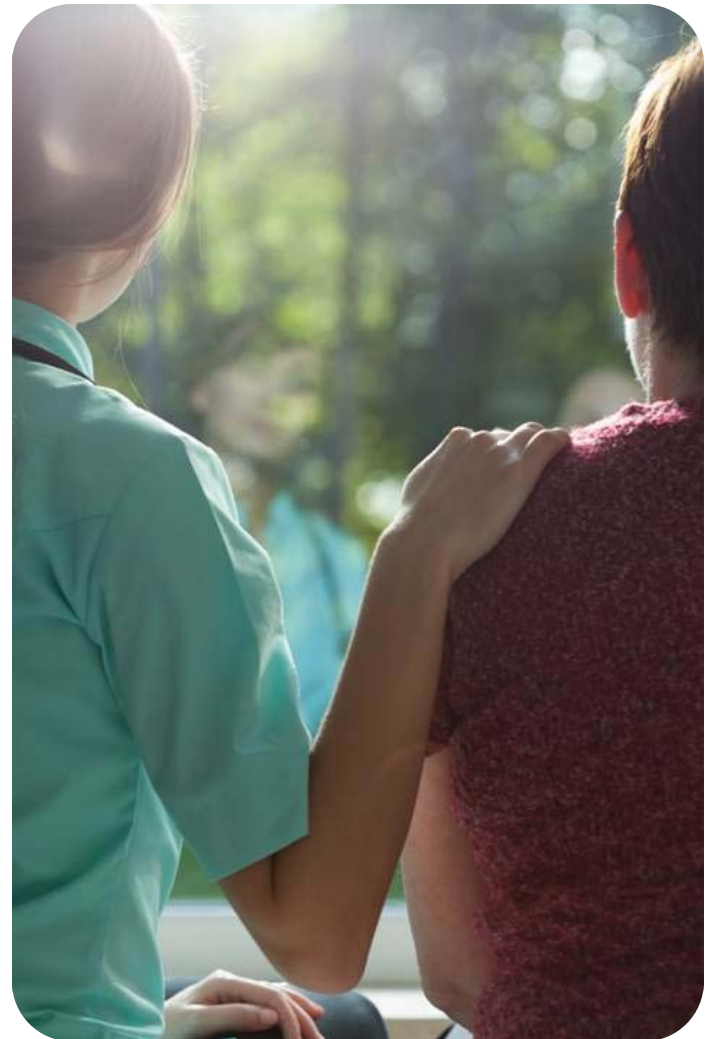
What is Victim-Centered Care?

- For the Victim: Control.

- Victim's wishes, safety, well-being take priority.
- Maximizing patient's input in all decisions, including if and when to contact law enforcement (except in cases of mandatory reporting and imminent danger).

- For the Provider: Empathy.

- Recognize the patient as a victim.
- Patience.
- Perspective.



(Stock image)

You have noticed signs of human trafficking, observed findings that raised your concerns, **put on your victim - centered, trauma - informed care hat...**

What's Questions Do You Ask?

Labor Trafficking

- What is your work schedule/hours?
- Can you leave when you want?
- Are there locks on the doors and windows?
- Where do you sleep and eat?
- Do you have to ask permission to do these things?
- Have you or your family been threatened if you left?

Sex Trafficking

- Are you ever paid for sex?
- Do you need to make a certain amount of money before going home?
- Has anyone taken sexually suggestive pictures of you to post on the internet? Backpage?
- Has anyone ever forced you to have sex while being recorded?
- Do you feel like you could safely leave where you're living? Safely leave your "boyfriend"?
- Do you want resources to help you out of your situation?

Screening tools are starting to be developed...¹⁶

TABLE 3. Six-Item Screening Questionnaire

Is there a previous history of drug and/or alcohol use?
 Has the youth ever run away from home?
 Has the youth ever been involved with law enforcement?
 Has the youth ever broken a bone, had traumatic loss of consciousness, or sustained a significant wound?
 Has the youth ever had a sexually transmitted infection?
 Does the youth have a history of sexual activity with more than 5 partners?

TABLE 4. Screening Score Cutoffs and Sensitivity, Specificity, PPV, and NPV

Score Cutoff	Sensitivity	Specificity	PPV	NPV
2+	92%	73%	51%	97%
3+	84%	90%	72%	95%
4+	56%	98%	88%	88%
5+	24%	100%	100%	81%

Model AUC of 0.97.

Victim suspected, time to **RESPOND**

Immediate Response

Crucial that protocols be developed, staff trained ahead of time!

IMMEDIATE RESPONSE

Key Points of the Response¹⁷

- Get the patient alone (lab, UA, imaging, etc.).
- Safety is key. Both for the patient and the providers. Now and days later.
- Inform your patient about mandatory reporting laws and confidentiality.
- Ask your patient if they want intervention, do they want Law Enforcement involved.
- Have a protocol for intervention.
- Avoid the “rescue fantasy”.

IIId. Summary of Key Steps

Assess all patients, particularly vulnerable persons, for HT red flags/concerns and document all red flags/concerns accordingly. See the Dignity Health Assessment Tool “Assessing Vulnerable Persons for Human Trafficking Concerns”

Patient Care Staff: Notify Attending Physician/Medical Provider and Office Manager/Lead

NOTE: If there are immediate safety concerns for patient or staff, notify appropriate and available resources for support (e.g. Security or Law Enforcement)

Unless otherwise requested, Security is to remain on alert/standby only

Provide private room to assess and assist patient. **NOTE:** Contact law enforcement or other agency for support with immediate safety concerns (e.g. patient is a suspected victim and companion refuses to leave) and/or mandatory reporting requirements (e.g. patient is 17 years of age or younger)

Approach patient to assess and offer assistance. When necessary, notify Attending Physician/Medical Provider to assist patient in securing immediate placement/services (See HT Victims Community Resource Algorithm). If patient declines assistance, then respect patient’s decision and offer National HT Hotline card or other resource

NOTE: Always complete HT Case Record for ALL suspected/known HT cases

COLOR KEY:

Green – Patient Care Staff

Red – Attending Physician/Medical Provider and Office Manager

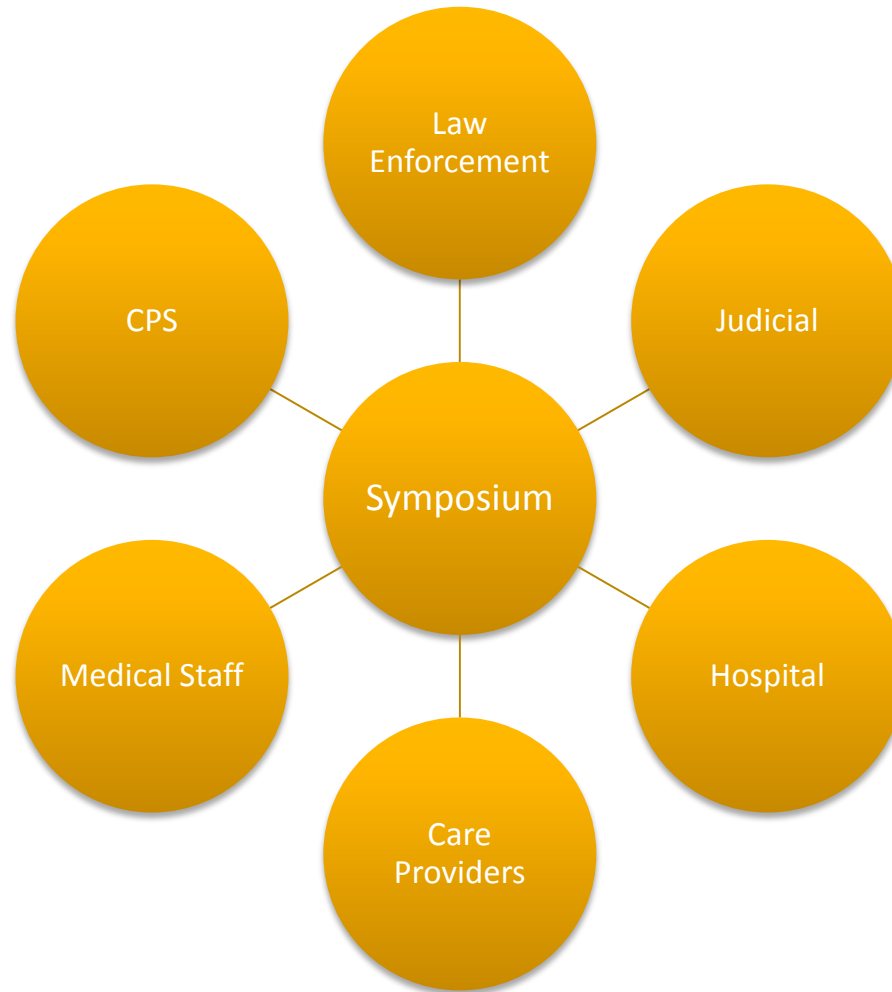
Orange – Security (if available)

Abbreviations:

HT – Human Trafficking

Attending Physician/Medical Provider and Office Manager: Assist Patient Care staff as needed. Example: If patient accepts/requests assistance with immediate safety needs, Physician/Medical Provider or Office Manager/Lead will assist Patient Care staff in keeping patient in-house until assistance is complete. **NOTE:** Assess staff and patient for emotional or spiritual support needs and notify

Protocol Development: Get to Know Interagency Collaborations Ahead of Time



Protocol Participants: Hospital

- Hospital Administration
- Medical Staff Representation
 - Family Medicine
 - OBGYN
 - Pediatrics
 - ER
 - Orthopedics
 - Nursing Staff
 - Social Services
 - Security



Stock image

Service Providers

- **Know Your Local Service Providers**

- Community organizations working with victims
 - Populations served.
 - Scope of services provided.
 - Qualifying factors for admission.
 - Cost or funding required.
 - Capacity.
 - Ability to participate.
 - Service providers direct contact.





Chicks In Crisis
Love, home and family for every child



Human Trafficking Resources: National Resource You Can Use Today



National Human Trafficking Hotline(NHTH) can connect patients with local, national resources. Hotline Specialists have interpreting services and they are not mandated reporters.

1 (888)-373-7888

Text: “BeFree” (233733)

We can create protocols and look to identify victims today, but what about tomorrow?

Mercy Family Health Center

A Medical Safe Haven for Human Trafficking Victims and Survivors

(YouTube)

Human Trafficking Medical Home



Mercy Family Health Center

Our purpose is to provide a safe primary care medical environment for victims and survivors of human trafficking led by understanding physicians and medical staff extensively trained in victim-centered, trauma-informed care.

Each patient has a unique story. Our patients can expect to be treated with the respect, dignity, and compassion they deserve in a safe, judgment-free space focused on their healing, health, and well-being.

Our Feedback: The Program Works

"There have been an abundance of transformative moments for me in my training as a Resident with the Mercy/Methodist Family Medicine Program, but as a female provider and, more importantly, a human being, none have been quite as earth shattering in nature as my work with survivors of human trafficking ..." [Read more](#)

"One woman we brought to Mercy Family Health Center, had a history of 25 pimps, and childhood sexual abuse. She was fearful of doctors and had never had a health exam ... This intervention saved her life!" [Read more](#)

"... Women who have never received such compassionate and understanding care, can now trust and believe in the medical system because of this team ..." [Read more](#)

"...The women we serve are enjoying success, instead of constant struggle, because of the great work of (Dr. Chambers') team ..." [Read more](#)

"The overall professionalism, warmth, sensitivity and genuine concern of staff at Mercy Family Health Center(MFHC) has been amazing to witness. From the first day I took my client in, she noticed a complete change in service from her previous provider, she was in utter shock at the kindness she received from everyone..." [Read more](#)

Services Provided

It is our honor to share in our patient's individual journeys, and to participate in their roads of recovery.

- Full Spectrum Victim-Centered, Trauma-Informed Primary Medical Care
- Women's Health
- Prenatal and Obstetrical Care
- Newborn, Pediatric and Adolescent Care
- Primary Psychological Care
- LGBT+ Affirming Care
- Annual Physical Examinations
- Vaccinations
- STD Testing and Treatment

If you or anybody you know is a victim of human trafficking and would like to make an appointment or learn more, please call the Mercy Family Health Center at **(916) 681-3488**.

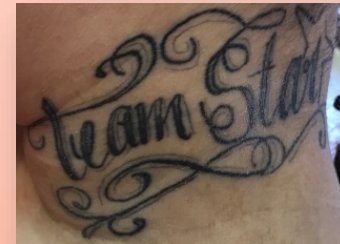
Referrals to Community Resources

A Medical Home for Human Trafficking Victims

Mercy Family Health Center: Creating a Medical Safe Haven

- Recognition

- **Past:** 88% of human trafficking victims report having been seen by a medical provider while they were being trafficked. 0% identified, many re-traumatized.
- **Our Present:** All physicians and medical staff have undergone extensive education and training on human trafficking.
- **Victims are now recognized.**



- Longitudinal Care

- **Creating the wheel...**
- **Goal:** to provide a safe primary care medical environment for victims and survivors of exploitation and human trafficking led by understanding physicians and medical staff extensively trained in victim-centered, trauma-informed care.
- **Full scope care, the “one stop shop” for victims and their children.**

Nuts and Bolts of Longitudinal Care: a Quick Reference

HUMAN TRAFFICKING

Ronald G. Chambers, MD, FAAFP, Sarah Chaffin, MD, Vincent Lo MD, FAAFP

BASICS

DESCRIPTION

- Human trafficking (A.K.A. modern slavery) is a global crisis, and anyone can become a victim, including men, women, and children. The United Nations defines human trafficking as a crime based on exploitation. In the United States Trafficking Victims Protection Act of 2000, human trafficking (H.T.) is described as the movement, recruitment, harboring, transportation, obtaining, or providing of a person by force, fraud or coercion for commercial sex or labor/services. Minors under the age of 18 involved in commercial sex are automatically considered human trafficking victims by federal law.
- Human trafficking is broadly categorized as domestic and international with further breakdown into sex and labor trafficking. Of these, domestic victims of sex trafficking are the most commonly identified victims of human trafficking in the United States.

EPIDEMIOLOGY

Incidence

- Obtaining accurate data on the incidence and prevalence of human trafficking is extremely difficult given the illegal nature and secrecy of the problem (1).
- 300,000 youth are at risk of exploitation for commercial sex in the US (2). The Center for Missing and Exploited Children estimated 100,000 children in the US are being commercially trafficked for sex each year.
- 84% of victims report that they were seen by a healthcare provider at some point during their bondage (3).
- 77% of trafficking victims in Oakland, CA report that they saw a doctor regularly, 23% were on prescribed medications when they were recovered (4).

ETIOLOGY AND PATHOPHYSIOLOGY

- Labor trafficking victims can be found in a variety of industries such as farming, construction, hotels, factory, foodservice, landscaping, and domestic servitude (5).
- Sex trafficking victims can be found in a variety of areas, including strip clubs, massage parlors, truck stops and brothels and may be forced into pornography, street prostitution, and online escorting (6).
- Victims are often led to believe that no one except their exploiters have any interest in their well-being; many experience trauma-bonding in the setting of extreme negative self-image (8).
- Entry into human trafficking is best understood as a process, rather than a single act. Exploited persons may be in the recruitment stage, in active exploitation, or in reintegration (but of trafficking). In many cases, victims are ultimately isolated from their families and social networks. Frequent transportation across state lines and between various cities (also known as the travel or destination-exploitation stage) has the added consequence of disorientation; as a result, many victims are unable to provide an accurate history when they do see a healthcare provider.

exploitation; they cannot simply leave, as their survival depends on the traffickers.

RISK FACTORS

- Risk factors for becoming a victim include homelessness, poverty, child abuse/neglect, substance use, sexual abuse/assault, domestic violence, and minority status.
- Marginalized individuals including lesbian, gay, bisexual, transgender, queer, migrant workers, and indigenous people are at increased risk.
- Age: 12 to 16 year old girls are at greatest risk.

COMMONLY ASSOCIATED CONDITIONS

- Given the nature of sex trafficking, victims are often exposed to the gamut of sexually transmitted infections, including HIV, Chlamydia, Gonorrhea, Hepatitis B, C, and Syphilis, depending on the chronicity of trafficking and repeated exposures, development of PID, neurosyphilis, etc. are possible long-term sequelae (9).
- Patients may present with history of multiple unintended pregnancies and/or complications of abortions.
- Trafficked persons often endure physical abuse and/or neglect as a component of their coercion. Multiple fractures, bruises in various stages of healing, burn injuries in odd locations, and signs of malnutrition, poor dental health, and/or other untreated illness are not uncommon.
- As a result of frequent transportation across city and state lines, victims will often present with fragmented medical care from various urgent care, emergency departments, and PCP offices. Therefore, they may not be up to date on immunizations, age-appropriate screening, or have a confusing battery of prescribed medications.
- Mental health issues are frequently encountered in this patient population and may present as severe depression, generalized anxiety disorder, PTSD, dissociative episodes, substance abuse, suicidality, impulsivity, somatization, etc (8).
- Victims' children are additionally routinely exposed to domestic violence while their parents are in captivity. Many have experienced severe neglect and have suffered from various types of abuse themselves. They will need to be screened for Adverse Childhood Events.

DIAGNOSIS

RECOGNITION

- Healthcare providers are among few professionals who come into contact with H.T. victims; failure to identify them results in a loss of opportunity of connecting the victims to proper services in the community and possible freedom from bondage (3).
- Identifying "red flags" and screening suspected cases of human trafficking is therefore paramount in the recognition of victims and connecting them to resources in order to meet their unique medical and social needs.
- Useful indicators include (1,5)
 - Younger than 18 years of age

- On phone, texting continuously or inappropriately during encounter
- Do you feel safe in your working place?
- Has anyone forced you to do things you don't want to do?
- Where do you eat and sleep?
- Do you have to ask permission to do these things?
- Can you come and go from your home whenever you please?
- Has anyone ever threatened to harm your family?
- Has anyone taken sexually suggestive photos of you to be posted on the internet?
- Has anyone forced you to have sex while being recorded?
- Have you ever been paid for sex?
- Do you feel like you could safely leave where you are living? Safely leave your boyfriend?
- Are you ever paid for sex?
- Do you want resources to help you out of your situation?

HISTORY

- The goal is to create a safe, secure environment where patient is empowered to disclose if/when she chooses.
- Interview is done in private. Some patients may not self-identify as victims though answers to the clinician's questions may raise concerns for human trafficking. Only trained, independent interpreter should be used when needed.
- Victim Centered Care is a recommended approach of history gathering where victims wishes, safety, and well-being take priority. This approach maximizes patient input in all decisions including if and when to contact law enforcement (except in cases of mandated reporting or imminent danger) (1)
- Trauma Informed Care: an additional recommended approach that engages individuals with a history of trauma, recognizing trauma symptoms and the role trauma has across their life. In trauma informed care, an emphasis is placed on instilling a sense of safety in the visit, and encouraging control and autonomy over one's life in a victim. Provider training is available through the NHTRC website and SOAR Program (see additional readings)(1)

PHYSICAL EXAM

- A comprehensive physical exam is recommended with special attention to assess signs of mental and/or physical abuse and neglect.
- Warning Signs include (1,5):
 - Visible signs of physical abuse and neglect
 - Bruising/scars/tattoos in hidden places
 - Unusually fearful or submissive with poor eye contact
 - Clothing inappropriate with weather
 - Has unusual branding or tattoos: dollar sign or crown with personal name, "for sale", bar codes, street name or signs in unusual locations of the body.
 - Strangulation, oral and dental injuries

DIAGNOSTIC TESTS & INTERPRETATION

Initial Tests (lab, imaging)

- STI screening (HIV, RPR, Gonorrhea, Chlamydia, Hepatitis B, C, trichomoniasis)
- Pregnancy test
- Exposure Screening (TE, expanded drug screen may be considered if patient presents altered)
- Repeat testing at 1-2 weeks is appropriate for STIs, pregnancy and to reassess genital injuries.
- Repeat serologic testing for syphilis at 4 to 6 weeks and 3 months
- Repeat HIV test at 6 weeks and three to 6 months.
- Follow up examination at 1-2 months is performed to assess development of anogenital warts
- Complain-specific imaging

Follow-Up Tests & Special Considerations

- Health Care Maintenance
 - Age-appropriate screenings (Complete Metabolic Panel, Lipid Panel)
 - TSH, CBC, E12, Folate for complaints of fatigue and/or depression
 - Review past smear history, other age appropriate screening
 - Review immunizations, obtain titers or revaccinate via catch-up schedule as appropriate
 - For the children of victims clinicians need to review developmental milestones and immunizations, behavioral concerns, etc.

TREATMENT

GENERAL MEASURES

- Following recognition of a victim, treatment must follow a victim centered, trauma informed care approach.
 - Preparation
 - Providers must be prepared with up-to-date relevant information and other multidisciplinary care in a sensitive, confidential manner
 - It is essential the safety of patients, staff, and clinicians is maintained. Traffickers may be dangerous and can be involved in gangs and other crime networks. Establishing relationships with local law enforcement and creating safety protocols is prudent
 - The National Human Trafficking Resource Center: <https://traffickingresourcecenter.org/> has a published framework guiding clinicians on how to identify victims, assess their safety, and connect them with resources.
 - Knowledge on how to incorporate local social work and case managers into care can enable access to safe houses, financial aid, legal assistance, and other services.
 - Trauma Informed Care
 - AKA: Trauma-sensitive or trauma-aware care
 - A recommended approach to care for human trafficking victims that incorporates a basic understanding of the impact of trauma on a person's life into the practice style of the clinician(1)
 - Human trafficking victims may have undergone complex, chronic trauma for weeks, months or years, often during key developmental time frames, prior to being seen by the clinician
 - Clinicians must be aware that severe, disturbing states of imprisonment, torture,

- Victim centered care reduces re-traumatization by placing control and choice for the clinical encounter under the patient's discretion. Examples include discussing what the patient expects from the appointment, asking the patient permission prior to examination, offering use of aids to allow observation of procedures (eg. handheld mirror, validating concerns, using a chaperone) regardless of gender differences, and making allowances for patient's comfort (remaining clothed during interview, etc.) (1)
- Human trafficking victims may have extreme fear of their traffickers and law enforcement. Many have also been re-traumatized by untrained medical personnel. It may take many visits to for the patient to obtain a sense of safety. Clinicians may benefit from using patience and close follow up to accomplish this goal.
- For victim centered care, clinicians should involve the patient in the decision making process to contact potential services such as law enforcement(1)

- Immediate Care
 - Clinical judgment must be used to determine the utility of emergency/urgent care interventions.
 - With sex trafficking victims, forensic examinations may be offered to the patient, however findings may be of limited value to law enforcement depending on patient's history, number of recent episodes of exploitation, and time frame of incidents.
 - Emergency contraception should be considered in postmenstrual female victims if they are seen within 5 days of intercourse.
 - CDC recommends victims of sexual assault receive empiric antibiotic prophylaxis for chlamydia, gonorrhea, trichomoniasis; postexposure vaccination for hepatitis B; and human papillomavirus vaccination for females age 12 to 26 and males 9 to 21. Victims may not be able to return for a follow-up visit.
 - For victims who do not wish or are unable to leave trafficking situations efforts should be made to ensure the patient understands available resources. Memorizing the NHTRC hotline (1-888-873-7888) or texting BeFree (233733) are options. Print materials may also be obtained from the Stop Campaign: www.stop-us.gov/campaign/. These should be given with caution as detection by the trafficker may put the victim at increased risk.
 - For victims wishing to leave a trafficking situation clinicians may contact NHTRC hotline where they will be assisted in identifying local, state, and federal resources and help with arranging of local social services can be given.
 - Follow local mandated reporting laws.
 - Document patients history and exam using exact words with quotations (especially for adolescents). Document interventions taken (social services, local organizations, law enforcement, etc that have been contacted).
 - Schedule follow up visit for patient preferably with clinic and providers educated and practicing victim centered trauma informed care(1)

1. Individual Case

providing a single location and provider able to address multiple biopsychosocial needs (eg. a family physician is able to evaluate abdominal pain, provide contraception, initiate or adjust psychiatric meds for PTSD or depression, provide immunizations, place a PID, check for STIs, and see the children of a human trafficking victim all in one location).

- Providers may anticipate a non-linear recovery for many victims.

MEDICATION

Medications will vary depending on the underlying condition.

Referrals are placed on a case by case basis. (Eg. CBO/PN for pelvic pain, genital trauma, or chronic genital issues, psychiatry for complex psychiatric medication regimens, dermatology for tattoo/branding removal.)

ONGOING CARE

PROGNOSIS

Many victims of human trafficking that have undergone complex, chronic, severe trauma are able to recover and lead productive, fulfilled lives. Some work as advocates helping shape and grow the war against human trafficking.

PATIENT/PROVIDER EDUCATION

- National Human Trafficking Resource Center: hotline of the United States Health and Human Services which serves victims and assists providers by identifying local resources and coordinating with local social service organizations for victims.
- Polaris Project: A nonprofit organization that operates the BeFree (233733) text line.
- SOAR (Stop, Assess, Ask, Respond): Training program for health care and social service providers sponsored by the Health and Human Services.
- HEAL (Health, Education, Advocacy, (208)826) network connects interdisciplinary health professionals working against human trafficking.

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CODES

Crucial Points to Patient Visit

- **Express gratitude for their courage** for starting down this new path, and your appreciation at being part of their recovery.
- **Inform patient they are in control of visit** both in what history they share and what physical exam is done.
- Inform them that a **Male or Female** physicians may be available if that would make them feel more comfortable.
- **Request permission to ask invasive questions.** Preface this with the understanding it may help you know what tests, etc. may be necessary, in order to provide the best care you can.
- **Obtain as much history as possible**, and start early (ex: where were you born...)* This builds the long term relationship (safety, eventual trust)
- Try to **stream together timelines**. Remember trauma disrupts.
- **Validate emotions:** patients are having normal reactions to abnormal situations.
- **Involve case manager** as much as possible if beneficial relationship established.

Crucial Points to Patient Visit

- **Be Aware of Secondary Trauma.**
 - Figure out how to avoid and/or fix it. Tell me the solution when you do 😊
 - Decompress after visit. Know that you have made a positive impact just by listening.
- Schedule multiple closely scheduled follow-ups. Anticipate more no-shows.
- Order lab work, return for full physical (allowing patient time to prepare).
- Treat STDs, catch up immunizations, check for TB, pregnancy, drug use, needed contraception (you know, be a good primary care doctor).
- Use sedating antipsychotics for acute PTSD symptoms (ex: seroquel, zyprexa). Non-activating SSRIs (ex: Lexapro) for anxiety, depression. Latuda if pregnant. Build your repertoire...

Diagnostic Tests & Interpretation

Initial Tests (lab, imaging)

- STI screening (HIV, RPR, Gonorrhea, Chlamydia, Hepatitis B, C, trichomoniasis)
- Pregnancy test
- Exposure Screening (TB, expanded drug screen may be considered if patient presents altered)
- Repeat testing at 1-2 weeks is appropriate for STIs, pregnancy and to reassess genital injuries.
- Repeat serologic testing for syphilis at 4 to 6 weeks and 3 months
- Repeat HIV test at 6 weeks and three to 6 months.
- Follow up examination at 1-2 months is performed to assess development of anogenital warts
- Complaint-specific imaging

Follow-Up Tests & Special Considerations

- Health Care Maintenance
- Age-appropriate screenings (Complete Metabolic Panel, Lipid Panel)
- TSH, CBC, B12, Folate for complaints of fatigue and/or depression
- Review pap smear history; offer age appropriate screening
- Review immunizations, obtain titers or revaccinate via catch-up schedule as appropriate
- For the children of victims clinicians need to review developmental milestones and immunizations, behavioral concerns, etc.

Above all, have *empathy*.

Feedback

Victim Organizations

“A true blessing to the women we serve, women who have never received such compassionate and understanding care can now trust and believe in the medical system because of him and his team.”

*“I just am so thankful for a medical group that has truly operated in a way that speaks of your name...One woman we brought in had a history of 25 pimps, and childhood sexual abuse. She was fearful of doctors and had never had a health exam...she was treated with compassion and expertise...she is now finishing trade school and is proud of the woman she has become...**this intervention saved her life.**”*

Resident Physicians

“There have been an abundance of transformative moments for me in my training...none have been quite as earth shattering in nature as my work with survivors of human trafficking.”

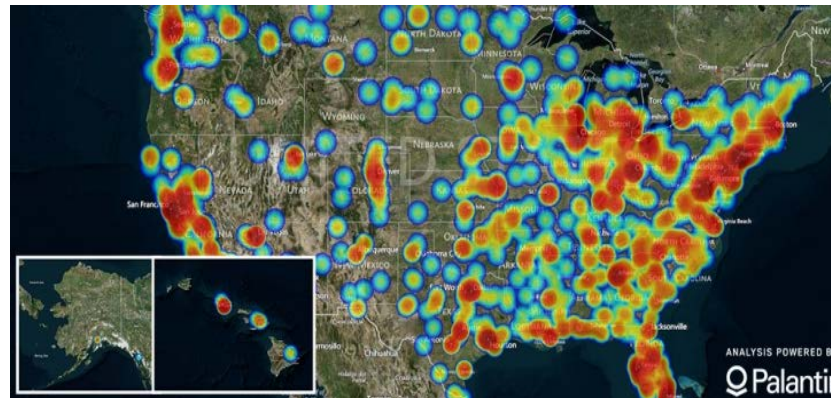
“they require (and deserve) gentle empowerment, need more empathy than I previously thought I had, and call for more creativity and sensitivity in treating and preventing disease”

*“To say that I have benefitted from this training is an understatement. It is a privilege. It is humbling. **It makes me a better family doctor.**”*

Next Steps for Healthcare Providers

Incorporate human trafficking training into family medicine residency education across the country

- Papers, book chapters, presentations, the “**TRUTH**” study



Areas affected by human trafficking, 2014 (Polaris, operates National HT Hotline)

TRUTH Study

(Training Resident on Understanding Trafficked Humans)

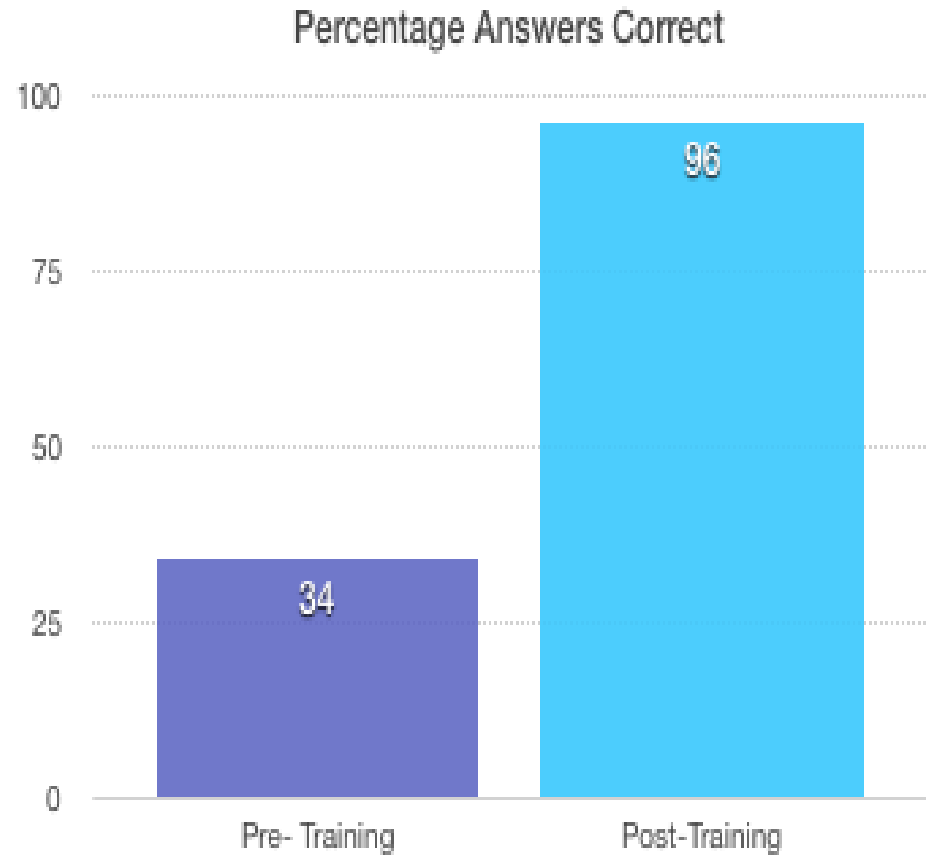
Preliminary Results

Evaluating Resident Physicians Before/After Training

KNOWLEDGE
ATTITUDE
SKILLS

Knowledge

Evaluating participants knowledge on human trafficking definition, prevalence and etiology, concepts of trauma bonding, and healthcare interactions.



Attitude

Assessed in question domains

- Educational importance for resident physicians.
- Understanding trauma - informed care and applying to human trafficking victims.
- Importance of victim - centered, trauma - informed care.
- Victims exposure to health care providers.
- Victim- Centered Care concepts.

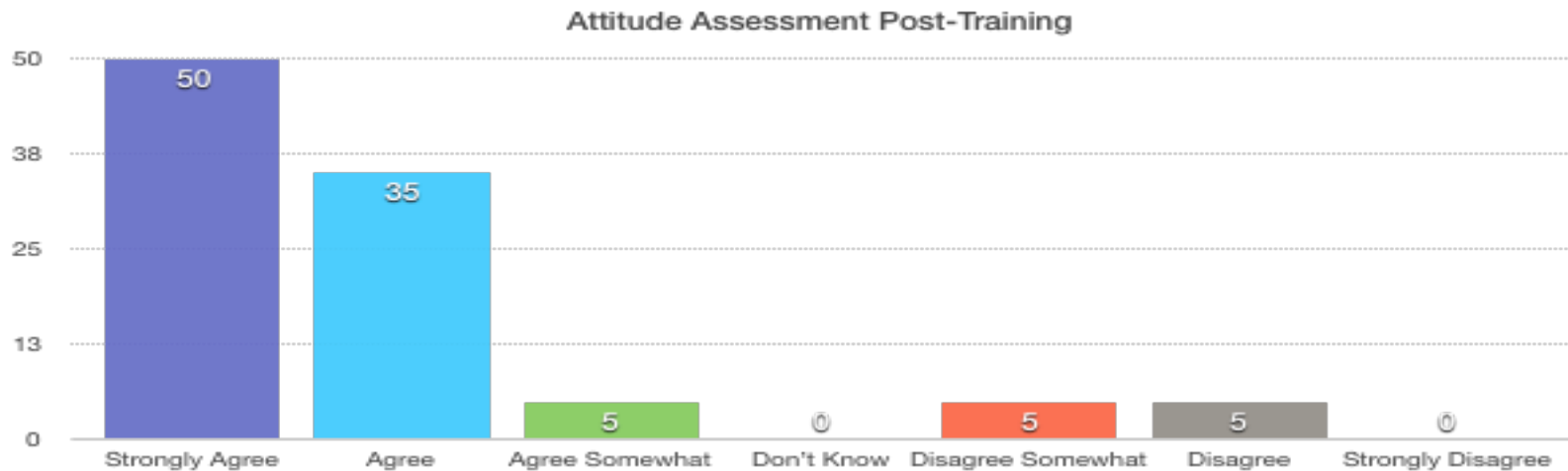
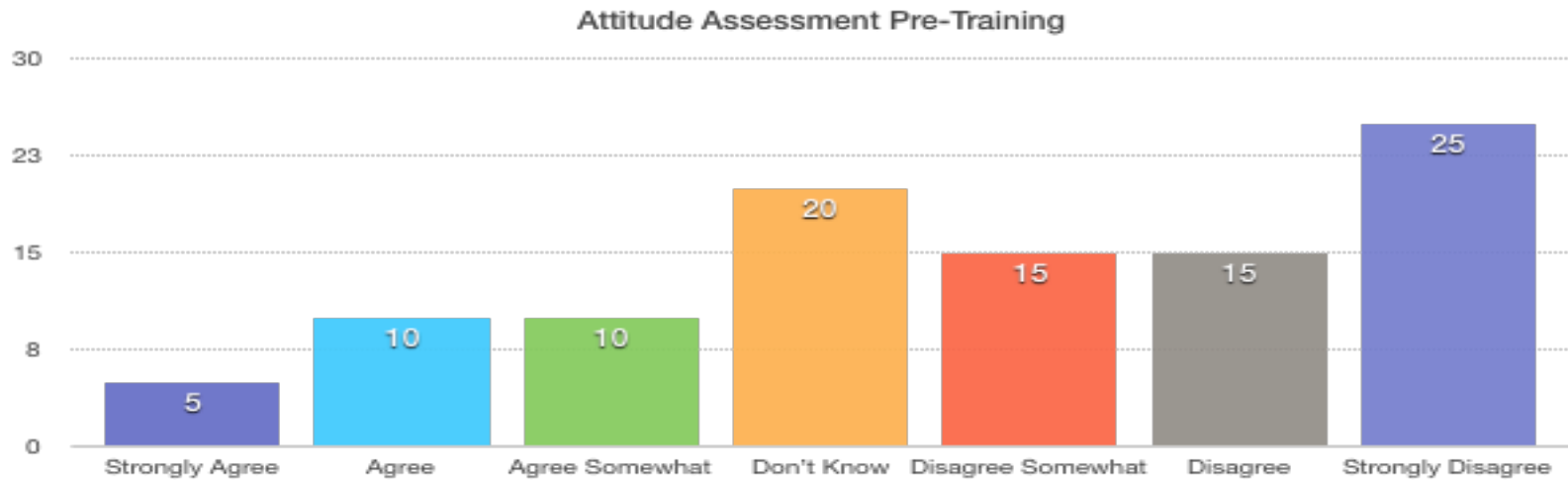


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TRUTH Study

(Training Resident on Understanding Trafficked Humans)

Preliminary Results: Attitude



Skills

Assessed in confidence question domains:

- Raising the question of human trafficking.
- Understanding common indicators, signs, symptoms.
- Knowledge of where to find local and national resources.
- Principles and application of victim centered care.
- Responsibility when physician identifies an adult versus a pediatric human trafficking victim.

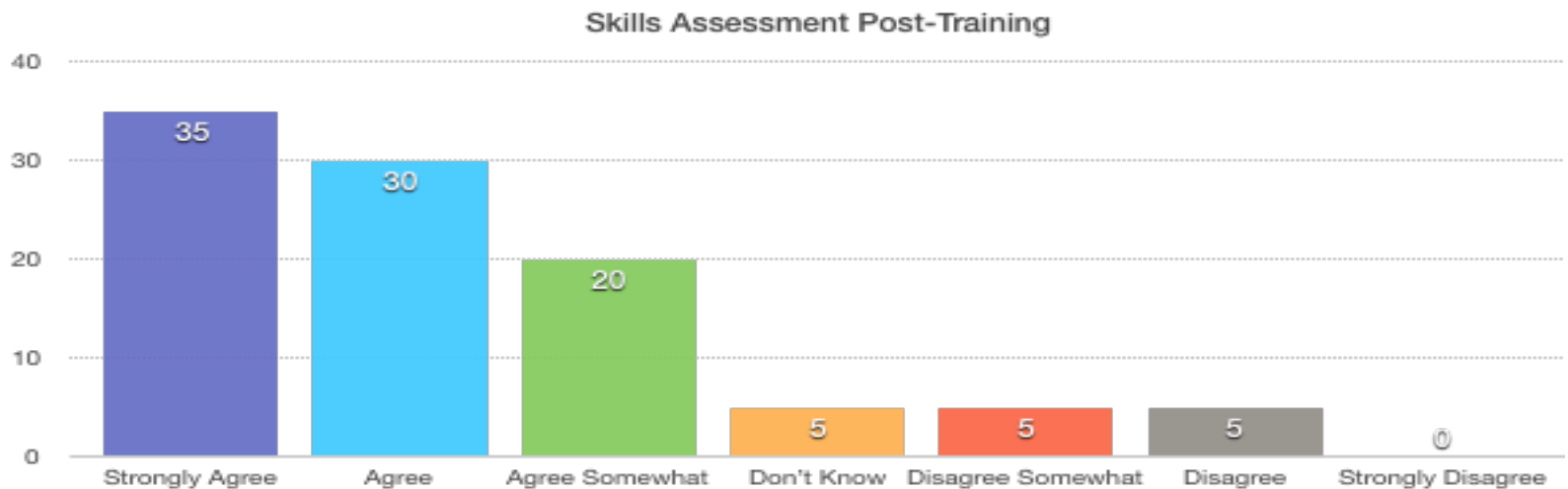
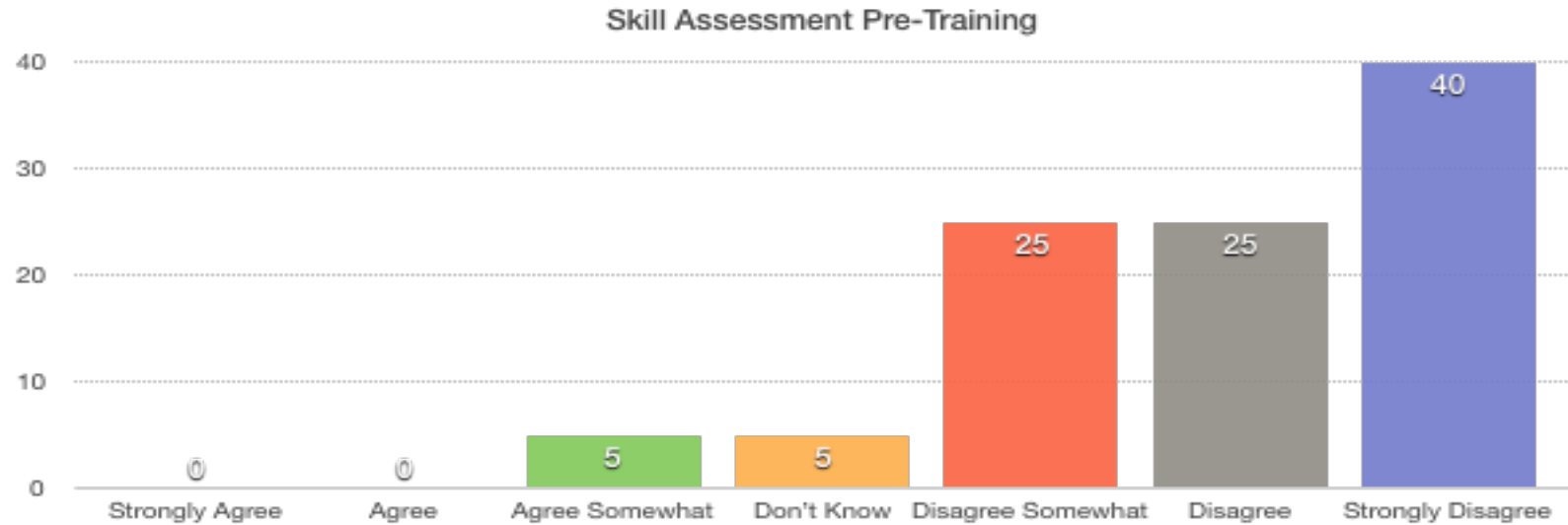


(Stock Image)

TRUTH Study

(Training Resident on Understanding Trafficked Humans)

Preliminary Results



End Game: Create Medical Safe Havens within Primary Care Residency Clinics

Incorporate human trafficking victim and survivor care into family medicine residency clinics across the country

- Dignity Health has 8 residency clinics in California to start soon, there are 537 family medicine clinics across the country



(Stock image)

THE TAKE HOME POINT

Use existing primary care residency program clinics as the medical safe havens for trafficking victims

1. It is low utilization
2. It could provide widespread care in this country
3. It concurrently trains the doctors of tomorrow to care for this vulnerable patient population (ripple effect)

Creating a Human Trafficking Victim

Medical Safe Haven

- 1) Identify the Physician/Staff Champions
- 2) Create Clinic Protocols
 - a. Scheduling Procedures
 - i. Dedicated phone line for agencies
 - ii. Works flows including after-hours
 - b. Medical Appointment Form for Agencies
 - c. Insurance Enrollment Guides
 - d. HIPAA Release to Agencies
 - e. Establish Contact with Enrollment Representative
 - f. Establish billing relationships with lab, pharmacy, imaging
 - g. Establish separate website
 - h. Create Clinic Ad/Handout
- 3) Implement Provider Training
 - a. Physician/Medical Staff Didactics
 - i. Human Trafficking
 - ii. Victim-Centered, Trauma-Informed Care
 - iii. YouTube Videos:
 1. "Dignity Health Foundation – Human Trafficking Response"
 2. "Meet Josie – Human Trafficking Response"
 - b. Review Literature/Best Practices
 1. Human Trafficking 5 Minute Clinical Consult
 2. Article: Human Trafficking and the Role of Physicians
 3. Create HT lab order set, meds for PTSD, etc.
 - c. Provide Training above (3.a.) to all who will encounter patient in clinic

- i. Consider closing 2 hours early, having everyone from front desk staff to janitorial attend. This is a selling point to community organizations
- 4) Establish/Review Protocols
 - a. Assessing Vulnerable Persons for Human Trafficking Concerns
 - b. Response Procedure for Acute Care Facilities
 - c. Response Procedure for Residency Clinics
 - d. Local Community Resource Algorithm
- 5) Create dedicated clinic time for new patient intakes and initial follow up appointments
- 6) Create Patient Handouts
 - a. Intervention and Shelter Services, Case Management, etc. list
 - b. Patient Care Feedback
 - c. Clinic Ad, Enrollment Guide, etc.
- 7) Communicate with hospital administration and departments on status and training, ability to take referrals/patients
 - a. Establish contacts (ER, L & D, social services, etc.)
- 8) Invite/Collaborate with Community Agencies, Law Enforcement
 - a. Use communications (hospital) to coordinate (Keep Updated Contact List)
 - b. Feedback From Agencies, Feedback From Physicians
- 9) Start Seeing Patients
- 10) Schedule Follow Up Meetings with Organizations (Biannual) to review processes

This Process Requires Flexibility. The trust needs to be developed early [on!](#)



Thank You for Your Commitment

Hello, my name is Tanya.

I was trafficked at 18 until I was 21. During that time I visited the emergency room at least 3 times for a UTI. I also had a baby and made multiple trips to our family doctor for shots and well visits. After a year, I became pregnant with a second child. The visits I made to the emergency rooms and doctors' offices were in my home town. Often I think about those times and wonder how many medical providers wanted to reach out to me but didn't know how.

Thank you for your commitment to identify and protect victims. Today I am a wife, a mother, and a college graduate. – Tanya Street, Founder of Identifiable Me, a victim services organization addressing gender-based violence



Tanya Street with her daughter. (Photo courtesy of Tanya Street)

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