

Role of Health Care Provider in Sex Trafficking

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The Health Care Provider



- Important frontline player who can ID victims
- Few “outsiders” have direct contact with victims
- Victims seek medical care and traffickers bring victims in for emergent medical services

How Sex Trafficking Presents in Health Care:

- Will use actual cases to demonstrate:
 - Different health care settings
 - Disclosure: how it occurs
 - Issues
 - Successes

Case #1 CAC/SART

Case: 12 y.o. female referred for sexual assault exam at SF CAC

- Pt born in US but mother was undocumented
- h/o domestic violence which lead to →
- Family leaving and living in a room rented in a house
- Pt had behavioral issues and failing in school
- Disclosure of sexual assault by pt to teacher
- Child abuse interview = disclosure mother allowing landlord to have sex with her daughter in place of rent.

Case #1

Issues

- Missed opportunities (pt had many prior CPS reports)
- Immigration: perceived barriers (pt fearful of disclosure due to mother's immigration status)
- Missed signs/symptoms (e.g. PTSD symptoms and pt who was in counseling but never disclosed sexual abuse and being exploited)
- Developmental age issues (early maturing adolescents)

Case #1

Success

- School aware of behavioral/emotional issues and gained initial disclosure
- CAC aware of sexual exploitation and inquired.
- CAC able to closely collaborate w/ agencies involved in sexually exploited youth (CPS, DA's Law Enforcement)
- Trained interviewers aware of CSEC/Family violence/ Trauma Informed

Case #2 ED/Family Planning

- 19 yo woman in 2 year relationship with female partner coming in for pregnancy test.
- Ran away from home at 16yo due to abuse by father, now living with her girlfriend
- Disclosed > 50 sexual partners in the last 3 months
- Discloses being trafficked by partner
- Started on depo. Refused any referrals for services.
- At f/u visit noted to be badly injured over face and arms.
- Disclosed abuse by partner

Case #2

Issues :

- Victim not willing to report being trafficked, returning to trafficker
- Housing issues for pt to leave partner
- LGBT bias in pt not seeking care prior to being trafficked
- Many agencies needed to coordinate care for survivors

Case #2

Success

- Clinic utilizing protocols similar to DV and sexual abuse for clients to help w/ ID
- Trauma informed practitioners understand complex trauma in order to help victims
- Pt established trust with clinic/providers and willing to return for care
- Availability of community agencies focused on HT/DV victims.

Case #3 Primary Care Provider

21 yo first visit to MD In >1 year for “check up”

- CC: “Need med refill for DM 2, “bipolar d/o” and wants pregnancy test
- h/o running away since 14yo, CPS involvement, IPV with prior boyfriend
- h/o multiple STI’s
- h/o sexual assault at 14yo
- Discloses trafficked from 14-17 yo by previous partner. Coerced at gunpoint on several occasions

Case #3

Issues

- Lack of protocols for the health care provider in caring for trafficked victims
- Barriers in disclosure due to reporting laws (pt aware of mandating reporting so didn't disclose)
- Many agencies missed pt was being trafficked e.g. CPS "out of control teen"
- Diagnosed "bipolar at 13yo" Unclear if really PTSD?
- MANY neglected health issues (HgA1c=15.4, Trich Vaginitis, no dental/vision/last vaccines given at 15yo)

Case #3

Success :

- Pt very resilient/resourceful
- Access to health care even though undocumented
- Availability of community agency focused on working w/ victims of trafficking
- Supportive family
- Pt desiring to change her health and making changes in her life (HgA1c now 14.3!!)
- Investigating getting T Visa

Confidentiality vs. Mandated Reporting: The balance

Confidentiality/ minors

- Helps ensure trust with providers of sensitive medical information
- Consent forms should list confidentiality statements and its limits
- Indicate certain conditions that are reportable to law enforcement/ others

Mandated Reporting

- All 50 states required to have child abuse reporting laws (Federal Child Abuse Prevention and Treatment Act, CAPTA)
- Health care professionals are mandated reporters
- “Human Trafficking” in and of itself is not reportable in all states, but it often may overlap with other mandated reporting events (sexual abuse, DV, neglect, etc)

Mandated Reporting: Issues

- Deterrent effect on disclosure & identification
- Difficulty with balance between confidentiality and pt safety
- May lead to mistrust
- May lead to decrease utilization
- Safety concerns of provider / staff by trafficker

Mandated Reporting: Things to consider

- If making a report
 - Ensure immediate safety Pt/staff (similar DV)
 - Allow patient a role in reporting process
 - Have them speak to person the report is being made.
 - Ensure safety planning after report
 - Tell them what is likely to happen next
 - Provide resources for victims (can include the National HT hotline to connect case to appropriate services 1-888-373-7888)

Responding and Assessing

Responding and Assessing

- If + disclosure or ID someone at high risk for trafficking
 - Treat medical concern first.
 - Assess safety of victim and your organization (safety planning similar to DV)
 - BECOME TRAUMA INFORMED
 - Important to not re-traumatize victims, help establish trust, respect for victims choices including going back to trafficker.

Trauma Informed Care

- Essential in working w/ trafficked victims
- Understand how trauma affects individuals
- Requires all parts of an organization (and collaborations)
- Understands vulnerabilities or triggers for survivors
- Seeks to not re-traumatize

Assessing victim safety

- Questions to consider:
 - Are you being monitored by anyone?
 - Is that person with you today?
 - What would happen if you leave?
 - Are you or anyone close to you being threatened?

Medical Needs to Consider Victims

- General health
 - Dental/vision/diet addressing any developing chronic conditions e.g. HTN Obesity
 - Vaccines Tdap, Hep A/B, HPV, MCV, etc.
- Family Planning
 - STI screening (INCLUDE HEP C)
 - Contraception (consider LARCS)
 - PAP testing
- Mental Health
 - Counseling w/ trauma focused services or w/ agencies who work w/ victims
 - Drug/ETOH referrals

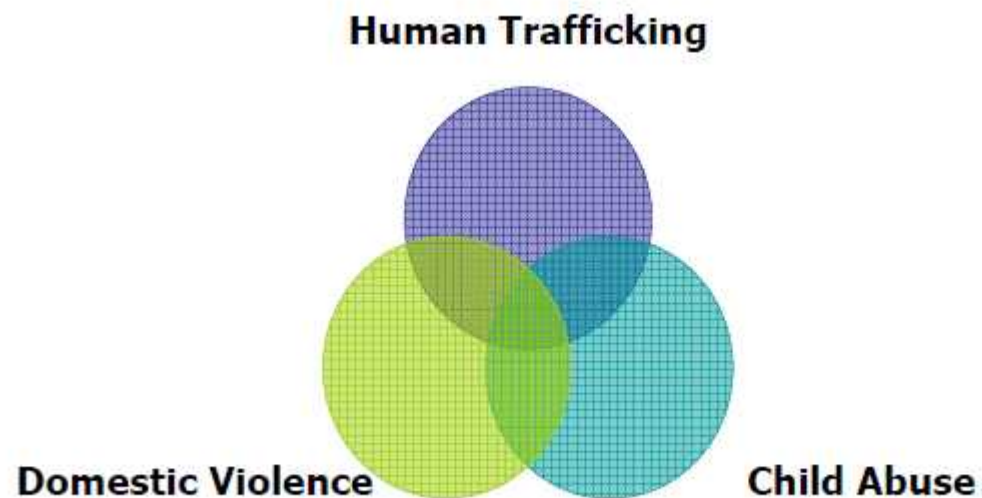
Steps for Making HT a Priority

- Decorate areas with posters or materials on human trafficking (Polaris Project)
- Brochures on trafficking (esp. if local NGO's have some)
- Intake questions on forms/EMR's
 - “Do you feel safe?”
 - “Is anyone forcing you to do something you don't want to do”?
 - “Are you free to come and go from where you live/work?”
 - “Have you ever exchanged sex for money, housing, food, or drugs?”
 - “Have you ever been asked by a partner or someone close to you to have sex with someone else?”

Steps for Making Sex Trafficking a Priority

- Offer training to your staff/organization
- Become trauma informed (both staff and providers)
- Collaborate with agencies who work with at risk or identified human trafficking victims (HSA, Schools, Police, Local DA's, Child Abuse Centers/SART)

Violence and Trafficking: Using current systems of care



Child Abuse Model SART/CAC's

Established multidisciplinary agencies assessing and caring for victims of assault

- CPS
- Health Care Providers
- Investigators with sex crimes
- Immigration
- DA's
- Advocates
- Involved with HT victims both known vs.. unknown cases

Domestic Violence/IPV

- Many clinical overlaps w/ sex trafficking
- Established protocols w/in health care settings for screening, assessing, and intervening
- DV services may (or may not) be able to assist in providing resources for victims
- DV services often have established multidisciplinary collaborations

Coordinated response

- Learn about your local resources, victim serving agencies, CPS response, law enforcement response.
- Ask agencies involved with HT Victims:
 - What do you and your practice need to do if you want to refer/report a victim?
 - What are the current responses/resources for identified victims within your local community (law enforcement, CPS)

Being Trauma Informed includes Provider Self Care!

