

Creating an Interdisciplinary Medical Home for Survivors of Human Trafficking

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Health care providers play an important role in identifying victims of human trafficking and addressing their unique medical needs. In response to a recently published call to action in *Obstetrics & Gynecology*, an interdisciplinary medical home has been created in central Texas to serve as a model for delivery of care to survivors of human trafficking that is sensitive to their history of trauma, or “trauma-informed.” An overview of the topic is provided along with a description of the stakeholders involved and the steps that were taken to create the clinic. This information is presented with the intention of educating health care providers on the long-term medical needs of survivors and on how they can establish a similar clinic in other parts of the country.

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Human trafficking, or modern-day slavery, is a global human rights violation of staggering proportions. It is estimated that 21–27 million individuals are trafficked at any given time worldwide with up to 17,500 individuals trafficked into the United States annually.^{1–3} Trafficking refers to the exploitation of a person for goods or services, and the term can be applied to situations of forced labor as well as sexual servitude or any combination of the two. Roughly one-fourth (22%) of victims are involved in sexual trafficking and the majority of victims of trafficking are women and girls.³

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In May 2012, Drs. Erin Tracy and Wendy Konstantopoulos published “A Call for Heightened Awareness and Advocacy by Obstetrician–Gynecologists”⁴ in *Obstetrics & Gynecology* highlighting the need for women’s health care providers to be aware of the issue of human trafficking and its health implications. Addressing the medical needs of survivors of human trafficking is challenging. Trafficking is a brutal cycle of exploitation that involves psychological, physical, and sexual abuse. It leaves the victims vulnerable to a variety of medical conditions including chronic pain, malnutrition, sexually transmitted diseases, unintended pregnancy, physical and traumatic injuries, dental disease, posttraumatic stress disorder, depression, and anxiety.^{5,6} In addition, patients are often fearful and distrusting of medical providers as a result of their history of abuse and may be resistant to attempts to evaluate them.⁷

Guidelines for working with victims of trafficking emphasize the importance of maintaining confidentiality and safety and avoiding retraumatizing the patients when collecting a history or performing a physical examination.⁸ The term “trauma-informed care” refers to patient-centered care that is delivered with an awareness of how trauma can affect an individual’s behavior and health decisions,⁶ and it is the guiding philosophy when working with this population. The clinical environment should be welcoming and nonjudgmental with access to the multiple ancillary services that patients might require including mental health services, child care, interpreters, and transportation.^{6,9} As a result of the wide scope of needs that will be encountered by service providers when working with survivors of trafficking, care is ideally provided through a multidisciplinary, collaborative unit of professionals who have been trained on human trafficking.^{6,9} The following is a description of a recently opened multidisciplinary medical home for survivors of trafficking in central Texas that adheres to these recommendations.



Human Trafficking in Texas

As a transit route and destination for human trafficking activities, the state of Texas is paying particular attention to this issue. Texas ranks second in the country for number of calls placed to the National Human Trafficking Hotline in 2013, and the state's human trafficking preventative taskforce estimates that up to 60 million dollars in revenue from sex trafficking might be generated among the five largest counties in Texas alone.^{10,11} The U.S. Department of Justice has identified Interstate 10, running east to west across the state, as one of the main routes in the country used by traffickers.¹²

Central Texas' response to reports of human trafficking involves a single point-of-contact model. Refugee Services of Texas has been designated as the one organization to respond to referrals from law enforcement, medical workers, and others in the community. Until this point, health care has been fragmented and inconsistent for these clients in the form of either emergency medical services or free clinics. Clients often report that encounters with health care providers are constrained by time, language, and lack of sufficient social work support. Case managers at Refugee Services of Texas give anecdotal reports of patients being emotionally traumatized by the prospect of having to undergo a pelvic examination in a rushed manner or of having to repeat their history of sexual trauma multiple times during a visit.

To respond to these needs and to address the lack of a medical home for these patients, the University of Texas Southwestern Obstetrics and Gynecology Department in Austin, University of Texas School of Social Work, CommUnityCare, Seton Healthcare Family, Refugee Services of Texas, and University of Texas School of Nursing joined forces to research current recommendations for providing health care to survivors of trafficking. Their efforts culminated in the formation of an interdisciplinary clinic, "Hope Through Health Clinic with CommUnityCare," that opened in August 2013. Some of these partners had historically aligned to provide both inpatient and outpatient care to the uninsured population and, as such, a framework already existed to access financial support for patients and offer comprehensive medical services at locations across the city.

The clinic is held bimonthly and, since its inception, has seen 33 patients for a total of 71 visits. The majority of patients (78%) are female with histories of both sex and labor trafficking, and the average age is 28 years. Most are Spanish-speaking (72%) and come from Central America and Mexico. The single most common complaint has been depression (reported by 39% of patients).

Other medical issues include dyspareunia, contraception, sexually transmitted disease treatment, female genital mutilation, and chronic pelvic pain. Box 1 describes some of the features that are unique to this clinic and ways in which trauma-informed care is provided.

A core group of family medicine and obstetrics-gynecology providers has been involved with the clinic from the beginning, allowing for continuity of care and formation of a bond between the physician and patient. All members of the care team have been trained on trafficking and trauma-informed care through a course offered by Refugee Services of Texas and all are made aware of the importance of confidentiality regarding the clinic location and patient information. The patients are initially seen by a social worker to address pressing nonmedical needs. Case managers are able to assist patients in locating housing, acquiring jobs, receiving legal services, and meeting basic food, clothing, and transportation needs. The physician then meets with the social worker to discuss the patient's living situation and history of trafficking before seeing the patient, thus eliminating redundant questioning about these sensitive topics.

The physician encounter begins by taking a standard medical history in addition to asking any remaining questions relevant to the history of trauma. The patient is encouraged to ask their own questions, and they are reminded that they have the right to decline any component of the evaluation. Patients who screen positive for depression or report symptoms of other psychiatric conditions can meet with an on-site therapist for either group or individual psychotherapy. Psychiatric nurse practitioners are also available to assist with management of psychiatric medications. After the encounter with the physician or psychiatric care provider, patients may choose to partake in a communal meal and health education activity. In addition to being informative, this group time is meant to foster a sense of community and partnership that is an important step in the reintegration process after trauma.⁶

Patients are encouraged to follow-up frequently; indeed, 24% of the patients have returned to the clinic four or more times. Patients also have access to multiple specialty services through the clinic system and referrals have been made to dental, dermatology, colposcopy, urology, and neurology providers as well as to the tuberculosis clinic. In response to patients' requests, the victims' children and partners are being seen at the clinic as well, often with their own history of trauma.

Insights and Areas for Growth

The opportunity to create a multidisciplinary clinic for survivors of human trafficking is not unique to Austin,



Box 1. Elements of the Hope Through Health Clinic with CommUnityCare

- Providers: Comprising bilingual obstetrician–gynecologists and family practice physicians, medical assistants, nurses, mental health nurse practitioners, and behavioral therapists.
- Social workers: Multiple bilingual social workers from both CommUnityCare and Refugee Services of Texas are present to evaluate the patients' nonmedical needs.
- Ancillary clinical support: Comprising the financial screener, telephone interpreting service, and laboratory and imaging technicians; these individuals will be informed of a patient's history of trafficking only if it is relevant to the service being provided.
- Clinic coordinator: The clinic coordinator position was created to allow for better continuity with patients and to facilitate referrals from Refugee Services of Texas, the area's single point of contact for trafficking reports; this position is staffed by a case manager from Refugee Services of Texas who is familiar with the victims' social situations and most pressing needs. The clinic coordinator schedules patient visits and referral services and oversees clinic flow.
- Human trafficking training: A training course is provided by Refugee Services of Texas to inform volunteers and staff of the local prevalence of human trafficking and to describe the effect of trafficking on patients; participants are taught aspects of trauma-informed care and how to screen for trafficking.
- Funding: The majority of patients at the clinic are eligible for county- or state-funded medical assistance programs; patients who are ineligible for these options are offered a sliding-scale fee for services, and, if this is beyond what a patient can afford, the clinic will cover costs from a designated fund; this fund comprises donations from the community and is intended to cover the cost of medical services and clinic programs that are not covered elsewhere.
- Clinic location: The clinic is held at a CommUnityCare clinic site that was found to be most convenient for the majority of patients; it has multiple examination rooms as well as a room for group activities and meals. A security guard is present while the clinic is in operation; the clinic is located on main routes of public transportation.
- Health education modules: Based on feedback from patients, a curriculum was created to address health-related topics, including nutrition and cooking, safe sex practices, parenting skills, self-defense, and relaxation techniques. Skilled professionals have been recruited from the community to deliver presentations and organize activities related to the topics; these professionals volunteer their time and are screened and trained by Refugee Services of Texas.
- Communal meals: Patients are offered a meal after they have been seen by the medical provider; these meals are attended by staff, volunteers, and fellow patients and are meant to foster a sense of community and support among the patients.
- Research: We recognize the need for research on the unique health needs of survivors of trafficking as well as on the optimal manner for providing comprehensive care to these patients; we currently are involved in an interdisciplinary research project to address these questions.
- Community outreach: Interested individuals or groups can support the clinic by fundraising or providing meals to the clinic; patient identity and clinic location are not revealed to the general public.

Texas. Many elements of this collaborative clinic model are present in major cities and medical research centers around the country. These resources should be used to counteract the ravages of exploitation on the health of an alarming number of victims both in the United States and abroad. We encourage health care providers across the globe to evaluate the local trafficking population's health care needs and attempt to provide trauma-informed care to these patients. For individuals who are interested in creating a similar clinic, a list of 10 steps to guide this process is provided (Box 2).

Clearly, the development of a medical clinic that provides sustainable, comprehensive services

for this at-risk population requires a great deal of planning and dedication. The development phase for Hope Through Health Clinic with CommUnityCare lasted 2 years, and during that time, there were occasional setbacks in funding and administration. However, many of the health care providers and services were already in existence, functioning independently, and just needed to be presented with the opportunity to become involved. As a result of persistent planning by the clinic team and the enthusiasm for the cause within the health care community, this clinic has been able to offer a core of consistent services and health care providers to



Box 2. Suggested Steps for Organizing a Multidisciplinary Medical Home for Human Trafficking Survivors

1. Assess the existing human trafficking support systems in the area as well as the prevalence of human trafficking.
2. Approach the agencies currently working with survivors of trafficking and discuss medical needs for this population; determine existing gaps in care and whether elements of trauma-informed care are present.
3. Identify funding source(s) for medical services that exists for these patients; engage local health care systems that would be willing to accommodate the formation of a specialty clinic to meet the needs of trafficking survivors.
4. Identify interested medical personnel and social workers and train them on how to provide trauma-informed care for this population; a comprehensive curriculum is available at: http://publications.iom.int/bookstore/free/CT_Handbook.pdf.
5. Reach out to groups in the community that might be interested in fundraising, leading health education activities, or providing other services such as clothing and food drives for the clinic.
6. Create a needs assessment to identify the medical and social needs of the population as well as a method to ensure that these needs are being addressed through the clinic.
7. Offer the option of attending the clinic to potential patients; attendance should never be coerced or required to receive other services.
8. Hold frequent meetings with collaborative partners to reiterate goals of the clinic, reflect on successes and weakness of the project, and address ways to improve delivery of care.
9. Educate other health care providers in the community about the importance of screening for human trafficking during patient encounters.
10. Engage potential referral sources from the community, including the police department, the department of public health, hospital and clinic systems, and social service programs, among others.

a growing number of patients affected by human trafficking.

Although this clinic has garnered much in the way of community and organizational support, its sustainability will ultimately depend on how many

patients can be identified and referred for these services. Much work has yet to be done to educate the medical community about human trafficking and the need to screen patients. Although many questions can be used to elicit a history of human trafficking (see American College of Obstetricians and Gynecologists Committee Opinion No. 507, “Human Trafficking”¹³), a validated screening tool that health care providers can use in typical encounters should be developed. There is also a great need to research the long-term health effect of trafficking on patients and to determine whether the proposed trauma-informed medical home improves health outcomes.

In the course of creating this clinic, many lessons have been learned. It was important for the clinic to not open prematurely, before clinic systems and services were sufficiently organized, so that patients would not feel neglected or misled. The patients and referring agencies also needed to have realistic expectations of what the clinic offers and who is eligible for services. We have also learned to harness the enthusiasm of individuals and groups in the community who strongly believe in the clinic’s mission by organizing fundraising efforts and allowing them to provide meals, clothing, and other donations for the patients. Identifying and encouraging one another’s capacity to address this human rights atrocity is at the core of this project. While human trafficking flourishes in an environment of isolation and shame, we strive as a group of health care providers to restore community and empower our patients. It is a model that we hope can be repeated elsewhere.

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