



## Building Relationships With Medical Service Providers

March 21, 2017

2:00–3:30 p.m. (eastern time)

### Presenters:

Corey J. Rood, M.D., F.A.A.P.

Elizabeth Hendrix, M.S.W.

The material presented during today's webinar session will be available on the Human Trafficking Learning Community.

*The session will be recorded and will begin shortly.*

As with all technology, we may experience a momentary lapse in the webinar session. In the event of a problem, please be patient and remain on the line. If the problem persists, please contact [dmclean@ovcttac.org](mailto:dmclean@ovcttac.org) for technical assistance.



## Today's Presenters

### **Corey J. Rood, M.D., F.A.A.P.**

Child Abuse Pediatrician  
Center for Safe and Healthy Families  
University of Utah  
Primary Children's Hospital

Task Force Member  
Utah Trafficking in Persons (UTIP)  
UTIP Medical Subcommittee Co-Chair  
Salt Lake City, Utah

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Trafficking in Persons Program Director  
Deputy Director, Refugee and Immigrant  
Center—Asian Association of Utah

Task Force Member  
Utah Trafficking in Persons (UTIP)  
UTIP Education and Training  
Subcommittee Chair  
Salt Lake City, Utah



## Disclosures/Conflicts of Interest

- No financial relationships to disclose or Conflicts of Interest (COIs) to resolve.



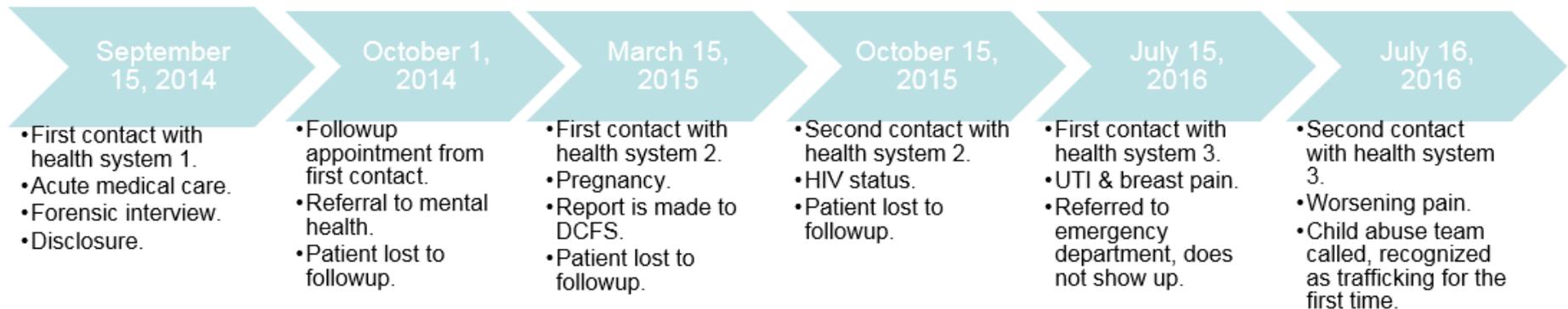
## Objectives

- Understand how collaborative relationships with local medical professionals or health care systems can support the delivery of comprehensive, trauma-informed, and survivor-centered services.
- Share an example of medical protocols for response to human trafficking in health care settings.
- Identify specific strategies for engaging local medical professionals and/or health systems in acute and ongoing care for human trafficking victims and survivors.



## Clinical Vignette—Utah

- Patient background and demographics:
  - Female, early teens.
  - African immigrant, in United States for 9 years.
  - First language is a rare African dialect.
  - She has English skills.





September 15,  
2014

## September 15, 2014

- Patient presents to children's hospital emergency room:
  - Patient receives appropriate care.
  - Patient discloses sexual assault to the mother, without details.
  - No additional details are provided to the medical team.
- Acute medical care is provided.
- Reports are made to the Department of Children and Family Services (DCFS) and law enforcement (LE).
- After an exam, the patient is interviewed by LE at a children's justice center (CJC).
  - *Patient discloses to LE that 18-year-old sister was given money by an adult male to have sex with her.*



October 1,  
2014

October 1, 2014

- Patient presents for routine followup appointment in a child abuse clinic:
  - Child abuse clinic provides a referral for mental health/counseling.
  - *Clinic staff are unaware of information/disclosure from forensic interview.*
- Patient doesn't show up for mental health/counseling referral:
  - **Patient is lost to followup.**



March 15,  
2015

March 15, 2015

- Patient presents to different health care system with vomiting:
  - Urine test reveals pregnancy.
  - Timing of the pregnancy is not consistent with known prior sexual assault.
- Patient discloses to provider that “someone at school” got her pregnant:
  - Report is made to DCFS.
  - Patient is lost to followup.



October 15,  
2015

October 15, 2015

- Patient presents to clinic in the same health care system for her first prenatal visit.
- Prenatal labs reveal that the patient tests positive for HIV:
  - Patient is sent home before lab results come back.
  - Clinic attempts to contact the patient to communicate lab results but can't find patient.
- **Patient is lost to followup.**



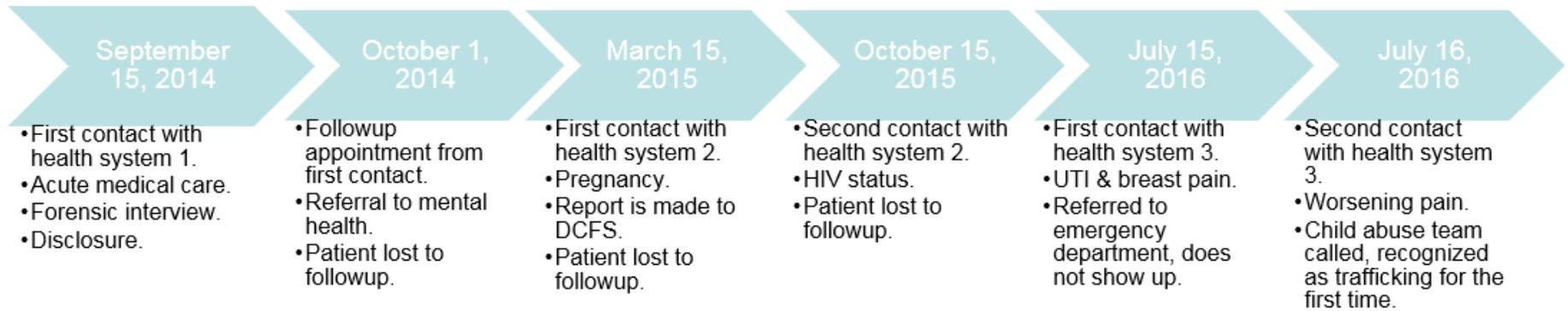
July 15 – 16,  
2016

July 15 – 16, 2016

- Patient presents to urgent care in same health care system for breast pain/UTI:
  - HIV positive noted in record.
  - Prescription given for UTI treatment.
- Patient is sent to emergency department:
  - Patient doesn't arrive, urgent care can't get a hold of her.
- Next day, the patient presents to the same urgent care for worsening pain:
  - Child abuse team is called.
  - **Case is recognized as trafficking for the first time.**



## Clinical Vignette—Utah



**Question:** Given this case example, describe how involving a victim service provider could have supported earlier identification of the case as human trafficking.

***Please type your answers in the chat box.***



## Myths about Human Trafficking and Medical Professionals

- Most medical professionals know what to do medically for human trafficking survivors.
- Most medical professionals understand the difference between acute medical response and nonacute medical response to human trafficking survivors.
- Most medical professionals know how to screen for human trafficking in their medical facilities.
- Most medical professionals can identify a person being either sex or labor trafficked if they present to their medical facility.
- Most human trafficking task forces in the United States have active medical representation at the table.



## Health Consequences of Trafficking

Table 6. Victim Contact With Health Care Provider

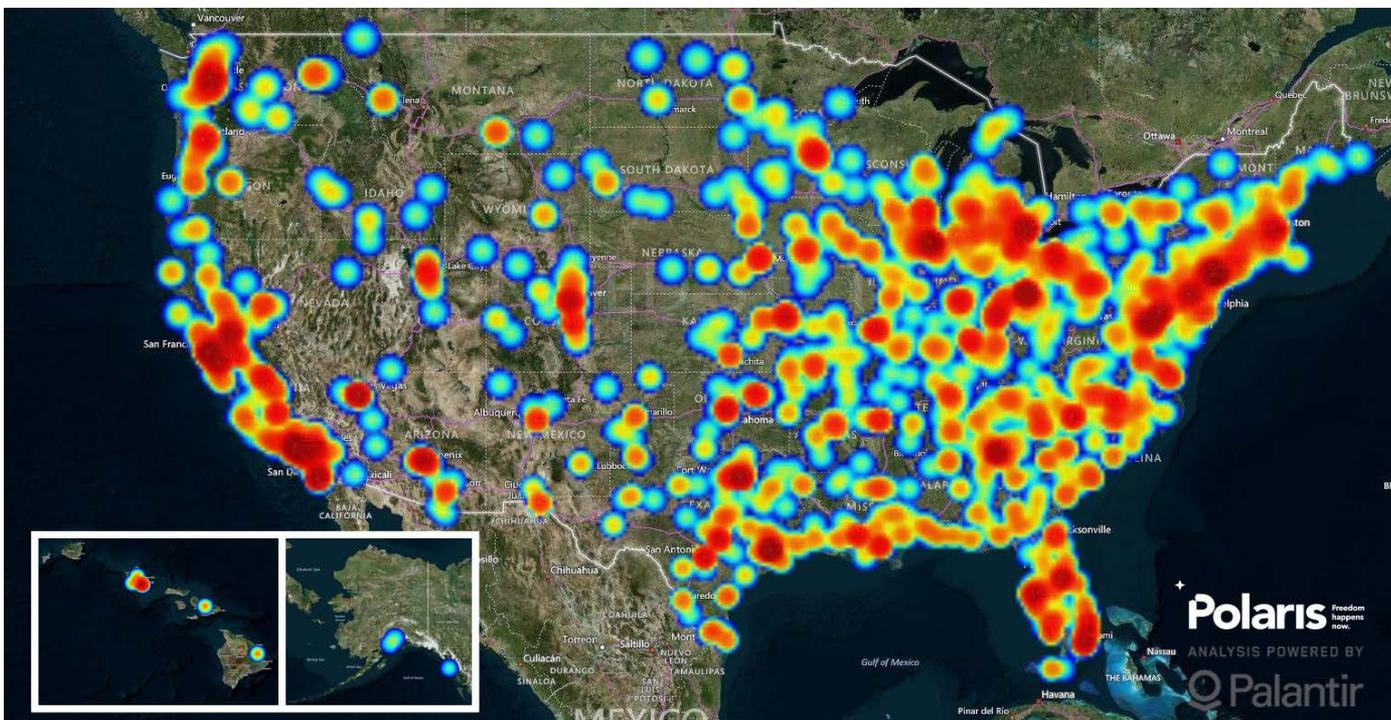
Treatment Source	% Reporting (N=98%)
<i>Any contact with healthcare</i>	<b>87.8%</b>
<i>Any type of clinic</i>	57.1%
Hospital/ER	63.3%
Planned Parenthood	29.6%
Regular doctor	22.5%
Urgent care clinic	21.4%
Women's health clinic	19.4%
Neighborhood clinic	19.4%
Onsite doctor	5.1%
Other	13.3%

(Lederer & Wetzel, 2014)

- **87.8%** had contact with a health care provider while they were being trafficked.
  - *Based on a study conducted in the United States of adult and minor female domestic sex trafficking survivors.*



## Trafficking in the United States in 2016



All trafficking \*cases reported to the National Human Trafficking Hotline (NHTH) and BeFree Textline in 2016.

*\*Cases may include multiple victims.*



## Hospitals in the United States in 2013



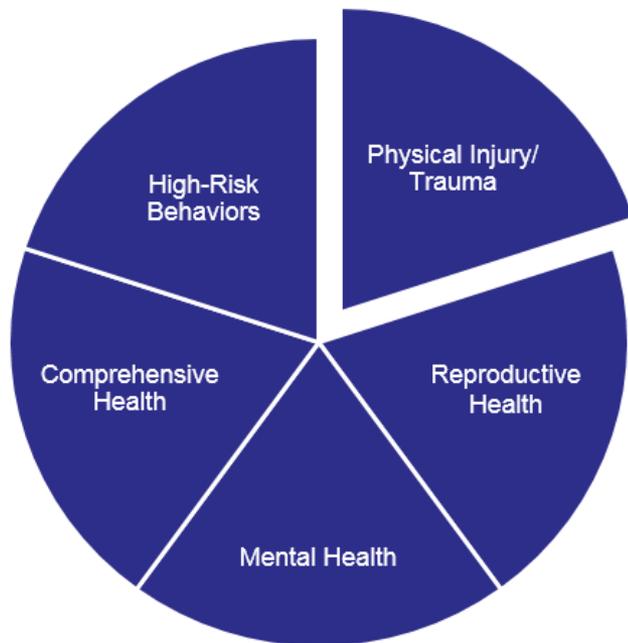


## Medical Needs Assessment





## Physical Injury/Trauma



- Burns.
- Firearm/knife wounds.
- Strangulation injuries.
- Fractures.
- Dental and other oral injuries.
- Traumatic brain injury.
- Neuropathies (trauma and torture).
- Blunt-force trauma—bruising, hematomas.
- Scarring (branding, lashings, etc.).
- Chronic back pain.



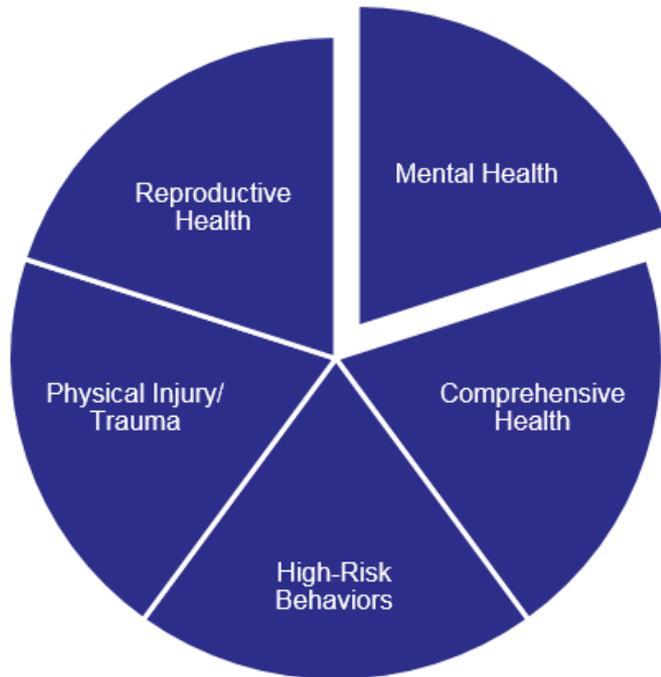
## Reproductive Health



- Sexual assault.
- Genital and breast trauma.
- Multiple pregnancies.
- Multiple spontaneous abortions.
- Multiple induced abortions.
- Sexually transmitted infections (unrecognized/untreated).
- Chronic pelvic pain and pelvic inflammatory disease.
- Infertility.
- Most likely not on any birth control (rare exceptions).



## Mental Health



- Posttraumatic stress disorder.
- Depression.
- Anxiety/panic attacks.
- Dissociation.
- Multiple suicide attempts.
- Eating disorders.
- Difficulty establishing and maintaining healthy relationships.
- Memory loss.
- Inability to concentrate.
- Borderline personality disorder.
- Stockholm syndrome—trauma bonding can cause very binding feelings toward trafficker (family/partner/pimp/gang).



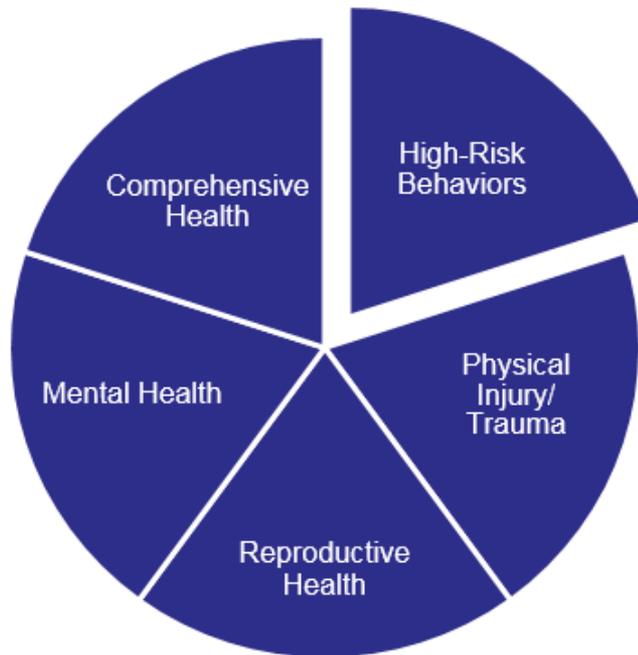
## Comprehensive Health



- Malnutrition.
- Dental caries.
- Chronic headaches.
- Fatigue.
- Abdominal complaints.
- Chronic pain syndromes.
- Illicit substance abuse.



## High-Risk Behaviors



- Alcohol abuse.
- Substance abuse.
- Tobacco use.
- High-risk sexual behaviors.
- Online and social media promiscuity.
- Suicidality.



## Trauma-Informed Care

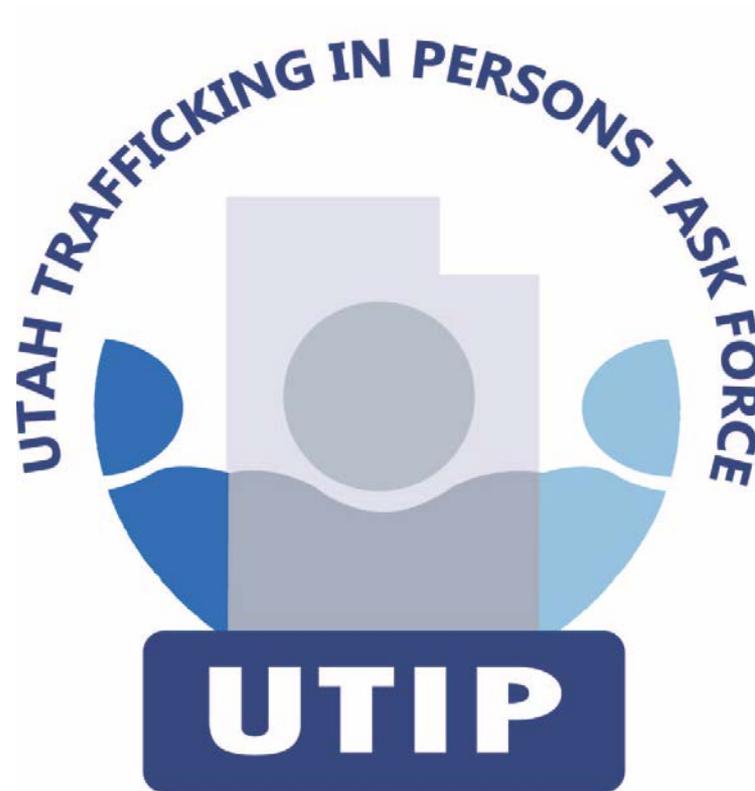
- Trauma-informed care approach includes an understanding of trauma and an awareness of the impact trauma has on mental health, coping ability, physical health, relationships, and success in the workplace and community.
- It emphasizes a cultural shift in health care from asking,
  - ~~“What is wrong with you?”~~
  - to asking
  - “What has happened to you?”



(Substance Abuse and Mental Health Services Administration, 2014; Harris, 2001)



## Utah Trafficking in Persons Task Force





## UTIP Task Force Mission

*The UTIP Task Force goal is to develop and enhance a multidisciplinary human trafficking task force that implements victim-centered, trauma-informed, collaborative, and sustainable approaches to identify victims, investigate and prosecute cases, and address individualized needs of victims through comprehensive quality services for victims of all types of trafficking in the State of Utah.*



## Who We Are

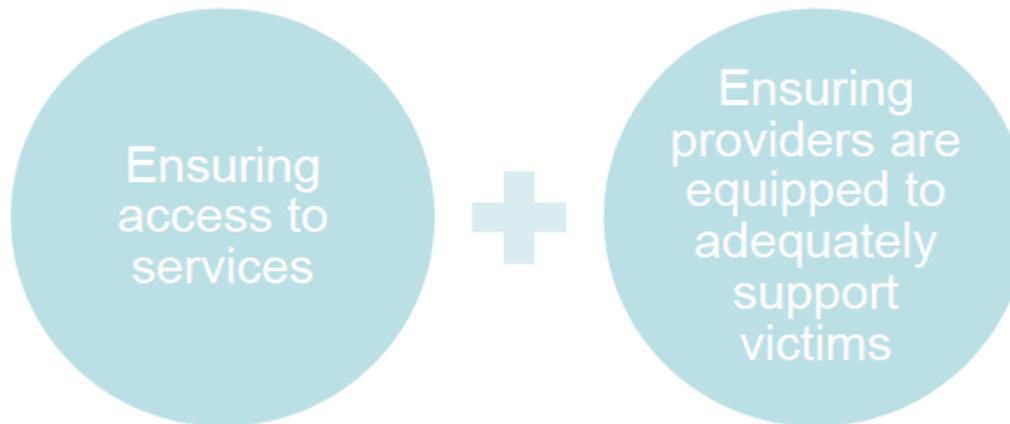
- Statewide task force is made up of victim service providers, law enforcement, legal professionals, policy advocates, health care professionals, and others.
- Established in September 2012 by victim advocates.
- Current subcommittees:
  - Data.
  - Education and Training.
  - Legal.
  - Victim Services.
  - Youth.
  - Medical.
  - Higher Education.



## Engaging the Medical Community: A Victim Services Perspective

### Our job:

- Comprehensive, trauma-informed, survivor-centered services.





## Access to Services

### Challenge

*Meaningful access means more than availability.*

### Strategies for Service Providers

- Be proactive in offering medical services.
- Be aware of barriers for clients.
- Offer names.



## Equipping Health Partners

### Challenge

*Referral pathways without relationships can lead us to overwhelm or become frustrated with health providers.*

### Strategies for Service Providers

- Build real partner relationships beyond referrals.
- Offer trainings with other health providers.
- Connect to health providers and resources with trafficking expertise.
- Learn from them!



## Trafficking Task Force Medical Subcommittee

### Mission Statement:

- The UTIP Task Force Medical Subcommittee's mission, as health care professionals, is to provide information and tools necessary for recognizing and responding to victims of human trafficking in a trauma-informed, best practices approach to facilitate appropriate health care in a collaborative effort with the other UTIP Task Force subcommittees.

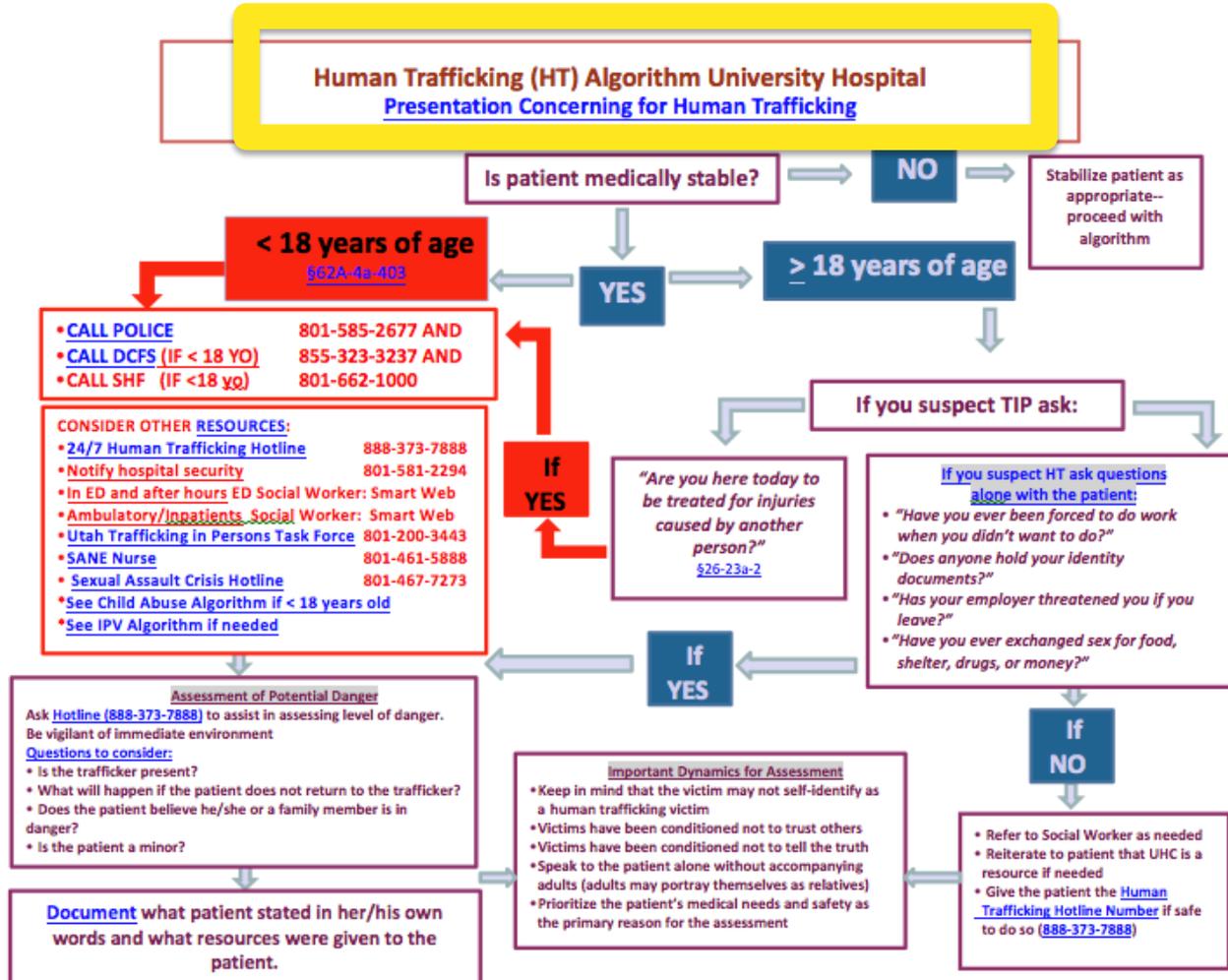


## Medical Subcommittee Goals

- Medical policy and protocol development:
  - Best practice guidelines:
    - Adult and pediatric care.
    - Acute and nonacute care.
    - Mental health and therapy recommendations.
- Training of medical professionals and medical institutions on screening, recognition, assessment, and treatment.



## University of Utah Hospital Policy



# Human Trafficking (HT) Algorithm University Hospital Presentation Concerning for Human Trafficking

Is patient medically stable?

NO

Stabilize patient as appropriate-- proceed with algorithm

< 18 years of age

[662A-4a-403](https://legis.utah.gov/UtahCode/Section_662A-4a-403)

- **CALL POLICE** 801-585-2677 AND
- **CALL DCFS (IF < 18 YO)** 855-323-3237 AND
- **CALL SHF (IF < 18 YO)** 801-662-1000

### CONSIDER OTHER RESOURCES:

- **24/7 Human Trafficking Hotline** 888-373-7888
- **Notify hospital security** 801-581-2294
- **In ED and after hours ED Social Worker: Smart Web**
- **Ambulatory/Inpatients Social Worker: Smart Web**
- **Utah Trafficking in Persons Task Force** 801-200-3443
- **SANE Nurse** 801-461-5888
- **Sexual Assault Crisis Hotline** 801-467-7273
- **See Child Abuse Algorithm if < 18 years old**
- **See IPV Algorithm if needed**

YES

> 18 years of age

If you suspect TIP ask:

If YES

"Are you here today to be treated for injuries caused by another person?"  
[§26-23a-2](https://legis.utah.gov/UtahCode/Section_26-23a-2)

If you suspect HT ask questions alone with the patient:

- "Have you ever been forced to do work when you didn't want to do?"
- "Does anyone hold your identity documents?"
- "Has your employer threatened you if you leave?"
- "Have you ever exchanged sex for food, shelter, drugs, or money?"

If YES

### Assessment of Potential Danger

Ask **Hotline (888-373-7888)** to assist in assessing level of danger. Be vigilant of immediate environment

#### Questions to consider:

- Is the trafficker present?
- What will happen if the patient does not return to the trafficker?
- Does the patient believe he/she or a family member is in danger?
- Is the patient a minor?

**Document** what patient stated in her/his own words and what resources were given to the patient.

If NO

### Important Dynamics for Assessment

- Keep in mind that the victim may not self-identify as a human trafficking victim
- Victims have been conditioned not to trust others
- Victims have been conditioned not to tell the truth
- Speak to the patient alone without accompanying adults (adults may portray themselves as relatives)
- Prioritize the patient's medical needs and safety as the primary reason for the assessment

- Refer to Social Worker as needed
- Reiterate to patient that UHC is a resource if needed
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## Engaging the Medical Community

- **Medical Champion:** *A medical professional with interest or expertise in a specific patient population and/or problem who advocates for this population to ensure services are accessible and needs are met.*
  - Medical directors/division chiefs/department chairs.
  - Community health/public health/Planned Parenthood/Indian health services.
  - Free/subsidized/federal 501c3/sliding scale clinics.
  - Family medicine, med-peds (combined internal medicine-pediatrics), pediatrics, internal medicine, OBGYN, emergency medicine.



## Pediatrics/Adolescents

- Pediatric hospitals (child abuse teams).
- Child advocacy centers of children's justice centers (CJC's):
  - Forensic interviews.
  - Multidisciplinary team members collaborate on cases of abuse/neglect.
  - Medical provider.
- Local pediatric clinic—medical director.



## Adult/Geriatrics

- Champions for survivors of intimate partner violence, immigrants or refugees, homeless clinics, free clinics, public health professionals, drug/alcohol addiction and detox.
  - Consider local SANE program (sexual assault nurse examiners).
  - Consider general emergency room providers.



## Social Services/Public Health

- Women, Infants, and Children (WIC) Program.
- Social services/food stamps office.
- Homeless shelters.
- Transition shelters/homes.
- Women's shelters.
- Planned Parenthood.
- Public or community health clinics.



## Education and Training

- **HEAL Trafficking (Health, Education, Advocacy, Linkage)**  
[www.healtrafficking.org](http://www.healtrafficking.org):
  - Mission: “To mobilize a shift in the anti-trafficking paradigm toward approaches rooted in public health principles and trauma-informed care by:
    - Expanding the evidence base.
    - Enhancing collaboration among multidisciplinary stakeholders.
    - Educating the broader anti-trafficking and public health community.
    - Advocating for funding streams that enhance the public health response to trafficking.”
- **Medical protocol production kit.**
  - Medical protocol examples:
    - Massachusetts Medical, Children’s Hospital of Atlanta, etc.
- **Commercial Sexual Exploitation of Children Screening Tools (Peds Emerg Care, 2017)**



## National Resources

- National Human Trafficking Hotline (1–888–3737–888):
  - <https://humantraffickinghotline.org/>.
  - Educational resources.
  - Potential local and state resources.
  - May have identified local medical institutions or groups that work with survivors.
- National Children’s Alliance:
  - <http://www.nationalchildrensalliance.org/>.
  - Accrediting body for child advocacy centers.
  - Resources on centers in each state and their contact information.



## Recommendations for Human Trafficking Multidisciplinary Teams and Medical Professionals

- ✓ Every human trafficking task force needs medical representation and active participation.
- ✓ Every victim/survivor needs acute and ongoing medical services.
- ✓ Every victim/survivor needs acute and ongoing mental health services.
- ✓ In return, first responders and frontline emergency and clinical medical professionals should be educated and trained on human trafficking screening, recognition, assessment, and treatment.



## Poll Question: I would like to learn more about....

- A. How collaborative relationships with local medical professionals or health care systems can support the delivery of comprehensive, trauma-informed, and survivor-centered services.
- B. The example provided earlier in the presentation of a medical protocol for responding to human trafficking in a health care setting.
- C. Specific strategies for engaging local medical professionals and/or health systems in acute and ongoing care for human trafficking victims and survivors.



# OVC TTAC



Please type any questions in the chat box.

## QUESTIONS?



## References

- Federal Victims of Trafficking and Violence Protection Act of 2000:  
<http://www.state.gov/documents/organization/10492.pdf>
- 20.9 million estimated slaves worldwide—statistic reference:
  - Quoted: <https://hopeforjustice.org/human-trafficking>
  - Reference: [http://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---declaration/documents/publication/wcms\\_182004.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_182004.pdf)
- \$150 billion made from forced labor—statistic reference:
  - Quoted: <https://hopeforjustice.org/human-trafficking>
  - Reference: [http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS\\_243201/lang--en/index.htm](http://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_243201/lang--en/index.htm)
- Human Trafficking Definition:
  - Quoted: <https://hopeforjustice.org/human-trafficking>
  - Reference: <http://www.unodc.org/unodc/en/treaties/CTOC/index.html>  
Protocol To Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime.
- Commercial Sexual Exploitation of Children (CSEC) Definition:
  - Quoted: <https://hopeforjustice.org/human-trafficking/trafficking-exploitation>
  - Reference: [http://www.missingkids.com/en\\_US/documents/CCSE\\_Fact\\_Sheet.pdf](http://www.missingkids.com/en_US/documents/CCSE_Fact_Sheet.pdf)  
Victims of Trafficking and Violence Protection Act of 2000 [United States of America]. Public Law 106-386 [H.R. 3244]. 28 October 2000. Sections 103(3), 103(8), 103(9).
- Forced Labor Trafficking Definition:
  - Quoted: <https://hopeforjustice.org/human-trafficking/trafficking-exploitation>
  - Reference: [http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C029](http://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C029) Article 2



## References (continued)

- Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4), 461–477. doi:10.1002/jcop.20063
- Estes, R.J., & Weiner, N.A. (2001). *The commercial sexual exploitation of children in the U.S., Canada and Mexico*. University of Pennsylvania. Retrieved from <http://www.gems-girls.org/Estes%20Wiener%202001.pdf>
- Goldberg, A.P., Moore, J.L., Houck, C., Kaplan, D.M., & Barron, C.E. (2017). Domestic minor sex trafficking patients: A retrospective analysis of medical presentation. *Journal of Pediatric and Adolescent Gynecology*, 30(1), 109–115.
- Greenbaum, J., Crawford-Jakubiak, J.E., & Committee on Child Abuse and Neglect. (2015). Child sex trafficking and commercial sexual exploitation: Health care needs of victims. *Pediatrics*, 135(3).
- Harris, M. and Fallot, R. D. (2001), Trauma-Informed Inpatient Services. *New Directions for Mental Health Services*, 2001: 33–46. doi:10.1002/yd.23320018905
- International Labour Organization. (2014). *Profits and poverty: The economics of forced labour*. Retrieved from [http://www.ilo.org/wcmsp5/groups/public/---ed\\_norm/---declaration/documents/publication/wcms\\_243391.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_243391.pdf)
- Lederer, L.J., & Wetzel, C.A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law*, 23(1), 61–91. Retrieved from <http://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf>
- National Council of Juvenile and Family Court Judges & National Center for Missing and Exploited Children. (2015). *Missing children, state care, and child sex trafficking: Engaging the judiciary in building a collaborative response*. Retrieved from [http://www.missingkids.org/en\\_US/publications/missingchildrenstatecare.pdf](http://www.missingkids.org/en_US/publications/missingchildrenstatecare.pdf)
- National Human Trafficking Resource Center. <http://traffickingresourcecenter.org/>
- Office of the Ohio Attorney General. <http://www.ohioattorneygeneral.gov/humantrafficking.aspx>
- Polaris Project. (2014). *Sex trafficking in the U.S.: A closer look at U.S. citizen victims*. Retrieved from <http://polarisproject.org/sites/default/files/us-citizen-sex-trafficking.pdf>
- Polaris Project. (2016). *More than drinks for sale: Exposing sex trafficking in cantinas and bars in the U.S.* Retrieved from <http://polarisproject.org/sites/default/files/Cantinas-SexTrafficking-EN.pdf>
- Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- University of San Diego & Point Loma Nazarene University. (2016). *The nature and extent of gang involvement in sex trafficking in San Diego County: Executive summary*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/249857.pdf>
- The Urban Institute. <http://www.urban.org/>
- Vera Institute of Justice. (2014). *Screening for human trafficking: Guidelines for administering the Trafficking Victim Identification Tool (TVIT)*. Retrieved from [https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-trafficking/legacy\\_downloads/human-trafficking-identification-tool-technical-report.pdf](https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-trafficking/legacy_downloads/human-trafficking-identification-tool-technical-report.pdf)
- Williamson, C., Perdue, T., Belton, L., & Burns, O. (2012). *Domestic sex trafficking in Ohio: Research & Analysis Sub-Committee*. Ohio Human Trafficking Commission. Retrieved from <http://www.ohioattorneygeneral.gov/getattachment/1bc0e815-71b6-43f5-ba45-c667840d4a93/2012-Domestic-Sex-Trafficking-in-Ohio-Report.aspx>



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