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

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Medical Director Human Trafficking Clinic
Human Trafficking Response Physician Advisor

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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 Study\(^1\) 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...*)
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

All Sacramento | City of Sacramento | Davis | Elk Grove | Folsom / Citrus Heights | Rancho Cordova | Roseville | Woodland | Yuba City

keyword escorts search

top | gallery | video | date

Mon. Jul. 25

Available Now Bombshell - 23 (City of Sacramento)

Chinese baby Natural Body 32C 22 34 100% Real Price - 21 (Downtown Sac)

LOOK New (AVAILABLE) $160HR SPECIALS - 20 (Auburn)

Playful Sexy Sweet Slippery & Ready Incall Only - 26 (Downtown)

Exotic Anna ready right now - 23 (Rancho Cordova)

Lovely Massage Any - 25 (Citrus Heights)

Petita Puerto Rican - 21 (Sacramento Madison & 80)

Specials Specials Specials - 28 (Rancho Cordova)

Ready-Open MINDED Waiting for YOU! INCALL ONLY - 24 (ELK GROVE)

great specials - 27 (Power Inn and gerber)

** CoMe ExPerience The BeSt ErOtic SeSsion With A N

Dignity Health
Learn to be a Pimp? Societal prevalence.

Pimpology: The 48 Laws of the Game
by Pimpin' Ken

Star of the HBO documentaries Pimps Up, Ho's Down and A Year" winner Ken Ivy reveals the unwritten rules that took him from the ghetto streets to the top. To be the one with the upper hand, you've got to have good knowledge 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
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 term developed by Patrick Carnes to describe “the misuse of fear, excitement, sexual feelings, and sexual physiology to entangle another person.”

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.
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.\(^\text{10}\)
  - No interventions.

- 77% of sexually exploited youth in Oakland, CA. reported seeing a physician regularly.\(^\text{11}\)
  - 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.\(^\text{12}\)
  - 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)
Q1

Do residents at your program see human trafficking victims within the clinical settings they work?

- Yes: 41.94% (29)
- No: 58.06% (36)

Q2

Is your residency program currently providing structured education or training for residents on human trafficking?

- Yes: 14.29% (9)
- No: 85.71% (54)
Let’s Learn How...

How can you identify and treat human trafficking victims?

Let’s learn...
Examine for Signs and Symptoms of Human Trafficking
### Signs \(^{13,14}\)

<table>
<thead>
<tr>
<th>Control</th>
<th>Red Flags</th>
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</thead>
</table>
| • Controlling 3\(^{rd}\) 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. | • 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.  

- 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.\textsuperscript{14}

- Depression, anxiety, stress, PTSD, substance abuse
- Exhaustion
- Branding Tattoos
- Dental trauma
- Evidence of sexual trauma
- STI’s including HIV/AIDS
- Protection trauma
- Highly abnormal pap
- Evidence of sexual trauma
- Frequent pregnancy test
- Hidden Trauma (ex: burns)
- Exposure (rashes, etc)

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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.
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
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.
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...  

### TABLE 3. Six-Item Screening Questionnaire

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

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

<table>
<thead>
<tr>
<th>Score Cutoff</th>
<th>Sensitivity</th>
<th>Specificity</th>
<th>PPV</th>
<th>NPV</th>
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<tbody>
<tr>
<td>2+</td>
<td>92%</td>
<td>73%</td>
<td>51%</td>
<td>97%</td>
</tr>
<tr>
<td>3+</td>
<td>84%</td>
<td>90%</td>
<td>72%</td>
<td>95%</td>
</tr>
<tr>
<td>4+</td>
<td>56%</td>
<td>98%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>5+</td>
<td>24%</td>
<td>100%</td>
<td>100%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Model AUC of 0.97.
Victim suspected, time to **RESPOND**

**Immediate Response**

Crucial that *protocols* be developed, staff trained *ahead* of time!
Key Points of the Response\textsuperscript{17}

• 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”.
III. 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)

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)

**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

**Abbreviations:**
- HT – Human Trafficking
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

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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.
WEAVE

Chicks In Crisis
Love, home and family for every child

Community Against Sexual Harm

International Rescue Committee

City of Refuge
Sacramento

My Sister’s House
A safe haven for Asian Pacific Islander Women and Children

Dignity Health
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
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.**
HUMAN TRAFFICKING

**BASICS**

**DESCRIPTION**

- Human trafficking (4.2.4.4.3, h4.1.2.3) is a global, thriving, and profitable industry. In the United States, human trafficking is described as the recruitment, transportation, harboring, concealing, controlling, and exploiting of a person by another person for the purpose of commercial sexual exploitation or forced labor. It is estimated that there are about 300,000 to 400,000 victims of human trafficking in the United States annually.

**ETIOLOGY AND PATHOPHYSIOLOGY**

- Trafficking victims can be of any age, race, gender, or sexual orientation.
- Victims are often subjected to a variety of violence, including sexual, psychological, emotional, and physical abuse.
- Many victims are subjected to a form of slavery or servitude, compelled to engage in commercial sexual activities or forced labor.
- In many cases, the victims are forced to work under conditions of slavery, serfdom, or servitude.

**DIAGNOSIS**

**RECOGNITION**

- Common symptoms among trafficking victims include:
  - Physical injuries or marks on the body
  - Mutilation or scars
  - Signs of recent or healed infections
  - Trauma to the face, body, or limbs
  - Bruises, cuts, or scratches
  - Evidence of forced prostitution
  - Evidence of forced labor
  - Evidence of forced marriage or bonded labor

**RISK FACTORS**

- The risk factors for human trafficking include:
  - History of sexual abuse
  - History of domestic violence
  - History of substance abuse
  - History of mental health disorders
  - History of homelessness
  - History of incarceration
  - History of migratory status
  - History of poverty

**CORRELATED ASSOCIATED CONDITIONS**

- The nature of human trafficking can vary widely, and the conditions can include:
  - Physical abuse
  - Sexual abuse
  - Emotional abuse
  - Mental health disorders
  - Substance use disorders
  - Criminal justice involvement
  - Migrant and refugee status
  - Homelessness

**TREATMENT**

- The goal is to identify, assess, and prioritize treatment options for human trafficking victims.
- Treatment options can include:
  - Medical and surgical treatment
  - Mental health treatment
  - Support services
  - Legal services
  - Housing services
  - Employment services
  - Education services

**DIAGNOSTIC TESTS & INTERPRETATION**

**Initial Tests (lab, imaging)**

- Complete blood count (CBC)
- Urine analysis
- Electrolyte panel
- Liver function tests
- Renal function tests

**Follow-Up Tests & Special Considerations**

- HIV
- Hepatitis
- STDs
- Mental health assessment

**MEDICATION**

- Prescriptions may be necessary for any conditions identified.

**ISSUES FOR REFERRAL**

- Legal issues (e.g., immigration, criminal justice, etc.)
- Mental health services
- Substance use services

**ONGOING CARE**

- Continuous care is necessary to support the victim's recovery and well-being.

**RESEARCH**

- Human trafficking is a complex issue that requires multidisciplinary approaches.
- Further research is needed to better understand the prevalence, risk factors, and effective interventions for human trafficking.

**REFERENCES**

- National Human Trafficking Resource Center.
- U.S. Department of Health and Human Services.
- U.N. Office on Drugs and Crime.

**CODES**

- C06.0: Human trafficking, unspecified
- C06.1: Human trafficking of adults
- C06.2: Human trafficking of children
- C06.3: Human trafficking of elderly persons

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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*. 
<table>
<thead>
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<th>Resident Physicians</th>
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<td>sexual abuse. She was fearful of doctors and had never had a health exam...she was</td>
<td>preventing disease”</td>
</tr>
<tr>
<td>treated with compassion and expertise...she is now finishing trade school and is</td>
<td>“To say that I have benefitted from this training is an understatement. It is a</td>
</tr>
<tr>
<td>proud of the woman she has become...this intervention saved her life.”</td>
<td>privilege. It is humbling. <strong>It makes me a better family doctor.</strong>”</td>
</tr>
</tbody>
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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.
TRUTH Study
(Training Resident on Understanding Trafficked Humans)
Preliminary Results: Attitude

Attitude Assessment Pre-Training

<table>
<thead>
<tr>
<th>Attitude Level</th>
<th>Pre-Training</th>
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<tbody>
<tr>
<td>Strongly Agree</td>
<td>5</td>
</tr>
<tr>
<td>Agree</td>
<td>10</td>
</tr>
<tr>
<td>Agree Somewhat</td>
<td>10</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>20</td>
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<tr>
<td>Disagree Somewhat</td>
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<tr>
<td>Disagree</td>
<td>15</td>
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<tr>
<td>Strongly Disagree</td>
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Attitude Assessment Post-Training

<table>
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<th>Post-Training</th>
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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.
TRUTH Study
(Training Resident on Understanding Trafficked Humans)
Preliminary Results
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
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

   l. 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 Vulneral 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/Cooperate 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!***
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
References


7. Mortality Multiple Cause-of-Death Public Use Record, Documentation of Initial Release, CDC, 2015.


16. Greenbaum, VJ, Dodd, M, McCracken C. “A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting”. Pediatric Emergency Care 2018;34: 33-
