



## DOCTORING 3 FACULTY GUIDE

### Human Trafficking – Michelle Laney

### March 20/22, 2018

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#### **BACKGROUND**

Human trafficking is a global issue. Worldwide forms of human trafficking include child soldiers, child brides, sex trafficking and organ trafficking. The scale of this issue in the United States is large but not truly known. In 2006, the US Department of State estimated that 14,500 to 17,500 foreign nationals were trafficked through this country per year. However, data from the National Human Trafficking Resource Center between 2008 and 2012 reveal that 41% of sex trafficking cases and 20% of labor trafficking cases are of US citizens being trafficked domestically. In addition, an estimated 100,000 to 300,000 children per year are at risk for exploitation in the commercial sex trade. Clinicians in all specialties represent a crucial point of intervention.

In a 2014 study of sex trafficking survivors, 99.1 percent of interview respondents reported having at least one physical health problem requiring professional evaluation while being trafficked, and 87.8 percent of respondents reported interacting with health care professionals while being trafficked. It is important for healthcare providers to practice a trauma-informed approach with these individuals which emphasizes nonjudgmental language, privacy, and confidentiality to develop trust. This begins with understanding the physical, social, and emotional impact of trauma on victims and recognizing those influences on a victim's behavior and their approach to the physician-patient relationship. While victims of trafficking experience a wide array of trauma and medical conditions, clinicians should be aware of common "red flags" to aid in identifying potential trafficked individuals and provide resources for help.

#### **LEARNING OBJECTIVES**

- 1. Define human trafficking and describe at-risk groups and epidemiology both regionally and locally**
  - a. Define types of human trafficking
  - b. Identify potential risk factors for being a victim and how human trafficking victims come into the situation
  - c. Describe the social determinants and health impacts of human trafficking
- 2. Describe the scope of human trafficking in the U.S.**
  - a. Identify the incidence in the U.S., including proportion of domestic versus international victims & barriers to collecting more accurate data
  - b. Describe barriers to HT survivors seeking healthcare and barriers in interactions with health systems and healthcare providers
- 3. Describe components in effective encounters with Human Trafficking victims**
  - a. How to interview potential victims using tenets of trauma-informed care
  - b. Pertinent Physical Exam components
  - c. First steps for continued management of patient care or appropriate referral

4. **Describe basic laws, local community resources, and measures that should be taken for such a victim should they decide to pursue help**
  - a. Federal and State laws surrounding Human Trafficking
  - b. Role of law enforcement and current barriers
  - c. Describe physician reporting duties in a suspected trafficking case
5. **Describe core components of practicing trauma-informed care**
  - a. Define different types of trauma (IPV, ACEs, etc.)
  - b. Describe the effects of trauma and ways in which healthcare relationships may be affected
  - c. Describe ways to practice trauma-informed care in a short patient encounter

## **READINGS**

### **ALL Students:**

- Human Trafficking and the Role of Physicians by Dr. Vincent Lo and Dr. Ronald Chambers August 2016. <https://www.jscimedcentral.com/FamilyMedicine/familymedicine-3-1084.pdf>

### **ONE Student each:**

- What is Modern Slavery? US Department of State: <https://www.state.gov/j/tip/what/>
- Providing Trauma-Informed Care. <https://www.aafp.org/afp/2017/0515/p655.html>

### **INTERVIEWING Student:**

- Department of Health and Human Services Human Trafficking: Resources: Screening Tool for Victims of Human Trafficking: [https://www.acf.hhs.gov/sites/default/files/orr/screening\\_questions\\_to\\_assess\\_whether\\_a\\_person\\_is\\_a\\_trafficking\\_victim.pdf](https://www.acf.hhs.gov/sites/default/files/orr/screening_questions_to_assess_whether_a_person_is_a_trafficking_victim.pdf)
- Human Trafficking by Dr. Ronald Chambers, Dr. Sarah Chaffin, and Dr. Vincent Lo

### **OPTIONAL Readings:**

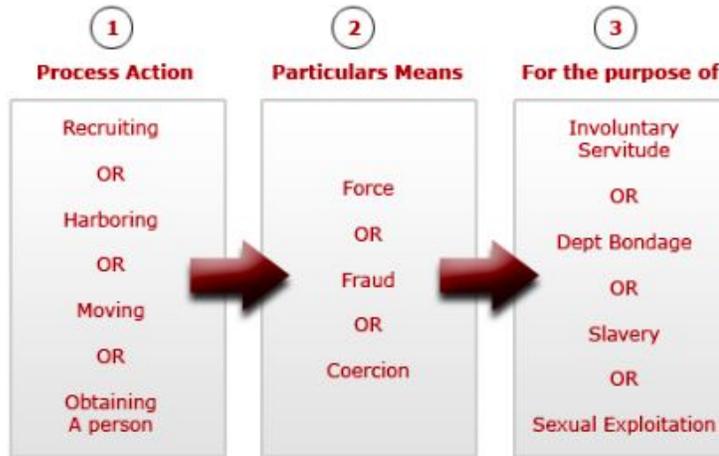
- 2017 Trafficking in Persons Report <https://www.state.gov/documents/organization/271339.pdf>

## **A. PREPARE FOR STANDARDIZED PATIENT INTERVIEW**

This is an initial encounter with the patient in primary care clinic. The interviewing student will have read the “Human Trafficking” text from Dr. Ronald Chambers, Dr. Vincent Lo, and Dr. Sarah Chaffin and the DHHS Human Trafficking Screening Questionnaire. Two other students should have read the papers on trauma-informed care and modern slavery and should share these with the group. Since this is an initial encounter, the emphasis will be on how to identify individuals who may be victims of human trafficking, and subsequently how to continue the encounter and conduct the interview in a trauma-informed manner. We encourage you to use “time-outs” to discuss issues that come up, questions about what and how to ask questions, as well as draw on the knowledge and experience of social work students if they are present in the group. Feel free to defer questions you are unsure about to the panel of experts following the case.

1. **How do we define human trafficking?** 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:

### 3 Elements Necessary to Meet Trafficking Definition:



- 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:**



- Examples of trafficking include:

Labor Trafficking	Sex Trafficking
<ul style="list-style-type: none"> <li>Farming</li> <li>Construction</li> <li>Hotels</li> <li>Factories</li> <li>Food-Service</li> <li>Landscaping</li> <li>Domestic Servitude</li> </ul>	<ul style="list-style-type: none"> <li>Strip Clubs</li> <li>Massage parlors</li> <li>Truck Stops</li> <li>Brothels</li> <li>Pornography</li> <li>Street Prostitution</li> <li>Online Escorting</li> </ul>

2. **What is sex trafficking?** The inducement, recruitment, harboring, transportation, obtaining, or providing of a person by force, fraud, or coercion for Commercial Sex or Labor/Services Trafficking Victims Protection Act of 2000
  - **Minors under the age of 18 involved in commercial sex are automatically considered human trafficking victims by federal law**
  - 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
    - Keep in mind traffickers are not always strangers- parents, family members, etc. can be traffickers as well.
  - **Obtaining accurate data on the incidence and prevalence of human trafficking is extremely difficult** given the illegal nature and secrecy of the problem. In addition, men are underreported and have fewer resources dedicated to identifying and aiding male victims.
  - Sacramento statistics are not available but there are rumors that Sacramento may be a hotspot for Human Trafficking that is possibly 2nd in the nation.
3. **Show Polaris project map of prevalence and hotspots:**  
<https://polarisproject.org/human-trafficking/facts>
4. **How do physicians play a role?** 88% of victims report that they were seen by a healthcare provider at some point during their bondage. 77% of trafficking victims in Oakland, CA report that they saw a doctor regularly, 33% were on prescribed medications when they were recovered. It is important for healthcare providers to know how to identify potential victims and also be aware of how to practice trauma-informed care for survivors.
5. **What is a victim-centered, trauma-informed approach?** In this approach, the patient's wishes, safety and well-being take priority in all matters and procedures. In order to practice in a trauma-informed manner, one needs to understand the physical, social, and emotional impact of trauma on victims and recognize those influences on a victim's behavior. Common effects from trauma are:
  - Anxiety
  - Panic disorder
  - Major depression
  - Substance abuse
  - Trauma bonding / Stockholm syndrome
  - Post-traumatic stress disorder (PTSD)
6. **What are some things you can do to practice "trauma-informed care"** (student who read article should share with group. Review Table 2 from "Providing Trauma-Informed Care")
  - **What should you do before the visit?** Review the patient's chart for any prior trauma-related documentation to avoid having the patient repeat and relive trauma
  - **What can you do during the encounter?**
    - If using an interpreter- ask if the patient has any gender or cultural preferences and use independent, professionally trained interpreters

- Sit down- decreases the power differential
- Emphasize confidentiality
- Try to make the encounter private
- Prepare the patient for what to expect during the visit (i.e. history, physical exam, procedures and tests)
- Explain rationale for sensitive questions
- **What can you do during the physical exam?** Ask permission before doing physical exam maneuvers, ask the patient to move clothing or body parts, describe the procedures and prepare the patient
- **Considerations throughout the encounter:**
  - Give the patient personal space and ask permission- they may not find comfort in being touched
  - Don't make promises you can't keep
  - Meet your patient where he/she is at emotionally (e.g. use the same terms the patient uses to refer to their abuser, some victims may be "in love" with their trafficker)
  - Avoid judgment statements (e.g. "don't you want a better life?")

#### 7. How does it start? What are the Risk Factors?

- Recruitment: Victims are often isolated from social networks. International victims are separated from their home country, and face isolation through language barriers, culture, financial resources, shelter, etc. In sex trafficking, victims can be led to believe their exploiters are the ONLY people who care for them via **trauma bonding**.
  - E.g. Trafficker will target a homeless young teenager who needs a home. They will provide them w/ housing, clothes and food, then take it away. Then they will "rescue" them. The victim is then bonded to them via the traumatic event.
- Active Exploitation: Victims often undergo systematic isolation through being transported across city/state lines and moving away from friends or family. Ultimately, they are placed in a position where their survival depends on their traffickers.

8. **Who is most vulnerable?** LGBTQ youth are at high risk. Prostitution prosecutions are disproportionately higher of women of color.

9. **What are some indicators that someone may be a victim of trafficking?** Have student share "Human Trafficking and the Role of the Physician"

- Younger than 18 years old
- Accompanied by someone who seems to be controlling and may act as a translator
- Does not have appropriate identification or documentation, or someone is keeping their passport or identification card for her/ him
- Poor historian; unable to give account of the clinical findings with her/his histories
- Unable to give her/his home address, or appears to be confused with the whereabouts. Has visible sign of physical abuse and neglect
- Acts unusually fearful or submissive with poor eye-eye contact
- Speaks no or limited English
- Has recently entered the U.S. from Asia, Eastern Europe, India, Africa or Latin America
- Has unusual tattoo (personal name, street name or signs in unusual location of the body)

**10. Review useful questions to ask during history-taking** (interviewing student can share Department of Health and Human Services Human Trafficking: Resources: Screening Tool for Victims of Human Trafficking)

- Can you leave your job situation if you want?
- Do you feel safe in your workplace?
- Has anyone forced you to do things you do not 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 from 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?

**B. SP INTERVIEW – 18-YEAR-OLD FEMALE**  
**PRIMARY CARE CLINIC TRIAGE NOTE: “vaginal discharge”**

**FOR FACULTY:** THIS IS THE SP’S STORY, WHICH WILL COME OUT IN THE INTERVIEW.

18 year old woman who is being forced into sex labor in exchange for access to shelter and protection. She had a complicated upbringing and is now at the clinic with abnormal vaginal discharge . She seems closed off and distracted during encounter but when provided a safe, open space, starts to share bits of her life with the provider.

**Identification:** Michelle Laney, 18 year old woman

**HPI:**

18 yr old woman who’s never been to clinic before comes in with  
5 day hx of vaginal itchiness and malodorous discharge  
- no vaginal bleeding  
- no dyspareunia  
- no dysuria, polyuria  
-LMP 3 weeks prior to date of clinic visit, regular menstrual periods

**Other Recent Illnesses:**

-none

**Past Medical History:**

-G/C infections multiple times s/p treatment  
-2 years ago had syphilis and was treated 2 years ago  
-Broken Wrist 2 years ago, healed, had splint placed in the ED.  
-Ob/Gyn: G1P0 TOP0A1L0, tried depo provera before, but discontinued because of possible weight gain

**Past Surgical History:**

-none

**Medications:**

none

**Social History:**

-Estranged from family, lives in an apartment with multiple other girls, "works", does not go to school. Not currently in a relationship, does not have many friends.

-TAD: no tobacco use, drinks about 4-5 drinks/week. Tried using ecstasy, cocaine

**ACE + questions (if asked at all).**

1 point for "Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way"

1 point for "Did you often feel that no one in your family loved you or thought you were important or special?"

1 point for "Were your parents either separated or divorced?"

1 point for "Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?"

Patient scored 4/10 questions as yes-meaning there are high risks for social, emotional, as well as health problems.

1. **During the interview, use timeouts as necessary** to address issues and involve Social Work student. Feel free to defer questions you are unsure of to the panel discussion.
2. **At the end of the interview, the SP should begin to contemplate learning about resources that could potentially get her out her situation**

**C. DISCUSSION**

1. **Have the scribe give a verbal presentation of the case.**
2. **How did the interview go?**
3. **What are your legal obligations?** Currently, there is no legislation that requires mandated reporting for human trafficking although providers still must follow reporting protocols for domestic violence and child abuse. If the patient is younger than 18-years-old, reporting is mandatory. Students can ask further questions to expert panel members following the case.
4. **What would be the most critical elements for the exam?**
  - Comprehensive PE, but being mindful of trauma-informed care.
  - Focus on signs of mental and/or physical abuse or neglect
  - Warning signs
  - Read the physical exam results below. (All other items are normal.)

**PHYSICAL EXAM RESULTS:**

Vitals: BP 110/60, T 98.6F, HR 98, RR 12

General appearance: closed body language, anxious, mildly depressed affect, mildly fearful and distrustful, appears rushed throughout appt., focused on her phone for the majority of the visit, occasional eye contact

Heart: RRR, no m/r/g

Lungs: CTAB



Skin: Casper tattoo

GU: if done, with greenish discharge, foul smelly odor.

**5. What diagnostic workup would you do?**

- STI Screening X2 (1st time, 2 weeks later)
- Pregnancy Test
- Exposure to TB
- Repeat RPR screening in 4-6 weeks and 3 months
- HIV Test at 6 weeks, 3 months, and 6 months
- Complaint specific imaging (fractures, etc)
- HCM age appropriate screening

**D. PANEL DISCUSSION- All students go to LH 1204 for panel discussion with survivors, law professionals, and community organization leaders**

**Appendix 1. Table of Resources in Sacramento**

Jennifer--if you have a table of resources available please let us know!

**Appendix 2. Quick Tips resource sheet**