

Creating a Human Trafficking Medical Safe Haven

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Learning Objectives

- Describe scope and prevalence of human trafficking
- Apply concepts in healthcare setting
- Define victim-centered, trauma-informed care
- Establish Human Trafficking Safe Haven Medical Home



(Stock photo)



Describe Scope and Prevalence of Human Trafficking in the US



Human Trafficking As United States Defines It

The **inducement, recruitment, harboring, transportation, obtaining, or providing** of a person

by force, fraud, or coercion for

Commercial Sex or Labor/Services

Unless...

It is commercial sex and the victim is under **18 years of age**

Note: Human Trafficking Is **NOT** the same as Human Smuggling. Undocumented immigrants are a vulnerable population.

Trafficking Victims Protection Act of 2000

National Statistics on Human Trafficking

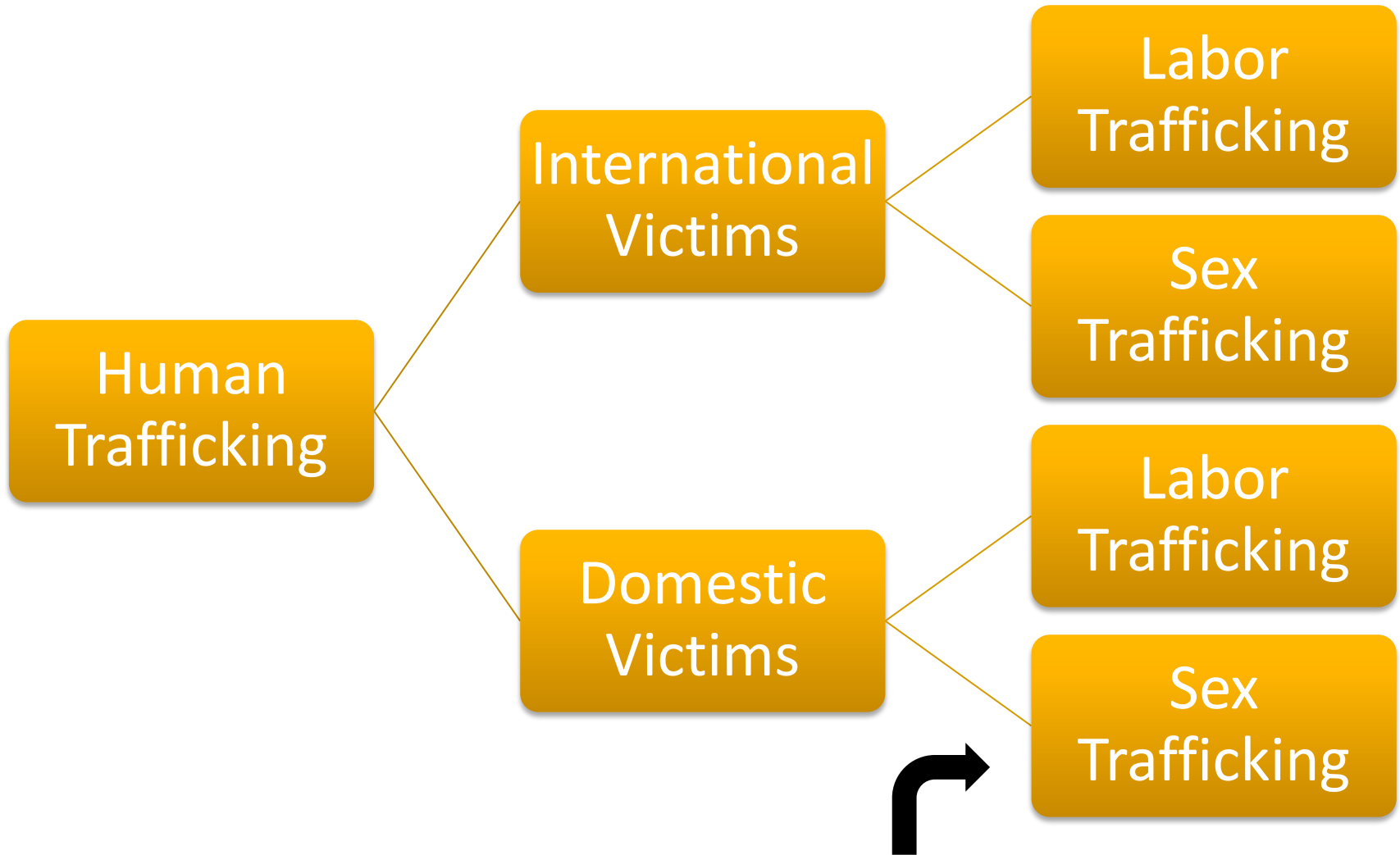
National HT Hotline: Human trafficking reported **in all 50 states, D.C.**¹ 2016 Statistics:



Areas affected by human trafficking, 2015
(Polaris, national anti-trafficking organization,
operates National HT Hotline)



So, let's break down the general categories...



Common Businesses: Labor Trafficking

- Farm Work
- Construction Sites
- Hotels
- Factories (sweatshops)
- Domestic Worker/Service
- Restaurants
- Landscaping



(Stock photo)

Foreign national victims **may not speak English**, may not know **rights** in America. May be **threatened, intimidated**. May feel **legally/morally** obligated to serve contract.

Common Businesses: Sex Trafficking

- Strip Clubs
- Pornography
- Prostitution
- Massage Parlors
- Truck Stops
- Online Escorts
- Brothels (Ex: Latino)
- Major Sporting Events



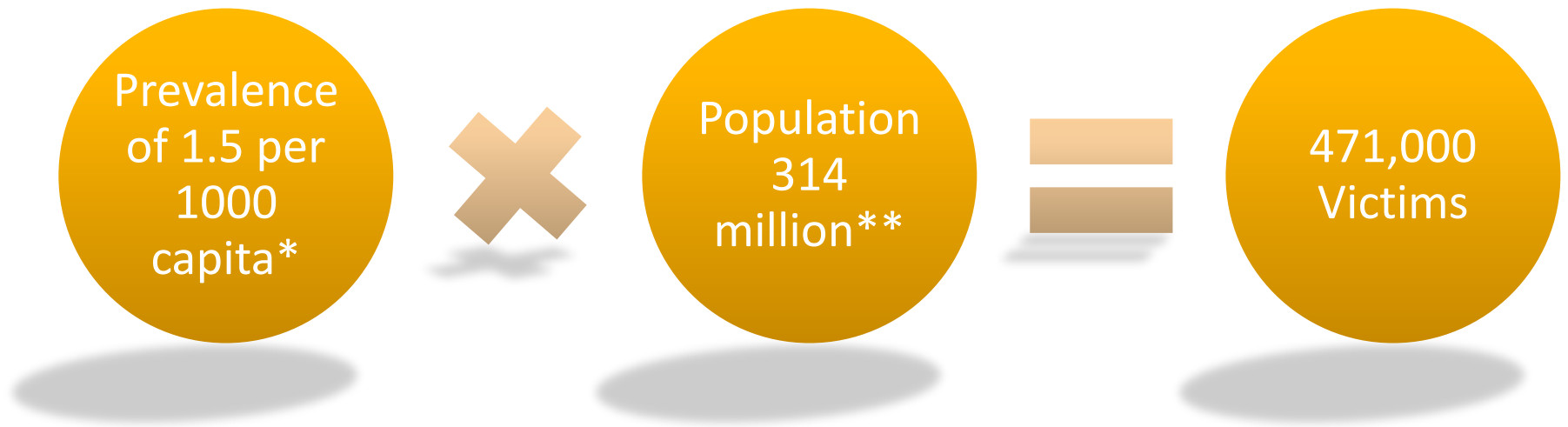
Acucare Brothel, Emeryville
Source: E'Ville Eye Community News.
Photo used with permission from
Supervising Deputy Attorney General
Maggy.Krell.State Attorney Generals Office
2018



Used with permission. www.truckersagainsttrafficking.org



United Nations ILO Report² Estimates (Controversy surrounds...)



*Developed Economies and European Union

**Extrapolated to United States

Let's Sensationalize it...?

- According to the Justice Department's National Incidence Study³ 1.7 million children run away each year.
- 357,000 get reported as missing (21%)...meaning 79% do not.⁴
- 1 in 7 runaways reported missing in 2017 was likely a victim of sex trafficking in the U.S.⁵
- 100,000 - 300,000 youth are at risk of being sexually exploited for commercial use in the U.S.⁶
- Survivors report trafficking victimization by pimps or gangs as young as 12 years old⁷... some younger

Sensationalized?

In our clinic patients have disclosed:

- Younger age of onset for familial.
- Described recruitment (knocked) more frequently done by women.
- Buyers (“Johns, Tricks”) come from various backgrounds. Many described as middle class married males with family.
- Included Demographics: doctors, lawyers, law enforcement, clergy.



Domestic Minor Sex Trafficking ^{8,}

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...)

The Controversy of Resource Allocation^{9,10,}

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

But why argue numbers? It Just Takes One.

Patient, Medical Safe Haven, Mercy Family Health Center, 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 2 year old child) brought in by Community Agency complaining of:

- Anxiety
- Insomnia
- Nightmares
- Multiple cuts
- Bruises over body
- Vaginal discharge
- Cough
- Hearing loss

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.” ¹¹

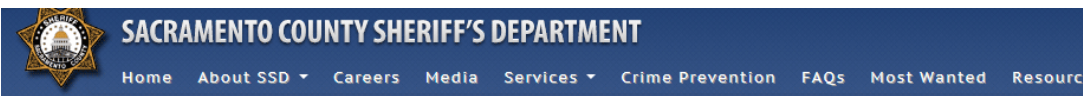


(Stock Photo)

Sensationalized?

Some Recent Examples:

Feb 17, 2018 SacBee



Media Release: Coach Arrested for Human Trafficking of Minor



December 29, 2017

Coach Arrested for Human Trafficking of Minor

On December 25, 2017, at 2:52 a.m. the Sacramento County Sheriff's Department was contacted via 9-1-1 by a seventeen-year-old female who disclosed she was a victim of sexual assault and being forced into human trafficking. The female indicated she was hiding in a backyard near the 5900 block of Clover Manor Way, within south Sacramento County. The female further related that the person forcing her into performing the aforementioned acts was waiting for her in a vehicle nearby.

Sheriff's deputies arrived and located an adult male in a vehicle with another female, who was later determined to be seventeen as well. During the investigation, both minor females were determined to be victims of human trafficking. The male was identified as 34-year-old Elan Daniel Seagraves of Sacramento. Seagraves was arrested by Sheriff's Deputies and the Sacramento County District Attorney's Office has filed charges related to human trafficking of a minor and pimping of a minor.

This investigation is ongoing and detectives from the Sheriff's Department Special Investigations/Intelligence Bureau are actively following up on leads. Thus far, it has been determined Seagraves has been employed in the following capacity:

- As youth soccer coach at Kennedy High School in Sacramento.
- As a coach and referee in various local youth soccer leagues.
- As an UBER/LYFT driver.

Seagraves remains in custody at the Sacramento County Main Jail and is being held on \$2,000,000.00 bail.

Detectives are asking anyone with information relating to this incident, to please contact the Sheriff's Department Special Investigations/Intelligence Bureau at (916) 874-8002. Tip information may also be left anonymously at www.sacsheriff.com or by calling (916) 874-TIPS (8477).

Sergeant Shaun Hampton

Sheriff's Spokesman



Elan Seagraves (34)



Airport vigilance may have prevented teen sex trafficking

BY BENJY EGEL
bege@SacBee.com



Denice Miracle, left, and Deputy Todd Sanderson stopped two girls from flying to New York.

Quick thinking from an American Airlines employee at Sacramento International Airport likely saved two teenage girls from lives in captivity. American Airlines customer service agent Denice Miracle knew something was awry when two girls from the Vacaville-Fairfield area, ages 17 and 15, came to her ticket counter on Aug. 31. The girls had no identification, were unaccompanied by adults and had two first-class tickets booked by another person with a fraudulent credit card, according to an airline news release.

"Between the two of them, they had a bunch of small bags. It seemed to me as if they were running away from home," Miracle said in the release. "They kept looking at each other in a way that seemed fearful and anxious. I had a gut feeling that something just wasn't right."

When Miracle refused to let the girls fly, they walked over to a nearby Starbucks table while one of them made a phone call. Meanwhile, Miracle called the Sacramento County Sheriff's Department's Airport Bureau and reached Deputy Todd Sanderson, who later reported the girls had called a man named "Drey," whom they had previously met on Instagram.

were going to go back to New York and become victims of sex trafficking. They said they wouldn't have let that happen, and I said they probably wouldn't have had a choice."

After the girls' initial conversation from the Starbucks table, calls to Drey's phone stopped going through. He deleted his Instagram page within minutes.

Drey likely used photos of another person, Sanderson said, and is unlikely to be prosecuted from outside the state. But thanks to Miracle's awareness, the girls headed home from the airport with their parents that Thursday night.

"I'm very, very thankful Ms. Miracle with American Airlines was able to use her intuition and concern and actually say something," Sanderson said. "Without her, I wouldn't have been called and we wouldn't have intervened with these girls."

Benjy Egel: 916-321-1052, @BenjyEgel

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But my kids aren't at risk... are they?



Silberto Garcia-Bejarano - Roseville Police Department



Sacto 911

Covering crime, police and courts in the Sacramento region

CRIME - SACTO 911

Roseville mother discovered man soliciting 8-year-old girl for sex via Snapchat



BY CATHY LOCKE
clocke@sacbee.com



Receipt

APPLE ID	-	PAYMENT:	TOTAL
DATE	-	-	\$91.98
Feb 23, 2018	-	-	
		CREDIT CARD	

App Store	TYPE	PURCHASED FROM	PRICE
Arai PROJECT A, Shinkansen coin 5000 pieces + Bonus Report Problem	In-App Purchase	iPhone 8	\$45.99
Arai PROJECT A, Shinkansen coin 5000 pieces + Bonus Report Problem	In-App Purchase	iPhone 8	\$45.99
TOTAL			\$91.88

If you have any questions about your bill, visit iTunes Support.
Thank you for buying on Apple store, if you have any question visit our Customer Service

if you didn't make this purchase or if you believe an unauthorized person is attempting to access your account,

Why Such a Problem? Money.

500 Dollars

• 1 Girl

• \$500/day

• 365 days/year



• **\$182,000**

• 3 Girls

• \$500/day

• 365 days/year



• **\$546,000**

1000 Dollars

• 1 Girl

• \$1000/day

• 365 days/year



• **\$364,000**

• 3 Girls

• \$1000/day

• 365 days/year



• **\$1,092,000**

Profile of a Trafficker

"Gorilla" Pimp

- Severe violence as primary control
- May employ forced drug use
- "Bottom" girl may be present
- Physically Beats/Bullies
- May abduct or lure youth and traffic out of area

Gang Pimp

- On the rise
- Often employs forced drug use
- "Bottom" girl may be present
- Girls often used violently and sexually in gang initiation
- Victim may have loyalty to both gang and "boyfriend"



(5.22.17 Fox4news.com Denton, TX)



(1.6.17 wrdw.com Columbia County, GA.)

Finesse/"Romeo" Pimp



Victor Moreno-Hernandez, 28, was sentenced to 30 years in prison for charges related to selling a 13-year-old girl for sex multiple times out of a strip club in Oregon (KPTV, 2013). Photo used with permission from the Washington County Sheriff's Office.

• Stage 1: Initial Contact

- Meets on internet, mall, etc.
- May act as boyfriend
- Buys gifts, tells beautiful

• Stage 2: Control

- Limits contact with friends

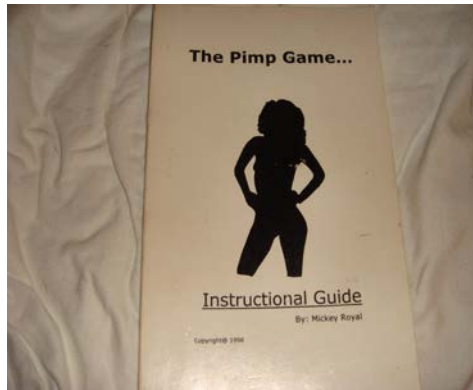
• Stage 3: Separation

- Girl leaves house, friends
- May move to new location –reliant on pimp.

• Trauma Bonding

- Alternate love and affection with trauma
- May have child with victim
- Girl dependent (Stockholm Syndrome)

Learn to be a Pimp?



The Pimp Game: Instructional Guide Paperback – 1998
by [Mickey Royal](#) (Author)

amazon Prime

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Pimpology: The 48 Laws of the Game and over one million other books are available for Amazon Kindle. [Learn more](#)

Pimpology: The 48 Laws
Paperback – August 5, 2008
by Pimpin' Ken ▾ (Author), Karen Hunter
★★★★☆ ▾ 139 customer reviews

▶ See all 8 formats and editions

Kindle \$9.99	Paperback \$12.74
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Read with Our **Free App** 32 Used from \$7.00
41 New from \$7.00

Star of the HBO documentaries *Pimps* (2006) and *American Pimp*, Annual Players' Ball "Mickey Royal" Ken Ivy reveals the unwritten rules that govern the streets to the executive suites.

Flip to back Listen

The Psychological War (Pimpology, Pimp Game, etc.)

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 Word on Trauma Bonding

A term developed by Patrick Carnes to describe “the misuse of fear, excitement, sexual feelings, and sexual physiology to entangle another person.”¹²

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.



(lolostock / iStock)

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Question for the Group

A 14-year-old runaway male does not have a place to stay. It is cold and raining and he is hungry. He takes an offer from an older man for a place to stay the night, food and some money for sex.¹³

Is he a prostitute (criminal) or a victim?



(Stock photo)

Discussion Questions

- Is a 14 year old capable of making these kinds of choices?
- How about a 10 year old or a 18 year old?
- When does the human brain and “executive function” of the frontal lobe mature to allow for these types of decisions?
- Who is the perpetrator?
- The buyer/“john”/rapist? The pimp? His community? Us?

*Scenario developed by PATH (Physicians Against Trafficking Humans)

Let's Pause...

We have all missed victims... but now let's focus in on how we can make a difference.



(Stock photo)

Prevalence of Trafficking Victims in Healthcare Signs and Physical Indicators of Human Trafficking

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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.¹⁴
 - No interventions.
- 77% of sexually exploited youth in Oakland, CA. reported seeing a physician regularly.¹⁵
 - 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.¹⁶
 - None report that they were appropriately identified or assisted.

Where are the victims seen¹⁷

- Hospital/Emergency rooms- 63%
- Planned parenthood- 30%
- Family physician- 23%
- Urgent Care Clinic- 21%
- Women's clinic- 19%
- Neighborhood clinic- 19%



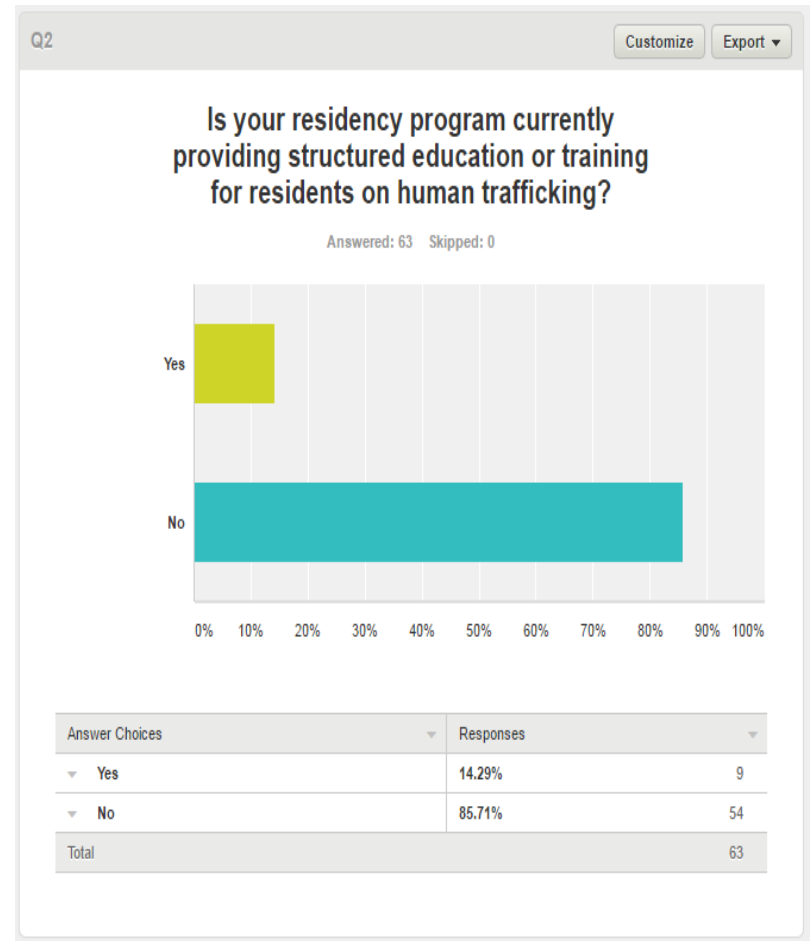
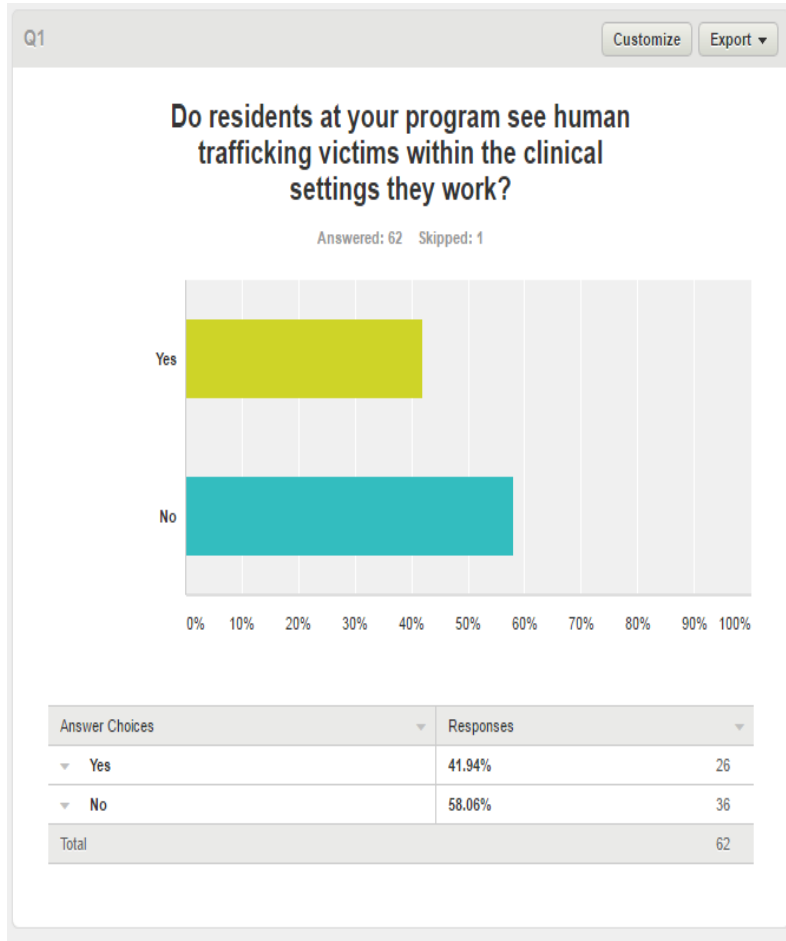
(Stock photo)

So, how prepared are we in Health Care?



(Stock photo)

2017 Survey of Family Medicine Program Directors



Analogy: AIDS Epidemic in the early 1980s?

Look for Signs and Symptoms of Human Trafficking

Signs to Look For ¹⁸

Control

- Controlling 3rd 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.

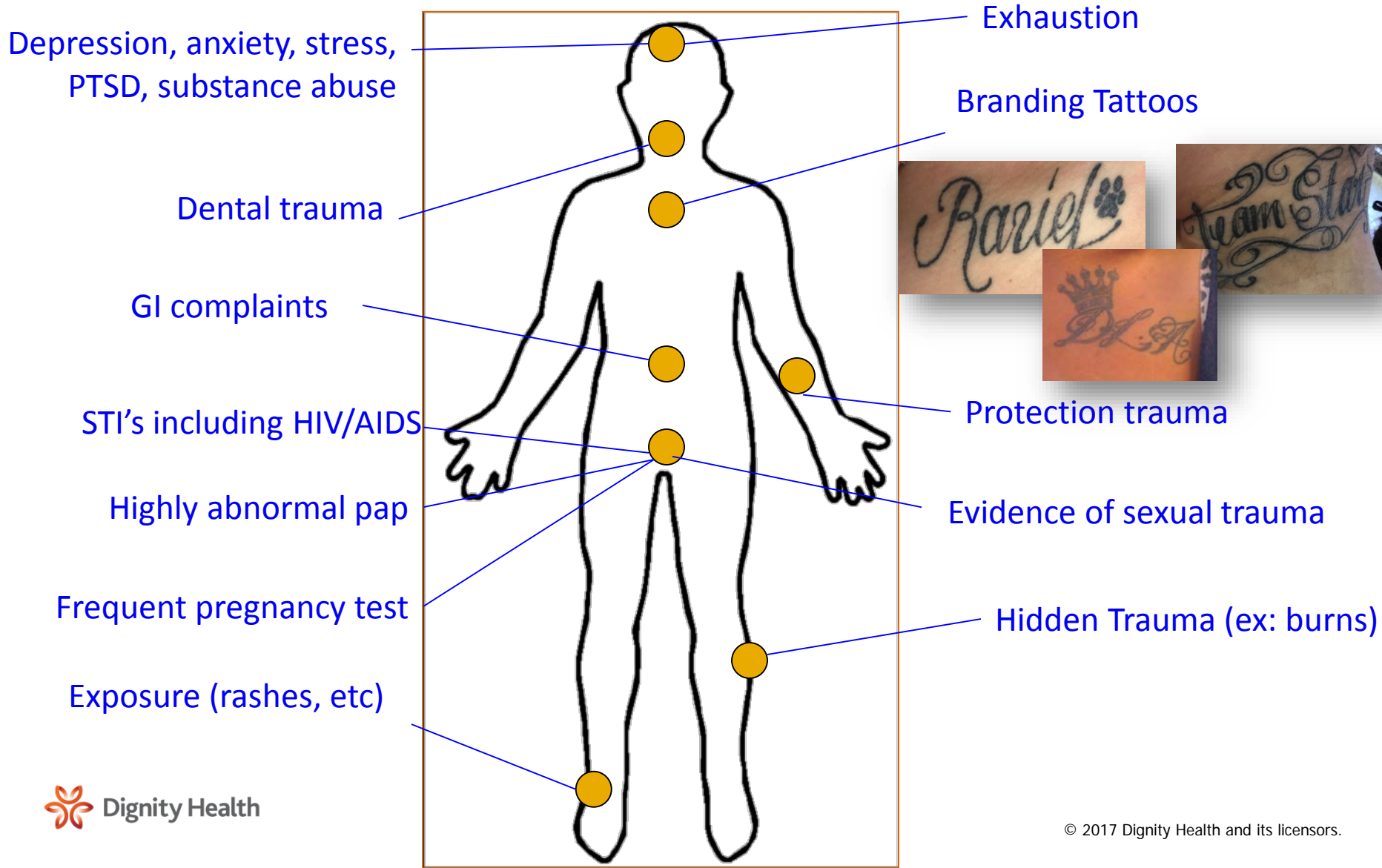
Red Flags

- 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.¹⁹

- 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.¹⁹



What is Trauma Informed Care? Perspective.

Perspective.

An approach to engaging individuals with a history of trauma

Recognizing signs and symptoms of trauma

Understanding the role trauma has played across their life, and responding by putting knowledge into practice to prevent re-traumatization

Continuum of Complexity

Exposure to trauma occurs along a “continuum of complexity”. For example, a healthy adult who experiences:

A single incident (e.g., a **car accident**) may suffer from **less complex trauma** if all else is stable in that person’s life.²⁰

More complex trauma is often caused by “**repeated** and intrusive trauma ‘frequently of an **interpersonal** nature, often involving a significant amount of **stigma or shame**’”.²¹

Victims of trafficking, especially sex trafficking, often experienced long history of exposure to traumatic events.



(MachineHeadz /iStock)

Targeted by Predators

Persons suffering from complex trauma are more likely to be targeted by predators, e.g., abusive partners and **human traffickers**.²²

Victims of sex trafficking have often experienced a long history of risk factors and traumatic events, including **physical and sexual abuse** in childhood, separation from family members, and sexual exploitation.²³

Re-victimization by predators like traffickers results in additional trauma for victims (e.g., **complex PTSD**), often causing further shame, stigmatization, and isolation from society.

Used with permission by Dignity Health, Human Trafficking Response Program TIC



(Microgen / Adobe Stock)

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.

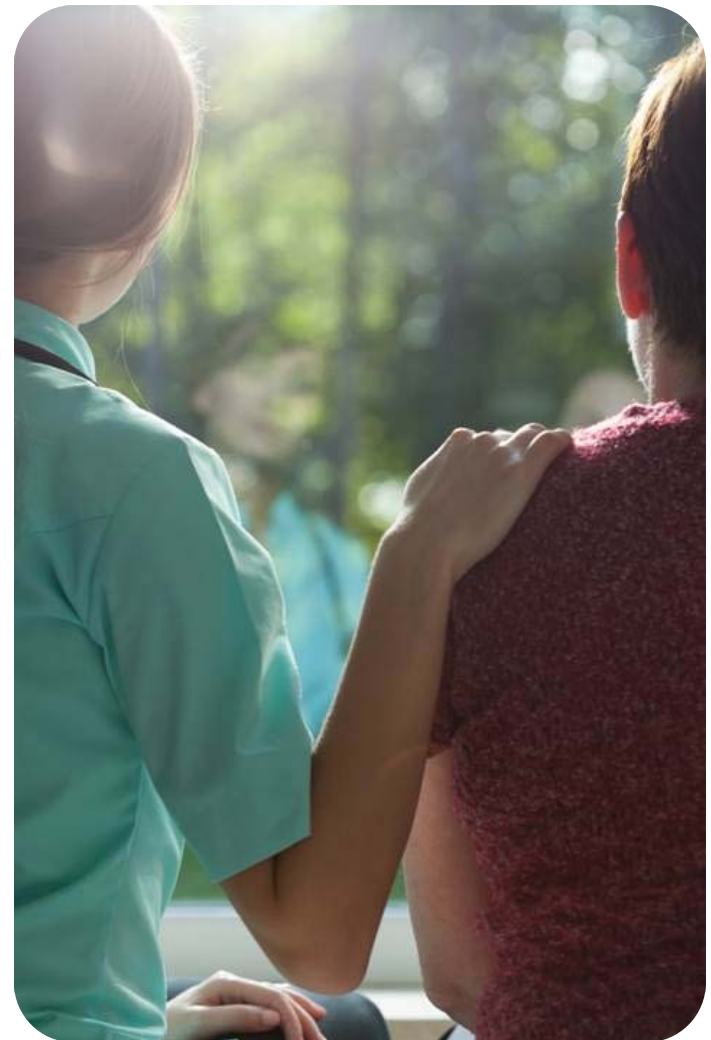
What is Victim-Centered Care?

- 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.



(Photo:stock)

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?

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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?

Immediate Response

Victim suspected, time to **RESPOND?**

Crucial that **protocols** be developed, staff trained **ahead** of time on using protocols and victim-centered, trauma informed care!

Establishing a Human Trafficking Protocol

• Key Points of the Response²⁴

- ✓ 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, want police involved.
- ✓ Have a protocol for intervention.
- ✓ Avoid the “rescue fantasy”.

Dignity Health Acute Care Facility
Human Trafficking Victim Response Procedure

2. Approach the patient in the private setting to assess and offer assistance. Please note privacy concerns: Trafficker(s) may be listening in through the patient's cell phone or other electronics. The most ideal approach to offering assistance is as follows:

- a. Identify yourself
- b. Build rapport with the patient
- c. Disclose your status as a mandated reporter and explain limits to confidentiality
- d. Express your concerns for the patient's safety
- e. Educate the patient on his/her rights and on resources available in the community (See your facility's *Human Trafficking Community Resource Algorithm*)
- f. Offer assistance

NOTE: When assessing the patient, the goal should not be "rescuing" or gaining disclosure. The goal should be creating a safe, nonjudgmental space to build rapport and offer assistance, and then to assist the patient in securing placement/services.

NOTE: When pressed for time or resources, it is recommended, at a minimum, to express concerns for the patient's safety and offer assistance (e.g. assisting the patient in calling the National Human Trafficking Resource Center (NHTRC) hotline). See your facility's *Human Trafficking Community Resource Algorithm* for additional resources.

The NHTRC hotline is available 24/7 to help screen patients over the phone for human trafficking victimization and to connect patients with local and national resources. NHTRC Hotline Specialists speak English and Spanish and can communicate with callers in 200+ additional languages using a 24-hour tele-interpreting service.

3. If the patient accepts or requests assistance, then follow the steps below. Otherwise, if the patient denies victimization or declines assistance at any time (even after the process of assistance has begun), then respect the patient's decision and move to Step 4.

- a. Offer the patient an opportunity to opt out of the hospital directory. If the patient agrees, notify Access Care (Registration/Admitting) to place the patient as confidential in the Admission, Discharge, and Transfer (ADT) system.
- b. Whenever possible, ask the patient if they prefer to work with a male or female practitioner.
- c. Notify Security (if available). Unless otherwise requested, Security is to be on standby/alert only.
- d. Complete any mandatory reporting requirements and discuss options available to

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1.8.2018



Chicks In Crisis
Love, home and family for every child



Protocol Participants: Hospital

- Hospital Administration
- Medical Staff Representation
 - Family Medicine
 - OBGYN
 - Pediatrics
 - ER
 - Orthopedics
 - Nursing Staff
 - Social Services
 - Security



Photo: monkeybusinessimages/iStock.com

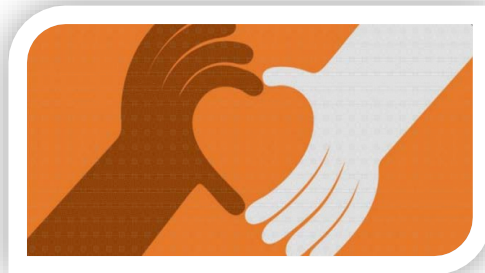
Dignity Health's Response Program Made Simple ²⁴

If red flags or concerns of human trafficking are observed/determined during a patient's assessment, notify the Attending Physician/Medical Provider and Office Manager/Lead.

They have undergone additional training.

They have access to protocols to respond to victims including a
Community Resource Algorithm.

From Dignity Health Shared Learnings Manual 2017.



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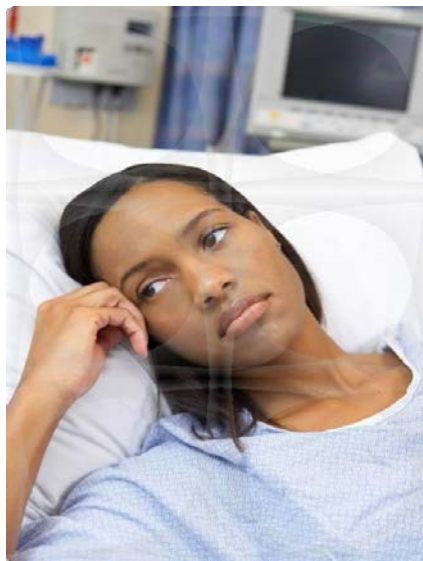
Access Dignity Health Victim Response Tools

Example: PEARR Tool,²⁵ Response Protocols (for hospitals, clinics, residency programs...)

Dignity Health, in collaboration with HEAL Trafficking and Pacific Survivor Center, developed a tool which offers **key steps** to health care professionals about how to provide assistance to a patient in a trauma-informed and victim-centered manner.

PEARR stands for:

- Provide Privacy
- Educate
- Ask
- Respect and Respond²⁵



(BananaStock / Thinkstock)

[_dignityhealth.org/human-trafficking-Response](https://dignityhealth.org/human-trafficking-Response)

National Human Trafficking Resources: At a Minimum, Know This...



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)

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Creating a Human Trafficking Medical Safe Haven



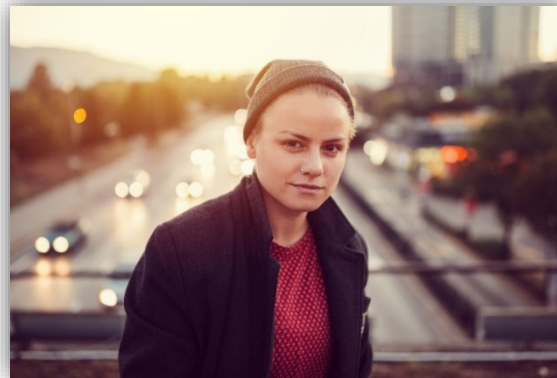
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Identified Barriers in Survivors Accessing Primary Care

- Training for Resident Physicians and Staff: Trauma- Informed, Victim-Centered
 - *“The eye does not see what the mind does not know.”*
- Bridge: Clinic to Agency...Agency to Clinic
 - **How do we reach survivors, how do survivors reach us?**
- Coordinated Care
 - Awareness of services (clinic and community.)
 - Appointment setting(direct line.)
 - Follow up for labs, appointments, etc.
 - Transportation.
 - Coordinated “warm-hand” referrals.
 - Advocacy.





Human Trafficking Victims From Our Clinic Describe Interactions with Healthcare

- When I went to the ER for help, it was so busy...I waited 3-4 hours, then I saw a social worker, and she was really bitchy and just blowed me off, judging me for being a runaway. She asked me sharp questions...I just shut down.”
- “The first time I went to the ER, it was because I got beat up. I was questioned a lot, the police were brought in, and people started taking pictures, no one told me what was going on, I was freaked out...so uncomfortable. I was coming to the ER for help, and confidential information about my situation was openly discussed and so many people just kept coming in and out of the room...I told staff I didn’t want them to tell anyone I was there, but when I woke up the baby’s father (my trafficker) was sitting next to me. He said “bitch, you better not have said anything...” again, I told them I didn’t want anyone to come in and know I was there... mind you, we were fighting the day before and he scared me so bad I peed myself. I was so scared and there he was now sitting next to me.”
- “You hospital staff don’t know how it is, but I know, Pimp (trafficker) doesn’t care how many black eyes I have if he thinks I said something to you. That’s how I got the chip in my tooth!”

Question We Asked Survivors In Our Clinic:

How Could Healthcare Have Been More Helpful?

Responses

“They could have asked me questions about why I was there, how I got beat up or how I was raped.”

“They were so rushed to treat me and let me go.”

“Just be more patient with me and talk to me like a person”

“ Help me feel comfortable and not so scared... I want to know you care.”

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.

www.dignityhealth.org/sacramento/humantrafficking

[Creating a Medical Safe Haven for Victims and Survivors](#)

(YouTube)

A Medical Home for Human Trafficking Victims

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.**

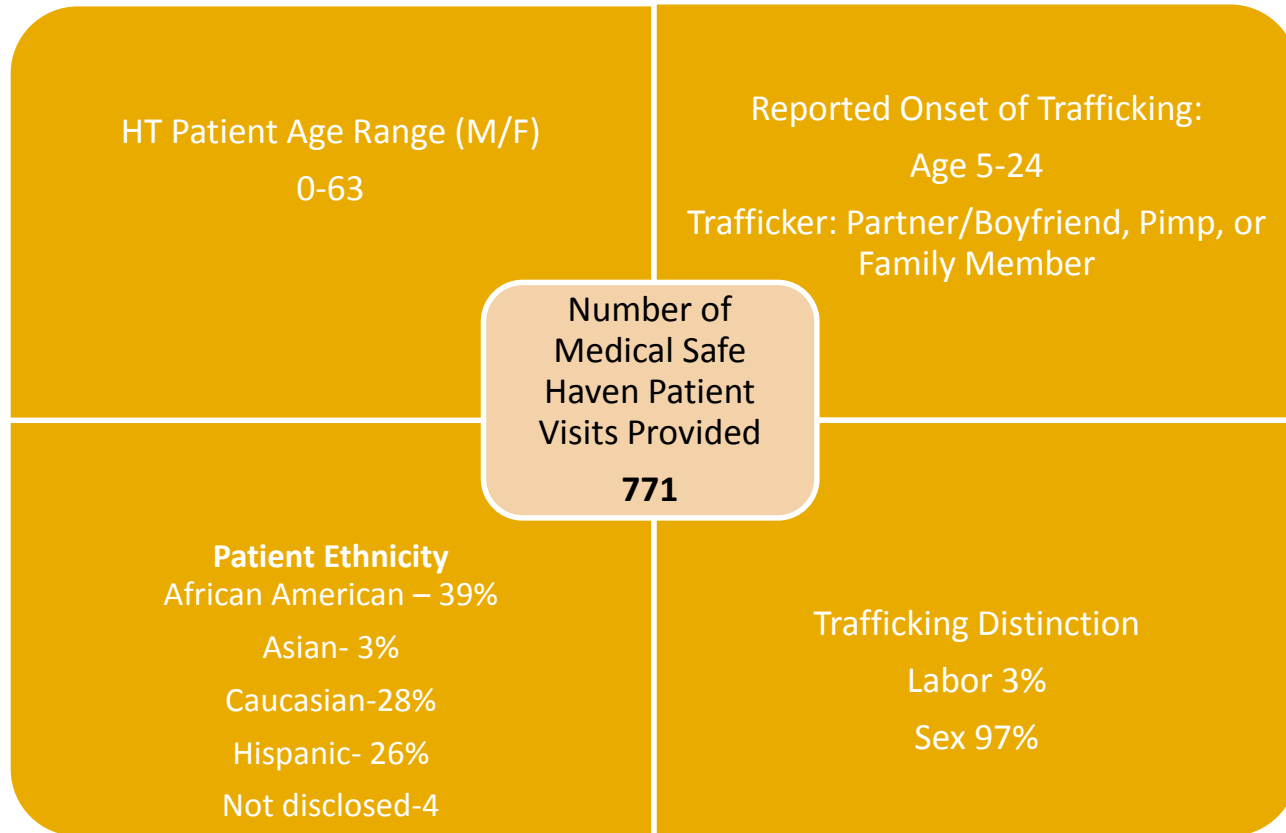


- Longitudinal Care

- **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.**

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Medical Safe Haven Patient Demographics



Diagnostic Tests & Interpretation- Sample Lab Set from Medical Safe Haven

Initial Tests (lab, imaging)

- HIV
- RPR
- Gonorrhea
- Chlamydia
- Hepatitis B, C
- HSV 2
- Trichomoniasis
- Urine HCG
- Quantiferon Gold
- Pain Management Profile (drug screen)
- CMP
- TSH
- CBC
- B12/Folate
- MMR Titer
- Varicella Titer
- Pap Smear

Follow-Up Tests & Special Considerations

- **Health Care Maintenance**
 - Physical Exam
 - Immunizations
- **Repeat Testing**
 - STIs in 2 weeks
 - RPR, HIV at 6 weeks and 3 months
- **Situation Specific Tests**
 - Exposure
 - Injury
 - Medication Monitoring

Common Medications We Use – Sample from Medical Safe Haven

PTSD

- Quetiapine (Seroquel)
- Olanzapine (Zyprexa)
- Lurasidone (Latuda)

Nightmares

- Prazosin

STIs

- Doxy
- Ceftriaxone
- PCN
- Metronidazole
- PrEP

Depression/GAD

- Escitalopram (Lexapro)
- Sertraline (Zoloft)
- Duloxetine (Cymbalta)
- Venlafaxine (Effexor)
- Paroxetine (Paxil)

Infectious (Regiment Dependent)

- TB, Hepatitis, HIV

Substance Use (Regiment Dependent)

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 alternate sex physicians may be available if that would make them more comfortable.
- **Ask permission to ask invasive questions.** Preface this with the understanding it may help you know what tests, etc. may be necessary 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.
- **Be Aware of Secondary Trauma. Vicarious trauma is real.**
 - Decompress after visit. Know that you have made a positive impact just by listening.

Preliminary Data from the Medical Safe Haven

- **Significantly Decreased Morbidity in Patients**
 - Decreased PTSD symptoms
 - Improved Depression Scores (using PHQ-9 scoring systems)
 - Decreased Anxiety
 - Significantly decreased return to trafficking situations (3-4 fold decrease)
- **Improved Physician Satisfaction with Occupation**
 - Paradox effect with “burnout” reported
 - Physician reporting translation of skill set to other patient conditions
- **Improved collaboration between health care, law enforcement, hospital staff, community agencies.**

Feedback

Victim Organizations

“a true blessing to the women we serve, women who have never received such compassionate and understanding care can now trust and believe in the medical system because of him and his team.”

*“I just am so thankful for a medical group that has truly operated in a way that speaks of your name...One woman we brought in had a history of 25 pimps, and childhood sexual abuse. She was fearful of doctors and had never had a health exam...she was treated with compassion and expertise...she is now finishing trade school and is proud of the woman she has become...**this intervention saved her life.**”*

Resident Physicians

“There have been an abundance of transformative moments for me in my training...none have been quite as earth shattering in nature as my work with survivors of human trafficking.”

“they require (and deserve) gentle empowerment, need more empathy than I previously thought I had, and call for more creativity and sensitivity in treating and preventing disease”

*“To say that I have benefitted from this training is an understatement. It is a privilege. It is humbling. **It makes me a better family doctor.**”*

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Nuts and Bolts of Longitudinal Care: a Quick Reference

HUMAN TRAFFICKING

Ronald G. Chambers, MD, FAAP, Sarah Chaffin, MD, Vincent Lo MD, FAAP

BASIC

DESCRIPTION

- 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 (T) is described as the movement, recruitment, harboring, transportation, obtaining, or providing of a person by force, fraud or coercion for commercial sex or labor/services. Minors under the age of 18 involved in commercial sex are automatically considered human trafficking victims by statute.
- 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.

EPIDEMIOLOGY

- Obtaining accurate data on the incidence and prevalence of human trafficking is extremely difficult given the illegal nature and secrecy of the problem (1).
- 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.
- 88% of victims report that they were seen by a healthcare provider at some point during their bondage (3).
- 77% of trafficking victims in Oklahoma, CA report that they saw a doctor regularly, 33% were on prescribed medications when they were recovered (4).

ETIOLOGY AND PATHOPHYSIOLOGY

- Labor trafficking victims can be found in a variety of industries such as farming, construction, hotels, factory, foodservice, landscaping, and domestic services (5).
- Sex trafficking victims can be found in a variety of areas, including strip clubs, massage parlors, truck stops and brothels and may be located into pornography, street prostitution, and online escorting (6).

- Victims are often led to believe that no one except their exploiters have any interest in their well-being; many experience traumatization in the setting of extreme negative sentimentality (6).
- Entry into human trafficking is best understood as a process, rather than a single act. Exploited persons may be in the recruitment stage, in active exploitation, or in reintegration (out of trafficking). In many cases, victims are ultimately isolated from their families and social networks. Frequent transportation across state lines and between various cities (also known as the travel/destination/location stage) has the added consequence of disorientation, as a result, many victims are unable to provide an accurate history when they do see a healthcare provider.

RISK FACTORS

- Risk factors for becoming a victim include homelessness, poverty, child abuse/neglect, substance use, sexual abuse/assault, domestic violence, and minority status.
- Marginalized individuals (including lesbian, gay, bisexual, transgender, queer, migrant workers, and indigenous people) are at increased risk.
- Age 12 to 16 year old girls are at greatest risk.

COMMONLY ASSOCIATED CONDITIONS

- Given the nature of sex trafficking, victims are often exposed to the gamut of sexually transmitted infections, including HIV, Chlamydia, Gonorrhea, hepatitis B, C, and Syphilis, depending on the chronicity of trafficking and repeated exposures, development of PID, neurosyphilis, etc. are possible long-term sequelae (8).
- Patients may present with history of multiple unintended pregnancies and/or complications of abortions.
- Trafficked persons often endure physical abuse and/or neglect as a component of their coercion. Multiple fractures, bruises in various stages of healing, burn injuries in odd locations, and signs of malnutrition, poor dental health, and/or other untreated illness are not uncommon.

- As a result of frequent transportation across city and state lines, victims will often present with fragmented medical care from various urgent care, emergency departments, and PCP offices. Therefore they may not be up to date on immunizations, age-appropriate screening, or have a continuing battery of prescribed medications.
- Mental health issues are frequently encountered in this patient population and may present as severe depression, generalized anxiety disorder, PTSD, dissociative episodes, substance abuse, suicidality, impulsivity, somatization, etc (9).
- Victim children are additionally routinely exposed to domestic violence while their parents are in captivity. Many have experienced severe neglect and/or abuse. They will need to be screened for Adverse Childhood Experiences.

DIAGNOSIS

RECOGNITION

- Healthcare providers are among few professionals who come in contact with H/T victims; failure to identify them results in a loss of opportunity of connecting the victims to proper services in the community and possible freedom from bondage (3).
- Identifying "red flags" and screening suspected cases of human trafficking is therefore paramount in the recognition of victims and connecting them to resources in order to meet their unique medical and social needs.
- Legal indicators include (15):
 - Younger than 18 years of age

- On phone, testing continuity or inappropriately during encounter
- Useful interview questions include (15):
 - Can you leave your job/station if you want?
 - Do you feel safe in your working place?
 - Has anyone forced you to do things you don't 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 when you are living? Safely leave your boyfriend?
 - Are you ever paid for sex?
 - Do you want resources to help you out of your situation?

HISTORY

- The goal is to create a safe, secure environment where patient is empowered to disclose what or she chooses.
- Interview is done in private. Some patients may not self-identify as victims though answers to the clinician's questions may raise concerns for human trafficking. Only trained, independent interpreter should be used when needed.
- Victim Centered Care is a recommended approach of history gathering where victims witness, safety, and well-being being priority. This approach maximizes patient input in all decisions including if and when to contact law enforcement (except in cases of mandated reporting, or imminent danger) (1).
- Trauma Informed Care is an additional recommended approach that engages individuals with a history of trauma, recognizing trauma symptoms and the role trauma has across their life. In trauma informed care, an emphasis is placed on instilling a sense of safety in the visit and encouraging control and autonomy over one's life in a victim. Provider training is available through the NHTRC website and SOAR Program (see additional readings) (1).

PHYSICAL EXAM

- A comprehensive physical exam is recommended with special attention towards signs of mental and/or physical abuse and neglect.
- Warning signs include (15):
 - Visible signs of physical abuse and neglect – Bruising/scab/cuts/burns in hidden places
 - Unusually heavy or sudamitive with poor eye contact
 - Clothing inappropriate with weather
 - Has sexual branding or tattoos: collar sign or crown with personal name, "for sale", bar codes, street name or signs in unusual locations
 - Stigmata of scars and dental injuries

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, meningitis 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, Prostate for complaints of fatigue and/or depression
 - Review pap smear history; other age appropriate screening
 - Review immunizations, obtain titers or revaccinate via catch-up schedule as appropriate
- For the chronic of victims clinicians need to review developmental milestones and immunizations, behaviors, etc.

TREATMENT

GENERAL MEASURES

- Following recognition of a victim, treatment must follow a victim centered, trauma informed care approach.
 - Preparation
 - Providers must be prepared with up-to-date referral information and other multidisciplinary care in a sensitive, confidential manner.
 - It is essential the safety of patients, staff, and clinicians is maintained. Traffickers may be dangerous and can be involved in gangs and other crime networks. Establishing relationships with local law enforcement and creating safety protocols is prudent.
 - The National Human Trafficking Resource Center: <https://traffickinghotline.org/en/center/> has a specialized response, guiding clinicians on how to identify victims, assess their safety, and connect them with resources.
 - Knowledge on how to incorporate local social work and case managers into care can enhance access to safe houses, financial aid, legal assistance, and other services.
 - Trauma Informed Care
 - AKA: Trauma-sensitive or trauma-aware care
 - A recommended approach to care for human trafficking victims that incorporates a basic understanding of the impact of trauma on a person's life into the practice style of the clinician (1).
 - Human trafficking victims may have undergone complex, chronic trauma for weeks, months or years, often during key developmental time periods, prior to being seen by the clinician.
 - Clinicians must be aware that severe, disturbing stories of imprisonment, torture,

- Victim centered care reduces re-traumatization by placing control and choice for the clinical encounter under the patient's discretion. Examples include discussing what the patient expects from the appointment, asking the patient permission prior to examination, and offering use of aids to allow observation of procedures (eg. handheld mirror), validating concerns, using a chaperone regardless of gender differences, and making allowances for patients comfort (remaining clothed during interview, etc) (1).
- Human trafficking victims may have extreme fear of their traffickers and law enforcement. Many have also been re-traumatized by unmet medical promises. It may take many visits for the patient to obtain a sense of safety. Clinicians may benefit from using palliative and close follow up to accomplish this goal.
- For victim centered care, clinicians should involve the patient in the decision making process to contact potential services such as law enforcement (1).

Immediate Care

- Clinical judgment must be used to determine the utility of emergent/urgent care interventions.
- With sex trafficking victims, forensic examinations may be offered to the patient, however findings may be of limited value to law enforcement depending on patient's history, number of recent episodes of exploitation, and time frame of incidents.
- Emergency contraception should be considered if postcoital sexual intercourse has occurred. Sexual assault kits should be considered if victims are seen within 5 days of intercourse. CDC recommends victims of sexual assault receive empiric antibiotic prophylaxis for chlamydia, gonorrhea, trichomoniasis, postexposure vaccination for hepatitis B, and human papillomavirus vaccination for females age 9 to 26 and males 9 to 21. Victims may not be able to return for a follow-up visit.
- For victims who do not wish or are unable to leave trafficking situations efforts should be made to ensure the patient understands available resources. Memorizing the NHTRC hotline (1-888-977-7333) or having Barflee (233733) are options. Print materials may also be obtained from the Blue Campaign (www.bluecampaign.org/). These should be given with caution as detection by the trafficker may put the victim at increased risk. For victims wishing to leave a trafficking situation clinicians may contact NHTRC hotline where they will be assisted in identifying local, state, and federal resources and how to arrange for local social services can be given. Following local mandated reporting laws. Document patient's history and exam using exact dates with quotations (especially for associated issues). Document interviews taken (social services, local organizations, etc. as appropriate) and that have been contacted. Schedule follow up visit for patient preferably with clinic and provider educated and practicing victim centered trauma informed care.

- providing a single location and provider able to address multiple biopsychosocial needs (eg. a family physician is able to evaluate abdominal pain, provide contraception, initiate or adjust psychiatric meds for PTSD or depression, provide immunizations, place a PPD, check for STIs, and see the chronic of a human trafficking victim all in one location).
- Providers may anticipate a non-linear recovery for many victims.

MEDICATION

Medications will vary depending on the underlying conditions being treated.

ISSUES FOR REFERRAL

Referrals are placed on a case by case need. (Eg. OBGYN for pelvic pain, genital trauma, or chronic genital issues; psychiatry for complex psychiatric medication regimen; dermatology for tattoo/removal)

ONGOING CARE

PROGNOSIS

Many victims of human trafficking that have undergone complex, chronic, severe trauma are able to recover and lead productive, fulfilled lives. Some work as advocates helping shape and grow the war against human trafficking.

PATIENT/PROVIDER EDUCATION

- National Human Trafficking Resource Center: hotline of the United States Health and Human Services which serves victims and assists providers by identifying local resources and coordinating with local social service organizations for victims.
- Polaris Project: A nonprofit organization that offers empiric antibiotic prophylaxis for chlamydia, gonorrhea, trichomoniasis, postexposure vaccination for hepatitis B, and human papillomavirus vaccination for females age 9 to 26 and males 9 to 21. Victims may not be able to return for a follow-up visit.
- SOAR (Stop, Observe, Ask, Respond): Training program for health care and social service providers sponsored by the Health and Human Services.
- HEAL (Health, Education, Advocacy, Local SOAR) Network connects interdisciplinary health professionals working against human trafficking.

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CODES

Steps to Creating the Medical Safe Haven

- Step 1: Identify the Physician/Staff Champion
- Step 2: Create Clinic Documents
- Step 3: Implement Provider Training
- Step 4: Establish Protocols for Recognizing and Responding to New Victims

- Step 5: Outline work flows for seeing patients in the outpatient medical safe haven setting.
- Step 6: Create Patient Handouts
- Step 7: Communicate Ability to take Referrals/Patients
- Step 8: Invite Community Agencies/Law Enforcement into clinic to collaborate and discuss services.



Creating a Human Trafficking Victim Medical Safe Haven

Creating a Human Trafficking Victim Medical Safe Haven

Table of Contents

- PART 1:
- 1) Identify Physician/Staff Champions
 - 2) Create Clinic Protocols
 - a. Scheduling Procedures
 - b. Medical Appointment Form for Agencies
 - c. Insurance Enrollment Guides
 - d. MRAA Release to Agencies
 - e. Establish Contact with Community Resource Agencies:
 - i. Enrollment Representative
 - ii. Social Service Provider(s)/HT/DOV response agency
 - f. Establish billing relationships with lab, pharmacy, imaging
 - g. Establish HT medical home [article](#)
 - i. Dedicated phone line for agencies
 - ii. Plan for after-hours work flows
 - h. Create Clinic Ad
 - i. Identify scope of services and direct line contact
 - 3) Implement Provider Training
 - a. Physician/Medical Staff Didactics
 - i. Human Trafficking 101
 - ii. HT 202, Victim-Centered, Trauma-Informed Care
 - ii. HT Medical Home Highlight Videos:
 1. "Dignity Health Foundation - Human Trafficking Response" [Video](#)
 2. "Meet Julie - Human Trafficking Response" [Video](#)

Expand the Human Trafficking Medical Safe Haven

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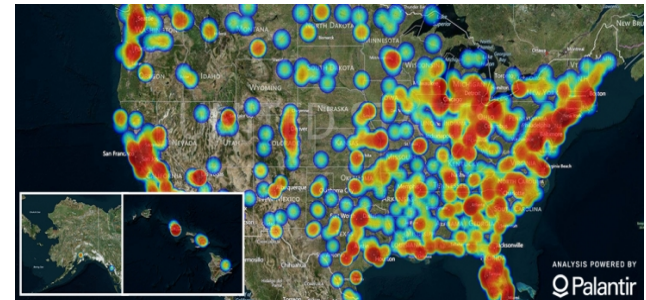


Next Steps for Healthcare Providers in US

Develop centers able to provide longitudinal victim - centered trauma - informed care for human trafficking victims.

Incorporate human trafficking training into primary care residency education across the country

- Papers, book chapters, presentations, the “**TRUTH**” study



Areas affected by human trafficking, 2014 (Polaris, operates National HT Hotline)

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TRUTH Study

(Training Resident on Understanding Trafficked Humans)

Preliminary Results

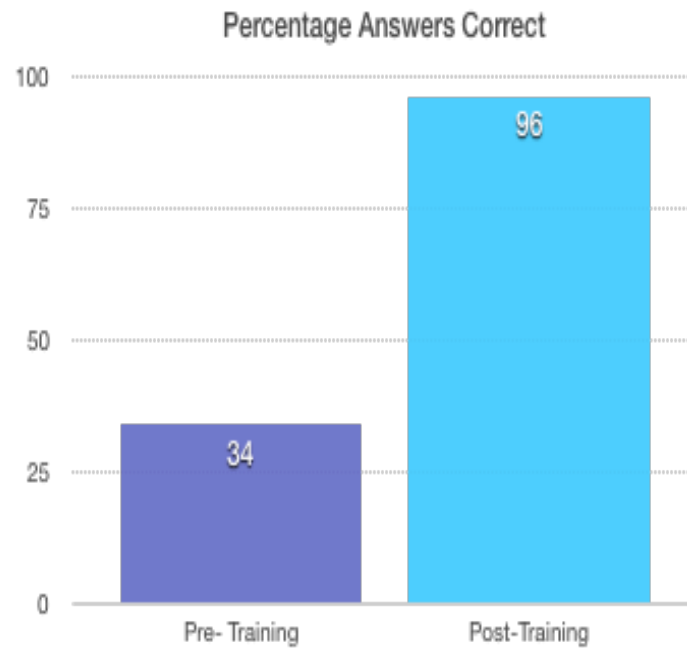
Evaluating Resident Physicians Before/After Training

**KNOWLEDGE
ATTITUDE
SKILLS**

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Knowledge

Evaluating participants knowledge on human trafficking definition, prevalence and etiology, concepts of trauma bonding, and healthcare interactions.



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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.



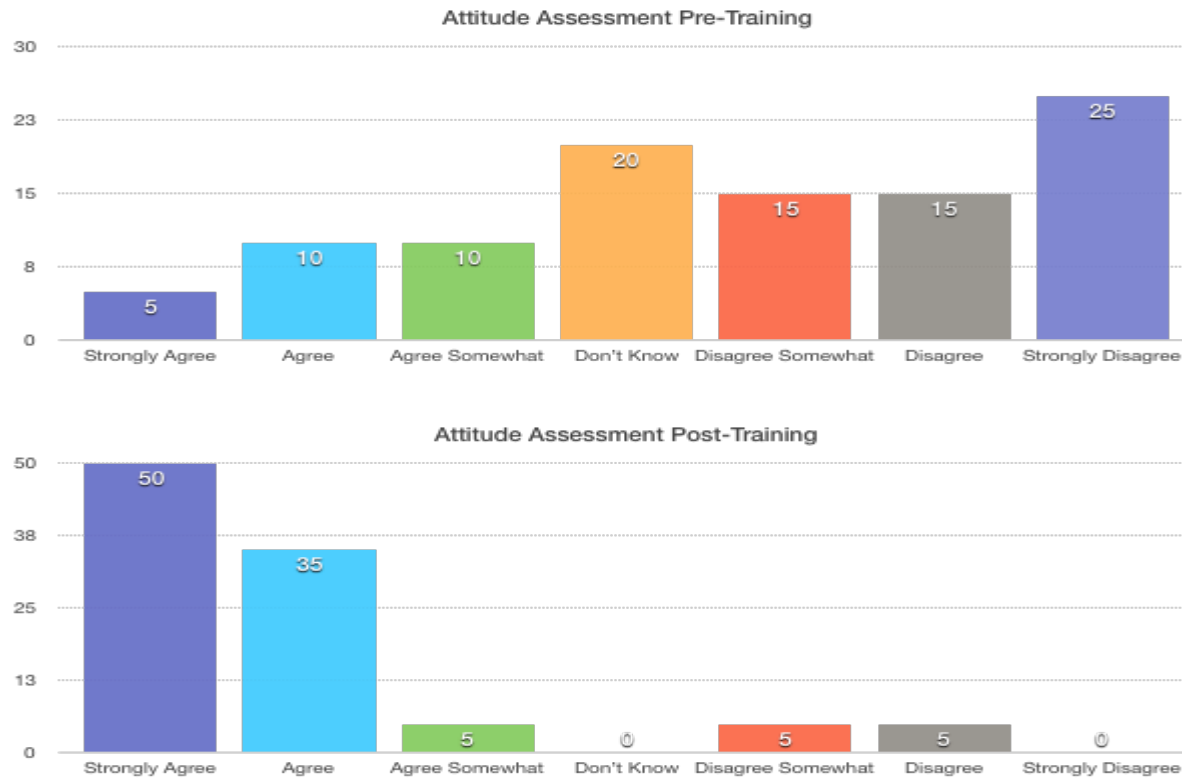
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TRUTH Study

(Training Resident on Understanding Trafficked Humans)

Preliminary Results: Attitude



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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.

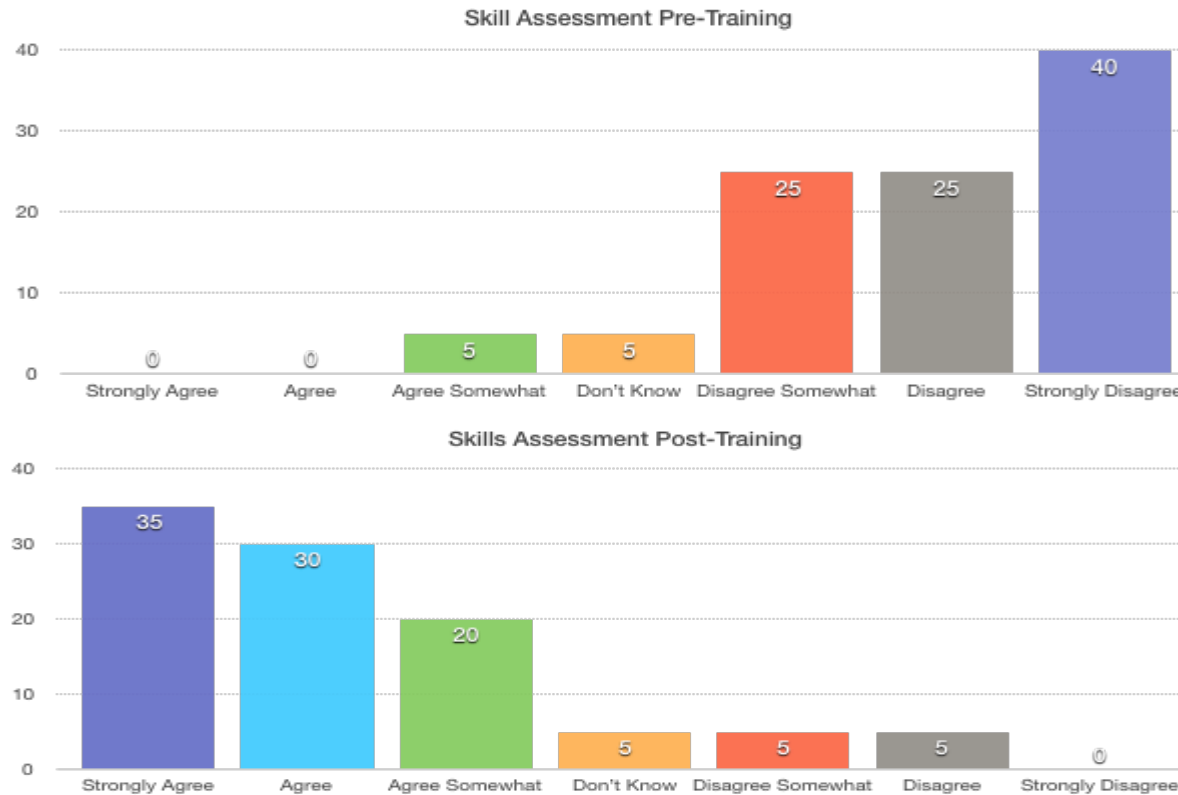


(Stock photo)

TRUTH Study

(Training Resident on Understanding Trafficked Humans)

Preliminary Results



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End Game: Create Medical Safe Havens Within Primary Care Residency Clinics

Incorporate human trafficking victim and survivor care into physician training clinics across the globe

- Dignity Health has 8 residency clinics in California, there are 537 family medicine clinics across the US. This model can be replicated!



(Stock photo)

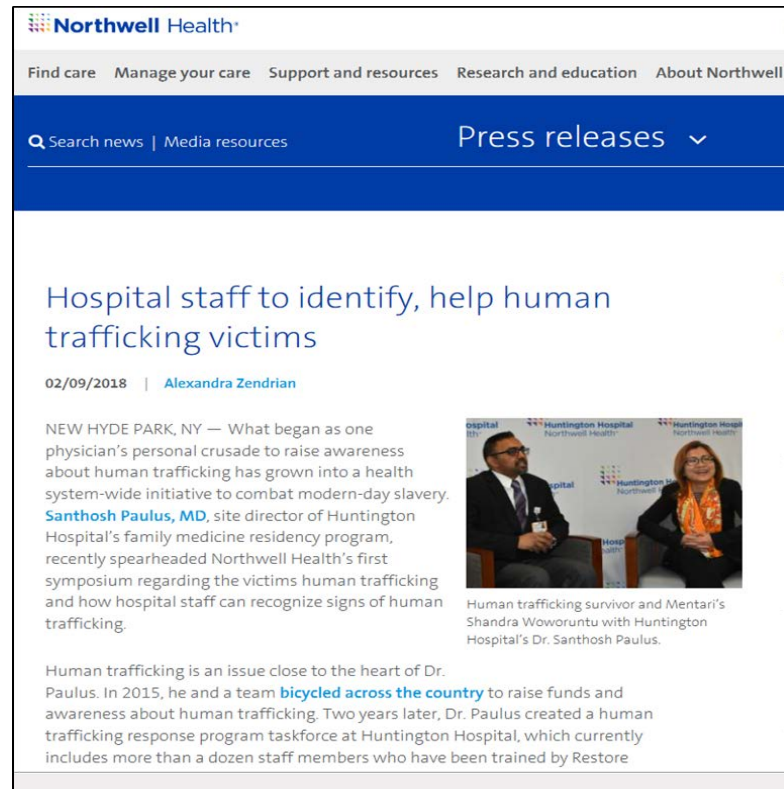
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THE TAKE HOME POINT

Use existing medical training programs & clinics as the medical safe havens for trafficking victims.

1. It is low utilization (cheap)
2. It could provide widespread care
3. It concurrently trains the doctors of tomorrow to care for this vulnerable patient population (ripple effect)

Spreading....



The screenshot shows a Northwell Health website page. At the top, there is a navigation bar with links for 'Find care', 'Manage your care', 'Support and resources', 'Research and education', and 'About Northwell'. Below this is a search bar with 'Search news | Media resources' and a 'Press releases' dropdown menu. The main content area features the article title 'Hospital staff to identify, help human trafficking victims' in blue text, dated '02/09/2018' by 'Alexandra Zendrian'. The article text describes how a physician's personal crusade to raise awareness about human trafficking has grown into a health system-wide initiative. It mentions Dr. Santhosh Paulus, MD, site director of Huntington Hospital's family medicine residency program, who recently spearheaded Northwell Health's first symposium regarding the victims of human trafficking and how hospital staff can recognize signs of human trafficking. To the right of the text is a photograph of two people, a man and a woman, sitting in chairs. Below the photo is a caption: 'Human trafficking survivor and Mentari's Shandra Woworuntu with Huntington Hospital's Dr. Santhosh Paulus.' At the bottom of the article, it states: 'Human trafficking is an issue close to the heart of Dr. Paulus. In 2015, he and a team bicycled across the country to raise funds and awareness about human trafficking. Two years later, Dr. Paulus created a human trafficking response program taskforce at Huntington Hospital, which currently includes more than a dozen staff members who have been trained by Restore'.

Philosophical Questions

- Is there a paradigm shift needed for providers both in the United States to recognize human trafficking as a public health crisis?
- Can trauma informed care be incorporated into the practice of medicine universally? Could it become a routine part of patient care?
- How do the principles of victim centered care (allowing the patient to direct care) conflict with current medical practice and the typical physician/patient relationship?
 - Often we as providers feel we know the answers but if we put the perspective of the patient first we may be able to provide better patient care and improve patient outcomes. How do you feel about this statement?

Feedback from our Patients

What Healthcare Was Like Before...

“While I was in the “life” I went to the doctor because my pimp (trafficker) beat me. No one really asked me questions. I can’t even remember a police report being filed.”

I always went to the doctor for treatment but I associated them with law enforcement. How could I trust doctors when they are the “johns” buying me, along with cops and politicians. It made me not trust anyone in authority.”

“When I went to an ER because my pimp beat me up, I felt judged, like I was just another drug addict.”

What I Experience Now...

“I feel like I have a great relationship with my doctor. I see my doctor and it’s so different from how I was treated before...he listens and treats me like a person. He addresses my issues right away.”

“My doctor at Mercy is so caring. I have an amazing relationship with my doctor! He takes care of my physical wellbeing and my emotional wellbeing...my doctor and other physicians check in on me to see how I am doing.”

“I like how it feels like a family environment...they take things slow and make sure I am comfortable, everyone is so friendly.”

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