Human Trafficking Prevention: The Role of the Health Care Provider

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I, Jordan Greenbaum, MD, have no commercial relationships to disclose.

I will not be discussing any unapproved uses of pharmaceuticals or devices.
Objectives

- Recognize 3 ways health care providers (HCPs) can prevent human trafficking
- Be familiar with a sample hospital protocol for identifying potential victims of trafficking
- Be familiar with a sample community multidisciplinary team addressing child trafficking
How Can HCPs Prevent Trafficking?

- Social Ecological Model:
Prevention at the Individual Level

- Patient education
  - What is human trafficking?
  - Who’s at risk?
  - Can happen to anyone
  - Posters, brochures, discussion

- Screening
  - Universal or high risk populations
  - No clinically validated, short screen tool designed for busy health care setting
Prevention at the Interpersonal Level

• Patient and family education and anticipatory guidance
  – Internet safety
  – Common trafficking recruitment strategies
  – Child sexual abuse, sexual assault prevention
  – Resources
    • Housing
    • LGBTQI
    • Job training
    • Public financial assistance
    • Refugee services
    • Drug treatment
Prevention at the Patient/Family Level

- When working with children, must consider either or both may be victims.
Prevention at the Organizational Level

- Educating HCPs and staff about HT
- Encouraging HCP to educate patients, families
- Encouraging screening of patients, families
- Adopt policies on HT in clinic/hospital
- Offer resources to staff if they are victims
Prevention at the Community Level

• HCP can
  – Support community involvement by
    • Faith-based organizations
    • Community groups
    • Community centers
  – Refer patients to community resources
  – Work with media to increase public awareness of HT
Prevention at the Policy Level

• Encourage medical organizations to advocate
  – Human trafficking issues
    • Victims, not offenders
    • More victim services
    • More research on HT
    • Address HT on global level
  – Poverty, substance abuse, mental health care
  – Services for immigrants
Healthcare response to child sex trafficking in Atlanta, GA
Clinical Practice Guideline for Assessment and Treatment of Potential Victims of Child Sex Trafficking and Commercial Sexual Exploitation (CSEC) ≥11 years old
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Appendix C: Short Screen for Child Sex Trafficking (CST)

Prior to beginning the survey, build rapport with the patient. Indicate that you routinely ask these questions of adolescents so that you can find out whether or not they may need help, and if so, how you might be able to help them. Emphasize that the child does not have to answer the questions if he/she doesn't want to. Also remind them of limits of confidentiality (cannot guarantee that caregivers or others won't eventually get access to the chart and see information; you are obliged to tell authorities if child reveals possible abuse or thoughts/actions related to hurting themselves, or others). Consider having a chaperone in the room, although this should be a shared decision between provider and child.

For each question with a “Yes” answer, follow up with questions about details.

1. Have you ever broken any bones, been knocked unconscious or had any injuries that required stitches? (If yes, “Can you tell me about those times?” — determine if abuse, peer violence, dating violence, or CSEC)

2. Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home? (If yes, “have you stayed out all night, or longer?” “How many times have you run away?” “How long is the longest time you’ve been gone from home?” When you were gone, how did you get money for food? Where did you stay? etc.)

3. Kids often use drugs or drink alcohol these days, and different kids use different drugs. Do you use drugs or drink alcohol? (and follow up with specifics—frequency of use, type of drug, reason for using drugs/alcohol—recreation, self-medication)

4. Sometimes kids have run-ins with police. Maybe for running away, for breaking curfew, for shoplifting. There can be lots of different reasons. Have you ever had any problems with the police? Do you feel comfortable telling me about them?

5. Kids starting getting involved with sex at different ages. They start having oral sex, or vaginal sex or anal sex at different times. Have you been sexually active in the past, and by that I mean having oral, vaginal or anal sex?” If child answers, Yes, then ask, “Have you had more than 5 sexual partners?”

6. Have you ever had any sexually transmitted diseases? Yes/No.

If child has answered YES to 2 or more questions, then ask the following questions:

1) Has a boyfriend, a girlfriend or anyone else ever asked you, or forced you to have sex with them or another person?

2) Sometimes kids are in a position where they really need money, or they need drugs, or they need food or a place to stay. They feel they have no option except to exchange sex or some sort of sex activity for the money or the other thing they need. Have you ever had to exchange sex for money, food, shelter or something else you wanted?

If “YES” to either question, ask for details to determine if child is potential victim of CSEC.
Child Sex Trafficking (CST) and Commercial Sexual Exploitation Inpatient Guideline (CSEC)
Emergency Department

No

RN/MD have concerns of CST based on High Risk criteria

RN/MD Consult Social Work

Social Work uses Short Screen for CST (appendix C of Guideline)

Social Worker Discusses Case with Attending

Any Concerns for CST?

No

Yes, but not active CST

• Proceed with Routine Care
• Call CPT NP if Acute Assault/Abuse

Yes, active CST

Admit?

No

• Call CPT Doc-On-Call to Discuss
• Consider Calling Law Enforcement/DFCS/Georgia Cares

Yes

• Call CPT NP for Exam
• Call LE/DFCS/Georgia Cares

• Consult CPT in AM
• Consider Calling Law Enforcement/DFCS/Georgia Cares

• If Discharged, Follow-up at Center for Safe/Healthy Children in 2 Weeks

• If Admitted, CPT MD to Follow-up in AM

Terms:
CST – Child Sex Trafficking
CPT – Child Protection Team

High Risk for CST ≥ 11 years

Chief Complaint of:
• Vaginal or Penile Discharge (or noted on exam)
• Request for STI Testing
• Request for Pregnancy Testing
• Intoxication or Ingestion
• Suicide Attempt
• Clearance Exam for DFCS
• Acute Sexual Assault

Others:
• Child has an injury suspicious for being inflicted
• Child has a history of running away
• Staff has any other concerns of CST
Clinical Practice Guideline for Assessment and Treatment of Potential Victims of Child Sex Trafficking and Commercial Sexual Exploitation (CSEC) ≥ 11yrs old

Child Sex Trafficking (CST) and Commercial Sexual Exploitation Inpatient Guideline (CSEC)

Applied to Hospital Personnel who have Concerns of CPT and Not Addressed in the Emergency Department

Staff member(s) Develop Concerns that Child may be a CST Victim based on High Risk Criteria^ OR
Social Work Identifies Patient as "High Risk" AND
Child is ≥ 11 Years Old

Consult Social Work
Social Work uses Short Screen for CST (appendix C of Guideline)

If CST suspected, Consult CPT Doc-On-Call

^ High Risk for CST ≥ 11years

Chief Complaint of:
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Terms:
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CPT – Child Protection Team
Community Protocol: Healthcare Response

• Incorporated into community child abuse protocol
• Coordinated with police and child protective services
• 3 Emergency Depts and 2 clinics in Atlanta
  – Immediate
    • Medical evaluation
    • Psychosocial evaluation
    • Referrals
  – Follow-up
    • Medical exam
    • Behavioral health assessment/therapy
The Process....

LE picks up victim

LE calls Children’s Transfer Center

TC contacts NP on call

NP and SW meet LE and child at ED

NP contacts SW

Child has exam, +/- FI

CPS called, GCCO contacted

Team agrees on safety plan with GCCO

Child followed by MDT

Follow up at Center for exam, FI
Medical Evaluation

Focus on:
1. Detailed history (trauma-informed approach)
2. Assessing and treating acute and chronic conditions
3. Documenting acute/remote injuries, genital and extra-genital
4. Assessing overall health, nutritional status and hydration
5. Obtaining a sexual assault evidence kit as indicated
6. Testing for pregnancy and sexually transmitted infections and providing prophylaxis
7. Testing for alcohol and drugs, as indicated
Common Medical Referrals

• Medical home
  – Periodic STI testing
  – HPV vaccine
  – Family planning counseling
  – Anticipatory guidance

• Behavioral health referral
  – Trauma-focused CBT or other evidence-based tx

• Substance abuse assessment

• OB

• Follow-up for HIV PEP, other treatment

• Second opinion of genital exam
CSEC Multidisciplinary Team

- Metro Atlanta counties
- Meet monthly to discuss cases
- Exchange info on whereabouts of children, stage of investigation, ongoing services
- Ensure that all relevant authorities are involved
- Ensure victim services obtained
- Share resources
- Training
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