Exploited and At-Risk Youth in the Nation's Capital: Insights from the Clinic

Katherine Deye, MD FAAP
Child Abuse Pediatrician
Co-Founder & Executive Director
CAREs Clinic, Children's National Hospital

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Goals & Objectives

1. Understand the wide range of physical and mental health consequences of trafficking
2. Recognize some of the challenges of identifying trafficked youth in the healthcare setting
3. Identify some barriers encountered while providing care and resources to these vulnerable youth

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Disclosure

I have no financial conflicts of interest to disclose.

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Commercial Sexual Exploitation of Children (CSEC)

"Recruitment, harboring, transportation, provision, or obtaining of a person under age 18 for the purpose of a commercial sex act."[1]

A commercial sex act is "any sex act on account of which anything of value is given to or received by any person."[2]

[1] § 122 U.S.C. 7102(9).
[2] § 222 U.S.C. 7102(3).

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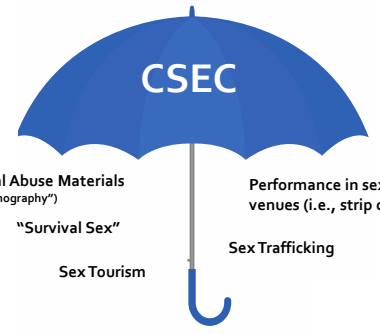

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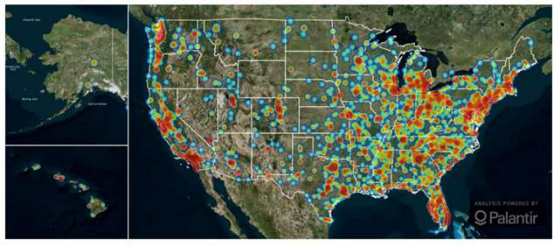
Scope of the Problem



Polaris-2019-US-National-Human-Trafficking-Hotline-Data-Report.pdf

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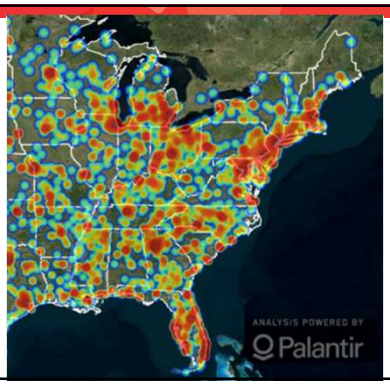

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25 PERCENT jump in cases of human trafficking from 2017

SURVIVORS IDENTIFIED	HUMAN TRAFFICKING CASES	POTENTIAL TRAFFICKERS	SUSPICIOUS BUSINESSES
23,078	10,949	5,859	1,905

3,218 INDIVIDUAL SURVIVORS contacted the National Hotline **7,838 TIMES.**

Top 3 Types of Trafficking Cases in 2018

SEX TRAFFICKING		LABOR TRAFFICKING		SEX AND LABOR TRAFFICKING	
Escort services	1,535	Domestic work	214	Illicit massage, health, & beauty	1,011
Residential-based	635	Agriculture & animal husbandry	157	Bars, strip clubs, & cantinas	214
Pornography	537	Traveling sales crews	138	Illicit activities	119

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https://polarisproject.org/2018-us-national-human-trafficking-hotline-statistics/

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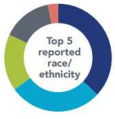
DEMOGRAPHICS

Adult	10,731
Minor	4,945
Unknown	7,402

Female	15,042
Male	2,917
Gender minorities	109
Unknown	5,010



Latino	2,348
Asian	1,809
African, African-American, Black	1,072
White	989
Multi-ethnic, Multi-racial	184

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https://polarisproject.org/2018-us-national-human-trafficking-hotline-statistics/

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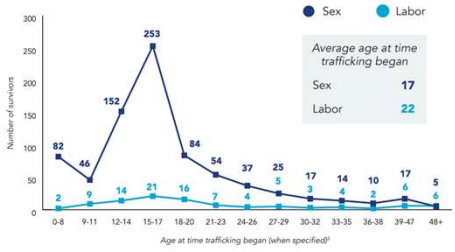
Age at Time Sex or Labor Trafficking Began



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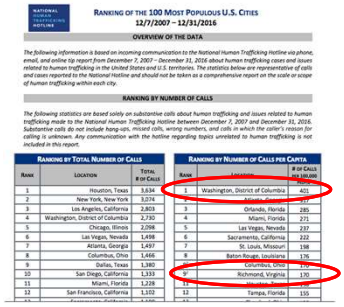
Scope of the Problem



RANKING OF THE 100 MOST POPULOUS U.S. CITIES
12/7/2007 – 12/31/2016

OVERVIEW OF THE DATA

The following information is based on incoming communication to the National Human Trafficking Hotline via phone, email, and online tip report from December 7, 2007 – December 31, 2016 about human trafficking cases and issues related to human trafficking in the United States and U.S. territories. The statistics below are representative of calls and cases reported to the National Hotline and should not be taken as a comprehensive report on the scale or scope of human trafficking within each city.

RANKING BY NUMBER OF CALLS

The following statistics are based solely on substantive calls about human trafficking and issues related to human trafficking made to the National Human Trafficking Hotline between December 7, 2007 and December 31, 2016. Substantive calls do not include hang-ups, missed calls, wrong numbers, and calls in which the caller's reason for calling is unknown. Any communication with the hotline regarding topics unrelated to human trafficking is not included in this report.

Ranking by Total Number of Calls

Rank	Location	Total # of Calls
1	Houston, Texas	3,634
2	New York, New York	3,074
3	Los Angeles, California	2,803
4	Washington, District of Columbia	2,730
5	Chicago, Illinois	2,098
6	Las Vegas, Nevada	1,498
7	Atlanta, Georgia	1,457
8	Columbus, Ohio	1,466
9	Dallas, Texas	1,380
10	San Diego, California	1,333
11	Miami, Florida	1,228
12	San Francisco, California	1,102

Ranking by Number of Calls per Capita

Rank	Location	# of Calls per 100,000 People
1	Washington, District of Columbia	403
2	Atlanta, Georgia	317
3	Orlando, Florida	285
4	Miami, Florida	271
5	Las Vegas, Nevada	237
6	Sacramento, California	222
7	St. Louis, Missouri	198
8	Baton Rouge, Louisiana	176
9	Columbus, Ohio	170
10	Richmond, Virginia	170
11	Houston, Texas	135
12	Tampa, Florida	155

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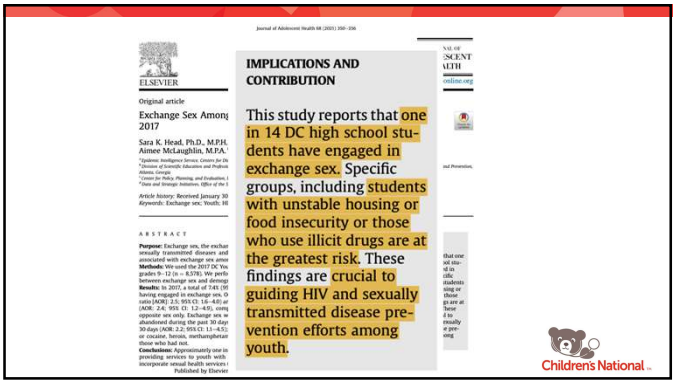

ELSEVIER

Original article

Exchange Sex Among
2017

Sara K. Head, Ph.D., M.P.H.
Aimee McLaughlin, M.P.A.

ABSTRACT

IMPLICATIONS AND CONTRIBUTION

This study reports that one in 14 DC high school students have engaged in exchange sex. Specific groups, including students with unstable housing or food insecurity or those who use illicit drugs are at the greatest risk. These findings are crucial to guiding HIV and sexually transmitted disease prevention efforts among youth.

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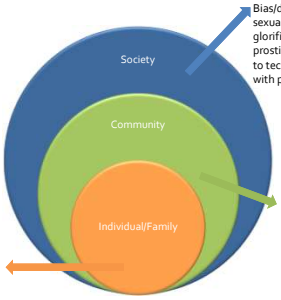
Risk Factors



Bias/discrimination, sexualization of children, glorification of prostitution culture, access to technology, countries with political upheaval

Poverty, homelessness, violence, foster care, gang membership, transient male population, proximity to transportation hubs, migration, tolerance of trafficking

Abuse & neglect, mental health issues, unaddressed trauma, developmental/ learning disabilities, substance misuse, family dysfunction, LGBTQ, runaway/ thrownaway, family/friend in sex trade, involvement with juvenile justice/CPS

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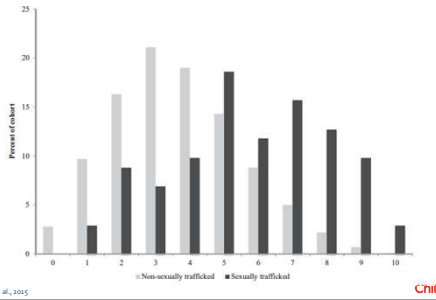
Prevalence of Adverse Childhood Experiences (ACEs) among CSEC and non-CSEC offending juveniles



Naramore et al., 2015

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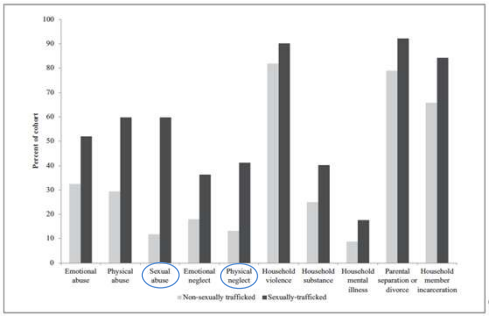

Naramore et al., 2015

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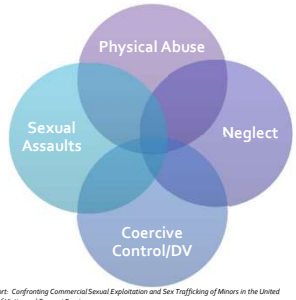
CSEC is a Form of Child Abuse



2014 Institute of Medicine Report: Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States: A Guide for Providers of Victim and Support Services

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Multiple Orders of Abuse

- "John"
- Trafficker
- Childhood trauma

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CAREs Cohort

- Mean age 14.5 years
- 93% Female
- 88% Black
- 85% Public insurance
- Majority of youth:
  - had a history of running away/leaving home
  - had a mental health diagnosis
  - had a prior psychiatric hospitalization
- Other risk factors
  - 2 of 5 had prior CPS involvement
  - 2 of 5 disclosed prior history of maltreatment
  - 1 in 3 reported illicit substance abuse

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Medical and Mental Health Needs

- Sexual assault
- Violent injuries (i.e. fractures, lacerations, choking/strangulation, anogenital, closed head trauma/concussions)
- Malnutrition
- HIV/STI exposure (pre/post exposure prophylaxis, presumptive Rx)
- High risk for unwanted or forced pregnancy, forced abortions
- Substance use and abuse
- Chronic Pain/GI complaints
- Mental Health (depression, PTSD, anxiety and suicide)
- Dental issues
- Immunizations
- Dermatology (lice, scabies, fungal infxns)
- Birth control (LARC, emergency contraception)
- General questions

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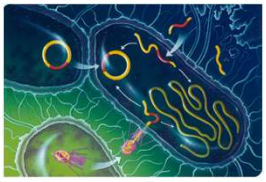
Consequences of Trafficking: *Infectious Disease*

- HIV/AIDS
- Other STIs
- Hepatitis
- TB
- Skin infections: Scabies, lice, fungal, bacterial
- UTIs
- Inadequate vaccination



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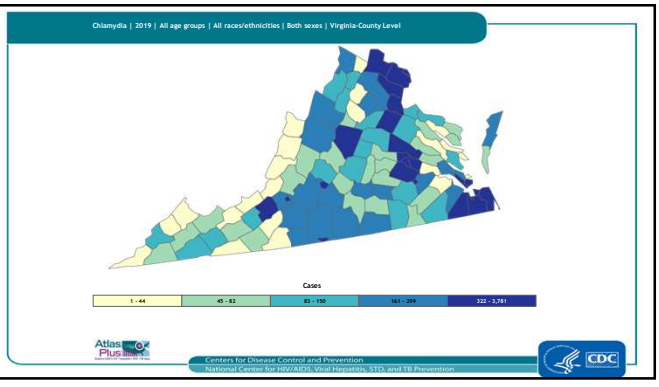

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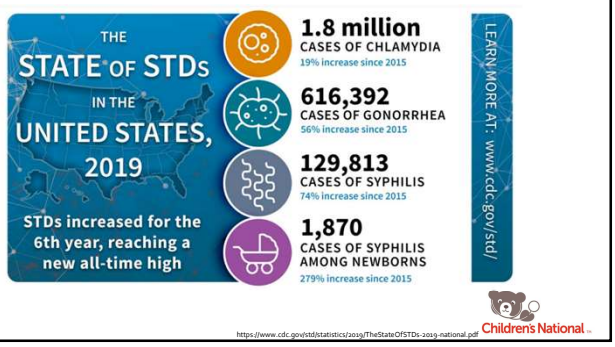
THE
STATE OF STDs
IN THE
UNITED STATES,
2019
STDs increased for the 6th year, reaching a new all-time high
1.8 million
CASES OF CHLAMYDIA
19% increase since 2015
616,392
CASES OF GONORRHEA
56% increase since 2015
129,813
CASES OF SYPHILIS
74% increase since 2015
1,870
CASES OF SYPHILIS AMONG NEWBORNS
279% increase since 2015
LEARN MORE AT: www.cdc.gov/std/
https://www.cdc.gov/std/statistics/2019/TheStateOfSTDs-2019-national.pdf
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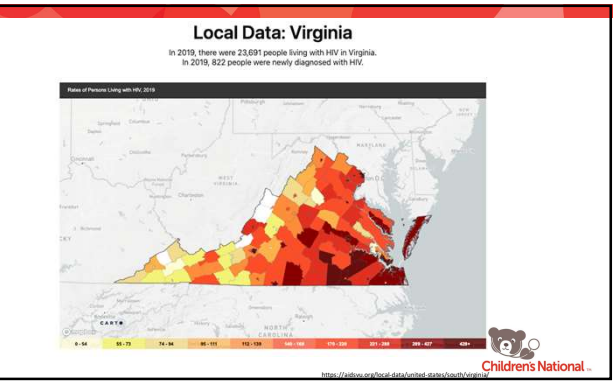
Local Data: Virginia
In 2019, there were 23,691 people living with HIV in Virginia.
In 2019, 822 people were newly diagnosed with HIV.
Rates of Persons Living with HIV, 2019
https://aidsvu.org/local-data/united-states/south/virginia/
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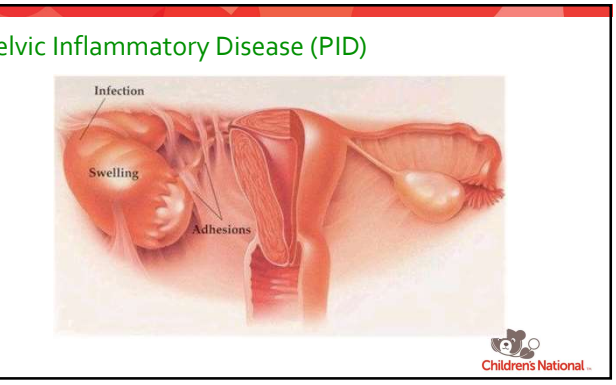
Pelvic Inflammatory Disease (PID)
Infection
Swelling
Adhesions
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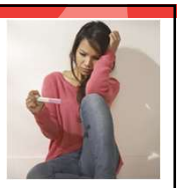
Consequences of Trafficking: *Pregnancy*



Used as a means of coercion
- Emotionally bound to trafficker
- Reliant on trafficker to meet child's needs
- Not likely to have adequate access to prenatal health care

Lederer and Wetzel, 2012
- 71.2% of 66 respondents reported at least one unwanted pregnancy during the period of exploitation
  - 55% at least one pregnancy termination
  - 30% multiple terminations
    - 50% forced to have at least one termination
  - 55% at least one miscarriage

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Consequences of Trafficking: *Substance abuse*

Pre-existing use or introduced by trafficker

Method of control, manipulation
- Reluctant to leave, improves compliance, reduces credibility

Self-medication

Intoxication, overdose or withdrawal

Longer working hours

May also develop in aftermath as coping mechanism

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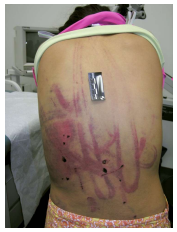
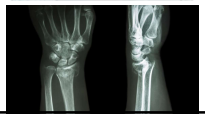
Consequences of Trafficking: *Violence*

- Physical Injuries
  - Anogenital
  - Oral/dental
  - Skin
  - Musculoskeletal trauma
  - Traumatic brain injury
- Old and new
  - Repeated trauma
- Accidental
- Inflicted
- Self-Inflicted





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Slide 26

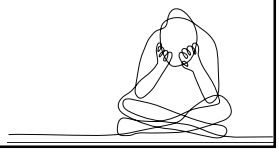
LM1 data?
Lemke, Monika, 7/27/2020

KD1 See notes -- I believe that figure is from Varma et al
Katherine Deye, 7/27/2020

Consequences of Trafficking: *Violence*

"Many children experience repeated violence (eg, beating, choking, burning), sexual assault and gang rape, psychological abuse and manipulation, threats, and blackmail at the hands of the trafficker, facilitators in the trafficking trade, and buyers"

- AAP Clinical Report, Child Sex Trafficking and Commercial Sexual Exploitation: Health Care Needs of Victims, 2015



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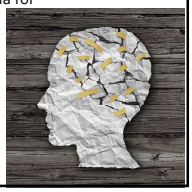
Consequences of Trafficking: Mental Health

- High rates of childhood maltreatment, exposure to violence, threats of death, coercion, isolation and poor living conditions increase risk for severe mental health issues
  - Include posttraumatic stress disorder (PTSD), depression, substance abuse, anxiety, and suicidality
- 77% of trafficked women and adolescents met criteria for probable severe PTSD
- Injuries and sexual violence during trafficking were associated with higher levels of PTSD, depression and anxiety



Hossain et al., 2010

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Addressing Unmet Medical Needs

Key Challenge

- Once initial comprehensive forensic medical evaluation complete, ongoing/recurrent significant physical and mental health needs

CAREs (Center for At-Risk Evaluations) Program

- Collaboration between CAPC and Adolescent Health Center (AHC)
- Supported by CHB grants 2017/18, 18/19, and 21/22
- 2018: 3-year DOJ Demonstration Project funding
- 2021: DOJ Grant funding (3-year period)
- Primary care medical home, interdisciplinary: CAPC, AHC physician and social worker, trauma-informed approach
- Seamless connection between forensic medical and mental health care to a comprehensive trauma-informed primary care medical home for adolescent victims of trafficking.

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CAREs Responds

CAREs takes a trauma-responsive approach to strengthen patients' resiliency

- Center for At-Risk Evaluations – Trafficking intentionally not in center's name
- CAREs clinical flow & procedures created with trafficking survivor input
- Staff do not attempt to elicit a disclosure/make a patient repeat their history
- Monitor closely for signs of distress during evaluation
- Information is presented in a nondirective manner, allowing patient agency in decision-making
- Weekly case review meeting

Photo source: https://www.scgov.org

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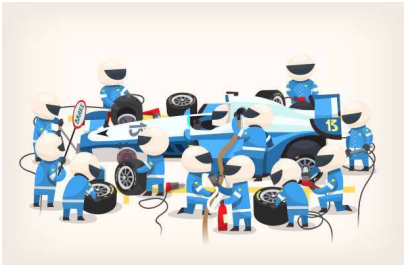

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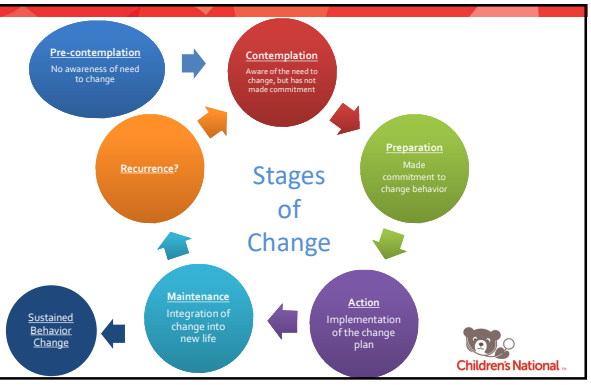

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Guiding Principles for Engagement

- Maintain a compassionate and nonjudgmental attitude at all times.
- Be consistent: follow through on everything and do not make promises that cannot be kept.
- Work to build trust and build a relationship: this is a slow process and relationship testing is to be expected.
- Cultural humility: be sensitive to the unique cultural needs and experiences of each person. Be aware of your own beliefs, biases, and cultural worldview.
- Safety: focus on harm reduction and creating safety strategies for youth.
- Self-determination and empowerment: youth should have information relevant to their situation and be encouraged to make informed decisions whenever possible.

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Pre-Exposure Prophylaxis (PrEP)

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Consequences of Trafficking: *Reproductive Health*

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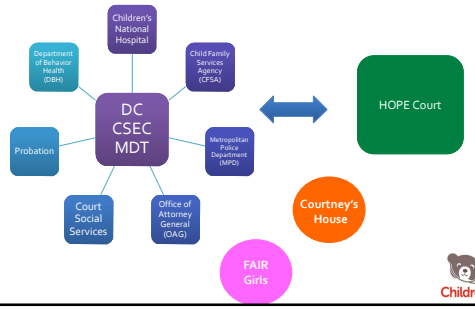
Organizational Response to Trafficking of Minors in DC



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Referrals from MDT/CAREs

Identifying patients who present for other reasons

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Missed Opportunities

The mean number of visits at Children's National prior to their initial child abuse visit was

5

We are likely under-identifying
Youth unlikely to disclose
Significant health needs

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No Screening "Tool"

- Very few validated screening tools available, especially for use in the healthcare setting
- Several human trafficking assessments/instruments: not evidence based, most for adults, most are long, only in English, few with survivor input
- Strong concern about screening tools whose goal is to elicit a disclosure and function as a "checklist"
  - Experience from IPV: "The use of structured screening tools does not promote disclosure or in-depth exploration of women's experiences of abuse" *(Jack et al, 2017)*
  - Forcing a disclosure is not trauma-informed practice

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Greenbaum et al. (Pediatr Emer Care 2018)

- Youth ages 12-18 years old (n=108)
- Cross sectional study
- CSEC vs ASA

TABLE 3. Six-Item Screening Questionnaire

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

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

Score Cutoff	Sensitivity	Specificity	PPV	NPV
2+	92%	73%	51%	97%
3+	84%	90%	72%	95%
4+	56%	98%	88%	88%
5+	24%	100%	100%	81%

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Assess for Safety

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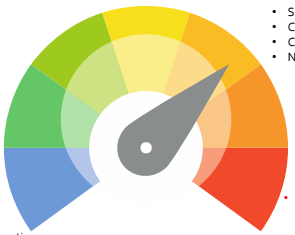
Level of Concern



- Universal education
  - ("Hanging Out or Hooking Up" card)
    - National HT Hotline

- Social Work consult
- Consider mental health referral
- Community resources/mentoring
- National HT Hotline

- Report to child abuse hotline – specifically mention concern for trafficking

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NATIONAL HUMAN TRAFFICKING HOTLINE

CALL
1-888-373-7888

TEXT
"BeFree" (233733)

LIVE CHAT
humantraffickinghotline.org

24/7 • Toll free
Confidential
200+ languages

GET HELP • REPORT TRAFFICKING

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PEARR Tool

Trauma-Informed Approach to Victim Assistance in Health Care Settings

In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to help guide health professionals on how to provide trauma-informed assistance to patients who may be impacted by abuse, neglect, or violence, such as human trafficking. The PEARR steps are based on an approach in which patients are educated and empowered with information about violence and resources, in a developmentally- and culturally-sensitive manner, before further screening is conducted. The goal is to have an informative conversation with patients in order to promote health, safety, and well-being, and to create a safe environment for affected patients to possibly share their own experiences and/or accept further services, such as intervention support. For additional information about violence, see page 2.

(P) PROVIDE PRIVACY | Discuss sensitive topics **alone** and in a **safe, private setting** (ideally a private room with closed doors). If a companion refuses to be separated from the patient, this may be an indicator of abuse, neglect, or violence.** Strategies to speak with the patient alone: Suggest the need for a private exam. For virtual or telephonic visits, request that the patient moves to a private space but proceed with caution as the patient may not actually be alone.** Note: **Companions are not appropriate interpreters**, regardless of communication abilities, in order to ensure safety for the patient, use a professional interpreter per your facility's policy.** Also, explain **limits of confidentiality** (e.g., mandated reporting requirements); however, do not discourage the patient from disclosing victimization. The patient should feel in control of disclosures. Mandated reporting includes your requirements to report concerns of abuse, neglect, or violence, as defined by applicable laws or regulations, to internal or external authorities or agencies, as described by laws and regulations.

(E) EDUCATE | Educate the patient in a manner that is **nonjudgmental** and **normalizes sharing of the information**. Example: "I educate many of my patients about [fill in the blank] because violence is common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, such as human trafficking, and offer the brochure or card to the patient. Ideally, this brochure or card will include information about resources (e.g., local service providers, national hotlines). Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**" If the patient declines the materials, respect the patient's decision.**

(A) ASK | Allow time for open discussion with the patient. Example: "Is there anything you'd like to share with me? Would you like to speak with [insert advocate/service provider] to receive additional information for you, **or someone you know**?"** If physically alone with the patient, and especially if you observe significant concerns (e.g., a high number or pattern of risk factors) or indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator]. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance."** Note: Limit questions to only those needed to determine the patient's safety, connect the patient with resources (e.g., trained victim advocates), and guide your work (e.g., perform a medical exam). Optional: If available and as appropriate, use an evidence-based tool to screen the patient for abuse, neglect, or violence.

(R|R) RESPECT & RESPOND | If the patient denies victimization or declines assistance, respect the patient's wishes.** If you still have **concerns about the patient's safety**, offer the patient a discrete hotline card or other information about emergency services (e.g., a local shelter). Otherwise, if the patient accepts or requests assistance, **arrange a personal introduction** with a local victim advocate (see page 3) or **assist the patient in calling a national hotline**: Domestic Violence Hotline: 1-800-799-7233; Sexual Assault Hotline: 1-800-656-4673; Human Trafficking Hotline: 1-888-373-7888.**

** **Report safety concerns** to appropriate personnel (e.g., a security officer), **complete mandated reporting**, and continue **trauma-informed health services.** Whenever possible, **schedule follow-up appointments** to continue building rapport with the patient and to monitor the patient's health, safety, and well-being.

https://www.commonspirit.org/physician-enterprise/key-programs/human-trafficking

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What should you do if you think one of your cases may involve possible human trafficking?

Remember the health consequences!

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Additional benefits of medical evaluation….

- Patients often are very worried about their health
- Patients can ask questions & get information
- Medical evaluation often makes them feel cared for and makes them trust investigators more
- Medical providers often can elicit additional history

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Some Medical Timelines to Consider….

If patient discloses sexual contact occurring < 72-120 hours ago….

Think forensic evidence collection kit and HIV prophylaxis medication!

If patient discloses sexual contact occurring < 120 hours (5 days) ago….

Think Plan B (pregnancy prophylaxis)!

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Other Needs….

- Stable, secure housing with specific expertise serving trafficked youth
- Mental Health Treatment
  - TF-CBT/MST/DBT/EMDR?
  - Substance abuse treatment
- Intensive Case Management
  - Academic remediation, life skills, job training, family reunification

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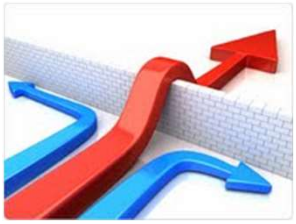
Barriers to care….

- Lack of knowledge about health care needs by physicians, SW, law enforcement
- Balancing need for information with need to not stress/re-traumatize patient
- Cultural diversity
- Language barriers/interpretation
- May present with many symptoms/complex clinical picture requiring longer office visits to develop trust and address myriad issues



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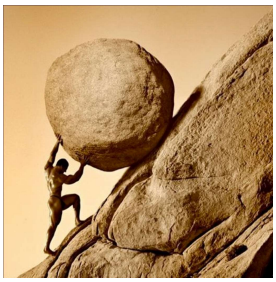
Still more challenges…

- Need for intensive case management/coordination of follow-up & referrals
- Instability of patient
  - transient, unstable living environment, originally from another state
- Who pays for medical care?
  - Crime Fund
    - Requires PERK to be collected for compensation



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Concluding Thoughts

- These cases are really challenging
- Remember the Stages of Change: Relationship is the intervention!
- What works:
  - Offering care. Meeting needs. Becoming an ally and supporting patient until they feel comfortable making a disclosure/change. Provide information, education, resources.
- Building trust with other colleagues and community organizations is critical
- Long-term access to evidence-based mental health services and secure housing is significant need

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