

HUMAN TRAFFICKING:

Family Medicine Residents Are the Future of Victim Care



(Photo: gremlin / iStock)

Ron Chambers, MD, FAAFP
Program Director, Dignity Health Methodist Family Medicine Residency
Physician Advisor, Human Trafficking Response



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Learning Objectives

- Describe the scope of human trafficking in the US.
- Recognize the signs and symptoms of victimization.
- Provide victim-centered, trauma-informed care.
- Understand where to access local resources.



Human Trafficking – Let's Define 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 a commercial sex and the victim is under **18 years of age**

-Trafficking Victims Protection Act of 2000

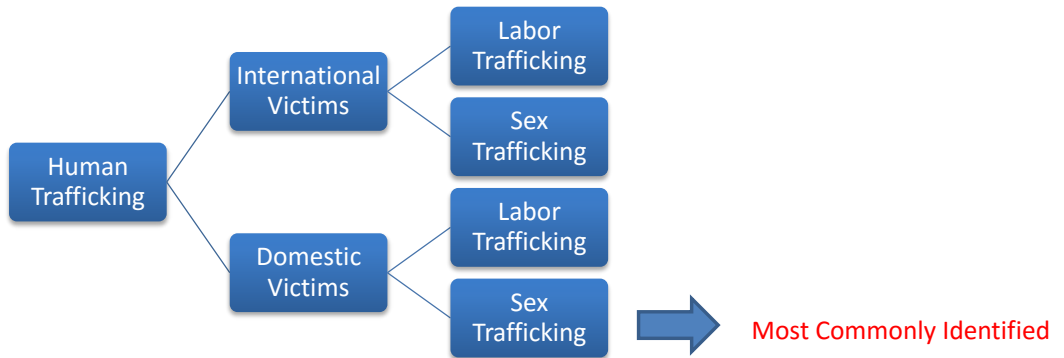
AMERICAN ACADEMY OF FAMILY PHYSICIANS

International Victims and the US



AMERICAN ACADEMY OF FAMILY PHYSICIANS

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



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Labor Trafficking

- Farm Work
- Construction Sites
- Hotels
- Factories (sweatshops)
- Domestic Servants
- Restaurants
- Landscaping



(Photo: Vasiliki Varvaki / iStock)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Sex Trafficking

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



AMERICAN ACADEMY OF FAMILY PHYSICIANS

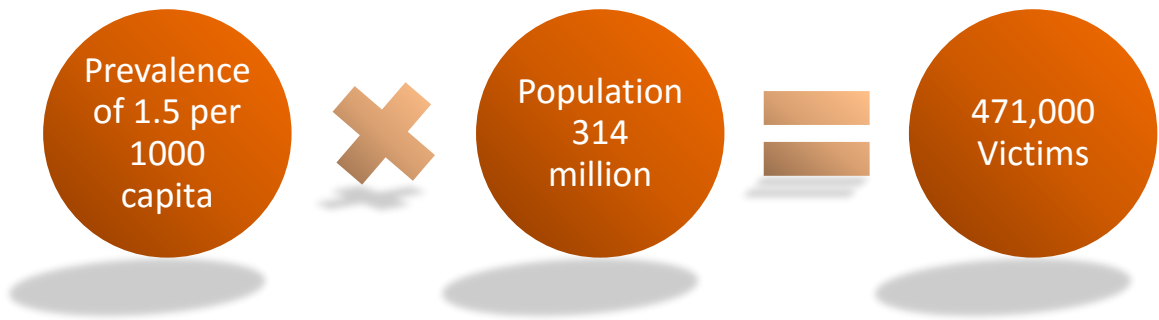
Human Trafficking in the US: Where is it happening?

Every state is affected by human trafficking.



Areas affected by human trafficking, 2015 (Polaris, a national anti-trafficking organization that operates the National Human Trafficking Resource Center, NHTRC).

United Nations ILO Report¹ Estimates (Controversy surrounds....)



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Let's Sensationalize it...?

- According to the Justice Department's National Incidence Study² 1.7 million children run away each year.
- 357,000 get reported (21%)...meaning 79% don't.
- 1 in 5 runaways report being forced into sex trafficking in the US (=340,000/year).³
- >300,000 youth are at risk of sexually exploited for commercial uses in the U.S.^{4,5}
- Average age of U.S. children forced into sex trafficking is 13.⁶
- >50% of recruiting is done by women.
- Average buyer is middle class married male with family.
- Busiest time is 5-7am, 5-7pm

PHYSICIANS

Domestic Minor Sex Trafficking

100,000

Ernie Allen, Director of the National Center for Missing and Exploited Children in Congressional Testimony July 2010
(*recanted due to criticism, but let's use common sense to evaluate prevalence...*)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

The Controversy of Resource Allocation^{7,8}

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Ernie Allen,
Former President and CEO, National Center for Missing and Exploited Children

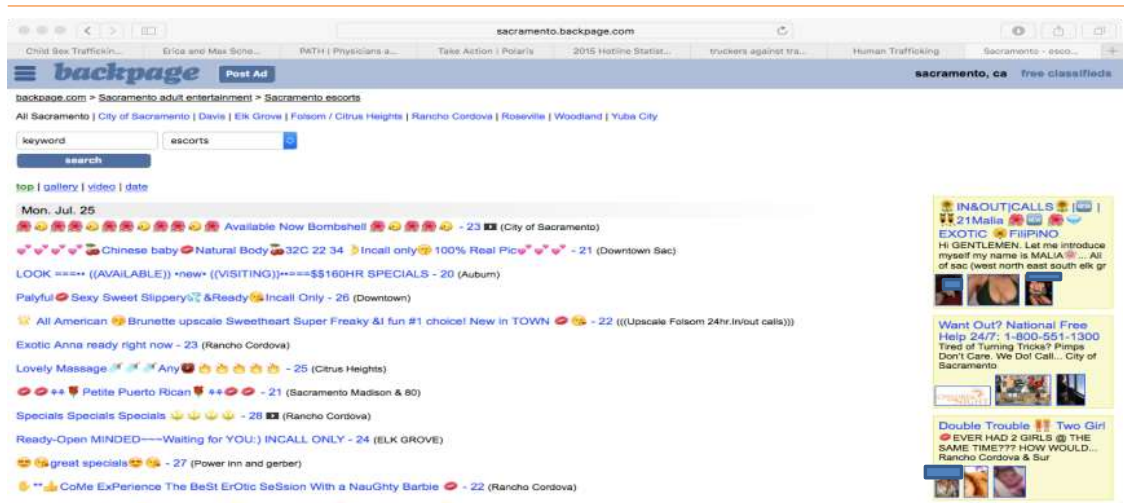
“The only way not to find this in any American city is simply not to look for it.”



(Photo: gremlin / iStock)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Sensationalized?



AMERICAN ACADEMY OF FAMILY PHYSICIANS

👉👉 No Rush 👉👉 Sexy Playmate👉👉 Tight Grip 👉👉 Unforgettable 👉👉 -- 23

Posted: Sunday, October 9, 2016 5:27 PM

[Reply](#)

👉👉 Visit PARIS the Pillow👉👉 Princess™ and I'll👉👉 Show U👉👉 How a REAL👉👉 Treats👉👉 Her👉👉 King👉👉 Open👉👉 Late👉👉
 👉👉 I love what I do!!!! And to please you is my mission!....
 👉👉 ASK about my Specials👉👉!!
 👉👉 PLAYFUL & OPEN MINDED!👉👉
 🚫 No drama
 ✓ 100% Clean
 ✓ 100% Safe
 ✓ In & Out Available ✓ Relaxing Environment ✓ NO RUSH
 Please:
 🚫 Do NOT call blocked
 🚫 Do NOT use explicit language
 🚫 Do NOT ask for more pics, as these ARE ME👉👉 Call ME NOW PaRiS 323👉👉 627
 📞 5116👉👉

Poster's age: 23

- Location: City of Sacramento, Sacramento
- Post ID: 12595147 sacramento

[email to friend](#)



[Enlarge Picture](#)



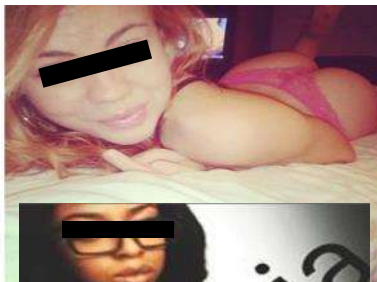
[Enlarge Picture](#)



AMERICAN

FAMILY PHYSICIANS

The List Changes Constantly Throughout the Day.



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Domestic Minor Sex Trafficking: Who are the Victims?

- Vulnerable Youth⁹
 - Physically/Sexually Abused
 - Neglected
 - Abandoned (“Throw-away”)
 - Family-controlled
 - May start younger
 - LGBT
 - Run Away Kids
 - *Run Away Love*

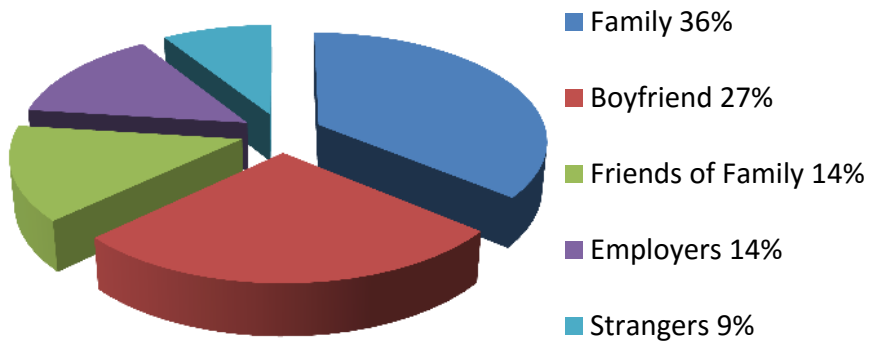


(Photo: gremlin / iStock)

AMERICAN ACADEMY OF FAMILY PHYSICIANS





Who Are the Traffickers?¹⁰

Relationship to Victim



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Why Such a Problem? Money.

•1 Girl •\$500/day •365 days/year •3 Girls •\$500/day •365 days/year •\$546,000	500 Dollars  •\$182,000 	•1 Girl •\$1000/day •365 days/year •3 Girls •\$1000/day •365 days/year •\$1,092,000	1000 Dollars  •\$364,000 
--	---	--	--

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Understanding the Traffickers

Gorilla Pimp

Severe violence as primary control
May employ forced drug use
“Bottom” girl may be present
Physically Beats/Bullies
May kidnap or lure youth and traffic out of area
Less Common

Gang Pimp

On the rise
Uses 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”

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Finesse/"Romeo" Pimp (Most Common)



- **Stage 1: Initial Contact**
 - Meets on internets, 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)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Learn to be a Pimp?

amazon Prime

All the pimp game

Departments Amazon@UCDavis Browsing History

Books Advanced Search New Releases Best Sellers The New York Times

Prime now \$10 OFF FIRST PURCHASE AND FREE 2-HOUR DELIVERY WITH THE PRIME NOW APP

Back to search results for "the pimp game"

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

Look inside

Pimpology: The 48 Laws

Paperback — August 5, 2008

by Pimpin' Ken (Author), Karen Hunter

★★★★☆ 136 customer reviews

See all 8 formats and editions

Kindle \$0.99

Paperback \$12.74

Read with Our Free App 32 Used from \$7 41 New from \$7

Star of the HBO documentaries *Pimps* & *American Pimp*, Annual Players' Ball "M Ken Ivy reveals the unwritten rules that streets to the executive suites.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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

PIMP'S BUSINESS GOAL 1:

Obtaining the "Product"

"A Bitch's Weakness is a Pimp's Sweetness"

"Weakness is the best trait a person can find in someone they want to control. If you can't find a weakness, you have to create one. You have to tear someone's ego down to nothing before they will start looking to you for salvation. Then you have a chance to build them back up, showing them that it's your program that takes them from darkness to hope. While you want them to feel good about themselves eventually, you want them to feel that it's because of you – They begin to see you as their champion, their hero – even if the weakness you rescue them from is the one you created."

-Pimpology by Pimpin Ken

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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.”

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

AMERICAN ACADEMY OF FAMILY PHYSICIANS

An Example Story.

Mike Rayfield

FBI, Retired Supervisory Special Agent
Sex Trafficking Unit, Sacramento, CA

*The FBI has 69 Task Forces dealing with Human Trafficking in the US,
Sacramento has it's own*

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Questions for the Group

A 16-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.

Is he a prostitute (criminal) or a victim?



(Photo: Vasiliki Varvaki / iStock)

Discussion Questions

Is a 16 year old capable of making these kinds of choices?

How about a 12 year old or a 20 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.



(Photo: Matt_Brown / iStock)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Healthcare Providers and Human Trafficking

Part 2: Taking on the Issue



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Healthcare's Interaction with Human Trafficking Victims

- Are Victims Seen? Studies Vary Widely.
 - 87.8% of victims interviewed across five cities by abolition international reported contact with a healthcare system.¹¹
 - None freed as a result.
 - 77% of sexually exploited youth in Oakland, CA reported seeing a physician regularly.¹²
 - 33% currently on prescribed meds, 49% hospitalized.
 - 50% of international victims recovered in LA had visited a healthcare professional while in captivity.¹³
 - None freed as a result.

Where are the victims seen¹¹

Hospital/Emergency rooms- 63%

Planned parenthood- 30%

Family physician- 23%

Urgent Care Clinic- 21%

Women's clinic- 19%

Neighborhood clinic- 19%



2017 Survey of Family Medicine Program Directors



So, how do we identify and treat human trafficking victims?

SOAR to Health and Wellness Training

Training developed by:

United States Health and Human Services (HHS)

Office of Women's Health

Administration of Children and Families

S: Stop

O: Observe

A: Ask

R: Respond

AMERICAN ACADEMY OF FAMILY PHYSICIANS

[HOME](#) [ABOUT](#) [HUMAN TRAFFICKING](#) [INTERAGENCY INITIATIVES](#) [RESOURCES](#) [FUNDING](#)

ACF Home » Office on Trafficking in Persons » Interagency Initiatives » SOAR to Health and Wellness Training on Human Trafficking [PRINT](#)

SOAR to Health and Wellness Training

[Listen](#)



Stop. Observe. Ask. Respond to Human Trafficking
A Training for Health Care and Social Service Providers

Stop. Observe. Ask. Respond (SOAR) Human Trafficking Training

Many victims of human trafficking come into contact with health care and social service professionals and remain unidentified. Potential victims can present with a wide-range of physical and psychological health issues and social service needs. The SOAR training aims to educate health care and social service professionals on how to identify, treat, and respond appropriately to potential victims of human trafficking.

1. What is the history of the SOAR training?

The SOAR training was originally designed in 2014 by the HHS Administration for Children & Families (ACF) and the Office on Women's Health (OWH) as a pilot training for health care providers. It was tested by partnering with hospitals and community

Report a Tip. Request Services.



Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States



AMERICAN ACADEMY OF FAMILY PHYSICIANS

SOAR

Stop – Understand the scope of human trafficking

Observe – Recognize indicators of human trafficking

Ask – Interact with a victim-centered, trauma-informed approach

Respond - Identify needs and have available resources

(Holly Gibbs, Director of Dignity Health's HT Response Program, served on SOAR's First Technical Working Group and has brought this expertise to Dignity Health)

AMERICAN ACADEMY OF FAMILY PHYSICIANS



(Photo: Frontpage / Shutterstock.com)



(Photo: Sal Sen / Thinkstock)

STOP: Consider Human Trafficking



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Control

STOP^{15,16}

Red Flags

- Controlling 3rd party (boyfriend, husband, uncle, brother, sister, mom or dad)
 - Controls conversation
 - Dose not want to leave
- Texting/calls: trained so that pimp can keep tabs on them at all times.
- Not in control of their documents, money
- Runaway/Foster Care: 95% 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.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Observe: Examine the Patient



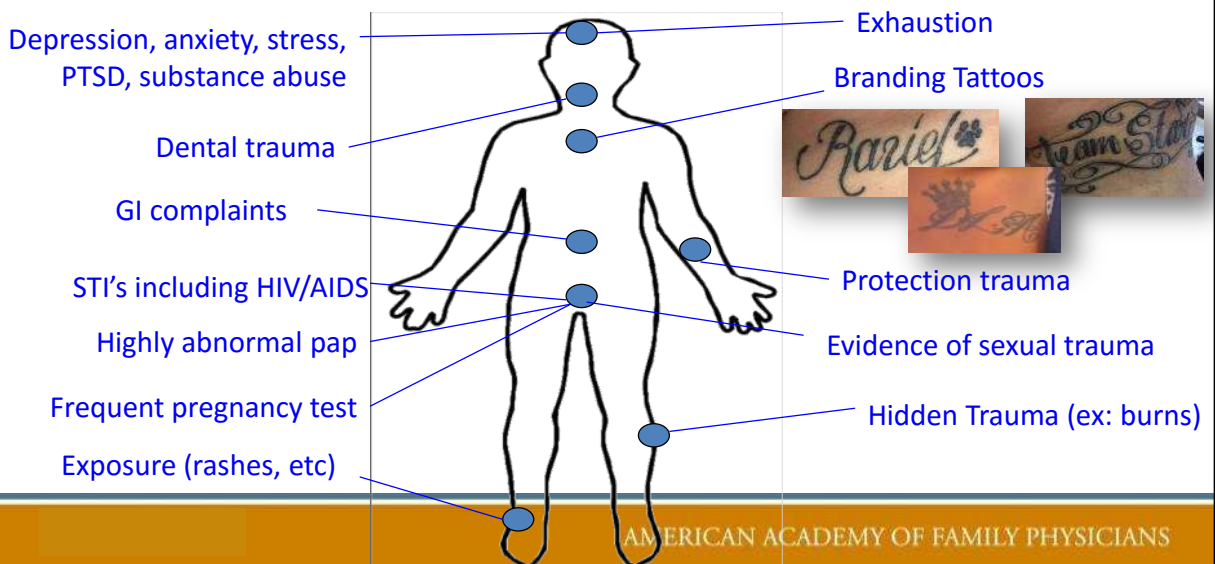
AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Physical Indicators^{15,16}

- 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

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Physical Indicators¹⁷



AMERICAN ACADEMY OF FAMILY PHYSICIANS

ASK

- **Identify and interact with a potential human trafficking victim using a victim-centered, trauma-informed approach**
 - If the patient is a victim of human trafficking there is a high likelihood that they are highly traumatized.
 - Takes time to create the sense of safety (not trust)
 - Trauma-informed personnel to consider include:
 - Hospital Social Workers
 - SANE/SAFE Nurse (maybe – heavy focus on exam)
 - Trauma-informed and Victim-Centered care is needed

What is Trauma Informed Care? Perspective.

Trauma Informed Care

An approach to engaging individuals with a history of trauma, recognizing trauma symptoms and understanding the role trauma has played across their life.

Perspective

Trauma occurs along “continuum of complexity”

- Less complex: car accident
- More complex: frequent interpersonal violence

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



(Photo: gremlin / iStock)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Trauma Concepts

Chronic Trauma:

- Experience of early, multiple, persistent overwhelming events.

Complex Trauma:

- Impact of chronic trauma on brain development and “symptomology” over a lifetime.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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**



(Photo: gremlin / iStock)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Trauma Informed Care, a Perspective which allows...

...Empathy.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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: KatarzynaBialasiewicz / Thinkstock)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Potential mentality of the victim...

Myth: Victims of human trafficking will self-report and seek help.

Truth: Oftentimes trafficked persons **do not self-identify as victims.**



(Photo: Jack Carey / Alamy)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

You have **STOPPED** and considered human trafficking, **OBSERVED** findings that raised your concerns, **put on your victim centered, trauma informed care hat...**

What's Questions Do You Ask?

AMERICAN ACADEMY OF FAMILY PHYSICIANS

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?

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Victim suspected, time to **RESPOND**

Immediate Response

Crucial that **protocols** be developed, staff
trained **ahead** of time!

IMMEDIATE RESPONSE

Key Points of the Response¹⁸

- 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”.

Protocols must be location specific¹⁸

Guidelines for Intervention

- Ensure you have the ability to intervene
- Able to establish security
 - Victim: Now and in the days to come
 - Staff
- The patient must want intervention
- Know the local routes involving law enforcement
- Know the organizations involved in care of trafficking victims
- Have knowledge to give reasonable expectations

Guideline when intervention refused

- Decisions for persons over 18 should be respected
- For minor victims the decision is difficult. Depends on age, ability to protect, physical condition, ability to follow up later.
- Consider gathering as much information as possible to turn over to law enforcement.

**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 concern: 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.

5
FAMILY PHYSICIANS

Human Trafficking Resources: Where Do We Start?

NHTRC | National
Human Trafficking
Resource Center
1-888-373-7888

NHTRC hotline can connect patients with local, national resources. Hotline Specialists have interpreting services and they are not mandated reporters.
Text: "BeFree" (233733)

Shoe Card



Image: Blue Campaign/Homeland Security

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Service Providers

• Know Your Local Service Providers

- Organizations in local area working with victims
 - Need to know what population they are serving
 - What services they provide
 - Criteria for admission
 - Cost or funding required
 - Openings
 - Ability to participate
 - Know service providers contact numbers

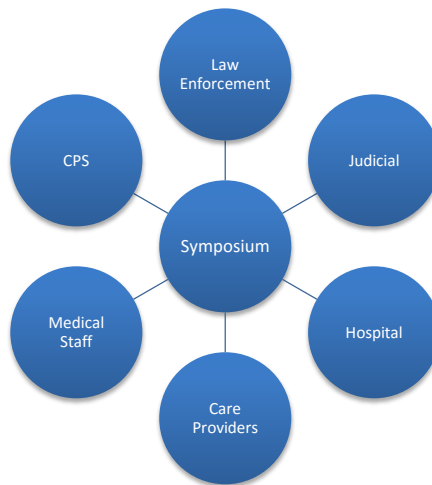


AMERICAN ACADEMY OF FAMILY PHYSICIANS



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Protocol Get to Know the Players Ahead of Time



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Protocol Creation: Know Participants Roles

- **Law Enforcement**
 - Call Dept. of Homeland Security (866-347-2423) to make contacts
 - Local vice sheriffs, detectives may have specific insight on local trafficking situation. State law enforcement may have specifics on levels of training.
- **FBI**
 - Ask about local task force, contact info on local victim services specialist
 - All are trained, and will always be involved in international victim cases
- **Homeland Security**
 - All are trained, key for international victims as they handle immigration issues
- **CPS**
 - Check on established relationships with specialized service providers
- **Juvenile Court Representative**
 - Assess knowledge of issue. Many victims have arrest warrants, and knowledge of state laws helps
- **Municipal Court Representative**
 - Outstanding warrants in victims may be handled differently. May have special prostitution court.
- **Service Providers**
 - Organizations in local area working with victims

Protocol Participants: Hospital

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



The Longitudinal Response: A Unique Role for Family Medicine Providers

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

Example: Mercy Family Health Center

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Mercy Family Health Center

A Medical Home for Human Trafficking Victims



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Human Trafficking Medical Home

Mercy Family Health Center

Our purpose is 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.

Each patient has a unique story. Our patients can expect to be treated with the respect, dignity, and compassion they deserve in a safe, judgment-free space focused on their healing, health, and well-being.

It is our honor to share in our patient's individual journeys, and to participate in their roads of recovery.

Services Provided

- Full Spectrum Victim-Centered, Trauma-Informed Primary Medical Care
- Newborn, Pediatric and Adolescent Care
- Women's Health
- Primary Psychological Care
- LGBT+ Friendly Care
- Annual Physical Examinations
- Vaccinations
- STD Testing and Treatment

Referrals to Community Resources

If you or anybody you know is a victim of human trafficking and would like to make an appointment or learn more, please call the Mercy Family Health Center at (916) 681-3488.

Learn more about what you can do to support [Dignity Health's Human Trafficking initiative](#).

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.

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.**"*

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Next Steps for Healthcare Providers

Incorporate human trafficking training into family medicine residency education across the country

- Papers, book chapters, presentations, the "TRUTH" study



AMERICAN ACADEMY OF FAMILY PHYSICIANS

Thank You for Your Commitment

Hello, my name is Tanya.

I was trafficked at 18 until I was 21. During that time I visited the emergency room at least 3 times for a UTI. I also had a baby and made multiple trips to our family doctor for shots and well visits. After a year, I became pregnant with a second child. The visits I made to the emergency rooms and doctors' offices were in my home town. Often I think about those times and wonder how many medical providers wanted to reach out to me but didn't know how.

Thank you for your commitment to identify and protect victims. Today I am a wife, a mother, and a college graduate. – Tanya Street, Founder of Identifiable Me, a victim services organization addressing gender-based violence³²



Tanya Street with her daughter. (Photo courtesy of Tanya Street)

AMERICAN ACADEMY OF FAMILY PHYSICIANS

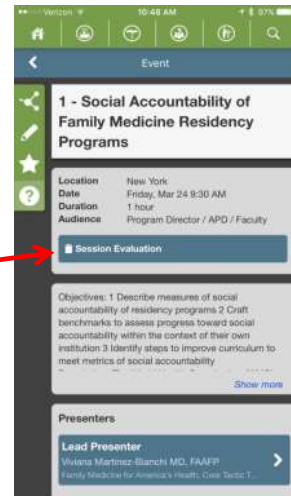
References

1. ILO "ILO Global Estimate of Forced Labor". (2012). Available online at: http://www.ilo.org/sapfi/Informationresources/ILOPublications/WCMS_182004/lang-en/index.htm
2. US Dept. of Justice "National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children" (2002). Available online at: <https://www.ncjrs.gov/pdffiles1/ojdp/196465.pdf>
3. National Center for Missing and Exploited Children. Child sex trafficking. www.ilo.org/global/topics/forced-labour/lang-en/index.htm (Accessed on March 11, 2016)
4. Adams, William, Colleen Owens, and Kevonne Small. 2010. Effects of Federal Legislation on the Commercial Exploitation of Children. Juvenile Justice Bulletin. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. <https://www.ncjrs.gov/pdffiles1/ojdp/228631.pdf>
5. Bryan, Courtney. 2014. "What Judges Need to Know About Human Sex Trafficking: Screening and Assessment and Matching to Empirically Based Treatment." Presented at the NCJFCJ Annual Conference July 14, 2014, Chicago, Ill.
6. Rafferty Y. Child trafficking and commercial sexual exploitation: a review of promising prevention policies and programs. *Am J Orthopsychiatry* 2013; 83:559.
7. Insurance Institute for Highway Safety, Data on Automobile Fatalities, 2010.
8. Mortality Multiple Cause-of-Death Public Use Record, Documentation of Initial Release, CDC, 2015.
9. Alpert EJ, Ahn R, Albright E, et al. Human trafficking: Guidebook on identification, assessment, and response in the health care setting. MGH Human Trafficking Initiative, Division of Global Health and Human Rights, Department of Emergency Medicine, Massachusetts General Hospital and Committee on Violence Intervention and Prevention, Massachusetts Medical Society. 2014. [www.massmed.org/Patient-Care/Health-Topics/Violence-Prevention-and-Intervention/Human-Trafficking-\(pdf\)](http://www.massmed.org/Patient-Care/Health-Topics/Violence-Prevention-and-Intervention/Human-Trafficking-(pdf)) (Accessed on June 08, 2016).
10. Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House New York, May 2013.
11. Lederer, L. and Wetzel, C.A. "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities". (2014) *The Annals of Health Law* 23:1. 61-91.
12. Missey Data Report- June 2009; available online at: http://www.missey.org/documents/data_report_final.pdf
13. Baldwin, SB, Eisenman DP, Sayles JN et al. "Identification of Human Trafficking Victims in Healthcare Settings". *Health and Human Rights* (2011) (13) 1:1-14.
14. United States Department of Health and Human Services. Resources: Identifying and interacting with victims of human trafficking. http://www.acf.hhs.gov/sites/default/files/orr/tips_for_identifying_and_helping_victims_of_human_trafficking.pdf (Accessed on June 08, 2016).
15. Chambers RG, Chaffin S, Lo V (2017). Human Trafficking. In Domino FJ (Ed.), *The 5-Minute Clinical Consult*, Philadelphia: Wolters Kluwer Health.
16. Lo V, Chambers R (2016) Human Trafficking and the Role of Physicians. *J Family Med Community Health* 3(3): 1084.
17. Konstantopoulos, W.M., Ahn, R., Alpert A.J. et al. "An International Comparative Public Health Analysis of Sex Trafficking of Women and Girls in Eight Cities: Achieving a More Effective Health Sector Response". *J Urban Health: Bulletin of the New York Academy of Medicine*. (2013) Vol. 90 (6):1194-1204.
18. Human Trafficking Response Procedure, Dignity Health Acute Care Facility, 2016.

AMERICAN ACADEMY OF FAMILY PHYSICIANS

Please...
Complete the
session evaluation.

Thank you.



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA