Understanding Trauma Informed Care of Trafficked Women and GLBTQ Patients

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Dr. Chambers graduated from George Washington University School of Medicine in Washington, DC, and completed his residency at Dignity Health Methodist Hospital in Sacramento, California. Subsequently, he completed fellowships in faculty development and program director development. He serves as clinical faculty at the University of California (UC) Davis School of Medicine, Sacramento, and is a clinical associate professor at California Northstate University College of Medicine, Elk Grove. In addition to his role as the program director for Dignity Health Methodist Hospital of Sacramento Family Medicine Residency Program, Dr. Chambers is the Designated Institutional Official (DIO); chair of the family medicine department; and medical director for Mercy Family Health Center. He also serves as a physician advisor for the Dignity Health Human Trafficking Response Program and medical director for Human Trafficking Medical Safe Haven. His primary interests are the creation of trauma-informed, victim-centered longitudinal medical homes for survivors of human trafficking and related resident physician education and training on the use of survivor-informed practices.
Learning Objectives

1. Develop communication strategies and an environment inviting to patients to disclose sexual and physical trauma histories without pushing for details that could be re-traumatizing to disclose.

2. Formulate plans to discuss family dynamics and community resources for GLBT patients who may require support or conflict management.

3. Be aware of community resources that offer sensitive mental health services for GLBT patients

4. Understand the additional health risks for GLBT patients and offer appropriate screening and follow up.

Audience Engagement System

Step 1

Step 2

Step 3
Please Note

This talk may contain triggers. Please practice self care or excuse yourself as necessary.

Example stories are discussed to exemplify concepts, details adjusted to be non-identifiable. Our goal is not to re-exploit an individual's story.

Meet Josie

https://www.youtube.com/watch?v=myZrUgEE5OY
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.

National Statistics on Human Trafficking

National HT Hotline: Human trafficking reported in all 50 states, D.C. 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...

Most Commonly Identified
https://humantraffickinghotline.org/states

Where Our Patients Experience Labor Trafficking

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

Labor trafficking does not get as much attention in the media as sex trafficking.

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.
Where Our Patient Experience Sex Trafficking

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

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

Prevalence of 1.5 per 1000 capita* × Population 314 million** = 471,000 Victims

¹Developed Economies and European Union
²Extrapolated to United States
Are We Sensationalizing It?
Commonly Cited but Perhaps Misleading Statistics...

• According to the Justice Department’s National Incidence Study\(^3\) 1.7 million children run away each year.
• 357,000 get reported as missing (21\%).\(^4\)
• 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 old \(^7\)... 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”, “Dates”) 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
...and a very controversial number.

100,000

(Recanted!)

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 try to evaluate with tools at hand…)

The Controversy of Resource Allocation11,

If 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
Redefining Victim Stereotypes

"While trafficking affects all demographics, traffickers frequently target individuals who lack strong support networks, are facing financial strains, have experienced violence in the past, or who are marginalized by society."

-Polaris Project

LGBTQ+ Individuals Bear Increased Burden

Traffickers often target young people living on streets:

- 380,000 youth experience homelessness annually
- Up to 40% of homeless youth identify as LGBTQ
  - Of these:
    - 46% ran away because of family rejection.
    - 7.4x more likely to experience acts of sexual violence than their heterosexual peers.
    - 3-7x more likely to engage in survival sex to meet basic needs.
LGBTQ+ Individuals Bear Increased Burden

Discrimination leads to unemployment. Poverty increases vulnerability.

“After beginning transition, I was asked/forced to leave a high paying management job after years of successive promotions.”

- Almost half of California’s transgender population reports they had experienced some loss of employment as a result of their gender identity.
- Those persons who have lost a job due to their gender identity are significantly more likely to have lower income (< $10,000 annually).

Almost one quarter of the transgender community in California report they have worked in the street economy at some time in their lives. [13]

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.” [13]
What Makes the News vs. A More Insidious Reality

***Erosguide, P411, Skip the Games, Adultlook, Private Delights, CityVibe***

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
Profiles 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”

**Finess/“Romeo” Pimp**
- 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)

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.

Learn to be a Pimp?

by Mickey Royal (Author)
The Role of Societal Acceptance (Pimpology, Pimp Game, etc.)

From the book: The Pimp Gang, Mickey Royal

**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

A Word on Trauma Bonding (AKA: Trauma-Coerced Attachment)

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

Trauma-Coerced Attachment involves a powerful emotional dependency on the abusive partner and a shift in world- and self- view, which can result in feelings of gratitude or loyalty toward the abuser and denial or minimization of the coercion and abuse.

Intensity often mistaken for intimacy.

Overlaps with Stockholm Syndrome.
An Example Story

Healthcare Interaction with Human Trafficking Victims

Are Victims Seen? Studies Vary Widely.

- >90% of patients seen at our center reported contact with a healthcare system while being trafficked. (Demographics include labor trafficking, cross ethnicities, genders, and languages but majority are US Citizen English speaking female sex trafficking victims).
  - No Interventions

- 87.8% of victims interviewed in 2014, who identified as “female sex trafficking survivors” reported contact with a healthcare system.\(^\text{17}\)
  - No interventions.

- 77% of sexually exploited youth in Oakland, CA. reported seeing a physician regularly.\(^\text{18}\)
  - 33% currently on prescribed meds, 49% hospitalized.
  
  ***Likely lower incidence in populations which include men, foreign nationals, labor trafficking***
  
  (Only 37% of foreign nationals in recent, small study saw health care provider)
So, how prepared are we in Health Care?

2017 Survey of Family Medicine Program Directors
Analogy: AIDS Epidemic in the early 1980s?

Preparing Providers
To Provide Trauma-Informed Care
Center for Health Care Strategies (CHCS)

https://www.youtube.com/watch?v=fWken5DsJcw

A Trauma-Informed and Patient-Centered Approach...

...is ultimately a mechanism for delivering quality healthcare from a position of empathy.
Guiding Principles of Trauma-Informed Approach

Trauma can affect how individual engages in major life areas, including ongoing health services. Health systems and professionals encouraged to practice SAMHSA’s guiding principles in all aspects of patient care and services:\(^\text{29}\)

- **Safety**: Throughout organization, staff and people they serve should feel physically and psychologically safe.
- **Trustworthiness and transparency**: Organizational operations and decisions are conducted with transparency and with goal of building and maintaining trust among staff, patients, and family members.
- **Peer support and mutual self-help**: These are integral to organizational and service delivery approach and are understood as key vehicle for building trust, and for establishing safety and empowerment.
- **Collaboration and mutuality**: There is true partnering and leveling of power differences between staff and patients and among staff.

Guiding Principles, Continued

- **Empowerment, voice, and choice**: Throughout organization and among persons served, individuals' strengths are recognized, built on, and validated.
- **Consideration of cultural, historical, and gender issues**: Organization actively moves past cultural stereotypes and biases, offers gender responsive services, leverages healing value of traditional cultural connections, and recognizes and addresses historical trauma.

By practicing principles, health professionals can promote patient-centered experience and resist re-traumatization of patients.
Implementing Organizational Change

As seen in video, CHCS recommends organizational practices to reorient culture of health care setting to address trauma in patients and staff:31

- Lead and communicate about being trauma-informed
- Engage patients in organizational planning
- Train both clinical and non-clinical staff
- Create a safe physical and emotional environment
- Prevent secondary traumatic stress in staff
- Build a trauma-informed workforce

Learn more from CHCS’s Trauma-Informed Care Implementation Resource Center: www.traumainformedcare.chcs.org/

Implementing Clinical Change

CHCS recommends these clinical practices to address impact of trauma on individual patients:

- Involve patients in treatment process
- Screen for trauma according to best practices
- Train staff in trauma-specific services to prevent, intervene, and treat traumatic stress and co-occurring disorders
- Engage referral sources and partner organizations
  - Local crisis centers, shelters, LGBTQ centers
Train and Grow in Gender Affirming Care Best Practices

- Initial trainings for staff and providers
  - Trauma-Informed approaches for Gender Affirming Care
  - Provide time and space for peer-based learning and reflection
  - **Survivor Informed Best Practice**
    - Example: National Survivor Expert: Nat Paul, LGBTQ+ training for all staff
    - Local Gender Health Center training for all staff
- Implement affirming identifiers within healthcare space (i.e., rainbow on stethoscope)
- Referrals to community partners and organizations

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)
Creating a Human Trafficking Medical Safe Haven
Dignityhealth.org/msh

Mercy Family Health Center: Creating a Medical Safe Haven

- Recognition: Protocol Development
  - Our Past: 90% of our patients who were trafficked 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.
  - Family Medicine is full scope care, the “one stop shop” for victims and their children.

A Medical Home for Human Trafficking Victims
Medical Safe Haven Patient Demographics

- **HT Patient Age Range (M/F):** 0-63
- **Reported Onset of Trafficking:** Age 5-24
- **Trafficker:** Partner/Boyfriend, Pimp, or Family Member
- >90% Reported interaction with Provider while being trafficked
- 100% Reported not being identified or being provided resources

**Patient Ethnicity:**
- African American: 39%
- Asian: 3%
- Caucasian: 28%
- Hispanic: 26%
- Not disclosed: 4%

**Number of Medical Safe Haven Patient Visits Provided:** >1200

**Patient Outcomes:**
- 4 Fold Program Completion Rate
- Improved PTSD, Depression (PHQ-9), Anxiety (GAD-7)
- 100% Enrolled with Health Insurance

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Preliminary Data from the Medical Safe Haven

**Significantly Decreased Morbidity in Patients**
- Decreased PTSD symptoms
- Improved Depression Scores (PHQ-9)
- Decreased Anxiety (GAD-7)
- Four fold Community Program Completion Rate
- 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.**
Common Medications We Use (www.dignityhealth.org/msh)

- **STIs**
  - Doxycycline (Azithromycin)
  - Ceftriaxone
  - PCN
  - Metronidazole

- **Plan B**
- **LARC**
- **PreP**
  - **Substance Use (Regiment Dependent)**
    - Suboxone, Methadone
    - Naltrexone, Acamprosate, Anatabuse, Librium
    - Clonidine, Gabapentin

- **Infectious (Regiment Dependent)**
  - TB, Hepatitis, HIV

- **Mood Lability/Intensity**
  - Quetiapine (Seroquel)
  - Olanzapine (Zyprexa)
  - Lurasidone (Latuda) if pregnant
  - Lamotrigine (Lamictal)

- **Nightmares, Hyperarousal**
  - Prazosin

- **Depression/GAD/PTSD**
  - Escitalopram (Lexapro)
  - Sertraline (Zoloft)
  - Duloxetine (Cymbalta)
  - Venlafaxine (Effexor)
  - Fluoxetine (Prozac)

Know Your Local Service Providers - Community Organizations Working with Victim/Survivors

- Stand Up Placer
- WEAVE
- Community Against Sexual Harm
- Chicks In Crisis
- City of Refuge
- My Sister's House
- Bridge Network CO
- SACRAMENTO REGIONAL FAMILY JUSTICE CENTER
- SACRAMENTO FEMALE RESCUE
- Opening Doors

Reward Pathways (Stimulated or dampened)

Trauma

Anxiety, PTSD, Insomnia

Emotional Lability

Substance Use And/or Fight/Flight

Reward Pathways (Stimulated or dampened)

Emotional Lability

Substance Use And/or Fight/Flight

Reward Pathways (Stimulated or dampened)
Manuals to Create Response Protocol and Replicate Medical Safe Haven
www.dignityhealth.org/msh

- **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.

**Practice Recommendations**

- Implement response protocols at hospitals across the country*
- Develop centers able to provide longitudinal victim-centered trauma-informed care for human trafficking victims
- Incorporate human trafficking training into residency education across the country
The Take Home Points

**Family Medicine Can Create Medical Safe Havens for trafficking survivors**

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

**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.”
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! She 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.”

Feedback from our Patients

Contact Information

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Questions

References

14. Mortality Multiple Cause-Of-Death Public Use Record, Documentation of Initial Release, CDC, 2015.
References

29. Download the PEARR Tool here: https://www.dignityhealth.org/hello-humankindness/human-trafficking/victim-centered-and-trauma-informed