

Initial Consult

- 15 year old female presents to ED for one month history of abdominal pain and nausea
- ED HEADS assessment: not in school, smoker, sexually active with both men and women, last 2 months recent STI and HIV testing have been negative
- Sexually assaulted by unknown male morning 3 days ago – approximately 0700
- Seen at another hospital after assault but declined assessment
- Wondering if abdominal pain is related to sexual assault
- In ED with friend
- SCAN called to see

Medical History

- Depression, anxiety
- Multiple pregnancies resulting in miscarriages
- No birth control
- Multiple sexual partners, both men and women
- Exchanges sex for money and drugs
- Lower, crampy abdominal pain with nausea/vomiting for a few weeks, intermittent fever

Social History

- Crown ward
- Previously lived in group homes, youth treatment centres
- Multiple admissions to hospital for suicidal ideation
- Drug use – daily, including alcohol, marijuana, xanax
- School – irregular attendance/not passing

Plan

- SCAN assessment
 - Exam, STI testing, hep b vaccine, suicide screen
 - SCAN psychologist referral
- Gynecology and adolescent medicine consult
- Admission for PID
 - Admitted for 4 days

Psychology Interview

- In the room with a female friend
 - Female friend to provide history
 - Family hx of alcoholism and drug abuse
 - She uses heroin, cocaine, meth since age of 7
 - Hx of blacking out not sure about sexual assaults
 - Homeless
-
- Presented as young, accepting of help, concerned about male friend downstairs

Psychology Interview

- Met her boyfriend at truck stop in the middle of the night
- He calls her his "queen" he is going with her to get a tattoo of a crown on her leg
- Not sure why he is so nice to her and so protective
- Has been used in the past by men

Psychology Interview

- He is different, offering her safety, drives and to help her
- He bought her a phone and gave her keys to his apartment
- She noted she has been trafficked in the past

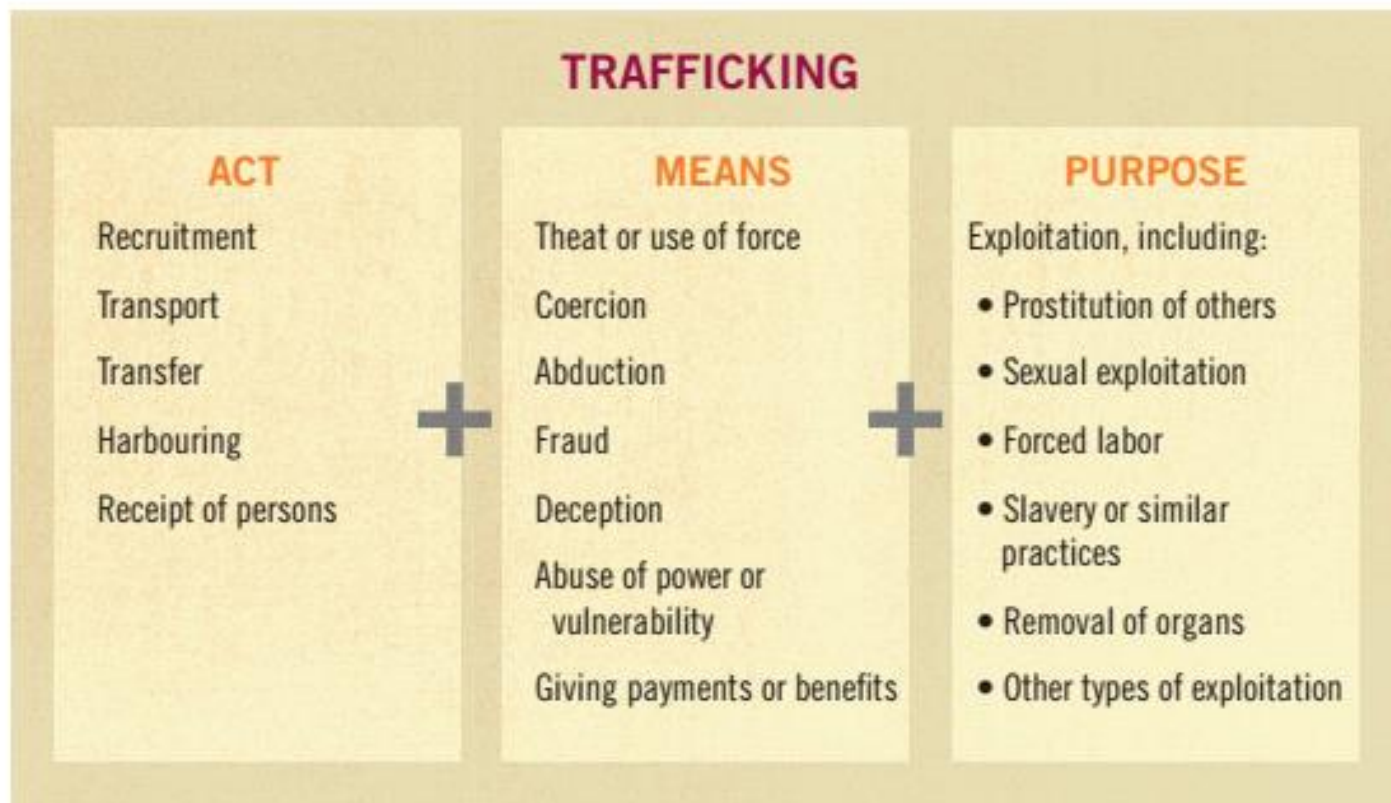
Second Therapy Meeting

- Tearful describes history of sexual abuse
- Unsupportive disbelieving caregiver
- Was placed in care at 13 (locked facilities, group home, foster home)
- 16 ran away lived on streets
- She is afraid her boyfriend will kick her out of the apartment if she is unwell
- She would like to get pregnant

What is Human Trafficking?

Human trafficking involves the recruitment, transportation, harbouring and/ or exercising control, direction or influence over the movements of a person in order to exploit that person, typically through sexual exploitation or forced labour. It is often described as a modern form of slavery.

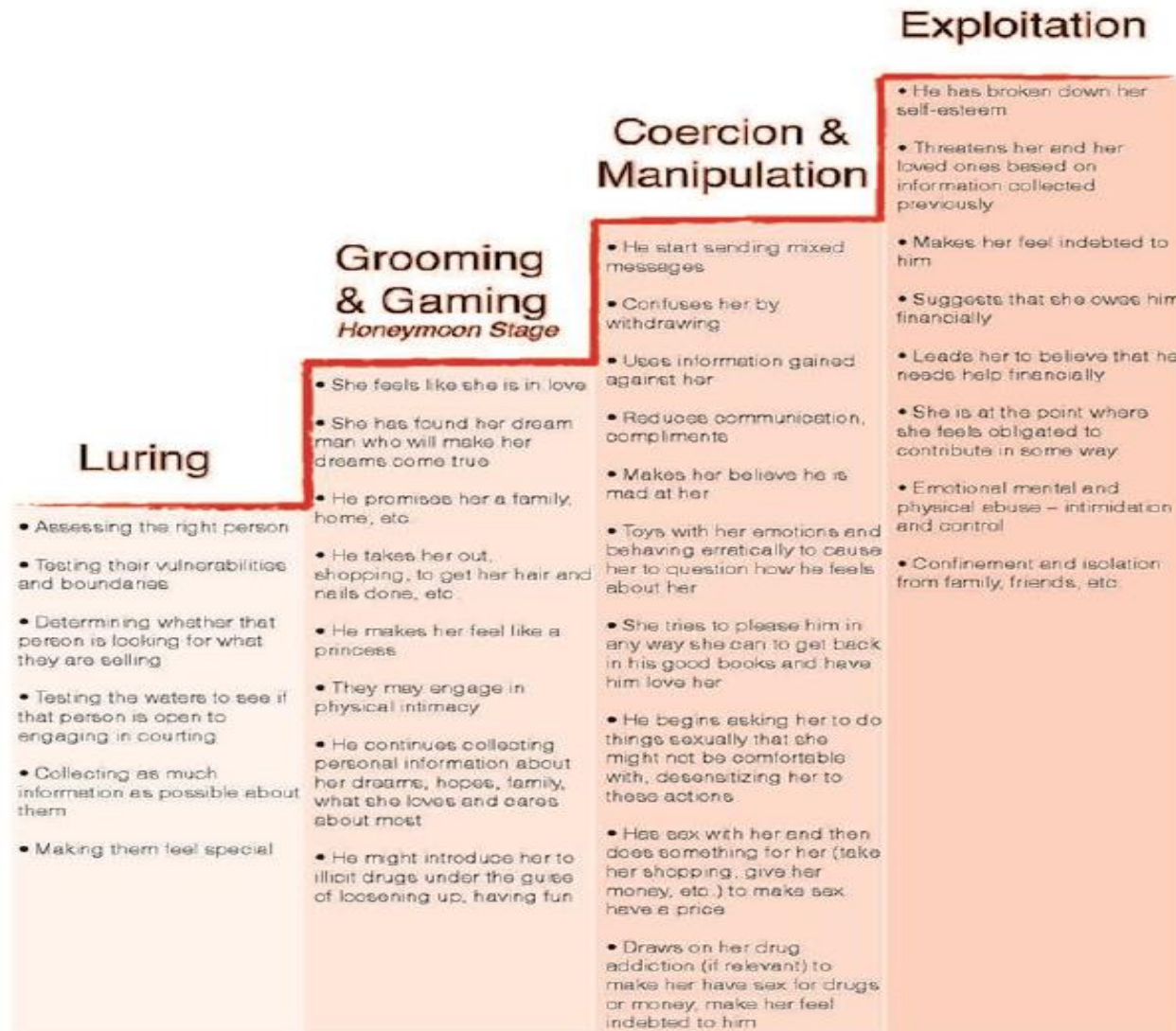
Figure 1: Three Common Elements of Human Trafficking — Act, Means, and Purpose



(Source: U.N. Office on Drugs and Crime, www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html)

Cycle of Commercial Sexual Exploitation

Kalish & Lagios, 2013

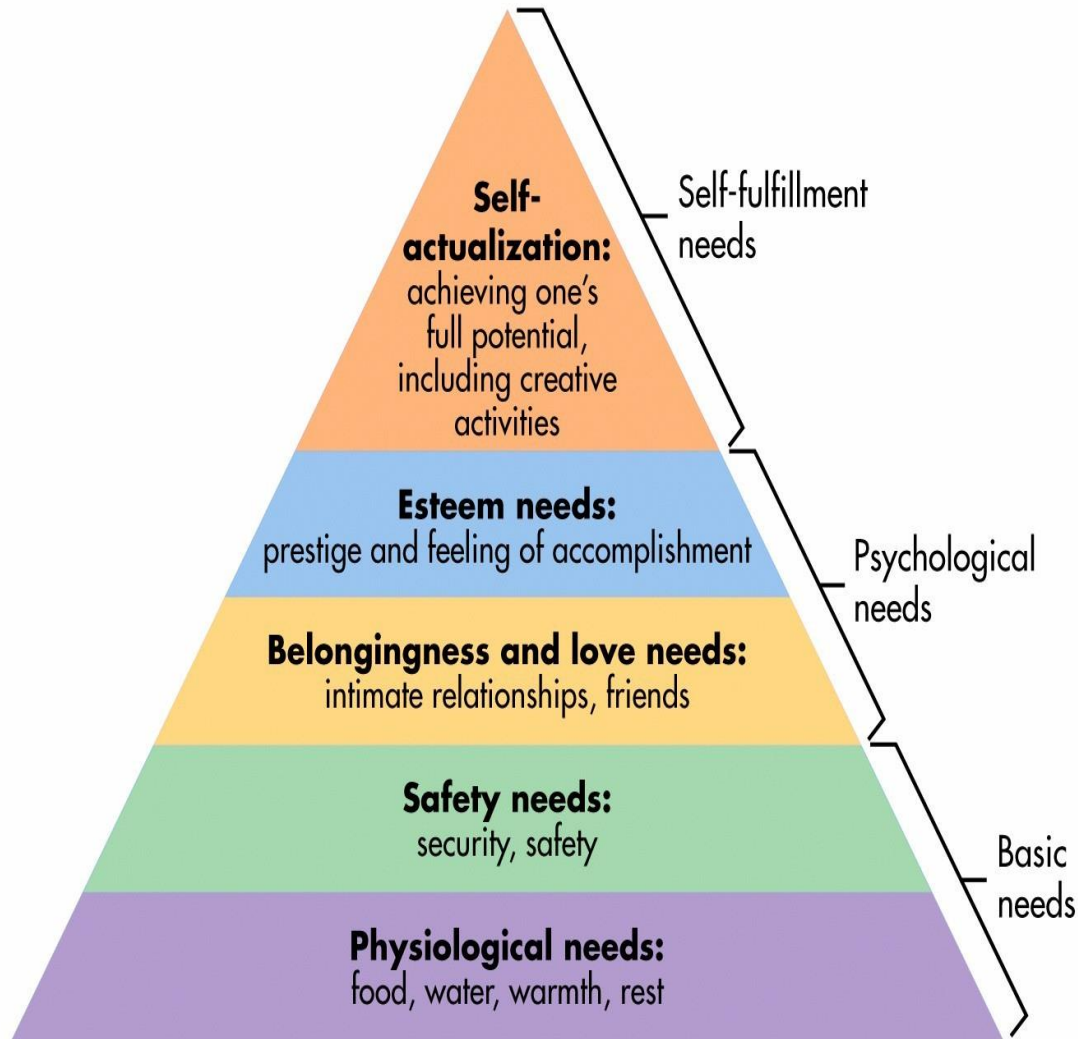


The Pimp's Mindset

“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 by 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, put a price tag on the item you have manufactured.”



Maslow's Hierarchy of Needs



(Rosen, 2011)

Stats

Toronto Police Services (TPS) - human trafficking division

- Stats in 2013- 2014
 - 113% increase in occurrences
 - 360% increases in arrests
 - 4000% increase search warrants related to domestic human trafficking for the purposes of sexual exploitation
- An estimated 16,000 Canadians are being trafficked in Canada
- 71% of all Canadian cases involve domestic sex trafficking
- 90% are female
- 63% are between 15-24 years old

Risk factors

- Average age 12-16 years
 - Developmental limitations: limited life experience, immature prefrontal cortex, adjusting to sexuality and body changes with puberty
- Poverty
- Homeless youth/chronic runaway
- History of physical and sexual abuse
- History of family dysfunction
- Transgender and LGBTQ
- Substance abuse
- Learning disabilities/Behavioural challenges
- Mental health issues
- Gang involvement
- Previous involvement with law enforcement/criminal system
- Political/social upheaval

Barriers to Accessing Help

- Shame
- Approaches that can meet the needs of transient victim populations
- Need flexible system
- Difficulty establishing trust (with systems, b/c of grooming, history of betrayal, as well as, fear connection with police will compromise physical safety)
- Some victims have barriers of language, culture and isolation

Victim Identification

- Patients rarely self identify
- May seek medical care for:
 - Physical injuries
 - Sexual Assault
 - Infection
 - Chronic conditions
 - Pregnancy/Emergency Contraception
 - Overdose
 - Mental health crisis

Other Subtle Potential Indicators

- Patient accompanied by domineering person
 - Adult or peer
- Patient accompanied by unrelated adult
- Patient provides changing information regarding demographics
- Patient is poor historian or disoriented from sleep deprivation or drug intoxication
- Significantly older boyfriend
- Frequent ER visits
- Tattoos (sexually explicit, man's name, gang related)
- Expensive items, grooming, clothing
- Regular changing of phone number

Approach

- Outline limits of confidentiality
- History and physical may trigger anxiety, emotional distress
- Take history and conduct examination with adolescent alone (as appropriate)
 - Parents/caregivers
 - Peers
- Realistic/practical approach
 - Trauma-informed and harm reduction
- Flexible and supportive
- Be hyper-aware of safety

Strategies for Therapeutic Engagement

- Develop rapport
- Meet where they are at
- Build in supports at each level of need
- Each session as though this is your LAST chance
- Empathy rapport based / non-judgmental attitude, validation and create a safe space
- Consistently follow through on commitments
- Survivors as experts / sense of control and autonomy

Medical History

- Immunizations/Meds/Allergies
- Regular health care provider
- History of physical injuries and or assault
- Sexual health history
- Mental health history
- Social history
- HEEADSSS
- Trauma symptom screen

HEEADSSS

Home

Education

Eating

Activity

Drugs

Sex

School

Suicide

What Else to Ask?

1. Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter, other)?
 - “survival sex”
2. Has anyone ever asked you to have sex with another person?
3. Has anyone ever taken sexual pictures of you or posted such pictures on the internet?

(Greenbaum & Crawford-Jakubiak, 2015)

Some Other Thoughts on Screening

1. Is there a previous drug and or alcohol use?
2. Has the youth ever run away from home?
3. Has the youth ever been involved with law enforcement?
4. Has the youth ever broken a bone, had a traumatic loss of consciousness, or sustained a significant wound?
5. Has the youth ever had a sexually transmitted infection?
6. Does the youth have a hx of sexual activity with >5 partners?

(Greenbaum, J, Dodd, & McCracken, C., 2015)

Medical Assessment

- Sexual Assault Evidence Kit
- Document acute/remote injuries
- Testing:
 - Pregnancy
 - STIs
 - Toxicology screening
- Treatment
 - Contraception
 - STI and pregnancy prophylaxis
 - Immunization
- Overall health
- Mental health
- Dental health

Physical Health Effects

- Intentional and accidental burns
- Branding, tattoos, and other purposeful and permanent stigmata of “ownership”
- Blunt force trauma
- Firearm and knife wounds
- Strangulation injuries
- Fractures
- Dental and oral cavity injuries
- Traumatic brain injuries
- Neuropathies and other effects of torture
- Scarring, especially from unattended prior injuries

(Alpert et al., 2014)

Reproductive Health Effects

- Genital trauma
- Repeated unwanted pregnancies
- Forced abortion/abortion
- Complications from repeated or poorly performed abortions
- STIs

(Alpert et al., 2014)

Developmental Health Effects

- Delayed physical and cognitive development
- Stunting, vitamin deficiencies and other consequences of chronic under-nutrition
- Impaired social skills
- Long-term effects of inadequate treatment of common childhood diseases

Mental Health Effects

- Range of mental health sequelae including:
 - Panic attacks
 - Sleep disturbances
 - Dissociative disorders
 - Depression
 - Suicidal ideation
 - Substance use

Therapeutic Interventions

- Symptom reduction
- Destigmatization
- Increasing self esteem
- Prevention of future abuse
- Building supports and protective factors around recognized vulnerabilities

Language

Human Trafficking World

- Be aware that there is very specific and changing terminology that is used

Healthcare Providers

- Prostitution: Trafficking, exploitation, victimization
- John/Pimp: Sex Offender, Trafficker
- Child Pornography: Child sexual abuse images
- Be aware of using language that implies consent in documentation

Advocacy

- Police
 - “Prostitution”
 - Consent/trafficking dynamics
 - Charging recruiters
- Other Healthcare Providers
 - Dynamics
 - Flexibility

Community Response Protocol

Objective:

Develop, implement, and evaluate a community response protocol to address the commercial sex trafficking of vulnerable children and youth in Toronto – to improve the quality, integration, coordination, and consistency of survivor-centred, developmentally-sensitive, and trauma-informed care across sectors

Multisector Community Partners



Phase 1: Develop the protocol in collaboration with partners, stakeholders, and survivors

- Literature review and environmental scan
- Interviews with service providers and experts in the field
- Interviews with trafficked youth and caregivers
- Focus group with adult survivors/peer support workers
- Community advisory committee
- Needs assessment and training

Phase 2: Implement the protocol across Toronto

Phase 3: Evaluate the protocol with multimethodological research

- Awareness, knowledge, and skills among service providers
- Community partnerships, collaboration, and coordination of care
- Services and outcomes for survivors and caregivers

Phase 4: Develop a protocol blueprint to be disseminated in other communities

Take Home Messages

- Victims rarely self identify
 - Often fall between the crack because of focus on “consent”
- Be aware of the “exploiter” being present
- Youth from all contexts vulnerable, some more at risk than others
- Trauma informed, harm reduction approach
- A positive health care experience may be crucial
- Treat every visit as if it’s your last
- Urge to “Save” these teens
- Know your local resources

Resources

- National Human Trafficking Resources Center
 - www.traffickingresourcecenter.org
- Shared Hope
 - www.sharedhope.org
- World Health Organization
 - www.who.org
- AAP Policy Statement and Clinical Report
- HEAL Trafficking
 - <https://healtrafficking.org/>

Questions?



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