

# HUMAN TRAFFICKING OF CHILDREN AND YOUTH

## Clinical Aspects for Pediatric Healthcare Providers

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## Disclosures

The following presenters have nothing to disclose:

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## Objectives

Recognize the diversity of circumstances in which victims may present for medical care

Recall 3 important interview techniques to minimize traumatic stress for a potential victim

Understand the components of a medical evaluation in cases of suspected trafficking

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## Do Health Care Providers Encounter Victims?

- Many seek medical attention
  - >75% saw provider within the last 6 months
- Victims seek care in a variety of settings
  - 63% hospital/ED
  - 57% any type of clinic
  - 30% Planned Parenthood
  - 23% regular doctor

Potentially severe adverse health effects for victims

Healthcare professionals have a unique opportunity to intervene

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Ledner & Wetzel, 2014; Curtis, Terry, Dank, et al, 2008

## Why Seek Medical Care?

### Conditions "in the life"

- Violence
  - Physical
  - Sexual
- Unprotected Sex
- Psychological abuse
- Drugs/Alcohol
- Poor Working/Living Conditions
- Untreated Chronic Conditions



### May cause:

- Closed head injury
- Fractures
- Lacerations, bruises, burns
- Abdominal trauma
- Anogenital injuries
- Hemorrhagic shock, infection
- Scarring, disfigurement, loss of function
- Malnutrition
- Exhaustion
- Chronic pain
- Dental problems and injuries

Violence :  
The Physical Signs

Ledner & Wetzel, 2014; Silverman, 2011; Zimmerman & Watts, 2003; Yates & McKenzie, 1991

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## Unprotected Sex

Boys as well as Girls

- Problems negotiating condom use
- May cause:
  - STIs, HIV/AIDS
  - Pelvic inflammatory disease
  - Infertility
  - Bladder infection
  - Pregnancy, abortion complications
  - Miscarriage

Lederer & Wetzel, 2014; Silverman, 2011; Zimmerman & Watts, 2003; Yates & McKenzie, 1991

## Pregnancy

- Morbidity higher for adolescent girls than adults
- 10-50% of women who have unsafe abortions have complications
- Infants born with acute and chronic conditions

Willis & Levy, 2002; Delsler, Farrow, Hope, & Litchfield, 1989

## Psychological Abuse and Trauma

<b>In the form of</b>	<b>From</b>	<b>Can lead to</b>
<ul style="list-style-type: none"> <li>• Threats</li> <li>• Deception</li> <li>• Isolation</li> <li>• Humiliation</li> <li>• Belittling</li> <li>• Inducing guilt</li> <li>• Ensuring               <ul style="list-style-type: none"> <li>– lack of control</li> <li>– Unpredictability</li> </ul> </li> <li>• Fostering hopelessness</li> </ul>	<ul style="list-style-type: none"> <li>• Trafficker</li> <li>• Buyer</li> <li>• Street thugs</li> <li>• Other victims</li> <li>• General public</li> </ul>	<ul style="list-style-type: none"> <li>• PTSD</li> <li>• Chronic fear, anxiety</li> <li>• Depression</li> <li>• Trauma bonds</li> <li>• Suicide</li> <li>• Impaired memory (stress)</li> <li>• Somatic complaints</li> <li>• Aggression, violence</li> <li>• Guilt, shame, hopelessness</li> <li>• Substance misuse</li> </ul>

Lederer & Wetzel, 2014; Zimmerman & Watts, 2003; Delsler et al, 1989

## Challenges to Victim Identification

- Patients don't self-identify
- They are reluctant to disclose
- No clinically validated screening tool for healthcare setting



## Victim May Be Accompanied By...

 <p><b>Parents</b></p> <ul style="list-style-type: none"> <li>• May or may not know about victimization</li> <li>• May be involved</li> <li>• May be in denial about trafficking activity</li> </ul>	 <p><b>Trafficker</b></p> <ul style="list-style-type: none"> <li>• Often controlling, dominant,</li> <li>• Speaks for victim</li> <li>• May refuse to leave victim alone</li> <li>• Sometimes the victim is brought in by the "bottom"</li> </ul>	 <p><b>Friend</b></p> <ul style="list-style-type: none"> <li>• Exploiter's assistant (bottom)</li> <li>• Fellow victim</li> </ul>
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## Common Approach

- Interview youth outside presence of caregiver
- Maintain nonjudgmental, open attitude of concern and respect
- Practice trauma-informed care
  - Understand potential effects of trauma
  - Monitor for signs of stress
  - Appropriately interpret and respond to behaviors
- Review limits of confidentiality
- Get youth's assent for all aspects of evaluation
- If need interpreter, do not use friend/family member
- Attention to safety

## Tips for the Interview

### Try To:

- Build rapport before and during the interview
- Ask open-ended questions
- Look for nonverbal information
- Maintain a neutral posture and expression
- Use nonjudgmental preface to hard questions

### Avoid:

- Leading questions
- Interrupting
- Appearing judgmental
- Assuming role of parent or friend
- Power struggles
- Continuous direct questions, without pause (interrogation)
- Making promises you can't keep

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## Possible Indicators/Effects of Trafficking: The Patient's History

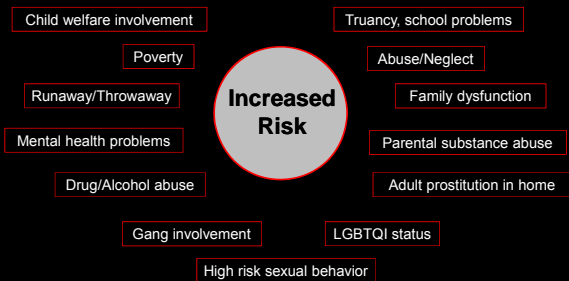
- Reproductive history
  - History of sexually transmitted infection(s)
  - Prior pregnancy
  - LGBTQI status
  - >5 sex partners
- Trauma history
  - Sexual assault
  - Inflicted Injury (caregiver, other adult perpetrator, peer)

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## The Patient's History

- General ROS:
  - Weight loss/gain, fatigue, chronic pain, sleep problems
- Substance abuse screen
  - Frequent illicit drug/alcohol use
- Behavioral health screen
  - Signs/symptoms of PTSD, depression, anxiety
  - History of behavioral health d/o
  - History of aggression, violence

## Ask About Common Risk Factors



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## Examples of Introductory Questions

- "Some kids get to feeling like things at home are too stressful or overwhelming and they feel like they have to get out.
  - Have you ever felt like that?
  - Have you ever run away from home?
- "Some kids tell me they don't like school—they have problems with other kids, or with teachers. How are things for you at school?"
- "Everyone gets mad at some point. People have different ways of showing it. What happens in your home when people get mad at each other? What do your parents do when they have an argument?"

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## Direct Questions About Possible Trafficking

- 1) Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter or other items)?
- 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?



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## Runaway & Homeless Youth

- Where is youth staying now?
- How does youth get food and money?
- Does he/she owe anyone money?
- Has he/she gotten hurt while out on the streets?
- Has anyone approached youth and asked them to do something they didn't want to do?



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## LGBTQI Youth

- How have parents reacted?
- Trouble with friends?
- How does youth get support?
- Any high risk behavior (soliciting partners on-line)?



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## Behavioral/School Issues

- Trouble at school; "bad kid"
  - What is it about school that youth dislikes?
  - What circumstances lead to trouble?
- What kinds of peer pressure does youth experience?
- What does the youth do when he/she leaves school?

## Goals of Evaluation

- Assess safety and health needs
- Provide anticipatory guidance
- Identify resource/referral needs and share resource information with youth
- Make reports/referrals
- Advocate for child

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## Aren't my questions going to traumatize the patient?

- Only ask questions that help you with your goals
- Monitor constantly for signs of distress
- Be responsive to child's stress:
  - Focus on strengths, not vulnerability
  - Focus on survivor, not victim
  - Avoid appearing shocked, appalled
  - Be calm, empathic, respectful
  - Switch topics, take a break...

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So, you think your patient might be a victim... what should you do?

## Important Considerations For Exam

- Explain steps before doing them
- Monitor for signs of distress
- Have a chaperone
- Exclude suspected trafficker
- Explain results of your exam
- Ask if child has any questions/concerns during exam
- Use interpreters with caution



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## Exam and Diagnostic Evaluation

Focus on:

1. Assessing and treating acute and chronic conditions
2. Documenting acute/remote injuries
3. Assessing overall health, nutritional status and hydration
4. Obtaining a detailed anogenital exam (or referring patient)
  - Possible sexual assault kit
5. Testing for pregnancy and sexually transmitted infections and providing prophylaxis
6. Testing for alcohol and drugs, as indicated

Obtain patient assent for exam, kit, testing

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## Possible Indicators/Effects of Trafficking and the Exam

- Depressed affect, or anxious, fearful
- Multiple expensive items (clothing, jewelry, etc)
- Tattoos (sexual or with a name)
- Anogenital trauma/signs of infection
- Visible signs of physical abuse (old or recent injuries)



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## Possible Inflicted Injuries

- Often located in ordinarily protected areas
  - Cheeks
  - Neck
  - Torso
  - Genitals
  - Inner thighs
  - Upper arms
- Restraint injuries



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## Brief Anogenital Exam: May be normal

- Healing of Hymenal Injuries
  - 239 girls, 4 months to 18 years old
  - Accidental and inflicted injury
  - Left NO residual, except deep lacerations; no scar tissue seen

Petechiae	Resolved 48 – 72 hours
Abrasions and mild bruising	~ 3 – 4 days
Marked bruising	May last ~ 11 – 15 days
Blood blister	May last >30 days

McCain, Miyamoto, Boyle, & Rogers, 2007

## Testing and Treatment for STIs

- Baseline testing:
  - Gonorrhea, Chlamydia
  - Trichomonas
  - HIV Ab, HBV surface Ag and Ab
  - HCV Ab, RPR
- Presumptive/Prophylactic treatment recommended
  - High prevalence of STIs, PID
  - Poor patient follow-up
  - +/- HIV PEP, HBV vaccination

Opportunity for guidance on condom use



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## Drug Testing

- Assent needed
- Consider if altered mental status, memory lapse, drug given by someone else
- Urine drug screen
  - Limited ability to identify substances
  - Quick and cheap
- DFSA screen
  - Over 100 drugs tested
  - Send-out, so results delayed

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## Anticipatory Guidance

- Critically important
- Youth likely to return to high-risk environment
- Possible topics
  - Condom use
  - STI's and HIV
  - Safety on the streets
  - Healthy relationships
  - Resources for the future
  - Safety when using drugs/alcohol



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## Possible Medical Referrals

- Specialized sexual assault exam
- Behavioral health assessment
- HIV PEP monitoring
- Forensic interview
- Follow up surgical care
- Drug rehab
- OB/GYN care
- Primary care provider
- Dentist



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## Challenges

- What if...
  - You know youth is lying to you
  - Youth refuses to allow exam or STI testing
  - It is clear youth is about to leave

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## Keep in Mind

- Underlying function of youth's behavior
  - Mask fear, gain sense of control, protect against emotional abuse, protect against betrayal
- You can choose your response (don't need to be goaded into a reaction)
- Respect patient's choice, allow control
- Accept youth's perspective
- Youth is a victim, not an offender

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## Reporting

State law (N.J.S.A. 9:6-8.10) requires "Any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to Child Protection and Permanency (CP&P) by telephone or otherwise..."



**HOTLINE  
(State Central Registry)**

**1-877-NJ ABUSE  
1-877-652-2873**

For situations of suspected trafficking, reports **must** be made to CP&P if the parent/caregiver/guardian is directly involved in the trafficking, tacitly complicit, or negligently supervising the minor thus contributing to trafficking.



In addition, reports can be made under the provision for **"reasonable cause to believe,"** This provision is particularly applicable given the complex nature of trafficking cases. CP&P responds to alleged trafficking cases either as a protective services investigation (abuse/neglect) or as a child welfare assessment.

## National Resources

- National Human Trafficking Resource Center Hotline
  - (1-888-3737-888)
  - Text: HELP to BeFree (233733)
  - Polarisproject.org
  - Traffickingresourcecenter.org



- National Center for Missing and Exploited Children (NCMEC)
  - Missingkids.com
  - 1-800-THE-LOST



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## Additional Resources

- Institute of Medicine  
iom.edu/reports/2013/confronting-commercial-sexual-exploitation-and-sex-trafficking-of-minors-in-the-united-states.aspx
- Children's Healthcare of Atlanta (CHOA)  
Offers a web-based training series aims to educate healthcare professionals on sex trafficking of children and teens. www.choa.org/csecwebinars
- National Runaway Safeline  
24-hour crisis line for runaways and/or their family and friends as well as youth thinking about running away. Confidential, anonymous and free. 1-800-RUNAWAY (1-800-786-2929)
- NJ Human Trafficking Hotline  
24/7 toll-free number can be called when one suspects they have identified a trafficking victim or to report Human Trafficking. 855.END.NJ.HT (1-855-363-6548)
- Shared Hope International  
(www.sharedhope.org)  
Provides training, resources, information on state statutes related to sex trafficking

Immediate and long term  
victim needs require  
multidisciplinary involvement!

**You can't do this alone.**

## How can this information be incorporated into your practice?

- How can you train your staff to be aware of CSEC and the need to treat youth as victims rather than offenders?
- How can you use all of your staff to help identify victims?
- How can you ensure that you speak with the youth alone?
- How can you use all of your staff to help provide resources efficiently?

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"During the time I was being Trafficked, I went to see my Pediatrician several times. He was the same one I had growing up. During examinations I never spoke up about what was happening to me. **Because he never asked.**"

Jennifer H  
Human Trafficking Survivor