The Role of the Healthcare Provider in Caring for Human Trafficking Patients

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Objectives

• Become familiar with how survivors/victims of trafficking may present for medical care.

• Discuss appropriate role of the health care provider when caring for patients who are trafficking survivors/victims.

• Become aware of the common health issues seen with patients who are victims of trafficking (STI’s, common injuries, pregnancy, and mental health concerns).

• Identify patients who are at high risk for becoming victims of sexual exploitation/trafficking.

• Identify and discuss risk for compassion fatigue and vicarious trauma.
Definition

• Define Human Trafficking (Sex and Labor)
  • Domestic Minor Sex Trafficking (DMST)
  • Sexual servitude: sex against his/her will for the material gain of another person
  • Forced prostitution: relationship in which a person in a controlling role ‘rents’ the body of another person for material gain-driving factor is economics.

• Sexual exploitation: manipulation or coercion of an individual into sexual activity (NSPCC, 2013)

• Survival sex- trading sex for basic needs, such as shelter, food, clothing
  (Countryman-Roswurm, 2014; HB 2034; De Chesnay, 2013)
The Numbers

- World wide estimates
  - Between 12.3 and 27 million people are enslaved worldwide, with approximately 800,000 men, women, and children being trafficked across international borders each year.
  - Hundreds of thousands of these people are minors (some as young as 5 years old) and fall into the sex trade
  - Estimates show that approximately 2 million children are trapped within the global sex trade
  - Overall calls to the human trafficking hotline have continued to increase year to year.

(http://www.polarisproject.org/, 2013)

(Peters, 2013; Polaris Project)
Local Numbers

- Total of 258 calls to the human trafficking hotline as of September 2014
- 40 reported cases in 2014

http://traffickingresourcecenter.org/state/kansas
Patient Identification (i.e. red flags)- Behavioral Characteristics

- Accompanied by another person who exhibits controlling behavior
- Has relocated frequently
- Is inconsistent in providing history or explanations of injuries
- Demonstrates submissive behavior, anxious, fearful behavior
- Has no control over documents such as passport, identification
- Is Non-English speaking/recently brought to the country
- Is reluctant to give information
- Avoids eye contact

(Cole, 2009; Dovydaitis & Kirschstein, 2010; Miller, 2013)
Patient Identification i.e. Red flags-Physical Characteristics

- Signs of battering/injuries
- Malnutrition/dehydration
- Sexually Transmitted Infections (STI’s)
- Poor personal hygiene
- Psychiatric/addiction disorders/suicide attempts
- Branding
- Often do not have primary care providers

(Cole 2009, Polaris Project, DeChesnay, 2013)
Asking Questions...

- Campaign to Rescue and Restore Victims of Human Trafficking recommends:
  - Can you leave your job or situation if you want?
  - Can you come and go as you please?
  - Have you been threatened if you try to leave?
  - Have you been physically harmed in any way?
  - What are your working or living conditions like?
  - Where do you sleep and eat?
  - Do you sleep in a bed, on a cot, or on the floor?
  - Have you ever been deprived of food, water, sleep, or medical care?
Questions to ask

• Do you have to ask permission to eat, sleep, or go to the bathroom?
• Are there locks on your doors and windows so you cannot get out?
• Has anyone threatened your family?
• Has your identification or documentation been taken from you?
• Is anyone forcing you to do anything that you do not want to do?
• What kind of work do you do?
• Are you free to contact family or friends?

(Hoerrner, 2013, Polaris Project, 2014)
Identifying those at risk for HT/Exploitation

• Foster Care—high likelihood that they have experienced neglect/abuse
• Alcohol/Drug abuse in the family and or by the individual patient
• History of violent relationships in the past and witnessing violence in relationships
• Runaway/Throwaway Youth
• Survival Sex
• Staller (2012) discussed trusted adults who use grooming tactics with vulnerable youth

What is our role as a healthcare professional?

- ALWAYS speak to your patient alone in private, remember how you speak to your patient makes a difference.
- Respect and understand cultural differences
  - Street/trafficking culture
- The health care provider role is NOT TO ‘RESCUE!’
- Miller writes that ED personal have a responsibility to ID and appropriately treat patients
- What are best practices?
  - Identification
  - Thorough review of symptoms and physical assessment (including mental health assessment)
  - Treat immediate injuries
  - Offer support, follow-up care
- Respect the right for self-determination
- Awareness of this issue and the health consequences are growing but many nurses feel uncomfortable screening and responding to victims
As a Nurse Educator

- Encourage future nurses to take an active role in combating all forms of violence in our community
- Provide education to increase the comfort of all nurses to ask appropriate questions in an effort to identify victims of violence
- Model compassion and respect
- Present a multidisciplinary model of care
Our Responsibilities as healthcare providers:

- EDUCATION
- Collaboration with other providers and law enforcement
- Working to develop educational/training programs on identification in your hospital
- Legislation
- Actively changing our beliefs and the language we use with regard to victims
- Supporting our coworkers and our patients

(Cole, 2008; Miller, 2013; Institute of Medicine [IOM], 2013)

*I alone cannot change the world, but I can cast a stone across the waters to create many ripples.*

*– Mother Teresa*
Healthcare Concerns

• Exposure to communicable diseases and risk for occupational injuries (HIV, TB, other physical symptoms).

• STI’s

• Infertility/other reproductive problems - Related to long term effects of violence

• Mental health: PSTD, anxiety, depression

• Substance abuse

• Chronic health problems - same chronic health conditions that dv survivors report.
What can we expect from survivors?

• Mistrust- should we expect that patients are going to trust us simply because we are nurses?

• Relapse

• Respect the pts right to self-determination!

• Assume that the first visit will be the one and only visit
  • Treat any physical injuries
  • Provide care that does not require follow up  (HIV prophylaxis, HPV prevention, STI)
Questions to Consider...

• What factors in this patient presentation alert the provider that it may be a trafficking case?

• How does our perspective change when we look at risk factors?

• How can I as a provider ensure that other providers have the information to provide the best possible care for a patient in a situation of exploitation?

• Why is it important to change our language and thought process when working with this patient population?
Case Study

- K.D. is a 13 year old female presenting to ED with police, history of being in foster care since age 6, due to abuse and neglect from bio mom. Reported moving to Kansas after Hurricane Katrina. Has been recently moved to a new group home for foster care due to abuse by staff in a group home. Ran away with a 17 year old ‘friend’ (T.D.) (patient refers to this friend as her ‘sister’) who is also in foster care. T.M. takes K.D. to the home of 40 yr. old male (J.R.) whom T.M. has met prior to this incident. The 40 year old male (J.R.) supplies both girls with alcohol, cigarettes, food, and shelter. When RN asks patient if she typically drinks alcohol and smokes cigarettes she replies “I guess I do now.” Pt reports J.R. made her take a bath with cats, and that he videoed what happened. RN notices multiple areas on pts legs and arms from self cutting. Pt confirms she has a history of cutting. RN notices multiple areas of bruising on neck and chest, patient states these are ‘hickies’. Pt has difficult time discussing the event, so RN asks yes no questions to pt. RN asks about vaginal penile penetration and patient states “Yes, isn’t that why I’m here?” Pt reports J.R. had sex with her three times, would not accept the word ‘no’. Pt states “He just laughed.” Pt left the assailants home the following morning and turned herself in to a boys group home for foster care. Initially refuses to have genital exam initially, but returns to hospital 2 days later for genital exam.
Case Study: 13 year old female

- RN recognizes this patient history as sexual exploitation (trading sex for basic needs, T.D. supplying alcohol and cigarettes to girls)
- Informs officer of the patient history WITH patient permission, and discusses with patient involving Street Outreach Services from the local non-profit agency
- Both sexual assault advocates and street outreach provided resources to this pt.
- RN gave patient choices regarding exam, created a good trusting relationship with patient PRIOR to proceeding with exam. Did not force patient to complete exam
Case Study: 13 year old female

- Although genital exam was not completed initially, patient returned 2 days later with case worker requesting genital exam. RN who initially met with patient was available and able to see her as requested.

- Genital injury was noted 2 days after initial assault

- Suspect was also seen by RN who did patient exam
Compassion Fatigue and Vicarious Trauma

• Compassion fatigue and vicarious trauma are very similar (difference is in the theory)
  • Loss of one's ability to provide a nurturing environment
  • Experienced most commonly by individuals in a caring profession (nursing, chaplains, social workers)
  • Commonly occurs from constantly empathizing and demonstrating compassion to those experiencing stress leads to compassion fatigue when appropriate self-care behaviors are absent

• Symptoms
  • Avoidance or dread of working with certain patients
  • Reduced ability to feel empathy with patients and their families
  • Substance abuse
  • Mental and physical exhaustion

Compassion Fatigue and Vicarious Trauma

- Self care is critical!
  - Eat, sleep, and practice relaxation
  - Pray or meditate (whichever works for you)
  - Exercise to help relieve stress
  - Practice debriefing with co-workers in a small groups or develop a support group in your unit
  - Access your employee assistance program, ask for help

Compassionfatigue.org, 2013; nursingworld.org, 2014;
Resources

• National
  • National Human Trafficking Resource Center
  • The Polaris Project

• Local
  • Wichita State Center for Combating Human Trafficking (CCHT)
  • Local SANE programs
  • Wesley Child Maltreatment Clinic
  • Wesley Medical Center SANE/SART, Via Christi Forensic Nursing Program-Healthcare Haven
  • KU Wesley Peds Teen Clinic
REFERENCES


• Compassionfatigue.org


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• Nursingworld.org


• PolarisProject.org, 2013


