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Evidence In Medicine

Teen Sex Trafficking –
*Recognizing the signs and creating
a safe place to seek help in healthcare settings*

Presenter: Jordan Greenbaum, MD

Moderator: Sara Lynn Vehling, LCSW, Marketing Manager MobileODT

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EVA System[®]



Our presenter -

Jordan Greenbaum, MD

Jordan Greenbaum, MS is a child abuse physician who received her degree from Yale School of Medicine. She is the medical director of the Global Health and Well-being Initiative with the International Centre for Missing and Exploited Children and the medical director of the Institute on Healthcare and Human Trafficking at the Stephanie Blank Center for Safe and Healthy Children at Children's Healthcare of Atlanta.

She co-chairs the Education/Training committee for HEAL Trafficking, an organization of medical professionals working on human trafficking issues. Dr. Greenbaum has served on national committees and workgroups regarding human trafficking and has testified for Congressional committees.

Dr. Greenbaum provides local, national and international training on child trafficking and exploitation.

Objectives

1. Be familiar with the definition of child sex trafficking (CST) and factors that increase vulnerability to exploitation.
2. Recognize common red flags that may suggest a child or adolescent is being trafficked.
3. Be familiar with the components of a trauma-informed approach to care.
4. Identify common health-related referrals.

A word about words....

A Definition of Human Trafficking: The Palermo Protocol

Action

“Trafficking in persons’ shall mean the recruitment, transportation, transfer, harboring or receipt of persons,

Means

by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

Purpose

Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs”.

A Definition of Human Trafficking: The Palermo Protocol

Action

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Means

Means is irrelevant when victim is <18 years old.

Purpose

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The US Definition in Brief

Child Sex Trafficking occurs when someone involves a minor in a commercial sex act.

(sex act involving exchange of something of value or perceived value)

Child Sex Trafficking:

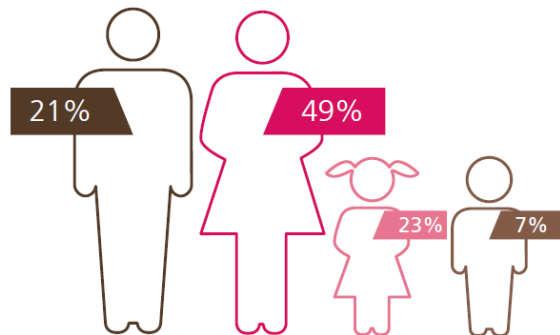
- **Does NOT require** *force, fraud or coercion.*
- **Does NOT require** *that the child be moved from one place to another.*
- **Does NOT require** *the involvement of a 3rd party ('pimp').*

Understanding Sex Trafficking

Girls and women constitute the majority of identified persons who are involved in sex trafficking.

But does that reflect the true population of trafficked persons?

Shares of detected victims of trafficking in persons globally, by age group and sex, 2016 (or most recent)



Source: UNODC elaboration of national data.

FIG. 17 Share of forms of exploitation among detected girl victims of trafficking in persons, 2016 (or most recent)
54 countries (n=2,350 victims)

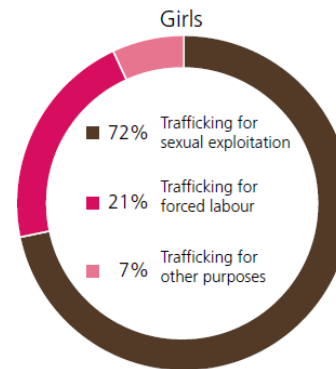
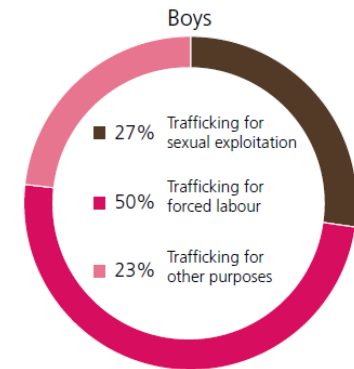
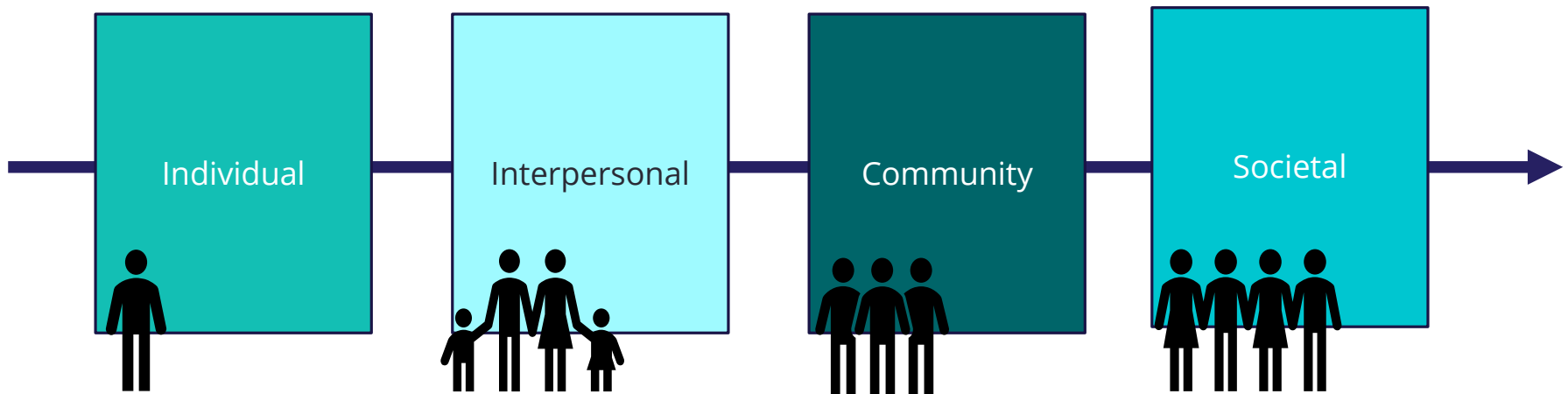


FIG. 18 Share of forms of exploitation among detected boy victims of trafficking in persons, 2016 (or most recent)
54 countries (n=711 victims)



Risk Factors for Child Sex Trafficking

The socioecological model of risk (CDC)



» Individual

- Runaway, homeless, orphaned,
- History of abuse and/or neglect
- History of involvement with child protective services, juvenile justice system (U.S.)
- Female
- Limited education / job skills
- Victim of marginalization/discrimination
- Cognitive delays
- LGBTQ

» Interpersonal

- Family stress and dysfunction
- Limited education
- Poverty and unemployment
- Gender bias
- Limited child rights
- Gang membership (females, US)
- Peers or family members engaging in commercial sex

Socio-Ecological model

» Community

- Few resources for children/families
- High crime, violence, corruption
- Social norms tolerating exploitation, violence
- High tourism population, travel flow
- Natural disaster or social upheaval

» Societal

- Gender bias, violence
- Cultural beliefs
- Social intolerance of groups
- Lack of resources to combat CST
- Economic disparities
- Migration

Potential Indicators of Child Sex Trafficking

Challenges to Identification

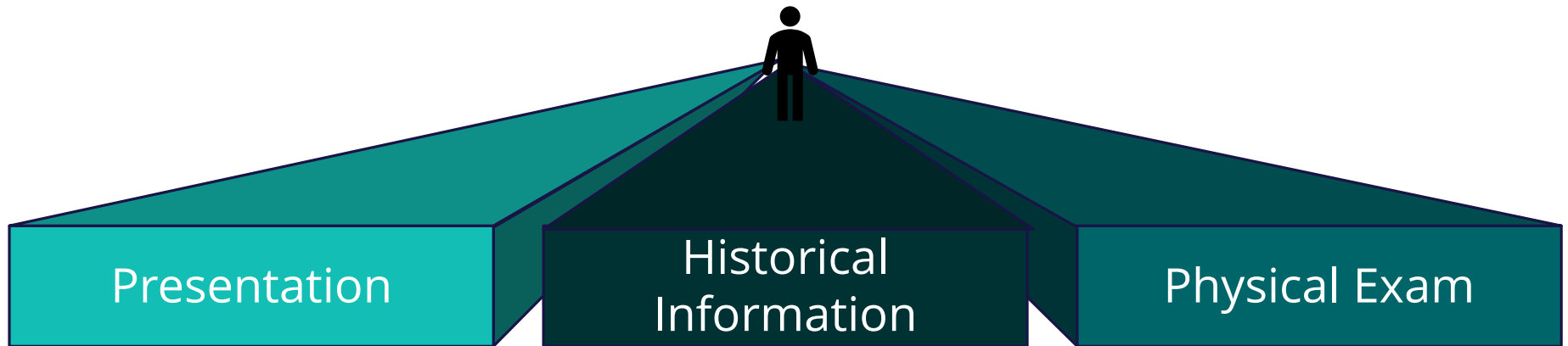
Trafficked persons typically are reluctant to disclose

Why?

Reluctance to Disclose May Be Related to:

- 1 Failure to perceive victimization
- 2 Fear of physical/emotional harm
- 3 Fear of deportation or arrest
- 4 Language and/or cultural barriers
- 5 Distrust of authorities
- 6 Shame, guilt, hopelessness
- 7 Confidentiality concerns
- 8 Debt Bondage

How Will I Recognize a Victim?



Initial Presentation: What You Might See or Hear

- **Patient is accompanied by a person (adult or minor, male or female) who is:**
 - Domineering and **insists on speaking for child.**
 - Apparently **intimidating/frightening to child.**
 - Reluctant to answer questions, **impatient for discharge**, may pay in cash.
 - **Not the guardian.**
 - Offers to interpret for the patient in his/her own native language and **declines medical language interpreter**
 - **Pays with cash for the medical encounter..**
 - **Staff at NGO serving trafficked persons**

Initial Presentation: What You Might See or Hear

- Patient is **accompanied by multiple peers** who also want medical evaluation and/or treatment.
- Patient **gives inconsistent or false information.**
- Patient **does not know where she/he is staying; is unfamiliar with city/town.**
- Patient **has large amount of cash or expensive items incongruous with remainder of appearance .**
- Patient has **multiple hotel keys or mobile phones.**

Initial Presentation: Chief Complaints or Reasons for Medical Encounter

Patient presents with one or more of these Chief Complaints:

- Severe symptoms (delayed presentation)
- Signs/symptoms of sexually transmitted infection (STI).
- Request for STI and/or HIV testing.
- Acute sexual assault.
- Issues related to pregnancy.
- Unexplained (or inadequately explained) injuries.
- Suicide attempt or ideation.
- Acute exacerbation of behavioral health disorder.
- Intoxication.

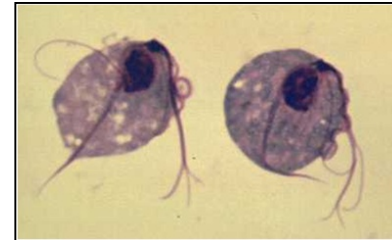
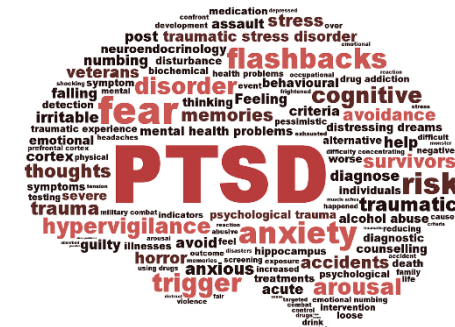
Historical Information: Present or Past Medical History

- Use of [lingo or slang](#)
- [New to country](#), with history of [major stress at home](#) (e.g., extreme poverty, community violence, political/social unrest)
- History of [multiple sexual partners](#), esp. over short period of time
- Multiple prior [STIs](#) and/or history of [pregnancy](#) (or fathering baby)
- Child has older [partner](#) (>4 years) (US).
- Does not have access to [identification/immigration documents](#)
- History of [risk factors](#)

Sex Trafficking



Chronic Pain



Depression/
Suicidality

Malnutrition

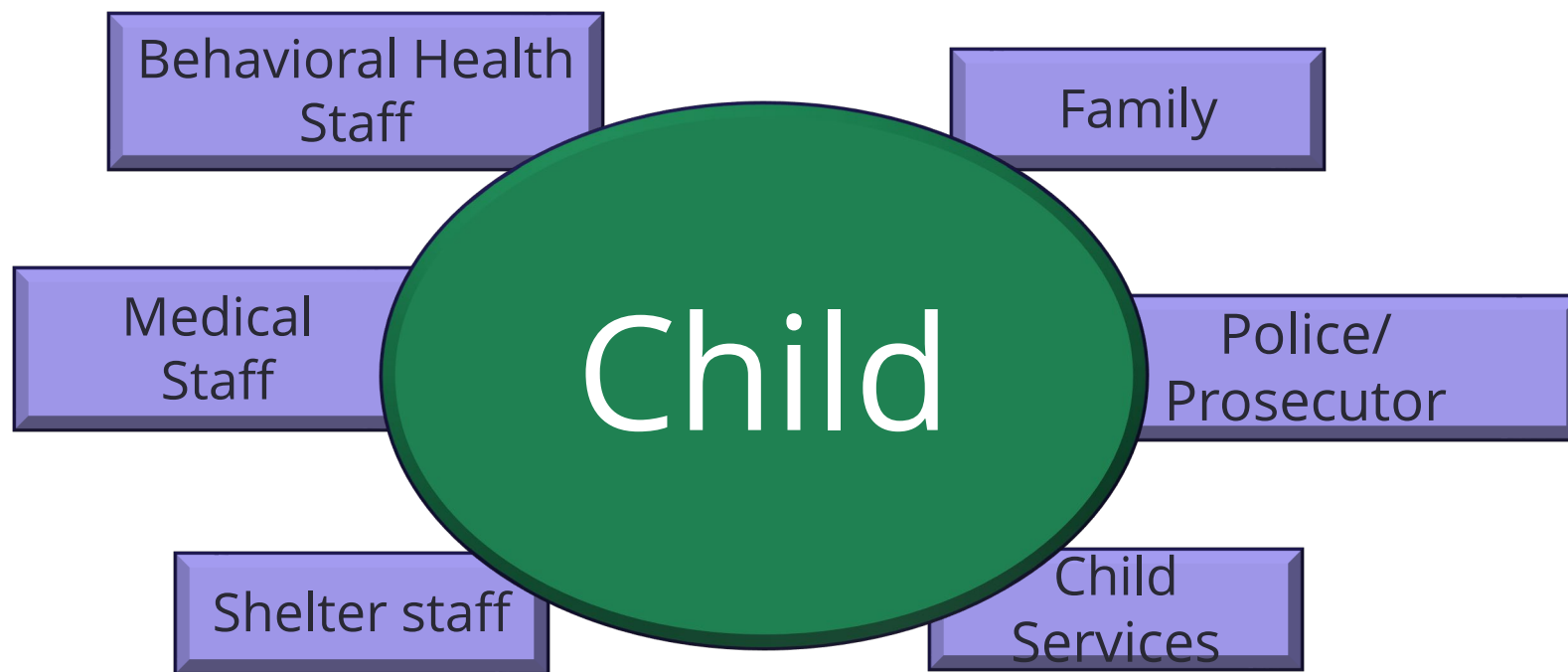
Physical Examination

- Malnourishment, poor health
- Signs of post-traumatic stress or depression
- Signs of physical abuse
 - Bruises, lacerations, burns
 - Oral injuries.
 - Patterned injuries/scars
- Unusual Tattoos
- Anogenital trauma
- Evidence that the victim has had to have sexual intercourse during menses
- Evidence of substance use



Interacting with Trafficked Persons: Trauma-Informed Care

A Victim-Centered Approach



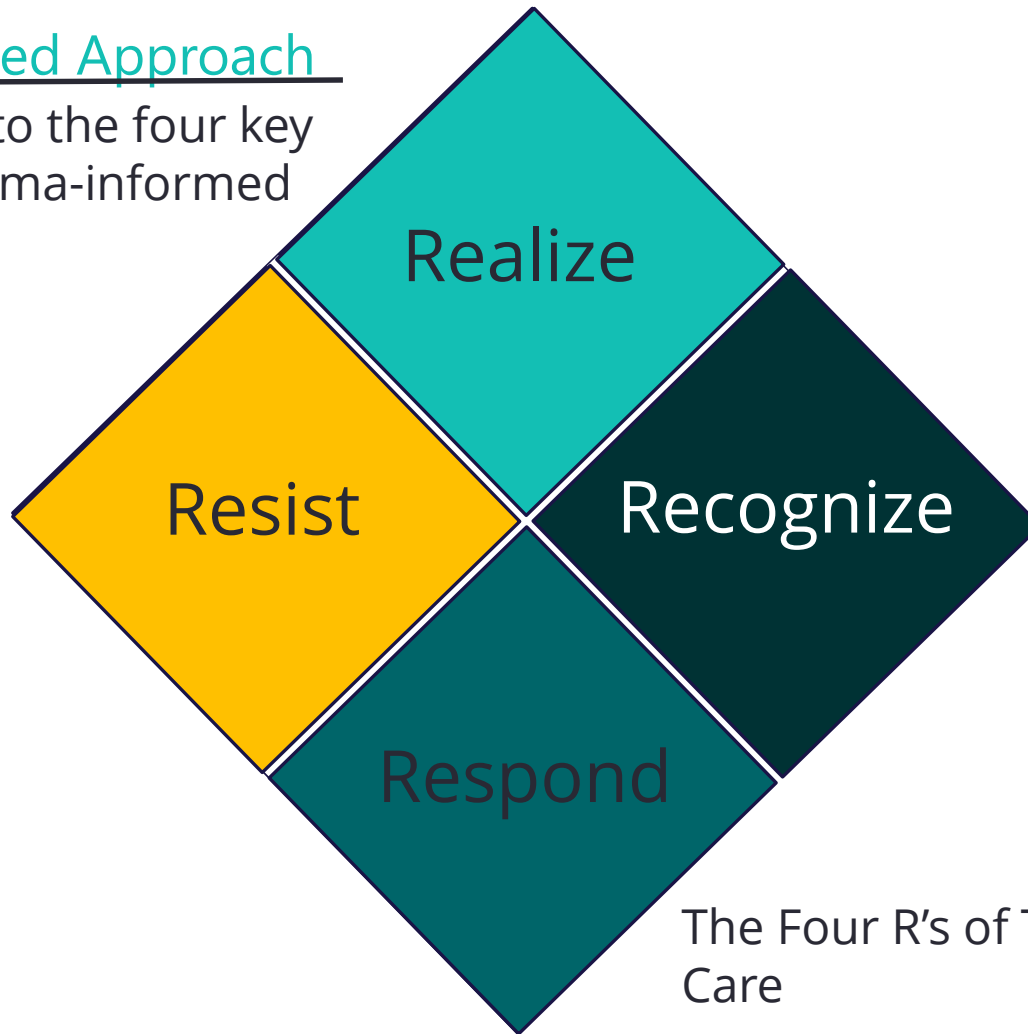
A Rights-Based Approach

Victims have a right to:

- Best available **medical care**.
- **Respect** for victim's age, gender, race/ethnicity, cultural beliefs, religious beliefs, sexuality, and social status, as well as a **lack of discrimination** related to these and other factors.
- **Receive information** regarding the medical process and referral options in a way that is understandable (in victim's native language; with professional interpreter, in easy-to-read format).
- **Participate in their own care** according to their developmental abilities (make decisions, voice opinions, etc.).
- **Privacy and confidentiality** within the bounds of law (this includes a timely explanation about the limits of confidentiality).
- Best available **follow up care** (referrals for victim services, follow up medical care).

Trauma-Informed Approach

An introduction to the four key elements of trauma-informed care:



The Four R's of Trauma Informed Care

Safety: Physical and Emotional



Physical

Be familiar with your facility's protocol for managing potentially aggressive visitors and/or patients.

Your protocol may involve:

- Contacting security personnel
- Installing locked doors separating waiting area from exam rooms
- Alarm buttons
- Other physical/procedural processes

Emotional

- Interview alone; assure no interruptions
- Attend to basic physical needs
- Practice empathic listening
- Maintain a nonjudgmental, open attitude
- Be supportive; meet patient 'where they are'
- Minimize re-traumatization

Trauma-Informed Approach

Respect

- Explanations
- Consent
- Transparency
- Review limits of confidentiality early on

- Strength-based approach
 - Engage child in the process; seek input
 - Identify strengths, resilience
 - Allow control; offer choices

Foreign National Victims

Have trained interpreter

- Interpreter not from same community

Consider cultural:

- Practices (taboos, beliefs, behaviors)
- Roles
- Relationships

Resources need to be culturally appropriate

What Questions Should You Ask?

Focus on information you need

- What is your role?
- Risk assessment is the goal
- What information is needed for you to do your job?



Consider other sources of information

Assessing Risk: Questions About Living Situation and General Well-Being

For example,

- *"Can you tell me a bit about where you're living now?"*
- *"What are the people you're living with like?"*
- *"Help me understand what a day in your life is like. What kinds of activities do you do throughout the day?"*
- *"Who are the people closest to you? Is there anyone you feel you can confide in?"*
- *"Let's think about the last week. During that period, was there any time that you felt upset? Do you feel comfortable telling me about it?"*

Questions About Safety

Here are some sample questions about safety:

Have there ever been a time when someone made you do something you didn't want to do? Can you tell me about it? How often does this happen? How do you feel about this?

- "Has anyone at home or work ever harassed you? Do you feel comfortable telling me about that?"*
- "Have you ever been threatened (for trying to leave your job or leave the place where you're staying)?"*

Build rapport first. Be mindful of patient's emotional status.

Questions About Safety

Here are some sample questions about safety:

- *“Has there ever been a time when someone made you do something you didn’t want to do? Can you tell me about it? How often does this happen?”*
- *“Has anyone at home or work ever hurt you? Do you feel comfortable telling me about that?”*
- *“Have you ever been threatened (for trying to leave your job or leave the place where you’re staying)?”*

Questions About Possible Sex Trafficking

Here are some sample questions:

- *“Some kids I see live on the street and have no money to get things like food, clothing or a place to stay. So, they have to exchange sex to get these things. Other kids may live at home and exchange sex for things they want, like jewelry or an iPad. Has anyone ever suggested to you that you exchange sex for something you need or want?”*
- *“Has anyone ever asked you to have sex with another person? Can you tell me about that?”*
- *“Has anyone ever taken sexual pictures of you or posted such pictures on the internet? Tell me about that.”*

Exam and Diagnostic Evaluation

Assess overall health, nutrition

Assess and treat acute/chronic conditions

Assess development (+/-)

Obtain sexual assault evidence kit (+/-)

Document injuries, genital/extra-genital

Offer STI and pregnancy testing/prophylaxis

Consider testing for endemic diseases
of home country

Offer drug testing

Patient permission is critical!!

What to Do If You Suspect Sex Trafficking

- Know the law.
- Unless mandated to report to police, ask patient's permission to report.
- Be sure you discuss the need for reporting with your patient so that he/she is not surprised and does not feel betrayed.
- Discuss referrals with your patient. Know your community resources.

The National Human Trafficking Hotline:

888-373-7888

Health-Related Referrals For Ongoing Care

Behavioral health assessment
and treatment

OB/GYN care

Substance abuse assessment
and rehab

Primary care provider
Ongoing care
STI testing
Family planning
HPV vaccine
Anticipatory guidance
Immunizations

Developmental assessment
(child)

Tips on Making Referrals for Services

- Child is expert on himself; engage him in planning process
- Obtain consent
- 'Warm hand-off'
- Follow up with child if possible

Conclusions

Many trafficked youth have multiple vulnerability factors

Health effects are varied and sometimes severe

A trauma-informed approach is recommended

After-care needs are extensive, require multidisciplinary approach

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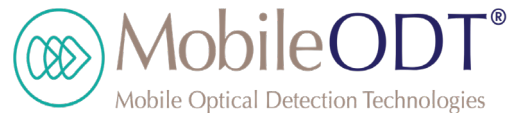
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Thank You!

And now for Q & A...

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Human Trafficking / Child Sex Trafficking:

- CNE/CME accredited: 10 credits
- Authors:
 - Jordan Greenbaum, MD
 - Kirsten Bechtel, MD, Associate Professor of Pediatrics (Emergency Medicine) and of Emergency Medicine, Yale School of Medicine
- Learn how to:
 - Recognize victims of CST
 - Respond to victims of CST
 - Use a Trauma Informed Approach

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*Offer valid until June 30, 2019

Thank You!

And now for Q & A...

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