Child Sex Trafficking Training *for* Pediatricians March 8, 2023

Dana Kaplan, MD, FAAP
Director of Child Abuse and Neglect
Department of Pediatrics, SIUH
Lori Legano, MD, FAAP
Director, Child Protection Services
Department of Pediatrics, NYU/Bellevue
Nina Agrawal, MD, FAAP
Child Abuse Pediatrician
Children's Aid Society
Child Sex Trafficking Action Team New York State - American Academy of Pediatrics, Chapter 3
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Financial Disclosures

The presenters today do not have any financial interest in or affiliation with any commercial supporter to disclose.

Learning Objectives

At the conclusion of this activity participants should be able to:

- **Utilize the "3-R" Framework for Human Trafficking in Minors: Recognition, Relationship Building, and Response**
- **Apply a child rights, trauma informed approach to the medical evaluation of child sex trafficking**

BACKGROUND

We are 3 child abuse pediatricians in New York City.

In 2019, we came together to address the need for child sex trafficking training for pediatricians practicing caring for the diverse youth of New York City.

We are grateful for the invaluable contributions of public health student colleagues and experts with lived experiences.

Child Sex Trafficking Action Team (C-STAT)

Physicians

Nina Agrawal MD FAAP, *Project Director*, Child Abuse Pediatrician, Children's Aid Society

Dana Kaplan MD FAAP, *Project Consultant*, Child Abuse Pediatrician, Director, Staten Island Child Advocacy Center, Northwell Medical Center

Lori Legano MD FAAP, *Project Consultant*, Child Abuse Pediatrician, Director, Francis Loeb Child Protection Center, New York University

Public Health

Regan Moss MPH Candidate, Project Coordinator 2023, Columbia Mailman School of Public Health

Alyssa Besser MPH Candidate, Project Coordinator 2022, Columbia Mailman School of Public Health

Manuela Ortiz MPH, Project Coordinator 2021, Columbia Mailman School of Public Health

Jacqueline Salterelli MPH, Project Coordinator 2019, Columbia Mailman School of Public Health

Tasmia Kabir, **BS Candidate**, Project Intern 2021, City University of New York

PROJECT TIMELINE

2017
- **NY Public Health Law** requires human trafficking training on "*recognition of indicators" and "the responsibilities of such personnel in dealing with" suspected* victims, for designated health care facilities.

2019
- **C-STAT** (**Child Sex Trafficking Action Team**) was formed by 3 child abuse pediatricians in NYC to fill the training gap for NYC pediatricians on trafficking in minors. A needs assessment survey was conducted.

2020
- **Project E3: Engage, Entrust, Elevate** was initiated with competitive grant funding from the World Childhood Foundation - USA, whose mission is global eradication of child sexual exploitation.

2021
- The **3 R's Curriculum: Recognition, Relationship Building, Response** was developed by Columbia public health interns. Feedback elicited from partners (*police, child protective services, advocacy orgs*).

2022
- Two **simulation medicine videos** were created to demonstrate the 3R's curriculum skills, involving actors and health media. The scripts were informed by U.S. survivors and youth. Videos will launch April 2023.

OVERVIEW

This training is designed as an adjunct to current educational materials, which provide the basics of the care and treatment of children who may be trafficked. It is not meant to be inclusive of all training needs.

Our focus is on relationship skill building through didactic and role-playing videos. Please note that this is in a pilot phase. We welcome your feedback.

The C-STAT team, March 2023

Role of the Pediatrician: What to Do

- **Be a health provider.** Aim for health focused, trauma informed, youth rights centered, gender identity sensitive care.
- **Build trust.** Aim to engage the patient in follow up health care and supports.
- **Meet the patient's needs**, as they perceive.

Your primary goal is ***NOT*** to obtain a disclosure of trafficking

Role of the Pediatrician: Do Not

- **Ask unnecessary questions.** You are not an investigator.
- **Force a disclosure.** Youth may not be ready to leave the situation or conceive of their situation as trafficking.
- **Try to be superhuman.** Dispel the rescue fantasy.

MEDICAL EVALUATION

The 3 R's Framework

The 3 R's Framework

1 Recognition ⟺ 2 Relationship Building ⟺ 3 Response

Relationship building is continuous and non-linear

The 3 R's Framework

1 Recognition ⟺ 2 Relationship Building ⟺ 3 Response

LOOK BACK
LOOK FOR
LISTEN FOR

LLL

Recognition

LOOK BACK at the medical history

- Patients often come with non-specific symptoms (ex: recurrent STI, mental health, chronic health conditions).

LOOK BACK at the social history

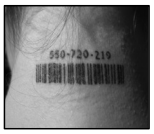
- Is the patient at high risk for exploitation (ex: foster care, homeless, LGBTQIA+, individuals with disabilities, prior sexual abuse)?

LLL

Recognition

LOOK FOR someone with the patient

- What is their relationship? Observe the interaction.



LOOK FOR skin marks

- Tattoos can be an indicator, but are NOT diagnostic. Ask, "*Can you tell me about your tattoo?*"
- Are there injuries? Is the history plausible?

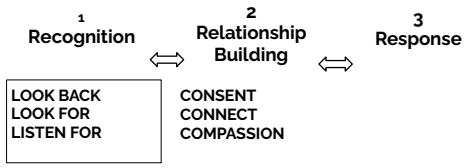
LLL

Recognition

LOOK AND LISTEN FOR:

- Non-verbal cues: Is the patient agitated, restless, guarded?
- Verbal cues: Does that patient use any terms that sound like gang or trafficking affiliated slang?

Most youth do not self identify trafficking.



Relationship Building

CONSENT

- Provide a sense of control. Trauma informed.
- Ask permission: "Is it okay if…?".

CONNECT

- Be conversational.
- Sit, don't stand. Put aside the computer.

COMPASSION.

- Show you care.
- Affirming statements: "That sounds hard."

C-STAT Video

Note:
During the webcast, a short video showing the interaction between a physician and a teen patient is shown.

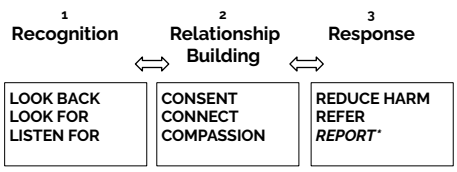
It is not technically possible to access the video through the handout.

Key Video Points: Recognition

- **Agitated and restless behavior**: Untreated mental health problems and prior child abuse are common. In a stressful clinic setting, youth may exhibit a "fight or flight" trauma response. They may also be concerned about being separated from their exploiter for too long.
- **Wanting to leave**: Indicator of possible fear of identification by authorities.
- **Constant itching of a tattoo**: Poor quality tattoos and certain symbols ($ sign, bar code) are more concerning for C-ST, but NOT diagnostic of C-ST. Many tattoos are nonspecific (as in this case) and performed by a professional. Note the patient is guarded when the doctor asks about her tattoo.
- **NOTE**: Despite arising concerns, the physician does not ask this patient any "screening" questions.

Key Video Points: Relationship Building

- Always obtain **CONSENT.** Notice the doctors asks permission throughout the encounter. Ex: "*What do you think about…*?", "*Is this ok*?". Know adolescent right laws in NY state. "*It's not okay for your parents to…*"). Partnering with the patient in decision making will empower them to value their health.
- Be **CONVERSATIONAL**. Use youth friendly language. Instead of STI, say "*infection from having sex." Instead of* sexually active, ask "*the last time you had sex….*" Avoid unneeded questions**,** yes/no lists, jargon.
- Create **SAFETY**. Your facial expressions and body language matter. Notice how the doctor positions herself – sitting, leaning forward, meeting the patient at their eye level but not staring.



Response

- **Health focused.** Address immediate health needs. Use a harm reduction approach.
- **Youth rights centered.** Know adolescent health care laws, but know the limits of confidentiality.
- **Trauma informed.** Consider prior abuse and mental health issues. Screen for suicidal ideation.

Resource: TEENAGERS, HEALTH CARE, AND THE LAW: A Guide to Minors' Rights in New York State. The New York Civil Liberties Union in collaboration with The Lowenstein Center for the Public Interest at Lowenstein Sandler LLP. 3rd edition, 2018.

Response: The Warm Hand-Off

Open the door for follow up.

"Let us know if this doesn't work for you. We can try something else."
To obtain contact information ask, **"***Where do you call home?"*

Offer preventive care/support resources.

Obtain consent. "*Is it ok if I speak to Dr. and ask for their help?"*
Talk to the provider. Provide your business card.

Acknowledge your own feelings.

Frustration, helplessness

Key Takeaways

☑ *Look for allies. Consider the AAP and public health schools.*

☑ *Informed by lived experiences. Consider multiple experiences. This includes those with involvement in C-ST and providers with clinical experience in this realm.*

☑ *Make it fun. Peer support can be an outcome.*

Thank you to our partners!

NYS-AAP, Chapter 3

Columbia Medical and Public Health Schools

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World Childhood Foundation - USA

Connected Health Solutions

Julia Angeliadis and Manny Dunn, Actors

Contact Us

Dana Kaplan: dkaplan2@northwell.edu

Lori Legano: lori.legano@nyulangone.org

Nina Agrawal: ninaagrawalmd@gmail.com

Regan Moss: rm3970@cumc.columbia.edu

Alyssa Besser: ajb2332@cumc.columbia.edu

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