

Medical Morbidity and Human Trafficking

The Public Health Impact of Human Trafficking

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Overview

Atrium Health Hospital Based Human Trafficking Response Team

Medical Morbidity Among Adolescent Victims of Human Trafficking

Sexually Transmitted Infections

Pregnancy Rates

Healthcare and Mental Healthcare Access

Disclosure Slide

Atrium Health Hospital Based Human Trafficking Response Team



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Study Snapshot



Objective and Methods

Atrium Health Hospital Based Human Trafficking Response Team

Design: Retrospective, cross-sectional study of adolescents ages 11-21 years recorded in the Atrium Health Human Trafficking Response Team database from March 2019 to March 2022. Age was defined by age at identification within the healthcare system.

Objective: The purpose of this study was to determine the reproductive health outcomes among adolescents evaluated for sex trafficking at an urban, tertiary children's hospital.

Methods: A designation of clear concern on the West Coast Healthcare CSE-IT or a positive modified TVIT screen defined a suspected victim of human trafficking. Confirmed victims included victims with a positive evidence-based screen and confirmation by law enforcement or disclosures by the patient.

Results: Demographics

Atrium Health Hospital Based Human Trafficking Response Team

Characteristics of the Adolescent Sex Trafficking Population Compared to the Community Adolescent Population		
Demographics	Sex Trafficked Population (n = 54)	Community Adolescent Population, Ages 11-21 (n = 151,623)
• Gender		
○ Female	50 (93%)	77,648 (51.2%)
○ Male	3 (6%)	73,975 (48.8%)
○ Transgender female	1 (2%)	X
○ Transgender male	0 (0%)	X
• Age at initial presentation		
○ 11-14 years	14 (26%)	58,570 (38.6%)
○ 15-18 years	40 (74%)	53,411 (35.2%)
○ 19-21 years	0 (0%)	39,642 (26.2%)

Characteristics of the Adolescent Sex Trafficking Population Compared to the Community Adolescent Population		
Demographics	Sex Trafficked Population (n = 54)	Community Adolescent Population, Ages 10-24 (n = 206,725)
• Race		
○ White or Caucasian	16 (30%)	102,360 (49.5%)
○ Black or African American	30 (56%)	75,110 (36.3%)
○ Other	8 (15%)	29,255 (14.2%)

Other Adolescent Sex Trafficking Population Characteristics	
• Language spoken	
○ English	52 (96%)
○ Spanish and English	2 (4%)
• Sexual orientation	
○ Heterosexual	43 (80%)
○ LGBTQ	11 (20%)
• History of abuse	
○ Yes	42 (78%)
▪ Sexual	29 (54%)
▪ Physical	25 (46%)
▪ Verbal	9 (17%)
○ No	3 (6%)
○ Unknown	9 (17%)
• School status	
○ Regularly attending school	13 (24%)
○ Not regularly attending school	32 (59%)
○ Unknown	9 (17%)

Typology and Setting

Type and Setting of Trafficking	
<ul style="list-style-type: none"> • Type of trafficking <ul style="list-style-type: none"> ○ Confirmed sex trafficking ○ Confirmed familial sex trafficking ○ Suspected sex trafficking ○ Sex/labor trafficking ○ Trafficking of parent 	<p>30 (55%) 3 (6%) 18 (33%) 2 (4%) 1 (2%)</p>
<ul style="list-style-type: none"> • Type of exploitation (Multiple Forms in Some Cases) <ul style="list-style-type: none"> ○ Prostitution ○ Escort service ○ Sexual servitude ○ Pornography ○ Domestic servitude ○ Drug trafficking/dealing ○ Other ○ Unknown 	<p>38 (70%) 4 (7%) 4 (7%) 1 (2%) 1 (2%) 1 (2%) 1 (2%) 12 (22%)</p>
<ul style="list-style-type: none"> • Setting of trafficking (Multiple Settings in Some Cases) <ul style="list-style-type: none"> ○ Hotel/motel ○ Street ○ Private home ○ Apartment complex ○ Online ○ Unknown 	<p>18 (33%) 10 (19%) 8 (15%) 1 (2%) 2 (4%) 30 (56%)</p>

Sex and Labor Trafficking: 4%

Trafficking of a Parent: 2%

Sex Trafficking: 94%

Confirmed Sex Trafficking 55%

Familial Sex Trafficking 6%

Suspected Sex Trafficking 33%

Type of Exploitation: Multiple Forms 70%

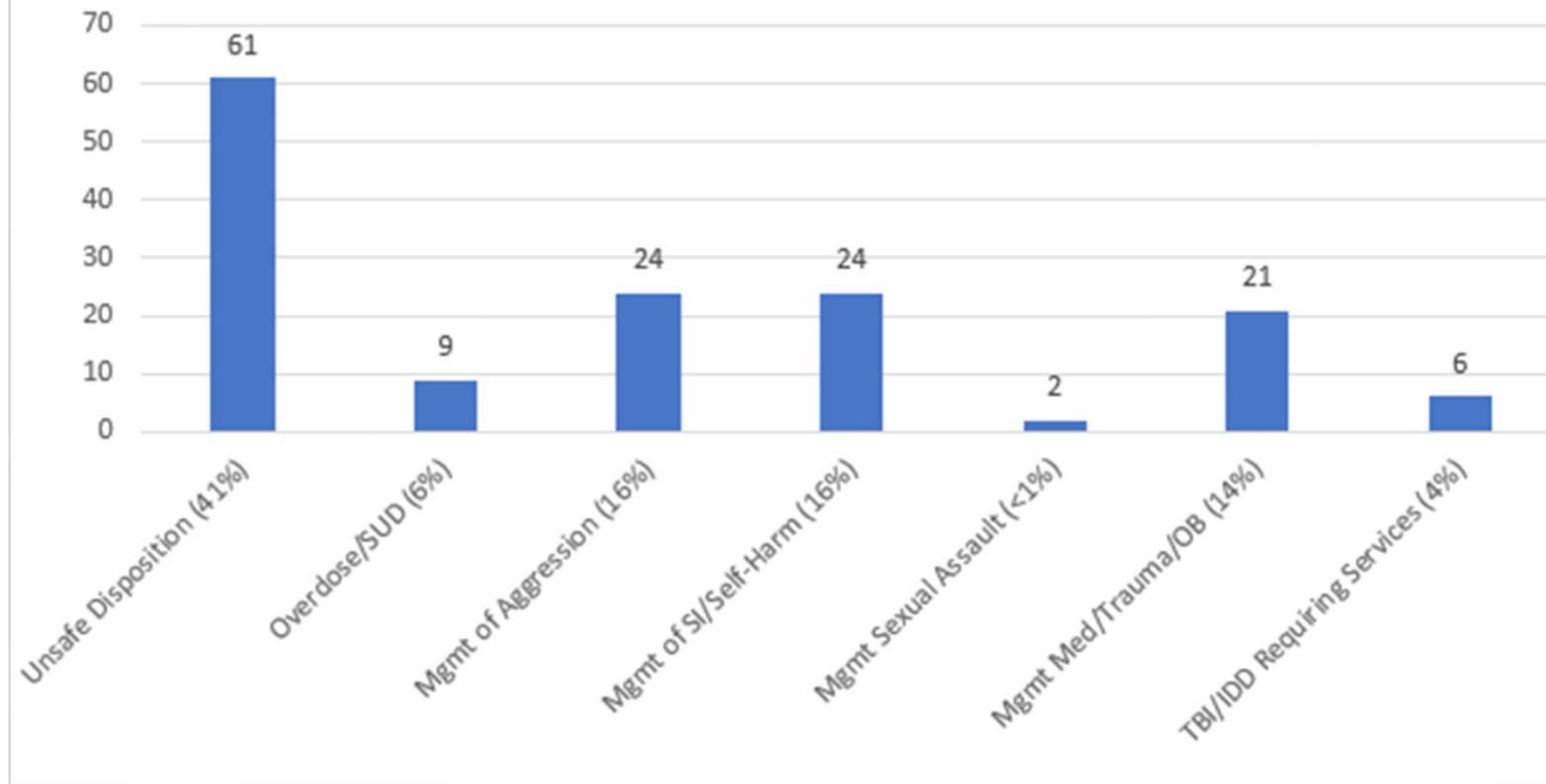
Most Common Setting Online 56%

Multiple Settings in 33%

Healthcare Presentations



Indications for Admission Among 54 Confirmed or Suspected Adolescent Victims of Human Trafficking in the Healthcare Setting



Prevalence of STIs and Pregnancy in the Adolescent Sex Trafficking Population vs Community Adolescent Population				
	Sex Trafficked Population (n = 54)	Community Adolescent Population (n = 151,623)	% Difference (95% CI)	RR (95% CI)
STIs				
• Neisseria gonorrhoeae	28 (51.9%)	3,409 (2.2%)	49.7% (37%-62%)	46 (27-78)
• Chlamydia trachomatis	35 (64.8%)	11,869 (7.8%)	57.0% (44%-68%)	22 (12-38)
• Syphilis	5 (9.3%)	139 (0.092%)	9.2% (3.9%-19.8%)	107 (44-254)
• HIV	3 (5.6%)	102 (0.067%)	5.5% (1.8%-15%)	85 (28-248)
• Hepatitis B	1 (1.9%)	X	X	X
• Hepatitis C	0 (0%)	X	X	X
• Herpes simplex virus	6 (11.1%)	X	X	X
• Trichomoniasis	14 (25.9%)	X	X	X
• Any STI	92 (170.0%)	X	X	X
Pregnancy				
• First-time positive UPT	6 (11.1%)	X	X	X

Observations

Key Issue #1: Cumulative Outcomes

48/54 adolescent victims received partial or complete STI testing over 60 encounters with an indication for STI testing.

23 patients (48%) were diagnosed with an STI. Among the 23 patients with STI's, 17 (74%) had more than one STI and 5 (22%) had 4-8 STI's identified over the course of multiple encounters.

4 patients were pregnant during the 3-year study. This data does NOT reflect comprehensive health outcomes for the population.

Key Issue #2: Incomplete Testing

We examined healthcare encounters after the point of identification in the healthcare system.

Some patients were referred for behavioral health holds awaiting placement and did not have indications for testing at the time of presentation.

The cumulative STI's were not known in patients referred into the system without prior encounters.

Patients with high recidivism had higher cumulative STI rates suggesting complete data will impact the results.

Access to Healthcare and Mental Healthcare



Healthcare Utilization

Total Visits Among 54 Confirmed or Suspected Adolescent Victims of Human Trafficking



171 Total Emergency Department Visits

24 Primary Care Visits within 2 years of identification

17 within 6 months of identification

4 within 30 days of identification

147 Admissions totaling 3,441 hospital days

10 Patients Accounted for 64% of all hospital days

High Recidivism Group Outcomes

Excluded from treatment	5
Recurrent elopement	2
Suicidal in treatment	2
Stable in placement	1

Poor Outcomes with High Recidivism

Exclusions from Treatment

Aggression/prior violent behavior
Current therapy or compliant inpatient behaviors do not reverse exclusion for prior aggression.

Lack of options for IDD, traumatic brain injury, or anoxic brain injury
Lack of educational funding for out of state residential trauma program placement

No option to layer intensive treatment onto observational holds for patient's excluded from treatment.

Suicidality or Elopement in Treatment

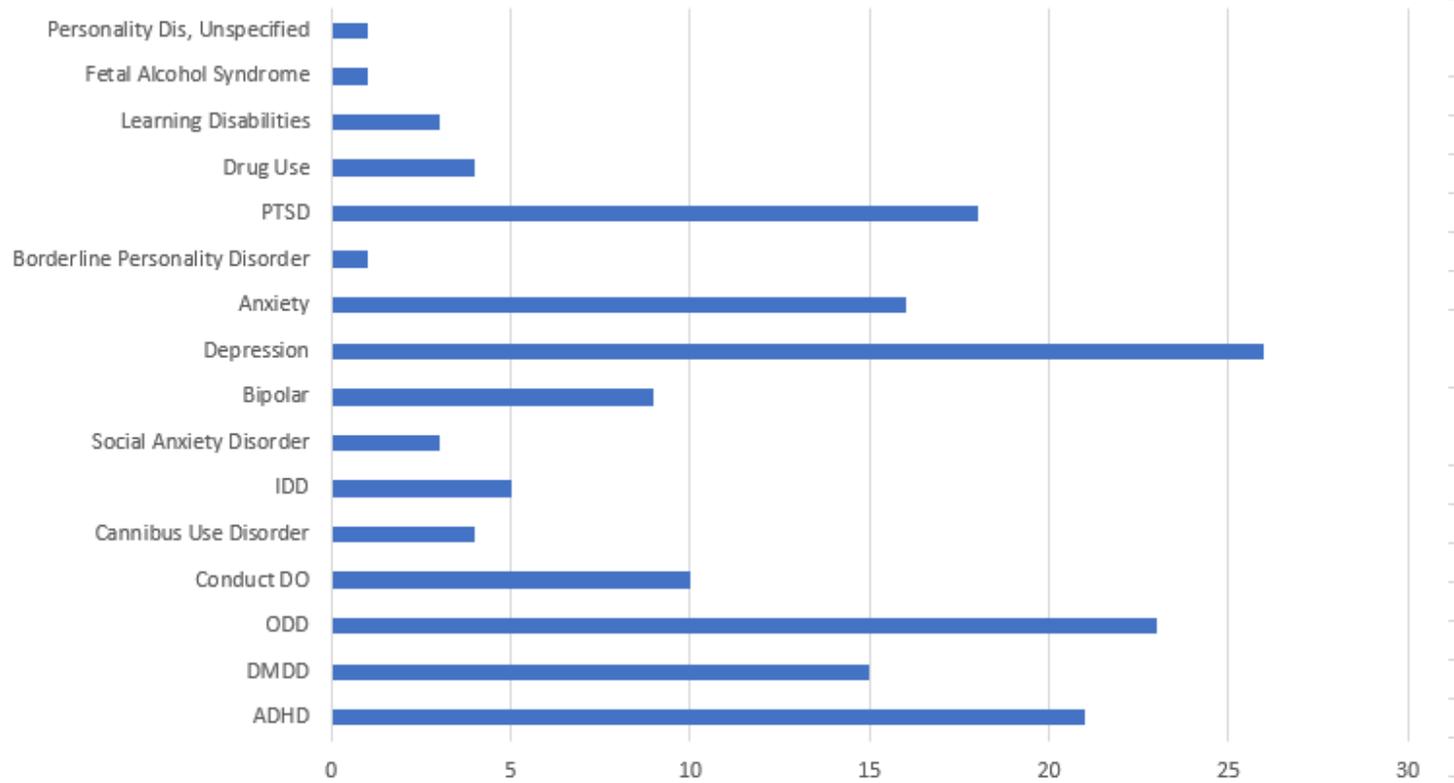
Peer to peer violence in placement.
Limited or no opportunity to appeal treatment conditions.

Weekly therapy with limited modalities.
Pace of therapy.
Lack of autonomy to guide the order in which traumas are addressed.

Behavioral modification/earned autonomy restrictions in treatment.
Lack of progress toward teen milestones.

Are We Getting It Right?

157 Mental Health Diagnoses Among 54 Confirmed or Suspected Adolescent Victims Accessing Mental Health Services Before or During Exploitation



Where Do We Go From Here?

Building Actionable Data

- Implemented reproductive and preventative health protocols
 - Repeat testing after elopement or return to exploitation
 - Pregnancy screening and emergency contraception
 - Bright Futures Preventative Screening
- Need standardized approaches to healthcare intake and data collection on cases
 - Developed CODE HOPE protocol at Atrium
 - EPIC based protocol and documentation
- Mental Healthcare Access
 - Issue for patients before and after trafficking
 - Episodic care has low impact on longitudinal attachment and relational complex trauma
 - Care continuum with family centered services
 - Support for families to comply with treatment

Questions?

**Atrium Health Human
Trafficking Advocacy Team**



Atrium Health



**Wake Forest University
School of Medicine**