

The Human Rights Clinic and T.H.R.I.V.E. (Human Trafficking Clinic) Models of service for disadvantaged patients

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ACP Florida Chapter
2019 Scientific Meeting

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Department of Medicine
Associate Professor – Infectious Diseases

Objectives

This lecture aims to help health care professionals:

- Recognize signs of physical and emotional trauma in Torture/ Asylum Seekers and Human Trafficking victims
- Understand Trauma Informed Care Principles and special health care needs of this population
- Access appropriate resources to assist these patients
- No Financial Disclosures

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HUMAN RIGHTS
CLINIC *of* MIAMI

Student - run clinic, without walls



<http://humanrightsclicnofmiami.org/>





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HUMAN RIGHTS CLINIC

A student - run independent collection of medical students, residents, and attending physicians

Dedicated to helping torture - asylum seekers and refugees obtain legal residence in the US.

A voluntary service in collaboration with referring attorneys, prepare medical affidavits in support of immigration appeal.

- Medical Affidavits, Training, Care Referrals, Research
- Weekly sessions: contact

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Yaa Abu fxp190@med.miami.edu

Somalis Injured in Failed Deportation, UM Doctors Find, Hearing Monday



- Volunteering with the HRC
- “Physicians from the [University of Miami Miller School of Medicine](#) and the [Human Rights Clinic of Miami](#) examined 18 Somali nationals in immigration detention. They found many of the 92 men and women sustained injuries from being shackled at their wrists, waists, and legs for almost two days, including over 20 hours when the plane sat on the runway in Dakar, Senegal, while under the control of Immigration and Customs Enforcement officers”
- “At Glades, Dr. Symes was joined by med-pediatrics resident Dr. Adria Jimenez-Bacardi and medical student Luke Caddell, physician-trainees who help run the Human Rights Clinic at the medical school. The clinic provides medical attestation for victims of torture and asylum seekers.”

• BY: MIAMI LAW STAFF REPORT CREATED: Thursday, January 04, 2018

Pictures From Glades Detention Center



Medical Affidavits are :

- Written documents containing expert opinion regarding consistency of psychological/ physical evidence with clients account of abuse
- Submitted to immigration authorities
- Part of Asylum (or other type of relief) application
- You (the medical professional) ARE the expert

The Istanbul Protocol

Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment

- Highlights
 - 3-year effort
 - 75 experts in law, health and human rights
 - representing 40 organizations from 15 countries
- Submitted the UN High Commissioner for Human Rights on August 9, 1999
- UN publication in press (English, Spanish, French)
- Principles on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
 - Included in resolutions by the Commission on Human Rights
 - Consider for UN General Assembly Resolution, 08/01

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www.unhchr.ch/pdf/8istprot.pdf

Definitions of Torture

- Commonalties of definitions (CAT, WMA, AI): The intentional and systematic infliction of pain and suffering by one person or persons upon another for some purpose
- Differences in definitions:
 - Perpetrators
 - Purpose of torture
 - Acts sanctioned by national law

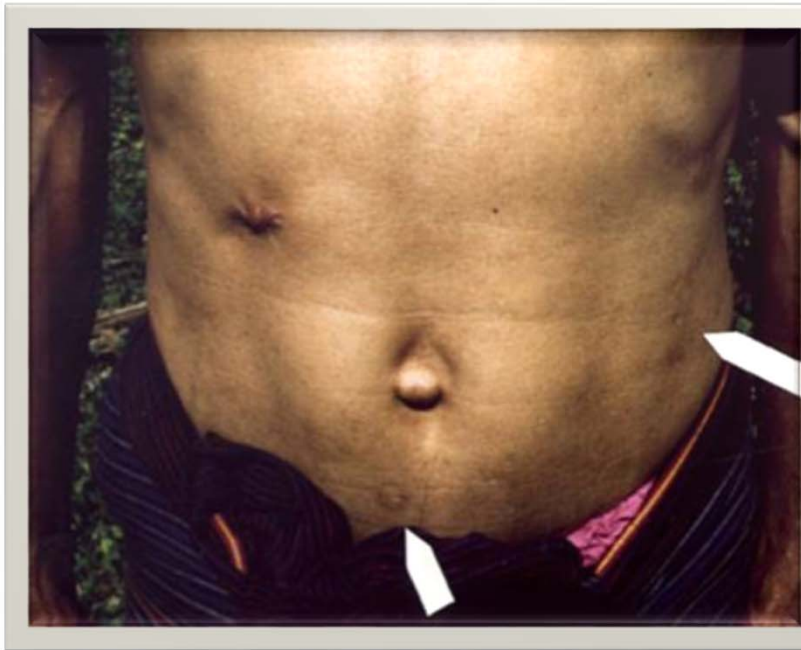
Methods of Torture

- Blunt trauma: punch, kick, slap, whips, wires, truncheons, falls
- Positional: Suspension, Stretching limbs, forced positioning
- Burns: cigarettes, heated instrument, scalding liquid, caustic substance
- Electric shock
- Asphyxiation: wet and dry methods
- Crush injuries: smashing fingers, heavy roller to thighs/back
- Penetrating injuries: stab and gunshot wounds, wires under nails
- Chemical exposures: salt, chili, gasoline, etc. (in wounds, body cavities)
- Sexual: violence to genitals, molestation, instrumentation, rape
- Crush injury or traumatic removal of digits and limbs
- Medical: amputation of digits or limbs, surgical removal of organs
- Pharmacologic torture: sedatives, neuroleptics, paralytics, etc.
- Conditions of detention

Methods of Torture

- Deprivations
- Humiliations: verbal abuse, performance of humiliating acts
- Threats: death, harm to family, further torture, mock executions
- Psychological techniques :
 - forced “betrayals,”
 - learned helplessness
 - harm self and/or others
- Violation of taboos
- Behavioral coercion
- Forced to witness torture being inflicted on others
- Post-Release

Cigarette burns – distinctive appearance



Physical Sequelae

- ▶ Physical/Psychological overlap
- ▶ May involve all organ systems
- ▶ Acute vs. chronic symptoms/disabilities
- ▶ History may be influenced by mental state
- ▶ Clinical signs vary in specificity

PSYCHOLOGICAL SEQUELAE

- Most common chronic symptoms
- Frequency and Intensity varies
- Diagnostic Classifications
 - Depressive disorder
 - Post-traumatic stress disorder
 - Enduring personality change
 - Substance abuse
 - Other diagnoses

Physical Exam

- ▶ Level of proof
- ▶ Head to toe examination for:
 - ▶ Acute injuries
 - ▶ Recent injuries (not healed)
 - ▶ Old signs
- ▶ Investigations



Falanga – beating of soles of the feet

Early

- Bruising, swelling, pain
- Ischemia, compartment syndrome

Late

- limited long distance
- Pain increases during day
- Night pain/ RSD effects
- Walking on cold floor may bring relief

Exam

- Awkward gait
- Thickening of soles
- Pigment changes/ reduced arch

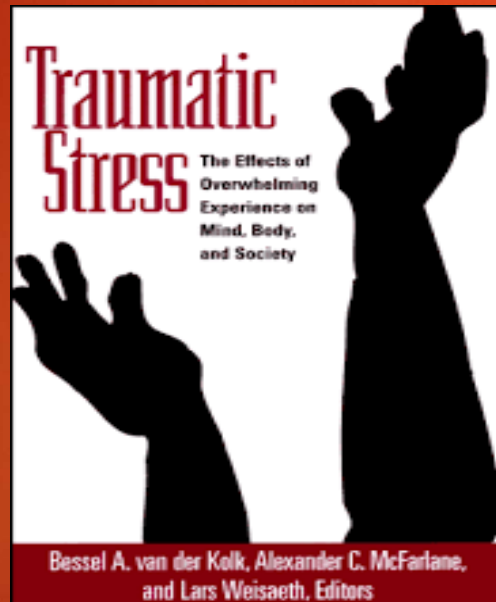


Interpretation of Signs

- ▶ Congenital
- ▶ Disease
- ▶ Accidental
- ▶ Deliberate
 - ▶ Self
 - ▶ Consensual
 - ▶ Torture

- Pathognomonic
- Typical
- Completely consistent
- Consistent
- Not consistent

Impact of Trauma exposure on Physical Health



- ▶ Biological Mechanisms
- ▶ Behavioral Mechanisms

Strappado/ suspension is a form of torture in which the victim's hands are first tied behind their back, and then he or she is suspended in the air by means of a rope attached to wrists, which most likely dislocates both arms - weights may be added to the body to intensify effect and increase the pain



SUSPENSION

- History
 - Position – acute resp compromise
- Early Sequelae
 - Diminished mobility, pain, numbness, weakness
- Late Sequelae
 - Neurologic (asymmetric)
 - Weakness
 - Paresthesias
 - Musculoskeletal
 - Muscle wasting
 - Ligamentous injury



CC: Here to Talk about my Asylum Case

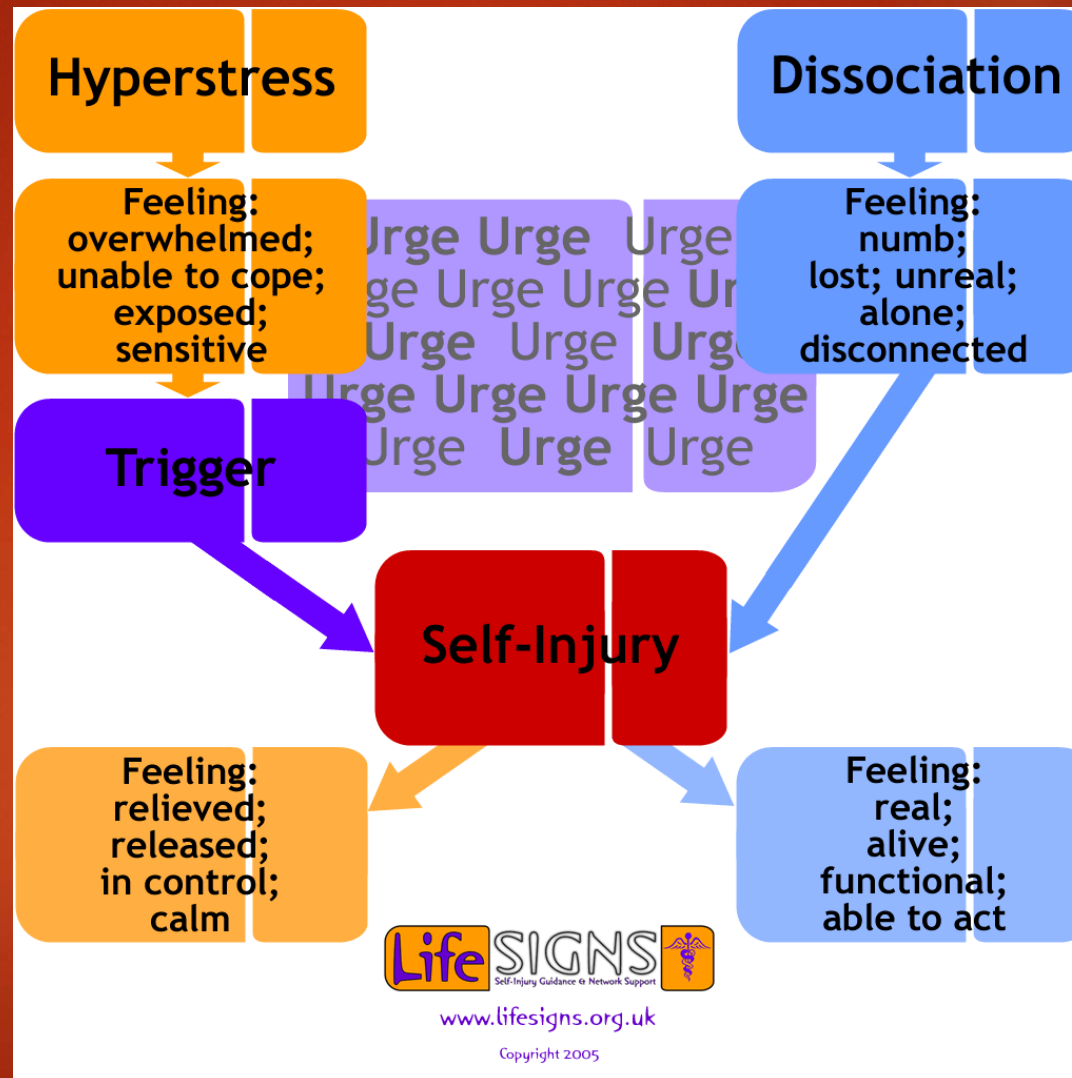
- ▶ 17-year-old female from Honduras, entered the United States to flee repeated rape, head trauma – and threats against her life. During our meeting, she was very subdued and quiet, obviously sad, and frequently tearful. Her mother fled Honduras because of domestic abuse by the stepfather, leaving our client, age 5, behind. Our client developed depression age 12, cutting her arms to relieve stress. She was raped twice by her stepfather – who targeted our client in trying to get to her mother. Our client attempted suicide once.
- ▶ Physical: headache, abdominal pain, irregular menses
- ▶ Psychological; Profound symptoms of depression, sadness, and crying, nightmares, poor sleep, poor appetite. She has ongoing trouble with relationships – few friends, and does not like anyone to touch her, including her mother. Now controls stress through listening to music

Healed irregular Scar left temple, 6 cm long
above left ear and extending into hairline



Multiple healed linear cutting scars (>30) left forearm – Self Harm (concealed by long sleeves)





CC: Testicular and Penile PAIN

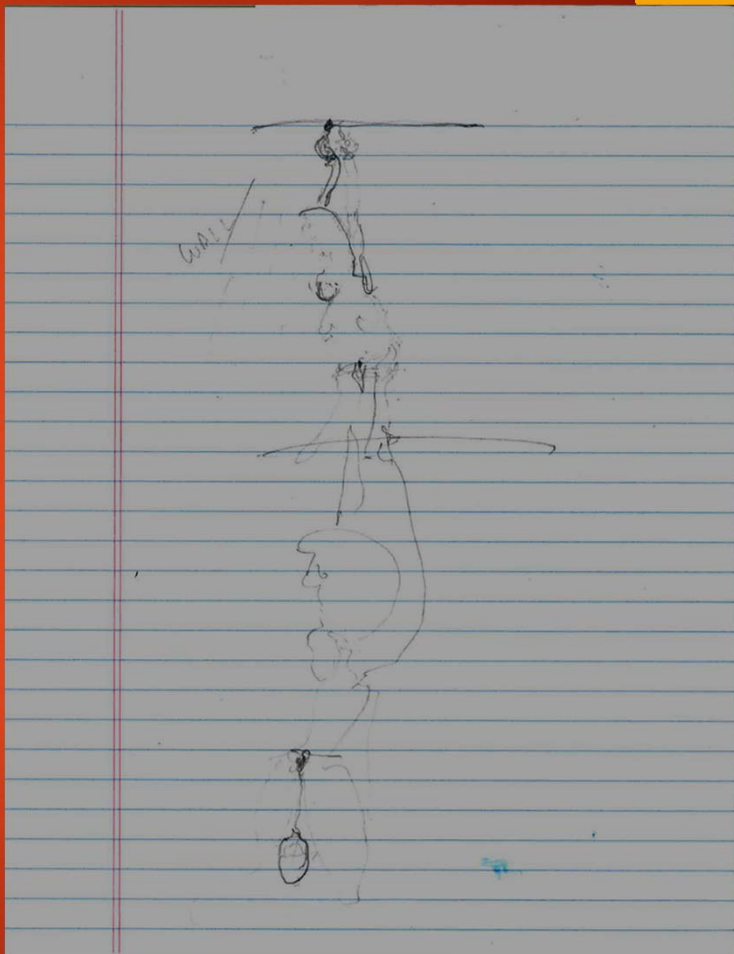
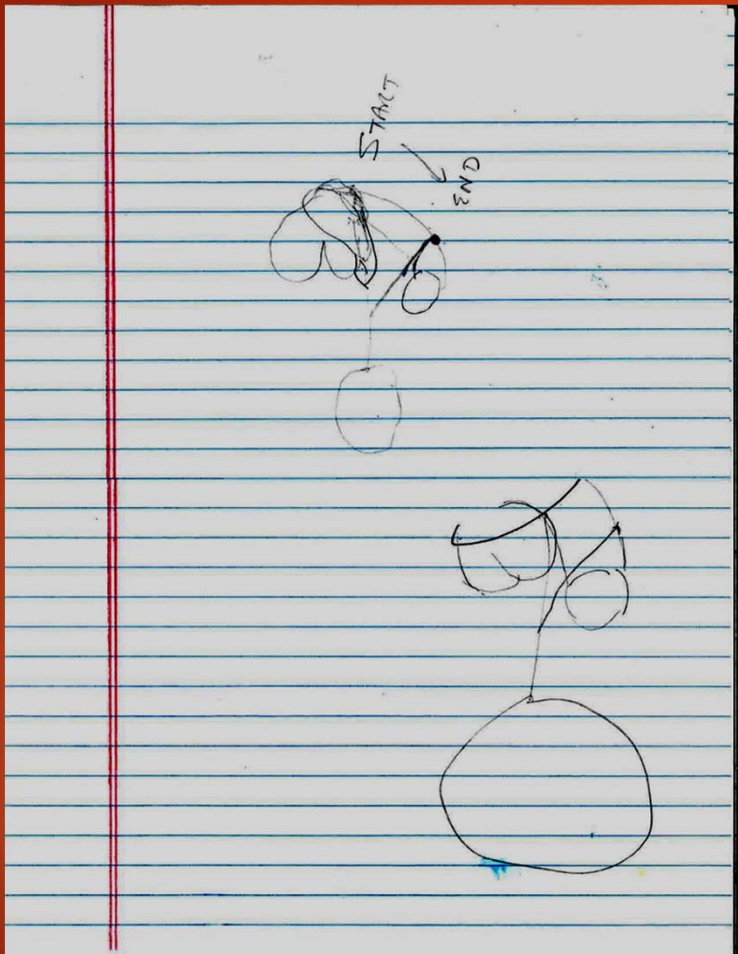
- ▶ 35-year-old male originally from Ethiopia, we were asked to perform a physical exam and a psychiatric assessment. Filing as a victim of torture, and is seeking asylum. He was targeted for his political beliefs by the government, detained without due process for his beliefs, and tortured repeatedly
- ▶ Physical: Right Shoulder and neck pain , headaches, Intermittent testicular and penile pain - worsened with erections, burning sensation in the soles of both feet - needle-like, pain in knees and head – from areas where he has been beaten
- ▶ Psychological: Hamilton Depression Screen and PTSD screen were both positive

Discoloration -hyperpigmentation arch of the feet, residual from hemorrhage - bruising/ beating of the soles



Trauma from Baton (left and right legs)





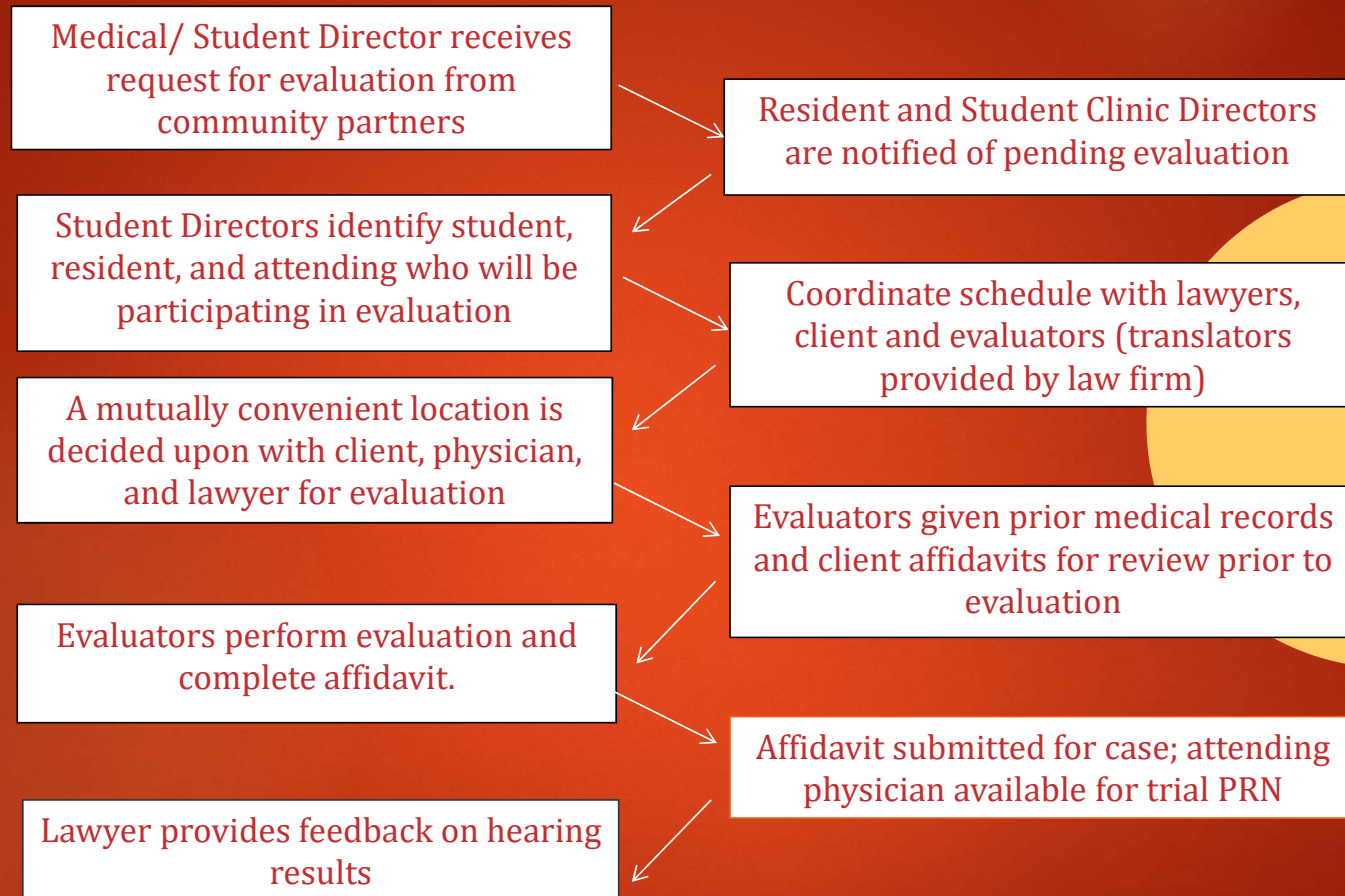
Initial ligature was placed around both scrotum and penis, but after a few minutes of suspension would slip and catch on distal shaft of penis, leaving circumferential scar



Ligature marks from wrists being tied, and then suspended for hours



How the Clinic Works...



Summary of Guidelines for Medical Evaluations of Torture and Ill Treatment

- Conclusions and Recommendations
- Statement of Truthfulness
- Statement of Restrictions on the Medical Evaluation/Investigation
- Clinician's Signature, Date, Place
- Relevant Appendices

Asylum Seekers in the United States

- Documentation of torture by health professionals greatly increases chance of being granted asylum
- Florida historical rates (asylum granted) about 30%
- Our success rate > 90%...
 - If you are worried about doing this....It's a History and Physical!!!
 - Nuance – the Assessment should include your opinion on consistency, and credibility
- Lustig, et al. "Asylum Grant Rates Following Medical Evaluations of Maltreatment Among Political Asylum Applicants in the United States." *J. Immigrant and Miority Health*. 2007.

Social Justice and Advocacy training

- ▶ Adequate Health care is a basic human right
- ▶ But so is
 - ▶ Food
 - ▶ Water
 - ▶ Shelter
 - ▶ Security....



THRIVE PROJECT DIRECTOR- J. POTTER

TRAFFICKING HEALTHCARE RESOURCES & INTERDISCIPLINARY VICTIM SERVICES & EDUCATION (THRIVE@MIAMI.EDU)

- **Clinic Providers** from Dept. of OB-GYN, Medicine, and Psychiatry- Drs. S. Symes, J. Newport
- **Site:** Jackson Memorial Hospital/ACC
- **Referrals & Collaboration:**
 - Homeland Security(ICE)
 - State Attorney's Office
 - Lotus House ,Camillus House
 - Holy Cross – Human Trafficking Clinic
- **Provide medical services tailored to the needs of victims:**
 - Safe place to talk
 - Non-judgmental
 - Acknowledge their trauma
 - Acknowledge their strengths, survival
 - SEE THEM AS HUMANS



HUMAN TRAFFICKING IS

modern day slavery.

exploiting a person through
force, fraud, or coercion.

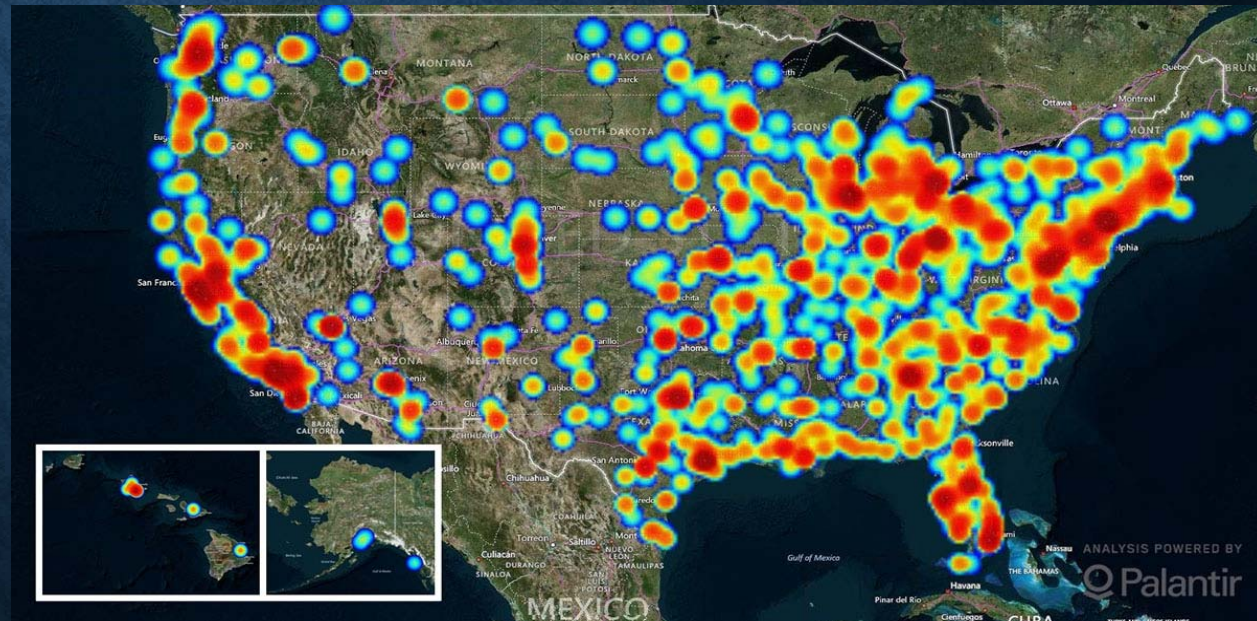
sex trafficking, forced labor,
and domestic servitude.

happening everywhere, even in the
United States, and victims can be U.S.
Citizens or of any nationality, age,
socioeconomic status, or gender.

any person under the age of 18
involved in a commercial sex act.

IN THE U.S. *US JUSTICE DEPT.*

- Average age of entry into trafficking: 12 yrs for girls and 11 yrs. for boys.
- Estimated 100,000-300,000 victims in the US.
- **Florida is #3 in the nation.**



The map above only reflects cases reported to the National Human Trafficking Hotline in 2016 where the location of the potential trafficking was known. Some cases may involve more than one location.

TRAFFICKING AND THE MEDICAL PROFESSION

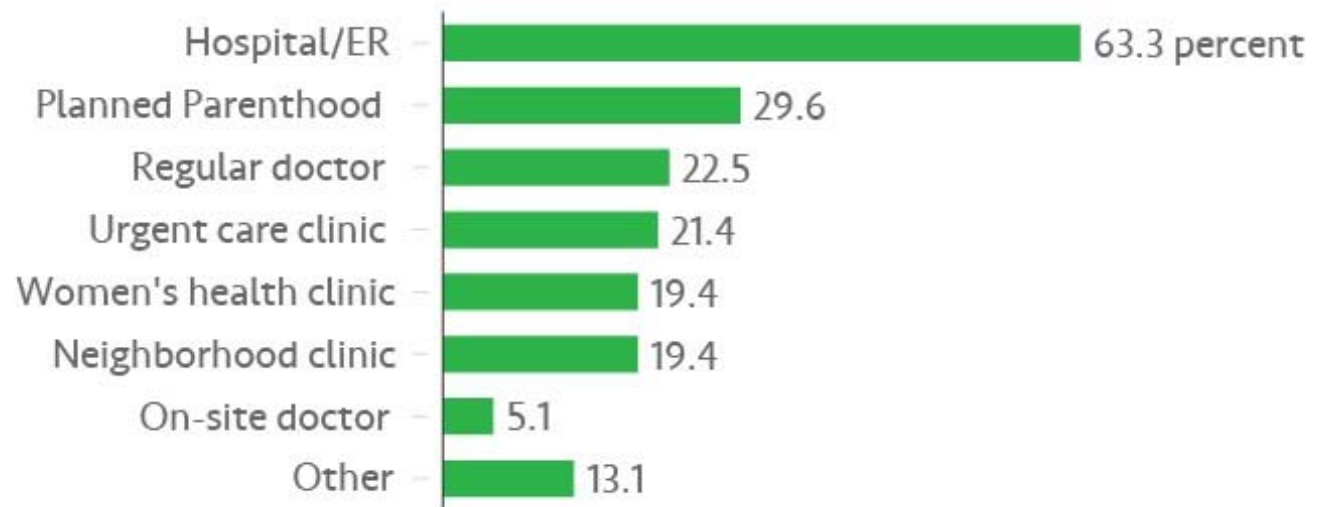
Study done by the Family
Violence Prevention Fund

28% of trafficking
survivors had been seen by
a health care provider at
least once during captivity
Screening for trauma
exposure should be a
routine part of any medical
assessment.

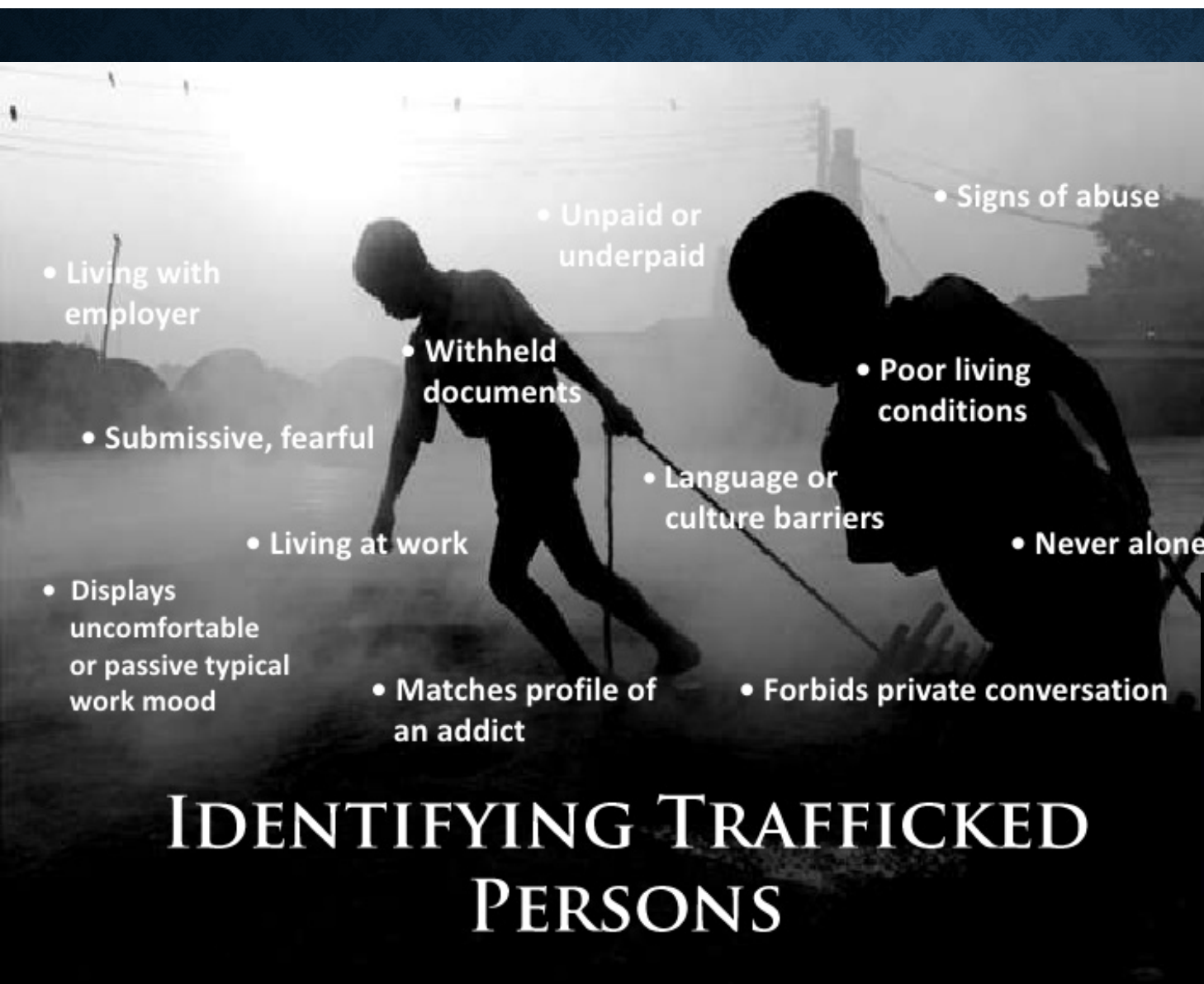
Early intervention is key

87.8%

*of sex trafficking victims say they had some contact
with health care while being trafficked*

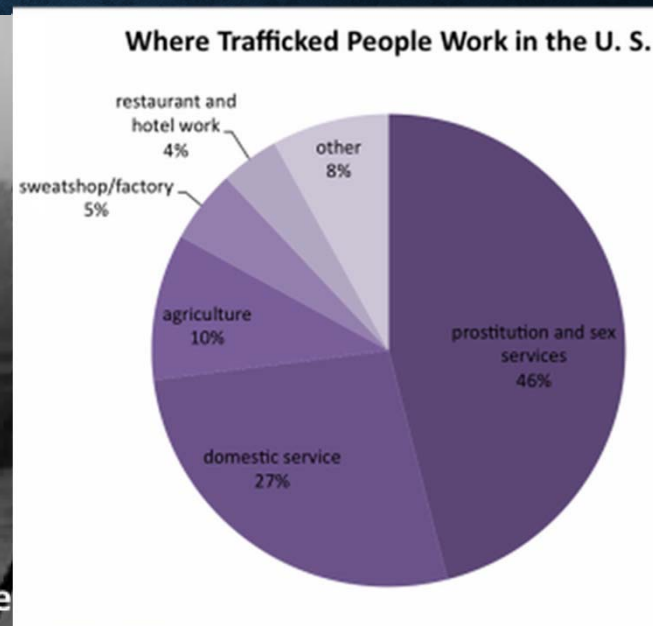


Source: Laura J. Lederer and Christopher A. Wetzel, "The Health Consequences of Sex Trafficking."



- Living with employer
- Submissive, fearful
- Displays uncomfortable or passive typical work mood
- Withheld documents
- Living at work
- Matches profile of an addict
- Unpaid or underpaid
- Signs of abuse
- Poor living conditions
- Language or culture barriers
- Never alone
- Forbids private conversation

IDENTIFYING TRAFFICKED PERSONS



MEDICAL CONSEQUENCES OF A TRAFFICKED VICTIM

- ♦ Physical injuries
- ♦ Multiple pregnancies; Forced, unsafe abortions
- ♦ STIs-Rates of Syphilis 20%; Hepatitis B-4%, HIV 13-34% (higher rates in younger victims)
- ♦ Higher rates of TB
- ♦ Starvation/Nutritional deficits
- ♦ Lack Proper immunizations
- ♦ Drug addictions
- ♦ **Psychological Trauma**
- ♦ **Psychiatric disorders**
- ♦ **Physical Illness**

HUMAN TRAFFICKING AND HEALTH:

SYSTEMATIC REVIEW OTTISOVA, L, ET AL., *EPIDEMIOLOGY AND PSYCHIATRIC SCIENCES*;4/12/2016: 1-25

- N=1466
- **CHRONIC PAIN SYNDROMES**
 - Headaches 21-60%
 - Back Pain 19-69%
 - Stomach Pain 10-61%
 - Dental Pain 23-58%
- Fatigue 10-81%
- Memory Problems 13-62%
- Weight Loss 13-47%
- Dizziness 10-70%

The most common physical health symptoms reported by women at 0-14 days

81% headaches

71% dizzy spells

60-70% various sexual health problems

63% memory problems

69% back pain

82% fatigue

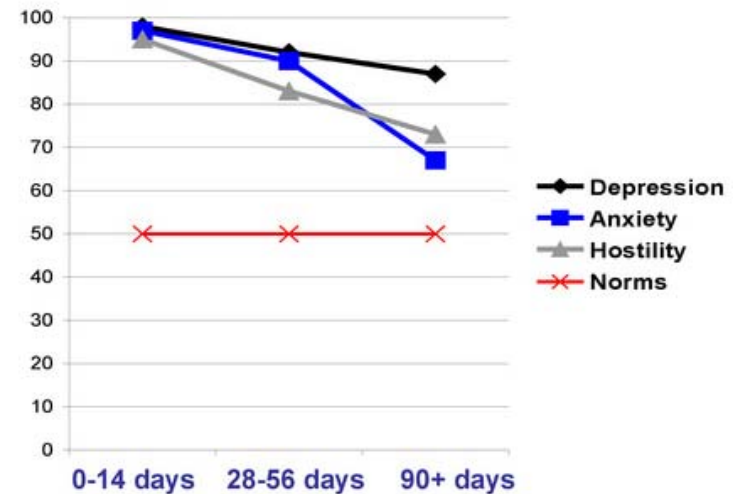


MENTAL HEALTH

- Battered Woman syndrome
- Stockholm Syndrome/Trauma Bonds
- PTSD *(severity higher than IPV, war/mass violence victims *AJPH 2010,100:224*)
- Affective disorders (anxiety, depression, panic attacks)
- Dissociative disorders (detachment from self/reality)
- Sleep disorders
- Psychosomatic pain syndromes (chronic pain, fatigue, GI distress, headaches, dizziness)
- High-risk and self-injurious behaviors



Trafficked women's mental health compared to a general female population



LINK BETWEEN TRAUMA AND POOR HEALTH

- There is solid empirical evidence of the link between trauma exposure and poor health.
- PTSD was associated with increased healthcare costs in a sample of 1,225 female HMO patients, even after controlling for depression, chronic medical illness and psychological distress.
- Source: Walker EA et al, *Arch Gen Psych* 2003;60(4):369-374

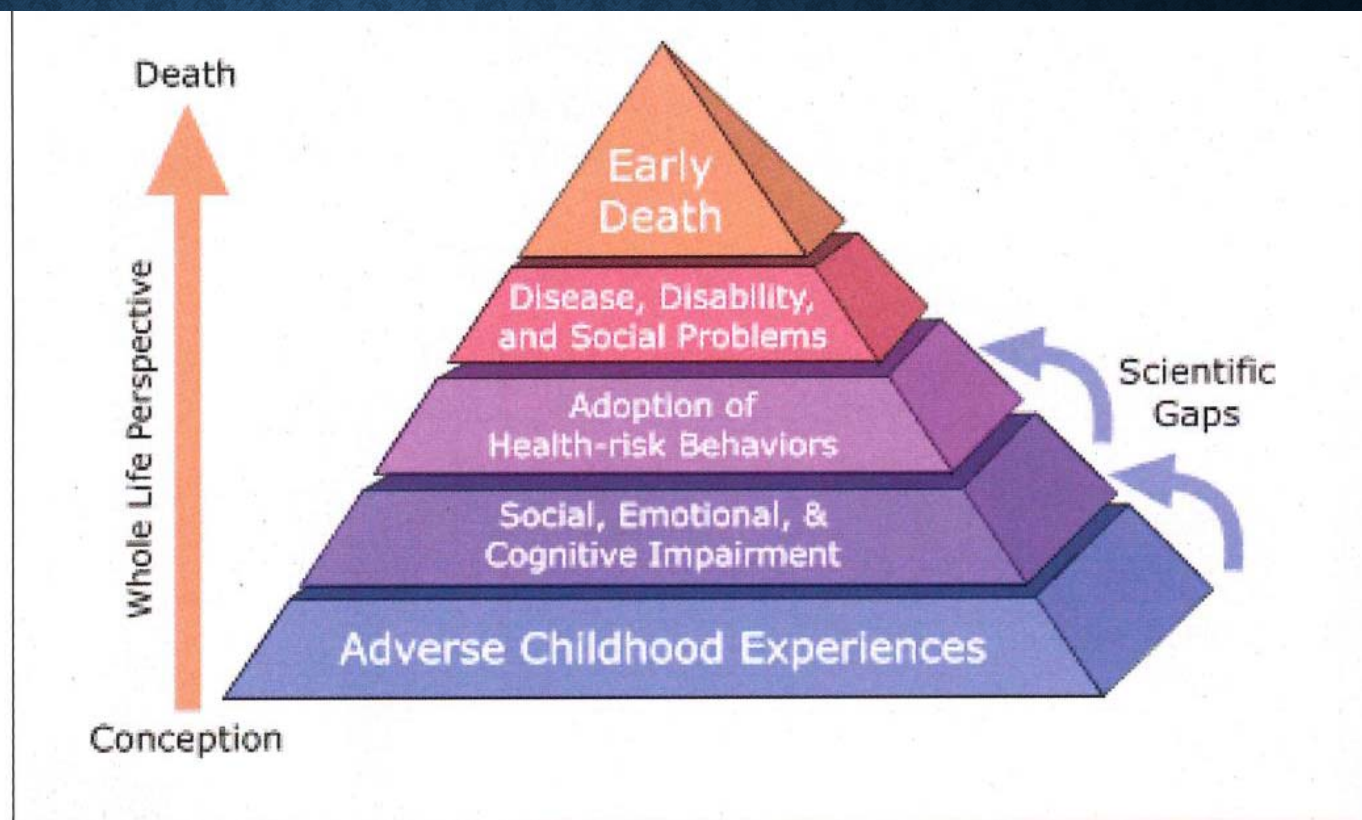


Figure 2. The Adverse Childhood Experiences Study Pyramid. (From US Centers for Disease Control and Prevention⁹).

ACES can have lasting effects on....



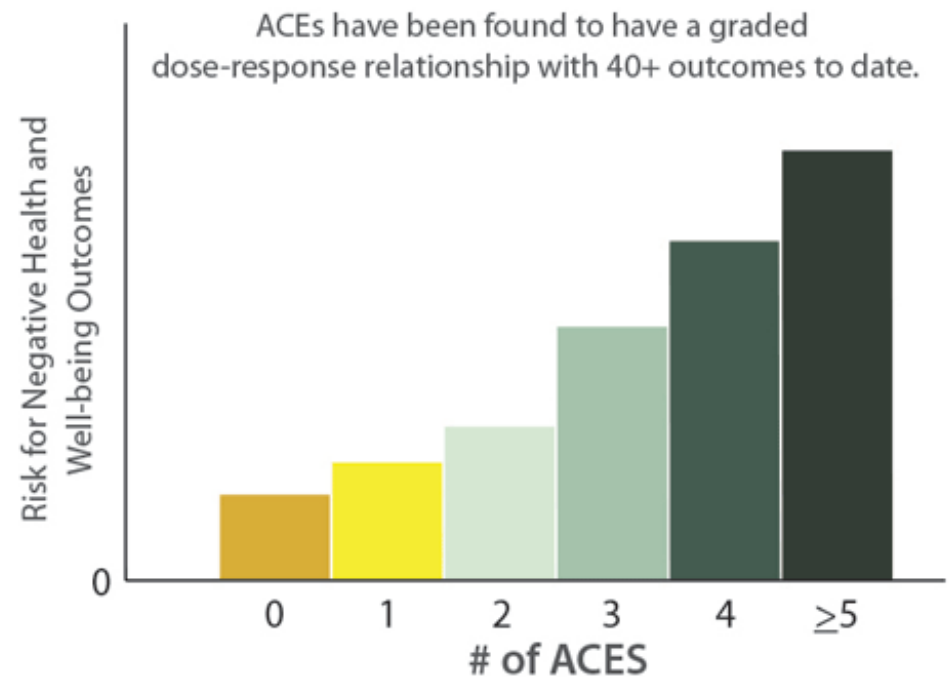
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

PHYSIOLOGICAL & STRUCTURAL EFFECTS OF ACE

Brain Development

“The years before five last the rest of their lives.”

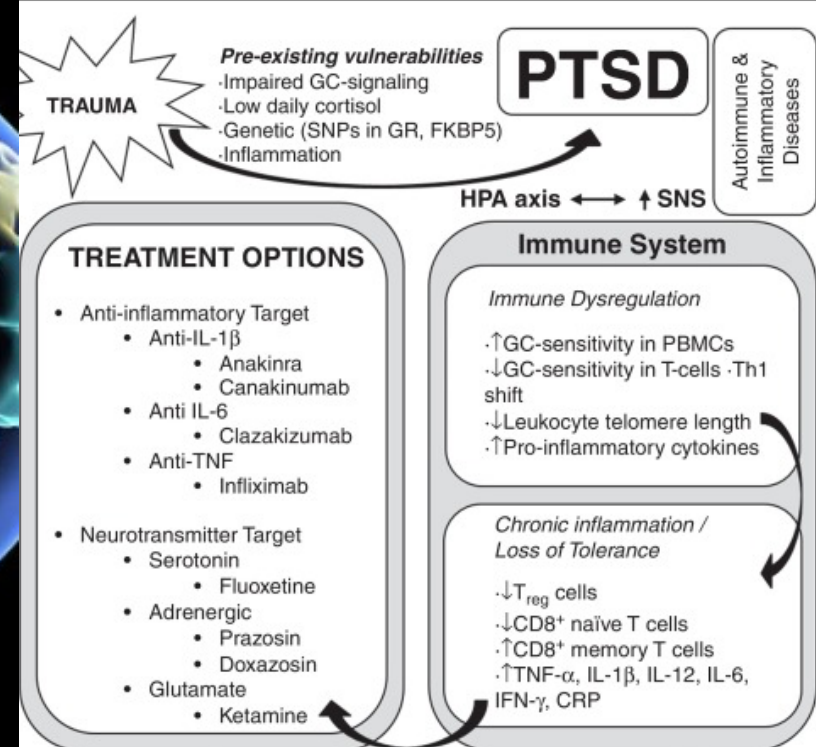
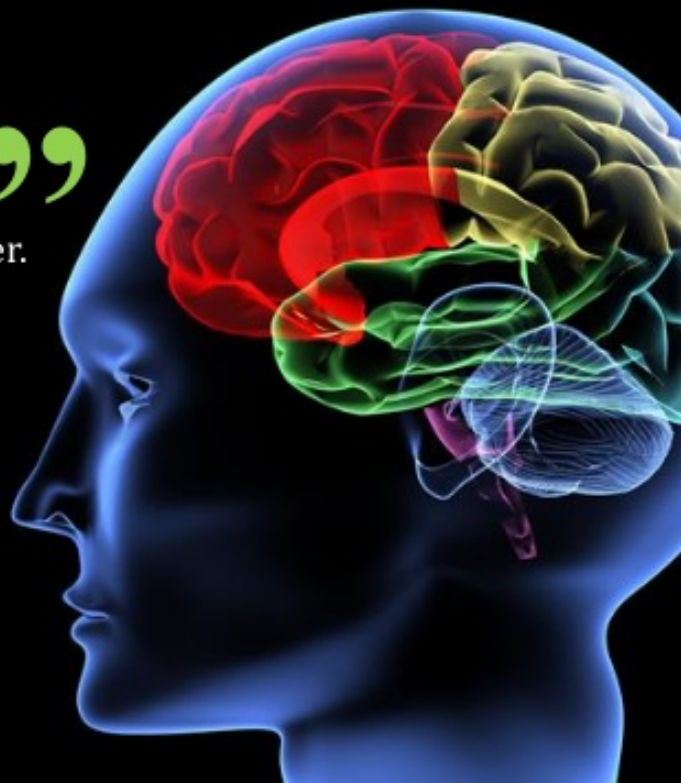
DECREASED volumes of grey matter.

DECREASED frontal lobe.

DECREASED hippocampus.

DECREASED corpus callosum.

INCREASED limbic system.





SIGNS AND SYMPTOMS OF HEALTH PROBLEMS THAT MAY IDENTIFY A SEX-TRAFFICKED PATIENT

Physical trauma

- Cigarette burns
- Bruises
- Burns
- Injuries that do not correlate with history provided
- Tattoos
- Aggravated medical conditions that are never addressed
- Malnourishment and serious dental problems are especially acute with child trafficking victims who often suffer from retarded growth and poorly formed or rotted teeth.
- Bruises, scars, and other signs of physical abuse and torture may be apparent if one knows where to look. Sex-industry victims are often beaten in areas that won't damage their outward appearance, such as the lower back.^{11,18}

Reproductive issues

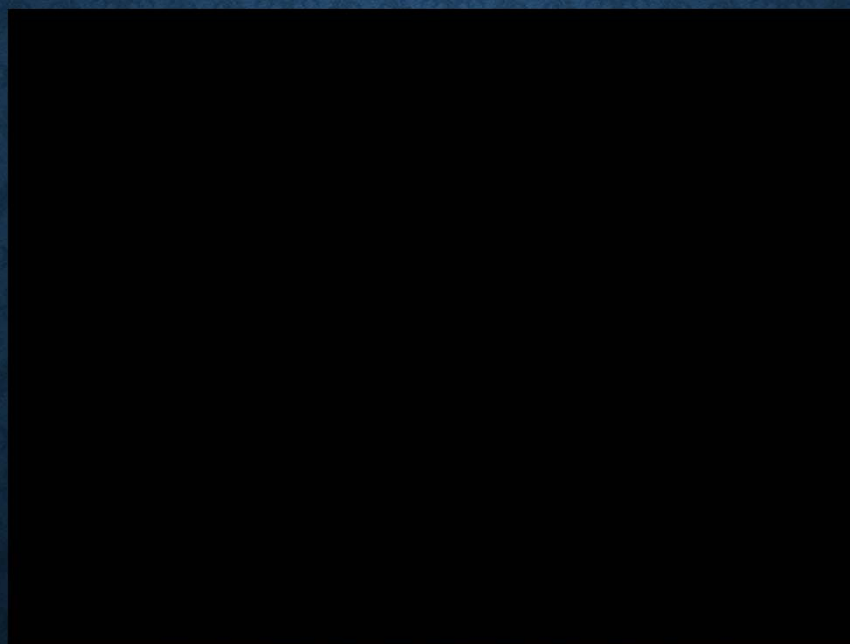
- High risk of STI transmissions
- Pregnancy
- Abortion-related issues
- Sexually transmitted infections
- HIV
- Rectal trauma
- Genitourinary difficulties
- Unwanted pregnancy
- Infertility from chronic infections or unsafe abortions
- Infections from unsanitary medical procedures from unqualified persons^{11,12}

H.E.A.R. your patient

- **H**uman trafficking and health professionals
- **E**xamine history, **e**xamine body, **e**xamine emotion
- **A**sk specific questions:
 - “Is anyone forcing you to do anything you do not want to do?”
 - “Can you leave your job or situation if you want?”
 - “Have you or your family been threatened if you try to leave?”
- **R**eview options, **r**efers, **r**eports¹³

Abbreviations: HIV, human immunodeficiency virus; STI, sexually transmitted infection. US Department of Health and Human Services¹¹; Zimmerman C, et al¹²; Moore A¹³; Barrows J, et al.¹⁸

TRAFFICKING VIDEO



POTENTIAL SCREENING QUESTIONS

- Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
- Have you ever been tricked or forced into doing any kind of work that you did not want to do?
- Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?
- Has someone you worked for ever controlled the money you earned, or kept money you earned in exchange for transportation, food or rent without your consent?
- Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?

“WHAT NEXT” FOR AN ADULT?

- Goal: Build trust; first do no harm; not rescue
- Offer whatever help the victim needs
- If ready---refer.

National Human Trafficking Resource Center

1-888-373-7888 or Text: "BeFree" or 233733

THRIVE-

AN INTEGRATIVE HEALTH CARE MODEL FOR SURVIVORS OF HUMAN TRAFFICKING

- A Need/Gap for Medical Care Identified by Law Enforcement
- Lack of Trauma Informed - Survivor Centered Care Models
- Survivors Need Help Navigating Complex Healthcare Systems
- Lack of Finances for Health Care & Appropriate Housing Create Barriers to Access & Adherence

Components of Trauma-Informed Care



Substance Abuse for Mental Health Services Administration, 2014



THRIVE INNOVATIVE APPROACHES TO THE MODEL



- No Waiting Room Experience
- Navigator Chaperone for All Visits
- Admit & Discharge from Exam Room
- Appointments Monday-Friday All Day
- Providers & Staff Come to Same Clinic
- Single Intake Across Disciplines (Red Cap)
- Financial Classification for Health Care Access



THE UNIVERSITY OF MIAMI THRIVE CLINIC

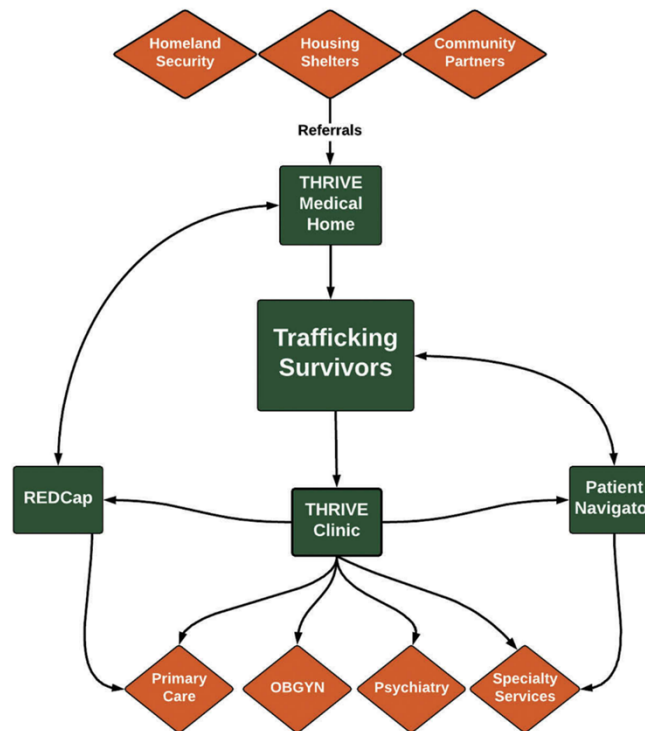


Figure 1. Survivors enter the project THRIVE medical home through referrals from multiple sources. Survivors interact with a patient navigator who guides them through the clinic's medical and social support services. REDCap, our dedicated, trauma-informed electronic medical record is shared across specialty providers minimizing redundancy and potential re-traumatization while also informing the home of methods for quality improvement.

THRIVE NETWORK OF PROVIDERS



- ❖ Primary Care (Caralis, Symes)
- ❖ Behavioral Medicine (Gould)
- ❖ Psychiatry (Nemeroff, Newport)
- ❖ OB/GYN (Karmin, Doyle, Diaz)
- ❖ Pediatrics (Wurm)
- ❖ Adolescent Medicine (Friedman)
- ❖ GI (Deshpande)
- ❖ ENT (Nicolli)
- ❖ Orthopedics (Dodds, Lebowhl, Conway)
- ❖ Neurology (Tornes)
- ❖ Dermatology (Kirsner)
- ❖ Oral Surgery (Albota, Sawatari, NOVA)
- ❖ Dental (Stiles)
- ❖ JMH ER (Ellis)
- ❖ Roxy Bolton Rape Treatment Center (Ellis, Daley)
- ❖ JMH Pharmacy (de Marchena)
- ❖ Social Work (Ana Garcia LCSW, PhD)
- ❖ JMH Financial Assessment (Williams)
- ❖ JMH Nursing Services (Nieves, Vargas)
- ❖ Bascom Palmer (Henao)

THRIVE: DEMOGRAPHICS

- 65% US Citizens
- 89% Sex Trafficking
- 11% Labor Trafficking
- 29.8 Years- Average Age
- 83% Female (4% Male; 13% Trans)
- Traffickers- 19% Boyfriends; 14% False Recruitment; 11% Sold-Parents Involved
- Referral: 38% Homeland; 38% Shelters; 16% IRC; 8% Other
- **92% had prior hx of interpersonal violence including physical and sexual abuse during childhood; 31% had children of their own**



REFERRAL TO THRIVE CLINIC

For Patient Referrals, Please Contact:

(305) 243-1046

or

THRIVE@miami.edu

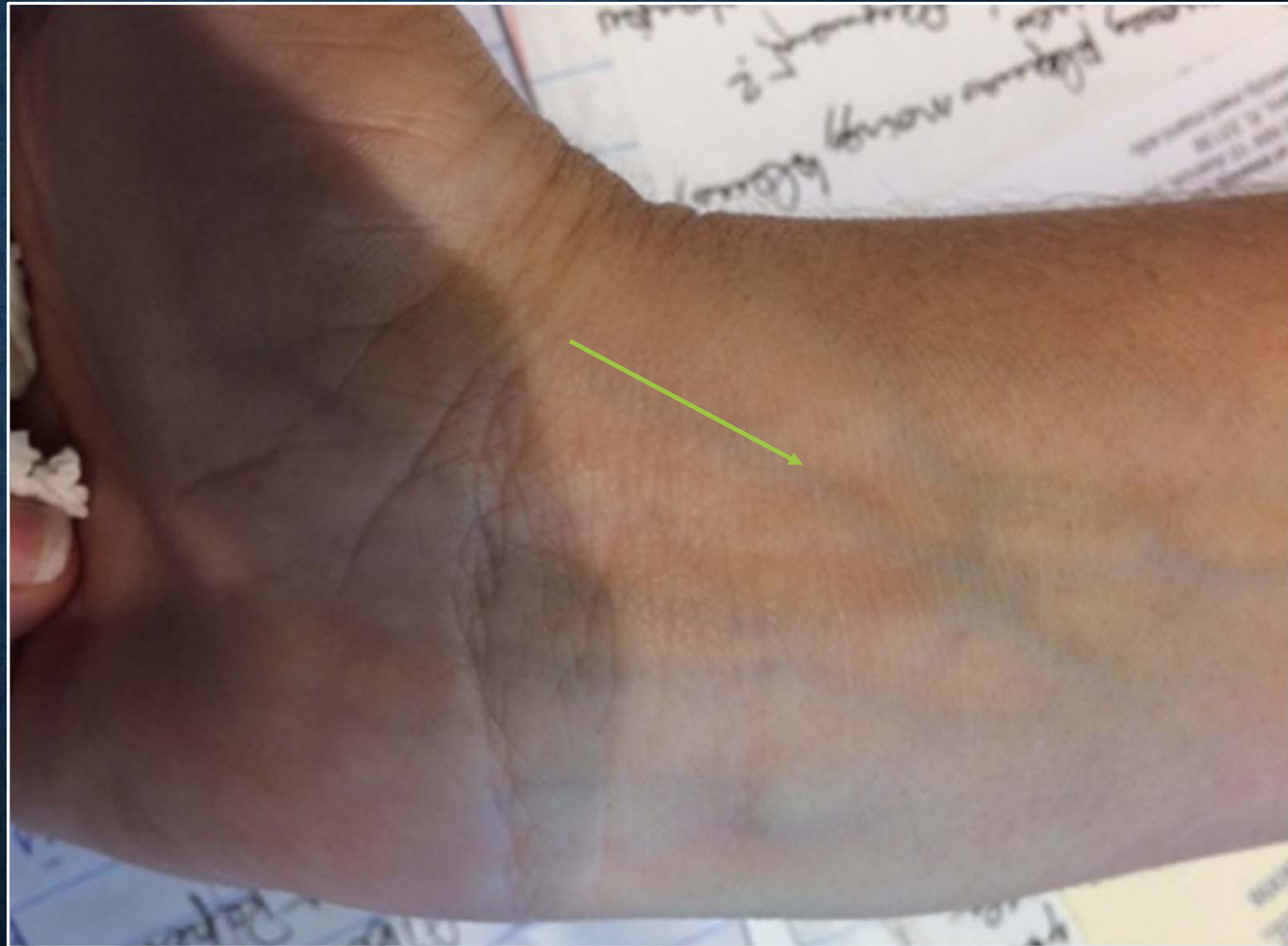
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CC: WHY DOES THIS ALWAYS HAPPEN TO ME?

- 44 year old patient from France, living in a shelter for Domestic violence in Homestead with her 5 children, responds to advertisement on Craigslist for work, and becomes a victim of sexual trafficking. Current symptoms:
- Physical: neck pain, headaches, abdominal pain, right wrist scar
- Psychological: Feeling alone and hopeless, trouble sleeping (1am-4am), nightmares (relives the sexual contacts), washes herself 3-4 times daily. Anxiety – triggers include music (Pitbull), similar cars, similar physical appearance
- PMHx and Family Hx? What would you ask about?

**VERY THIN,
HEALED 3.5
CM
TRANSVERSE
SCAR ON
RIGHT WRIST,
RESIDUAL OF
CHILDHOOD
SUICIDE
ATTEMPT**



“ I CAN SEE THE STARS, NOW”



SUMMARY SLIDE

1. Identification of trafficking victims is often missed in the health care setting, unless providers approach in a logical fashion
 2. Signs of physical abuse should always be looked for
 3. Chronic pain issues, and mental health issues, are extremely prevalent in this population, requires a multi-disciplinary approach
 4. Patients often have significant pre-existent early trauma, adverse childhood experiences, which should be specifically asked about.
- Long term health effects – including early death, are well documented.