The Trauma-Informed Approach to Care

Jordan Greenbaum, MD
Institute on Healthcare and Human Trafficking
Stephanie V. Blank Center for Safe and Healthy Children
Children’s Healthcare of Atlanta
Objectives

• Be familiar with the concept of ‘trauma-informed care’
• Recall 3 techniques useful in practicing TIC
• Start to develop comfort with using TIC
A word about the photos...
What is trauma-informed care?
Trauma-Informed Approach

• Victim-centered

• Rights-based

• Understands the impact of trauma on behavior
Views of the world and other people

- Views of self
- Behaviors
- Things person says to you
- What person expects of you
- Way person interprets your words/actions
- Attitudes toward you

SAMHSA, 2014
A Paradigm Shift

From

“What’s wrong with you?”

To

“What has happened to you?”
Take Trauma Into Account

Functions of Behaviors

• Reduce danger
• Reduce anxiety
• Increase self-esteem
• Communicate need or feeling
• Shape caregiver behavior
• Maximize chance of survival
Why are they acting this way?

• 16-year-old male victim of sexual assault by gang of boys is withdrawn and will not make eye contact.

• Parent tells you their 10 year old daughter has begun acting very sexual toward men and boys. A teacher told the mother about an incident at school where the child was openly flirting with her male teacher. You learn the child was sexually abused by an uncle for several years; this ended last year.

• 14-year-old male youth living on the street tells you he trades sex for money, and laughs at the ‘fools’ who are his customers. He insists he likes what he does and sees nothing wrong with the activity. He denies being forced (although suspicious trafficker outside). He is cocky and swaggering.
How do you respond to these behaviors?

• Consider function of behavior (ok, done!)

• Facilitate sense of safety and build trust
  • 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

WHO, 2003; UN CRC, 1990; SAMHSA, 2014
Trauma-Informed Approach

• Respect and Transparency
  • Explain what you want to do
  • Ask permission
  • Review limits of confidentiality early on

WHO, 2003; Greenbaum, 2015; UN CRC, 1990; SAMHSA, 2014
Encourage Resilience

Strength-based approach

Provide choices; offer control

Seek shared decision-making

Encourage child engagement

Avoid focusing exclusively on victimization

WHO, 2003; UN CRC, 1990; SAMHSA, 2014
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
Case 1

Keneisha is a 14 year old girl from a stable home; she does well in school and is well-adjusted. She is be-friended by 2 men on her way home from school. They take her to an abandoned home, ‘party’ with her, and eventually have sex. One convinces her he is her new ‘boyfriend’. Over a 2 week period, they convince her to start having sex with the men they bring to a hotel room. Police raid the hotel room and find Keneisha with her ‘boyfriend’ and a buyer.

*What is your attitude towards this child? What are you thinking?*
Case 2

• Jeff is a 16 year old male who has runaway from home 7 times and has been living on the streets for most of the past 4 years. He has a history with the juvenile justice system for truancy, petty theft and ‘unruly behavior’. He reports trading sex to ‘get what I need, but it’s no big deal.’

• What is your attitude towards this child? What are you thinking?
Case 3

• Sam is a 15 year old gay male who is brought in by police after being found in apartment of local man. Child ran away from home and parents called law enforcement.

• Parents tell you he has no friends, is ostracized for his sexuality. They feel that ‘everything would be ok if he’d just get a girlfriend’. Sam told a police officer that he ran away and met a man on the street who offered to let him stay at his apartment. He had sex with the man, stayed with him for 4 days and then the man began bringing other men home to have sex with Sam. Police were called when neighbor became suspicious of all the activity.
What are the major issues?

• Sexuality
• Bullying, ostracism
• Parents intolerant, unsupportive
• Engaging in sexual activity
• Exploitation
Could any of these issues influence the child’s behavior towards you?
Trauma-Informed Approach

- Don’t take it personally!
- Behavior may reflect reactions to trauma
- Look beyond behavior, find its purpose
- Remain nonjudgmental, calm, open
- Work collaboratively
- Set limits, give control when feasible
You need to talk with Sam. How do you start?
What Questions Should You Ask?

• Focus on information you need
  • Guide evaluation and indicate referrals
  • Address patient safety and well-being

• Consider other sources of information
  • Parent?
  • Law enforcement?
  • Other adult accompanying child?
Types of Questions

- Open-ended
- Specific/Direct
- Multiple Choice
- Yes/No
- Suggestive
- Leading

Good!
Less Good
Bad!
Obtaining Information:
It’s all in the way you ask...

• “Ever been in this kind of trouble before?”
• “Why didn’t you just call your mom and have her pick you up?”
• “You didn’t believe what he said, did you?”
• “So, exactly how did he threaten you?”
Before you start….

• Remember 5 strategies:
  • Safety and privacy
  • Build rapport
  • Give explanations
  • Ask permission
  • Confidentiality (and limits)
He tells you that the last sexual event occurred earlier that morning. Two men came to the apartment and raped him, orally and anally. They beat him and choked him. While he is telling you this you notice he is no longer making eye contact and his voice has become soft and devoid of emotion.

*What is happening?*

*What do you say and do?*
TIC is Strength-Based

• How can you empower Sam?
  • Give him choices
  • Give him control whenever possible
  • Encourage him to ask questions
  • Ask his opinion
  • Engage him in planning next steps
  • Focus on strengths as survivor
Reports and Referrals

• Authorities already involved
• Trauma-focused behavioral health assessment and therapy
• Resources for LGBTQ
• Talk to parents about child’s sexuality (with consent of child)
• Internet safety
• Counsel on exploitation prevention
• Crisis hotline/Human trafficking hotline if available
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
So, how do you identify a trafficked child in the first place?
Possible Indicators of Trafficking: First Impressions

• Child appears afraid of companion, or overly submissive, anxious

• Child gives false demographic information, inconsistent history

• Child cannot describe where she/he is staying, doesn’t know city
Risk Factors May Raise a Concern

- Child welfare involvement
- Truancy, school problems
- Poverty
- Abuse/Neglect
- Runaway/Throwaway
- Family Dysfunction
- Mental health problems
- Parent with substance abuse
- Drug/Alcohol abuse
- Adult prostitution in home
- Gang involvement
- LGBTQ status
- Community violence, upheaval

Greenbaum, 2015; Dank, 2015; Goldberg, 2016; Reid, 2016
If you are a healthcare provider....

• The chief complaint may give you a clue:
  • Sexual assault/physical assault
  • Request for HIV and STI testing (other GU complaints)
  • Pregnancy-related issues
  • Substance misuse
  • Suicide attempt
  • Behavioral issues
  • Work-related injury
  • Dehydration
Screening Tools

• Limited in number, most not formally validated
  
  • Vera Institute: https://www.ncjrs.gov/pdffiles1/nij/grants/246713.pdf
  
6-Item Screening Tool

- Research-based, for healthcare setting
- Short, easy-to-use
- > 2 ‘Yes’ answers = positive screen

6 Questions:
1. Drug/alcohol use in past 12 months
2. History running away
3. History with police
4. History broken bones, knocked unconscious, cuts needing stitches
5. History STI
6. Number of sex partners >5
Methods

• 16 healthcare facilities across U.S.
  • 5 pediatric EDs (patients with sexual violence hx)
  • 6 CACs
  • 5 teen clinics
Performance Measures

• Proportion of trafficked youth that screen (+) 83-85%

• Likelihood that a negative screen means the youth is NOT a victim: 95-98%

• Likelihood that a positive screen means the youth IS a victim: 13-26%
  • Positive screen requires additional questions to determine risk
Follow Up Questions for the Child:

(Ask yourself: Is a disclosure my goal?
Or is risk assessment most important?)

1) Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter or other items)?
2) Has anyone ever asked you to have sex with another person?
3) Has anyone ever taken sexual pictures of you or posted such pictures on the internet?
Ask about living situation…

- Where are you staying?
- How do you get food and money?
- Do you owe anyone money?
- Have you gotten hurt while out on the streets?
- Has anyone approached you and asked you to do something you didn’t want to do?
Conclusions

• TIC is helpful when working with abused/exploited children
• Keep in mind:
  • Safety and trust
  • Explanations and Permission
  • Shared decision-making
  • Confidentiality and privacy
My contact info:
Jordan Greenbaum, MD
jordan.greenbaum@choa.org
The Institute on Healthcare and Human Trafficking

• Resource for health professionals on all types of human trafficking
• Target: Health and Behavioral Health Professionals
• Services:
  – Training on HT prevention, recognition and response
  – Technical assistance to develop protocols
  – Research
  – Website with resources
  – Website:  www.vIHHT.org