Identification and Treatment of Long Term Health Consequences

Commission on Trafficking in Persons - 2016
Learning Objectives

• By the end of this module, the participant will be able to:

  – Name the major long-term health consequences of human trafficking
  – Describe the key reproductive health, nervous system, and infectious disease conditions which can be chronic conditions in trafficked persons
  – Explain initial approaches to mental health conditions, substance abuse issues and chronic pain management
  – Describe some preventive health interventions that should be considered for trafficked persons
Introduction

In modules 3 and 4, you learned the key health consequences to human trafficking. You were introduced to the basic steps to take as a healthcare provider to address immediate needs.

However, many of the health consequences of trafficking outlast the traumatic events from which that TIP victim was rescued. You are now faced with identifying and addressing the longer term health issues, some of which will require ongoing care or referral to specialists.
Common Long-term Consequences

Mental health/Nervous system disorders
  chronic pain
  substance abuse
  post-traumatic stress disorder
  sequelae of traumatic brain injury

Reproductive Health (sequelae of infectious disease)
  chronic pelvic pain
  infertility
  cervical cancer

Infectious Disease
  hepatitis
  HIV/AIDS and tuberculosis
Health Consequences seen in Labor Trafficking

• Chronic use and overuse syndromes
  – Musculo-skeletal pain, back pain, carpal tunnel syndrome, exhaustion and sleep deprivation

• Exposure to pesticides, toxic vapors, heavy metals, car exhaust, environmental lead, machinery noise, tanning and dying processes, air-born dust and fibers, temperature and weather extremes
  – Rashes, diarrhea, asthma and chronic cough, confusion, chronic headache, heat exhaustion, dehydration, sunburn, loss of hearing
Key Principles in Long-Term Care

• First do no harm
• Respect patient dignity and autonomy - make treatment choices
• Nurture trust and confidence - work to get cooperation and adherence
• Simplify, explain, repeat
• Deal first with mental and emotional issues or substance abuse before other treatment plans can be successful
THE NERVOUS SYSTEM
Chronic Headache

- Clarify if patient is having migraine, tension headaches, both in separate episodes, or mixed headaches
- Discourage daily NSAIDs & acetaminophen which contribute to rebound headaches
- Encourage sleep hygiene, exercise & healthy diet with exclusion of migraine triggers
Chronic Headache

• For daily prophylaxis, consider:
  – prazosin (alpha-antagonist) qhs esp if patient also has PTSD with insomnia and nightmares
  – Topiramate
  – SSRIs or SNRIs
  – tricyclics ie low-dose amitriptyline or full-dose nortriptyline
Traumatic Brain Injury

• Few studies have researched the incidence and prevalence of TBI in trafficked persons.

• Most information about TBI is derived from studies of combat trauma, sports injuries or motor vehicle accidents.
Traumatic Brain Injury

• One Canadian study (Farley, Lynne, Cotton) reported that of 100 prostitutes with violent assaults to the head, 50% suffered loss of consciousness.

• Other symptoms reported were:
  • Trouble concentrating
  • Memory loss
  • Headache
  • Numbness in hands and feet
  • Vision problems
  • Dizziness
  • Loss of balance
  • Hearing loss
Seizures

• May occur after traumatic brain injury
• Spectrum from tonic-clonic to complex partial seizures
  – Determined in part by nature of injury, extent, location
• Basic evaluation – EEG, CT, or MRI
• Anticonvulsant treatment choice is based on:
  – Ease of administration
  – Low abuse potential
  – Wide safety margins (therapeutic vs. toxic)
  – Availability for continued use
• Psychogenic non-epileptic seizures ("pseudoseizures") can also occur
Psychogenic non-epileptic seizures (PNES)

- Co-morbid psychiatric diagnoses are highly prevalent in patients with PNES.
- Up to 90% of patients with PNES report a history of childhood physical abuse and sexual abuse.
- Depression is the strongest correlate of health-related quality of life (HRQoL) in patients with PNES.
- Treatment for depression is preferred over attempts to treat PNES. Psychological and interpersonal factors, not seizure reductions, are important for the HRQoL of patients with PNES.
  - Ref: Jones B, Reuber M, Norman P. Correlates of HRQoL in adults with PNES. *Epilepsia* 57(2); 171-181, 2016
Chronic Subdural Hematoma

- May develop months after initial head trauma
- May present with dizziness, vertigo, chronic headaches, memory loss, gait disturbances
- Do CT/MRI for dx with referral to neurosurgeon, if confirmed
INFECTIOUS DISEASES
• Acute infectious diseases have been discussed in module 3. Chronic infectious diseases which require longer term management include:
  – HIV/AIDS,
  – hepatitis B and C,
  – TB (both drug sensitive and drug resistant cases).

• It is not the place of this module to discuss disease management, but rather the intention is to raise these diseases as possibilities, given the nature of labor and sex trafficking and the adverse conditions of that work.
Tuberculosis (TB)

- TIP victims may reside, transit through or come from high-TB burden countries, some of which are also multi-drug resistant (MDR) TB countries.

- Knowing the epidemiology of the country of origin and destination will help guide you as to the likelihood of TB in a trafficked person.
TB (2)

- Crowded and poorly ventilated living and working conditions, poor nutrition and contact with locals with TB are risk factors for transmission.

- Co-infection with HIV increases greatly the risk of TB; knowing the HIV status of a TIP victim will help guide further history and physical exam.
TB (3)

• Chronic cough, weight loss, night sweats and malaise may be TB and warrant further investigation.

• Like syphilis, however, TB is a great masquerader. Although TB symptoms and signs are often respiratory, keep in mind that TB can affect any organ of the body, including the nervous system and the reproductive system.
Extra-pulmonary TB is more likely in younger persons who have been trafficked and in children in close contact with an adult case of TB.

Untreated sputum smear-positive TB has a high case fatality rate. Not only is this a negative consequence for that individual, but it represents a public health hazard for close contacts, as TB transmission is ongoing.
TB (5)
Diagnosis

• The standard of care has been sputum smear microscopy but some locations now use GeneXpert, especially for the possibility of MDR-TB.
• For microscopy, get at least 2 sputum samples on different days
• Use quality-assured laboratories.
• MDR-TB is increasing globally.
• Newer diagnostic tests (GeneXpert) may result in earlier detection. However, diagnosis of MDR-TB is often only made after astute healthcare providers recognize over several months that treatment failure has occurred.
• You are not likely to know this, unless you have opportunity to follow your patient with a public health provider over an extended period of time.
MDR-TB

Discontinuous care from multiple providers will delay the diagnosis of MDR-TB. If you suspect your TIP victim could have MDR-TB, refer them to a public health center that specializes in MDR-TB diagnosis and care.

Current treatment protocols for MDR-TB require multiple drugs over many months. The drugs’ adverse effects can modify adherence to treatment. This requires a treatment supporter committed to working with the patient over the long-term.
TB Treatment

• TB drugs are free through public health clinics, although private providers and drug sellers may sell them.

• Treatment completion is more likely when a TB patient has a treatment supporter to help with daily medication and to encourage adherence to the program.
Transmission of HIV (and other STIs) is more likely in sex trafficked victims for many reasons:

- Repeated physical trauma to the vagina and rectum causes tears which lower the physical barrier to the virus. Younger persons have more fragile and susceptible tissue in the reproductive health tract.
- Refusal by clients to use a condom
- High frequency of sex partners
HIV/AIDS (2)

- Often the HIV status of the client is not known or not disclosed. The asymptomatic period of early HIV infection leads to a false sense of security.
- Sex trafficking is not the only setting for HIV transmission. Labor trafficked victims may also be subject to forced sex, rape and gender-based violence by their employers or other employees out of intimidation, greed, threats, etc.
HIV/AIDS (3)

- Children of TIP victims may also be the target of sexual violence by perpetrators as a means of forcing or threatening their parent to comply or as a means of punishment. Parents may be forced to witness the violence to their child.
A trafficked person’s willingness to be tested for HIV may be a function of their age, their understanding of how HIV is acquired and the significance of a positive or negative test. Moreover, pimps may not want testing to be done, as results could negatively impact his/her business.
HIV Testing

• Rapid test kits are available in many settings. The patient should receive both pre-test counseling and post-test counseling. Patients need to understand why they are taking the test and the implications of negative or positive test results.

• If HIV positive, patients should be screened for TB, as these diseases can occur in the same person.
REPRODUCTIVE HEALTH
Abortion Sequelae

• In some areas, abortion is the most common form of birth control
• Abortions are often done by nonmedical people (the pimps themselves) and in unsterile conditions
• Even when done medically, complications can occur and are more likely with repeated procedures
Late Sequelae of Abortion

- Preterm delivery
  - 30% ↑ after one abortion, 60-70% ↑ after 2 abortion
- Placenta previa
- Low birth weight
Chronic Pelvic Pain

• Most prevalent in this population:
  – Pelvic adhesive disease
    • from previous infection or surgery
  – Chronic pelvic infection
    • tuberculosis
    • other infections
Chronic Pelvic Pain (2)

- Don’t forget other causes:
  - Endometriosis
  - Vulvar vestibulitis
  - Adenomyosis
  - Interstitial cystitis
  - Inflammatory bowel disease
  - Irritable bowel syndrome
  - Chronic endometritis or cervicitis
  - Levator ani syndrome
Chronic Pelvic Pain (3)

- Don’t assume the pain is psychosomatic before evaluating and eliminating other causes
  - See slide on Pain Disorder Associated with Psychological Factors and a General Medical Condition (PAPFGRMC) in mental health section
Sequelae of Sexually Transmitted Infections- Infertility

- Repeated infection, late or improper treatment frequently lead to pelvic adhesions.
- The most common cause of infertility in this group by far is tubal damage or obstruction.
  2° pelvic adhesions
Infertility

- Hysterosalpingogram is the most cost effective diagnostic tool
- Unfortunately tubal infertility is among the most expensive and difficult to treat requiring pelvic surgery or in vitro fertilization
- Do not overlook other causes of infertility-male factor or ovulatory dysfunction
- If spontaneous pregnancy does occur, there is a higher risk for ectopic pregnancy
Cervical Cancer Risk

• Trafficked women are more likely to have first coitus at a young age, multiple sexual partners, HPV, other STI’s, and limited opportunity for preventive healthcare

• Regular screening (Pap smears, HPV test or visual inspection with acetic acid) with appropriate follow-up should be done on these women
MENTAL HEALTH CONCERNS
“The chronic symptoms of women in prostitution are similar to the long term consequences of torture.”

(Peel, Hinshelwood, Forrest, 2000)
Psychosomatic Reactions

- Headaches
- Neck pain
- Back aches
- Stomach aches
- Heart palpitations

- Sweating
- Insomnia
- Chronic Fatigue
Psychological Reactions

- Hopelessness
- Despair
- Suicidal thoughts
- Self harm
- Anger
- Anxiety
- Irritability
- Memory problems

- Nightmares
- Dissociative episodes
- Reliving experiences
- Frequent crying
- General lack of interest
- Altered state of consciousness
“You make yourself empty inside”
- a Thai prostitute

(Bishop and Robinson, 1998, p47)
Social Reactions

• Isolation
• Withdrawal
• Mistrust
• Inability to establish or maintain meaningful relationships
• Rejection by family or community
Common Mental Health Diagnoses

- Post-Traumatic Stress Disorder (PTSD)
  - r/o “Complex” or “Developmental Trauma”
- Major Depressive Disorder
- Borderline Personality Disorders or behaviors and Antisocial Traits
  - HIV dementia, opportunistic infections, syphilis
Common Mental Health Diagnoses (2)

- Substance Abuse or Dependence
- Eating Disorders
- Traumatic Brain Injury
- Cognitive or personality changes due to infection
• In a study that interviewed prostitutes in Minneapolis/St Paul, almost all reported chemical addiction
• Alcohol and cocaine most common
• 46% attempted suicide
• 19% experienced other self harm
PTSD

- 67% of 475 trafficked people on 3 continents found to meet PTSD diagnostic criteria:
  - Anxiety
  - Depression
  - Insomnia
  - Irritability
PTSD

• Flashbacks
• Emotional numbing
• Intermittent dissociation
• Hyper alertness (Farley et al, 1998)
• Worse with increasing time trafficked and degree of sexual violence
Diagnostic Criteria for PTSD

- Experienced or witnessed life or body threatening trauma
- Reacted with intense horror or helplessness
- Re-experiencing
- Avoidance
- Hyper-arousal
PTSD vs. Complex PTSD

• PTSD following a single event may be very different than PTSD following ongoing trauma
• Ongoing trauma during childhood and/or adolescence affects brain development, social development, sexual development
• Strategies designed to treat “PTSD” may be insufficient to treat “complex PTSD” or “developmental trauma”
Complex Post-Traumatic Stress Disorder (CPTSD)

- Symptoms of CPTSD include changes in:
  - consciousness and self-concept
  - ability to regulate emotions
  - systems of meaning, such as
    - Loss of faith
    - An unremitting sense of despair (Herman, 1992)
Stockholm Syndrome - Traumatic Bonding

• From Graham et al, 1994
• Strong emotional ties that develop between two persons where one abuses the other
• Victim will often protect/defend the perpetrator
• An adaptive defense mechanism
Lily

Lily is a 15-year old who entered aftercare services after being picked up by police for street prostitution in East Asia. She reports a 5-year history of both brothel-based and street-based sexual exploitation which included exposure since age 10 to both amphetamines and cocaine.
Lily (2)

She presents with strong drug cravings even 3 months after initial detox, self-harming behaviors including superficial cutting and tongue-biting and strong symptoms of PTSD particularly in the cluster of hyper-arousal symptoms.
Initial counseling interventions have focused on building emotion regulation and self-soothing skills and psycho-education about drug use.

Lily was prescribed fluoxetine 20 mg daily and diazepam 5mg q AM, 10mg q HS by a local psychiatrist.
Borderline Personality Disorder (PD)

- Frantic efforts to avoid real or imagined abandonment
- Splitting: A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealism and devaluation
Borderline PD (2)

- Identity disturbance: markedly and persistently unstable image or sense of self
- Impulsivity in at least two areas that are potentially self-damaging
- Rigid black/white thinking
- Low on empathy
Borderline PD (3)

- Recurrent suicidal behavior, gestures, threats, and/or self-mutilating behavior

- Affective instability due to marked reactivity of mood and intense episodic dysphoria, irritability, or anxiety (usually lasting only a few hours and only rarely lasting more than a few days)
Borderline PD (4)

- Chronic feelings of emptiness
- Inappropriate, intense anger, or difficulty controlling anger
- Transient, stress-related paranoid ideation or severe dissociative symptoms
PAPFGMC
(Pain Disorder Associated with Psychological Factors and a General Medical Condition)

• Pain the predominant focus of clinical presentation

• Pain causes significant distress or impairment in functioning
PAPFGMC (2)
(Pain Disorder Associated with Psychological Factors and a General Medical Condition)

• Psychological factors have important role in onset, severity, exacerbation or maintenance of the pain
• The pain is not intentionally produced or feigned
• The pain is not better accounted for by another mood/anxiety/psychotic disorder (DSM-IV Criteria)
SUBSTANCE ABUSE
Substance Abuse

- Drugs given by pimp to gain control or used by person to self-medicate
- Makes recovery from comorbidities much more complicated
- If PTSD, treat simultaneously
- Relapse rates are high
Acute Treatment Strategies

- Medical detoxification if necessary
- Supportive care during withdrawal
- Highly structured environment (once drugs are no longer available to numb or avoid pain and painful memories, many PTSD patients will have increased anxiety, nightmares, insomnia and other PTSD symptoms)
Eating Disorders

- At risk because of needing control, wanting to be unattractive to men, eating for self-soothing
- Women with PTSD from sexual abuse more likely to develop anorexia nervosa
- Depression, substance abuse and anxiety have a higher association with eating disorders
- Eating disorders strongly associated with personality disorders
Eating Disorders (2)

- More than classic anorexia and bulimia
  - May try to control weight by over exercise, nutrition obsession or overeating, poor nutrition
  - May be normal weight by unhealthy life practices, balance and perspective
  - May become highly defensive, irritable or shut down when discussing eating
Preventive Care

• If a trafficked person has received some healthcare, it is not likely to be preventive care.

• Consider their immunization status and any age-appropriate preventive screening measures, such as blood pressure, mammography, PAP smears, colonoscopy, testicular exam.
Dental Problems

- Dental care is often lacking
- Caries, gingivitis and dental/facial trauma may exist and require specialist care.
Care of Children

- Children of victims are victims too
- Often no previous access to basic healthcare or prevention
- May require:
  - Immunizations
  - Mental healthcare, including behavioral health care
  - Physical healthcare
    - Screening for nutrition, anemia, worms
  - Dental healthcare
  - Hearing and vision testing
  - Assessment for school readiness or return to school
Prevention

• Family Strength – cohesiveness, spiritual perspectives
• Substance Abuse Treatment for Parents
• Basic Community Development
• Citizenship – aids in access to care
• Early education about sexuality, safety and tactics used by traffickers
Resources


References


Post Test

• Your success in gaining knowledge through this model is important to us. To measure what you have learned, click on this link. https://www.surveymonkey.com/r/TNQT5QW

To receive continuing education credits for this module, you MUST complete the online evaluation through the link above and pay any appropriate fees (see http://www.cmda.org/library/doclib/tipcepaymentform.pdf for more information).