

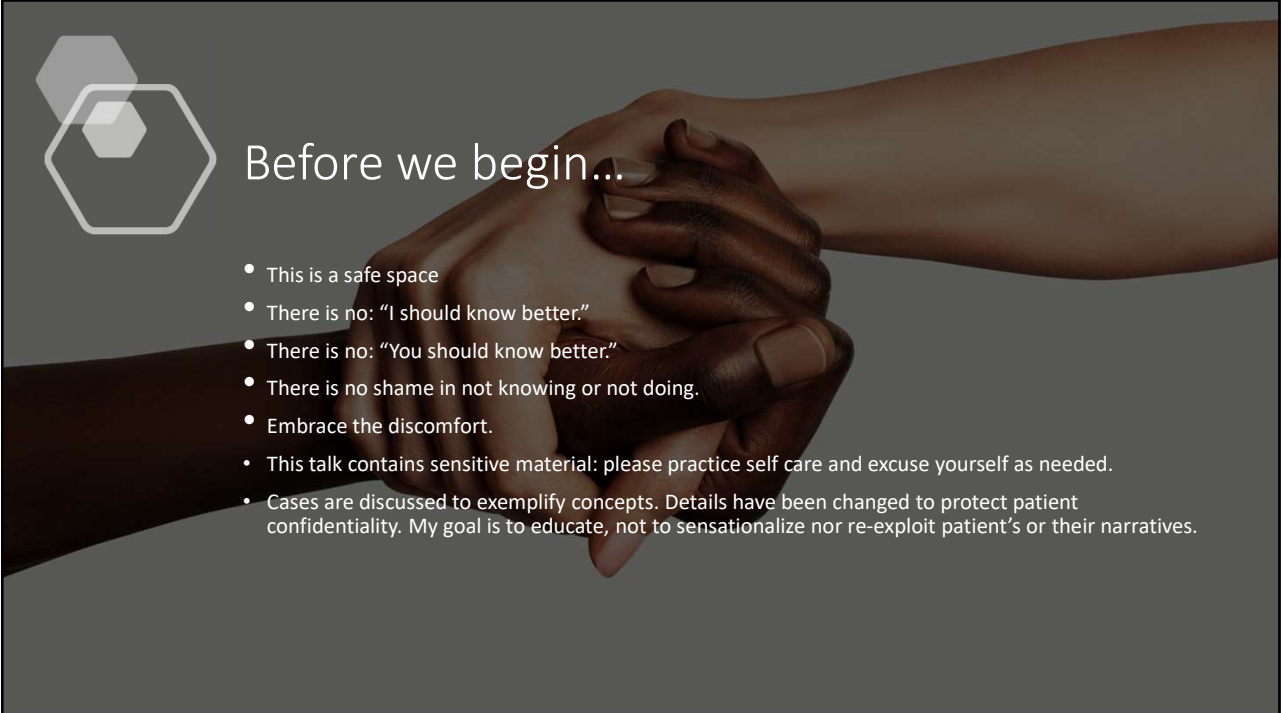


Vulnerable Youth & Trauma Informed Care

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Rady Children's Specialists of San Diego A Medical Foundation UC San Diego SCHOOL of MEDICINE

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Before we begin...

- This is a safe space
- There is no: "I should know better."
- There is no: "You should know better."
- There is no shame in not knowing or not doing.
- Embrace the discomfort.
- This talk contains sensitive material: please practice self care and excuse yourself as needed.
- Cases are discussed to exemplify concepts. Details have been changed to protect patient confidentiality. My goal is to educate, not to sensationalize nor re-exploit patient's or their narratives.

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DKA

- 11th admission
- “Frequent flier”
- “Non-compliant”

SYMPTOMS OF DIABETES KETOACIDOSIS

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What the patient heard?

- “Disappointed”
- “Sneaky”
- “Why can’t you just...?”
- “Typical teenager”

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Backstory

- 17yo female with uncontrolled diabetes living with grandmother since age 9. Uncle moved in 2 years ago.
- Raped repeatedly by uncle. Grandmother unaware. Patient threatened to keep quiet.
- DKA = hospital stay = no uncle = no rape = safety

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Review of Missed Opportunities

- ED: no ID checked
- Language: “frequent flier” & “non-compliant”
- Resident gathered Hx w/grandmother in room
- Endocrinology team lectured patient and grandmother
- Long wait times for follow-up with Adolescent Medicine

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Trauma: not one thing



JOBLESSNESS
 CAR WRECK DEATH
 HUMAN TRAFFICKING
 SUICIDE sexual harassment
 SEXISM OVERDOSE
 TRACISM EARTHQUAKES
 OTHERISM hitting
 substance use disorder BULLYING
 fires tornadoes CYBER BULLYING
 HOMELESSNESS dismemberment
 punching COMMUNITY VIOLENCE
 ALCOHOLISM transphobia
 child abuse pandemics
 FOSTER CARE GUN VIOLENCE
 WAR POVERTY
 floods

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Trauma is based on the perspective of the survivor.

www.samhsa.gov

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Trauma

- **89%** of people living in the U.S. have experienced at least one traumatic event in their lifetime¹
- Trauma has been **associated with chronic mental and physical health conditions** such as substance use, depression, diabetes, and cardiovascular disease² as well as an increase in mortality³
- Victims of trauma feel a **deprived sense of safety, autonomy, and trust**, which can affect their relationship with the healthcare system and their providers

1 – Kilpatrick DG et al. (2013); 2 – SAMHSA Trauma and Violence (2015); 3 – McFarlane A (2010)

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46% of all youth experience at least one traumatic event by 17 years old.¹

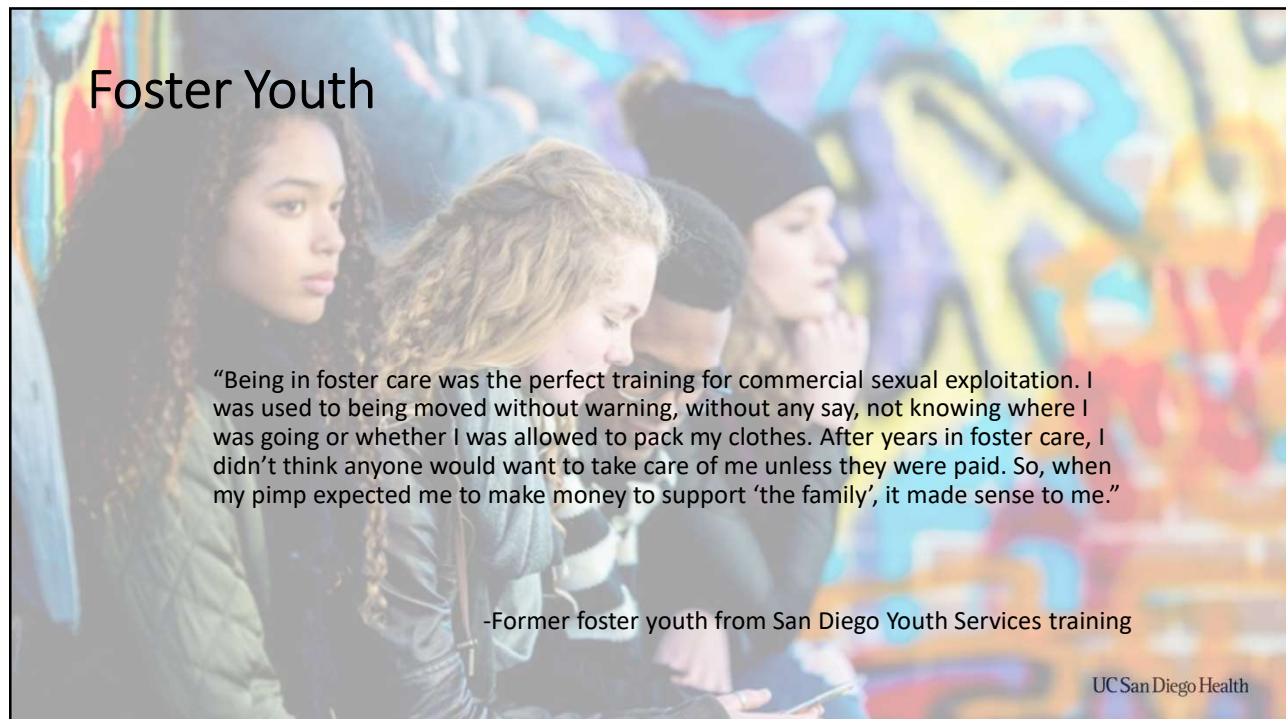
37% of youth experienced a physical assault during a 1-year period.²

15% of children and youth experienced maltreatment by a caregiver.²

82% of children entering a Childhood Mental Health Initiative System of Care program have experienced at least 1 trauma exposure, such as witnessing crimes, fires, and physical/sexual assault.³

1. Sacks, V., & Murphey, D. (2018).
 2. Finkelhor D., Turner H. A., Shattuk, A., & Hamby, S. L. (2015).
 3. National Survey of Children's Health, U.S. Census Bureau, 2016

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Foster Youth

“Being in foster care was the perfect training for commercial sexual exploitation. I was used to being moved without warning, without any say, not knowing where I was going or whether I was allowed to pack my clothes. After years in foster care, I didn't think anyone would want to take care of me unless they were paid. So, when my pimp expected me to make money to support 'the family', it made sense to me.”

-Former foster youth from San Diego Youth Services training

UC San Diego Health

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Voices from the Field of Human Trafficking

Exploited Youth: I had diabetes... So I was trying to keep up with it, like trying to keep my carbs down, and I was in the stage of trying to do that. So at least I was at a stage where I knew myself how to responsibly, you know, to administer myself, if I needed it or whatnot. I knew my correction dose. But when you went... when people telling you that you can't take it, you know...

Interviewer: *Did you have the experience that the people who were exploiting you prevented you from taking your diabetes medication?*

Exploited Youth: Yeah.

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What Does Trauma Look Like?

- **Signs of trauma may include:**

- Avoidance of procedures (Pap smear, colonoscopy, dental care)
- Vague, generalized symptoms (chronic headache, pelvic pain)
- Appearing nervous or distracted or antagonistic during visit
- Non-adherence to treatment

ASK!

Ravi A et al (2017)

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Signs of Traumatic Stress by Age Group

Preschool

- Fear of separation from parent/caregiver
- Cry/Scream a lot
- Eat poorly or lose weight
- Nightmares

Elementary School

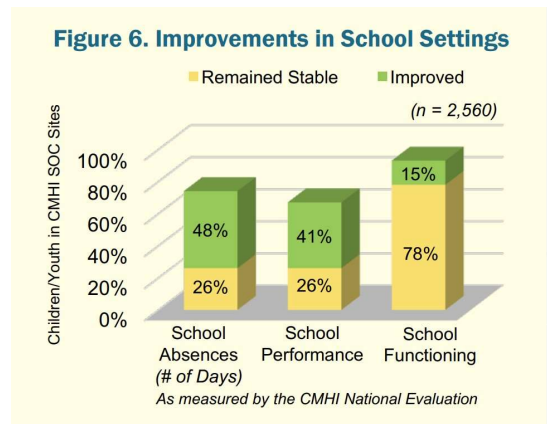
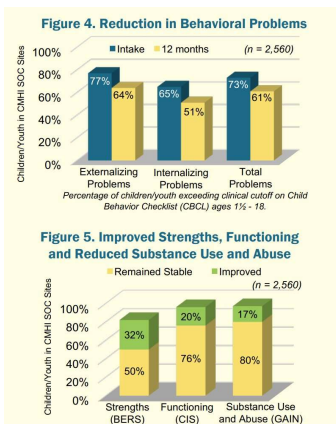
- Anxious or fearful
- Guilt or shame
- Difficulty concentrating
- Difficulty sleeping

Middle & High School

- Feel depressed or alone
- Eating disorder or self-harm
- Abuse of alcohol & other substances
- Risky sexual behavior

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Transforming Trauma



National Survey of Children's Health, U.S. Census Bureau, 2016

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Paradigm Shift

“What is wrong with you?” →
 “What happened to you?” →

“Where do you want to go and how may I help you get there?”

Healing-centered engagement

- Healing happens in relationships: Promotes trust and connection
- Asset driven: Focus on agency and well-being
- Explicitly political, rather than clinical: “Involving culture, spirituality, civic action and collective healing”

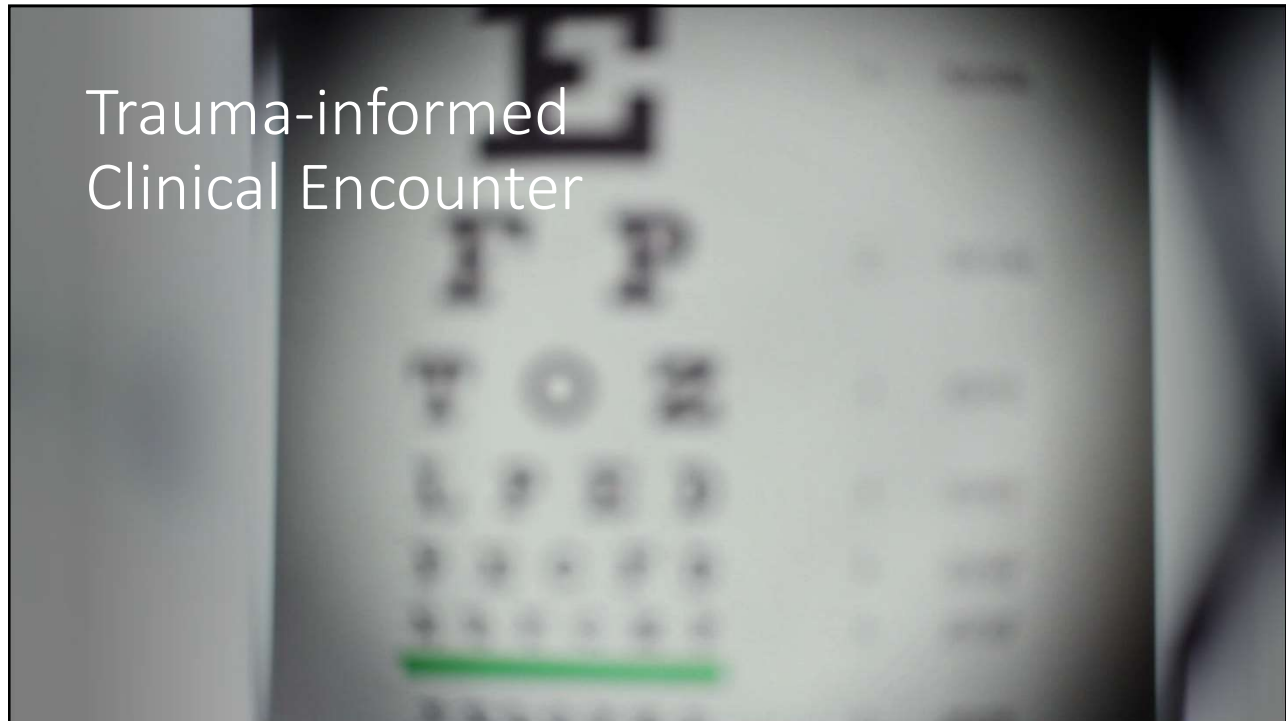
- Healing Centered Engagement – Fostering Connections Rather than Forcing Disclosures, Elizabeth Miller, *Reaching Teens, 2nd Edition*
- STRENGTH-BASED, TRAUMA-SENSITIVE, RESILIENCE-BUILDING COMMUNICATION STRATEGIES ROOTED IN POSITIVE YOUTH DEVELOPMENT, Editor: Kenneth R. Ginsburg, 2020
- *The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement*, Shawn Ginwright, 2018

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What not to do:

- Do not attempt to “rescue” the patient
- Do not make promises that you cannot keep
- Do not force, deceive or coerce the victim in an effort to save them
- Do not force a patient to disclose their current situation

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A photograph of four hands of different skin tones (light, medium, dark, and very dark) stacked on top of each other, symbolizing support and unity. The text '6 Key Principles Of A Trauma-Informed Approach' is overlaid on the right side of the image.

6 Key Principles Of A Trauma-Informed Approach

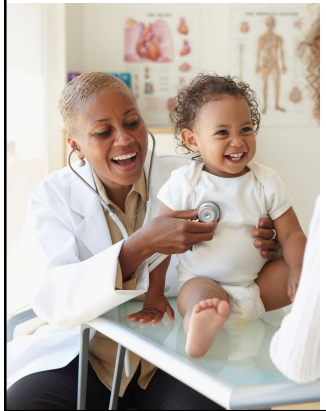
- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical, & Gender Issues

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Trauma-informed Clinical Encounter

- Introduce self and clarify names, pronouns, & titles/relationships.
- Show ID photo without mask on.
- Set agenda: establish time, goals for visit, History + PE + Tests + Tx Plan
- Use simple, anatomic language. Avoid medicalese and slang.
- Reassure patient you will have a private discussion.*
- Engage a chaperone.
- Use clothes/drapes to preserve modesty/dignity.
- Reassure patient that you will stop/pause exam.
- Use standard of care.
- Educate/Summarize what you find.



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Language

Instead of...

"I am so sorry for you!"

Youth feel...

Weak, pitied, reminds them about their lack of power

Try...

"I see you're struggling. I'm here to see if I can help and support you. Talking to me is your choice."

"I understand the way you feel."

Weak, resentful, angry, depersonalized story, provider just like everyone else who thinks they understand

"I can see that must've been hard. What can I do to support you?"

"Why did you run away?"

Angry, judged, in trouble

(Address basic needs.) "When you're ready, I'm here to listen. I would really like to know what pressured you to leave."

"Why didn't you leave?"

Angry, judged, in trouble

"I'm so happy to see you now. Is there anything on your mind you'd like to talk about?"

San Diego Youth Services CSEC training with Live Well San Diego

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Trauma Informed Exam

Principle	Example
Simple clinical language	“Bed” → EXAM TABLE “Look at” → EXAMINE “Feel” → INSPECT or PALPATE “Relax!” → “Allow the knees to relax.”
Explain why	“This is important because...”
Respect personal space	<ul style="list-style-type: none"> • Thyroid exam from front/side • Allow the patient to hold the stethoscope chest piece/diaphragm
Check in	“How are you doing?”
Professional touch	Not over clothes
Be efficient	Normal pace – neither rushed nor slowed


Elisseou S, Puranam S, Nandi M, 2019

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Trauma-informed Physical Exam

EXAM	TECHNIQUE
Thyroid/Neck	<ul style="list-style-type: none"> • Offer anterior vs posterior vs angled approach. • Allow the patient’s hands to rest on yours.
Cardiopulmonary	<ul style="list-style-type: none"> • Allow the patient to place the bell diaphragm on their own chest. • Mirror: instruct the patient by pointing on your own body where the bell diaphragm should be placed. • Forewarn that you’ll need to listen from behind; or stand angled at the side of the patient and extend your bell to access the back.
Abdominal	<ul style="list-style-type: none"> • Allow the patient place their hand on top of yours as a guide. • Use draping and allow the patient to arrange the draping for additional comfort and ease.
Genitourinary	<ul style="list-style-type: none"> • Request permission; explain necessity. • Allow patient to wear all clothing above the waist. • Communicate what you are going to do before you do it. • Use normal speed. • Offer the bimanual exam from the side with patient in the lateral decubitus position. • Use smallest speculum to begin, sizing up only if needed. • Use lubricant liberally (NOT water!). • Offer the patient the opportunity to insert speculum themselves (like a tampon.) • Be honest if you have difficulty getting a sample: offer to retry, or to stop and reattempt later. • Provide tissues and/or pad at the end of the exam.
Skin	<ul style="list-style-type: none"> • Move the drape to examine all skin. • Remember to check the scalp. • Ask about tattoos: Clean needles? Placed by choice? Significance?

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What Parents Can Do

- Set a high standard of "love" within your home**
- The way you define and express that you care helps shape your children's self-image, confidence and opinions of future relationships
- Establish trust and communication** with your children from day one
- Talk to your children about the **dangers of social media**
- It's important to provide practical **safety tips** such as not sharing personal information on the internet
- Do not accept social media requests from unknown people
- Never sharing **inappropriate photos**
- Teach children to understand what **friendship** means
- Teach them a friend is not someone you met yesterday and that a "friend" on Facebook is not the same thing as a friendship
- Monitor all online activity and cell phone use**
- As a parent you may feel this is an invasion of privacy but monitoring to whom your children are speaking is for their safety and protection
- Question and monitor anyone who takes an unusual interest in your children
- Although it may not always be possible, attend and **be present** at your children's activities as much as possible
- It's important to **know who your children are around** on a regular basis
- By being present, you will be able to identify an unfamiliar person and determine what their role is in your child's everyday life
- Educate** your children on [human trafficking](#)

From: <https://www.safy.org/how-to-protect-your-child-from-human-trafficking/>

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Defining Success

“ Success is measured by our efforts to reduce isolation and to improve options for safety. ”

Futures Without Violence

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