AACAP 2016 Clinical Case Conference: Domestic Sex Trafficking of Minors on Interstate 95 and Other Cases of Child Exploitation from Rhode Island: In-roads to Intervention

October 27, 2016

Case #1

History of Presenting Illness:

15 year old female was found by law enforcement in a hotel in Providence, RI exchanging sex for money. She was brought to the ED for evaluation. It was discovered she ran away from home 2 weeks prior to presentation and was staying with a "friend" per the patient. It was unclear if her mother had ever filed a police report. She was evaluated by child abuse pediatricians at the Aubin Center approximately 1 year prior to this presentation for alleged sexual assault. She met 4 males on Facebook and was reportedly sexually assaulted while intoxicated. Her mother did not attend that evaluation and instead she was accompanied by a Child Protective Services (CPS aka Department of Children, Youth and Families or DCYF) case worker, who had temporary legal custody of the patient due to truancy with inadequate supervision by her mother.

Past Psychiatric History:

2 months prior to this presentation, the patient was hospitalized due to suicide attempt – she was "jumping in front of cars". During that hospitalization she was diagnosed with depression, ADHD, PTSD. She was not taking medications at this presentation.

Social and Family History:

Mother and father with history of alcohol abuse with DUI's. Mother and father arrested for domestic violence in the past. Patient was placed into CPS custody 8 months prior to this presentation and placed in a group home.

Mental Status Exam at Presentation:

Appearance: Overweight female, disheveled, poor eye contact, tearful
Manner / Attitude: guarded; irritable
Memory: intact
Motor: unremarkable
Speech: loud
Mood: "fine"
Affect: labile
Thought Process: linear
Thought Content: focused on wanting to leave
Perception: No Hallucinations
Suicidal Ideation: active; attempt on unit
Homicidal Ideation: denies
Insight: poor
Judgment: poor
Impulse Control: poor

Emergency Department and Hospital Course:

The patient refused to have a physical exam. She states she had sex a month ago, then states 2 weeks ago, then states 3 days ago. She eventually accepts sexually transmitted infection testing (STI), Plan B,

STI prophylaxis but refuses HIV post-exposure prophylaxis (PEP), genital exam, or Forensic Evidence Kit (FEK).

She was then placed into CPS custody. Throughout the parents remained disengaged and had a lack of protective capacity. She was evaluated by psychiatry in the ED given her past history and current high risk behaviors and as such it was recommended she be admitted to inpatient psychiatry. The patient attempted to elope from ED when she was told. She required security, IM Ativan, IM Haldol, and restraints.

2 days later she attempted to elope again requiring security, IM medications and restraints. She would later try to hang herself with a telephone cable while on the unit. She was transferred to another hospital 2 days later and upon discharge placed into a group home and ran away again.

Case #2

History of Presenting Illness

15 year old female presented to the inpatient psych unit after emergency room evaluation following reporting suicidal ideation to her teacher. She described chronic depression and anxiety as well as ADHD symptoms. Her stressors included conflict with mother, anticipated move from current home with her grandmother along with her mother and sister. She disclosed a period of chronic sexual abuse by brother from age 7 to 13 while family was living in Georgia.

Past psychiatric History:

No prior psychiatric admissions. No prior medication trials. No prior psychotherapy. Patient at this time reporting prior suicide attempts by cutting, overdose and jumping off a bridge (preparation steps).

Mental Status Exam at Presentation

Appearance: well developed, well-nourished girl in jeans and t-shirt with curled mohawk hairstyle in black and blond, well groomed, appropriate hygiene, good eye contact
Manner / Attitude: calm; cooperative
Memory: intact
Motor: unremarkable
Speech: unremarkable
Mood: "pretty low"
Affect: euthymic; mood incongruent at times (ex. smiles when talking about feeling sad / angry)
Thought Process: linear
Thought Content: hopeless; worthless
Perception: No Hallucinations
Suicidal Ideation: active; plan; no current intent on unit
Homicidal Ideation: none
Insight: fair
Judgment: fair

Impulse Control: adequate for interview

Hospital Course and Further Course:

Her mother was difficult to engage in treatment, reported patient is faking symptoms and was resistant to consenting to medications for ADHD or depression. Patient was dysphoric and tearful and demonstrated an intense need for validation of emotions. The patient began to have "spells" on the unit that were concerning for dissociation and conversion behaviors.

Her abuse allegations were reported to CPS. Her mother was invited for family meeting to address allegations and patient concern that the new home will be less protective of contact with her brother. Her mother made clear declaration of non-belief about patient's abuse allegation and no intention to limit contact with brother.

The psychiatric team attempted to balance parental perspective with patient distress and used a family systems approach to this parent child conflict. Despite multiple family meetings, patient remained highly distressed and suicidal in the context of returning home to her mother. Guanfacine and fluoxetine were started but functioning still declined.

The patient was transitioned to acute residential treatment services (ARTS, aka unlocked step down) to continue family based treatment for stabilization. The patient was evaluated at the Aubin Center regarding her disclosure of sexual abuse. There she provided clear and consistent history of sexual abuse by her now 24 year old brother that began when patient was 7. The disclosure was spontaneous following cousin making disclosure about similar contact. The brother was red-flagged in Department of Children, Youth and Families (RI CPS/DCYF) system and DCYF investigating. Her mother continued to be non-believing, and there was concern for emotional abuse.

The patient was re-hospitalized on a different unit in hospital system for SI. There was increased conflict with mother and concerns about mother's unwillingness to support patient's disclosure and need for protection. The patient refused to eat in the hospital and had conditional suicidal ideation regarding her return to her mother's home. The child abuse pediatrics team at the Aubin Center participated in a family and treatment team meeting where importance of support and protection were emphasized. Her mother agreed to allow patient to live with maternal grandmother who was supportive and willing to limit contact with brother. A medical contract with these safety measures was developed. The patient was encouraged to maintain contact with Dr. Kaplan at the Aubin Center if she were concerned about family's protection or support. The patient called Aubin Center with concerns that family continued to allow contact with brother. At that time the patient reported she would rather live in a group home.

The patient was then placed in DCYF custody and placed in a group home with specialty services for sexual abuse. Despite self-advocacy for protection from non-believing and non-protective family, patient began to run from her placement. She ran away 3 times in 2 months. She reported sexual assault at placement for the first time but did not offer other details. The patient was evaluated by Aubin Center for "medical clearance" to return to placement after each elopement, screened for DMST but denied this in addition to SI/HI. However, reported she is "fine… living the life."

After several evaluations, patient was re-admitted to the inpatient psychiatric unit after she was brought in by police as a result of a missing person report filed by the group home. She was found walking with two 30-year old men, with the patient and men stating that patient was wandering on a local street, met up and began walking together. The police arrested one of the men as there was a warrant out for his arrest, and the patient was brought to the ED for eloping from St. Mary's group home multiple times in past 2 months. On inpatient unit she remained unmotivated for treatment and minimally participating in program at group home. She maintained vehement denial of psychiatric symptoms. She was superficial in her interactions with the exception of some genuine discussion about feeling abandoned, her past trauma and her fears about treatment. She continued to insist that her "freedom is most important". She was discharged in July 2015 on fluoxetine, guanfacine and trazodone to new group home placement.

Case #3

HIstory of Presenting Illness:

15-year old white female was found by law enforcement in a hotel room with a peer known to be atrafficking victim. There were pictures of the patient posted on Backpage.com. She was brought to the Aubin Child Protection Center for evaluation. She was accompanied by mother, police detective, homeland security, and a local agency ("Gateway") victim advocate.

She had suicidal ideation and self-injurious behaviors and endorsed a history of alcohol, Xanax, "Lean", LSD and cocaine use. She ran away from home with friends. Her toxicology screen was positive for amphetamines, cocaine and marijuana. She had urine STI/HIV testing positive for Chlamydia.

The patient reported physical abuse by mother and older brother. She presents with multiple tattoos and scars from self-injurious behavior. She denies involvement in DMST but endorses knowing victims of DMST. She has symptoms of depression and ongoing substance abuse.

Past Psychiatric History:

History of cutting but no inpatient admissions.

Mental Status Exam:

Appearance: well developed, overweight adolescent girl in jeans and t-shirt with long curled black hair, appropriate hygiene, poor eye contact
Manner/Attitude: agitated
Memory: intact
Motor: no abnormal tics or tremors
Speech: intermittently rapid with increased volume on occasion
Mood: "I'm about to tweak"
Affect: labile but largely congruent with reported mood
Thought Process: linear but occasionally tangential
Thought Content: hopeless
Perception: no hallucinations

Suicidal Ideation: none presently; passive in past
Homicidal Ideation: none
Insight: fair
Judgment: fair
Impulse Control: agitated, but adequate for interview

Further Course:

She was prescribed azithromycin for chlamydia infection. She was discharged home to mother with recommendation of close adult supervision. She was supposed to continue with case management and counseling. Shortly after she called her case manager because of physical assault by mother. The patient requested to be seen at the Aubin Center - there she said "She (mother) spazzed on me for no reason". She presented with facial swelling and an adult bite mark. She stated she feared "that she's going crazy" and would like to see a psychiatrist.

At that time she had a positive urine pregnancy test and was acting high/intoxicated. Her toxicology was positive for marijuana and benzodiazepines. The patient then met with child abuse pediatrician, therapist, case manager, CPS investigator, to make a safety plan and was discharged to stay with her father. She continued to deny involvement in DMST. A report was filed with police. The team recommended intensive home based intervention for high risk pregnant adolescents in addition to continuing current mental health counseling.