Identifying Human Trafficking in Health Care Settings

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Patient in the Healthcare Facility

Accompanied

- Clinically stable
- Clinically unstable

Unaccompanied

- Clinically unstable
- Clinically stable

Stabilize the patient

Assess for red flags (Box-1)

Red flags present

- Possible sex trafficking or labor trafficking

Associated Health Problems (Box 2)

- Children (under 18)
  - Child of abused adult/care taker
  - Minors

- Adults (18 and above)
  - Consent not required
  - Consent required
    - Elders > 65
    - Competent adult temporarily unable to give consent
    - Adults with reportable diseases

- Legal and Social services (Box-7)
- State & Federal laws (Box -8)
- Special circumstances (Box 9)
- Next steps
- Interdisciplinary & Transdisciplinary team (Box 10 & 11)
- References
- Referral mapping and Resource Directory

Follow-up

No red flags

- No human trafficking
  - Follow standard patient protocol

No (Box 6.2.1 - 6.2.3)

Yes (Box 6.1)

Referrals (6)

- Principles of trauma informed care (Box 3.1)
- Trauma informed approached care (Box 3.2)
- Interpreter (Box 4)
- History (Box 5.1.1 - 5.1.3)
- Physical exam (Box 5.2), documentation (Box 5.3)
Background and Rationale

Research shows that many human trafficking victims often come in contact with health care providers while they are still under exploitation, highlighting the fact that health care providers are at the forefront in interacting with victims of human trafficking. A study showed that 18000 individuals are trafficked within the United States each year from all over the world. Among that number, about 50 percent of survivors who were interviewed indicated encountering a health care professional while they were being trafficked, and none of them were identified during the encounter. These missed opportunities in identifying the victims of human trafficking during their encounter with health care providers underscores a vital need. This is the need to train health care providers in identifying trafficking victims so that they can be equipped with the knowledge and skills that will enable them to successfully identify a victim when they come across such an opportune moment.

Definition

The United States Victims Protection Act (TVPA) defines human trafficking as the recruitment, harboring, transportation, provision, or obtaining of a person through force, fraud, or coercion for the purpose of a commercial sex act or in which the person induced to perform such acts has not attained 18 years of age. The term labor trafficking is defined as the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services through the use of force, fraud, or coercion for the purpose of subjection, involuntary servitude, debt bondage, or slavery.
### Demographics - Sex Trafficking & Labor Trafficking

#### Labor trafficking (victim demographics)

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<thead>
<tr>
<th></th>
<th>Number of cases</th>
<th>% of cases</th>
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<tr>
<td>Adults</td>
<td>684</td>
<td>83.6%</td>
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<tr>
<td>Minors</td>
<td>143</td>
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<tr>
<td>Females</td>
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<td>57.0%</td>
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<td>Males</td>
<td>416</td>
<td>50.9%</td>
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<td>US Citizen/Legal Permanent Resident</td>
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<td>Foreign Nationals</td>
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<td>68.1%</td>
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#### Sex trafficking (victim demographics)

<table>
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<th></th>
<th>Number of cases</th>
<th>% of cases</th>
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<tr>
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<tr>
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<tr>
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<td>43.8%</td>
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<tr>
<td>Foreign Nationals</td>
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<td>12.9%</td>
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*The National Human Trafficking Resource Center (NHTRC) 2014 Annual report. non-cumulative*
Common Barriers to Disclosure

- Fear of the trafficker harming them or their family members.
- Fear of being released back to the trafficker.
- Fear of being sent back to a prior abusive environment.
- Prior unsuccessful attempts to leave or escape.
- Young age and feeling overwhelmed and frightened.
- Stigma and shame.
- New to the country or area creating uncertainty regarding geographic location.
- Language barriers combined with lack of availability of a trusted professional interpreter.
- Physical or mental illness/disability.
- Cultural or religious prohibitions against speaking up.
- Sexual orientation or lifestyle.
- Inability to speak privately with the health care provider.
- Unfamiliarity with the health care system.
- Distrust of authority figures, including those in health care.
- Economic reasons.
- Lack of safe options post disclosure.
- Fear of deportation, lack of legal documentation, or prior criminal record.
BOX 1

Red Flags (Human Trafficking Indicators)¹ ¹

- Delayed presentation for medical care.
- Rape or gang rape
- Forced abortion
- Discrepancy between the clinical presentation or the observed pattern of injury and the history.
- Stated age older than visual appearance.
- Marks, tattoos, or insignias, which may indicate a claim of ownership by another.
- Evidence of any kind of physical violence, including torture.
- Lack of identification or the patient is not in control of his/her own identification documents (ID, Passport).
- Another person has a controlling attitude or is speaking on behalf of the patient.
- Patient with language barriers.
- Claim that the patient is just visiting the area or inability to clarify where she/he is residing.
- Restricted or controlled communication.
- Have few or no personal possessions.
- Delay in seeking medical treatment or not showing for follow-up visits.
- Lack of knowledge of whereabouts and/or does not know what city she/he is in.
- Loss of sense of time.
- Inconsistencies in her/his story.
- Person accompanying potential victim insist on being present, or giving information to healthcare providers, speaks for the person and/or interprets.
- Lack of eye contact.
- Flat affect/submissive demeanor.
- Recurrent sexually transmitted infections.
- Multiple or frequent pregnancies.
- Frequent abortions
- Work place injuries due to lack of proper protective gear, excessively long work hours, or heavy labor with limited access to food/drink.
BOX-2

Associated Clinical Problems

A. Physical Health
   - Fatigue
   - Headache
   - Chronic pain syndrome
   - Cigarette burns
   - Scarring secondary to unattended old injury
   - Burns secondary to prolonged sun, heat, or cold exposure
   - Skin rashes, asthma, and other reactions from exposure to pesticides.
   - Chronic back pain
   - Injuries secondary to strangulation
   - Bruises
   - Knife and firearm wounds
   - Fractures and traumatic brain injuries
   - Oral cavity and dental injuries or missing teeth
   - Vision and hearing impairment from lack of protective gear
   - Unhealthy weight loss
   - Abdominal complaints
   - Tropical diseases that may not normally be seen in U.S. and are untreated

B. Reproductive Health
   - Genital trauma and vaginal pain
   - Urinary Tract Infections (UTIs)
   - Repeated unwanted pregnancies
   - Vaginal bleeding
   - Complications from repeated or poorly performed abortions
   - Delayed medical care or untreated pelvic inflammatory disease can result in complications such as infertility, ectopic pregnancy, chronic pelvic pain, and an increased risk of hysterectomy.
   - Sexually transmitted infections (e.g. chlamydia, gonorrhea, human papilloma virus, hepatitis B and C, and HIV/AIDS)
   - Infectious diseases such as tuberculosis, intestinal parasites, and hepatitis.

C. Developmental Health
   - Delayed physical and cognitive developmental milestones
   - Stunting, vitamin deficiencies, and other consequences of chronic under-nutrition
   - Impaired social skills
   - Long-term effects of inadequate treatment of common childhood diseases
   - Dental caries
   - Infectious diseases usually prevented through routine immunization.

D. Mental Health
   - Withdrawn
   - Pathological fear
   - Panic attacks
   - Sleep disturbances
   - Sleep deprivation
   - Dissociative disorders
   - Depression
   - Suicidal thoughts
   - Agitation
   - Drug addiction
   - Posttraumatic stress disorder
   - Difficulty to trust others
BOX 3.1

Principles of Trauma-Informed Care

- To be aware of the trauma associated with all forms of human trafficking and its impact on the general wellbeing of the trafficked person.
- A readiness to learn and accept the effects that traumatic experiences can have on the victim’s attitude, behavior, and perception of their body.
- Preparing appropriate space and time that will provide the level of comfort and safety needed for trafficked victims to disclose traumatic events.
- To be competent to address violence and traumatic events in a safe and sensitive way - not to re-traumatize.
- Provide integrated care and promote continuity of care by facilitating referral to medical and non-medical services.

BOX-3.2

Trauma – Informed Care Approach

- Welcoming and supportive clinical environment (trained staff, literature posters, and factsheets in different languages)
- Arrange an environment that provides the patient with the level of safety needed to answer intimate questions regarding potential abuse and to disclose other concerns.
- Assign trained health care staff possessing the knowledge, attitude, and skill to provide trauma informed care.
- Communicate to the patient her/his rights verbally and in writing, and reassure confidentiality.
- Don’t be judgmental - show acceptance and understanding; continually make eye contact.
- Share information about common responses to trauma and normalize the situation when the victim expresses differing emotions.
- Assess the level of literacy and language comprehension of the patient respectfully, and tailor communication tools (visual aids and other tools) based on your assessment.
- Explain and inform the patient about what will happen during the exam clearly and in a simplified manner, making sure that the patient understands the information.
- Throughout the encounter, it is important to reiterate the voluntary nature of the clinical history taking, physical exam, and any procedures or other treatments offered.
- Provide clear explanation about any procedure or treatment, reiterating the patients’ right to refuse treatment at appropriate stages during complicated, lengthy, or stressful procedures.
- Be familiar with established procedures and refer to existing protocols about referring patient to other health services and support organizations.
- Promote access to network of resources and community support groups.
BOX -4

Using interpreters for Victims of Human Trafficking in the Health Care Setting¹, ², ³

A) Before patient encounter

• Avoid interpreters who state they are friends, family, employers or associates of the victim since they can be part of the trafficking or can provide information to the traffickers
• Prepare a consent form to be signed by the interpreter or the hiring agency to secure confidentiality
• In order to avoid gossip, stigmatization and to allow the patient (victim) to speak freely, avoid interpreters who claim to be from the same village or local community of the victim or the patient
• Avoid minors or children of the trafficked person as interpreters
• Avoid interpreters who may discriminate against the ethnic group or social class or individual who may be disgusted by potential past events (sexual abuse or prostitution)
• Give special consideration when the victim or patient is a minor or a child since the individual who is acting as their guardian may be involved in their trafficking
• Ask for the patient’s first language and dialect and if he or she can speak any other language
• Consider not to leave the interpreter alone with the patient (doing so might put the interpreter under pressure and decide to assist the client in matters for which they were not contracted)
• Observe the interpreter’s attitude towards the client (showing sympathy)
• Assess the dynamics of the discussion whether the interpreter is permitting the patient to speak or the interpreter is the one controlling and explaining in behalf of the client

B) During patient encounter

• Verify whether the interpreter is a professional who understands and is bound by agency’s policy and confidentiality and introduce the interpreter
• Allow some time for the interpreter and client to introduce to each other
• Speak clearly and use layman terminology; avoid using difficult medical terminologies whenever it is possible.
• Try to summarize long sentences for the interpreter and allow sufficient breaks during the interview so that the interpreter will have enough time to provide the desired information to the patient.
• Avoid discussing issues that do not require interpretation and avoid too much collegiality with the interpreter (this might make the patient to feel isolated or fearful)
• Consider not to leave the interpreter alone with the patient (doing so might put the interpreter under pressure and decide to assist the client in matters for which they were not contracted)
• Observe the interpreter’s attitude towards the client (showing sympathy)
• Assess the dynamics of the discussion whether the interpreter is permitting the patient to speak or the interpreter is the one controlling and explaining in behalf of the client

C) After patient encounter

• Ask the interpreter to clarify about cultural issues and try to understand the meaning
• In the presence of serious doubts about the interpreter’s attitude or conduct (impeding rapport) it is important to discuss with the interpreter
• Establish mutually agreed hand signals or gestures as a “code language for interpreters to indicate a need to listen, for example the provider can raise his/her hand in front of him/her or herself or palms out to stop the line
BOX - 5
Taking Patient History$^{1,2,3}$

Points to consider before the encounter

- Find ways to talk to the patient alone. It is the providers’ responsibility to make adjustments in order to make the patient more comfortable.
- Ensure the safety and security of the patient, yourself, and your facility.
- Do not disclose your personal address to the victim.
- Reassure the patient that confidentiality will be protected, and that no information will be given to a third party without the patients’ consent.
- Ask questions in relation to the patients’ health problems.
- Avoid using anyone accompanying the victim to assist as an interpreter.
- Do not make promises you cannot keep.
- Avoid referring to the potential controller as a sex trafficker, etc. when the potential victim refers to him as a ‘boyfriend’.
- Most traffickers condition their victims not to trust law enforcement or service providers – keep that in mind.
- Tailor your questions to the patient’s symptoms and signs, avoiding technical or medical terminologies.
BOX 5.1.1

Sample conversation starters

a) You look very pale, can you tell me about your diet
   • Are you eating well? If no ask the reason
   • What have you eaten this week or over the last month?
   • Do you make your own groceries?
   • Do you cook your own food?

b) Feeling tired can be due to lack of sleep, are you getting enough sleep?
   • What time do you go to bed usually?
   • What time do you wake up in the morning?
   • Can you tell me about your home and your bedroom?
   • Do you sleep in a bed, on a cot or on the floor?
   • Are you sharing your room with others?
   • Do you have to ask permission to sleep, to eat, to go to the bathroom?

c) I think you are suffering from a disease that is not common here in the US
   • Where are you originally from?
   • Can you tell me why you left your country?
   • How did you come here?
   • How long have you been in the US?
   • Did someone arrange your travel to the US? If yes who arranged your travel?
   • Who paid your expenses (documents, airplane, other expenses)
   • Are you expected to pay back the money? How?
   • If you did borrow or owe money, have you ever been pressured to do anything you didn’t want to do to pay it back?
   • Can you tell me, what kinds of things were you pressured to do that you didn’t want to do?
   • Did you live in the establishment where you worked or do you have your own place?
   • Were you ever allowed to leave the place that you were living/working?
   • Do you have families or relatives in the US? How often do you talk or visit your families?
I would like to ask you some questions related to your day to day activities because what you do for a living may have some bearing on your health. Please let me know if you feel uncomfortable answering some of the questions.

**Labor Trafficking Questions** 15, 16, and 17

- What kind of work do you do for a living?
- What are your normal work hours?
- How many hours a day, a week do you work?
- Are you paid for the work you do? How much do you get paid/hour/week?
- Were you allowed to take breaks from work (or other activities) to eat, use the telephone, or use the bathroom?
- Are you allowed to take a break when you are sick or for emergency situation?
- What did you think would happen if you took a break?
- Can you quit your job or situation if you want to?
- Did anyone ever threaten you if you indicated you did not want to work the hours expected of you?
- I see a scar on your hand, arm, and face, were you ever injured or did you ever get sick in a place where you work? Can you tell me more about the injuries?
- Were you ever stopped from getting medical care? Can you tell me more about what happened?
- Did anyone, where you worked (or did other activities), ever trick or pressure you into doing anything you did not want to do? If you are comfortable talking about it, could you please tell me about it?
- Did anyone ever introduce you to drugs, medications as a method of control?
- Did anyone, where you worked (or did other activities), ever make you feel scared or unsafe?
- Did anyone, where you worked (or did other activities), ever hurt you or threaten to hurt you?
- Were you ever allowed to leave the place that you were living in/working? Can you tell me the conditions?
- Does someone control/monitor your movement outside of your work place or home? Was your movement outside of you residence/workplace ever monitored or controlled?
BOX 5.1.3
Sex Trafficking
In order to understand what might have caused your sickness and find a timely solution to it I would like to ask you some questions. Please let us know if you feel uncomfortable answering some of the questions or if there is anything you didn’t understand. Your information will be confidential and know that I am here to help you.

Sex Trafficking Questions¹⁵, ¹⁶, ¹⁷, ¹⁸

- Have you ever run away from home or from a program? What did you do in order to survive during that time?
- Has anyone ever forced you to have sex when you didn’t want to? Were you under 18?
- Did you ever have sex for things of value (for example money, housing, food, gifts, or favors)?
- Did anyone ever force you to engage in sexual acts with friends or business associates for favors/money?
- How did you get the scar on your (face, arm, neck)? Can you tell me about it?
- Can you tell me about the tattoo or mark - any meaning to you or someone else?
- Were you involved in a commercial sex for someone where you are forced to earn certain amount of money or meet a nightly quota by engaging in commercial sex for someone? What happened if you did not meet the assigned quota?
- Were you forced by someone to continue to engage in commercial sex while on your periods?
- Have you ever missed your periods? [If the answer is yes ask questions on the same line and ask about pregnancy and abortion].
Conducting the Physical Exam

The Basic Principle of Physical Exam on a Victim of Human Trafficking

- Conduct relevant physical examination carefully based on the patient’s clinical presentation and the information gathered during the patient history
- Conduct a comprehensive health assessment because this clinical encounter may be the only contact for the trafficked person with the healthcare system
- Review of symptoms, head to toe exam and appropriate laboratory testing
- Confirm that patients are connected to resources and services to address multiple needs.
- Describe the exam that will be conducted before a patient undresses and then explain each step of the exam as it is carried out; always give the patient the option to refuse the exam at any point
- Cases involving sexual violence and other forms of trauma offer a forensic evaluation and evidence collection if needed. This should be conducted using Missouri approved sexual assault evidence collection kit (Refer box 6 for detail)
- Document all physical injuries, when appropriate include photo documentation
- Be aware that the physical exam can bring flashbacks about traumatic memories in some patients and check regularly about the well-being of the patient throughout the exam
- Where there is medical indication, it is necessary to perform pelvic exam for women and genital and anal exam for men if the patient consents
- Ask the patients if they prefer to have a professional chaperone in the exam room and collect samples (urine, cervical, anal) and test for STI
- Offer pre-test counseling and arrange follow-up plan for notifying and counseling patients about results.
BOX- 5.3

Important Points Documentation<sup>1, 2, 3</sup>

- The oral disclosure and the physical finding should be carefully and accurately documented in the medical record (very important for optimal patient care). It can serve as a source of invaluable information should the patient seek legal redress and it can potentially substitute for or supplement the clinician’s personal y
- The documentation should be in writing in unbiased manner, using direct, unaltered quotes from the patient. The health care provider, the physician or the nurse should document by hearing or observing the case (primary informant).
- The physical finding should be documented carefully and accurately using written descriptions, labeled and annotated freehand sketches, and - with the patient’s consent, include photographs containing the patient’s face and the injury or lesion measured with a ruler or other common object (a coin). A patient label with the date the photograph was taken should be included within the photographic image. Additional photographs can document close-up views of each relevant injury or lesion. Follow-up photographs, taken serially over 7–10 days, can document progression or healing of ecchymosis and other signs of injury. A notation in the chart should be included indicating the identity of the photographer and also stating that the photos are both accurate and unaltered. Consent for photographic documentation should follow institutional protocol). Patients should be informed that they have a right to refuse photographic documentation altogether or to restrict photographic documentation to certain specific areas if they so choose<sup>1</sup>

BOX-6

Safe Referral<sup>1, 3, 9, 10, 11</sup>

Guiding Principles

- Know the availability and quality of potential providers. Prepare contact information for trusted support persons such as shelter, social services, counseling, legal, advocacy and low enforcement
- Be familiar and establish a working relationship with the interdisciplinary and transdisciplinary team based on the clients need and urgency of the problem. This includes preparing agreed document for information sharing procedures when the trafficked person needs a referral
- Make sure that the confidentiality, privacy and safety of the trafficked person and the family members are protected
- Obtain informed consent when transferring patient information, diagnosing and treating the trafficked person
- Refer to the existing protocols and institutional rules and regulations if applicable.
- Documentation of information and referral options provided to the patient.
BOX-6.2
Client Refused Referral but Will Appointed for Follow-up Visit

- Provide comprehensive management and arrange for a follow-up visit.
- With the return visit client might be willing to receive different assistance.
- If patient agreed this time repeat box 6.1

BOX-6.2.1
Client Refused Referral and No Follow-Up

- Refusal can be due to lack of desire, unsafe for a referral, or client’s fear of deportation or fear of returning home
- Maximize the encounter with the client because this might be the only opportunity to provide the care needed to improve the patient’s clinical condition
- Offer the maximum information about the medical condition, treatment and follow-up
- Provide the complete regimen of prescribed medication if applicable and possible or use single dose therapy if it is possible and safe
- Provide tailored information to help the client understand about the crime or trafficking, information about available support services (the local and national hotline phone numbers) with information where to go and whom to call in the future
- Communicating the necessary information should be done carefully not to endanger the safety of the client, the health facility (see resource section for communication tools)
- Documentation of information and referral options provided to the patient

BOX-6.3
Client needs Urgent Assistance Box 6.2.3

- The urgency can be due to imminent danger
- Ensure first your own safety
- Based on the clinical assessment - if patient needs emergency medical referral, focus on the health status of the patient. Do not try to elaborate on the causes of the patient’s health deterioration even when the case involves abuse.
- In cases where the patient is alone and he/she desires to contact the police or based on your initial assessment of the situation, if it seems necessary to the patient’s immediate safety, this should be discussed clearly and make sure if this is the preferred course of action
- Documentation of information and referral options provided to the patient
BOX-7

Contacting Legal, Social Service Agencies and Incorporating Existing Guidelines to Human Trafficking

Existing tools and guidelines for identifying, interviewing and reporting intimate partner violence, child abuse and neglect, child sexual abuse and elder abuse can be used in the management of victims of human trafficking. The screening questions contained in the guidelines which were developed by the Family Violence Prevention Funds and by the American college of Emergency Physicians for screening domestic violence in children can be modified to incorporate screening questions for human trafficking. Additionally, existing mandatory reporting guidelines in Missouri can be implemented when trafficked person/s is a child (under age 18), an elder ( >65), disabled adult, children of victimized adults whose safety and well-being may be compromised, bears injuries resulting from burns, firearms, or knives or in case of threats of imminent harm to oneself or another. According to the Family Violence Prevention Fund guideline the minimum age to start screening for domestic violence is at age 14. Health care providers should be aware that victims of sex trafficking can be much younger with the average age of entry in to prostituting in the United States being 12-14. This underscores the need for health care providers to use the screening questions for younger children to identify sex trafficking in children and provide the required care. If the trafficked person is a competent victim health care providers must refrain from contacting law enforcement or social service agencies without the consent of the trafficked person.

BOX-8

Missouri Law on Human Trafficking

Missouri HB 214 (2011)
Revises human trafficking laws; expands the crimes of abuse of an individual through forced labor, slavery, involuntary servitude, peonage, sexual exploitation and sexual trafficking of a child; provides related criminal penalties; requires the court to order restitution; and provides an affirmative defense for prostitution.

Establishes sexual trafficking of a child as a class A felony. Also provides that abusing an individual through forced labor and of trafficking for either forced labor or sexual exploitation is a class B felony. Establishes a class D felony for contributing to human trafficking through the misuse of documentation. Provides that as part of the sentencing for a human trafficking offense, the court must order the perpetrator to pay restitution to the victim. Provides that victims of any trafficking crimes will also be afforded the rights and protections provided in the federal Trafficking Victims Protection Act of 2000.

Federal Laws

- The Trafficking Victim protection Act (TVPA) is the primary law that addresses human trafficking and provides protection to victims, the investigation and prosecution of trafficking offenses and education of the public.
- Trafficking Awareness Raising for Health Care Act of 2015 (H.R. 398)
- Human Trafficking Prioritization Act (H.R. 514), as passed by the House, would address interagency coordination, efficiency, and best practices as they relate to combating human trafficking.
Human Trafficking Identification Health Care Setting: Guidance Document

**Box-9**¹,³

**Special Circumstances**

- Health care providers may encounter competent adult trafficked victims temporarily not capable of providing informed consent due to situations such as intoxication, or other health problems. In such cases it is important to look into the institutional procedures and to act according to accepted ethical and professional boundaries implementing trauma informed culturally competent care approach. Additionally, for some cases, health care providers might need to involve the institution’s administration, risk management, legal department or seek outside expertise on the matter¹

- Based on the health care provider’s initial assessment, the availability of trained staff and laboratory facilities, if the local legal requirement permits forensic evidence the provider should offer forensic exam upon first contact with a health provider since timing is essential for gathering medical evidence.

**Overriding Informed Consents**

- Notifying authorities of suspected child abuse or domestic violence, child abuse, elder abuse, in the absence of consent of the victim

- Enforcing treatment in those who are psychiatrically ill and who have been involuntarily hospitalized

- In a presence of a court ordered examination of patient or medical records, generally is considered as part of the investigation into criminal offences. Here the patient may either be a ‘victim’ or a suspect

- Life-saving procedures or when there is reason to believe a child was or will be abused by parents of relatives in the event of emergent care the service provider should refer to the existing institutional protocol. For some cases, health care providers might need to involve the institution’s administration, risk management, legal department or seek outside expertise on the matter¹
Next Steps\textsuperscript{3, 20}

- Provide human trafficking training courses including training to prepare response team:
  Training courses and workshops focused on trauma informed care approach and preparing a human trafficking response team consisting of doctors, nurses, and other health care support staff. This will increase the readiness and quality of care for trafficked persons. Training of trainers (TOT) courses can be provided to health care professionals who are interested in training other health care staff and provide onsite training and instructions to the health care support staff and language translators whenever it is needed.

- Design standardized examination protocol: develop the necessary tools and guidelines for comprehensive screening practices: using the existing resources and guidelines in handling intimate partner violence, child maltreatment, elder abuse, sexual assault, and homelessness health care providers can take the lead in developing patient-centered, culturally appropriate, and trauma-informed services in the health care setting.

- Prepare special consult room for effective and safe client provider communication where the safety and the privacy of the client are protected while providing welcoming environment for trafficking disclosure.

- Work collaboratively with public health professionals to widen opportunities for data collection and research to prevent human trafficking and improve the quality of care for the victims.

- Increase public awareness: posting signs and easily understandable educational posters and fact sheets in different languages to reinforce utilization of health care setting by HT victims in seeking help.

- Promote interdisciplinary and transdisciplinary team approached care to provide integrated services to the victim of human trafficking.

- Encourage the development of institutional policies and procedures to care for suspected victim of trafficking.

- Organize or coordinate health care providers and health system to participate in ongoing exchange of best practices.
Human Trafficking Identification Health Care Setting: Guidance Document

Interdisciplinary Team

- Trafficked Patient
- Physicians/NPs/PAs
- Pharmacists
- Social Workers
- Nurses
- Forensic Nurse (SANE)
- Medical support staff
- Institution’s administration risk management, legal department
References and Resources


Human Trafficking: Health Care Setting Guidance Document

National Human Trafficking Resource Center (operated by Polaris)

Phone: 1888-373-7888 and call Hotline email: nhtrc@polarisproject.org or report a tip using our online tip reporting form

Hearing and speech impaired call 711 free national access number Telecommunications Relay Services (TRS).

The National Human Trafficking Resource Center (NHTRC) is a national, anti-trafficking hotline and resource center serving victims and survivors of human trafficking and the anti-trafficking community in the United States. The toll-free hotline answered live 24 hours a day, 7 days a week, and 365 days a year. Callers can speak with the hotline in English or Spanish, or in more than 200 additional languages using a 24-hour tele-interpreting service. When you call the hotline at 1-888-373-7888, you can expect a specially trained and experienced Call Specialist who will speak with you about your needs, your options, and the resources we have available to help. The NHTRC is operated by Polaris.

Correspondence with the NHTRC is confidential and you may request assistance or report a tip anonymously.

The National Center for Missing & Exploited Children

Phone: 1 800-843-5678, Fax: 703-224-2150

24-hour call center: 1-800-THE-LOST (1-800-843-5678)

The center provides services, resources and technical assistance to child victims of abduction and sexual exploitation, their families and the professionals who serve them. NCMEC provides the most comprehensive resources regarding missing children, child sexual exploitation, child safety and prevention, law enforcement training and victim and family support.
ALIVE (Alternatives to Living in Violent Environment)
P.O. Box 11201 St. Louis, MO 63105
Hotline/Crisis Line: 314-993-2777
Administrative Line: 314-993-7080
Email: alivestl@alivestl.org

ALIVE offers support services and emergency sanctuary to adults and children affected by domestic abuse. Both women and men can call 24-hour crisis line, attend individual counseling and parent education, be assisted at court with Orders of Protection and other legal hearings plus stay in Nights of Safety program for a few nights. Support groups are offered to women and children are assisted with the help of play and art therapy.

The Anti-Trafficking in Persons Program (ATIP)
St. Louis, Missouri Rescue and Restore Coalition, International Institute of St, Louis, Contact: Lara Fallon
Phone: 314-773-9090 x160
Central Missouri, Central Missouri Stop Human Trafficking Coalition, Contact: Nanette Ward
Phone: 866-590-5959

The coalition exists in several cities and the program identifies and serves victims of human trafficking, assisting foreign trafficking victims in the United States to become eligible for public benefits and services to the same extent as refugees. The program also raises awareness of human trafficking through the HHS Rescue & Restore Victims of Human Trafficking campaign.
Magdalene St. Louis  
Phone: (314) 339-5216  
Website: http://www.magdalenestl.org

The organizations stand in solidarity with women who are recovering from sexual abuse, violence, and life on the streets, and who have paid dearly for a culture that buys and sells women like commodities. The services provided include: Two years of housing, A community based on our motto "love heals “Help to residents to live honest, sober, and self-sufficient lives, Educational and vocational opportunities, Fostering of self-understanding through personal and spiritual growth counseling, Life-skill building and maintenance education, A mechanism for income and asset development through Individual Development Accounts, Opportunities to work toward economic self-sufficiency through a social enterprise, Medical and dental care.

Crisis Aid International  
Tel: (314) 487-1400  
Website: http://www.crisisaid.org  
Donor Contact: Mr. Patrick Bradley

Crisis Aid operates a home in Missouri for victims of sex trafficking. The home has 22 beds and offers a holistic Christ centered program of rehabilitation. Crisis Aid is working with local and federal law enforcement and is the primary home where they send girls which they rescue. The home has 2 "wings", one for girls 18-24 and the second is for girls 17 and younger. Please visit the web site for more info. Crisis Aid has also operated homes for victims in Ethiopia since February 2007.
The mission of The Women’s Safe House (TWSH) is to provide safe shelter and support services for battered women and their dependent children, and to empower women to make informed choices about their futures. We offer a variety of services, including confidential emergency shelter with all basic needs met and three meals per day; advocacy and case management services including support groups and referrals to community resources; a 24×7 Crisis Hotline answered by staff or trained volunteers; a structured children’s program with child-related case management support available; our AfterCare Program which provides eligible clients 12 months of follow-up case management and financial support post-shelter; and community education to the greater St. Louis Metropolitan Area.

Youth In Need offers more than 50 direct service and support programs to children, teens and families. Youth In Need provides residential homes, foster care case management, homeless outreach, counseling and support groups, education and infant, child and family development to more than 20,000 children, teens and families at more than 40 sites, spanning 100-miles, in six counties in eastern Missouri. The services that are provided include: Early Head Start and Head Start, Counseling, Project Safe Place, Street Outreach Program, Emergency Shelter, Transitional Living Program, Teen Parent Program, Foster Care & Adoption.
Covenant House  
2727 North Kingshighway Blvd, St. Louis, MO 63113  
Phone 314-533-2241  

To serve young people age 16-21 who are living without homes and protect and safeguard all youth with absolute respect and unconditional love. We are an open intake agency committed to providing help and hope to young people age 16-21. Through integrated programs focused on the complex needs of the population we serve, including mental health, education, employment, and life skills, we strive to be a place of home and direction for young people who are at risk.

Catholic Charities of St. Louis  
Administrative office: 4532 Lindell Blvd. St. Louis, MO 63108, 63108 Phone: (314) 932-3300,  
www.sfcsstl.org  

St. Francis Community Services strives to be a catalyst for change by helping people overcome poverty and work toward a better life. Community Services provides legal aid, refugee resettlement, homeless services, youth programs, meals for older adults, bilingual mental health counseling, case management and more
The Covering House is a place of refuge and restoration for girls who have experienced sexual trafficking or sexual exploitation. This facility is the first facility in the state of Missouri for girls, between the ages of 13-17 years old, that have experienced sexual trafficking or exploitation in the U.S.

Crime Victims Advocacy Center Saint Louis
539 North Grand Blvd., Suite 400, Saint Louis, MO 63103
Phone: 314) 652-3623 Legal Assistance: 800-527-1460
Email: info@supportvictims.org
CVAC helps victims of any and all crime and their families with a full range of advocacy and crisis intervention services. All our services are free of charge and available to victims, families and community members affected by crime and violence. Specialized services are available for victims of homicide and domestic violence. The services include: crisis intervention, counseling, advocacy, criminal justice guidance, help for domestic violence victims filing for and obtaining orders of protection, information on victim issues and victim rights, preparation for restorative justice activities, referral to community resources, and, assistance filing victim compensation.
Safe Connections
2165 Hampton Avenue, St. Louis, Missouri 63139
24 – Hour crisis Helpline 314.531.2003, Martin Office Number 314.646.7500

Safe Connections offers a 24-hour crisis helpline, individual therapy and support services for women and teen boys and girls who are survivors of domestic violence, sexual assault, and survivors of childhood sexual abuse both on site and in the community. Also provides prevention education around the issues of relationship and sexual violence in middle school, high schools, college campuses, and alternative settings through Project HART, Guys’ Groups, Girls’ Groups and Safe Connections on Campus.

Catholic Charities Southside Center
4443 West Pine Street, St. Louis, MO 63108
UMSL-STL One University Blvd., St. Louis, MO 63121
Administrative Line: 314-535-3003

The center provides high-quality trauma-focused services to youth, families, and the community. Additionally promotes resiliency, physical safety, and emotional stability through comprehensive research, forensic, clinical, educational, and advocacy programming in a University-based, multidisciplinary center.

Catholic Charities Southside Center
3401 Arsenal St, St. Louis, MO 63118
Administrative Line: 314-773-6100

The center provides culturally competent social services, bilingual mental health counseling, and case management to the immigrant and refugee populations of the community. The St. Louis Rescue & Restore Coalition is also run through CCSC which serve a 10-county region raising awareness about human trafficking through public advocacy, training, and outreach strategies.
Human Trafficking Identification Health Care Setting: Guidance Document

Kathy Howard
Vista Ave, St. Louis, MO 53110
Phone: 314-268-733
Email: khowie423@sbcglobal.net
Forensic Nursing coordinator at St. Louis University Hospital Center for Forensic Excellence Sexual Assault and Domestic Violence Services in St. Louis university Hospital Emergency Department.

Saint Martha’s Hall
P.O. Box 4950, St. Louis, MO 63108
Hotline/Crisis Line: 314-533-1313
Saint Martha’s Hall helps abused women and their children break the cycle of violence in their lives by offering shelter to the abused women 18 years of age or older and their children. We provide a 24-hour, safe and confidential shelter with a standard stay of 12 weeks during which the following services are provided: support group for adults and children, parenting groups for adults, advocacy services including legal advocacy information and referral, and a children’s therapy program. Follow-up services for former residents are provided for up to one year after they leave the shelter. We also operate a 24-hour crisis hotline. Community education is also available at no charge.

Provident, Inc.
2650 Olive Blvd., St. Louis, MO 63103
Hotline/Crisis Line: 314-647-HELP (4357) or 800-273-TALK (8255)
Administrative Line: 314-371-6500
The organization provides counseling for children and adults, reintegration services for sex offenders, addictions and domestic violence group counseling and DOC grant-funded assistance and case management, after-school programming, and social services with grant funding.
Our Lady’s Inn
4223 S. Compton Avenue, St. Louis, MO 63111
Hotline/Crisis Line: 314-351-4590
Administrative Line: 314-351-2119
The organization offers shelter and care for homeless, pregnant women, aged 18 and older, and their dependent children. Services include case management, classes on parenting, childbirth, budgeting, well baby care, breastfeeding, smoking cessation, and sexuality. Individual and group counseling are also available. Referrals are made for treatment, employment, education, life skills, legal help and housing.

Lydia’s House
P.O. Box 2722, St. Louis, MO 63116
Administrative Line: 314-771-4411 x104
The center Provides transitional housing for abused women and their children.

RAVEN- Rape and Violence End Now
1914 Olive Street, St. Louis, MO 63103
Administrative Line: 314-289-8000
RAVEN is a Batterer Intervention Program that works to foster peaceful relationships, families and communities by increasing self-awareness, challenging abuse and control, teaching alternative behaviors and promoting personal responsibility. Adult and youth programming is available for court-ordered and voluntary participants needing non-violence education.
Individual professional therapy/case management for male, female and teen survivors of sexual violence or abuse, Group professional therapy/case management for male, female and teen survivors of sexual violence or abuse, 24-hour in person Hospital/Medical Crisis Intervention/Advocacy Services, 24-Hour on Campus Crisis Intervention Services, Sexual health education program for people with disabilities, 24-Hour Crisis Line, 24-Hour in person Law Enforcement Advocacy for survivors of sexual violence, abuse and domestic sex trafficking, 24-Hour Crisis intervention services for victims of human trafficking, Safe at Home Application Assistance, Professional training for social service advocacy and law enforcement responding to sexual violence and abuse, Professional training for medical professionals responding to sexual violence and abuse, Sexual Assault Nurse Examiner training, Court advocacy, Community education, Services of lesbian, gay, bisexual and transgender survivors.

Veronica’s Voice
Veronica’s Voice© 2015, PO Box 172472 Kansas City, KS 66117
Phone: Office: (816) 483-7101, Crisis Line: (816) 728-0004
Email: safecenter@veronicasvoice.org
Opening fall 2015, is Veronica’s Voice’s home to provide former adult victims of prostitution up to two years of housing and services, education, life skills and job training to empower women with a meaningful alternative that is not available through temporary housing and limited services.
Epworth Children and Family Services has provided the St. Louis community with essential youth development services that have helped thousands of children overcome severe emotional and behavioral challenges caused by abuse or neglect emergency shelter, residential and intensive treatment, family reunification therapy, transitional and independent living programs, special education, foster family care, prevention services and a 24-hour help line.

Resources for public distribution and public awareness

1. Homeland Security Human Trafficking Resource Catalog
   The Blue Campaign has developed comprehensive resources (Posters, indicator cards and more) available for public distribution
   http://www.dhs.gov/blue-campaign/resource-catalog

2. Services Available to Victims of Human Trafficking: A Resource Guide for Social Service Providers

3. Rescue and Restore: Look Beneath the Surface

4. National Center for Missing & Exploited Children
   http://www.missingkids.com/home