

PROTOCOL TOOLKIT

for Developing a Response to

Victims of Human Trafficking in Health Care Settings



HOPE FOR JUSTICE

ABOUT HEAL TRAFFICKING

OUR VISION

A world healed of trafficking

OUR MISSION

Mobilizing interdisciplinary professionals to shift the anti-trafficking paradigm toward approaches rooted in public health and trauma-informed care



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- Interpreters should utilize a trauma-informed approach, and monitor for signs of stress in patient
- Interpreters should translate verbatim all questions and answers
- Phone translation is not ideal, but may be better than a translator from within the local immigrant community, depending on the situation
- Consider the National HT Hotline translation services: trained interviewers are available in over 200 languages (1-888-373-7888)
- Decisions about interpretation systems may vary on a case-by-case basis depending on the availability of resources and the specific potential victim
- State Department fact sheet on interpreters at state.gov/j/tip/rls/fs/2015/245185.htm

3. STRATEGIES FOR INTERVIEWING PATIENT ALONE

- ▶ **Assess power dynamics between patient and accompanying person(s)**
- ▶ **Assess patient’s ability or desire to speak freely about things that may be bothering them**
- ▶ **Whenever controlling dynamics are suspected and the patient is accompanied by someone else, including family members, have them wait elsewhere**
- ▶ **Family-originated trafficking is common in the U.S. Therefore, options regarding the process of separating minors from family members who are potential traffickers should be discussed in advance with officials from child protective agencies**
- ▶ **Decide who is to do the separation**
- ▶ **Reasons to give for separating**
 - Diagnostic test in another area
 - “Clinic or hospital policy to interview patient alone”

TIP: INTERPRETERS

Victims often feel shame about their experiences and may fear physicians, immigration, and law enforcement authorities as well as their traffickers. They may resist sharing their experience through someone from the same culture, particularly if they are from a small or close-knit immigrant community.

TIP: ASK ONLY WHAT YOU REALLY NEED TO KNOW

Be judicious with the information you request from patients, particularly about traumatic events and from patients who may also undergo a forensic interview (more information about forensic interviewing follows in Component 8).

- Ask the potential controlling person to step outside of the examination/labor and delivery room to assist with paperwork, a phone call to schedule a laboratory visit or medical referral, etc.
- ▶ **What to do if the person accompanying the patient refuses to separate and threatens to leave with the patient**
 - If the accompanying person refuses to separate from the patient, the decision of whether or not to continue to push for separation should include the following:
 - » Evidence of aggression on the part of the controlling person
 - » An assessment of the health and safety of the patient
 - » A realization that calling security or law enforcement may not be in the best interest of the patient or their ability to return for another visit
 - » A desire not to raise suspicion within the potential trafficker thus jeopardizing the future safety of the patient
 - » Presence or absence of indicators of prior assaults and abuse

TIP: WORKING WITH PATIENTS — WHAT IF THE SUSPECTED TRAFFICKER WON'T LEAVE?

It is best to interview the patient alone but if a patient refuses to be separated from an accompanying person, it may be safer for the patient to allow the companion to remain. The benefits vs. harms of working with a patient in the presence of a potential exploiter must be evaluated on a case-by-case basis. If the trafficker thinks there is a threat to them because they are excluded from your conversation, you may risk the opportunity to provide the patient medical treatment or risk potential harm to the patient after the visit.

TIP: SAFETY PLANNING

Safety planning varies greatly depending on how the patient views their trafficking situation and whether the patient wants to stay in the situation, is in the process of leaving, or has left. Trafficked people may return to exploitative situations repeatedly before exiting permanently.

Do not take patients' decisions to stay in abusive situations or relationships as an indication that your efforts have failed; your supportive words and kind actions carry weight and may make a difference in the future.