Introductory Training on Human Trafficking for U.S. Health Care Professionals: ESSENTIAL CONTENT

HEAL TRAFFICKING EDUCATION
AND TRAINING COMMITTEE

April 2018

ABOUT HEAL TRAFFICKING

We are a united group of multidisciplinary professionals dedicated to ending human trafficking and supporting its survivors, from a public health perspective. Please join our network and commit to healing human trafficking!

OUR VISION

A world healed of trafficking.

OUR MISSION

To mobilize a shift in the anti-trafficking paradigm toward approaches rooted in public health principles and trauma-informed care by

- Expanding the evidence base;
- Enhancing collaboration among multidisciplinary stakeholders;
- Educating the broader anti-trafficking, public health, and health care communities; and
- Advocating for policies and funding streams that enhance the public health response to trafficking and support survivors.

OUR GUIDING PRINCIPLES

- HEAL Trafficking engages in work that combats all forms of human trafficking;
- HEAL Trafficking supports trafficked people of all genders, ages, races/ethnicities, religions, origins, cultures, and sexual orientations;
- HEAL Trafficking believes all trafficked persons deserve access to a full range of health care including medical, mental/behavioral health, reproductive health, dental, and substance use disorder treatment services;
- HEAL Trafficking approaches human trafficking from a public health perspective that incorporates a socio-ecological framework and prevention strategies; and
- HEAL Trafficking promotes a survivor-centered, trauma-informed, evidence-based, practice-based approach to anti-trafficking efforts.

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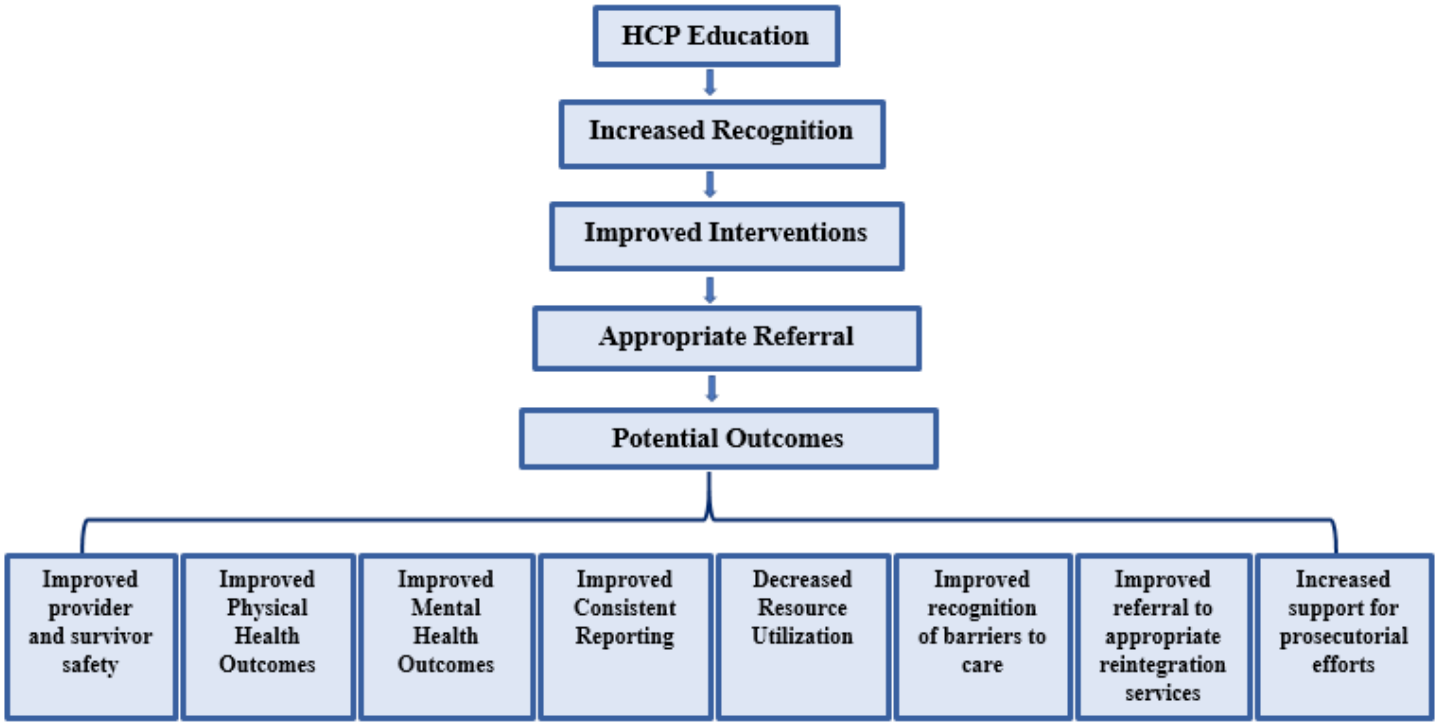
OVERVIEW

Human trafficking is a health and human rights violation that affects an indeterminate number of individuals and communities worldwide, including in urban, suburban, and rural areas throughout the United States. As a health care issue, trafficking affects people of every age, gender, race, nationality, class, sex, gender identity, religion, cognitive ability, and immigration status. The physical and psychological trauma caused by human trafficking can be both profound and long-lasting; its impact on the health of patients, communities, and on society at-large is only just beginning to be understood. Health care providers may encounter survivors of human trafficking as well as those at-risk in the course of everyday health care provision, and thus can play a pivotal role in identification, assessment, and response.

As more hospitals, clinics, and other institutions begin to appreciate the role health care providers play in addressing human trafficking, requests for training are increasing. Because no standardized educational guidelines yet exist, the HEAL Trafficking Education and Training Committee identified essential content for introductory trainings. The committee utilized a consensus process to select which content should be included and to develop learning objectives for "Human Trafficking 101" presentations for health care providers.

FIGURE 1: HEALTH CARE PROVIDER HUMAN TRAFFICKING EDUCATION CONCEPTUAL MODEL

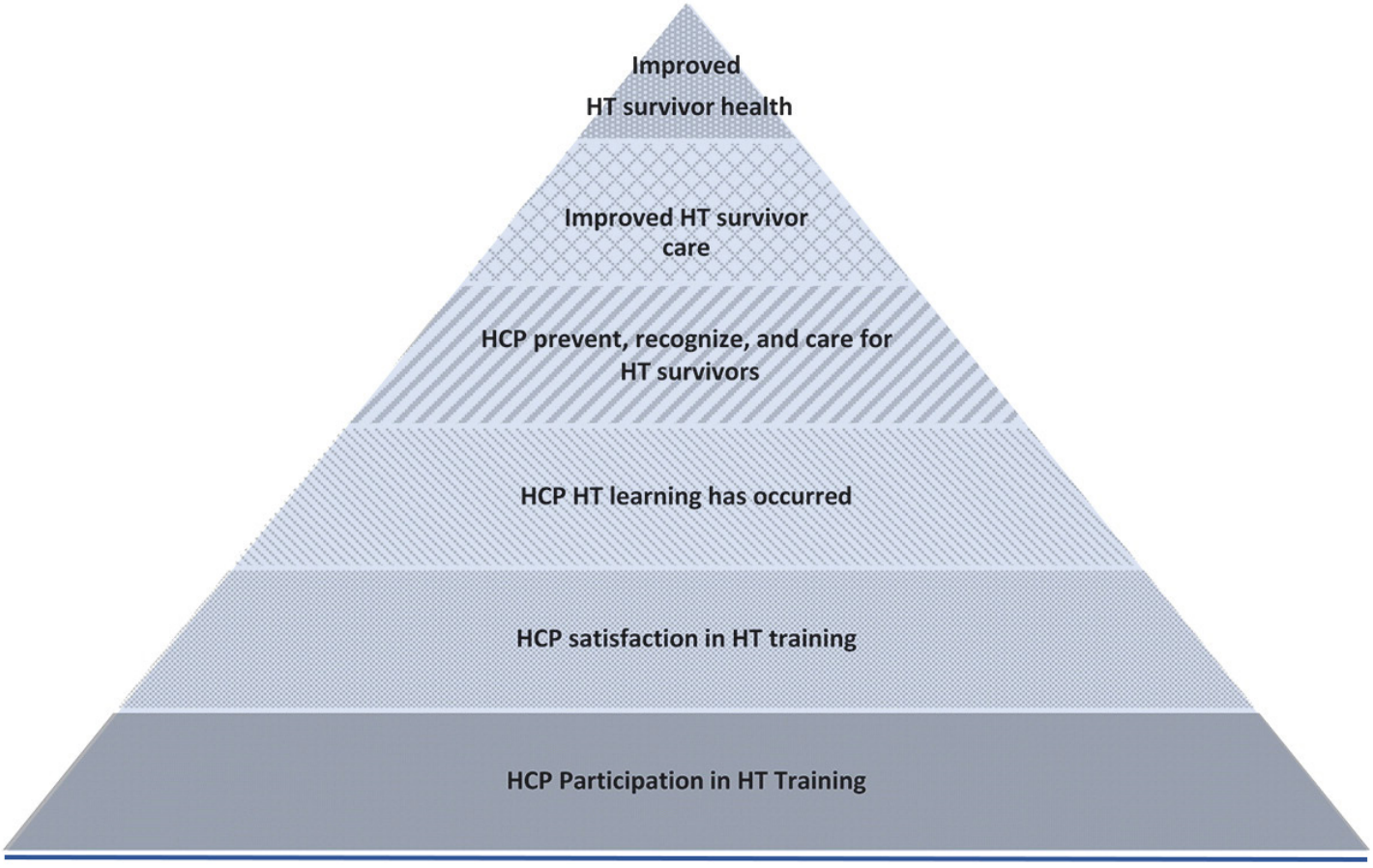


Miller, C. L. (2015). Human trafficking-recognition, intervention, and referral: an educational framework to guide health care provider practice (Doctoral dissertation). Retrieved from http://scholarworks.uttyler.edu/cgi/viewcontent.cgi?article=1045&context=nursing_grad (title adapted).

HUMAN TRAFFICKING TRAINING FOR ALL TYPES OF HEALTH CARE PROFESSIONALS

Trafficking in persons is increasingly understood as a public health problem, and the role of health care professionals in recognizing and responding to victims and survivors is widely acknowledged. As Figure 1 (Page 4) and Figure 2 (below) demonstrate, educating health care providers about human trafficking should ultimately serve to increase clinicians' ability to identify, respond to, refer, and care for trafficking survivors, and improve survivors' health outcomes.

FIGURE 2: ASSESSING IMPACT OF HUMAN TRAFFICKING MEDICAL EDUCATION, A HIERARCHICAL, PATIENT-CENTERED MODEL.



HT = human trafficking
HCP = Health care providers

Powell C, Dickins K, Stoklosa H. **Training US health care professionals on human trafficking: where do we go from here?** Med Educ Online. 2017; 22(1):1267980.

PRESENTATION OBJECTIVES

THE OBJECTIVES OF THIS PRESENTATION ARE:

1. To describe the scope, presentation(s), and health effects of human trafficking
2. To outline strategies for identification and response
3. To introduce ways to facilitate collaboration between health care and other sectors of society to prevent and address human trafficking.

ANTICIPATED LEARNING OUTCOMES

AT THE CONCLUSION OF THIS PRESENTATION, ATTENDEES WILL BE ABLE TO:

1. Articulate the scope, presentation(s), and health effects of human trafficking
2. Describe strategies for identification and response
3. Explain ways to facilitate collaboration between health care and other sectors of society

DEFINITIONS

CSEC
Commercial Sexual Exploitation of Children

HIPAA
Health Insurance Portability and Accountability Act

HT
Human Trafficking

SEM
Social Ecological Model

TIP
Trafficking in Persons

TVPA
Trafficking Victims Protection Act

+/-
Elective items, to be mentioned briefly if time permits

DISCUSSION TOPICS

I. OVERVIEW: DEFINITIONS, TYPES OF TRAFFICKING INCIDENCE/PREVALENCE, DYNAMICS, BEHAVIORAL AND SOCIAL DETERMINANTS

A. DEFINITIONS
1. Trafficking Victims Protection Act (TVPA)
2. Additional definitions (+/-)
    a. Palermo Protocol
    b. TIP report
    c. Other
3. Commonalities among definitions (+/-)
4. Act, Means, Purpose (AMP) Model
    a. Describe the central 'means' concept of human trafficking using force, fraud, coercion
    b. No need to demonstrate force/fraud/coercion in sex trafficking if victim <18 years old per U.S. law (under international law, this exemption applies to sex and labor trafficking)

B. SPECTRUM
1. List main types of trafficking
    a. Labor
    b. Sex
    c. Forced marriage (+/-)
    d. Organ (+/-)
2. Differences: International vs domestic trafficking
3. Differences between trafficking and smuggling

C. INCIDENCE/PREVALENCE
1. Global overview (+/-)
2. U.S. and global incidence and prevalence, with special note re: limitations of data

D. DYNAMICS
1. Dynamics and examples of labor trafficking
2. Dynamics and examples of sex trafficking
3. Dynamics and examples of other forms of trafficking (+/-)

E. BEHAVIORAL AND SOCIAL DETERMINANTS
1. "Push" and "pull" risk and protective factors, organized according to the social ecological model framework:
    a. Individual
    b. Relationship/family
    c. Community/institutional
    d. Societal/cultural
2. Commonalities among different levels, including influence of Adverse Childhood Experiences (ACEs) and structural /societal issues

F. PERPETRATORS OF HUMAN TRAFFICKING
1. Spectrum and characteristics of traffickers
2. Recruitment tools
3. Entrapment tools

II. HEALTH IMPACT

A. ACUTE INJURIES

B. CHRONIC MEDICAL PROBLEMS

C. MENTAL HEALTH

D. SUBSTANCE USE

E. REPRODUCTIVE AND SEXUAL HEALTH

F. DENTAL AND ORAL HEALTH (+/-)

G. IMPACT ON QUALITY OF LIFE, AUTONOMY, AND INDEPENDENCE

H. DEVELOPMENTAL IMPACT (FOR PEDIATRIC-SERVING POPULATIONS)

1. Toxic stress and brain development
2. Malnutrition and vitamin deficiency
3. Effects on access to primary care (immunizations, screening, prevention)

I. IMPACT OF TRAUMA/THE TRAUMA RESPONSE

III. IDENTIFICATION AND ASSESSMENT

A. INTERFACE WITH HEALTH CARE WHILE TRAFFICKED

1. Venues
2. Challenges and opportunities
3. Range of findings from studies of victims' interactions in health care settings

B. SURVIVOR BARRIERS TO DISCLOSURE

C. PROVIDER CHALLENGES TO IDENTIFICATION AND RESPONSE

D. TRAUMA-INFORMED CARE—GUIDING PRINCIPLES

E. INDICATOR-BASED ASSESSMENT (VS. UNIVERSAL INQUIRY)

1. Components (all conducted in trauma-informed manner)
    a. Observation/red flag indicators, including those that are subtle
    b. Trust-building and communication
    c. Relevant history/identification, including subtle clues short of frank disclosure
    d. Physical exam and evaluation, including forensic evidence collection

F. DOCUMENTATION

1. Written descriptions
2. Photographs
3. Diagrams/sketches
4. Forensic evidence collection
5. Cautions/limitations

G. SPECIFIC QUESTIONS TO GUIDE IDENTIFICATION

H. NON-DISCLOSURE, UNIVERSAL EDUCATION APPROACH TO INTERVIEWING

IV. RESPONSE AND FOLLOW-UP

A. VALUE OF HEALTHCARE RESPONSE

B. PROVIDER'S ROLE RELATED TO TRAFFICKING SITUATION
1. Life course perspective
2. Trauma-informed, patient-centered environment/safe and non-judgmental space
3. History reflecting patient's perspective
4. Careful physical exam with thorough documentation
5. Danger assessment and safety planning
6. Validation and support
7. Immediate response
8. Referral and case coordination using 'warm handoffs'
9. Follow-up

C. PROVIDER'S ROLE IN MEDICAL EVALUATION AND TREATMENT
1. Physical injury
2. Reproductive health
3. STI evaluation and treatment
4. Mental health
5. Developmental health (for minors)
6. Well care, including screening and immunization
7. Referral to culturally-responsive and sensitive comprehensive primary care, developmental, and rehabilitation services responsive to individual situation

D. CASE MANAGEMENT AND COORDINATION

E. LEGAL PROTECTION AND RESTRICTIONS
1. Mandated reporter obligations
2. Protections (and limits) available to survivors
    a. Through TVPA and other forms of immigration relief including U-Visa, VAWA, DACA
    b. Through local and statewide safe harbor provisions
3. Additional laws, regulations and protections (e.g. HIPAA, state-specific mental health codes, electronic health record confidentiality guidelines, etc.) (+/-)

F. IMPORTANCE OF COMMUNITY PARTNERSHIPS AND UNDERSTANDING ROLES AND LIMITATIONS OF LAW ENFORCEMENT RESPONDERS

V. COLLABORATION WITH LOCAL, REGIONAL AND NATIONAL RESOURCES

A. Rationale

B. How to identify

C. Examples

D. Provide National Human Trafficking Hotline number and text along with any local hotlines

VI. ENGAGEMENT AND LEADERSHIP OPPORTUNITIES

A. FOR HEALTHCARE PROVIDERS

1. Improve clinical knowledge and skill
2. Develop trauma-informed clinical practice protocols
3. Become a trainer or local resource
4. Liaise with local or national officials
5. Pursue scholarly efforts (research, publication)
6. Policy advocacy
7. Public health prevention in collaboration with inter-sectoral partners
8. HEAL Trafficking network

B. FOR ADMINISTRATORS AND SYSTEM-WIDE OPINION LEADERS

1. Educate staff through case conferences, grand rounds, institutional publications, etc.
2. Develop advisory boards and working groups that include providers, staff, survivors, community representatives
3. Create trauma-informed organizational protocols

VII. QUESTIONS/DISCUSSION

SUGGESTIONS FOR PRESENTERS

Common pitfalls occur in discussions of Human Trafficking. Below we have listed some of these issues and outlined ways to avoid sharing information that can misinform health care providers and misguide their response to patients who may be trafficked.

Do Not:

1. Advise providers to call law enforcement in all cases of suspected human trafficking
2. Focus your training only on Commercial Sexual Exploitation of Children (CSEC) or sex trafficking
3. Use sensationalized images
4. Misunderstand or misuse data
5. Forget to include the survivor voice

Do not advise providers to call law enforcement in all cases of suspected human trafficking:
Do not advise health care providers to call law enforcement in all cases of suspected human trafficking. Understanding what law enforcement can and can't help with is essential for a trauma-informed, patient-centered response. Before you train, make sure you understand the local policy landscape-- Is there a safe harbor law? Mandatory reporting of HT cases? Share information about local government and community resources that providers can utilize to support survivors.

Never provide awareness training without also advising your audience what to do if they encounter a patient they suspect has been trafficked.

*See **HEAL Trafficking's Protocol Toolkit** for more information on developing a trauma and community-informed response to survivors in health care settings.*

Do not focus only on CSEC or sex trafficking:
Don't focus only on CSEC or sex trafficking; at a minimum, be sure to also include labor trafficking. With your presentation you are shaping health care providers' understanding of what human trafficking is; providing them limited information can create long-lasting misunderstandings and prevent crucial victim identification.

Do not use sensationalized images:
Presentations on human trafficking frequently incorporate sensationalized, sexualized, and racialized images of victims, including bondage imagery. The United Nations Office on Drugs and Crime warns against using these types of illustrations, as do many survivor advocates. Such images perpetuate stereotypes and misconceptions, in particular that trafficking always involves prostitution of women and always entails the use of force or restraint. (Psychological coercion alone traps many people in trafficking situations.) Sensationalized images can embarrass and degrade survivors. Also avoid racialized images of human trafficking, such as the often circulated photo of a large brown hand covering the mouth of a young white child.

Do not misunderstand or misuse data on trafficking:
Don't present data without acknowledging context or limitations. We lack solid data in our field and it's important to acknowledge what we don't know, rather than repeat statistics that have been misused by others. (For example, the statement that the average age girls enter prostitution/sex trafficking in the US is 12-14 years is based on one 2001 study of minors by Estes and Weiner, which has been cited out of context and never been validated. Other studies suggest that the average age of entry is more likely to be 15-17 years.). Furthermore, do not "cherry pick" data to prove a point. For example, while Lederer and Wetzel found that nearly 88% of sex trafficking survivors they interviewed had a health care encounter while trafficked, their study population was limited to English-speaking, cis-gender females. Other U.S. populations, including men, labor trafficking survivors, and foreign nationals likely have a much lower incidence of receiving health care while trafficked.

Do not forget to include the survivor voice:
Whenever possible, invite a survivor to participate in your training event. Reach out the National Survivor Network to identify a survivor speaker in your area (nationalsurvivornetwork.org; ima@castla.org). If you are not able to host a survivor in person, include survivor videos or quotes in your presentation.

HEAL Trafficking would like to thank the Education and Training committee for their hard work and dedication.

HEALTRAFFICKING.ORG

INFO@HEALTRAFFICKING.ORG