

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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INTRODUCTION

PURPOSE OF THE TOOLKIT

This toolkit is designed to help professionals working in health care settings such as emergency departments, hospitals, clinics, private offices, or school based health centers develop a protocol to respond to potential victims of human trafficking (HT) who present to their facility. Research studies have demonstrated that between 28 and 88% of trafficked persons interact with health care providers while they are still within a trafficking situation.^{1,2,3,4}

We have outlined an ambitious, comprehensive approach to protocol development, portions of which may be adopted for particular contexts based on capacity. While we currently lack data to support evidence-based approaches to patients who have been trafficked, we created this toolkit based on existing guidelines and recommendations from experts in this field.^{5,6,7,8,9,10}

The toolkit serves to mobilize an interdisciplinary response to HT that respects patient autonomy. While ultimately we hope that the implementation of anti-trafficking protocols at the local level will enable the identification of victims of labor and sex trafficking so that they may be brought to safety, the goal of protocol implementation in health care settings is not to foster disclosure by trafficked persons. Rather, we aim to guide health care facilities through the process of creating safe procedures and spaces where professionals can provide exploited adults and minors not only the health services they need, but also education about their options and empowerment to seek assistance.



As health care institutions develop protocols to respond to HT, it is important to recognize that the landscape of national and state laws is dynamic; laws and regulations regarding mandated reporting of HT and the training of medical professionals on this topic are evolving.¹¹ In addition, the local picture of trafficking is ever changing. A successful response to HT in health care settings therefore requires an ongoing commitment; the protocol must be maintained and staff trained on a regular basis.

This toolkit complements detailed guidance on the care of trafficking victims in health care settings, such as the International Organization for Migration's *Caring for Trafficked Persons: Guidance for Health Providers*;¹² the Massachusetts Medical Society's *HT Guidebook on Identification, Assessment, and Response in the Health Care Setting*;¹³ the American Professional Society on the Abuse of Children's *The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment and Treatment*;¹⁴ the Human Trafficking Foundation's *Trafficking Survivor Care Standards*;¹⁵ and Shared Hope International's *I:Care A Health Care Provider's Guide to Recognizing and Caring for Domestic Minor Sex Trafficking Victims*.¹⁶

¹ Baldwin SB, Eisenman DP, Sayles JN, Ryan G, Chuang KS. Identification of human trafficking victims in healthcare settings. *Health and Human Rights*. 2011;13(1):1-14. <https://www.hhrjournal.org/2013/08/identification-of-human-trafficking-victims-in-health-care-setting/>. Accessed December 7, 2016.

² Lederer L, Wetzel CA. The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Ann Health Law*. 2014;23(1):61-91. <http://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf>. Accessed December 7, 2016.

³ Family Violence Prevention Fund. *Turning pain into power: Trafficking survivors' perspectives on early intervention strategies*. San Francisco, CA. <https://www.futureswithoutviolence.org/userfiles/file/ImmigrantWomen/Turning%20Pain%20intoPower.pdf>. Published October 2005. Accessed December 7, 2016.

⁴ Chisolm-Straker M, Baldwin S, Gaïgbé-Togbé B, Ndukwe N, Johnson PN, Richardson LD. Health care and human trafficking: We are seeing the unseen. *J Health Care Poor Underserved*. 2016;27:1220-1233.

⁵ Stoklosa H, Dawson MB, Williams-Oni F, Rothman EF. A Review of U.S. Health Care Institution Protocols for the Identification and Treatment of Victims of Human Trafficking [published online October 8, 2016]. *Journal of Human Trafficking*. 2016. doi:10.1080/23322705.2016.1187965.

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⁷ United Nations Office of Drugs and Crime. Online toolkit to combat trafficking in persons. New York City, NY. https://www.unodc.org/documents/human-trafficking/HT_Toolkit08_English.pdf. Published in 2008. Accessed December 7, 2016.

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¹⁰ Schwarz C, Unruh E, Cronin K, Evans-Simpson S, Britton H, Ramaswamy M. Human trafficking identification and service provision in the medical and social service sectors. *Health Hum Rights*. 2016;18(1):181-192.

¹¹ Atkinson HG, Curnin KJ, Hanson NC. U.S. state laws addressing human trafficking: Education of and mandatory reporting by health care providers and other professionals. *J Human Trafficking*. 2016;2(2):111-138.

¹² International Organization for Migration. Caring for trafficked persons: Guidance for health providers. Geneva, Switzerland. http://publications.iom.int/system/files/pdf/ct_handbook.pdf. Published July 2009. Accessed December 7, 2016.

¹³ Alpert EJ, Ahn R, Albright E, Purcell G, Burke TF, Macias-Konstantopoulos WL. *Human trafficking: Guidebook on identification, assessment, and response in the health care setting*. Boston, MA. Massachusetts General Hospital and Massachusetts Medical Society. <http://www.massmed.org/humantrafficking/#.WErRf2WhRBw>. Published 2014. Accessed December 7, 2016.

¹⁴ American Professional Society on the Abuse of Children. *The commercial sexual exploitation of children: The medical provider's role in identification, assessment and treatment*. http://www.kyaap.org/wp-content/uploads/APSAC_Guidelines.pdf. Chicago, IL. Published 2013. Accessed December 7, 2016.

¹⁵ Human Trafficking Foundation. *Trafficking Survivor Care Standards*. Watford, UK: Human Trafficking Foundation; 2014.

¹⁶ Miller C, Sartor D. I:Care A health care provider's guide to recognizing and caring for domestic minor sex trafficking victims. Shared Hope International; 2016.

INTEGRATION WITH EXISTING POLICIES AND PROCEDURES

The majority of health care institutions already have protocols in place that address various forms of violence including intimate partner violence, child abuse, elder abuse, and sexual assault. Review and update those protocols as you begin to develop your response to the patients at risk for human trafficking. Consider incorporating your human trafficking response into existing protocols to streamline training, treatment, and referral processes.

TENETS OF TRAUMA-INFORMED CARE

Base your trafficking protocol on principles of trauma-informed care. Trauma-informed care recognizes the pervasive effects of traumatic experiences on an individual's life and behavior, on their perceptions of themselves and their bodies, and on their relationships with others.¹⁷ Trauma-informed care is non-judgmental and patient-centered care that prioritizes physical, psychological and emotional safety for all involved, including staff. The goal of a clinical encounter is not for the patient to disclose victimization, but for providers to treat, educate, and empower the patient.

TIP: SUGGESTED RESOURCES FOR A TRAUMA-INFORMED WORKFORCE

Workplaces Respond to Domestic & Sexual Violence: A National Resource Center:
workplacesrespond.org

International Society for Traumatic Stress Studies:
istss.org/treating-trauma/self-care-for-providers.aspx

¹⁷ *Understanding the impact of trauma. In: Trauma-Informed Care in Behavioral Health Services. 57th edition. Rockville, MD: Center for Substance Abuse and Mental Health Services Administration; <https://www.ncbi.nlm.nih.gov/books/NBK207191/>. Published 2014. Accessed December 7, 2016.*

BENEFITS OF PROTOCOL DEVELOPMENT

Development of a human trafficking response protocol requires an investment of time and effort, but will allow you to:

- ▶ **Clarify procedures, responsibilities, and roles around identification, response, and reporting of suspected or confirmed HT**
- ▶ **Enhance staff training to adopt a victim/survivor-centered approach**
- ▶ **Optimize patients' interaction with health care personnel**
- ▶ **Improve staff's confidence in their ability to recognize patients at risk for human trafficking and appropriately treat and refer them**
- ▶ **Maximize preparedness to meet needs identified by the patients such as housing, emotional support, short and long term medical, mental health, sexual health, dental, and substance abuse treatment**
- ▶ **Maximize patient/victim and personnel safety**
- ▶ **Optimize support for trafficked patients not ready or able to disclose victimization or accept assistance**
- ▶ **Prepare proactively for situations in which a trafficker presents an immediate threat to patients, providers, or staff**
- ▶ **Integrate efforts with the many outside agencies essential to the HT response such as local direct service providers; child protective services; and local, state, and federal law enforcement agencies**
- ▶ **Collect data to improve understanding of the prevalence of trafficked persons within U.S. health care settings and the health issues they present with**
- ▶ **Provide anonymized data to law enforcement and service providers for intelligence-driven approaches to addressing HT at the local and national level**

Health care facilities vary in size, capacity, geography, and availability of community resources. Please adapt the steps and components in the protocol toolkit as they best fit your facility's needs and abilities.

STEPS FOR PROTOCOL DEVELOPMENT

1. IDENTIFY COMMUNITY MULTIDISCIPLINARY RESPONDERS

- ▶ **Consider creating a database of the multidisciplinary responders in your location**
- ▶ **Identify local anti-trafficking organizations and service providers that can assist both labor and sex trafficking victims**
 - Contact the National HT Hotline for a list of local service agencies via their phone number (888-373-7888) or website (humantraffickinghotline.org)
 - Contact providers to determine services provided, populations served and how to make referrals
 - Identify HT survivor leaders in your area: nationalsurvivornetwork.org
- ▶ **Check the Department of Health and Human Services (DHHS) website for local Rescue and Restore coalitions: acf.hhs.gov/orr/resource/contact-information-for-coalitions**
- ▶ **Determine if there is a Department of Justice-funded local Task Force in your area: ovc.ncjrs.gov/humantrafficking/map.html**
- ▶ **Identify local health care professionals involved in anti-trafficking work**
 - Contact HEAL Trafficking: HEALtrafficking.org
 - Contact agencies providing free or low cost health care including Federally Qualified Community Health Centers
 - Contact providers to determine services offered, populations served, how to make referrals
- ▶ **Identify free or low cost legal service providers**
 - Consider working with multiple legal organizations to meet the diverse legal needs of trafficking victims



TIP: GUARDIANS AD LITEM

When a person can not adequately represent their own interests, the court may appoint a Guardian ad Litem who is legally responsible for protecting that person.

Courts and Child Protection Agencies may appoint Guardians Ad Litem for minors in both family court and in adult court, where they may serve as witnesses.

- Types of legal service providers
 - » Attorneys recommended by local Rescue and Restore Coalitions or HT Task Forces, if available
 - » Local legal aid
 - » Immigration attorneys
 - » Local court-appointed special advocate or Guardians Ad Litem
 - » Legal clinics at local law schools
 - » The HT Pro Bono Center: htprobono.org
- ▶ **Assess organizational experience working with trafficking victims**
 - Do they have experience assisting foreign-born survivors in the process of obtaining a “T” visa?
 - Have they represented survivors in court?
 - Are they familiar with the process to vacate charges incurred while their client was trafficked?
 - What other legal assistance have they provided trafficking survivors?
- ▶ **Contact the local U.S. Attorney’s office for the contact information of the Assistant U.S. Attorney with oversight of HT cases and/or the HT Task Force**
- ▶ **Contact the local branch of the Department of Labor (DOL), which can investigate labor violations, including cases of labor trafficking and exploitation**
 - Wage and Hour Division: dol.gov/whd/; 1-866-4US-WAGE
 - Information for workers available in multiple languages
 - Office of Inspector General (DOL OIG): oig.dol.gov
- ▶ **Contact Federal law enforcement and victim specialists**
 - Homeland Security (DHS) at 866-347-2423 to identify local federal officials such as FBI and Homeland security agents working on trafficking
 - Local Homeland Security agent

TIP: MISSION OF DEPARTMENT OF LABOR (DOL) WAGE AND HOUR DIVISION (WHD)

The WHD enforces federal minimum wage, overtime pay, recordkeeping, and child labor requirements of the Fair Labor Standards Act. WHD also enforces the Migrant and Seasonal Agricultural Worker Protection Act, the Employee Polygraph Protection Act, the Family and Medical Leave Act, wage garnishment provisions of the Consumer Credit Protection Act, and a number of employment standards and worker protections as provided in several immigration related statutes.

Even workers who are in the U.S. illegally are entitled to labor protections under law.

1-866-4US-WAGE

- » Clarify when DHS agent should be called (as opposed to local law enforcement)
- » Identify resources available for international victims (interpreters, immigration services, etc.): dhs.gov/blue-campaign/resources-available-victims
- FBI's Innocence Lost Task Force focuses on domestic minor sex trafficking (DMST) and can assist in contacting Homeland Security and local Task Force Officers: 1-800-CALL-FBI
- Local FBI agent
 - » Inquire about a local federal anti-trafficking Task Force (if information not yet obtained from other sources)
 - » Note that the FBI sometimes has agents who focus solely on Domestic Minor Sex Trafficking (DMST), while other agents investigate trafficking of foreign minors and other forms of HT. Therefore, there may be multiple personnel within the FBI, including victim specialists, with whom contact may be warranted
 - » Clarify when and how FBI should be contacted
- ▶ **Contact and coordinate with local (police, county, parish, district, sheriff) law enforcement**
 - Determine presence of and involvement with local anti-trafficking Task Force
 - Ascertain whether they have a trained officer dedicated to investigate HT cases
 - Ascertain level of training on HT of their patrol officers
 - Ascertain any integration with federal agencies such as
 - » FBI
 - » Department of Homeland Security (DHS)
 - » Department of Labor
 - » Immigration and Customs Enforcement
 - » Department of State Diplomatic Security Service
 - Ascertain their policy on arrest and detention of victims for crimes related to their victimization or past crimes where victims may have an open warrant for their arrest
 - » Common crimes include prostitution-related offenses, theft, giving false information, running away, loitering, and truancy



TIP: WORKING WITH LAW ENFORCEMENT

Be aware that law enforcement may arrive to interview a potential victim only to find out that the victim has been charged with a previous crime (e.g. prostitution, burglary, etc.) and has a warrant out for their arrest. Law enforcement may be required to arrest the patient based on state or local laws.

- » Note that some trafficked persons will have committed violent crimes while they were in trafficking situation

► **Contact their state or local government entities**

- Child protective/foster care services
- Services for developmentally delayed persons
- Public defender offices
- District Attorney's office
- Criminal justice system
 - » Juvenile justice system
 - › Juvenile court judges or magistrates
 - Inquire about their engagement in the issue of child trafficking
 - Inquire about staff working specifically with CSEC
 - Assess their involvement working with both boys and girls, GSM, foreign born youth, and unaccompanied minors
 - Ascertain their policies and procedures for runaway youth
 - › Local truant officers
 - › Juvenile detention medical clinic and staff
 - Identify services provided to high-risk juveniles (STI testing, behavioral health assessments, screening for commercial sexual exploitation, etc.)
 - Identify providers' level of training on HT
 - » Adult justice system
 - › Federal, state, city, and municipal court judges
 - › Jail/prison/detention health officers
 - › Immigration and asylum staff
 - › Courts that deal with women, men, and trans-persons arrested for prostitution, loitering, or begging

TIP: WORKING WITH CHILD WELFARE AGENCIES

In many jurisdictions, child protective services do not maintain jurisdiction over child trafficking cases unless a parent or legal guardian, and not a third party, is exploiting the minor.

- Inquire about their engagement in the issue of sex and labor trafficking, and any services provided to these populations, such as diversion programs, educational programs, and mental health programs
- Assess their experience working with men, women, GSM (particularly transgendered persons), and foreign-born persons
- › Diversion programs (usually community-based)
 - For victims facing criminal charges, these programs divert defendants from incarceration to special programs that result in dismissal of charges upon completion
 - These programs may offer counseling, substance abuse treatment, youth development, vocational training, etc.
- ▶ **Contact other local agencies working with vulnerable populations**
 - It is important to maximize networking among all agencies working with populations at risk for trafficking in order to engage them in the work of prevention, or if they are already engaged, to synergize and not duplicate efforts
 - Networking also provides an educational opportunity for agencies still learning about HT
 - For all agencies determine services provided, populations served, training resources utilized, and how to make referrals. Engage agencies working with
 - » Runaway youth
 - » Homeless populations
 - » Gender and Sexual Minorities (GSM)
 - » Immigrants (documented and undocumented)
 - » Refugees
 - » Children in foster care, juvenile justice systems, and transitional aged youth (TAY)
 - » Young single mothers
 - » Domestic violence victims
 - » Sexual assault survivors
 - » Agricultural workers
 - » American Indians and Alaskan Natives
 - » Migrant laborers
 - » Domestic workers (household workers)
 - » Employees of businesses in ethnic communities
 - » Populations with limited English proficiency

- » Persons with disabilities
- » Rural populations
- » Populations with mental illness
- » Populations with substance abuse
- ▶ **Contact the following other potential community partners**
 - Nearby professional schools
 - » Medicine
 - » Nursing
 - » Mental/behavioral health
 - » Dental
 - » Public health
 - » Social work
 - » Allied health
 - » Law
 - » Criminal justice
 - » Occupational health
 - Local racial and ethnic medical societies
 - Local integrative medicine providers, massage therapists, chiropractors, Chinese medical practitioners, etc.
 - Local faith-based organizations

As you complete this first step, you should acquire a general understanding of the experience and engagement of community resources regarding HT including:

- ▶ **Commitment to or interest in anti-trafficking work by local government agencies**
- ▶ **Number of community-based agencies involved or interested in supporting efforts to prevent HT and serve survivors**
- ▶ **Depth of local expertise around HT**
- ▶ **Level of cooperation among agencies**
- ▶ **Level of cooperation between service agencies and law enforcement**
- ▶ **Level of engagement with adult and pediatric vulnerable populations (e.g. runaways, throw-away, homeless youth; GSM; individuals with disabilities; foreign-born persons)**
- ▶ **Proportion of organizations working on labor and/or sex trafficking**
- ▶ **Availability and quality of current training resources being used in the community**

2. ENGAGE NON-MEDICAL COMMUNITY STAKEHOLDERS

► Importance of relationship building

- As you find partners within the local anti-trafficking community, build formal relationships and leverage those relationships
 - » Partnering will save you significant time and effort; you may identify local organizations willing to help with protocol development and implementation
 - » Partners (such as local anti-trafficking organizations) will already have relationships with other anti-trafficking organizations
 - » Partners may have a staff person who can assist you with other necessary contacts
 - » Partners may have resources or trainings you can use
 - » As you build relationships with these partners, collect the following information:
 - › Whether services provided are HT specific, or to a variety of different populations
 - › To whom they provide services
 - Adults, minors, or both
 - Males, females, gender and sexual minorities (GSM)
 - Victims of sex trafficking, labor trafficking, or both
 - Victims of domestic trafficking, international trafficking, or both
 - › Types of services provided
 - Housing
 - Emergency
 - Short term
 - Long term
 - Transitional
 - Case management
 - Mental health services
 - Trauma-specific counseling and other therapies
 - Behavioral health assessments
 - Drug therapy with or without psychiatric support

- Substance abuse treatment
- Educational assistance
- Vocational assistance
- Immigration assistance
- Legal assistance
- Medical services
- › Capacity to serve victims
 - Number of beds (for housing, rehabilitation, inpatient treatment)
 - Current openings
 - Wait list process
 - Financial sustainability, including overall sense of costs, grants, contracts
- › Referral process
- › Current outreach activities to victims
- › Their availability to participate in the protocol development and implementation

3. ENGAGE MEDICAL STAKEHOLDERS WITHIN YOUR COMMUNITY

- ▶ **Identify champions and collaborators among those working on refugee or migrant health, or forms of intentional violence including child abuse, intimate partner violence, community or gang violence, elder abuse, and/or sexual assault**
- ▶ **Understand mandatory reporting guidelines for your state (see page 21)**
- ▶ **Create a working group within your institution to assist in the development of the protocol**
 - Engage multidisciplinary individuals including administrators, advanced practice clinicians, behavioral and mental health specialists, medical and nursing assistants, nurses, pharmacists, physicians, and social workers
 - Identify local survivor(s) of HT to serve as advisor(s)
- ▶ **Identify institutional administration advocates**
 - Gain their support
 - Outline the processes for finalization of institutional processes and protocols
 - Engage necessary resources for creation and implementation of a protocol:

- » Legal department
 - » Physician and nursing staff
 - » Registration/Admitting
 - » Security
 - » Social work/case management
 - » Other institution administration
- ▶ **Identify a protocol facilitator (champion) who has the following characteristics**
- Authorized person within facility to oversee organizational protocol development
 - » Note that an administrative assistant is very helpful for completing necessary tasks
 - Ability to facilitate smooth implementation and monitor compliance and effectiveness
 - Passion to drive the process forward
 - Understanding of both labor and sex trafficking
 - Basic understanding of organ trafficking and forced drug trafficking (a person may be forced to carry illicit drugs within their body as a “drug mule”)
 - Understanding of the mental and physical health care needs of HT victims
 - Authority to make contact on behalf of the health care organization with local agencies such as law enforcement and child protective services
 - Ability to assemble and work collaboratively with a multi-disciplinary team
 - Ideal, but not absolutely necessary
 - » Strong written and oral communication skills
 - » Understanding of clinical and administrative processes in the emergency department, primary care clinics, obstetrics and gynecologic offices/labor and delivery, dental services, and other clinical venues where HT survivors are more likely to present, OR clear, effective communication channels with providers in these arenas
- ▶ **Explore commitment from organization leadership for fiscal and human resources needed for development, implementation, monitoring, and evaluation of the protocol**
- ▶ **Invite a broad range of leaders and staff to provide input, but do not be discouraged if only a portion are able to participate**
- ▶ **Reach out to the following diverse personnel to achieve multi-specialty and multi-disciplinary involvement from health care partners**





- Hospital, clinic, and/or departmental administration
- Medical staff representation
 - » Emergency medicine
 - » Family medicine
 - » Obstetrics/gynecology
 - » Pediatrics
 - » Internal medicine
 - » Orthopedics
 - » Behavioral medicine/addiction medicine
 - » Psychiatry
 - » Clinical psychology
 - » Trauma surgery
- Dental staff representation
- Nursing staff representation
- Social work representation
- Hospital and/or clinic security

4. UNDERSTAND HUMAN TRAFFICKING AND HEALTH GENERALLY AND LOCALLY

- ▶ **Educate stakeholders on health and trafficking. Consider online educational programs, some of which offer free CME/CEUs**
 - Futures without Violence Introduction to Labor and Sex Trafficking: A Care and Human Rights Challenge: futureswithoutviolence.org/14599-2/
 - Essential Access Health Learning Exchange On-Demand Webinar: Improving our Response to Trafficked People in Health Settings: essentialaccesstraining.org/ets/store/item/?%20id=eb8d79df-fc10-11e5-a43e-005056a048ff
 - Christian Medical and Dental Association online educational series: cmda.org/tip
 - Children's Health Care of Atlanta child sex trafficking computer-based learning series: choa.org/cseecwebinars
 - Physicians Against the Trafficking of Humans/American Medical Women's Association: doc-path.org/path
 - National HT Hotline: humantraffickinghotline.org/resources/recognizing-and-responding-human-trafficking-healthcare-context

- Fraser Health HT-Help Don't Hinder: learninghub.phsa.ca/Courses/6427/human-trafficking-help-dont-hinder
 - Consider resources in footnotes 12-16
 - For a listing of educational resources and articles on HT, see the HEAL Trafficking compendium at healtrafficking.org/education
- ▶ **Research your state anti-trafficking and mandatory reporting laws with local legal or policy experts for up-to-date information**
- State government websites
 - Local District Attorney's Office responsible for the enforcement of the state laws
 - Other local legal and policy experts
 - Shared Hope: sharedhope.org/what-we-do/bring-justice/reportcards/
 - Polaris: polarisproject.org/what-we-do/policy-advocacy/national-policy/state-ratings-on-human-trafficking-laws
 - For information current through May 2016, see reference 11
- ▶ **Characterize the local HT problem**
- This can be done by those who regularly encounter victims of trafficking such as law enforcement and service providers
 - Check sources such as the National Center for Missing and Exploited Children (missingkids.org) and the National HT Hotline (humantraffickinghotline.org) for general indicators of trafficking
 - Generate a list incorporating the following information
 - » Industries in which known (previously identified) local trafficking of domestic and international victims has occurred
 - » Locally observed brands and tattoos including those featuring pimp markings
 - » Past cases of local trafficking
 - › Federal cases can be obtained from the HT Pro Bono Legal Center at htprobono.org/resources/

TIP: LOCAL TRAFFICKING TRENDS

Lists that describe local networks, known trafficker names, and characteristic tattoos or brands should not be displayed in waiting rooms or other areas visible to trafficker—these are for provider and staff education and guidance purposes only.

TIP: REMEMBER LABOR TRAFFICKING

While the focus by law enforcement and many social service agencies on sex trafficking may lead to the appearance that all trafficking in your area is sex trafficking, labor trafficking also exists in most jurisdictions around the U.S. and often has dire health consequences for its victims. It is important to learn about the signs of labor trafficking and the industries in your area that may be exploiting workers.

- › Note that while many local jurisdictions focus on sex trafficking, labor trafficking also occurs in all regions of the U.S.
- Other local trends in trafficking

5. CREATE AND CONVENE AN INTERDISCIPLINARY PROTOCOL COMMITTEE



- ▶ Think of the development of a protocol as a process and not a task that can be completed in one meeting
- ▶ The committee should have a breadth of representation from the non-medical and medical stakeholders described above
- ▶ Plan to take 2-3 hours for the initial committee meeting
- ▶ Consider having a speaker present a lecture on the intersection between health and HT prior to the meeting or at the beginning of the meeting
- ▶ Convene the committee regularly to plan, implement, evaluate, and modify the protocol

6. DEVELOP MULTIDISCIPLINARY TREATMENT AND REFERRAL PLAN

- ▶ Compile a comprehensive list of internal and external resources for response to all forms of trafficking
- ▶ Develop a response algorithm that accounts for all forms of trafficking and all age groups of trafficking survivors
- ▶ See HEALtrafficking.org/protocols for examples of response protocols
- ▶ Consider creating MOUs with external partners
- ▶ Establish when and how quickly partners will be able to respond as well as ideal means of communication
- ▶ Establish procedures for HIPAA compliance, patient consent for information sharing with external partners
- ▶ Establish plan for safety of patients and staff
- ▶ Incorporate mandated reporting requirements

PROTOCOL COMPONENTS

As you work through the process of developing your response protocol, keep in mind the following components that should be incorporated into the final version.

1. PROCESS FOR IDENTIFYING PATIENTS AT RISK FOR TRAFFICKING

- ▶ Determine who will be assessing patients and whether assessment will occur for only high risk patients or all patients
- ▶ Assess patients based on general human trafficking red flags and also patients who are members of high risk populations
- ▶ When assessing patients, consider local trends in human trafficking (see Part II Step 4)
- ▶ While at the time there are no human trafficking screening tools validated in the healthcare setting, Polaris, Vera Institute, and the U.S. Department of Health and Human Services' Rescue and Restore Campaign have helpful tools
- ▶ Interview the patient outside the presence of the accompanying person (see page 26 for details)



2. GUIDELINES FOR INTERVIEWING HIGH RISK PATIENTS

- ▶ Designate specific staff to serve as interviewers of patients flagged as potential trafficking victims
 - Social workers
 - Sexual assault nurse examiner (SANE) nurse or forensic nurse
 - Psychiatrist or clinical psychologist with expertise in trauma

TIP: VICTIM PRESENTATION

Keep in mind that trafficking victims may initially present with drug-related issues such as overdose or symptoms of addiction.

TIP: INTERVIEWING PATIENTS WHO HAVE EXPERIENCED TRAUMA

Patients who have experienced trauma often cannot recount memories in linear form or even remember certain events. Patients may also omit information about their circumstances or lie out of fear, shame, guilt, or to protect themselves, their trafficker, or others. Do not become frustrated with such patients, but understand that their inability to recount what has happened to them may be a symptom in itself.

Because patients may not provide an accurate medical history initially for a variety of reasons, you may wish to re-phrase or re-ask certain questions. Your desire to acquire a more complete medical history must be balanced against the possibility of frustrating or embarrassing patients with repeated questioning.

Patients' accounts may change as they tell and retell their history during a visit or over time. When stories change, do not assume that patients are intentionally giving inaccurate information. The change in medical history could be an effect of exposure to trauma.

- Nurses or other health care providers trained in HT patient care
- Consider asking the patient their preference for the gender of the interviewer
- ▶ **Interact with the high risk patient or suspected victim in patient-centered, trauma-informed manner**
 - Use first moments alone with the patient to inform them that you are available to help if needed, and that your clinic/office/hospital is a safe space
 - Assess an individual's literacy level to ensure information is conveyed in understandable ways
 - Minimize retraumatization of the patient during interview by only asking the questions necessary to determine next steps with the patient
- ▶ **Address interpretation issues**
 - Look for in-person services through accredited agencies
 - Interpreters should be screened for conflicts of interest (e.g. political)
 - Patients should be told that they can refuse a particular interpreter if they are not comfortable speaking in front of them

TIP: CULTURAL DIFFERENCES

Cultural and social norms can vary greatly between people from different backgrounds; conditions that we consider exploitation or trafficking under U.S. law may be regarded as normal by foreign national victims as well as by domestic minor trafficking victims. Victims of HT typically do not recognize that a crime has been committed against them.



- 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.

4. SAFETY CONSIDERATIONS FOR THE CLINICAL SETTING

- ▶ **Consult with local, state, and federal law enforcement as well as hospital/clinic security regarding:**
 - On-going notification of dangerous trafficking individuals/organizations in the area
 - How to safely respond to a potentially dangerous situation or threatening individual
 - Safety assessment of physical facility
- ▶ **Questions to consider:**
 - Is the trafficker present?
 - What does the patient believe will happen if they do not leave with or return to “employer”/“boyfriend”/pimp/trafficker?
 - Does the patient believe anyone else (including family) is in danger?
 - Is the patient a minor?
- ▶ **Consider flagging the patient’s record in the medical record system so that if someone inquires regarding their whereabouts all staff will deny the presence of the individual at that health facility**

5. MULTIDISCIPLINARY TREATMENT AND REFERRAL PLAN

- ▶ **Develop patient-centered treatment plans based on available internal and external resources (see Part II, Step 6), guided by the patient**
 - Recognize and respect patient autonomy
 - Any suspected victim of labor or sex trafficking needs a thorough physical exam and mental health screening for acute psychiatric distress
 - Offer/provide comprehensive sexual health services, including STI and pregnancy testing, thorough anogenital examination, and HIV/STI/pregnancy prophylaxis

TIP: SECURITY

Involve hospital security in training and preparations. HT involves many forms of criminal activity, and in most cases the presentation of a victim in your facility will not pose any danger. However, occasionally a situation may arise that requires involvement of security personnel to protect patients and staff. Risk management, security, and general administrative leadership should confer with local law enforcement regarding planning for emergency situations.

TIP: EXPERIENCES OF TRAFFICKING VICTIMS

In labor trafficking, sexual abuse is frequently used to coerce behavior and ensure continued compliance. Therefore, assessment of sexual health is indicated.

- Common services requested may include shelter/housing, food, legal services, case management, addiction treatment
- Do not focus on “rescue” since this is a rare event. Instead the goal of care should be to help the patient as much as possible and attempt to develop a relationship with them
- Do not make promises you cannot keep
- ▶ **Utilize close and careful, personal communication (“warm hand-offs”) whenever possible when making referrals**
- ▶ **Consider employing survivor advocates to aid and guide potential trafficking survivors**
- ▶ **Address future safety planning for the patient**
 - Assess for potential future health risks
 - Identify strategies for avoiding or reducing the threat of harm when safety is threatened
 - Each patient is in the best position to determine their own level of safety; they know better than anyone how the planning should be tailored to meet their unique circumstances
 - Victims of sex or labor trafficking may have safety concerns that can be addressed with the help of the health care staff. Particular contexts in which developing a safety plan might be beneficial include
 - » Isolation/abandonment
 - » Changing locations
 - » Lack of necessary resources (food, medicine, clothing, shelter, etc.)
 - » Increased vulnerability to exploitation or abuse
 - » Confiscation of money or identifying documents
 - » Physical harm (be aware of reporting requirements)
 - » Abduction, kidnapping, confinement, or restraint (be aware of reporting requirements)
 - Anticipatory guidance on preventing HIV, sexually transmitted infections, and unintended pregnancy may be very helpful
 - The National HT Hotline (1-888-373-7888) can assist in the development of safety plans

TIP: GIVING CONDOMS TO PATIENTS

Be aware that in some jurisdictions condoms can be used as evidence of prostitution in criminal cases. Patients may refuse to accept or carry condoms because they do not want to be implicated in a crime. Patients may also refuse condoms when threatened by intimate partner or trafficker violence. However, it is important to offer condoms to sexually active patients to prevent disease as well as to prevent unwanted pregnancy.

▶ **Routinize discharge planning**

- Arrange for a follow-up appointment
- Arrange for an outreach worker (public health nurse, community health worker/promotora, health educator, disease investigation specialist) to make a follow-up visit when possible
- Provide resources verbally to patients as well as through discrete messaging without accompanying family member or “friend” in the room. Many patients will not be able to leave with written information. Examples of discrete resource sharing include writing assistance hotline number on Rx pad, labeled as “x-ray,” or placing business card with follow up appointment reminder in sanitary napkin
- Resources to consider sharing with potential victim of trafficking
 - » Polaris number to text for help (BEFREE) and Hotline 1-888-373-7888
 - » A contact number to call if the patient wants further assistance; include text contacts if available
 - » Referral and resource list from community partners for such things as
 - › Food banks
 - › Housing
 - › Social services
 - › Legal services
 - › Clothing donations



- ▶ **Request additional contact information from the patient, such as emergency phone numbers, electronic mail address, social media names/“also known as” (AKA) handles, and alternative living addresses/shelters, workplace address, and hangouts, to facilitate follow up with the patient**
- ▶ **Discuss with the patient the safest way to communicate with them and carefully consider whether it is safe to contact the patient for follow up**
- ▶ **If the patient is being discharged and there are potential liability concerns, contact administration or risk management**
- ▶ **If patient is a minor, and a potential trafficking victim, see unique considerations in the next section.**

6. STRATEGIES FOR WORKING WITH MINOR PATIENTS

- ▶ **Understand and train staff on state laws and health facility guidelines about evaluation and treatment without parental consent**
- ▶ **During protocol development determine:**
 - If your jurisdiction has immediate removal statutes* (see adjacent TIP box)
 - How to handle emancipated minor
 - Local CPS criteria for intervention
- ▶ **Explain limits of confidentiality to patient**
- ▶ **Individualize the response according to:**
 - Age of minor
 - Physical condition of minor
 - Emotional condition of minor
 - Ability to protect minor
 - What is known about trafficker
 - Ability to provide services to minor within protective custody
 - Ability to follow up at a later date
 - Other factors brought up in discussion
- ▶ **Prepare the minor for your report — explain what you have to do and why**
- ▶ **Health care workers are mandated reporters, not mandated interveners! Immediate removal from the situation is not always safe for the patient**

TIP: INDIVIDUAL STATE APPROACHES

Be aware that some states have passed statutes that allow for immediate removal of a minor from a situation that might present serious danger to the minor. When and how to engage these statutes requires advanced planning on the part of the institution and collaboration with child protective services.

**As an example, see Connecticut's statute on immediate removal detailed on page 26 of the state manual available at: jud.ct.gov/LawLib/Notebooks/Pathfinders/ChildAbuseandNeglect/childabuse.pdf*

7. STRATEGIES FOR RESPONDING TO PATIENTS WHO DECLINE ASSISTANCE

- ▶ **Respect the decisions and self-determination of the patient you suspect may be trafficked**
- ▶ **Provide patient-centered care, recognizing that victims know better than anyone the potential risks involved with seeking help or beginning the process of leaving the trafficking situation**
- ▶ **Utilize motivational interviewing techniques and the Stages of Change^{18,19} model to engage and provide support**
- ▶ **Avoid damaging the relationship with the patient by pushing for a decision before the patient is ready**
 - Maintaining a good relationship can lead to a more positive outcome later
 - Remember the psychological coercion involved in trafficking often makes it difficult for a victim to disclose or exit their situation
 - Trafficked individuals may have well-founded reasons to avoid authorities; discuss viable options and gain consent for all actions
 - Victims may not be ready to accept help and may appear belligerent
 - Provide information and positive support whenever possible
 - Labeling patients as “not wanting help” could have a negative impact and prevent them from returning for care when they are ready for help
 - Encourage them to come back when they are ready and assure them that someone will be there to assist them—and ensure that someone is
 - Ensure the protocol plans for continuity of care and ability to follow up

TIP: VICTIM RESPONSE

Once a high risk patient or suspected victim is identified, with the patient’s permission, health care personnel should contact a victims’ advocate or outreach worker from a local community agency. It is best if that person specializes in working with these victims and arranges for connections to social, legal, and housing services based on the needs identified by the potential victim. However, such expertise may not exist in many communities, and funding for such essential resources and response programs remains scarce.

¹⁸ Prochaska JO, Velicer WF. The transtheoretical model of health behavior change. *Am J Health Promot* 1997;12(1):38-48

¹⁹ Stages of change in CSEC counseling. In: *Ending Commercial Sexual Exploitation of Children: A Call for Multi-system Collaboration in California*. California Child Welfare Council. http://www.chhs.ca.gov/Child%20Welfare/Ending-CSEC-A-Call-for-MultiSystem_Collaboration-in-CA.pdf. Published 2013. Accessed January 15, 2017.

- » Request additional contact information from the patient to facilitate follow-up
 - › Any additional known addresses
 - › Any additional phone numbers
 - › Known email addresses or social media handles
 - › Contact information for other acquaintances
- » Discuss with patient the safest way to communicate
- » See also, section “Address future safety planning for the patient” on page 29

8. PROCEDURES REGARDING DOCUMENTATION

► **During a clinical encounter, the role of the health professional is to diagnose and treat the patient. Collecting a medical history from a potential victim of trafficking may be difficult, and documentation of this information in the medical record may have legal ramifications. Because of the complexity of medical-legal issues around HT cases, and great variation in state and local laws, guidelines for optimal documentation practices with potential victims should be developed in consultation with local prosecutors, defense attorneys, and advocates. Depending on the legal climate, entering more or less information in the patient’s chart can either be harmful or helpful.**

- Information in the medical record can potentially be harmful to the patient when their case goes to trial (e.g., if a sex trafficking victim contracts HIV, in some states they could be criminalized for the transmission of HIV)
- In many jurisdictions, crimes committed by trafficking victims while under the control of their trafficker will be prosecuted (e.g. a patient coerced to sell sex may still be charged with prostitution)
- Inclusion of survivor quotes in the medical record is often advised in cases of injury or sexual assault, but such details about a survivor’s story may not be helpful should he or she change their account later

TIP: DOCUMENTATION

It is difficult to balance our need for inclusive information with medico-legal discretion. Obtaining information about prior injuries, consensual sex, number of partners, and STIs may influence our workup, exam, and the anticipatory guidance we provide, but documentation of these data may be used against the patient in certain legal circumstances. Consult local attorneys familiar with privacy and rape shield laws.

- Sensitive information in the medical record may or may not be redacted during a court hearing or trial depending on whether the state has a rape shield law, and if that state has determined that the rape shield law applies to trafficking victims*
- In certain situations, information gathered in the forensic examination, including photographs, may be shared with the defense attorney and sometimes with the traffickers themselves. The victim may also be re-traumatized by the display of their photographs during the trial
- Develop a system for flagging the medical record when providers become aware of the patient’s status of potential HT victim, and train all providers in this methodology
 - » Documentation of resources provided to the patient can serve as an indicator to other providers that the patient could be a victim of trafficking (e.g., “Gave patient National HT Hotline number” or “Referred to community agency X”)
 - » Balance flagging of record for communication and continuity with potential harms to patient resulting from traffickers viewing the record and from stigmatization of patients labeled as potential victims

**A rape shield law is a law that limits a defendant’s ability to introduce evidence or cross-examine rape complainants about their past sexual behavior.*

TIP: SURVIVOR MINDSET

Many victims will not disclose a sexual assault or recognize they are a trafficking victim, particularly when intimate partner violence is part of the equation or the patient has survived commercial sexual exploitation. Many survivors will refuse a forensic exam to protect themselves or their abusers.



9. GUIDELINES FOR FORENSIC EXAMINATION

- ▶ Forensic examination is conducted by specialized physicians and nurses for the specific purpose of collecting evidence for criminal investigation, civil prosecution, or immigration relief
- ▶ Forensic exams may incorporate documentation of physical injuries that may result from labor trafficking or physical abuse as well as sexual assault
- ▶ All aspects of the exam, sexual assault kit, testing, and treatment require patient consent
- ▶ Forensic interviewing by specialized psychiatrists, psychologists, and therapists complements the medical examination for suspected child trafficking victims and survivors seeking asylum in the U.S.

- ▶ **Maintain a low threshold for referral to SANE/SAFE (Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner)**
- ▶ **Discuss with SANE/SAFE team the possibility of extending the exam window for this population**
 - One study shows viable DNA may be collected after 10 days *in vivo*²⁰
- ▶ **Limit the number of questions posed to a patient being referred for SANE/SAFE exam**
- ▶ **Consult local authorities such as prosecutors and law enforcement to clarify:**
 - Will patient information only be released to the authorities with the consent of the patient, unless authorities subpoena records or get a court order?
 - Under which conditions will a sexual assault evidence kit will help prosecute the trafficker?
 - Under which conditions will a sexual assault evidence kit will help prosecute a buyer of sex?
 - » Who raped or otherwise assaulted the victim?
 - » Who purchased sex from a minor victim, a victim with an intellectual or developmental disability, or a possible victim of felony?
 - » When should the facility to engage a SANE/SAFE nurse or refer for follow up exam by another provider with experience in sexual assault examinations, for example, at a child advocacy center?
- ▶ **Develop forensic documentation protocols**
 - Photograph all injuries, scars, brands, and tattoos if possible
 - » Use rulers and other instruments to show size, location, and quality
 - » If photography not possible, use drawings or diagrams
 - Include written documentation in case photos are lost

²⁰ Speck P, Ballantyne J. Post-Coital DNA recovery study. Washington DC. National Institute of Justice. <https://www.ncjrs.gov/pdffiles1/nij/grants/248682.pdf>. Published online August 2014. Accessed December 7, 2016.

TIP: LGBTQ MEDICAL NEEDS

Lesbian, gay, bisexual, transgender, and queer or questioning individuals (LGBTQ) individuals experience health disparities and often face stigma, discrimination, and bias in health care settings. Trafficking response protocols should encourage respect, curiosity, and empathy for all patients as part of cross-cultural interviewing. (Reference: thefenwayinstitute.org)

TIP: TRANSGENDER PATIENTS

Transgender individuals have unique medical needs that may require consultation with an expert, including risks associated with street hormone use and options for gender therapy and treatment.

- Document inflicted injury patterns: shape, distribution, size, pigmentation, placement
 - » Note qualities of scar: color, location, symmetry, raised edges, dimensions
- Note dental trauma
- Consider chain of evidence if facility has the capacity
- Consider collecting blood or urine to document a drug-facilitated sexual assault in suspicious situations; also consider risk to patient of a positive drug test for an illegal substance
- Consider purchasing the Physicians for Human Rights Guide to Examining Asylum Seekers: A Clinicians Guide as a resource at physiciansforhumanrights.org/library/reports/examining-asylum-seekers-manual-2012.html

10. PROCEDURES FOR EXTERNAL REPORTING

- ▶ **Develop external reporting procedures that include the following**
 - Ensure reporting is only occurring with the consent of the patient if the patient is an adult, except when reporting is required by law
 - Consult with law enforcement and prosecutors regarding what data may be lawfully reported without consent of patients in order to improve community-wide response to trafficking
 - Know whom to notify in cases where the possible victim is a minor
 - » If possible, alert staff to a specific phone number and person at the local child protective services agency who is familiar with child trafficking
 - Understand when to contact local law enforcement
 - » Identify specific law enforcement agents and phone numbers
 - » May need to contact different law enforcement agencies depending on the type and nature of trafficking

TIP: MANDATED REPORTING

As a mandated reporter, you must report to authorities even when children do not want to disclose to others. It is important to explain limits of confidentiality prior to a disclosure. If reporting is necessary based on a disclosure, explain to your patients why reporting is necessary and solicit their input into what information will be given to authorities. By engaging youth in the process, they may even want to be in the room during the call. Allow children as much involvement as possible, which may help ease the distress of reporting. In states where mandatory reporting extends to adults who have experienced abuse or assault, the same principles apply.

- » As necessary, check with legal and victim services for appropriate procedures to preserve the patient’s agency and control, protect the patient, prioritize their safety and needs, while not undermining law enforcement priorities and needs
- Understand when and how to contact FBI and/or Department of Homeland security
 - » May need to contact different law enforcement agencies depending on the type and nature of trafficking
- Know when and how to contact the Department of Labor Wage and Hour Division and Office of the Inspector General (see page 13)
 - » The Wage and Hour division enforces several critical federal workplace laws, including the federal minimum wage and overtime laws. Many Wage and Hour investigations take place in industries that employ vulnerable workers
 - » The DOL Wage and Hour Division can pursue financial damages for exploited workers, and can certify qualifying foreign national victims for T- and U-visas
 - » The DOL Office of the Inspector General has criminal investigative authority in some HT cases
- Who to notify in jurisdictions with mandated reporting of adult abuse
- Legal services numbers to contact



TIP: MANDATORY POSTING OF HT INFORMATION — A PROMISING POLICY

California Civil Code requires emergency rooms and urgent care centers, along with certain public premises, to post signs with this information about HT:

“If you or someone you know is being forced to engage in any activity and cannot leave — whether it is commercial sex, housework, farm work, construction, factory, retail, or restaurant work, or any other activity — call the National HT Hotline at 1-888-373-7888 or the California Coalition to Abolish Slavery and Trafficking (CAST) at 1-888-KEY-2-FRE(EDOM) or 1-888-539-2373 to access help and services. Victims of slavery and HT are protected under United States and California law.”

MOVING FORWARD

EDUCATION AND TRAINING

- ▶ **Types of specialized training needed by providers and staff may include**
 - HT 101 that covers both sex and labor trafficking
 - Commercial Sexual Exploitation of Children (CSEC) 101
 - Trauma-informed service delivery
 - Youth-friendly service delivery
 - Motivational interviewing
- ▶ **All staff that interact with patients should have basic understanding of HT and safe, trauma-informed service delivery**
 - Importance of establishing a safe environment for the patient
 - Cultural competence/cultural humility
 - Maintenance of nonjudgmental, respectful, open attitude
 - Patient confidentiality and HIPAA regulations
 - Mandatory reporting laws and guidelines
 - Definition of HT
 - General risk factors for and potential indicators of labor and sex trafficking
 - Hospital/clinic protocol
- ▶ **Identify key departments and types of personnel that should be trained**
 - Emergency medicine, obstetrics and gynecology, pediatrics, and family medicine
 - Eventually include all hospital/clinic personnel for training; even institutional custodial services are in a position to observe patient and family interactions



TIP: TRAUMA-INFORMED INTERVIEWING

After a patient at high-risk for trafficking has been identified, minimize the number of people interacting with the patient and asking additional questions regarding their trauma history, in order to avoid re-traumatizing the patient through the telling and re-telling of their history. Always offer the potentially trafficked patient the opportunity to speak with a social worker, counselor, or other trained staff who is familiar with community resources. Questions should be limited to those necessary to meet the patient's immediate medical needs and to arrange for referral and follow up.

- ▶ **Decide how information about trafficking will be shared with staff and partners**
 - Photographs of local tattoos and brands
 - Types of local industries in which trafficking has been identified or where workers may be at risk (dirty, degrading, or dangerous work)
 - Display anti-trafficking information at your facility, including the National HT Hotline number: 1-888-373-7888
 - Consider Joint Commission restrictions on sign posting in hospitals
 - Consider posting the Hotline number in waiting rooms and bathrooms
- ▶ **Staff designated as specialized interviewers of potential victims should receive additional training. These interviewers should understand**
 - The importance of obtaining assent from patients before an interview and ensuring patients are aware that they do not need to answer any or all questions
 - The importance of informing minors and others as applicable under state law that certain situations may trigger mandatory reporting
 - Strategies for conducting an interview while establishing trust and building rapport
 - The challenges one may face in obtaining an accurate medical history from a victim of HT
 - Utilization of an empowerment or strengths-based approach to engaging the patient
 - Screening questions for suspected victims of trafficking
 - Potential reasons why patient may not disclose victimization
 - Basic cognitive, emotional, social, and physiologic effects of trauma and complex trauma
 - How to monitor for signs of traumatic stress during interview and respond appropriately
 - Appropriate reactions to negative behaviors in a patient with a history of trauma
 - The phenomenon of trauma bonding
 - Street terms for sex trafficking
 - An understanding of the complicated relationship marginalized communities have with law enforcement

TIP: PLANNING HT TRAINING

In larger settings, you may wish to implement your response protocol in stages, so that training can be staggered. You can choose to do this by staggering departments or by types of staff. For example, you may consider starting with the emergency department then following with other departments or you may start with nurses and then train other staff.

- The importance of inquiring whether the patient is willing to speak to a HT-trained law enforcement officer
- ▶ **Identify options for trainers**
 - Local, regional, and national resources
 - HEAL Trafficking Speaker's Bureau at HEALtrafficking.org
 - Hire survivor leaders as trainers when possible
 - Web-based trainings
 - » Resources at HEALtrafficking.org
 - » See resource section on page 21
- ▶ **Consider**
 - Funding to support trainings
 - Format and frequency of trainings
 - Standards to maintain training on both sex and labor trafficking

DISTRIBUTION

- ▶ **Once a protocol has been developed and approved by your institution**
 - Disseminate information to all staff that will be impacted by the changes
 - Prepare and conduct trainings on the new protocol
 - Facilitate meetings regarding the subsequent changes in care
 - Inform the community partners identified earlier of your newly developed protocol
 - Ensure referral resources are up-to-date

MONITORING AND EVALUATION

- ▶ **The interdisciplinary protocol committee should develop monitoring and quality improvement efforts. This effort should include:**
 - Collaboration with your institution's Quality Assurance team to create a quality improvement process that incorporates:
 - » Identification of key quality measures and outcomes of concern before implementation
 - » Exploration of areas for improvement
 - » Selection and implementation of an approach to change

- » Re-evaluation at regular intervals
 - » Identification of new goals or problems in either outcomes or service delivery
- Assessment of impact of protocol on staff
- Ensuring self care for staff
 - » Working with trafficking victims and other survivors of violence can be difficult and traumatizing.
 - » Ensure efforts are made to maintain the mental health of the staff, especially those working closely with HT survivors
- Development of an effective data collection process; data collected should include follow up from referrals
- Creation of a quality improvement process that incorporates:
 - » Identification of new goals or problems in either outcomes or service delivery
 - » Exploration of areas for improvement
 - » Selection and implementation of an approach to change
 - » Re-evaluating the changes
- ▶ **Quality improvement efforts should be continuous and lead to improvements in services as well as patient experience**
- ▶ **Benefits to monitoring and evaluation efforts:**
 - Documentation that the program is meeting objectives and goals
 - Determination that the program is efficacious
 - Demonstration of value to potential funders
 - Documentation that patients are receiving quality care
 - Ability to contribute to the larger field of health care responses to HT by collecting and reporting on outcomes

ONGOING IMPLEMENTATION

- ▶ **Be prepared to adapt to changes within your health care institution and the changing picture of local trafficking by:**
 - Updating your protocol as necessary
 - Determining who will facilitate ongoing trainings
 - Training new staff on the protocol and HT in general

- Retraining staff as necessary to maintain competency
 - Continually identifying new partners and potential collaborators
 - Including survivor speakers and hiring survivors whenever possible
 - Identifying potential training opportunities within the community
 - Staying up to date on federal, state, and local laws and regulations and adjusting protocol when necessary
 - Identifying opportunities to expand data collection efforts to gain a better knowledge and understanding of how trafficking impacts the community, or how programs work best together to improve outcomes
- ▶ **Community partners are essential for the health care response to trafficking and an invaluable source of information and ideas. Maintain strong connections with partners to improve and expand wrap-around services for patients and expand institutional knowledge and awareness of trafficking issues in the area. Invest in community resources to build and sustain collaborative partnerships.**

CONCLUSION

People subjected to sex and labor trafficking often experience mental and physical health problems, and emerging evidence demonstrates that many people access health care while they are still in a trafficking situation.^{1,2,3,4} Health care professionals, like law enforcement professionals, encounter trafficking people during the course of their work and serve as first responders. It is therefore our job to recognize patients at risk for trafficking, treat their health problems, and provide them appropriate resources and referrals. However, most health care institutions —whether emergency departments, community clinics, labor and delivery services, or pediatricians’ offices — lack specific guidance or plans to address HT cases they may encounter.⁵

This toolkit is meant to aid health care providers and institutions as they create an interdisciplinary, organized response to best serve patients who have been trafficked. When health care providers create a safe space, respect patient autonomy, and empower patients, stronger relationships develop and providers can have a meaningful positive impact.

The recommendations in this toolkit are not prescriptive instructions; their applicability will vary greatly depending upon local circumstances. Health care facilities vary based on size, capacity, geography, legal-political climate, and availability of community resources. Therefore, the applicability of the recommendations above will vary greatly depending upon local circumstances.

It is imperative that the interdisciplinary protocol committee be aware of the evolving nature of the health sector's response to human trafficking. Specifically, the work does not end once a protocol is developed. Relationships with community partners must be maintained. Local, state, and federal laws will change. Most importantly, as research expands, protocols should be adjusted to reflect new evidence-based practices.

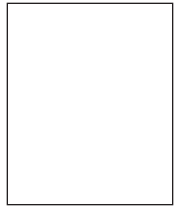
Because we currently lack an evidence base from which to craft the health care response to human trafficking, the guidance offered in this toolkit comes from the numerous experienced, talented professionals from around the U.S., including trafficking survivors, who contributed to this document. As more health care agencies and institutions formalize their response to patients who have been trafficked, HEAL Trafficking and Hope for Justice hope that you will share your approaches, your challenges, and your successes in protocol development and implementation. Sharing what we learn through our work in different settings and jurisdictions is essential for advancing efforts to develop effective, sustainable, trauma-informed response protocols in health care settings.

Feedback and recommendations are welcome. Please email HEALtraffickingNow@gmail.com or refer to our website: HEALtrafficking.org.

THANK YOU.

ADDRESSING HT IN HEALTH CARE AND PUBLIC HEALTH SETTINGS: WHAT CAN I DO?

- 1) *Educate yourself, your colleagues, and your students about HT and other forms of intentional violence, and their impact on health*
- 2) *Create systems that deliver trauma-informed care*
- 3) *Advocate for health care funding streams and wrap-around services for trafficking survivors*
- 4) *Join HEAL Trafficking to stay informed, share best practices, expand the evidence base, and improve the system*



PROTOCOL TOOLKIT

for Developing a Response to
**Victims of Human Trafficking
in Health Care Settings**



HOPE FOR JUSTICE