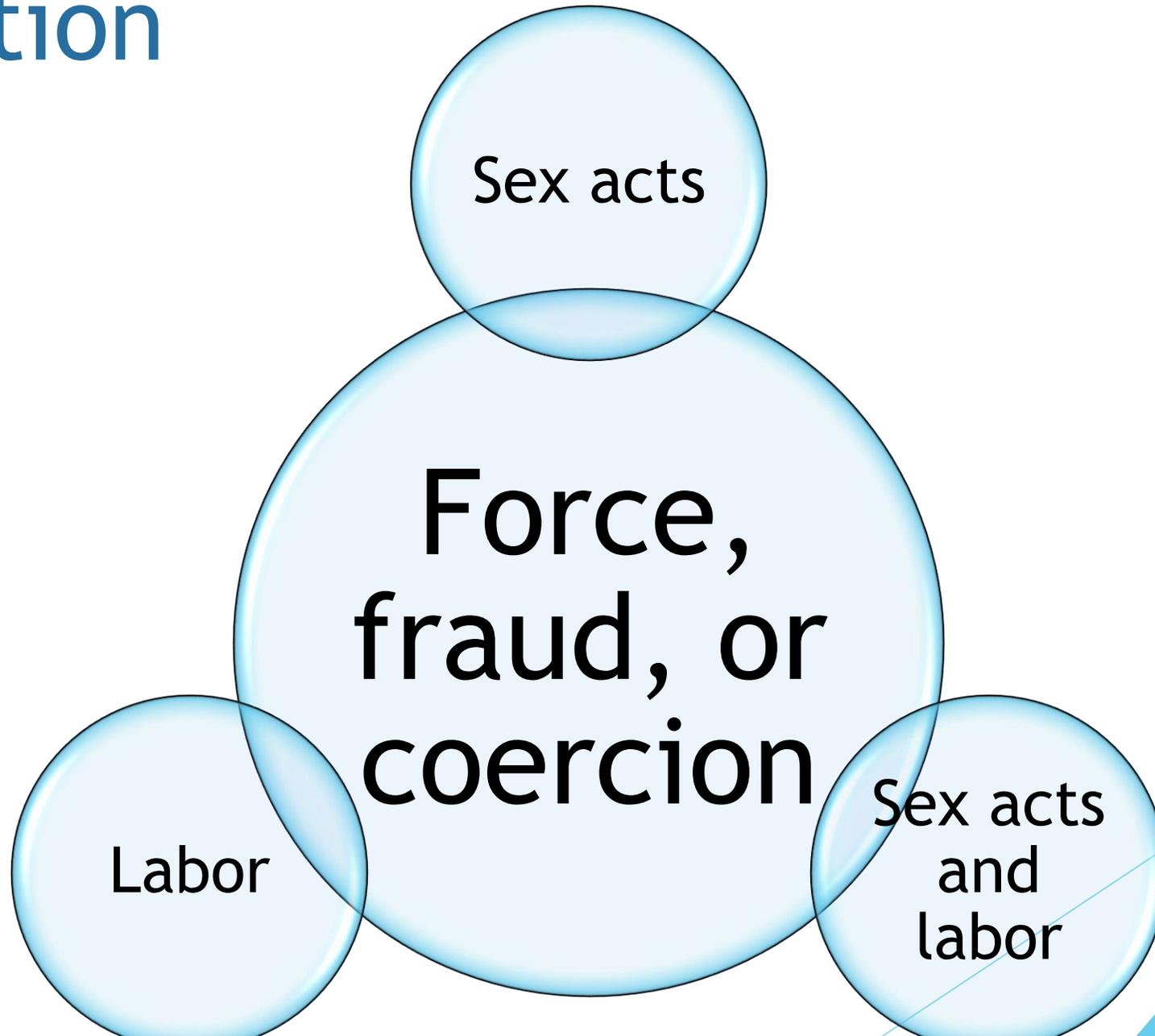


# Identifying and Responding to Human Trafficking in Health Care

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# Definition



# Common Myths

- ▶ Trafficking has to involve transportation.

# Reality

- ▶ Despite the name, the definition of human trafficking does not require transportation.
- ▶ Some victims are trafficked on the opposite side of the globe from their home.
- ▶ Some victims are trafficked within their hometowns...or even their homes themselves.

# Common Myths

- ▶ Trafficking has to involve transportation.
- ▶ Victims are always... [women, children, immigrants, undocumented, poor, etc.]

# Reality

- ▶ There is no one profile for a trafficking victim.
- ▶ Victims come from all gender identities, sexualities, races, cultural backgrounds, socioeconomic status, locations, etc.
- ▶ Anyone has vulnerabilities that can be exploited.
- ▶ However, keep in mind, oppression creates vulnerability.



**Oppression =  
more risk factors**

# Common Myths

- ▶ Trafficking has to involve transportation.
- ▶ Victims are always... [women, children, immigrants, undocumented, poor, etc.]
- ▶ Trafficking only happens in urban areas. Trafficking only happens in rural areas.

# Reality

- ▶ Trafficking occurs in all areas: urban, suburban, rural, tribal, etc.
- ▶ Accessibility vs. privacy
- ▶ Opportunity vs. isolation

# Common Myths

- ▶ Trafficking has to involve transportation.
- ▶ Victims are always... [women, children, immigrants, undocumented, poor, etc.]
- ▶ Trafficking only happens in urban areas. Trafficking only happens in rural areas.
- ▶ Sex trafficking is just an issue of prostitution. Labor trafficking is just an issue of migrant farmwork. (or similar)

# Reality

- ▶ Labor trafficking can include, but is not limited to:
  - ▶ Domestic work
  - ▶ Agricultural work
  - ▶ Peddling
  - ▶ Hospitality industry
- ▶ Sex trafficking can include, but is not limited to:
  - ▶ Sex work, strip clubs
  - ▶ Massage parlors
  - ▶ Truck stops
  - ▶ Hotels
  - ▶ Mail order brides

# Why Health Care?

The background features a complex, abstract design of overlapping translucent blue polygons. The colors range from light sky blue to deep navy blue. The shapes are primarily triangles and quadrilaterals, creating a dynamic, layered effect that is most prominent on the right side of the frame.

# Missed Opportunities

Table 6. Victim Contact with Health Care Provider

<b>Treatment Source</b>	<b>% Reporting (N=98)</b>
<i>Any contact with healthcare</i>	87.8%
<i>Any type of clinic</i>	57.1%
Hospital/ER	63.3%
Planned Parenthood	29.6%
Regular doctor	22.5%
Urgent care clinic	21.4%
Women's health clinic	19.4%
Neighborhood clinic	19.4%
On-site doctor	5.1%
Other <sup>39</sup>	13.3%

# The Unidentified Trafficking Patient

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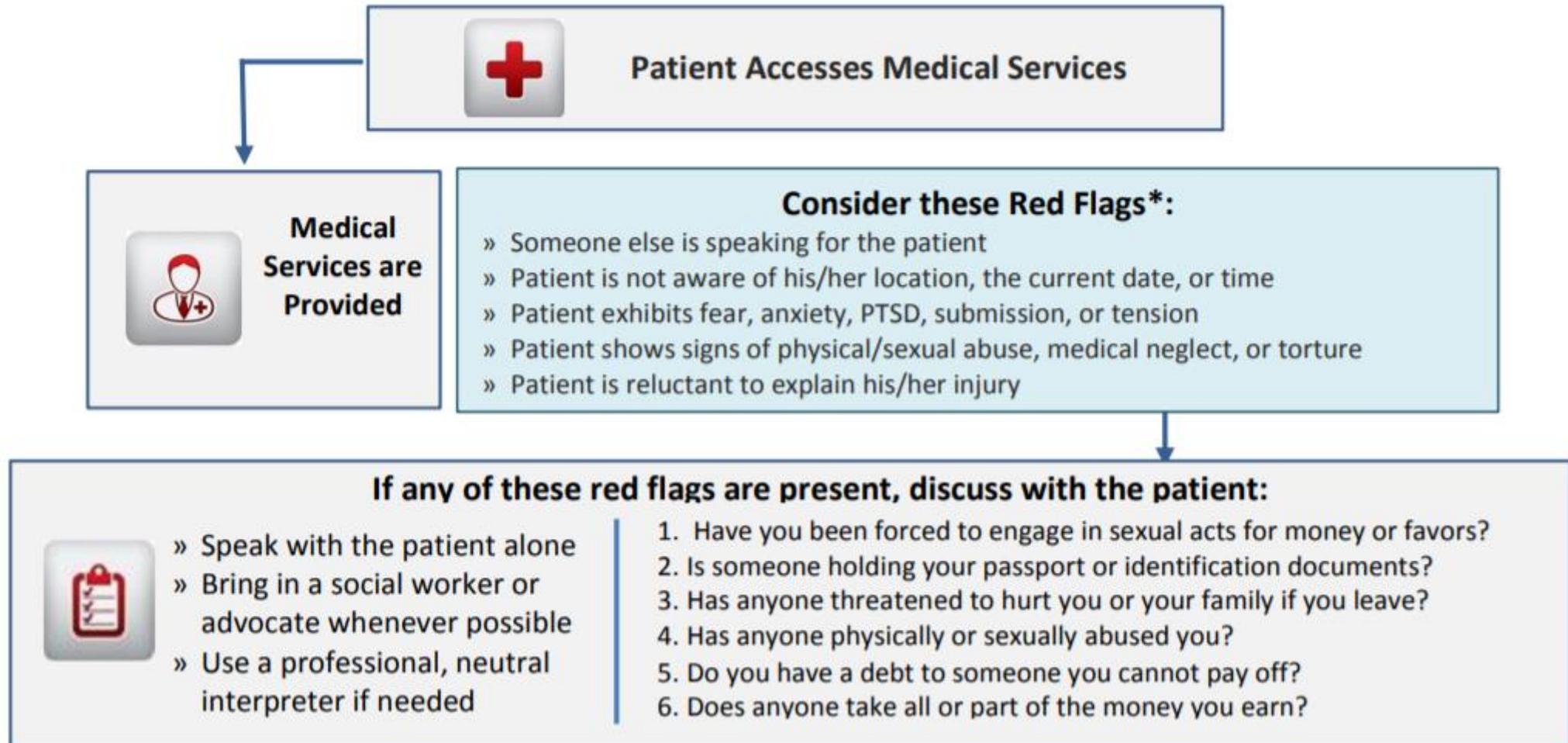
# Your Goals:

- ▶ Watch for red flags as you address medical needs
- ▶ Build trust, create a safe and respectful environment
- ▶ Support patient autonomy
- ▶ Reinforce that everyone deserves to be safe from harm and threats, and to have autonomy over their bodies and their actions
- ▶ Connect the patient to resources, if safe to do so

## What does success look like?

- ▶ Success is NOT getting a patient out of a trafficking situation at all costs.
- ▶ Success IS leaving a positive impression that the medical environment is safe to turn to for help.

# Protocol



**If YES to any of the above questions  
or if other indicators of human trafficking are present:**  
Call the National Human Trafficking Resource Center (NHTRC)  
hotline at **1-888-373-7888**  
Ask for assistance with assessment and next steps  
(following all HIPAA & mandatory reporting regulations)  
*The NHTRC Hotline is a confidential hotline, is operated 24/7,  
and has access to 200+ languages*

**If NO to above questions:**  
Refer to local social services as  
appropriate

**Assessment of Potential Danger**  
The NHTRC can assist in assessing the current level of danger. Be attentive to  
the immediate environment for safety concerns and follow hospital protocols if  
there are safety threats. Questions to consider:

- » Is the trafficker present?
- » What does the patient believe will happen if they do not return?
- » Does the patient believe anyone else (including family) is in danger?
- » Is the patient a minor?

**No perceived danger:**  
The NHTRC can help  
determine next steps  
and referrals.

**If there is perceived danger and the patient wants help:**  
Discuss with the Hotline next steps. You may need to  
involve law enforcement for victim safety. The NHTRC can  
assist in determining sensitive law enforcement contacts.

**Local Resources:**  
*Refer to existing community  
resources included in a response  
protocol as needed, as the  
NHTRC may not have all local  
referrals in their database. If  
there is no current response  
protocol in place, consider  
establishing one.*

# Red Flags: Chronic Trauma

- ▶ Effects on hormones, memory, patient demeanor
- ▶ Patients can appear:
  - ▶ Scattered, difficult to talk to
  - ▶ Irrational thought process and decision making
  - ▶ Numbness, flat affect, dissociated, slow to talk
  - ▶ Hypervigilant, reactive, startled easily, emotional
  - ▶ Unpleasant, hostile, ungrateful, resistant
- ▶ Every new experience of losing control adds to cumulative trauma
- ▶ Brain goes into survival mode, constantly assessing threats
- ▶ It is our job to work with patients on their own terms

# Red Flags: Control Dynamics

Is the patient able to act autonomously?

Some of these red flags may sound familiar....

- ▶ Someone else speaking for the patient
- ▶ History inconsistent with symptoms or findings
- ▶ Lack of awareness of location, time
- ▶ Clothing inconsistent with weather
- ▶ Signs of food deprivation, poor nutrition
- ▶ Suspicious tattoos or branding
- ▶ May have to leave open line on phone for trafficker to listen in

# Red Flags: Mental Health and Trauma

Is the patient experiencing complex trauma?

- ▶ Confusion, difficulty concentrating
- ▶ Substance abuse, addiction
- ▶ Depression, suicidal ideation
- ▶ Anxiety, stress disorders
- ▶ Dissociation
- ▶ Aggression, anger
- ▶ Psychosomatic symptoms

Table 5. Substance Abuse in Sex Trafficking

Substance	% Reporting Usage (N=102)
<i>Substance Abuse</i>	84.3%
Alcohol	59.8%
Marijuana	53.4%
Cocaine	50.5%
Crack Cocaine	44.7%
Heroin	22.3%
Ecstasy	13.6%
PCP	9.7%

# Addiction/Substance Abuse

- ▶ Addiction and substance abuse can be:
  - ▶ Existing vulnerabilities that a trafficker exploited to gain control over a victim
  - ▶ Forced on a victim by a trafficker as an additional form of power and control
  - ▶ Forms of coping that a victim has turned to because of their circumstances

# Red Flags: Gynecological

Does the patient have autonomy over their own sexuality?

Is the patient able to respond to medical issues as they wish to?

- ▶ Pregnancies
- ▶ Abortions
- ▶ Sexually transmitted infection(s), HIV
- ▶ Pelvic pain and infections
- ▶ Dislodged tampons
- ▶ Symptoms from recurring, advanced, and/or untreated issues

# Trafficking Patients May Be Easy to Overlook

- ▶ “Noncompliant”
  - ▶ Repeated pregnancies, abortions, STIs
  - ▶ Advanced STIs and other issues
- ▶ Psychosomatic symptoms
- ▶ Vague complaints
- ▶ Illegal drug use
- ▶ “Frequent flyer”



**NON-COMPLIANT**

# Build a Supportive Environment

- ▶ You will most often not get a disclosure
- ▶ Instead, focus on building an environment that supports disclosure
- ▶ Continually proving to the patient that the medical environment is a safe place to disclose, is the best way to an eventual disclosure (which you may never see)
- ▶ Emphasis on **safety**, **trust**, and **agency**

# Safety

- ▶ Safety first!
- ▶ Listen to your patient
- ▶ Make sure to talk to the patient alone - work with your team
  - ▶ Don't assume who could be a trafficker and who is not
- ▶ Call security and 911 for any immediate danger
- ▶ Always use a trained interpreter, NOT family or friends
- ▶ If the community is small, patient may know the interpreter
  - ▶ Recommend phone interpretation for increased anonymity
- ▶ National Human Trafficking Hotline has access to 200+ languages

# Safety

- ▶ Safety plan should address:
  - ▶ Current risk and concerns
  - ▶ Strategies for avoiding or reducing potential harm
  - ▶ Concrete options when safety is compromised
  - ▶ Coordinate with advocate
- ▶ Build a safe environment on your patient's terms
- ▶ May go back to trafficker
  - ▶ Leaving often involves repeated attempts
  - ▶ Disclosing and/or leaving may be very dangerous

# Trust

- ▶ Prioritize physical comfort
- ▶ Respect personal space and remain at eye level
- ▶ Give your patient time and space
  - ▶ Depending on your clinical environment, this can be difficult, and require team coordination!
- ▶ Listen openly and avoid reactions such as shock or disgust
- ▶ Be aware that your patient may already have had negative interactions with authority figures, such as health care providers and law enforcement officers
  - ▶ You cannot take this personally!

# Trust

- ▶ Trafficking patients are used to being disbelieved, blamed, dismissed, criminalized
- ▶ Ensure informed consent for all information disclosed and steps taken
- ▶ Do not make promises you cannot keep
- ▶ Know what services you can provide, and what will need a referral
- ▶ Do not impede a disclosure
- ▶ It is our job to give the patient a reason to trust us: a single experience can create far-reaching change

# Agency

- ▶ Avoid probing for unnecessary details
- ▶ Mirror patient language and pace, do not force labels
- ▶ Patients may not identify as victims of a crime
  - ▶ This may be due to normalization, denial, and/or shame
- ▶ Offer choices whenever possible - and support those choices
- ▶ Support their right to autonomy



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# The Identified Trafficking Patient

## Your Goals:

- ▶ Address immediate medical needs and look to the future
- ▶ Avoid retraumatization as much as possible
- ▶ Reinforce a sense of safety
- ▶ Support a patient who has experienced setbacks, without blame, shame, or judgment
- ▶ Connect to wider resources

## What does success look like?

- ▶ Success is NOT a patient who never experiences any setbacks.
- ▶ Success IS a patient who continually returns for assistance after setbacks occur.

# Clustered Medical Care

- ▶ Immediate medical needs take priority
- ▶ Discuss prophylactic medications for STIs
- ▶ Consider offering long-term birth control
- ▶ Follow-up care may not be feasible
- ▶ Continue to support patient autonomy in whatever they choose
- ▶ Remember that routine medical care can be traumatizing

# Re-traumatization and Triggers

- ▶ Minimizing re-traumatization can minimize triggers
- ▶ Don't recreate the trafficking environment
  - ▶ Offer choices
  - ▶ Support autonomy
  - ▶ Neutral language
  - ▶ Respect privacy
- ▶ Signs that your patient has been triggered include:
  - ▶ Emotional and behavioral shutdown
  - ▶ Sudden fearfulness, panic
- ▶ Consider grounding exercises

# Setbacks

- ▶ Even if they leave, they may go back
- ▶ Trauma bonds
- ▶ Remember that your patient is still building their sense of safety and autonomy, may ebb and flow from day to day
- ▶ Addiction and detox

# Takeaways

- ▶ Realistic expectations, for yourself and your patient
- ▶ They may not be ready for the level of change you would like to see
- ▶ They may choose to go back to their trafficker
- ▶ Reinforce that the medical environment is a safe and respectful place to be
- ▶ Repetition of trust and rapport
- ▶ You may never see the benefits you caused
- ▶ How do we measure success?
  - ▶ Don't jump in with a savior mentality
  - ▶ Creating one positive impression can be crucial

# Best Practices for Safe Intervention

- ▶ Coordinated, multidisciplinary response!
- ▶ Forensic examiners/sexual assault examiners
  - ▶ Neurobiology of trauma
  - ▶ Power and control dynamics
  - ▶ Forensic evidence collection
- ▶ Advocacy
  - ▶ Empowerment
  - ▶ Local resources
  - ▶ Ideally confidential
  - ▶ What are best practices for calling out?



# Identifying Local Resources

- ▶ Community-based advocacy centers
- ▶ Shelters
- ▶ County task forces

# Your Homework...

- ▶ Find out your facility's policy for trafficking response
- ▶ Ensure you know relevant mandatory reporting laws
- ▶ Learn what relationships your facility has already built up to assist trafficking victims. Consider building up additional relationships. Ideas may include:
  - Advocacy centers
  - SANE or FNE programs
  - CACs/CAICs
  - DHS
  - Social work
  - Shelters
  - Counseling
  - Law enforcement
  - DA
  - Task forces

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# Questions?

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