

FLEX CEUs



Human Trafficking: Training for Healthcare Practitioners



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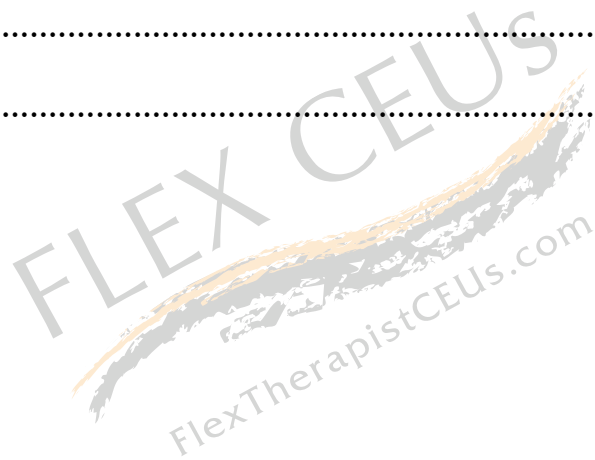
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Introduction

Human trafficking is a global health issue, affecting approximately forty million victims globally. Anyone can be a victim of human trafficking, no matter what race, gender, socioeconomic status, or cultural factors that define a person. Human trafficking affects the health of a victim in every way possible as it is often devastating to mental and physical health. Health care providers need the training to bring awareness to human trafficking, to help providers identify potential human trafficking victims, and to act appropriately to help victims escape their situations.

Section 1: Overview of Human Trafficking ¹

To understand human trafficking, one must know definitions, the types of human trafficking, and the circumstances that make one vulnerable. Human trafficking affects a diverse population of people who are trafficked and those who perform the trafficking. This section will detail background information on human trafficking to allow healthcare practitioners the foundation to understand and recognize this issue.

Definitions ²

To understand the background and present-day picture of human trafficking, one must be aware of several key terms. Human trafficking in the United States is defined by the Trafficking Victims Protection Act of 2000 as “Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage, or slavery.”³ Human traffickers rely on acts of force, coercion, and fraud to exploit their victims. Force includes physical abuse, physical or sexual assault, and restraining victims. Fraud is deceptively promising improvements financially, with employment, marriage, or other benefits by traffickers to their victims. Fraud exists if agreed-upon conditions of employment are met at first but change over time to dishonor any agreement. Coercion includes manipulating victims with threats, physically restraining victims, and introducing fear to control the actions of victims. Consent is the act of giving permission or agreeing to an outcome. Many other concepts and definitions will be provided as the specific types of trafficking in persons are explained in this training.

Human Trafficking Background ⁴⁻⁷

Human trafficking is a global crisis of human rights and affects approximately forty million people in the world each year. Human trafficking involves forcing a person to complete labor or sexual acts without their consent. Traffickers will use threats, bribery, physical and emotional abuse, and gain control by promising their victim what he/she wants. Human trafficking is known as “modern-day slavery” and has roots in slave trading. Slavery is defined as forcing a person to serve whereas human trafficking involves moving and receiving humans for forced acts. Slavery was a commonality during the Transatlantic Slave Trade from the 16th century to 1866. People were captured and bought by slaveholders in European countries and the Americas and forced to work for their slaveholders. Nearly thirteen million slaves were traded from Africa across the world during this period. The year 1866 was the last known slave trade across the Atlantic Ocean even though countries abolished this practice in the early 1800s.

The next sequential historical event leading to modern-day human trafficking is rooted in the immigration of Chinese people to America. Chinese people began coming to the United States during the 19th century for financial growth due to the California Gold Rush and railroad construction. Due to the overlap of the end of the slave trade, many former slaveholders around the Americas began paying Chinese immigrants exceptionally low wages to complete labor (many thought this was similar to slavery). In 1875, an act prevented the trafficking of Chinese women or anyone against their will, attempting to stop prostitution and trafficking of unwilling humans. By the 20th century, acts of forcing women into prostitution became paramount. 1904 marked the first law that addressed human trafficking, called the International Agreement for the Suppression of “White Slave Traffic”. Thirteen countries signed this agreement, which made human trafficking illegal involving women and children. The 1900s were a period with the most human trafficking across the world, for labor and sexual mistreatment. Thirty-three countries came together to sign the International Convention for the Suppression of Traffic in Women and Children in 1921, which focused on the most common victims of women and children of any race. In 1949 the United Nations members enacted a legal document on human trafficking (the first one to exist), the United Nations Convention for the Suppression of the Traffic in Persons, and of the Exploitation of the Prostitution of Others. As of 2022, only sixty-six countries have enforced the document.

The Victims of Trafficking Protection Act of 2000 was also instrumental in legislation regarding human trafficking. This is an act established by the United States in 2000

originally, which has been reauthorized and modernized many times since it was originally written. The act rose legislation on how to prosecute traffickers, how to protect victims and survivors of human trafficking, and how to prevent human trafficking from happening in the first place. The act mandated that an Office to Monitor and Combat Trafficking be established within the State Department to prosecute, prevent, and protect victims of human trafficking. As of 2022, the last amendment to the act occurred in 2017 and was entitled the Trafficking Victims Protection Act of 2017, which authorized the act to continue with some amendments. It also mentioned that the phrase “missing child” meant anyone under 18 years old who had a parent or guardian that does not know where the child is. The National Center for Missing & Exploited Children was also required to make a list publicly available of children who are missing and reports for near abduction incidents. The most recent act also broadened the role of the US Secret Service to assist local police forces in any investigation regarding human trafficking. The act additionally provided more funding for training for the Department of Justice, the Department of Homeland Security, and the Department of Labor to educate these employees on the recognition and prevention of human trafficking.

The history of human trafficking is rooted in slavery and in the past, people had to be physically present in the location they were victimized. Today, with the utility of social media, the internet, and global communication methods with video streaming, victims do not have to be located in one place to be exploited. Victims may be forced to record sexual content which is sold by the trafficker for a profit and made available on global platforms. Social media sites, like Instagram, Facebook, and Snapchat, are used in many cases to recruit victims. Human trafficking is illegal but remains present in most countries throughout the world. This highlights the importance of screening and action to help trafficking victims.

Types of Trafficking 8,9

Human trafficking takes many forms and several types are recognized throughout the world. The US recognizes two types, which are forced labor and sex trafficking. The International Criminal Police Organization (Interpol) recognizes a few more types of human trafficking. In addition to forced labor and sex trafficking, these include trafficking for criminal activities, the removal of organs, and people smuggling. These types are all illegal and have been monitored by police for decades.

Forced labor

Trafficking victims for forced labor are usually targeted from a third-world or developing countries. Traffickers typically promise victims a better life with more money but trap people into poor working conditions and “modern-day slavery.” They also can be recruited and/or taken against their will to a distant site to perform forced labor. This commonly occurs in agriculture, mining, construction, and domestic servitude, but can happen in any industry or task. Workers can be forced to complete their tasks in many deceptive ways, including refusing to pay until certain tasks are done, taking documentation of identity, and threats to the victim or his/her family.

Two types of forced labor include domestic servitude and forced child labor. Domestic servitude requires a victim to perform labor in someone’s home or residence. Due to working as a servant in captivity of a private residence, domestic servitude is difficult for law enforcement to detect. Victims who do not speak the trafficker’s language are vulnerable because they would be less likely to ask for help from any community members. In addition, the trafficker or employer typically controls every access to the community that the victim would have, including access to food and transportation. Forced child labor includes convincing children to work for various jobs. Children are targeted because they are easier to influence and more vulnerable than adults. Some child labor is legal across the world, but the use of coercion for children to work remains illegal. Signs that children are being forced into child labor include children who are living with non-relatives, refusing to allow children to rest or go to school, and when the work of a child benefits someone who is not a family member.

Sex Trafficking

Sex trafficking is the act of forcing or coercing another person to engage in sex for the profit of the trafficker. This is true with both adults and children, although with children any sexual act, forced or not, is illegal. Using children in the sale of sex is illegal in the United States and most countries across the world. Means of coercion include threats to the victim or their family, physical and psychological abuse, and financial manipulation. Sex trafficking occurs in many separate places, including the internet, hotels, private residences, and massage studios. Sex trafficking should never be confused with commercial consensual sex. Commercial consensual sex is also known as prostitution and/or sex work. Although still illegal in all US states (besides certain parts of Nevada as of 2022), commercial consensual sex occurs with the consent of all parties. A panderer

(also known as a procurer or pimp) finds customers for sex workers and receives payment for the services given.

Trafficking for Forced Criminal Activities

Human trafficking occurs within illegal criminal networks where people are coerced to carry out criminal activity for the profit of the trafficker. This allows insignificant risk to the trafficker to benefit financially. Crimes typically include things like selling drugs and stealing things.

Trafficking for the Removal of Organs

Due to the extensive list of human organ transplants, traffickers have taken advantage of the desperation of patients by providing illegal transplants outside of the country's medical system. Victims are trafficked for organ donation and patients are often operated on in unsanitary conditions with little medical follow-up. This puts the lives of both forced donors and recipients in danger. As of 2022, the US and Canada did not include trafficking for organs in the country's definition of human trafficking. Organ trafficking makes it more common to harvest organs in poor countries and sell them in more wealthy countries.

People Smuggling

It is important to differentiate between human trafficking and people smuggling. Human smuggling is the act of performing a task or service in exchange for transportation to enter a country illegally. The smuggler typically gains a financial benefit for aiding a migrant across the border. People smuggling, also called migrant smuggling, occurs when people cross country borders and human trafficking can occur either across borders or within a singular country.

It should be noted that human trafficking is difficult to monitor for many reasons. First of all, a lot of trafficking occurs across borders, making it difficult to discipline traffickers. Data is difficult to track as many trafficking victims do not want to identify with human trafficking. There is also an issue with the identification of human trafficking across the US and the world as traffickers are great at keeping their practice under the radar. Many countries also have laws in place that prohibit human trafficking but do not enforce the laws. Traffickers aim to exploit the most vulnerable populations who do not have a lot of connection to a community, which also limits the detection of trafficking incidents. All of these factors and more make data collection difficult to monitor concerning how many trafficking victims of any type exist.

Trafficking Dynamics ^{5,10}

Although briefly discussed in other sections, it is important to point out the specific methods that traffickers use to control their victims. These all focus on establishing control over victims and eliminating their opportunities to flee from the situation.

Establishing Control

Traffickers use a few key factors to control their victims. These tactics are often fear-based, where the trafficker threatens the victim with physical abuse, harming their family, and holding the victim in captivity. Another way traffickers control people is to use the victim's debt against them, and even raise the debt as time passes. Trafficking victims are expected to pay fees for crossing borders, food, housing, and transportation back to traffickers. Traffickers usually promise freedom when the debts are paid, but often add threats or raise prices to keep control of their victims. Traffickers also take advantage of people from other countries who have no connections or do not speak the new country's language. The traffickers aim to keep the individual or group of victims hidden from anyone else to show them that there are no other options for safety. This happens with children often as they are easier to keep concealed in residencies and are more vulnerable than adults. Traffickers take advantage of religious beliefs and feelings of shame and guilt. Some religious beliefs give rise to the victim thinking being controlled is related to their higher power and not the trafficker. Victims of sexual abuse or addiction may have shame in seeking help due to the psychological nature of their experience. They may feel guilty that these actions were their fault. This prevents them from seeking help from family, friends, or law enforcement. Traffickers use whatever means necessary to control the actions and feelings of their victims.

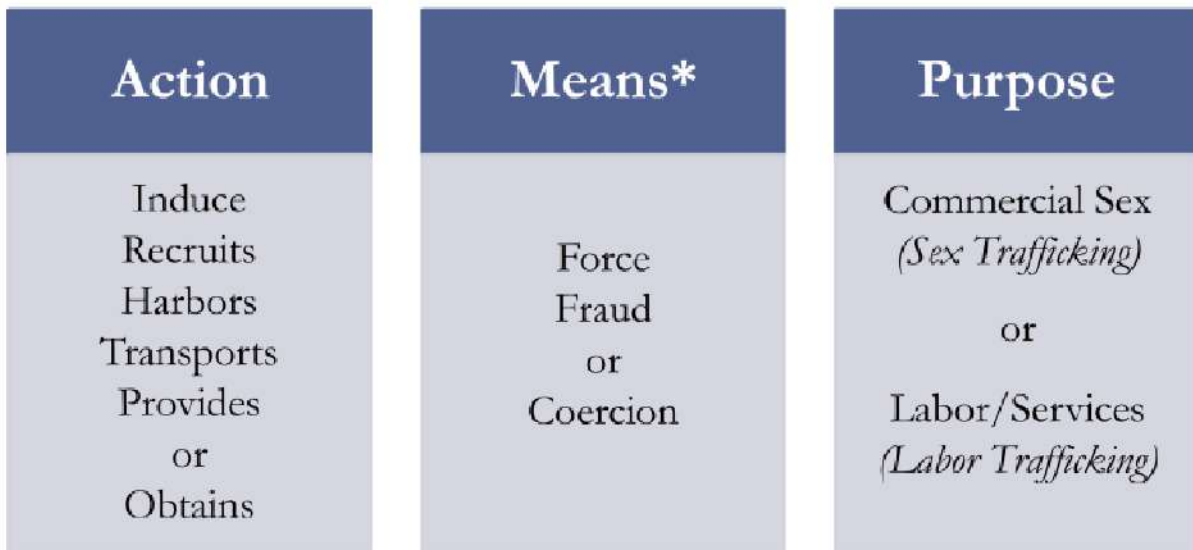
Recruitment Techniques and the Trafficker ¹¹

Traffickers recruit victims with purposeful strategies in mind. The US government uses a model called the A-M-P Model (Action, Means, Purpose Model) to show techniques of recruiting and to establish whether or not a person has engaged in human trafficking. The action or the "A" in the model establishes that an act must take place, such as transporting, providing, obtaining, inducing, or recruiting a victim for it to be considered human trafficking. The means or the "M" in the model represents techniques of force, fraud, or coercion. The purpose of "P" in the model represents the type of service the victim will provide, usually sex or labor trafficking. To engage in human trafficking, a trafficker must use an action with a means to complete a purpose. However, with

children, no means is necessary along with action and purpose to consider it human trafficking.

Traffickers prey on vulnerable people and situations and may act alone or in a network of traffickers. Trafficking in persons exists because it is a highly profitable industry with minimal risk to the trafficker. Traffickers have no singular appearance as they can be anyone – including men or women, close family members, employers, owners of massage parlors and small businesses, ate strangers. Trafficking operations often exist among legitimate businesses to put on a front with little possibility of being discovered. Some common businesses that traffickers take advantage of are travel industries (airline, rail, taxi), hospitality/tourism, recruiting agencies, money services, and landlords.

THE A-M-P MODEL



*Minors induced into commercial sex are human trafficking victims—
regardless if force, fraud, or coercion is present.

Vulnerability Factors ¹²

Perpetrators of human trafficking most often prey on vulnerable people. Vulnerability in human trafficking takes many forms, and this section will discuss these factors in detail. Some of these factors involve the environment around a victim and others involve personal factors about the victim.

A common way that victims are vulnerable to human trafficking is political instability in their country. People who live with the fear that they will not be able to find employment in these situations tend to become desperate for ways to make a living. Citizens living in countries where there is civil unrest, violence, natural disasters, or war are particularly vulnerable. These situations can also force families to flee their country due to unsafe circumstances in search of a better living situation. The community they end up in may not welcome their presence and the migrant family would lack social connections in their new environment. This increases their vulnerability as they would not have any help from social connections if the family went missing or lacked connections that would check in for safety. Low socioeconomic status, such as poverty, also makes people vulnerable to human trafficking for the same reasons of desperation. People living in poverty may take great risks to provide for their families. They may be recruited by traffickers who promise good wages and working conditions and find themselves in a situation with terrible pay and an unhealthy environment. Other vulnerability factors include race and gender. Due to its roots in racism, human traffickers target marginalized groups. Minorities and ostracized people go through racism at every step of their lives (acquiring housing, education, and jobs) and are more likely to take advantage of risky situations that traffickers present to catch a break. Countries all over the world value women less in terms of pay, rights, education, and healthcare access. This makes women more vulnerable to trafficking recruiters as they seek opportunities for more respect and equality. People with addiction and mental health challenges are also more vulnerable to trafficking. People who are addicted to substances will do almost anything to use the substance and are easily manipulated by traffickers who supply and take away their substance. People with mental health challenges are often socially isolated and have little ability to detect the intentions of traffickers. Being a gang member can also lead to trafficking, as members are forced to complete certain crimes, like selling drugs and theft. Traffickers work within gangs because members are already coerced to complete acts for the gang and can be lucrative to take advantage of this vulnerability. Additionally, widespread use of the internet in the past decades has extended the vulnerability of being trafficked to anyone who uses social media. Traffickers often create a convincing online image and recruit

people to take revealing videos and photos to be able to control their victims. If someone did not agree with the trafficker's directions, the trafficker could threaten to post the pictures online. Young people, especially those who have been homeless, neglected, abused, or have gone to juvenile correction are targeted by traffickers. Traffickers may promise security, love, and a stable home to these children, and end up exploiting them with forced labor or sexual abuse.

All of these factors and many more make victims susceptible to human trafficking. Themes of vulnerability are people who are unable to provide consent (youth, addiction, or mental health challenges) and people who are disadvantaged in some way (financially, minority, or socially). Traffickers prey on people who have a small or nonexistent social network and who have a strong will to work for better circumstances despite consequences.

Section 1 Key Terms

Victims of Trafficking Protection Act of 2000 – a piece of US legislation revised many times to reduce human trafficking by protecting victims and prosecuting traffickers

Forced Labor – a form of human trafficking where a victim is manipulated into performing work duties for little pay at the profit of a trafficker

Sex Trafficking – a form of human trafficking where a victim is forced to complete sexual acts of some sort for the profit of the trafficker

Coercion – persuasion to complete an act by using threats or manipulation

Section 1 Summary

Human trafficking benefits traffickers who force victims into performing acts like labor and sex. Traffickers and trafficking victims can be anyone and are involved in many industries, like tourism, travel, lending, and small businesses. Trafficking victims are typically in desperate situations and willing to take a risk to seek higher wages or stability in their lives. Although human trafficking remains prolific in the US and the world, legislation such as the Victims of Trafficking Protection Act has been enacted to protect victims.

Health Impact 2,13-15

Victims of human trafficking go through horrific experiences which impact their mental and physical health. They may face injury, chronic health issues, mental health problems, and problems with their reproductive health after they are in recovery. Victims of forced labor most often seek healthcare in emergency departments and victims of sex trafficking seek care most often at Planned Parenthood centers. This section will explore the impact of human trafficking on victims in terms of acute or chronic health problems.

Injuries and Chronic Medical Problems of Trafficking Victims 16

Victims of human trafficking, whether within sex trafficking or forced labor, encounter many situations where they face injury and damage to their bodies. Within forced labor, poor working conditions can result in bodily harm daily. Many victims are forced to work within the following industries: agriculture, construction, fishing, mining, hospitality, factory, and domestic servitude. Acute injuries include broken bones, burns, lacerations, muscle strains, ligament sprains, tendonitis, and many more. Forced laborers may also face heat exhaustion, cold stress, and acute chemical poisoning from their working conditions. Sex trafficking victims may face injuries from physical abuse (usually in less detectable areas that can be covered by clothing like the low back) or sexual abuse injuries such as vaginal or anal trauma. These injuries may lead to victims and traffickers seeking treatment in the US healthcare system (arriving at a hospital's emergency department). If the victims do not arrive at a hospital (many do not because they are under the trafficker's control), they are at risk of chronic problems due to their injuries.

Chronic health problems that victims of trafficking develop range in severity based on many factors – the circumstances around their condition, the body part affected, and whether or not a victim can seek medical care. Many work injuries, such as burns, skin irritation, and broken bones, can become chronic issues as traffickers do not often allow their victims to leave their worksite. In addition, workers can develop chronic pain from overuse of certain body parts, such as chronic back pain and shoulder and wrist tendonitis. Victims may also develop chronic diseases such as heart disease, respiratory problems, or diabetes which can become severe as victims are unable to seek care. Other chronic health problems include hearing and sight loss. These occur from working in the agricultural, construction, or factory industries. Working conditions may be dimly lit, causing eye strain and vision damage, and very loud leading to hearing impairment. In addition, victims of forced labor may develop consequences of malnutrition due to little ability to eat enough or proper nutrition. Also, children and adults alike can develop

dental problems like tooth decay and gum disease, which are painful and cause permanent damage. Children who are malnourished will not develop normally and are at risk of inadequate tooth formation as they develop into adults. It is important for those providing healthcare services to be aware of the chronic problems that trafficking victims face because they can lead to permanent damage throughout the body.

Reproductive System and Sexual Health ¹³

Many victims of sex trafficking and forced labor face problems with their reproductive system and sexual health. People who are working in forced labor come into contact with sexual abuse at their work sites, but it is much more common in those who are sex trafficked. Victims of sex trafficking are likely to get sexually transmitted diseases (STDs). These include human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDs), human papillomavirus (HPV), genital herpes, chlamydia, gonorrhea, and syphilis. Gonorrhea and chlamydia can cause infertility, affecting a woman's ability to have children. HIV/AIDs cause a deficiency in the body's defenses against infection. HPV has no symptoms and is the most common STD in the United States. Pelvic inflammatory disease (PID) is often caused by untreated chlamydia and gonorrhea. It is an infection of one of a woman's reproductive organs and is a common cause of sterility. Victims of sex trafficking may also face urinary tract infections, pain during sex, rectal trauma, bodily injuries from sexual assault, and pelvic pain. Injuries may include bruising and musculoskeletal pain. Victims may be forced into having abortions as well, which may not always be performed by a competent healthcare provider, putting the victim at risk of infection and excess buildup of scar tissue. Many traffickers force their victims to have abortions if they become pregnant. Traffickers want to keep their victims active because they want to profit from their victim's sexual activity. Most women who abort while a sex trafficking victim did so involuntarily or with some degree of coercion (around 74%), and this can occur with multiple pregnancies. Having multiple abortions can damage reproductive tissue and lead to hysterectomy which leaves women sterile. In addition, many women have unwanted pregnancies and miscarriages, which can put their health at risk. Nearly three-quarters of sex trafficking victims report having an unwanted pregnancy while they were trafficked. Most sex trafficking victims do not have access to prenatal care and vitamins and have a high rate of miscarriage. Approximately 25 percent of women see obstetricians and gynecologists during their pregnancy or if something goes wrong. This is the most common group of healthcare workers that victims see. Most victims of sex trafficking will suffer some sort of sexual health problem that healthcare providers should be aware of.

Mental Health ¹⁷

In addition to physical trauma, victims of human trafficking face mental health problems due to the nature of their experience. People who were trafficked have been psychologically manipulated in some way which sets the stage for further psychological damage. Many victims experience profound guilt and shame which can take a toll on psychological health. It is common for victims of human trafficking to experience several different mental health disorders including but not limited to posttraumatic stress disorder, substance abuse, depression, anxiety, schizophrenia, and eating disorders.

Post-Traumatic Stress Disorder (PTSD)

PTSD is considered an anxiety disorder that develops in response to severe physical injury or distress. It is common among veterans, victims of physical or emotional abuse, and life-threatening occurrences. Victims who are trafficked may have experienced trauma before recruitment by a trafficker, potentially a natural disaster, homelessness, or violence in their home country (migrants). Some victims also experience trauma bonding to their trafficker due to the emotional relationship that exists within the pair. A trauma bond from a trafficker to victim usually means the trafficker uses several strategies of control and manipulation to show the victim they cannot survive without the trafficker. People who are sex trafficked or trafficked for forced labor are both highly susceptible to developing PTSD. Both types of trafficking predispose victims to elevated levels of violence, physical abuse, lack of stable housing, lack of social support, and hunger. It is quite common for victims to experience multiple of these disorders simultaneously or to experience complex trauma. Complex trauma means that someone has experienced traumatic events from multiple sources, such as sexual abuse, physical abuse, and witnessing violence. PTSD is a complex, multifaceted mental health disorder and those with it need extensive mental health care to heal.

Depression and Anxiety

For similar reasons to why trafficking victims develop PTSD, they are also likely to develop depression and anxiety. Prolonged exposure to situations with emotional distress and physical discomfort and pain increases the risk of developing depression and anxiety. Women who are sex trafficked for six months or longer are at the highest risk for developing depression as they are constantly exposed to sexual manipulation and violence. Anxiety occurs in trafficking victims due to an unstable outlook of the future and fear of what physical or mental abuse could occur. In addition, victims do not

have control over their own basic needs as they are told when they can eat, sleep, and use the bathroom. Both depression and anxiety among victims usually continue when victims are free from trafficking, pointing out the need for adequate mental health care post victimization.

Addiction

Victims of trafficking are also at an elevated risk to develop or exacerbate addiction. Many victims are addicted to a substance before being trafficked and their trafficker will use this as a means to coerce them into certain acts. Other victims begin using a substance after they are trafficked to cope with mental and physical trauma, but this is much less common. Of people forced into sex trafficking, 85% used a substance while they were victims. The most commonly abused substances are alcohol, marijuana, and cocaine, followed by heroin. In addition, opioid abuse is also linked to human trafficking as opioids are a powerful tool to numb people from mental and physical pain. Several recruiters of human trafficking even target rehabilitation centers for substance abuse to exploit this vulnerability.

Autonomy and Quality of Life ¹⁸

Victims of sex trafficking and forced labor face challenges to their independence, autonomy, and quality of life each day. A large factor in mental health challenges is a lack of autonomy during victimization. Autonomy is the ability to act with personal morals and values rather than through the influence of someone else. People who are survivors of trafficking often have little experience with controlling their own lives and are left hopeless to make decisions when they are freed from trafficking.

Wellbeing (quality of life) is defined as having positivity in mood, without negativity as common with depression and anxiety, with fulfillment and life satisfaction. Quality of life involves many factors – psychological wellbeing, life satisfaction, social, economic, education, and relationships. Many victims of trafficking experience only negative emotions and actions toward them. To be well, one must have control of their own body where there is no feeling of coercion or withholding of basic needs. Also, people must be free of harm to avoid anxiety around their environment. People must have basic needs of adequate food, water, and shelter and have access to social security and a sense of belonging. To be well, humans need purpose and involvement to give themselves satisfaction, need to feel free to voice their opinion, and feel like a group of people cares for them. As you can imagine, these elements of wellbeing are completely absent in

most cases of sex trafficking and forced labor. The physical, emotional, and psychological repercussions of one's experience as a human trafficking victim contribute to poor wellbeing. Sex trafficking victims have a high rate of PTSD, physical injury, anxiety and depression, STDs, and damaged reproductive systems. This impairs one's sense of purpose, basic needs, sense of belonging, and a sense that someone cares for their wellbeing. People in forced labor face high rates of mental health problems, physical injury, chronic health problems, lack of basic needs, and no sense of purpose or belonging.

Wellbeing is something that victims of trafficking struggle with long after their abuse is over as well. The psychological repercussions of lacking domains of wellbeing lead to persistent mental health disorders, hopelessness, guilt, and perpetuate addiction. Victims must gain professional help from mental health experts while recovering to gain recovery in mental and emotional health.

Section 2 Key Terms

Complex PTSD – posttraumatic stress disorder in which someone experiences multiple traumas that alter their perception of the world around them (physical, sexual, emotional abuse, or life-threatening events)

Autonomy – a person's sense of independence and acting on their morals and values without outside influence

Wellbeing – a state of being with mostly positive and little negative thinking and fulfillment in social circle, financial stability, and health

Section 2 Summary

Human trafficking victims, whether from forced labor or sex trafficking face all sorts of health consequences. These involve physical, mental, and emotional suffering that results in poor wellbeing and a sense of self. Healthcare providers need to recognize these struggles and patterns around the experience of victims to refer to appropriate providers and community resources.

Identification and Assessment

To be effective as a healthcare provider, one needs education on the dynamics of identifying and assessing potential victims of human trafficking. Victims usually will not disclose that they are being trafficked because they are being threatened and coerced to remain silent by their trafficker. This section will discuss how to safely identify victims of human trafficking in healthcare settings and how to keep victims and providers alike safe.

Identification Strategies ^{19,20}

Human trafficking victims often do not get the opportunity to communicate with people who are not their traffickers. This puts healthcare providers in a unique opportunity to intervene in the event that an injury or condition takes a trafficking victim to a healthcare setting. Texas has one of the highest rates of human trafficking across the United States and therefore requires education on recognition and action surrounding human trafficking. To be successful at identifying human trafficking victims, healthcare providers should know indicators of human trafficking, should be able to document appropriately to support their suspicion of human trafficking and should be aware of challenges and opportunities while working with potential trafficking victims. Also, providers in certain healthcare settings are more likely to interface with human trafficking victims and these providers should always use a patient-centered approach in their identification.

Indicators of Human Trafficking During Assessment ²¹

Several factors in patients should lead a healthcare provider to suspect poor treatment of some sort. Sex and labor trafficking victims will have different indicators but a few in common. Both types of victims may have injuries and bruises which they attempt to hide. Victims will rarely go to a healthcare setting alone and are likely accompanied by their trafficker or someone who works for their trafficker. To maintain control over their victims, human traffickers will speak on behalf of their victims when a provider is taking the patient's medical history. There may be inconsistencies within the story of how the victim was injured or descriptions of injuries that do not equate to the victim's clinical presentation. In addition, victims of either forced labor or sex trafficking may avoid eye contact and when directly spoken to appear to have scripted answers to questions. Victims commonly have no identification documents available, so they are more difficult to track. When seen for healthcare services, medical providers may also notice

untreated conditions not related to the reason for seeking medical care. For example, a trafficking victim seen for a broken humerus could have a dangerously high blood sugar reading, indicating diabetes. Victims often only access healthcare in emergencies and do not have access to essential medications. This is considered medical neglect. Victims of sex trafficking may have an undiagnosed or untreated sexually transmitted disease and signs of torture and sexual abuse. They also may have branding or tattoos that are suspicious, tampons that are impacted into the vagina, vaginal or anal trauma, and persistent headaches or abdominal pain. Other physical indicators of forced labor are dehydration, poor dental hygiene, skin infection, and chemical poisoning. Behavioral indicators of both forced labor and sex trafficking victims include panic attacks, paranoid behavior, and the inability to make independent decisions. Victims of sex trafficking especially may cower away or flinch with various parts of a physical examination due to past abuse.

Common Clinical Settings ²²

As you can imagine, victims of human trafficking are so controlled by their traffickers that they rarely seek routine medical care. This means that most trafficking victims seek care do so in emergency departments and reproductive care clinics, such as Planned Parenthood. Somewhere around 70% of care sought out from trafficking victims is in the emergency department. Victims may also see traditional primary care, mental health, and substance abuse treatment centers.

Provider Challenges and Opportunities ¹⁹

In a study surveying nearly seven thousand nurses, physicians, mid-level providers, and physicians in training, just 40 percent of responders stated they had received training of any sort in human trafficking. In another study, around 88 percent of trafficked victims had gotten medical care but healthcare providers in the emergency department did not recognize them. This points out the greatest challenge to providers in identifying and therefore helping victims of human trafficking – many do not recognize potential victims. While a bit less common than in emergency departments and reproductive clinics, any providers, such as therapists, social workers, pharmacists, outpatient clinic providers, interpreters, dentists, and lab technicians also interface with victims of trafficking in hospitals and other healthcare clinics.

As far as recognition of human trafficking victims for medical providers and anyone else, the covert nature of trafficking leaves activity under the radar. Victims are coerced to

never seek help with threats and manipulation. Many victims fear law enforcement from past experiences and their involvement in criminal activity. In addition, when providers do suspect a victim, it is often difficult to speak to that person alone, and the provider may risk harm to the victim if their trafficker finds out they are suspected. Victims may have several barriers to disclosing information: fear of consequences, shame, and guilt, hopelessness, loss of financial resources, loss of housing, or loss of stability. Their trafficker or their trafficker's agent often interfaces with the healthcare provider due to a potential language barrier or fear tactics and often never leaves the victim alone with the healthcare provider. Victims often only know their traffickers, especially if they came from another country.

For providers who suspect their patient is a human trafficking victim, they should use this opportunity to try and find a way to speak to the person alone. This way the victim may reveal details that they would not with the trafficker in the same room. A provider may state that it is procedure to examine their patients without anyone else in the room, for example. The provider may also state that the potential victim needs to be examined by another provider where patients only are allowed. The provider should always state that it is the clinic or hospital's policy to ensure the trafficker does not suspect they are being recognized. Providers should also ensure the suspected trafficker and victim are not left alone in case they attempt to leave the facility. Providers should use a patient-centered approach with all patients, including human trafficking victims. This means the delivery of communication without judgment and focusing on any concerns the victim brings up.

Communication Strategies

Communication is essential to gain the trust of a trafficking victim to be able to identify and assess them with safety. This section will detail communication strategies for any healthcare provider to use when interfacing with suspected human trafficking victims.

Interpreters

First of all, it is important to point out that all patients who do not speak English as a first language should be offered a professional interpreter, and never rely on the interpretation of a family member or friend who accompanies a patient. Providers should explain to their interpretive services that it is important to translate exactly the conversation without any summary of what was said. Providers should make eye contact with their patients to speak directly towards them rather than towards the interpreter.

Providers should also speak clearly, slowly, and with occasional pauses, so the interpreter does not miss any details.

Appropriate Language and the Victim-Centered Approach ²³

Providers who use non-judgmental, empathetic, and compassionate language and focus on a victim-centered approach have better results with patients admitting they are currently being trafficked. Providers need to keep in mind that victims of human trafficking have experienced prominent levels of trauma. This means that providers need to avoid re-traumatizing victims while having the victim admit key details that allow the provider to seek help for the victim. Trauma-informed care means the provider understands the road to recovery for victims of human trafficking, recognizes signs of trauma, responds by working knowledge of trauma into procedures, and acts to prevent retraumatization. Organizations that value trauma-informed care will have connections with community resources to promote safety, trustworthiness, peer support, collaboration, empowerment, and cultural factors.

There are certain nuances that build trust with and reassure victims. Language should be direct and nonjudgmental if a provider has the opportunity to speak to a victim alone without the presence of the trafficker. Important topics to inquire about are whether a person has a choice to leave an employment situation, whether a person can leave work when the workday is over, and whether or not they have access to their personal identification documents. Other topics to ask are whether the victim or their family has been threatened, whether the victim is in debt to their employer, and whether the victim lives with their employer.

If the provider does not get the chance to speak to a suspected victim alone, they should not address the previously listed questions with a suspected trafficker present. This could put the provider and the victim at risk. The provider should contact the human trafficking hotline and attempt to get a message to the patient in the form of a written message or phone number to call (the human trafficking hotline number).

Screening Tools ²⁴

The assessment of a suspected human trafficking victim should be as comfortable for the patient as possible. This includes asking screening questions or giving patients intake forms to fill out. These forms can shed light on a human trafficking situation, especially if the victim, not the trafficker is filling out the forms.

The Adult Human Trafficking Screening Tool (AHTST) ²⁴

This measure has eight close-ended questions, designed not to traumatize, and can be filled out quickly. It can be used across any healthcare setting to allow identifying the basic information someone may be trafficked so the provider can refer to resources. The AHTST has not been validated as of 2022 but it is built upon the best available screening tools and likely will be validated by research in time. Its original publication date was January 31, 2018.

This screening tool is part of a guide and is to be used with the "Adult Human Trafficking Screening Tool and Guide." It has been provided as part of a screening toolkit to a professional who is trained to administer it. For information about this screening tool or the recommended training for its application, please contact the National Human Trafficking Training and Technical Assistance Center (NHTTAC) at info@nhttac.org or 844-648-8822.		
Question	Respondent Answers	Notes
1. Sometimes lies are used to trick people into accepting a job that doesn't exist, and they get trapped in a job or situation they never wanted. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
2. Sometimes people make efforts to repay a person who provided them with transportation, a place to stay, money, or something else they needed. The person they owe money to may require them to do things if they have difficulty paying because of the debt. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
3. Sometimes people do unfair, unsafe, or even dangerous work or stay in dangerous situation because if they don't, someone might hurt them or someone they love. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
4. Sometimes people are not allowed to keep or hold on to their own identification or travel documents. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
5. Sometimes people work for someone or spend time with someone who does not let them contact their family, spend time with their friends, or go where they want when they want. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
6. Sometimes people live where they work or where the person in charge tells them to live, and they're not allowed to live elsewhere. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
7. Sometimes people are told to lie about their situation, including the kind of work they do. Has anyone ever told you to lie about the kind of work you're doing or will be doing?	Yes No Declined to Answer Don't Know	
8. Sometimes people are hurt or threatened, or threats are made to their family or loved ones, or they are forced to do things they do not want to do in order to make money for someone else or to pay off a debt to them. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking. If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, "do you want additional resources or information?" For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1-888-373-7888, 24/7 (200 languages).		

Home, Education, Activities, Drugs, Sex, Suicide (HEADSS) Screen ²⁵

The HEADSS screen is an assessment tool for reviewing the psychosocial domains in adolescents. This is a crucial tool to identify potential problems with the home life of teenagers which can detect things like domestic abuse, sexual abuse, and child human trafficking. Children do not usually have many physical health problems as their health concerns come more commonly from behaviors that put them at risk. This screen can be used as part of intake forms in every healthcare setting. Each answer that is in “Needs Action, but not Immediate” and “Needs Immediate Action” should alert for further evaluation with children and teenagers.

HEADS-ED	0 No action needed	1 Needs action but not immediate	2 Needs immediate action
Home <i>Example: How does your family get along with each other?</i>	<input type="radio"/> Supportive	<input type="radio"/> Conflicts	<input type="radio"/> Chaotic / dysfunctional
Education <i>Example: How is your school attendance? How are your grades?</i>	<input type="radio"/> On track	<input type="radio"/> Grades dropping / absenteeism	<input type="radio"/> Failing / not attending school
Activities <i>Example: What are your relationships like with your friends?</i>	<input type="radio"/> No change	<input type="radio"/> Reduced / peer conflicts	<input type="radio"/> Fully withdrawn / significant peer conflicts
Drugs & alcohol <i>Example: How often are you using drugs or alcohol?</i>	<input type="radio"/> None or infrequent	<input type="radio"/> Occasional	<input type="radio"/> Frequent / daily
Suicidality <i>Example: Do you have any thoughts of wanting to kill yourself?</i>	<input type="radio"/> No thoughts	<input type="radio"/> Ideation	<input type="radio"/> Plan or gesture
Emotions, behaviours, thought disturbance <i>Example: How have you been feeling lately?</i>	<input type="radio"/> Mildly anxious / sad / acting out	<input type="radio"/> Moderately anxious / sad / acting out	<input type="radio"/> Significantly distressed / unable to function / out of control / bizarre thoughts
Discharge resources <i>Example: Do you have any help or are you waiting to receive help (counselling etc)?</i>	<input type="radio"/> Ongoing / well connected	<input type="radio"/> Some / not meeting needs	<input type="radio"/> None / on waitlist / non-compliant

<https://dontforgetthebubbles.com/mental-health-screening/>

Quick Youth Indicators of Trafficking (QYIT) ²⁶

The QYIT is used to screen children and young adults for sex and labor trafficking. One positive answer out of the four questions indicates a positive screen. Scoring positive with this basic screen means that social work/psychology should then conduct an expert screen.

Quick Youth Indicators of Trafficking (QYIT)

1. It is not uncommon for young people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
2. Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?
3. Sometimes young people who are homeless or who have difficulties with their families have very few options to survive or fulfill their basic needs, such as food and shelter. Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?
4. Sometimes employers don't want people to know about the kind of work they have young employees doing. To protect themselves, they ask their employees to lie about the kind of work they are involved in. Have you ever worked for someone who asked you to lie while speaking to others about the work you do?

The Short Screen for Child Sex Trafficking (SSCST) ²⁶

This screen aims to detect feelings of guilt, shame, and hopelessness that accompany children being sex trafficked. A positive screen is two or more positive answers on the screen. This is a very sensitive but moderately specific test meaning if a child scores negative, a provider can likely rule out sex trafficking (unless the child is not honest with the screen), and if a child scores positive, further screening is necessary because this does not automatically rule in sex trafficking.

1. Have you ever broken any bones, had any cuts that required stitches, or been knocked unconscious? ** No Yes

2. Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home? No Yes

3. Kids often use drugs or drink alcohol, and different kids use different drugs. Have you used drugs or alcohol in the last 12 months? No Yes

4. Sometimes kids have been involved with the police. Maybe for running away, for breaking curfew, for shoplifting. There can be lots of different reasons. Have you ever had any problems with the police? No Yes

5. If you have had sex before, how many sexual partners have you had?
 0 partners 1-5 partners 6-10 partners >10 partners

6. Have you ever had a sexually transmitted infection (STI), like herpes or gonorrhea or chlamydia or trichomonas? No Yes

Documentation ²⁷

There are key factors when it comes to documenting sensitive information in electronic medical records. The CDC has developed a series of codes to document for services provided to potential and established human trafficking victims. These ICD 10 codes are in place to describe human trafficking, to provide a continuum of care for these individuals, and to alert national and local protocols when a victim sees other healthcare providers. Providers must keep in consideration that their documentation may be accessible through a victim's trafficker through patient portals and after visit summaries. Providers should adhere to their organization's protocols for confidentiality, as some organizations and EMR systems keep certain information out of the patient portal. Providers may use abbreviations to lower the chance that a trafficker seeing the record notices, but also informs future providers of the situation (HT for Human Trafficking, CST for Child Sex Trafficking). The provider should also keep in mind that their documentation may be used to make a legal case for the victim.

Providers should always first consider patient safety, and they should complete mandated reporting (child and adult protective services). Providers who are uncomfortable acting alone may consult experienced staff with human trafficking, such as social workers. A useful script states to the suspecting victim something like "I strive to keep all of your healthcare information confidential, but I cannot guarantee that others who have access to your patient portal will not see information from this visit. That being said, is there anything else that you would like to bring up that is sensitive considering your home life or work life that you do not want in your record?" Another script such as "Some of what we have found in your assessment may affect your mental and physical health. This means that your healthcare team needs to know some of these details to provide you with the best care. How can I communicate some of this sensitive information you have shared with me in the record while still addressing your concerns about keeping this information private?" This statement follows trauma-informed care by involving the patient in the solution rather than deciding for them.

Section 3 Key Terms

Indicators of Human Trafficking – factors of physical or psychosocial clinical presentation to help providers recognize potential victims of human trafficking

Trauma-Informed Approach – an empathetic, compassionate approach to patient care in treating patients with trauma to empower patients without retraumatizing them

Section 3 Summary

Providing aid to victims of human trafficking begins with identification. Providers across all healthcare settings may face victims of human trafficking, most commonly in the emergency department and reproductive clinics. Common signs of human trafficking scenarios involve the victim avoiding responding to questions, having little identification or health record, not speaking the predominant language of the country of care, and being accompanied by another person who answers all questions. There are a few screening questionnaires, the AHTST, HEADSS, QYIT, and SSCST, which all detect victims of human trafficking among adults, adolescents, and children.

Response and Follow Up

As one can imagine, following up and acting after discovering a victim of human trafficking is just as important as identifying one. There are several careful steps that healthcare providers should take to approach follow-up with victims of human trafficking safely and efficiently. This section will detail just that – a pragmatic framework that clinicians should follow to respond to discovering victims of human trafficking within organizational and nationally structured plans.

Although human trafficking occurs across the United States, many employees in clinics do not know how to identify in the first place or how to act once they have identified a victim of human trafficking. This is true even in states with high rates of human trafficking, such as California and Texas. The role of healthcare providers is immense in responding to cases of human trafficking because healthcare is the most common professional service that victims come into contact with. Organizations that have protocols are more successful with the identification and intervention of victims of human trafficking.

Organizational Protocol ^{20,28}

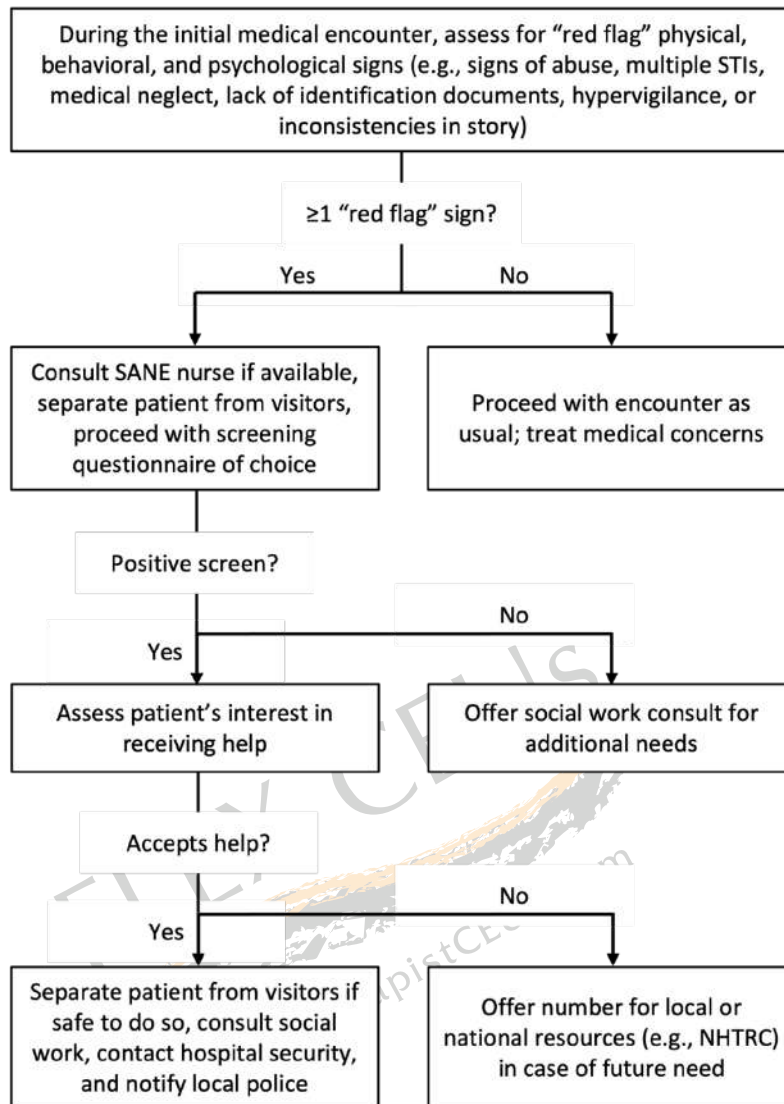
Organizational protocols are essential in responding appropriately after detecting a victim of human trafficking. Hospitals and clinics that do not have a protocol on this are at risk of victims never being identified or assisted out of trafficking. On the contrary, organizations that train their employees appropriately and have a plan of action, especially in regional areas with high trafficking activity, will save hundreds to thousands of victims from further suffering. Organizations that need help implementing a protocol

for identifying and responding to human trafficking should consult the nationally accepted, accredited training program SOAR (Stop, Observe, Ask, Respond) at <https://nhttac.acf.hhs.gov/soar>.

Education around responding to human trafficking cases begins in higher education. Educational programs, such as nursing, medical, nurse practitioner, physical therapy, etc., should integrate at least introductory information on identifying and responding to help victims of human trafficking. Higher levels of awareness in this capacity mean that victims may be discovered by any healthcare provider they come into contact with.

After graduating with an introduction in identifying and responding to human trafficking victims, organizations such as hospitals and clinics should implement training with their organizational protocol which spans from identification to response. A typical protocol would highlight identifying a victim upon red flag signs (abuse, STIs, inconsistencies in medical history, and more from the identification section). If no red flags are present, no action beyond typical medical care is necessary. However, if there are red flags, the provider should attempt to see the patient alone and screen for trafficking with a series of organization specific measures and further patient-centered questions. If the screen is negative, social work should still be contacted and if positive, the provider should try to determine how ready the victim is to seek help. If they do not accept help, they should be given national and local resources. If they do accept help, the patient should be separated from his/her visitors and the provider should immediately alert hospital security and law enforcement. They should also alert the facility's social work team or consult an affiliated social worker.

An example of a protocol similar is located within the following flowchart, where NHTRC is an abbreviation representing the National Human Trafficking Resource Center. Individual organizational protocols may differ from this and should have this information visible within emergency departments and clinics.



<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8760950/#emp212638-supitem-0001>

Intervention and Response

Intervention and response to victims of human trafficking focus on action to remove the individual from their situation (law enforcement and protective services) and to connect the individual to community resources, mental healthcare, and physical healthcare.

Healthcare providers on an organizational level in an ideal world have a connection to the community to be able to refer victims of human trafficking to resources such as behavioral help, housing, and legal services. No matter which provider first discovers a victim of human trafficking, the response should be the same. That means that all

providers should be trained on referring to other healthcare providers and community resources, or at least be able to consult another provider to assist with this.

Referrals to Healthcare Providers

Providers who discover a victim of human trafficking should make referrals to the appropriate healthcare providers on an individual case basis. If the patient does not have insurance, the provider should refer them to a community health center, nonprofit hospital, or a free clinic at a university for the patient to receive care. Victims of human trafficking are eligible to apply for the low-income health insurance plan Medicaid if they are US citizens. The type of care that they may need is primary care, mental healthcare, substance abuse treatment, maternal health, and pediatrician services.

Primary Care

Victims of human trafficking should have a primary care source to receive general regular healthcare. This would be a primary care nurse practitioner, physician, or pediatrician. It is important for victims to have a primary care provider for continuity of care and to have a central hub to pass care from other providers.

Mental Healthcare ²⁹

Primary care providers should refer a victim of human trafficking to appropriate mental healthcare including psychology for counseling and psychiatry for an assessment of medication appropriateness. These providers should have experience working with victims of human trafficking or abuse to be qualified to complete therapy sessions and psychiatry services. Psychologists, licensed clinical social workers (LCSW), licensed professional counselors (LPC), and marriage and family therapists (MFT) are all appropriate mental health providers to refer to and all have a Master's Degree in psychology or social work. Ideally, a victim of human trafficking should also be referred to psychiatry for evaluation and providing adjunct medication to improve the symptoms of underlying conditions like depression, anxiety, and post-traumatic stress disorder. Mental health providers may engage their patients in individual, group therapy, or a combination to see the best improvement. It is ideal if providers of mental and physical healthcare are within the same organization so they are able to collaborate on care.

Reproductive Healthcare

Women and victims of sex trafficking should be referred to reproductive healthcare for screening and treatment of sexually transmitted diseases and to address possible

pregnancy and infertility concerns. This can be provided by an advanced practice nurse practitioner or a physician specializing in gynecology. Primary care or reproductive care offices should take the care to ensure their patients are covered under insurance at these facilities.

Substance Abuse Treatment ³⁰

As mentioned in prior sections, many traffickers recruit directly from substance abuse treatment centers to prey on this vulnerability. That being said, many victims of human trafficking have never gotten completely sober as they may have continued using drugs after leaving prior treatment. In addition, victims who survive human trafficking are more likely to abuse drugs and alcohol after escaping trafficking due to underlying mental health disorders from their trauma. Providers should refer their patients to excellent local substance abuse treatment centers which offer a multidisciplinary approach to mental healthcare, physical healthcare, and trained professionals who work specifically with a trauma-informed approach.

Referrals to Community Resources

Healthcare providers should immediately refer victims of human trafficking to resources in their community after discovering they are victims. Resources will vary locally, but victims should have all of their basic needs met, including shelter, food and water, money, childcare, and vocational assistance. The provider who discovered the case of human trafficking can make this referral, but social workers should also be involved as they are experts in resource management. Professionals within Child Protective Services will find a home for children either through family members or the foster care system.

Housing Assistance ^{31,32}

Several organizations exist for victims of domestic abuse, trafficking, and people who are homeless to find housing. Across the United States, an organization called **National Trafficking Sheltered Alliance** allows anyone to refer a person to be assisted with housing options locally. Another national resource that connects victims locally for housing options is called **Free the Captives**. In Houston, Texas, there is a program for teenage girls to rebuild their lives through stable housing, connection, and personalized care for mental and physical health. These programs, in addition to shelters for victims of abuse and people who are homeless, provide relief to victims of human trafficking.

Food Assistance ¹

Organizations that raise money to help trafficking victims may help with food assistance locally. Additionally, if a person obtains a letter which “certifies” that someone was a victim of human trafficking, they qualify for food stamps through the **Supplemental Nutrition Assistance Program (SNAP)**. This letter would come from a qualified mental health professional like a social worker or psychologist. In Texas, one would qualify if they were a US citizen or migrant who is eligible, a Texas resident, and looking for a job (besides people who are not required to work such as those with disabilities or who are pregnant). States may have specific programs for women who are pregnant through having children who are up to five years old. An example of this is the Texas program **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** which covers healthy food for both the mother and child, breastfeeding support, and nutrition consults.

Financial ³³

A national program called **Temporary Assistance for Needy Families (TANF)** can help victims of human trafficking gain the ability to become financially independent. To qualify, the family must be low-income by the state and federal government’s definition of poverty and support at least one child. The state government then issues monthly cash payments to the family to support basic needs. People with TANF also have access to job assistance and educational assistance programs. TANF helps to pay for those supplies, transportation, furniture, utilities, housing, food, and clothing.

Legal ³⁴

Many law firms offer pro bono services where victims of human trafficking can gain legal counseling and advice without financial consequences. Providers and social workers may refer victims of human trafficking to one of these firms, which are typically foundations, employment law centers, and community lawyers. These services are location dependent. A service called **Catholic Legal Immigrant Network, Inc (CLINIC)** provides legal services to immigrants involved in human trafficking is found at <http://clinicallegal.org>.

Education/Vocation ³⁴

Community centers across the country offer GED assistance and even technical college or university preparation programs to help victims transition into education if they wish to do so. **English as a Second Language (ESL)** classes are typically offered at schools, community colleges, and libraries for helping victims learn English if they do not know it already.

A national organization called **CareerOneStop** has local listings for employment assistance and vocational placement from local community colleges. Goodwill has a job training program where victims of human trafficking will be welcome to work.

Mandated Reporters and Law Enforcement ^{35,36}

Healthcare providers are mandated reporters of certain types of abuse among vulnerable populations in the United States, including human trafficking cases. Mandated reporting legally requires a provider to report suspected or known abuse of vulnerable populations to authorities. Children, adults, the elderly, and persons with disabilities are groups that will be discussed in this section. Federal and state laws may vary in reporting mandates. For state specific requirements, the following link will allow providers to verify laws with their state: <https://www.aha.org/guidesreports/2021-01-08-legal-requirements-reporting-and-education-human-trafficking-and-health>

Children

Federal law mandates professionals in each state of the United States to report suspected or known child abuse, child sex trafficking, and child forced labor to law enforcement. Local law does differ in what authorities should be notified in cases of suspected or known child abuse and neglect, whether that be child welfare and law enforcement, or just one of those.

The state of Texas requires all healthcare providers to report to the Department of Family and Protective Services and local law enforcement if a minor admits abuse or if the provider suspects abuse without the child admitting so. This report must be made within 48 hours of knowledge of the case. Texas law incorporates child human trafficking into child abuse, so reporting requirements remain the same for both types of abuse.

Involving local law enforcement in cases of suspected or known child abuse is necessary but will have repercussions on all parties involved. The first action of law enforcement is to determine if laws were broken and assign charges to the accused party. Law enforcement will work with Child Protective Services to gain case information, will speak with the child, and accused, and communicate with the healthcare provider who suspected child abuse as well as social workers at that site, to gain information for their case. If the accused is found to be guilty of child abuse, the child will be removed from the care of this person and Child Protective Services will work on finding a home for the child, whether with related family members or within the foster care system.

Adults

Federal law does not mandate reporting of human trafficking cases of adults by healthcare providers. It is still an illegal offense and traffickers will still be punished by law enforcement if they are caught. Healthcare providers should in good conscience report suspected cases of human trafficking but are not required to by law. When making this decision, clinicians should consider how many other people could be suffering under a single trafficker or group of traffickers, beyond their singular patient. There are various available resources nationally and locally to report cases of this crime. Providers who believe their patient may be trafficked must gain the consent of their patient and then report this to local authorities and social workers and alert the National Human Trafficking Hotline (under the national and local resources section). If their patient does not give consent, providers should provide all possible resources to their patient (local and national) and encourage them to seek help.

The implications of involving law enforcement for adult victims of human trafficking may be dire. If authorities do not intervene in making criminal charges on a trafficker right away, the trafficking victim could suffer worse physical, psychological, or sexual abuse than before the healthcare provider attempted to intervene. Even if made in private without a trafficker present, traffickers can find out about any attempts to free their victims, making them more likely to lash out and punish their victims. Healthcare providers should make all attempts to be discrete and have their patient's permission when contacting local authorities.

Elderly

Each state mandates the reporting of elder abuse in addition to child abuse. Human trafficking of elders is considered abuse and is, therefore, a mandated offense to report to local authorities. This may involve exploitation of elders for profit or physical, sexual, or psychological abuse of elders. A lot of elder abuse occurs with caregivers and people that the elder trusts.

The state of Texas mandates reporting of elder abuse to the Department of Family and Protective Services and to local law enforcement. Implications of contacting local authorities are an investigation of the elder's life including discussions with the elder and the accused abuser/trafficker. This can risk the safety of the elder, especially if authorities do not have a plan for protecting the elder during this questioning. In addition to this, elders may be removed from their residence for safety concerns, authorities may contact family or friends of the elder to gain more insight into a safe

place for them to reside. The National Center for Elder Abuse is a great resource for clinicians to explore examples and action around elder abuse.

Criminal Charges for Traffickers ³⁷

Charges that persons engaging in human trafficking as perpetrators vary by offense, by state, and are assessed on a case-by-case basis. Prosecutors must prove the offense of human trafficking by definition of using force, fraud, or coercion to have a victim engaged in forced labor or sex trafficking. Human trafficking, as a federal offense, can result in up to life in prison. Sex trafficking of minors typically results in a sentence of 40 years to life in prison. People convicted of trafficking for labor will typically face five to twenty years in prison and a fine. The sentencing will increase in severity with up to a life sentence if things like death, kidnapping, sexual abuse, and attempted murder were involved in the case.

National and Local Contact Information

As mentioned throughout this course, many national resources exist to manage the intervention of people who have been trafficked. The organizations of HEAL Trafficking, the Polaris Project, and the National Human Trafficking Resource Center all strive to improve the detection and response of victims of human trafficking. There are several local resources that were briefly mentioned in the referral to community resource section as well.

National Organizations

The National Human Trafficking Resource Center (NHTRC) and Polaris Project ³⁸

The NHTRC hotline number is **1-888-373-7888**. This number allows callers to report tips around suspected or known human trafficking, to connect with providers in the area, and is able to initiate training resources for organizations. Anyone from anywhere in the United States may call this number at any time (open at all times). The service is available in two hundred languages. People may also text “HELP” or “INFO” to **233733 (BEFREE)** to report tips or for more information. The website <http://humantraffickinghotline.org> also allows anyone to report a tip on their website and provides resources of information surrounding human trafficking.

The NHTRC is operated by the **Polaris Project** which is a nonprofit organization that aims to prevent and fight against sex trafficking and forced labor in North America. It was founded in 2002 and headquartered in Washington D.C. Beyond operating the human trafficking hotline, the Polaris Project is building a set of data that demonstrates the dimensions of human trafficking and is using this data to implement strategies to prevent human trafficking across the continent. More information about the Polaris Project is at <http://polarisproject.org>.

Health, Education, Advocacy, Linkage (HEAL) Trafficking ³⁹

HEAL Trafficking is an organization of thousands of trafficking survivors and professionals in many disciplines that work to stop human trafficking and to provide support to survivors. This organization develops protocols for recognition and response in healthcare settings to discover human trafficking victims. Organizations may request the HEAL Protocol Toolkit which aids healthcare organizations in developing a protocol.

Federal Law Enforcement ⁴⁰

The US Department of Homeland Security can be contacted to directly report suspected human trafficking activity to law enforcement. This number is **1-866-347-2423** and is always in operation no matter the time of day or the day of the week. Tips can also be submitted to www.ice.gov/tips.

Local Response and Resources ⁴¹

Many states direct local hotlines to the National Human Trafficking Hotline although there are local organizations to combat human trafficking. One example is the Texas Human Trafficking Resource Center which can be reached at Human_Trafficking@hhsc.state.tx.us. Social workers and primary care providers should contact local resources such as housing, financial, and insurance to assist victims of human trafficking in their basic needs. The response to human trafficking starts at a local level with several national resources to refer to as well.

Section 4 Key Terms

Mandatory Reporter – a professional who must legally report suspected or known abuse in children or elders in the United States

Polaris Project – an organization founded in 2002 to combat human trafficking and provide resources to victims

HEAL Trafficking – an organization that consists of human trafficking victims and several disciplines of professionals to work towards treatment after human trafficking and healthcare facility protocol

Section 4 Summary

Healthcare providers as front-line workers should be ready to recognize and respond to human trafficking cases. Organizations need to develop protocols and providers should connect with the local community and national resources on human trafficking, so their patients have the best chance of recovering fully. Nationally all healthcare providers are mandatory reporters of suspected or known child and elder abuse including human trafficking. Providers may report adult human trafficking cases to local law enforcement and the National Human Trafficking Hotline if an adult gives consent.

Case Study

Brooke is a registered nurse working in an emergency department when a woman, Maria, accompanied by her boyfriend, Jeff, come in for care. When Brooke asks for the patient's subjective history, Maria looks at Jeff and does not answer. Jeff explains that Maria speaks some English, but Spanish is her primary language. Jeff explains that Maria fell down the stairs in the middle of the night and ended up injuring her arm. Maria avoids making eye contact with Brooke and has not spoken since she got to the emergency department and Jeff filled out her intake forms for her. When asked to stand up for part of the physical examination, Maria clutches her lower abdomen and flinches. Brooke hopes to speak to Maria to understand her patient better.

Reflection Questions

1. What additional strategies can Brooke use to communicate with Maria?
2. If Brooke and/or the treating physician are able to speak to Maria alone, what should they ask her?
3. If Maria answers yes to any of the provider's questions on trafficking screening, what should the provider's action be?
4. If Maria refuses to participate or answers no to any of the providers trafficking screening, what action should the provider take?

Responses

1. Brooke should use a professional Spanish interpreter to communicate in her patient Maria's preferred language. Because Jeff is answering most of the history, Brooke should attempt to speak directly to her patient through an interpreter. If Jeff becomes resistive or Maria declines an interpreter, Brooke should let the physician or advanced practice nurse practitioner who is providing care know. Maria should also state to Jeff that it is hospital policy to examine a patient without visitors.
2. Questions to screen for safety are necessary in this case as Maria already demonstrates submission to Jeff and is not answering questions directly. Providers should ask Maria if she is safe in her home and work life, sensitive information about how many sexual partners she has had (screening for STDs, discovering the source of her lower abdomen pain) and if she has ever been threatened or forced to do anything by Jeff or anyone else.
3. If Maria consents to allow the providers to help her situation, the providers may act. The providers should follow hospital protocol, which is typically alerting hospital security, local law enforcement, the National Human Trafficking Hotline, and social work.
4. The provider should document very carefully that certain elements of the interaction between Maria and Jeff were suspect of some type of abuse, for continuity of care in Maria's chart. The provider should then offer resources in a victim-centered and trauma-informed approach to social work and community resources to ensure the victim has access to these things. Because Maria is an adult if she does not give consent for help, medical providers cannot infringe upon this. The provider caring for Maria may consult with a social worker who deals with human trafficking cases more commonly for a debrief and potential future action if Maria decides she would like help.

Conclusion

Human trafficking can affect anyone across the globe and damages the physical, mental, and emotional health of victims. Human trafficking defined in the US includes forced labor and sex trafficking and can affect children, adults, and elderly persons of any diverse characteristics. Several organizations work tirelessly to systemically change

healthcare screening and response for human trafficking victims. Healthcare organizations should strive to adopt an organizational protocol for providers to follow whether employed in the emergency department, primary care, hospital floors, or other locations. Healthcare organizations and providers should be connected to local and national resources to refer their patients for further help beyond medical care. Human trafficking as modern-day slavery remains prolific in our society and healthcare providers need to be part of the solution by discovering victims on a regular basis.



References

1. Texas Human Trafficking Resource Center | Texas Health and Human Services. Accessed August 5, 2022. <https://www.hhs.texas.gov/services/safety/texas-human-trafficking-resource-center>
2. Fact Sheet: Human Trafficking. Accessed August 10, 2022. <https://www.acf.hhs.gov/otip/fact-sheet/resource/fshumantrafficking>
3. Human Trafficking. Published October 6, 2015. Accessed August 10, 2022. <https://www.justice.gov/humantrafficking>
4. About Human Trafficking. United States Department of State. Accessed August 5, 2022. <https://www.state.gov/humantrafficking-about-human-trafficking/>
5. Toney-Butler TJ, Ladd M, Mittel O. Human Trafficking. In: StatPearls. StatPearls Publishing; 2022. Accessed August 5, 2022. <http://www.ncbi.nlm.nih.gov/books/NBK430910/>
6. Whitney C. The History of Human Trafficking. The Exodus Road. Published January 25, 2022. Accessed August 5, 2022. <https://theexodusroad.com/history-of-human-trafficking/>
7. Grassley C. S.1312 - 115th Congress (2017-2018): Trafficking Victims Protection Act of 2017. Published December 21, 2018. Accessed August 10, 2022. <http://www.congress.gov/>
8. Understanding Human Trafficking. United States Department of State. Accessed August 10, 2022. <https://www.state.gov/what-is-trafficking-in-persons/>
9. Types of human trafficking. Accessed August 10, 2022. <https://www.interpol.int/en/Crimes/Human-trafficking/Types-of-human-trafficking>
10. Prevention VS and C. Why They Stay: The Dynamics of Trafficking - Province of British Columbia. Accessed August 12, 2022. <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/human-trafficking/human-trafficking-training/module-1/dynamics>
11. What is Human Trafficking? Greater New Orleans Human Trafficking Task Force. Accessed August 15, 2022. <http://www.nolatrafficking.org/what-is-human-trafficking>

12. Prevention VS and C. What Makes Someone Vulnerable to Human Trafficking? - Province of British Columbia. Accessed August 11, 2022. <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/victims-of-crime/human-trafficking/human-trafficking-training/module-1/vulnerabilities>
13. CDC - STD Diseases & Related Conditions. Published December 8, 2021. Accessed August 16, 2022. <https://www.cdc.gov/std/general/default.htm>
14. Human Trafficking Task Force e-Guide. Accessed August 16, 2022. <https://www.ovcttac.gov/taskforceguide/eguide/4-supporting-victims/44-comprehensive-victim-services/mental-health-needs/>
15. Stoklosa H, Marti MacGibbon CI, Stoklosa J. Human Trafficking, Mental Illness, and Addiction: Avoiding Diagnostic Overshadowing. *AMA J Ethics*. 2017;19(1):23-24. doi:10.1001/journalofethics.2017.19.1.ecas3-1701
16. Ronda-Pérez E, Moen BE. Labor trafficking: Challenges and opportunities from an occupational health perspective. *PLoS Med*. 2017;14(11):e1002440. doi:10.1371/journal.pmed.1002440
17. Robjant K, Roberts J, Katona C. Treating Posttraumatic Stress Disorder in Female Victims of Trafficking Using Narrative Exposure Therapy: A Retrospective Audit. *Front Psychiatry*. 2017;8:63. doi:10.3389/fpsyt.2017.00063
18. University of Wisconsin-Madison, Vatne Bintliff A, Stark C, et al. Lifelong Wellbeing for Survivors of Sex Trafficking: Collaborative Perspectives From Survivors, Researchers, and Service Providers. *Dign J Sex Exploit Violence*. 2018;3(3). doi:10.23860/dignity.2018.03.03.03
19. McAmis NE, Mirabella AC, McCarthy EM, et al. Assessing healthcare provider knowledge of human trafficking. *PLoS One*. 2022;17(3):e0264338. doi:10.1371/journal.pone.0264338
20. Marcinkowski B, Caggiula A, Tran BN, Tran QK, Pourmand A. Sex trafficking screening and intervention in the emergency department: A scoping review. *J Am Coll Emerg Physicians Open*. 2022;3(1):e12638. doi:10.1002/emp2.12638
21. Human Trafficking Statistics by State 2022. Accessed August 19, 2022. <https://worldpopulationreview.com/state-rankings/human-trafficking-statistics-by-state>

22. Human Trafficking and the Health Care Industry | Polaris. Published October 22, 2019. Accessed August 19, 2022. <https://polarisproject.org/human-trafficking-and-the-health-care-industry/>
23. Trauma-Informed Approach | NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER. Accessed August 20, 2022. https://nhhtac.acf.hhs.gov/soar/eguide/respond/Trauma_Informed_Care
24. Toolkit and Guide: Adult Human Trafficking Screening. Accessed August 20, 2022. <https://www.acf.hhs.gov/otip/training-technical-assistance/resource/nhhtacadultscreening>
25. Addison J, Herrera N, Tuchman L, Bokor B. HEADSS Up! Missed Opportunity for Psychosocial Screening in Hospitalized Adolescents. *Hosp Pediatr*. 2021;11(4):417-421. doi:10.1542/hpeds.2020-000216
26. Screening Young People for Trafficking Experiences. *Delta 8.7*. Published April 2, 2020. Accessed August 22, 2022. <https://delta87.org/2020/04/screening-young-people-for-trafficking-experiences/>
27. Documenting ICD Codes and Other Sensitive Information in Electronic Health Records. *HEAL Trafficking: Health, Education, Advocacy, Linkage*. Accessed August 22, 2022. <https://healtrafficking.org/2021/02/documenting-icd-codes-and-other-sensitive-information-in-electronic-health-records/>
28. SOAR | NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER. Accessed August 22, 2022. <https://nhhtac.acf.hhs.gov/soar>
29. Mental Health Resources for Human Trafficking Survivors and Allies. Accessed August 23, 2022. <https://www.acf.hhs.gov/blog/2021/10/mental-health-resources-human-trafficking-survivors-and-allies>
30. Substance Abuse. Toolkit for Human Trafficking Survivor Advocates. Accessed August 23, 2022. <https://www.supporthtsurvivors.org/substance-abuse>
31. Alliance Referral System. National Trafficking Sheltered Alliance. Accessed August 23, 2022. <https://shelteredalliance.org/alliance-referral-system/>
32. Survivor Care. Free The Captives Houston. Published December 12, 2014. Accessed August 23, 2022. <http://www.freethecaptiveshouston.com/our-work/survivor-care/>

33. Temporary Assistance for Needy Families (TANF). Accessed August 23, 2022.
<https://www.acf.hhs.gov/ofa/programs/temporary-assistance-needy-families-tanf>
34. Services Available to Victims of Human Trafficking. Accessed August 23, 2022.
<https://www.acf.hhs.gov/otip/training-technical-assistance/resource/services-available-victims-human-trafficking>
35. English A. Mandatory Reporting of Human Trafficking: Potential Benefits and Risks of Harm. *AMA J Ethics*. 2017;19(1):54-62. doi:10.1001/journalofethics.2017.19.1.pfor1-1701
36. Legal Requirements for Reporting and Education for Human Trafficking and Health Care Providers | AHA. Accessed August 22, 2022. <https://www.aha.org/guidesreports/2021-01-08-legal-requirements-reporting-and-education-human-trafficking-and-health>
37. myadmin. Involuntary Servitude, Forced Labor, And Sex Trafficking Statutes Enforced. Sex Crimes Attorney. Accessed August 22, 2022. <https://casexcrimesattorney.com/practice-area/federal-sex-crimes/involuntary-servitude-forced-labor-and-sex-trafficking-statutes-enforced>
38. Polaris | We Fight to End Human Trafficking. Accessed August 23, 2022. <https://polarisproject.org/>
39. HEAL Trafficking and Hope for Justice's Protocol Toolkit. HEAL Trafficking: Health, Education, Advocacy, Linkage. Accessed August 23, 2022. <https://healtrafficking.org/2017/06/protocol-toolkit/>
40. Domestic Trafficking Hotlines. United States Department of State. Accessed August 23, 2022. <https://www.state.gov/domestic-trafficking-hotlines/>
41. TEXAS HUMAN TRAFFICKING RESOURCE CENTER. Accessed August 23, 2022. <https://www.tfc.texas.gov/divisions/commissionadmin/txhtrc.html>

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