ABOUT

This document contains essential information from the eLearning course, *Addressing Human Trafficking in the Health Care Setting*. The course was developed by Catholic Health Initiatives, and is based on *Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting*. 
TOPIC LINKS

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   - Safety Planning

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Providers should always use the trauma-informed framework of patient care when dealing with patients.

**PRINCIPLES**

Under this approach, providers:

- Assume all patients may have had past traumatic experiences
- Acknowledge that past traumatic experiences may influence how patients perceive and interact with others in the health care setting
- Adjust patient care accordingly

**GOALS**

Goals within the trauma-informed framework include:

- Reduce re-traumatization
- Highlight strengths and resilience
- Promote healing and recovery
- Support for the development of healthy short- and long-term coping mechanisms
REMINDEERS

Victims of trafficking rarely identify themselves in the clinical setting. Remember that:

- Compassion, sensitivity and creating a safe environment are essential during the patient encounter.
- Disclosure should not be the focus or goal, and may not happen on the first visit.
- Building a trusting relationship is important for future disclosure.

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RED FLAG INDICATORS FOR HUMAN TRAFFICKING

While no single red flag is an indicator of human trafficking by itself, a combination of these should raise suspicion and initiate a private trauma-informed screening for trafficking or other serious forms of coercion.

GENERAL RED FLAG INDICATORS

- Discrepancy between the stated history and the clinical presentation or observed pattern of injury
- Scripted, memorized, or mechanically recited history
- Accompanying individual who answers questions for the patient or otherwise controls the pace and content of the encounter
- The patient appears fearful, anxious, depressed, submissive, hyper-vigilant, tense, nervous, or paranoid
- The patient expresses fear of arrest, imprisonment or deportation
- The patient expresses concern for the safety of family members
- Delayed presentation or other evidence of a lack of care for previously identified or obviously existing medical conditions
- Tattoos or other marks or insignias that may indicate a claim of ownership by another
- Occupational-type injuries without evidence of legitimate employment. Examples include: overuse injuries, chemical exposures, exposure to extreme or adverse climate conditions, and head injuries
- Physical ailments—such as dehydration, malnutrition, and chronic fatigue—especially when accompanied by vague references to being related to a work situation

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**RED FLAG INDICATORS UNIQUE TO SEX TRAFFICKING**
- Recurrent sexually transmitted infections
- Multiple or frequent pregnancies
- Frequent or forced pregnancy terminations
- Presentation to the health care setting with non-guardian or unrelated adults
- Over-familiarity with sexual terms and practices
- Seemingly excessive number of sexual partners

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RED FLAG INDICATORS UNIQUE TO PEDIATRIC-AGE VICTIMS

Note: Minors might be in the grooming phase – a good opportunity for intervention.

- Material possessions that one would reasonably doubt the patient could afford on his/her own
- A history of school truancy
- Recurrent episodes of running away

SCREENING SUSPECTED VICTIMS

If you suspect a patient is being trafficked, be cautious when deciding to screen.

CONSIDERATIONS

If you decide to screen:

- Separate the victim from any accompanying persons and from mobile devices that can be used for tracking and monitoring
- Do not rely on accompanying persons for translation. Unless you speak the patient’s language, use a professional interpreter for all communications.
- Frame questions gently and non-judgmentally
- Begin with broad questions and progress to more detailed questions
- Base your questions on the type of trafficking suspected
SAMPLE QUESTIONS

The following questions are offered as suggestions and should not be considered to be a verbatim checklist:

- Who do you live with?
- What type of work do you do?
- Do you feel safe at home? At work? What about at school?
- Are you being pressured to do things that you do not want to do?
- Has anyone hurt you or threatened you with harm to yourself, your family, or friends?
- Do you have control over your personal identification documents and money?
- How many hours per day, or week, do you work?
- What kind of time off do you have?
- Can you come and go as you please from home? What about from work?
- Do you have to ask permission to eat, go to the bathroom, or go to bed?
- Do you owe money to your boss?
- Are your boss and landlord the same person?
- Can you leave your job or living situation if you want to?
- Are there locks on the doors and windows where you work or sleep so you cannot get out?
Have you been physically or sexually harmed in any way by anyone at home? What about at work?

Have you ever traded sex for food, shelter, drugs, or money?

Has anyone ever forced you to have sex when you didn’t want to?

Have you been required or forced to perform sex acts for work or to pay off a debt?

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BARRIERS TO DISCLOSURE

Providers must be aware of the multiple barriers to disclosure of trafficking during the patient-provider encounter.

POTENTIAL PATIENT BARRIERS

- Feeling guilt or shame about their situation
- Not understanding the concept of coercive control, or even recognizing themselves as being exploited, trafficked, or victimized
- Lacking awareness of safe and supportive alternatives to their current situation, and being unaware of their legal and human rights
- Fearing retribution by the trafficker
Feeling threatened by the monitoring of their movements and actions by traffickers, including through the use of technologies [e.g., mobile phones, GPS locators, listening devices] and/or through direct observation by the trafficker or the trafficker’s associates.

Fearing punishment, especially if the victim has engaged in recruiting other victims in exchange for better treatment or higher status within the trafficking ring.

Fearing consequences that may result from reporting to law enforcement or immigration services.

Preferring to disclose to a provider of the same gender, ethnicity, age, or other characteristic.

**POTENTIAL PROVIDER BARRIERS**

Some of the potential barriers to disclosure on the provider side include:

- Lacking awareness of the issue, or lacking knowledge/skills to screen.
- Scaring the patient into silence by aggressively attempting to obtain a disclosure from the patient.
- Failing to ensure patient privacy.
- Using accompanying persons for language interpretation.
- Avoiding screening entirely due to a lack of protocols that assist providers in responding to a disclosure.
• Fearing that victim identification may result in deportation for non-US born patients

• Competing priorities such as time, resource constraints, or sicker patients

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PHYSICAL EXAM CONSIDERATIONS

Regardless of disclosure, patients seeking medical care for injuries resulting from physical and sexual interpersonal violence should be offered a forensic evaluation and evidence collection with a state-approved evidence collection kit, when appropriate.

PHYSICAL FINDINGS

The possibility of abuse and violence, including that resulting from human trafficking, should be suspected when any of these physical findings are noted:

• Evidence of acute or chronic trauma, especially to the face, torso, breasts, or genitals

• Bilateral or multiple injuries not otherwise explained by the history provided

• Protective injuries

• Evidence consistent with rape or sexual assault

• A pregnant woman with any injury, particularly to the abdomen or breasts or vaginal bleeding
- Occupational injuries not clearly linked to formal employment
- Evidence suggesting neglect of acute injuries or illnesses and chronic diseases

Note: Labor trafficking victims may also suffer sexual abuse and/or violence.

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DOCUMENTATION CONSIDERATIONS

Careful and accurate documentation can be a valuable source of information if the patient seeks legal remedy. Written documentation should be unbiased and include direct, unaltered quotes from the patient, as well as:

- The patient’s medical history
- Any oral disclosures
- The words “suspected human trafficking” as a finding, diagnosis, or problem in the chart, when appropriate
- Physical findings from the exam, with detailed written descriptions, body maps, and digital or film photographs, with the patient’s permission

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PHOTOGRAPHIC DOCUMENTATION

Obtain patient permission for photographic documentation and ensure the patient is informed of his or her right to refuse photographs or restrict photos to specific areas.
Photos should include:

- The injured body part
- The patient’s face
- Close up views of each relevant injury or lesion, measured by a common object, like a ruler or coin
- A piece of paper or object with the date the photograph was taken

POST-VISIT PATIENT NEEDS

Because no single provider can respond to the broad range of victims’ needs, effective case management is the cornerstone of intervention.

WITHIN THE HEALTH CARE SETTING

Within the health care setting, a multidisciplinary approach should be employed, including, but not limited to:

- Emergency providers
- Infectious disease
- Trauma surgery
- Psychiatry
- Occupational health
- Addiction medicine
- Obstetrics / gynecology
- Others
BEYOND THE HEALTH CARE SETTING

Patient needs that should be addressed as part of cross-sector care coordination to assist those exiting trafficking include:

- Health care
- Safety planning
- Risk assessment
- Legal services
- Immigration services
- Longer-term housing
- Immediate safe shelter
- Social services
- Child protection services

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RISK ASSESSMENT AND SAFETY PLANNING

Patients experiencing abuse and violence may minimize or deny the danger of their situation. Once a victim has disclosed trafficking, the clinician can assist in assessing the patient’s risk for harm and can help with immediate-, intermediate- and long-term safety.
RISK ASSESSMENT

The following patient-reported indicators of escalating risk for harm should be explored:

- An increase in the frequency or severity of threats
- New or increasingly violent behavior
- New or increasing threats of homicide or suicide
- Access to and prior threats with a firearm or other lethal weapon

SAFETY PLANNING

If safety is an immediate concern, hospital security and/or law enforcement should be contacted with the patient’s consent and in accordance with established institutional protocols and any state-mandated requirements for reporting.

Clinicians should be familiar with the general principles of safety planning including determining:

- Support, documents, or resources the patient may need if he or she remains in the current trafficking situation or desires escape
- Steps that can be planned ahead of time in anticipation of the patient’s needs should he or she attempt escape at some point in the future
MANDATORY REPORTING REQUIREMENTS

- Be familiar with your state’s mandatory reporting requirements related to suspected or confirmed cases of human trafficking.
- Find information for your state by contacting your state medical board. Visit the Federation of State Medical Boards for contact information.

IMMIGRATION RELIEF OPTIONS

- Everyone in the United States has rights if they are being trafficked – including undocumented or non-permanent resident victims.
- Sharing this information with patients who have disclosed their trafficking situation may help ease fears around disclosure.
- Find information on relief options, including the T-Visa, U-Visa and Continued Presence (CP) Status, on the Department of Homeland Security’s Blue Campaign website.
RESOURCES FOR ONGOING EDUCATION

Visit these Advocacy web pages on CHI’s website for more information:

- Human Trafficking and the Role of the Health Provider
- Human Trafficking: How You Can Help
- Human Trafficking: Understanding a Complex Issue - YouTube video
- Violence Prevention

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