

Human Trafficking and Health Care: Practical Strategies for Identification, Assessment, and Response

Elaine J. Alpert, MD, MPH
ejalpert@massmed.org

Objectives

- ❑ Describe the scope, presentation(s), and health effects of HT
- ❑ Outline strategies for identification and response
- ❑ Facilitate collaboration between health care and other sectors of society
- ❑ Push the envelope (gently)

Presentation Topics

- I. Definitions and overview
- II. Historical perspectives
- III. Determinants (push and pull factors)
- IV. Health impact
- V. Identification and assessment
- VI. Intervention and follow-up
- VII. Resources
- VIII. Engagement and leadership opportunities

Presentation Topics

- I. **Definitions and overview**
- II. Historical perspectives
- III. Determinants (push and pull factors)
- IV. Health impact
- V. Identification and assessment
- VI. Intervention and follow-up
- VII. Resources
- VIII. Engagement and leadership opportunities

Defining Human Trafficking

“The sale, transport and profit from human beings who are forced to work for others.”

<http://es.urbanministry.org/wiki/human-trafficking-definition-prevalence-and-causes>

Definition – Palermo Protocol

“The recruitment, transportation, transfer, harboring or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.”

“Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs.”

Palermo Protocol

- ❑ Component of the Convention against Transnational Organised Crime (2000).
- ❑ Jurisdiction of United Nations Office on Drugs and Crime (UNODC)
- ❑ Aims of Convention:
 - To facilitate cooperation between states to combat transnational organized crime
 - Eliminate 'safe havens' for perpetrators

Palermo Protocol, cont.

- ❑ “Protocols” describe proper and acceptable behavior in matters of state and diplomacy.
- ❑ Protocol rules are “based on the principles of civility.” (International Assoc. of Protocol Consultants & Officers)
- ❑ Three “protocols” supplement CTOC
 - Smuggling of migrants
 - **Trafficking in persons**
 - Trafficking in firearms

Palermo Protocols

- ❑ Focus on border controls and international police cooperation
- ❑ Emphasize intercepting, punishing and prosecuting traffickers/smugglers
- ❑ Major purpose of all 3 protocols: to combat crime (preservation and restoration of human rights and health not goal, but may be secondary benefits)

Palermo HT Protocol

- ❑ Defines “trafficking” and “trafficking of children” – widespread acceptance
- ❑ Ensures special safeguards for children
- ❑ Facilitates return of trafficked children
- ❑ Suspends parental/caregiver rights of those who have trafficked a child
- ❑ Provides legal protections for illegal acts committed in course of being trafficked (e.g., prostitution, immigration violations)

Palermo HT Protocol, cont.

- ❑ Urges protection from deportation if deemed unsafe for victim or family
- ❑ Favors legal residence in transit or destination countries in exchange for testimony, or on humanitarian grounds
- ❑ Favors enhanced penalties for aggravated trafficking circumstances
- ❑ Provides for confiscation of proceeds of trafficking to benefit victims
- ❑ 169 signatories (2015)

Definition – TIP Report

“The act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion.”

Can include, but does not require, movement

2015 Trafficking in Persons (TIP) report, page 07
<http://www.state.gov/documents/organization/245365.pdf>

TVPA Definition:

“Severe Forms of Trafficking”

1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age;

or...

TVPA Definition:

“Severe Forms of Trafficking”

2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

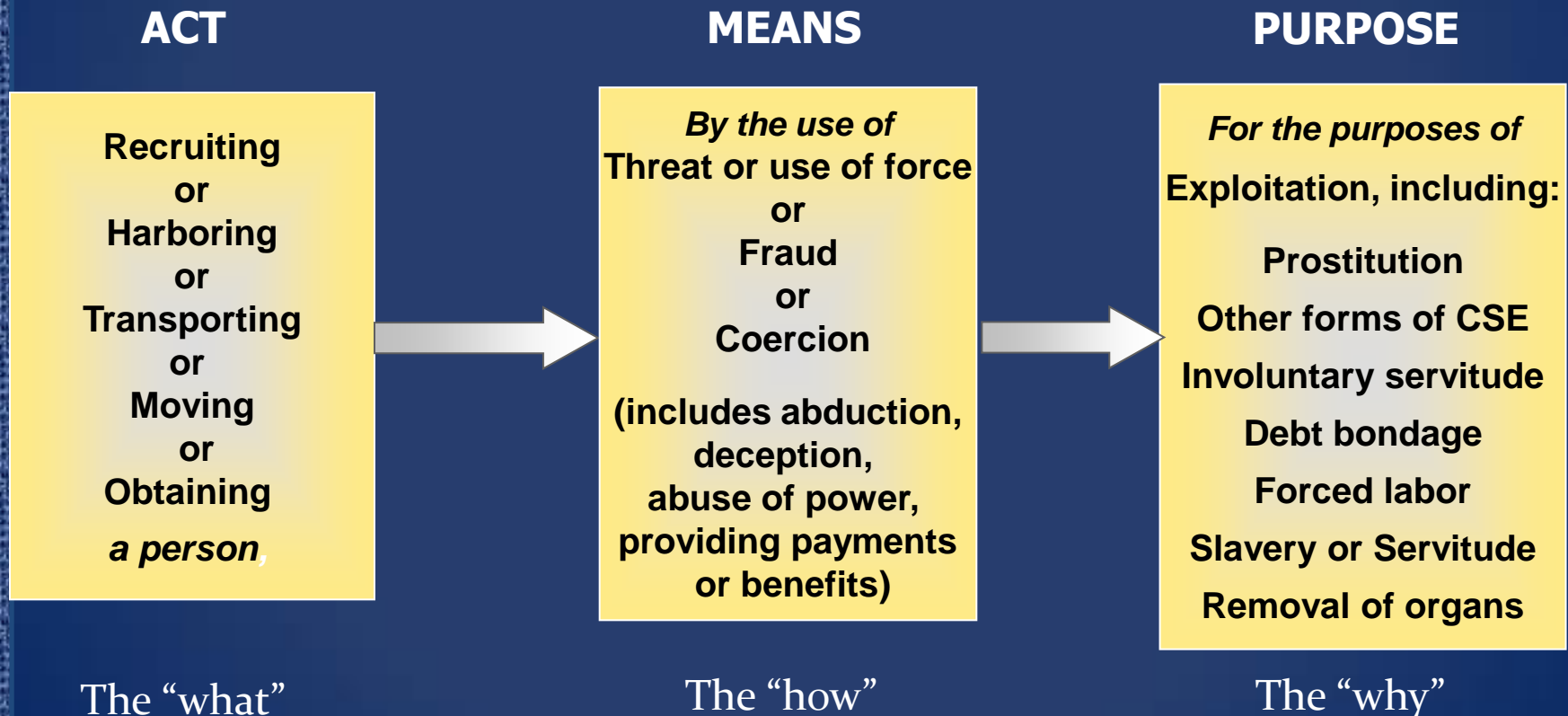
<http://www.acf.hhs.gov/programs/endtrafficking/resource/fact-sheet-human-trafficking>

Every Definition Describes

Commercial exploitation using:

- ☐ Force;
 - ☐ Fraud; or
 - ☐ Coercion
- ❖ If under 18 and commercially exploited, no need to prove force, fraud or coercion

Three Elements of Trafficking



Spectrum

- ❑ Sex trafficking
- ❑ Labor trafficking
 - Forced labor
 - Bonded labor (debt bondage)
- ❑ Coerced criminal activity
- ❑ Domestic servitude
- ❑ Mail order brides
- ❑ Organ trafficking
- ❑ Children as specific targets
 - Child soldiering
 - Child sex trafficking
 - Begging
 - Begging
 - Restaveks
 - Illegal adoption

Global Overview

- ❑ Worldwide problem
- ❑ International as well as domestic
- ❑ No reliable statistics – most estimates are derived from immigration / criminal justice
- ❑ Range: 2.5 to 27 million worldwide
- ❑ UNICEF/ILO: 1.2 million children each year
- ❑ 80% are women and girls
- ❑ \$150 billion per year (ILO, 2014)
- ❑ Most trafficking is hidden “in plain sight”

Compared to Drugs or Arms Trafficking, Human Trafficking:

- ❑ Is more profitable
- ❑ Produces continuous, renewing profit
- ❑ Involves less risk

End Result

Control over another person
for commercial gain

Trafficking vs Smuggling

Trafficking

- ❑ Crime against a person
- ❑ International as well as domestic
- ❑ Involves coercion (“power over”)
- ❑ Subsequent exploitation and/or forced labor
- ❑ Trafficked persons seen as victims under the law

Smuggling

- ❑ Crime against a state
- ❑ Always transnational
- ❑ Unauthorized border crossing
- ❑ No overt coercion
- ❑ Facilitated illegal entry of person from one country to another
- ❑ Smuggling ends at destination
- ❑ Smuggled persons seen as criminals under the law

International vs Domestic

International

- ❑ Crosses international borders
- ❑ Illegal
- ❑ Falsified or absent documents

Domestic

- ❑ Within country
- ❑ No borders crossed
- ❑ No documents needed
- ❑ Not well recognized

Sex Trafficking (CSE)

- ❑ CSE of adults using force, fraud, or coercion, or
- ❑ CSE of a child (< 18 yo) by any means
- ❑ “Forced choice” – e.g., sex work or beating / gang rape
- ❑ Victims often forced into prostitution, then have no viable alternative
- ❑ Age of majority, society changes view
- ❑ Substantial ideological disagreements

Sex Trafficking Types

- ❑ Bar hostess (“Guest Relations Officer”)
- ❑ Exotic dancing
- ❑ Massage “therapy”
- ❑ Pornography (web-cam, film, live)
- ❑ Prostitution / sex work
 - Street
 - Brothel / casa
 - Internet
 - “On call”

Labor Trafficking

- ❑ Domestic work
 - ❑ Restaurant work
 - ❑ Agricultural work
 - ❑ Nursing
 - ❑ Factory labor
 - ❑ Construction
 - ❑ Informal / day labor
- ❖ Sexual abuse often a component

Coerced Criminal Activity

- ❑ Begging and peddling rings
- ❑ Drug dealing
- ❑ Drug running (mule)

“Mail Order” Brides

- ❑ Young foreign women
- ❑ U.S. and European men (mostly)
- ❑ Many “dating” sites on Internet
- ❑ Some offer “in-person” shopping (Philippines and elsewhere)
- ❑ Exotic, youthful and submissive “beauties”

Organ Trafficking

- ❑ Kidneys most common
- ❑ Donors from India, Thailand, Philippines, Brazil, Moldova, elsewhere
- ❑ Recipients from Europe, Israel, U.S.
- ❑ Procedures in donor or third countries
- ❑ Recipients pay \$100,000 - \$200,000
- ❑ “Donors” receive \$1,000 - \$5,000

Illegal Adoption

- ❑ Some babies sold willingly
- ❑ Some babies sold as forced choice
- ❑ Some babies abducted and sold
- ❑ Unintended consequences for prospective biological and adoptive parents

Presentation Topics

- I. Definitions and overview
- II. **Historical perspectives**
- III. Determinants (push and pull factors)
- IV. Health impact
- V. Identification and assessment
- VI. Intervention and follow-up
- VII. Resources
- VIII. Engagement and leadership opportunities

History at a Glance - Slavery

- ❑ Institutionalized slavery over many millenia
 - 1760 BC: An established institution encoded into law (Babylonian/Mesopotamian Code of Hammurabi)
 - Many references to slaves in Bible and Qu'ran
 - 700 BC: Commonplace throughout Ancient Greece
 - 200 BC: Ancient Rome (increasing brutality leading to slave uprisings at Spartacus and elsewhere)
 - Middle ages (500-1400 CE) centered in the Mediterranean and Europe
 - Throughout, slavery common in India and Asia
- ❑ The term “slave” comes from “Slavs” captured during conflict with German forces (10th century)



History at a Glance, cont.

- ❑ European and N. American slave trade
 - 1400s: Portugese enslavement of Africans
 - 1500s: British involvement
 - 1600s: Spain, Holland, France, Sweden, Denmark
 - 1600-1800s: throughout North America
- ❑ By the beginning of the 19th century, 3 out of every 4 people worldwide were in some form of servitude, bonded labor, or slavery.

Beginnings of Progress

- ❑ **1772:** Slavery abolished in England
- ❑ **1807:** Slave Trade Acts (US and Britain) made slave trading illegal, but slavery still continued especially in U.S.
- ❑ **1833:** Slavery Abolition Act (most of British Empire with some notable exceptions) catalyzed by slave revolt in Jamaica
- ❑ **1862:** Emancipation Proclamation (Abraham Lincoln)
 - Took effect Jan 1, 1863
 - Civil War direct result
- ❑ **Dec 6, 1865:** 13th Amendment to US Constitution outlawed slavery and involuntary servitude



Past Century – International Declarations and Treaties

- ❑ **1904:** International Agreement for the Suppression of the White Slave Traffic
- ❑ **1926:** Slavery, Servitude, Forced Labour and Similar Institutions and Practices Convention
- ❑ **1933:** International Convention for the Suppression of the Traffic in Women of Full Age
- ❑ **1949:** UN Universal Declaration of Human Rights established international recognition of human rights (reaction to Nazi atrocities of WWII)

More Recent Developments

- ❑ **1951:** Suppression of the Traffic in Persons and the Exploitation of the Prostitution of Others
- ❑ **2000:** Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the UN Convention against Transnational Organized Crime – Palermo Protocol
- ❑ **2000:** US Victims of Trafficking and Violence Protection Act enacted.
Reauthorized 2003, 2005, 2008, 2013 as **Trafficking Victims Protection Act (TVPA)**

Grass Roots and US Gov't

- ❑ Grass roots organizations
 - ECPAT – 1990
 - GEMS - 1998
 - CAST – 1998
 - Freedom Network- 2001
- ❑ Government programs
 - Rescue and Restore – 2004
 - National HT Resource Center (Polaris) - 2007

Health Care Response

- ❑ International Organization for Migration (IOM)
 - **2004** The Mental Health Aspects of Trafficking in Human Beings
 - **2005** Recommendations for Reproductive and Sexual Health Care of Trafficked Women in Ukraine
 - **2009** Caring for Trafficked Persons
- ❑ Institute of Medicine (the other IOM)
 - **2013** Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the US
- ❑ Massachusetts Medical Society
 - MMS Trafficking Guidebook (2014)
- ❑ HEAL Trafficking (2013)

Presentation Topics

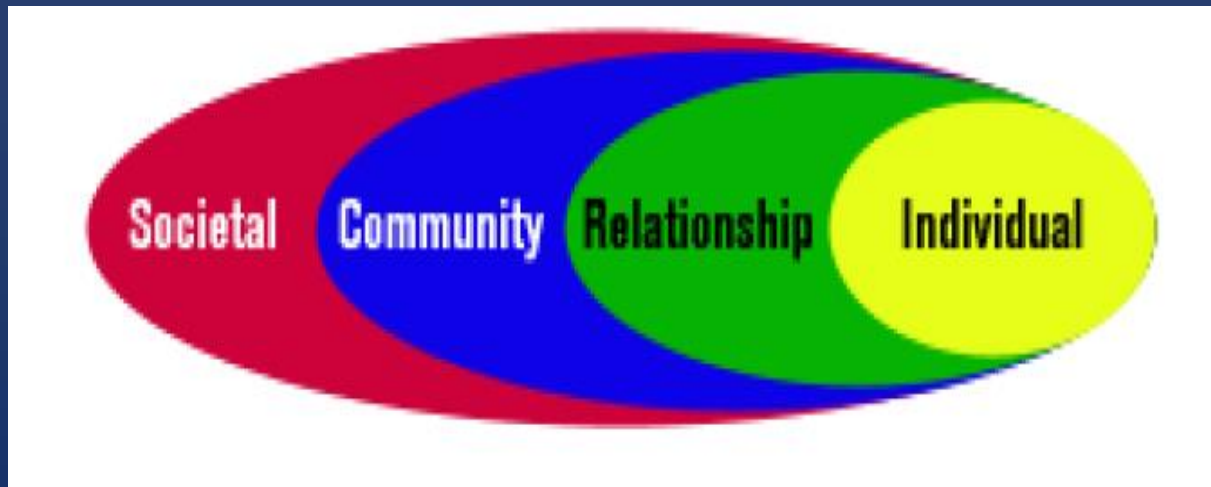
- I. Definitions and overview
- II. Historical perspectives
- III. **Determinants (push and pull factors)**
- IV. Health impact
- V. Identification and assessment
- VI. Intervention and follow-up
- VII. Resources
- VIII. Engagement and leadership opportunities

Determinants: What Drives Trafficking?

“Push” and “Pull” Determinants
Organized According to the
Social Ecological Model

S-E Model: Components

- ❑ Individual factors
- ❑ Interpersonal / relationship factors
- ❑ Community / regional factors
- ❑ Societal / cultural / macro-environmental factors



Individual Factors

□ Push

- Young age (limited life experience)
- History of abuse during childhood
- Individual vulnerability
- Poor education, illiteracy
- Desire for material comforts

□ Pull

- City life – glamour, anonymity
- Image of future love, fame, success

Interpersonal Factors

□ Push

- ACEs / trauma
 - Family instability / abuse by family members
- Obligation / desire to help family
- Sold or persuaded by family
- Peer influences
- Desire to please 'boyfriend'
- Need to belong, desire for kinship

□ Pull

- Seduction by boyfriend
- Misplaced trust in others' promises
- Deception, 'bait and switch' of job promises

Hx of Abuse + “Boyfriend”

“It is a girl from a low-income community, who has often 9 times out of 10 been in the foster care system, has a history of prior sexual abuse, family abuse ... The vast majority... [are] already incredibly vulnerable because of all the prior abuse, meets a guy who acts like their boyfriend and seduces her, and becomes sold. I mean, that is pretty standard.”

Need for Kinship

“A lot of times these girls call them daddy. It’s a pseudo-family that they create. He’s the daddy, the other girls are “wifeys” so they refer to each other as that, and, you know, many times these girls are coming from such a broken home situation that this, even though it’s incredibly abusive, is kind of filling that need that they have.”

Community/Regional Factors

❑ Push

- Poverty
- Gender disparities
- Lack of economic opportunity
- Political conflict
- Natural disasters
- Religious persecution

❑ Pull

- Influence of TV, radio, internet
- Consumer goods just out of reach

Societal Factors

□ Push

- Poverty
- Lack of opportunity
- Gender inequity
- Objectification of women, children

□ Pull

- Societal expectations re: children, women
- Corruption

Macro-Environmental Factors

- ❑ Natural disasters
- ❑ Environmental degradation
 - Climate change
 - Toxins in land, water
 - Decreased crop, fish yields
- ❑ Globalization
- ❑ Internet

Who is Most Vulnerable?

- ☐ Women
- ☐ Children (both girls and boys)
- ☐ Runaways
- ☐ Men
- ☐ Poor
- ☐ Rural
- ☐ Illiterate
- ☐ History of abuse
- ☐ Marginalized

Victims Enticed by Promises and Persuasion

- ❑ Earn money to support family at home
- ❑ *Work in entertainment industry*
- ❑ Receive high-quality western education
- ❑ Find true love
- ❑ **Traffickers prey on victims who want to improve own lives and help their families**

Who are the Traffickers?

- ❑ Organized crime
- ❑ Employers (farms, factories)
- ❑ “Trusted” neighbors or relatives
- ❑ “Boyfriends”
- ❑ Formerly trafficked persons
- ❑ Diplomats

Recruitment Tools

- ❑ Newspaper, telephone book, website ads
- ❑ Mail-order / Internet bride services
- ❑ Fake employment and adoption agencies
- ❑ Front businesses
- ❑ Word of mouth
- ❑ Trusted neighbor or distant relative – often female
- ❑ Formerly trafficked individuals

Entrapment Tools

- ❑ Fear
- ❑ Debt bondage
- ❑ Confiscation of money
- ❑ Threats of deportation
- ❑ Confiscation of documents
- ❑ Threats to family in home country
- ❑ Social and physical isolation
- ❑ Emotional and verbal abuse
- ❑ Threatened or actual physical and sexual violence

Presentation Topics

- I. Definitions and overview
- II. Historical perspectives
- III. Determinants (push and pull factors)
- IV. **Health impact**
- V. Identification and assessment
- VI. Intervention and follow-up
- VII. Resources
- VIII. Engagement and leadership opportunities

Health Impact - 1

- ❑ Physical injuries
- ❑ Chronic medical problems (back pain, headache, infections, etc.)
- ❑ Anxiety, traumatic and post-traumatic stress, depression, dissociation, self-harm, suicide, SMIs
- ❑ Toxic stress and resulting developmental and behavioral sequelae

Health Impact - 2

- ❑ Sexually transmitted infections
- ❑ Unwanted and high-risk pregnancies
- ❑ Forced, unsafe, and repeated abortion
- ❑ Reproductive and contraceptive coercion
- ❑ Impaired physical and psychological development
- ❑ Malnutrition, stunting

Health Impact - 3

- ❑ Substance use and its sequelae
- ❑ Inadequate immunization and resultant preventable infections
- ❑ Tuberculosis (mostly in the developing world)
- ❑ Dental injury, cavities, infections, and other oral health concerns
- ❑ Other (you name it)

Presentation Topics

- I. Definitions and overview
- II. Historical perspectives
- III. Determinants (push and pull factors)
- IV. Health impact
- V. **Identification and assessment**
- VI. Intervention and follow-up
- VII. Resources
- VIII. Engagement and leadership opportunities



The vast majority (up to 88%) of trafficking survivors report having had encounters with health care providers **while they were trafficked.**



FWV, 2005;
Baldwin et al, 2011
Lederer & Wetzel, 2014



Where do HT Survivors Access Health Care?

- ❑ Emergency and urgent care services
- ❑ Family practice and general medical clinics
- ❑ Pediatric settings
- ❑ Mental health settings
- ❑ Dental practices
- ❑ School and university-based health clinics
- ❑ Prison health care settings
- ❑ Street outreach services
- ❑ Immigrant and refugee health settings

Provider Barriers to Care

- ❑ Insufficient prior education
- ❑ Lack of practical experience
- ❑ Don't know how to respond
 - What to say, do
 - Who to call
 - How to feel (discomfort, bias)
- ❑ No private space
- ❑ No time
- ❑ Reimbursement

Identifying barriers is first step to addressing them

“Indicator-Based” Assessment

- ❑ Index of suspicion / red flags
 - (field not quite there yet re: universal inquiry)
- ❑ Patient observation
 - Patient
 - Patient and provider interaction
 - Patient with accompanying person
- ❑ Observation / actions of other(s)
- ❑ Medical and social history
- ❑ Specific inquiry about possible HT
- ❑ Physical exam
- ❑ Documentation
- ❑ Assessment and response
- ❑ Follow-up

Barriers to Disclosure

- ❑ Fear (of trafficker, of authorities, of unknown, of harsh treatment)
- ❑ Perceptions of health care system
- ❑ Believe HCPs don't know and/or care
- ❑ Lack of language fluency
- ❑ Trusted translator unavailable
- ❑ Cultural and religious concerns
- ❑ Immigration status
- ❑ Sexual orientation or gender identity/expression
- ❑ Overlap / intersection with IPV
- ❑ May not realize they are trafficked
- ❑ Shame

Trauma-Sensitive Practice: Principles

- ❑ Model respect
- ❑ Establish and maintain rapport
- ❑ Share control
- ❑ Share information
- ❑ Respect boundaries
- ❑ Foster a mutual learning process
- ❑ Consider ebbs and flows
- ❑ Show compassion in response

Inquiry = Intervention

When inquiry is done with sensitivity and compassion, you are demonstrating that the health care system can be a place of trust and healing. Inquiry done in a trauma-informed and culturally responsive manner can begin the process of building trust, healing and empowerment.

In other words, whenever you inquire about *any* form of coercive control, including human trafficking, you are quite likely already changing someone's world for the better.

Guiding Principles

Developed originally for IPV identification, assessment and response*

- ❑ Safety for all
- ❑ Survivor autonomy / empowerment
- ❑ Offender accountability
- ❑ Change social and cultural norms

* Anne Ganley, Carole Warshaw, Family Violence Prevention Fund (now Futures Without Violence)

RADAR(F) – Modified for HT

Remember to ask *when indicated*

Ask directly, *consistent with the situation*

Document findings

Assess danger

Review options, refer

Follow up



Observation

Patient, Accompanying Person(s)

- ❑ Patient
 - Posture
 - Affect
 - Agitation
 - Repeated checking of phone, etc.
- ❑ Patient / provider interaction
 - Eye contact (NB: cultural norms)
 - Consistency of history
- ❑ Patient with accompanying person
 - Eye contact, attitude
 - Who controls conversation, responses
- ❑ Actions, demeanor of others

Medical and Social History

- ❑ Medical history
 - Consistent with presentation?
 - Tailor to specific setting
- ❑ Social history
 - Ask about work and living situation
 - Specific questions tailored to specific setting, for example...

Asking about Trafficking - 1

- ✓ What kind of work do you do?
- ✓ Can you tell me a bit about your work?
- ✓ How did you get your job?
- ✓ Has the kind of work you do changed since you first got your job?
- ✓ How many hours per day (week) do you work?
- ✓ How much are you paid and how do you get paid for the work you do?
- ✓ Are you getting paid the amount agreed upon?
- ✓ Can you describe your working and living conditions?

Asking about Trafficking - 2

- ✓ Do you have regular time off?
- ✓ When did you last have a day off (or a vacation?)
- ✓ Can you come and go as you please when you are not at work?
- ✓ Do you have to ask permission to sleep, eat, or use the bathroom?
- ✓ Are there locks on the doors and windows where you work or sleep to prevent you or others from leaving?
- ✓ Can you quit your job if you want to?

Asking about Trafficking - 3

- ✓ Have you been physically harmed or in fear of being harmed by your employer or an associate?
- ✓ Have you been threatened with harm if you try to leave?
- ✓ Do you have control over your passport or other identification documents? Has anyone ever tried to take these away from you?
- ✓ Have you been told you will be deported or turned in to the authorities if you try to leave?
- ✓ Has anyone threatened or harmed your family or others close to you?

Asking about Trafficking- 4

- ✓ Have you ever been forced to perform sex acts to obtain food, shelter, drugs, money, or time off?
- ✓ Have you been asked to (or forced to) perform sex acts for work, or to pay off a debt for yourself , a family member, a partner or an employer?
- ✓ Are you afraid to talk about what is happening?
- ✓ Would you like to get help? What kind of help do you think you might want or need?
- ✓ What other things would you like to talk about?

Physical Exam and Documentation

Preparing for the Physical Exam

Act in a trauma-informed manner

Make the environment trauma-informed

- Assure privacy
 - No visitors, friends, boyfriends, etc.
 - Professional translators only
 - Ask patient about cell phone (sometimes used as tracking or listening device)

Setting Up the Physical Exam

- ❑ Reinforce patient control of setting
 - Avoid surprises – explain what you are doing
 - Encourage dialogue
 - Ask patient what she/he needs from you
 - Ask if patient wants an advocate present for support
 - Talk through and assure consent for each step of exam
 - Pay attention to verbal and non-verbal cues
 - Pause or stop if patient signals you to do so
 - Choose a pace that is not rushed or threatening
 - Allow patient to remain clothed or covered
 - Say thank you!

Physical Exam

- ❑ Careful, overall assessment
- ❑ Specific components related to type of trafficking
 - Overuse or work-related injuries
 - Ligature, strangulation, or restraint injuries
 - Sexual assault-associated injuries (trauma, STIs, pregnancy)
 - Malnutrition
- ❑ Be patient and supportive at all times

Suspicious Findings

- ❑ Any injury
- ❑ Bilateral or multiple injuries
- ❑ Delay between injury and presentation
- ❑ Explanation inconsistent with injury
- ❑ Prior use of emergency services

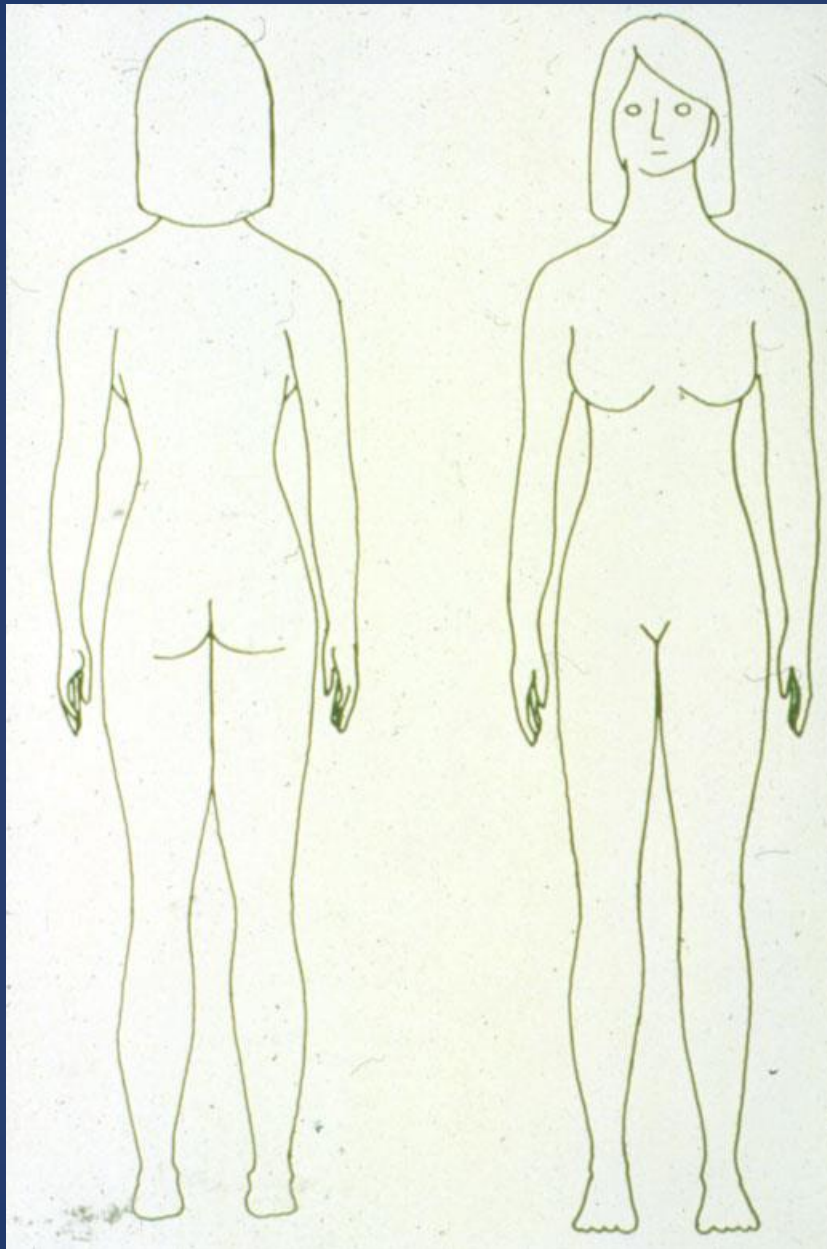
continued...

Suspicious Findings, cont.

- ❑ Chronic pain symptoms without apparent etiology
- ❑ Signs of psychological distress
- ❑ Evidence of rape or sexual assault
- ❑ Pregnant woman with any injury
- ❑ Accompanying person who is overly protective, controlling or refuses to leave

Documentation

- ❑ Written descriptions
 - Without bias or judgment
 - Quotes when possible
- ❑ Photographs
 - Ask for consent
 - Sign and date
 - Wide shot and close up
- ❑ Diagrams or sketches



(c) Elaine J. Alpert MD, MPH, 2016

Presentation Topics

- I. Definitions and overview
- II. Historical perspectives
- III. Determinants (push and pull factors)
- IV. Health impact
- V. Identification and assessment
- VI. **Intervention and follow-up**
- VII. Resources
- VIII. Engagement and leadership opportunities

Value of Health Care Response

“Health care facilities are one of the best places to do identification, because it’s one of the few places that the survivor can be independent of the trafficker..

The person is rarely ever alone. And so, to be able to have that person be able to be alone and share part of their story, health care facilities are one of the only places where that can happen.”

Provider's Role

- ❑ Create a safe and non-judgmental space
- ❑ Careful physical exam and documentation
- ❑ Assess immediate needs
- ❑ Validate, communicate and empower
- ❑ Review options, refer as necessary
- ❑ Medical treatment

When Trafficking is Disclosed

- ❑ Maintain privacy and confidentiality
- ❑ Use professional, dispassionate interpreters
- ❑ Practice in a trauma-informed manner
 - Build trust and rapport
 - Use non-judgmental and respectful language
 - Focus on strengths and coping strategies
 - Don't expect too much too soon
- ❑ Validate, communicate, and empower

Validate

□ Validate

- ✓ Thank you for choosing to share with me what has happened to you
- ✓ I believe what you are telling me
- ✓ You are not crazy
- ✓ You are not alone
- ✓ You are not at fault or to blame

Communicate

- ❑ **Convey concern for safety**
 - ✓ I care about your safety and well-being
 - ✓ Help is available
- ❑ **Communicate empathy and respect**
 - ✓ This must be so difficult for you
 - ✓ No one deserves to be treated this way
 - ✓ You deserve better

Empower

□ Empower

- ✓ You have tremendous courage and stamina
- ✓ You have choices
- ✓ You are capable of making your own decisions

□ Leave the door open

- ✓ As your situation changes, I (or my office, clinic, practice, hospital) will help you by providing information and support
- ✓ You are welcome here anytime

Following Disclosure

- ❑ Understand reluctance to involve authorities
- ❑ Case management: involve multidisciplinary team but KISS
- ❑ Follow up
- ❑ Define “success”
- ❑ Process with those you trust

Leaving Often Not an Option

Obstacles to leaving:

- ❑ Fear (of trafficker, of authorities, of unknown, of harsh treatment)
- ❑ No safe options
- ❑ Feelings of failure
- ❑ Overwhelmed
- ❑ Trauma bonding
- ❑ Stigma and shame

Case Management

- ❑ Immediate, short-, and long-term needs
- ❑ Each case is unique – each person's needs are complex and intersecting
- ❑ Strive for a multidisciplinary, interprofessional response, but...
- ❑ Very often a single locus of trust (case manager) is best
- ❑ Case management approach recommended even if person doesn't exit the situation

Immediate Needs

- ❑ Immediate safety (danger assessment and safety planning)
- ❑ Housing
- ❑ Food, clothing and personal necessities
- ❑ Medical care (including medications)
- ❑ Mental health care
- ❑ Life skills (job, language, driving, parenting)
- ❑ Legal advocacy

Federal Provisions

- ❑ Through TVPA
 - Continued Presence (legal work permit)
 - Certification (portal to federal benefits)
 - T-Visa (non-immigrant visa, portal to legal immigration process)
- ❑ Federal Strategic Action Plan on Services for Victims of Human Trafficking in the US, 2013-2017
 - 17 federal agencies including HHS, DHS, OVC, SAMHSA, OVW, HRSA, DOJ

Continued Presence

- ❑ Granted by DHS
- ❑ Provides temporary immigration relief to potential witnesses who are victims of severe forms of trafficking
- ❑ Purpose: non-immigrant work authorization

More info at: <https://www.ice.gov/doclib/human-trafficking/pdf/continued-presence.pdf>

Certification

- ❑ Granted by HHS
- ❑ Purpose: access to federally-funded benefits to the same extent as a refugee
- ❑ Only applies to international victims – domestic victims and legal permanent residents already entitled to benefits.
- ❑ Certification does not expire, but many benefits time-limited

Eligibility For Certification

- ❑ Adult victim of a “severe form of trafficking” (defined in TVPA and determined by a federal law enforcement agency).
- ❑ Willing to assist in the investigation or prosecution of a trafficking and/or slavery case
- ❑ T-Visa Determination Letter (or bona fide application in process) or has been granted Continued Presence
- ❑ Children need to meet only the first criterion

For more info: <http://www.acf.hhs.gov/programs/orr/resource/fact-sheet-certification-for-adult-victims-of-trafficking>

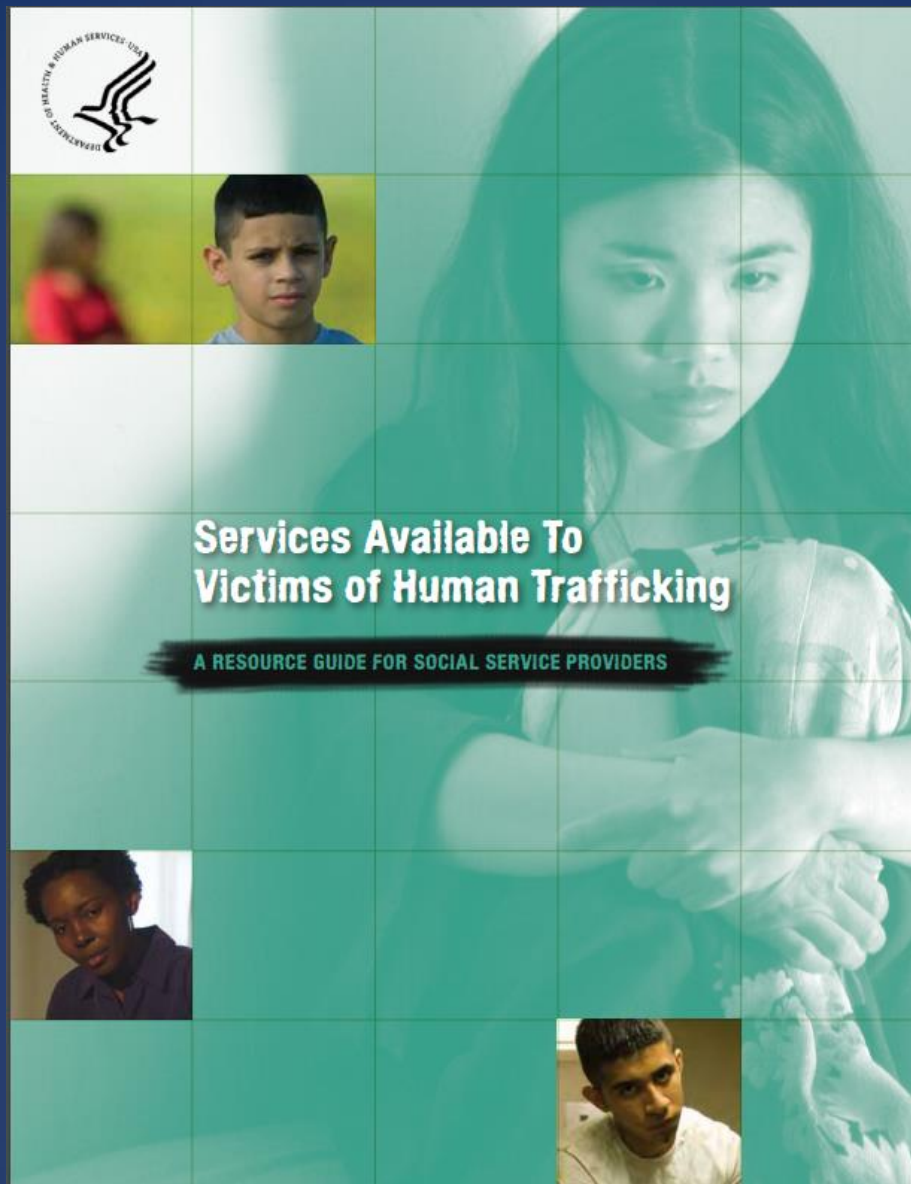
T-Visa

- ❑ Granted by CIS
- ❑ Purpose: path to legal immigration
- ❑ Affords legal “non-immigrant” status to victims of “severe forms of trafficking”
- ❑ Authorizes victims of human trafficking who are physically present in the US or a territory because of trafficking to live and work in US for a defined period of time
- ❑ Valid for 3 yrs., after which can apply for adjustment of status to lawful permanent resident (“Green Card”)

T-Visa

- ❑ Must be willing to assist in investigation or prosecution (thus eligible for certification)
- ❑ Must demonstrate likelihood of “extreme hardship involving severe and unusual harm” if removed from US
- ❑ Can petition for spouse and children to accompany (and parents and siblings if < 21yo)
- ❑ Capped at 5,000 visas/yr
- ❑ Has never reached cap

More info at: <https://www.uscis.gov/humanitarian/victims-human-trafficking-other-crimes/victims-human-trafficking-t-nonimmigrant-status/questions-and-answers-victims-human-trafficking-t-nonimmigrant-status-0>



https://www.acf.hhs.gov/sites/default/files/orr/traffickingservices_o.pdf

Presentation Topics

- I. Definitions and overview
- II. Historical perspectives
- III. Determinants (push and pull factors)
- IV. Health impact
- V. Identification and assessment
- VI. Intervention and follow-up
- VII. Resources**
- VIII. Engagement and leadership opportunities

Resources at BMC

- ❑ BMC Trafficking Committee
- ❑ BMC Domestic Violence Program
- ❑ Social Work Department
- ❑ “After Midnight” / Project ASSERT

Boston Area Resources

- ❑ BPD Human Trafficking Unit
- ❑ Commonwealth of MA Interagency Task Force on Human Trafficking
- ❑ Massachusetts Office of Victim Assistance
- ❑ CAC of Suffolk Cty – Support to End Exploitation (SEEN)
- ❑ 911 (for emergencies only)
- ❑ Department of Children and Families

Boston Area Resources

- ❑ Education, Vision, Advocacy (EVA) Resource Center – formerly Kim's Project
- ❑ My Life My Choice (JRI)
- ❑ International Institute of New England
- ❑ Project REACH (The Trauma Center)
- ❑ C.A.R.E. Clinic (BWH) (617) 525-9580, aoconnor@partners.org
- ❑ Freedom Clinic (MGH)

National Resources

- ❑ National Human Trafficking Resource Center
 - Hotline (888) 373-7888
 - Text BeFree (233733)
- ❑ Trafficking in Persons and Worker Exploitation Task Force Line (DOJ)
 - (888) 428-7581
- ❑ Polaris Project
- ❑ Natl Center for Missing and Exploited Children
 - (800) 843-5678
 - CyberTipline

Presentation Topics

- I. Definitions and overview
- II. Historical perspectives
- III. Determinants (push and pull factors)
- IV. Health impact
- V. Identification and assessment
- VI. Intervention and follow-up
- VII. Resources
- VIII. **Engagement and leadership opportunities**

Health Sector Awareness

“In one case, an RN was working in a crisis pregnancy center. The ‘uncle’ brought a twelve year-old in for a pregnancy test. They thought something was little off so they thought they’ll do some follow-up. So they went to the address and it was not even a residence... They go to a different ambulatory clinic every time they go for services, if they take them in for service at all.”

Leadership Opportunities

- ❑ Collaborations and partnerships
- ❑ Health care provider as change agent
- ❑ Local and statewide coordinating councils
- ❑ Continuing education opportunities
- ❑ Teaching and training opportunities
- ❑ Research and evaluation opportunities
- ❑ Media contacts – expert voice
- ❑ Volunteer opportunities

Potential Roles for Health Sector

- ❑ Organizational strategies for identification, intervention, prevention, TIC
- ❑ Core competencies for curriculum development
- ❑ Education and training
 - Trafficking determinants, presentations, laws
 - Trauma-sensitive interviewing and care
 - Integrated trauma assessment (not screening)
 - Acute and long-term health effects
 - Team role of health professional
- ❑ Ethical, collaborative research

HEAL Trafficking

- ❑ **H**ealth, **E**ducation, **A**dvocacy, **L**inkage
- ❑ Unite health professionals to advance their critical role in the national and global fight against human trafficking
- ❑ Sign up for the HEAL Trafficking Network: www.HEALtrafficking.org

