TRI-COUNTY HUMAN TRAFFICKING TASK FORCE

Berkeley • Charleston • Dorchester

Understanding & Responding to Human Trafficking Victims in Healthcare

Objectives

1. Have a better understanding of the scope of the problem both regionally and locally.

2. Identify barriers to identifying victims

3. Understand treatment needs of potential victims.

4. Tools to combat barriers in identifying and treating victims

What is Trafficking?

- Sex Trafficking is defined as: the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the 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. (TVPA, 2000).

- For minors, force, fraud, or coercion do NOT have to be established; it is automatically trafficking

- Trafficking does NOT need to involve the physical movement of someone.

- A pimp, or third party, does NOT have to be involved.

- Cash does NOT have to be exchanged. It is defined by something of VALUE

- Labor Trafficking is defined 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 ...

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AMP model is used to illustrate the criteria in defining human trafficking.

- Trafficker takes any one of the enumerated **Actions**, and then employs the **Means** of force, fraud or coercion for the **Purpose** of compelling the victim to provide commercial sex acts or labor or services.

- At least one element from each column must be present to establish a potential situation of human trafficking.

- Force, fraud or coercion is not necessary for minors under 18 years of age.

THE A-M-P MODEL

Action	Means*	Purpose
Induce		Commercial Sex
Recruits		*(Sex Trafficking)*
Harbors	Force	
Transports	Fraud	or
Provides	or	
or	Coercion	Labor/Services
Obtains		*(Labor Trafficking)*

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

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Healthcare and Trafficking

87.8% of victims were shown to utilize healthcare in one study with **68%** utilizing emergency department (Lederer &Wetzel, 2014)

"During the time I was on the street, I went to hospitals, urgent care clinics, women's health clinics, and private doctors. No one ever asked me anything anytime I ever went to a clinic." – Lauren, survivor

Human Trafficking is a Public Health Issue

United Way
Center to Combat
HUMAN TRAFFICKING

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Labor Trafficking and it's Impact

HEALTH IMPACTS FOR HUMAN TRAFFICKING

▶ Untreated illnesses/injuries and diseases leading to long-term complications

    ▶ Delay in care/treatment

▶ Workplace injuries, unprotected exposure to chemicals

▶ Higher rates of STI, pregnancies, reproductive diseases and complications

▶ Poor overall health, malnutrition, dentition,

▶ Higher rates of substance abuse either at the direction or introduced by trafficker or started during victimization

▶ Mental health disorders- PTSD, anxiety, depression, suicidality,

▶ Untreated Communicable diseases- HIV, TB, Hepatitis

▶ *Due to transient nature of population (frequent runaway episodes and periods of homelessness), medication compliance is much lower.*

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When do victims seek medical services

- In an emergency
- After an assault (physical or sexual)
- Workplace injuries
- Routine care
- OB/GYN care
- STI Testing
- Mental health and/or addiction services
- Health issues unrelated to trafficking

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Who might recognize victim?

- Outpatient clinics
- Emergency departments
- Customer service staff
- Social workers
- Nursing staff
- Janitorial staff
- Registration
- Sexual assault response personnel
- Health educators
- Community health workers
- Interpreters
- Lab technicians
- Psychiatric unit staff/clinicians
- Therapist
- Support staff
- Registration staff
- Dental staff
- Doctors/NPs/PAs in any specialty

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PRIMARY BARRIERS TO IDENTIFYING VICTIMS

- Lack of knowledge and confidence

- Lack of education and training on risk factors, red flags

- Lack of resources within healthcare to assist victims

- Lack of knowledge of community resources

- Most victims of trafficking do not identify as a victim

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COMBATING BARRIERS

- Recent studies have shown that even brief educational initiatives can help in identifying victims as well as build confidence in clinicians

- Educational interventions have been shown to increase provider knowledge and confidence in identifying and treating HT victims

  - This increases victims access to appropriate treatment and resources

  - Studies have shown that education has increased the number of victims identified when compared to pre-intervention data.

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USE OF SCREENING TOOLS

Societal Risk Factors

- Lack of resources
- Lack of knowledge of labor and sex trafficking
- Health and economic disparities
- Demand for cheap goods

Community Risk Factors

- Lack of worker rights
- Social norms
- Community Violence
- Under-sourced schools, neighborhoods, and communities
- Humanitarian crises & Natural disasters

Relationship Risk Factors

- Family conflict, disruption, or dysfunction
- Lack of supportive adult
- Peer pressure
- Social isolation
- Familial poverty

Individual Risk Factors

- Immigration status
- History of child abuse, neglect, or maltreatment
- Homeless or runaway
- LGBTQI
- History of being systems-involved (juvenile justice, criminal justice, foster care)
- Stigma and discrimination

HEAL TRAFFICKING

Adolescent screening

- Researched and validated by Greenbaum et al. (2018).

- Similar to adult screening

- Easily added to other standard adolescent (HEADSS) questionnaires

- Child Trafficking screening cst-screen-with-explanation-and-criteria.pdf
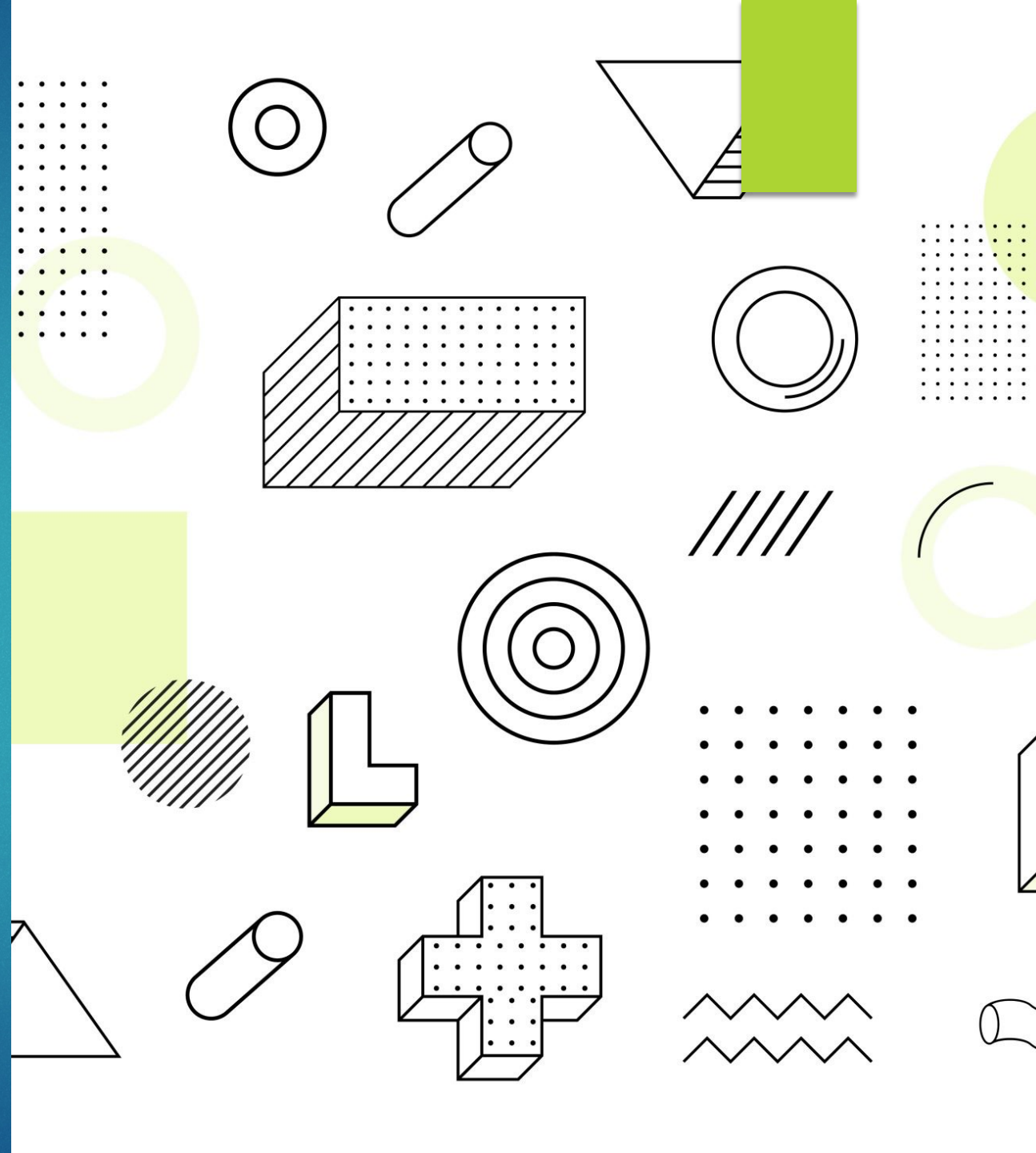
Rapid Appraisal for Trafficking (RAFT) Screening Tool

1. Rapid 4-item screening tool

2. Recent study assessed validity of RAFT tool

3. Tool showed good sensitivity compared with existing tools

4. RAFT can enhance detection of human trafficking in emergency departments.

RAFT ITEMS

1. Have you ever work, or done other things in a place that made you feel scared or unsafe?

2. Have you ever been tricked or forced into doing any kind of work that you did not want to do?

3. Have you ever been afraid to leave or quit a work situation due to fear of violence or threats of harm to yourself or your family?

4. Have you ever received anything in exchange for sex (for example, a place

PEARR SCREENING TOOL

PEARR Tool — Trauma-Informed Approach to Victim Assistance in Health Care Settings

Dignity Health recommends universal education about various forms of abuse, neglect, and violence in all of its health care settings, particularly in settings that offer longitudinal care and services. For urgent and emergency care settings, a universal education approach may be most appropriate and effective when a patient presents with risk factors and/or indicators of victimization. **The PEARR Tool** offers key steps on how to provide such education to a patient and how to offer assistance in a **trauma-informed and victim-centered manner.** A double asterisk ** indicates points at which this conversation may come to an end. Once this conversation ends, refer to the double asterisk ** at the bottom of this page for additional steps. Note: The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P — Provide Privacy

1. Discuss sensitive topics **alone and in safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.
   • Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your entity's policies for further guidance.**
   • Note: Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.

E — Educate

2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: "I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, and offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**" If patient declines materials, then respect patient's decision.**

A — Ask

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.
   • Note: All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).**
4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your health, safety, and well-being. You don't have to share details with me, but I can connect you with resources. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**
   • Note: Limit questions to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

   USPSTF = US Preventive Services Task Force

R R — Respect and Respond

5. If patient denies victimization or declines assistance, then **respect patient's wishes.** If you have **concerns about patient's safety,** offer information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal introduction** to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:
   National Domestic Violence Hotline, 1-800-799-SAFE (7233);
   National Sexual Assault Hotline, 1-800-656-HOPE (4673);
   National Human Trafficking Hotline, 1-888-373-7888 **

** Report **safety concerns** to appropriate staff/departments (e.g., nurse supervisor, security). Also, **REPORT** risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, **schedule follow-up appointment** to continue building rapport and to monitor patient's safety/well-being.

PEARR Tool — Risk Factors, Indicators, and Resources

Child Abuse and Neglect

Risk factors include (not limited to): Concerns of domestic violence (DV) in home; parents/guardians exhibiting mental health or substance use disorders; parents/guardians who are overly stressed; parents/guardians involved in criminal activity; presence of non-biological, transient caregivers in home.

Potential indicators of victimization include (not limited to): Slower-than-normal development, failure to thrive, unusual interaction with parent, signs of mental health disorders [e.g., depression, post-traumatic stress disorder (PTSD), self-harm], sudden difficulty in school, medical or physical neglect, sudden changes in behavior, new or unusual fears/anxiety, unexplained injuries (e.g., bruises, fractures, burns – especially in protected areas of child's body), injuries in pre-mobile infants, sexually transmitted infections (STIs).

For additional information, see Child Welfare Information Gateway: www.childwelfare.gov

Abuse/Neglect of Vulnerable Adults (e.g., elder and dependent adults)

Risk factors include (not limited to): Concerns of mental health or substance use disorder with caregiver, caregiver exhibits hostile behavior, lack of preparation/training for caregiver, caregiver assumed responsibilities at early age, caregiver exposed to abuse as child.

Potential indicators of victimization include (not limited to): Disappearing from contact; signs of bruising or welts on the skin, burns, cuts, lacerations, puncture wounds, sprains, fractures, dislocations, internal injuries or vomiting; wearing torn, stained, bloody clothing; appearing disheveled, in soiled clothing; appearing hungry, malnourished.

For additional information, see National Association of Adult Protective Services (NAPSA): napsa-now.org; Centers for Disease Control and Prevention (CDC): cdc.gov/violenceprevention/elderabuse/index.html

Domestic Violence / Intimate Partner Violence (IPV)

Anyone in a relationship can be a victim of DV/IPV, regardless of age, race, gender, or sexual orientation. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, anger, and isolation.

Potential indicators of victimization include (not limited to): Injuries that result from abuse or assault, e.g., signs of strangulation, bruises, burns, broken bones; psychological conditions such as anxiety, depression, sleep disturbances; sexual and reproductive health issues, e.g., STIs, unintended pregnancy.

For additional information, see National DV Hotline: thehotline.org; CDC: cdc.gov/violenceprevention/intimatepartnerviolence/index.html

Sexual Violence

Anyone can become a victim of sexual violence. Some stats from Rape Abuse & Incest National Network (RAINN): More than 300,000 persons are victimized annually; ages 12-34 are the highest risk years. Female college students (ages 18-24) are three times more likely than women in general to experience sexual violence. One in 33 American men have experienced an attempted or completed rape. And, 21% of transgender, genderqueer, noncomforming (TGQN) college students have been sexually assaulted.

Potential indicators of victimization include (not limited to): STIs, pregnancy, depression, PTSD.

For additional information, see RAINN: rainn.org; CDC: cdc.gov/violenceprevention/sexualviolence/index.html

Human Trafficking (e.g., labor and sex trafficking)

Although anyone can be a victim of human trafficking, traffickers often target persons in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or violence, involvement in commercial sex industry, minority/immigrant status.

Potential indicators of victimization include (not limited to): Accompanied by controlling companion; inconsistent history; medical or physical neglect; and submissive, fearful, hypervigilant, or uncooperative behavior.

For additional information, see National HT Hotline: humantraffickinghotline.org

As defined by the Substance Abuse and Mental Health Services Administration (SAMHSA), **a trauma-informed approach** "includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations." This includes understanding how trauma can impact patients, families, communities, and the professionals attempting to assist them.

The PEARR Tool reflects principles of a trauma-informed and **victim-centered approach.** As described by the US Office for Victims of Crime (OVC), a victim-centered approach is one in which a person's wishes, safety, and well-being are prioritized in all matters and procedures. This includes seeking and maximizing patient input in all decisions.

To learn more, please see SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf; See also OVC's Victim-Centered Approach: ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/

For more information, visit dignityhealth.org/human-trafficking-response

Engaging with Suspected victims

- **Be Trauma Informed**
  - Question victims in a **CONVERSATIONAL manner**
  - Proactively communicate that **THEIR SAFETY is the priority**
  - Despite any past arrests, approach a situation with the mindset of **"what happened to this person"** instead of "what's wrong with this person"
  - Many victims of trafficking experience trauma and **may tell their Story in a non-linear manner OR have inconsistencies in their story**
  - Give the person **options; ask for their permission**
  - Have an HT service provider present at the scene if possible

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Victim Presentation

Before asking any questions, consider:

- **Are they disclosing abuse?**

- How **many times** have they been asked this question?

- Can I get this information from **other professionals** instead of the child directly?

- Is it **really necessary** for me to collect this information?

- What has their **history with adults/professionals** looked like?

- Are they **safe** from their abuser?

- Do they even **understand** what exploitation and trafficking mean?

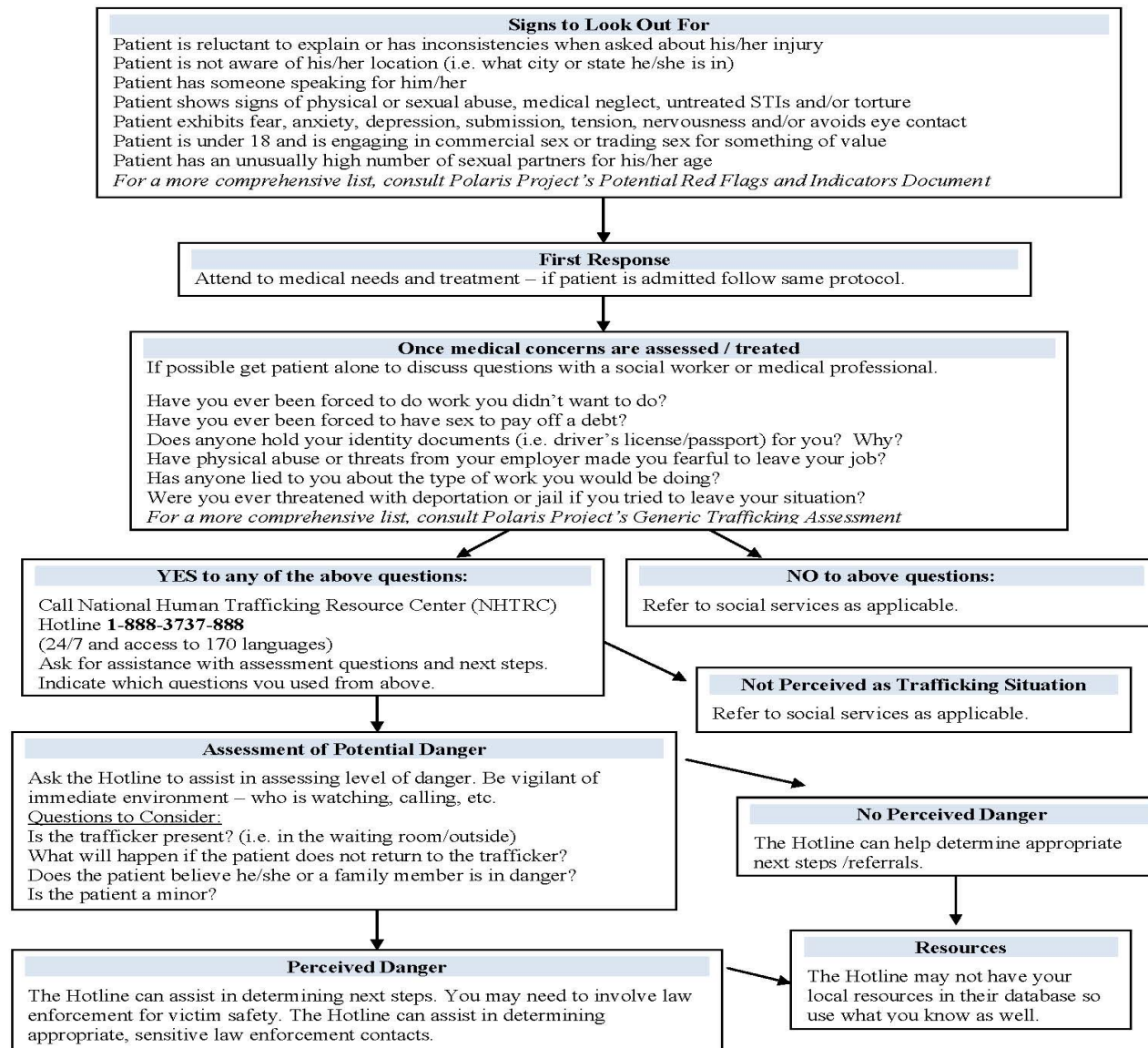- Do **they identify** what happened to them as exploitation/trafficking?

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Victim Centered Approach

- Meet basic needs
- Reassure the victim
- Build trust and rapport
- Be conscious of language, body language, expressions
- Remain sensitive especially to power dynamics
- Avoid re-traumatization
- BE TRANSPARENT
- https://nhttac.acf.hhs.gov/soar/eguide/respond/Response_Protocol#:~:text=The%20components%20of%20a%20human,procedures%2C%20and%20continuous%20quality%20improvement.

Medical Assessment Tool | Polaris Project

Signs to Look Out For
Patient is reluctant to explain or has inconsistencies when asked about his/her injury
Patient is not aware of his/her location (i.e. what city or state he/she is in)
Patient has someone speaking for him/her
Patient shows signs of physical or sexual abuse, medical neglect, untreated STIs and/or torture
Patient exhibits fear, anxiety, depression, submission, tension, nervousness and/or avoids eye contact
Patient is under 18 and is engaging in commercial sex or trading sex for something of value
Patient has an unusually high number of sexual partners for his/her age
For a more comprehensive list, consult Polaris Project's Potential Red Flags and Indicators Document

First Response
Attend to medical needs and treatment – if patient is admitted follow same protocol.

Once medical concerns are assessed / treated
If possible get patient alone to discuss questions with a social worker or medical professional.

Have you ever been forced to do work you didn't want to do?
Have you ever been forced to have sex to pay off a debt?
Does anyone hold your identity documents (i.e. driver's license/passport) for you? Why?
Have physical abuse or threats from your employer made you fearful to leave your job?
Has anyone lied to you about the type of work you would be doing?
Were you ever threatened with deportation or jail if you tried to leave your situation?
For a more comprehensive list, consult Polaris Project's Generic Trafficking Assessment

YES to any of the above questions:
Call National Human Trafficking Resource Center (NHTRC)
Hotline **1-888-3737-888**
(24/7 and access to 170 languages)
Ask for assistance with assessment questions and next steps.
Indicate which questions you used from above.

NO to above questions:
Refer to social services as applicable.

Not Perceived as Trafficking Situation
Refer to social services as applicable.

Assessment of Potential Danger
Ask the Hotline to assist in assessing level of danger. Be vigilant of immediate environment – who is watching, calling, etc.
Questions to Consider:
Is the trafficker present? (i.e. in the waiting room/outside)
What will happen if the patient does not return to the trafficker?
Does the patient believe he/she or a family member is in danger?
Is the patient a minor?

No Perceived Danger
The Hotline can help determine appropriate next steps /referrals.

Perceived Danger
The Hotline can assist in determining next steps. You may need to involve law enforcement for victim safety. The Hotline can assist in determining appropriate, sensitive law enforcement contacts.

Resources
The Hotline may not have your local resources in their database so use what you know as well.

Assessment tool

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Signs and Indicators of Human Trafficking

RHNTC
REPRODUCTIVE HEALTH
NATIONAL TRAINING CENTER

Everyone has a role to play in combating human trafficking. Recognizing signs of human trafficking is the first step in identifying a victim—and can help save a life. In Title X settings, staff can watch for the following signs and indicators when interacting with clients. **If you notice any of these indicators, immediately share your concerns with a clinical services provider.**

CHECKLIST FOR FRONT DESK, SCHEDULING, AND SUPPORT STAFF

- [ ] No identification (e.g., driver's license, passport, social security card, other documentation)
- [ ] No identifiable address or home
- [ ] Escorted, guarded, and/or silenced by someone
- [ ] Disoriented, unable to identify whereabouts, unable to identify family and friends
- [ ] Age-inappropriate partner or significant other
- [ ] Signs of physical abuse: bruises, cuts, burns, broken bones
- [ ] Signs of self-harm: bruises, scars from repeated cutting
- [ ] Fearful behavior

Please Note: Indicators are not always present in every human trafficking situation, and if present are alone not proof of human trafficking

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EVERYONE ONE CAN HELP

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So, now what now?

- If they are a minor and a mandated report must be made, contact your social worker for assistance in making reports.

- For adults and children, assess safety needs and safe discharge.

  - Assess current risks and safety concerns

  - Ask if they would like resources for assistance after discharge

  - Do they wish to make a LE report?

  - Offer options for responding when safety is threatened

- Acknowledge that not everyone is ready to accept help.

NATIONAL HUMAN TRAFFICKING HOTLINE

CALL 1-888-373-7888

TEXT "BeFree" (233733)

LIVE CHAT humantraffickinghotline.org

24/7 • Toll free Confidential 200+ languages

GET HELP • REPORT TRAFFICKING

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Community Resources

- **The Formation Project**

- **My Sister's House- Domestic Violence Victims**

- **Department of Mental Health: Charleston/Dorchester/Berkeley**

- **Tri-County Speaks-Adult Sexual abuse and Violence**

- **Charleston Pro Bono- Assists with legal needs for victims**

Community resources: Children

► DSS and LE are required to be notified with any CSEC concerns.

► Child Advocacy Centers in Tri-County area

  ► Dee Norton Child Advocacy Center- 2 locations, one downtown on King Street and one in Mt. Pleasant. Serves Charleston and parts of Berkeley County

    ► IMPACT Coordinator- Tiffiny Alexander talexander@deenortoncenter.org

  ► Dorchester Children's Advocacy Center, currently one location in Summerville with another location under construction in Moncks Corner. Serves Dorchester and Berkeley County

    ► THRIVE Coordinator- Nicole Hoffman nhoffman@dorchestercac.org

Healthcare Subcommittee Goals 2024-2025

- Increase Education to healthcare facilities and organizations

- Offer assistance to healthcare providers in navigating anti-trafficking resources in the community

- Connect healthcare organizations and victim resources to facilitate partnerships

- Advocate for legislation to require annual human trafficking education for healthcare clinician/provider licensure

Current Members

- Co-chairs
  - Erin Hart- MUSC
  - Sue Wood- MUSC
- Members:
  - Melissa Crapse, MUSC, Adult Sane Program, Trafficking Coordinator
  - Elizabeth Earles, MUSC MAP Social Work
  - Nancy Burkhart, Texas A&M- Dental Chair
  - Elizabeth Harmon, MUSC, School of Nursing
  - Pamela Allen- Roper St. Francis
  - Brandy Floyd, Trident Health, Mortality Coordinator
  - Jenna Norris, Trident Health
  - Brittany Williams, Ralph Johnson V.A., Social Worker
  - Theresa Lynn- East Cooper Medical Center
  - Melissa Arena/Amanda Jolly- L&D, Summerville Medical Center

Additional Resources

National Hotline for Human Trafficking

National Human Trafficking Resource Center

Soar to Health and Wellness: U.S. Department of Health and Human Services

Heal Trafficking : Health Professional Education, Advocacy, and Linkage

Human Trafficking: A guidebook on Identification, Assessment and Response in the Healthcare Setting : Massachusetts General and Massachusetts Medical Society

https://humantraffickinghotline.org/sites/default/files /Assessment%20Tool%20- %20Medical%20Professionals.pdf

ttps://www.mitrainingcenter.org/courses/hthss0423ce

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