



SOAR for Health Care

ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

Course Objectives

After you complete this training, you'll be able to:

1. Describe the types of trafficking in the United States
2. Recognize possible indicators of trafficking in health care settings
3. Identify trauma-informed screening tools and techniques for use by health care providers
4. Develop a trafficking response protocol for your organization
5. Assess the needs of individuals who are at risk of trafficking or who may have experienced trafficking and coordinate services within a multidisciplinary network of service providers

SOAR Framework

Describe the types of trafficking and common risk factors.

Identify individual and environmental indicators of trafficking.

Stop

Observe

Respond

Ask

Address individual needs by coordinating across multidisciplinary stakeholders to deliver appropriate services.

Screen and identify individuals who may have experienced trafficking using a trauma-informed and person-centered approach.

Human Trafficking Terminology



Patient or Client: An individual you encounter in a professional capacity



Victim: An individual who is currently experiencing trafficking

- Term used when referencing laws or statutes that provide protections or resources



Survivor: An individual working toward healing in the aftermath of the trauma of trafficking

Language Note: These terms are used for clarification purposes in this module. Individuals who are exiting trafficking situations should always be empowered to select the language that best reflects them.

Poll #1

Where do health professionals most often encounter individuals who are at risk of experiencing trafficking or who have experienced trafficking?

- A. Primary care
- B. Pediatrician
- C. OB/GYN/women's health
- D. Emergency department

What Is Public Health?

Public health is the science of protecting and improving the health, safety, and wellbeing of people and their communities.



Centers for Disease Control Foundation. (n.d.). *What is public health?* Retrieved January 10, 2020, from <https://www.cdcfoundation.org/what-public-health>

Upstream/Downstream Metaphor for Public Health



What Is a Public Health Approach to Human Trafficking?

Criminal Justice Framework

- Uphold Legal Framework
- Victims
- More Defined Timeframe
- Justice Orientation
- Government Based
- Punish Traffickers/Recover Victims

Public Health & Prevention Framework

- Advance Individual/ Population Health
- Patients/Clients
- Long-Term Process
- Individual, Family, and Community Orientation
- Community Based
- Prevent/Treat Harms

Adapted from Chang, K., & Hang, R. (2017). *Public health approach to preventing human trafficking*. HEAL Trafficking. <https://healtrafficking.org/resources/public-health-approach-to-preventing-human-trafficking>

What Is Trauma?

“Individual trauma results from an event, series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional or spiritual well-being.”

Substance Abuse and Mental Health Services Administration. (n.d.). *Trauma and violence*. Retrieved January 28, 2020, from <https://www.samhsa.gov/trauma-violence>

Trauma-Informed Approach



Substance Abuse and Mental Health Services Administration. (n.d.). *Trauma*. Retrieved January 28, 2020, from <https://www.integration.samhsa.gov/clinical-practice/trauma>

Culturally and Linguistically Appropriate Services (CLAS) Standards

CLAS helps organizations be respectful of and responsive to:

- Cultural health beliefs and practices
- Preferred languages
- Health literacy levels
- Communication needs



Office of Minority Health. (2013). *National standards for culturally and linguistically appropriate services in health and health care: A blueprint for advancing and sustaining CLAS policy and practice.*

<https://www.pccpc.org/sites/default/files/resources/A%20Blueprint%20for%20Advancing%20and%20Sustaining%20CLAS%20Policy%20and%20Practice.pdf>

Ethical Considerations During Service Delivery

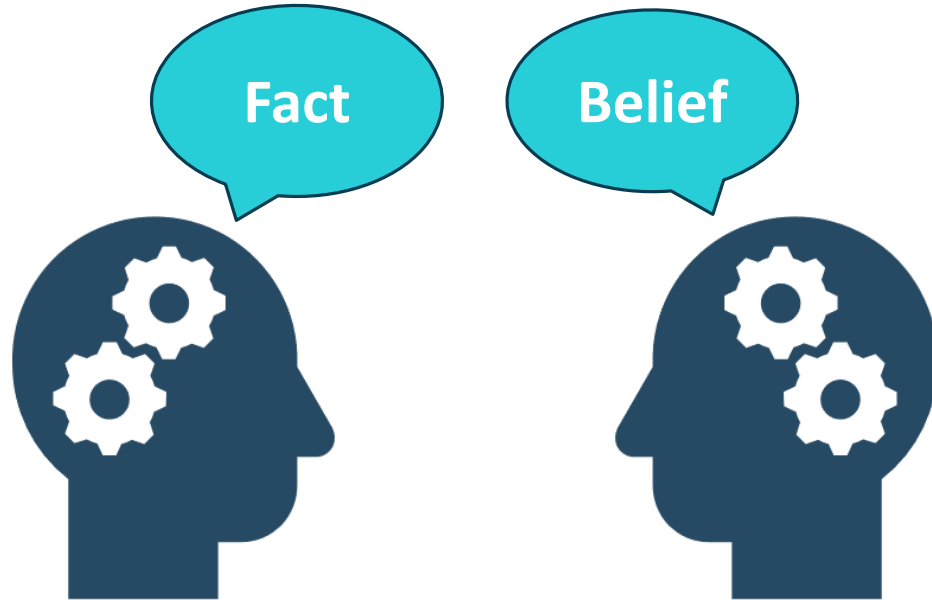
Follow the Ethics of Care Model:

- Respect for autonomy:
 - Consider each individual as an agent with decision-making power.
 - Ensure privacy and confidentiality to the extent possible.
- Do no harm.
- Do good—act in the best interests of the individual.
- Justice:
 - Assess resource needs and fair allocation among the most vulnerable.

Remember: Working with certain populations, such as minors, may require additional considerations. There are also ethical considerations in the procurement of health care system services and goods.

Implicit Bias

Attitudes (positive and/or negative) or stereotypes toward a person, thing, or group that affects our understanding, actions, and decisions in an unconscious manner



Stop

Describe the types of trafficking and common risk factors.

Identify individual and environmental indicators of trafficking.

Stop

Observe

Respond

Ask

Address individual needs by coordinating across multidisciplinary stakeholders to deliver appropriate services.

Screen and identify individuals who may have experienced trafficking using a trauma-informed and person-centered approach.

Case Study: Tanya

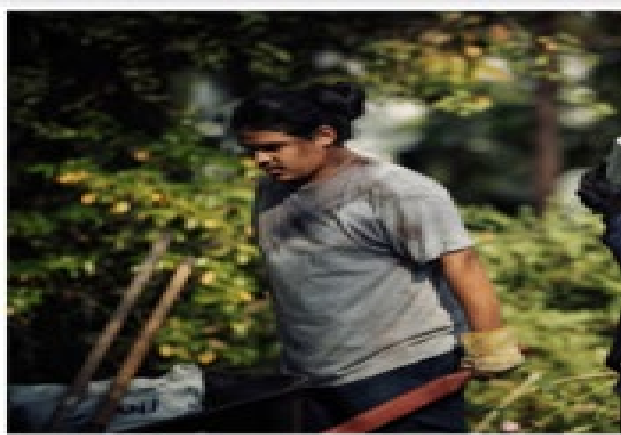
- Tanya is a lab technician at a local hospital.
- She typically works the night shift and assists physicians by collecting samples and biological specimens for diagnostic testing.
- The emergency room has few private rooms. Given the use of curtains as room dividers, Tanya regularly overhears conversations.



The Role of Health Care Providers



What Is Human Trafficking?



Labor Trafficking



Sex Trafficking

Learn More

What Is Human Trafficking?

Labor Trafficking

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

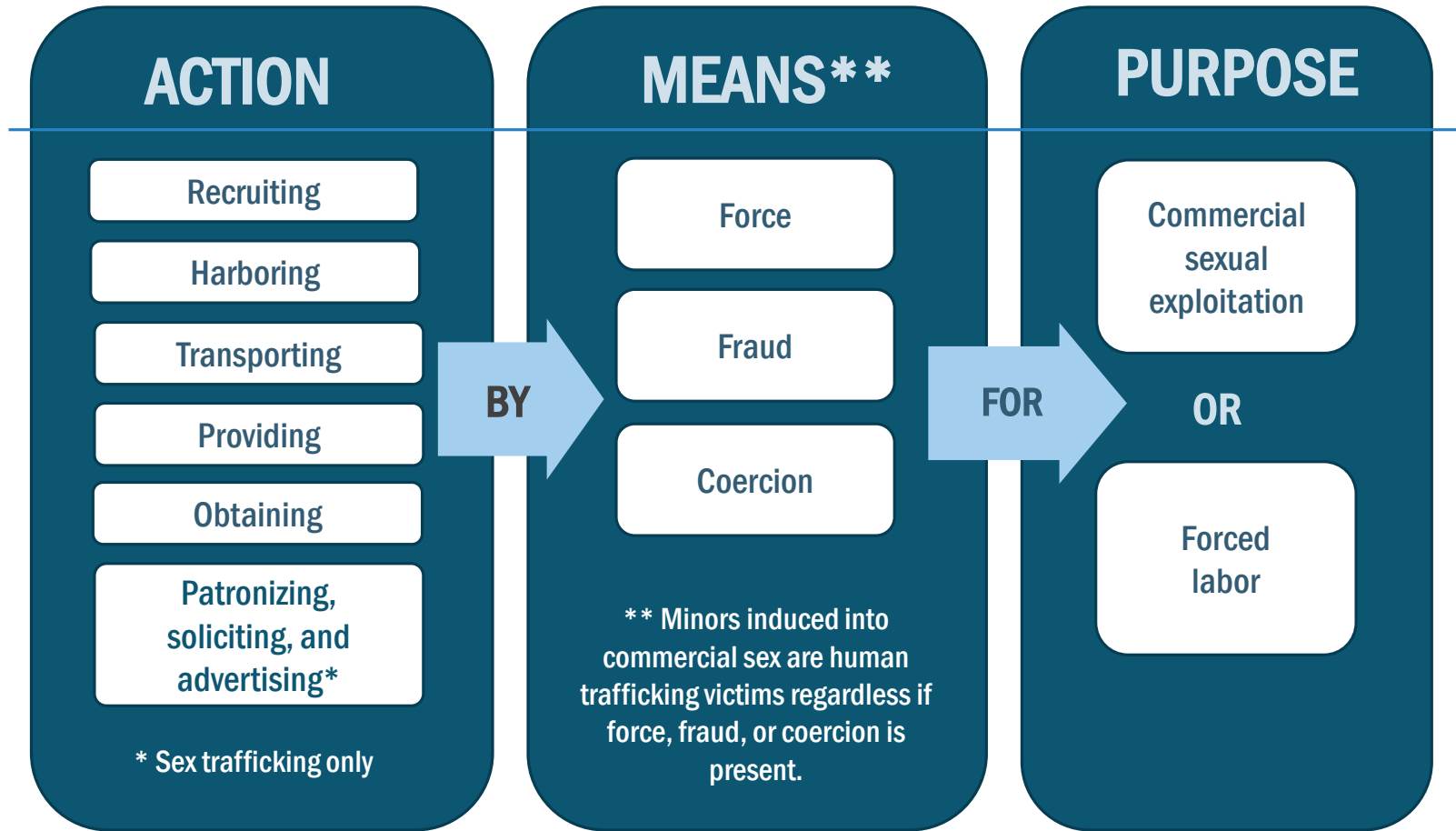
[Trafficking Victims Protection Act](#)

Sex Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose 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 act has not attained 18 years of age. In the TVPA, the term “commercial sex act” means any sex act on account of which anything of value is given to or received by any person. The Justice for Victims of Trafficking Act of 2015 , or JVTa, expanded the definition of sex trafficking to include the soliciting and patronizing of a person for the purpose of a commercial sex act.

[Trafficking Victims Protection Act](#)

Trafficking Victims Protection Act of 2000 (TVPA)



Victims of Trafficking and Violence Protection Act of 2000 (TVPA), Pub. L. No.106-386, 8 U.S.C. §1101, §7101, 114 STAT 1464 (2000)

Fraud, Coercion, or Force



Fraud



Coercion



Force

At-Risk Populations



Refugees and
Asylees



Migrant and
Seasonal Workers



Disconnected
Youth



Native
Communities



LGBTQI and Two-
Spirit Individuals



Individuals with
Disabilities



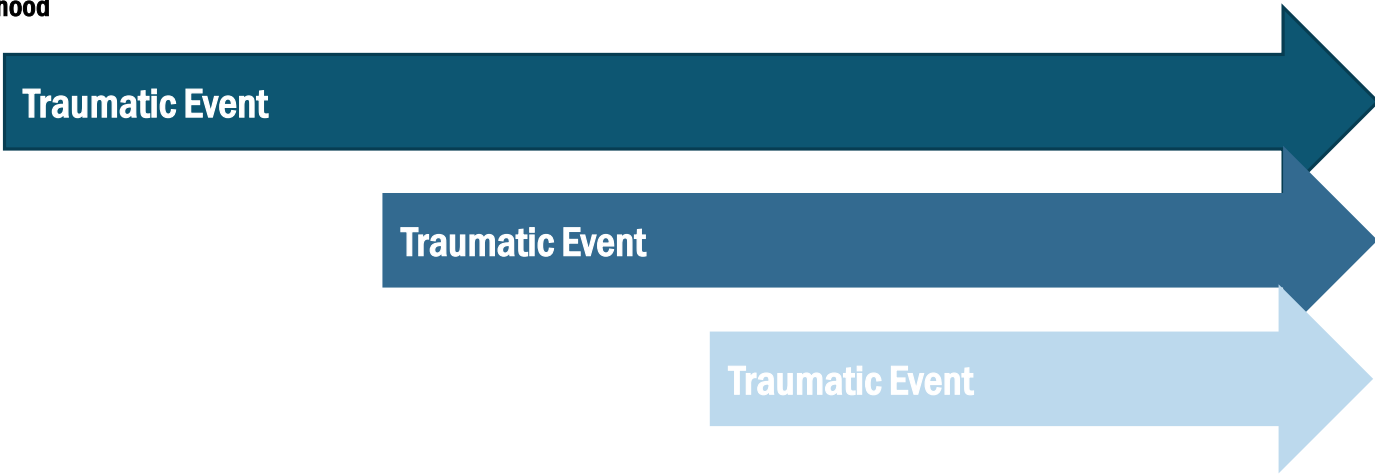
Survivors of Other
Violence



Boys and Men

Adverse Childhood Experiences (ACEs)

Childhood

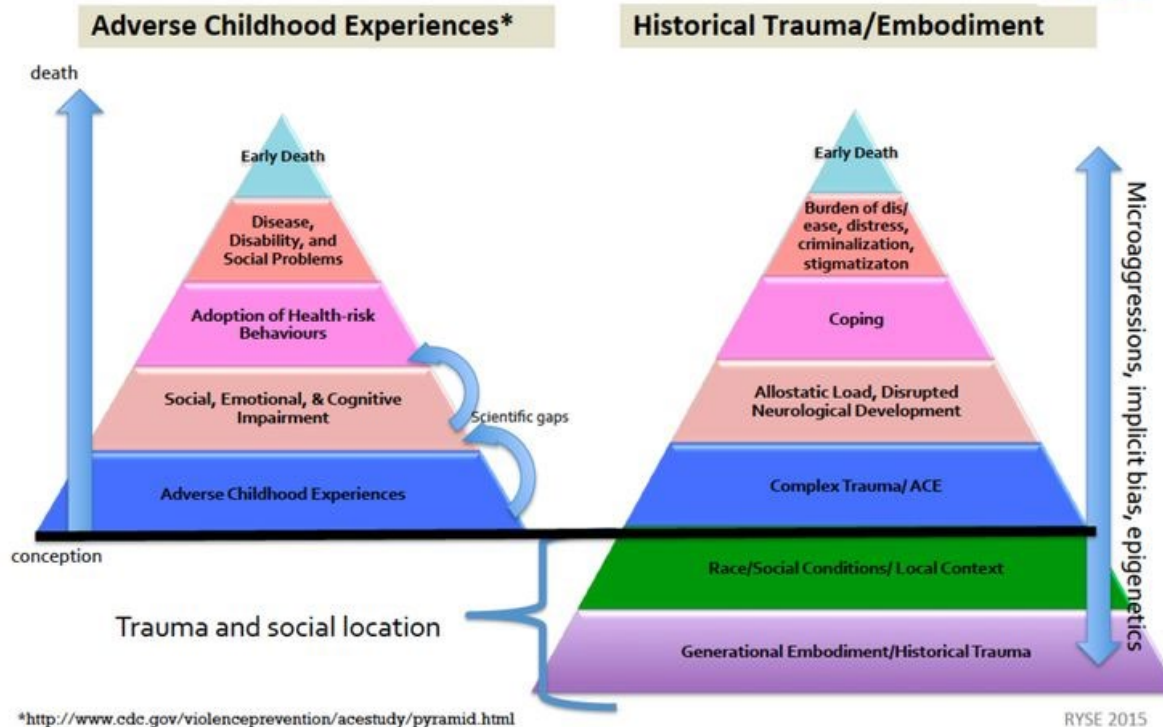


Adulthood



ACEs Studies

Trauma and Social Location



Centers for Disease Control and Prevention. (2016). *Violence prevention: The ACE pyramid* (adapted by RYSE Youth Center).

<https://www.cdc.gov/violenceprevention/acestudy/about.html>

Types of ACEs



The Adverse Childhood Experiences Study and the Philadelphia Expanded ACE Study

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse childhood experiences: Expanding the concept of adversity. *American Journal of Preventive Medicine*, 49(3), 354-361.

Impact of ACEs



Possible Risk Outcomes



Depression



Substance Use



Poor Physical Health



Suicide Attempts



Poor Academic Achievement



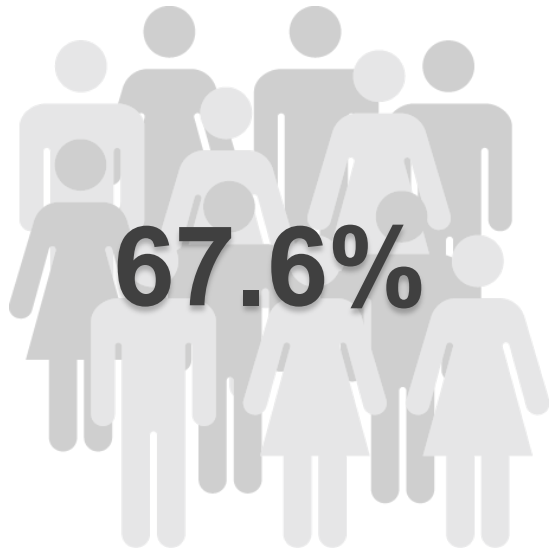
Financial Stress

Naramore, R., Bright, M.A., Epps, N., & Hardt, N.S., (2017). Youth arrested for trading sex have the highest rates of childhood adversity: A statewide study of juvenile offenders. *Sexual Abuse, 29*(4), 396-410. <https://doi.org/10.1177/1079063215603064>

Encountering Individuals Who Have Experienced Trafficking

- Child welfare and family services
- Health care settings, especially hospital emergency departments
- Advocacy work in foreign national communities (e.g., migrant farmworkers, promotores)
- Homeless shelters
- Substance use and addiction counseling
- Sexual assault services
- Domestic violence programs
- Elementary, middle, and high schools
- Outreach programs for homeless or runaway youth
- Resettlement programs for foreign nationals, refugees, and/or torture survivors
- Prison reentry programs
- Dental offices
- Psychiatric hospitals
- Behavioral health crisis services
- Federally qualified health centers

Many Access Health Care During Their Experience

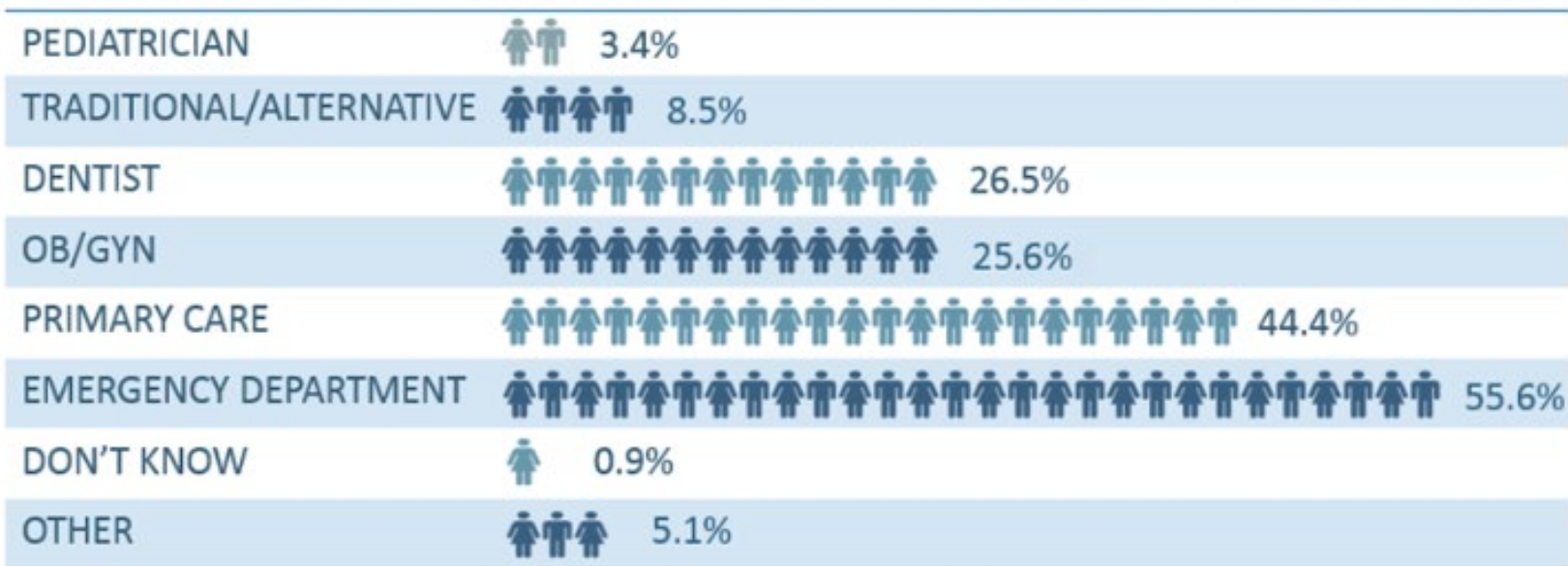


Individuals who have experienced trafficking or are currently experiencing trafficking are highly likely to come into contact with someone in the health care system.

Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P. N., & Richardson, L.D. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care for the Poor and Underserved*, 27(3), 1220–1233. <https://doi.org/10.1353/hpu.2016.0131>

Who They Meet

Percentage of victims who came in contact with health care professionals (by specialty)*



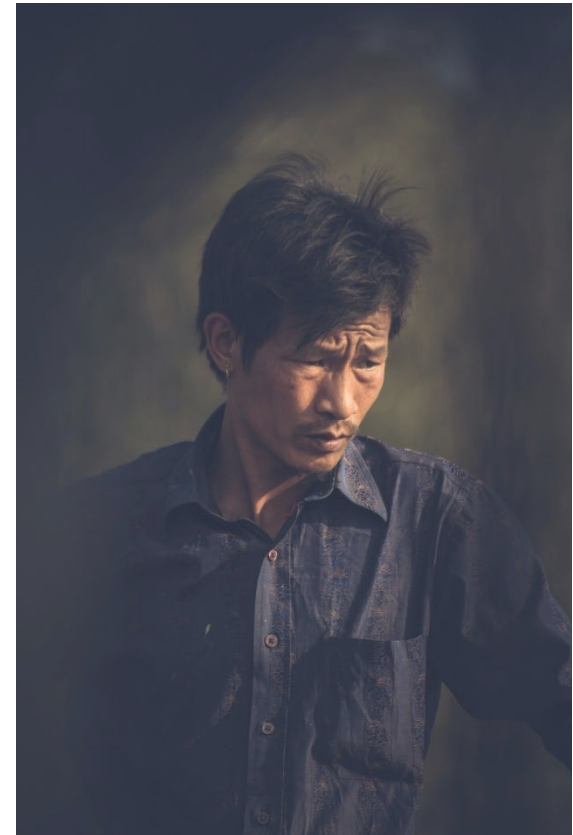
* Some of the 117 victims surveyed received services from more than one category of provider.

Data in chart: Chisolm-Straker, M., Baldwin, S., Gaïgbé-Togbé, B., Ndukwe, N., Johnson, P., Richardson, L. (2016). Health care and human trafficking: We are seeing the unseen. *Journal of Health Care for the Poor and Underserved*, 27(3), 1220–1233. <https://doi.org/10.1353/hpu.2016.0131>

Related Study: Chisolm-Straker M, Richardson L. Assessment of emergency department provider knowledge about human trafficking victims in the ED. *Acad Emerg Med*. 2007; 14 (suppl1):134

Revisit Case Study: Rashid

- Rashid, a 41-year-old man from Myanmar, and his wife arrive via ambulance late in the evening.
- He collapsed at home after dinner, and his wife called 911.
- Rashid is sweating profusely, extremely anxious, lightheaded, and complaining of a bad headache.
- He denies use of cigarettes, drugs, or alcohol.
- He is unable to produce proper identification and is anxious about the medical costs associated with his visit.



Knowledge Check

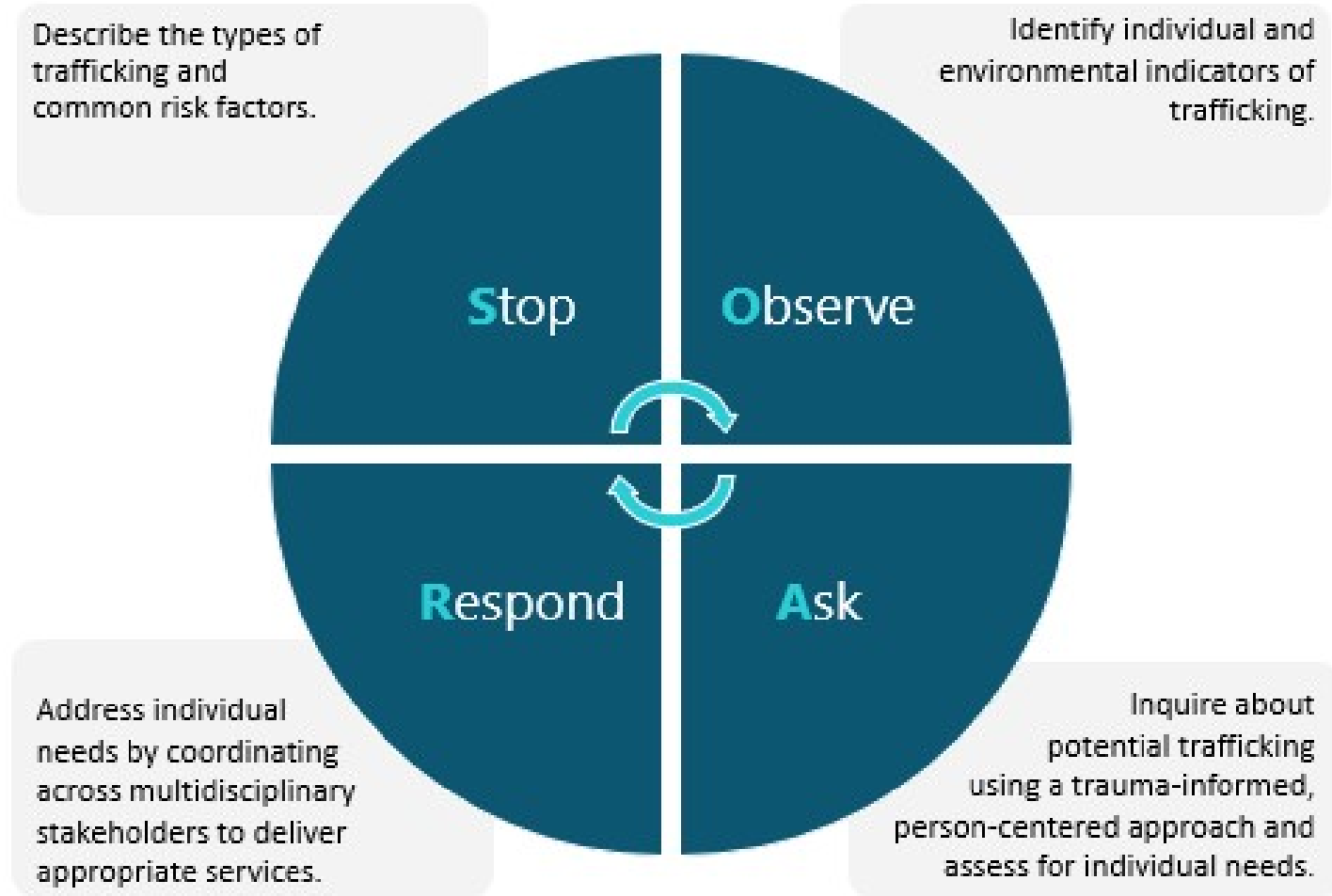
Tanya overhears Rashid and his wife discussing their concerns about not having appropriate documentation, inability to pay the medical costs, and outstanding loans taken out in his name by his employer.

Based on Rashid's circumstances, Tanya is concerned that he may be at risk of trafficking or experiencing trafficking. Which of the following at-risk populations *may* apply to Rashid's circumstances? Select all that apply.

- A. Foreign nationals
- B. Refugees and asylees
- C. Individuals with disabilities
- D. Boys and men

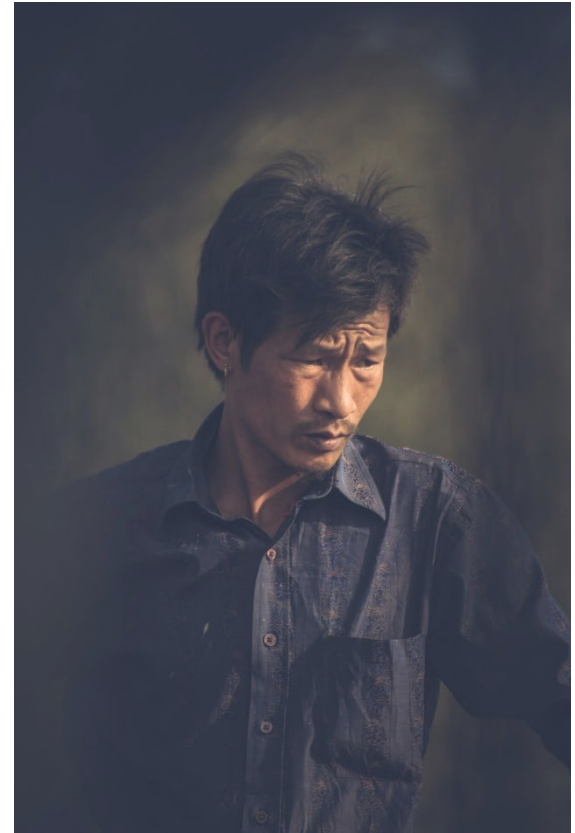


Observe



Revisit Case Study: Rashid

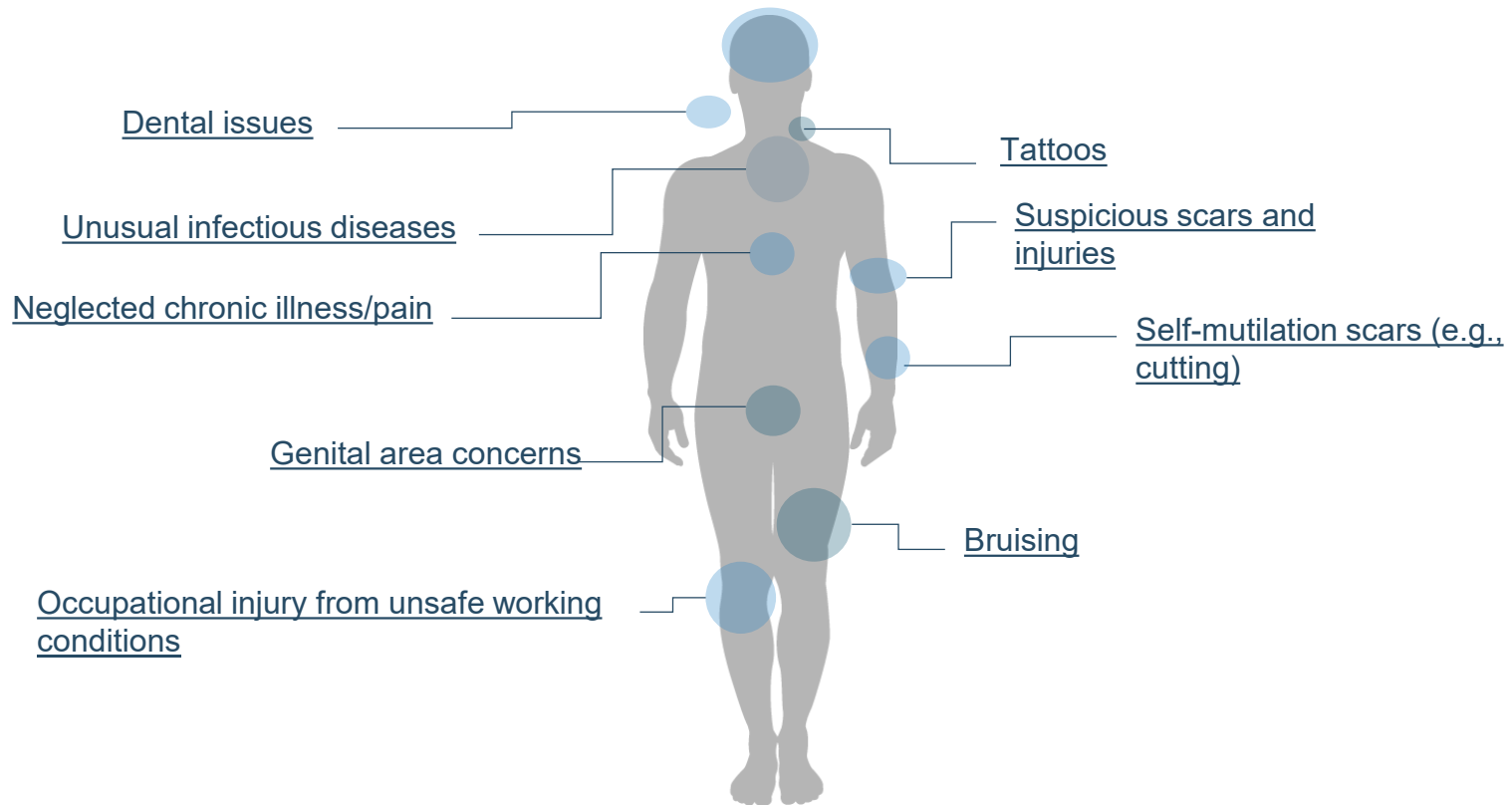
- The lab work revealed that Rashid had low blood sugar, anemia, and dehydration.
- When asked about his diet, he reluctantly disclosed that he doesn't eat much during the day.
- When asked what prevented him from eating, Rashid shrugged his shoulders and would not answer.
- Tanya overhears Rashid's wife telling him they must find a way for Rashid to leave his employer because he needs to be allowed to eat lunch at work, but Rashid says he can't until the loan is repaid.



“Red Flags” That May Indicate Human Trafficking



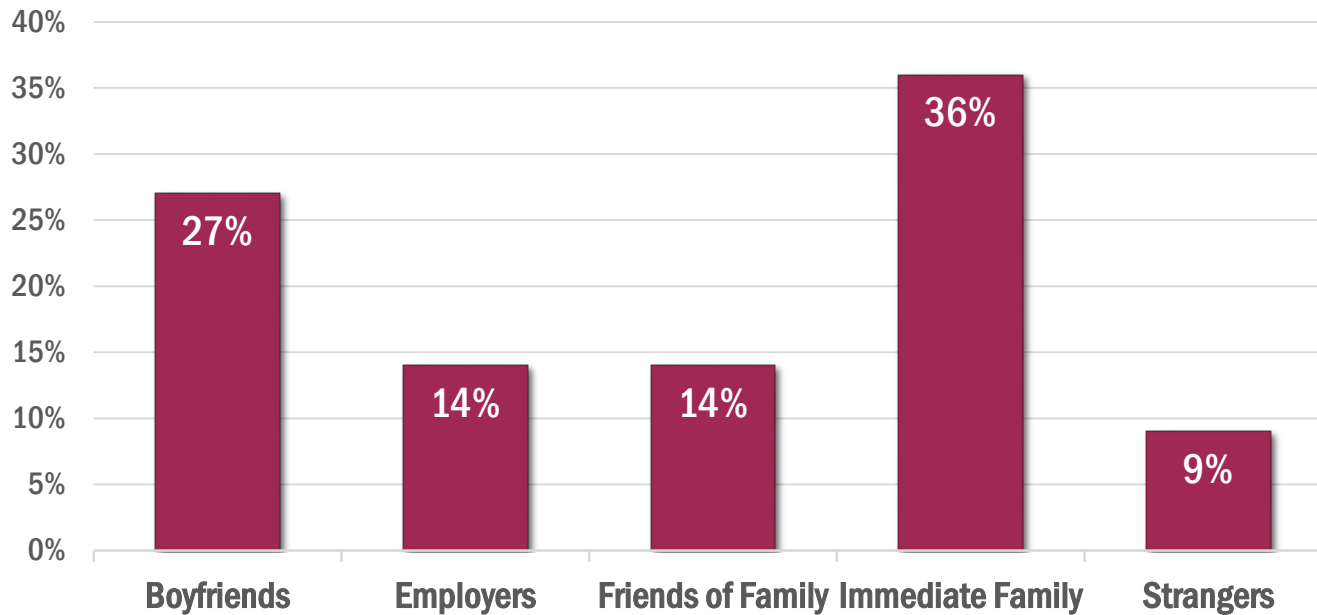
More on Physical Indicators



Barriers That Prevent Identification



Common Relationships Between Victims and Traffickers



Covenant House New York and Fordham University's Applied Developmental Psychology Department. (2013). *Homelessness, survival sex, and human trafficking as experienced by the youth of Covenant House New York*. <https://traffickingresourcecenter.org>

Knowledge Check

Tanya is concerned that Rashid may be experiencing trafficking. What potential red flags does Rashid present with at the emergency room? Select all that apply.



- A. Malnourished and/or severely dehydrated**
- B. Respiratory issues**
- C. Reserved/avoiding interaction or providing limited information**
- D. Not allowed to take adequate breaks, eat, or drink at work**

Ask

Describe the types of trafficking and common risk factors.

Identify individual and environmental indicators of trafficking.

Stop

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Respond

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Address individual needs by coordinating across multidisciplinary stakeholders to deliver appropriate services.

Screen and identify individuals who may have experienced trafficking using a trauma-informed and person-centered approach.

Revisit Case Study: Tanya

- Tanya shares her concerns with the acting physician that Rashid may be experiencing trafficking based on the conversations she overheard between Rashid and his wife.
- They reference the hospital's protocol, which includes information on how to ask about and screen for potential trafficking.



Your Role in Inquiring About Trafficking



- **Seek to understand and provide level of support they request.**
- **Gather information necessary to identify needs and begin service provision.**
- **Do not ask indepth questions about the details surrounding a potential trafficking experience.**

Person-Centered Interviewing Techniques



Create a setting that is person-centered and trauma-informed.



Get informed consent prior to asking questions.



Inform the client of the purpose of the questions and how the information may be used.



Discuss confidentiality and mandatory reporting.



Meet with the client one on one for part of every visit, when possible based on your setting.



Always use a professional interpreter, when needed.

Inquiring Through a Trauma-Informed Approach

- Prioritize individual's sense of safety and well-being
- Minimize need to retell story
- Offer education
- Affirm resiliency
- Provide services and resources

**The goal is NOT
disclosure**

Miller, E., McCauley, H.L., Decker, M.R., Levenson, R., Zelazny, S., Jones, K.A., Anderson, H., & Silverman, J.G. (2017). Implementation of a family planning clinic-based partner violence and reproductive coercion intervention: Provider and patient perspectives. *Perspectives on Sexual and Reproductive Health, 49*(2); 85–93. doi 10.1363/psrh.12021

Avoid These Common Mistakes

“No one is hurting you at home, right?” (Partner seated next to individual as this is asked)

“Within the last year, have they ever hurt you or hit you?”

(Nurse with back to individual typing in her computer)

“I’m really sorry I have to ask you these questions; it’s a requirement of our clinic.”



Alternatives

“We’ve started talking to all our patients about safe and healthy relationships because it can impact your health.”

(Nurse making eye contact with individual throughout conversation)

“Before we get started, I want to discuss confidentiality with you.”

(Nurse hands individual a brochure written in plain language about confidentiality)

“Has your current partner ever made you feel afraid or threatened you in any way?”

(Nurse speaking in calm, caring tone and maintaining eye contact while monitoring individual’s verbal and nonverbal cues)



Focus on Rapport and Safety

To help avoid the common pitfalls to interviewing just discussed, you can:

- Support the individual in feeling physically comfortable
- Be aware of your verbal and nonverbal cues
- Monitor the individual's verbal and nonverbal cues
- Explore safety concerns with the individual



Different Approaches to the Conversation

UNIVERSAL EDUCATION

SCREENING

Universal Education

Goal: The provider inquires about the individual's needs while simultaneously educating the individual on the ways that interpersonal relationships, work environment, or other socioecological risk factors may inform and influence that individual's situation and presenting issue

Provider/Individual Relationship: This is meant to be a partnership, where the individual and provider determine together which services and resources are appropriate for the individual

Futures Without Violence. (2019). *Project Catalyst: State-wide transformation on health, IPV, and human trafficking*.
<https://www.futureswithoutviolence.org/health/project-catalyst/>

Screening

Goal: To identify risks and provide appropriate interventions through a standardized set of questions tied specifically to human trafficking

Provider/Individual Relationship: Hierarchical, the provider determines which services and resources that the individual qualifies for based on the answers to the screening questions

Universal Education Tools

CUES

- Evidence-based intervention to ask individuals about violence in health settings
- Acronym stands for:
 - **C** = Confidentiality
 - **UE** = Universal Education and Empowerment
 - **S** = Support

PEARR TOOL

- **P** = Privacy
- **E** = Education
- **A** = Ask
- **R** = Respect
- **R** = Respond

Screening Tools

- **Human Trafficking Screening Tool (HTST)**: This tool is designed to identify minors who have experienced trafficking. It has not been validated.
- **Quick Youth Indicators for Trafficking (QYIT)**: This tool is designed to identify labor and/or sex trafficking among homeless young adults in service provision settings. It was validated in 2018.
- **Toolkit and Guide: Adult Human Trafficking Screening**: This tool is designed to identify adult victims of trafficking. It complements the HTST.

Working With Interpreters



**Selecting an
Interpreter**

**Preparing to Work With
an Interpreter**

Establish Systemwide Policy to See Patients or Clients Alone

- Develop policy to see patients or clients alone for part of every visit.
- Post signs that outline the policy in common areas (waiting rooms, exam rooms).
- Orient staff to the policy change and why it's important.
- Conduct assessments and interventions only when alone with individuals.

NEW [CLINIC] POLICY:
For privacy compliance, every
individual will be seen alone for some
part of their visit.
Thank you for your help.

When You Can't See Every Individual Alone



When to separate the individual from suspected trafficker?

What reason to give?

Who will do the separating?

What safety measures are needed?

HEAL Trafficking and Hope for Justice. (2017). *Protocol toolkit for developing a response to victims of human trafficking in health care settings*. <https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings>

Mandatory Reporting and HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule specifically permits certain disclosures to report injury or abuse.

- Examples:
 - Reports of child abuse or neglect
 - Disclosures required by law
 - Disclosures agreed to by the individual
 - Disclosures necessary to prevent harm
 - Reports of crime in emergencies



If mandated reporting requirements dictate, the situation must be reported.

Working With Law Enforcement

Given possible negative or fearful perceptions of law enforcement for those who have experienced trafficking, be thoughtful when working with law enforcement. Limit disclosure to law enforcement related to a specific individual to the following scenarios:

- Individual initiates request the meeting
- State-specific mandated reporting requirements
- Suspicion of imminent danger to staff and/or individual

Remember: Your primary focus should be the individual.

Knowledge Check

While reviewing the hospital protocol, Tanya is reminded that providers are instructed to use a universal education approach, as well as the hospital's approved trafficking screening tool. Select true or false for the following statement:



The goal of a universal education approach is to educate the individual on the ways that interpersonal relationships, work environment, or other socioecological risk factors may inform and influence that individual's situation and presenting issue.

- A. True
- B. False

Respond

Describe the types of trafficking and common risk factors.

Identify individual and environmental indicators of trafficking.

Stop

Observe

Respond

Ask

Address individual needs by coordinating across multidisciplinary stakeholders to deliver appropriate services.

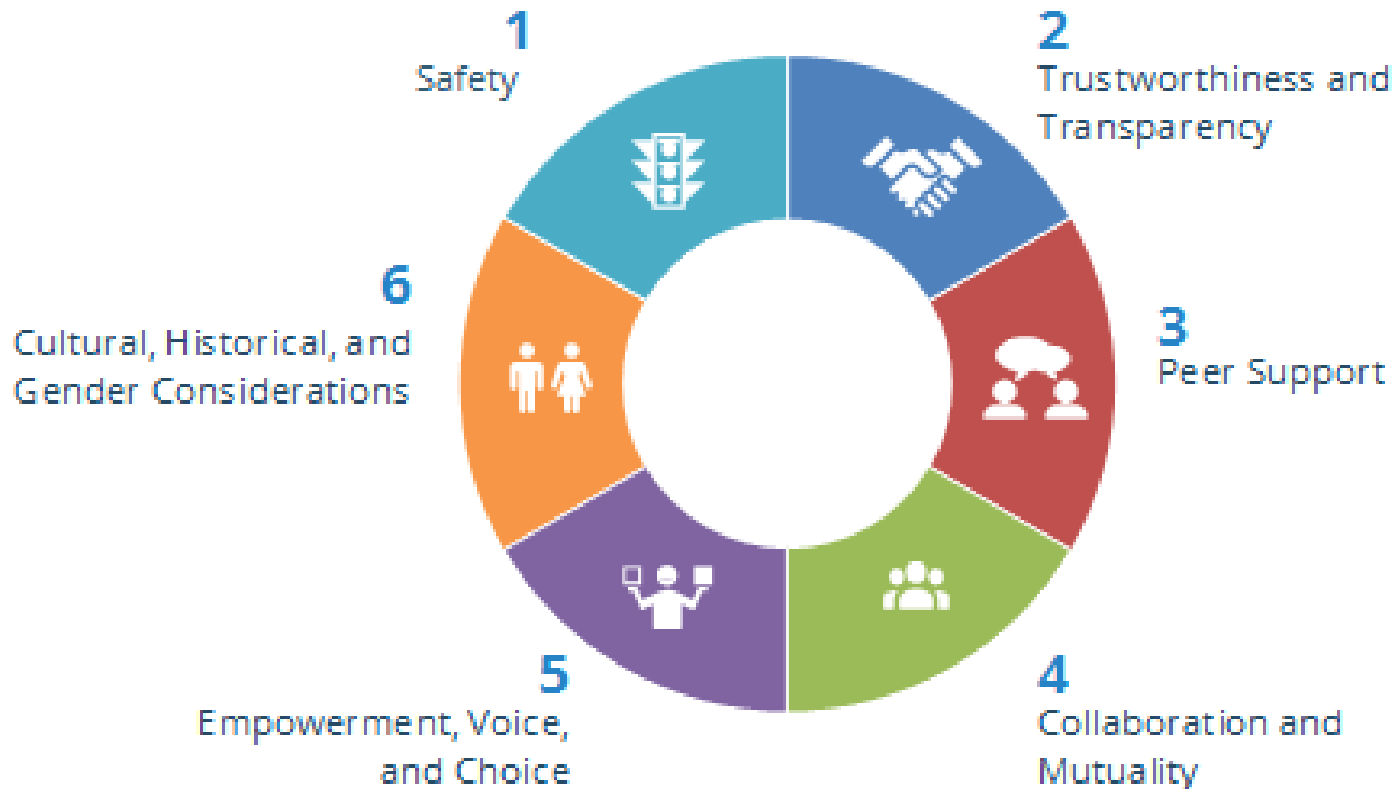
Screen and identify individuals who may have experienced trafficking using a trauma-informed and person-centered approach.

Revisit Case Study: Tanya

- Tanya and the acting physician were unsure of how to ask Rashid about potential trafficking. They were also uncertain about available resources if he disclosed trafficking.
- The hospital protocol included a list of open-ended questions they could ask Rashid to learn more about his circumstances.
- The acting physician prescribed rest for Rashid and asked him if the employer would accept the doctor's note. Rashid shared why he could not take time off from work.
- Tanya worked with the hospital's multidisciplinary treatment and referral team and case manager to identify appropriate referrals.



Six Principles of a Trauma-Informed Approach



Tips for Trauma Response Management

Psychoeducation

Sensory-Based Grounding
Tools

Self-Soothing and Relaxation
Skills

Active and Compassionate
Listening

For more indepth trauma response management, learn [psychological first aid](#).

Basic Trauma-Informed Interventions

Outreach and Engagement	Mental Health and Substance Abuse Services
Crisis Intervention	Resource Coordination and Advocacy
Parenting Support	Trauma-Specific Services
Screening and Assessment	Health Care

Clark, H.W. & Power, A.K. (2005). Women, Co-occurring Disorders, and Violence Study: A case for trauma-informed care. *Journal of Substance Abuse Treatment*, 28(2), 145-146.

<https://psycnet.apa.org/doi/10.1016/j.jsat.2005.01.002>

Person-Centered Response



Protocol Components

Protocol development for human trafficking should include these elements:

1. Staff Training and Supports

2.-4. Screening and Care Coordination Procedures

5. Multidisciplinary Response

6. Mandatory Reporting

7. Followup/Follow-through Procedures

8. Continuous Quality Improvement

Select each button to view the eight elements.

[HEAL Trafficking and Hope for Justice's Protocol Toolkit](#)

[Dignity Health Human Trafficking Response Program – Shared Learnings Manual](#)

1. Staff Training and Supports

Considerations

- Training delivery method and resources
- Access limitations
- CE credit requirements
- Needs of learners across roles

Recommendations

- Provide in-person training to reinforce learning and make connections.
- Offer flexible, on-demand learning options.



What is Secondary Trauma?

Stress resulting from helping or wanting to help a person who has experienced trauma.



Conrad, D. (n.d.). *Secondary trauma: What is it?* Retrieved March 30, 2017, from <http://secondarytrauma.org/secondarytrauma.htm>

Middleton, J., & Potter, C. (2015). Relationship between vicarious traumatization and turnover among child welfare professionals. *Journal of Public Child Welfare* 9(2), 195–216. <https://doi.org/10.1080/15548732.2015.1021987>

Tips for Mitigating Secondary Trauma



For Individuals



For Organizations

Conrad, D. (n.d.). *Secondary trauma: What is it?* Retrieved March 30, 2017, from <http://secondarytrauma.org/secondarytrauma.htm>

2.-4. Screening and Care Coordination Procedures

2. Screening and Identification	<ul style="list-style-type: none">• Survivor-informed protocol development• Trauma-informed delivery• Culturally and linguistically appropriate interactions• Safety planning• Private interviewing• Mandatory reporting• Protocols and response procedures
3. Interview Procedures	
4. Safety Planning	

Creating an Assessment Protocol

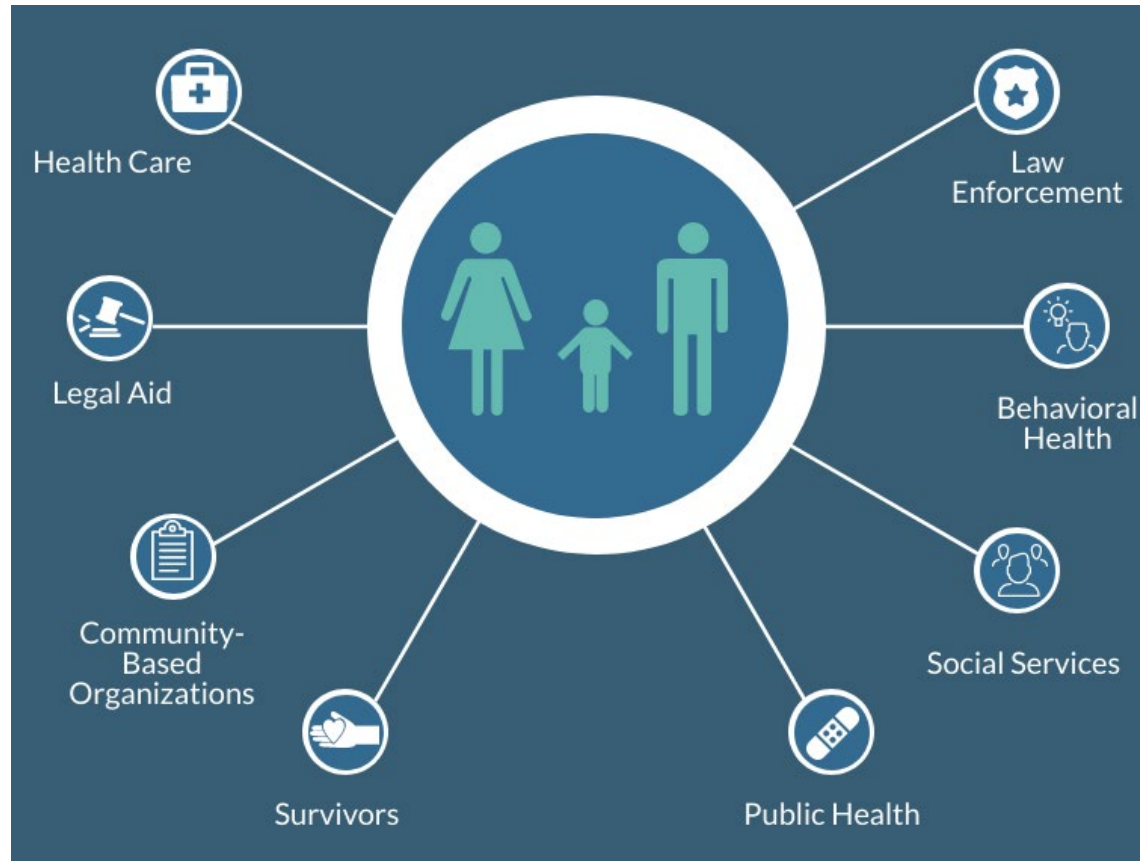


Key Items in an Assessment Protocol

Creating An Assessment Protocol

- **Assessment of immediate safety concerns and development of an initial safety plan**
- **Arrangement for language access and interpreter services for victims who are non-English proficient**
- **Assessment of basic needs, including housing, food, clothing, legal services, immigration relief, healthcare, dental care, mental health services, and treatment of substance abuse and co-occurring disorders (and appropriate referrals)**
- **Provision of information about victims' rights under federal and state law as well as available crime victim resources**
- **A plan for engagement of law enforcement and victims' decision making regarding making a report to law enforcement**
- **A clear description of mandated reporting requirements for minors as well as laws and policies regarding consent for interviews/treatment/services of minors**
- **Assessment of spiritual preferences if any and/or comfort level with receiving services from religiously affiliated agencies and programs**

5. Multidisciplinary Treatment and Referral Process



Addressing Various Needs

**Emergency
Needs**

**Medium-Term
Needs**

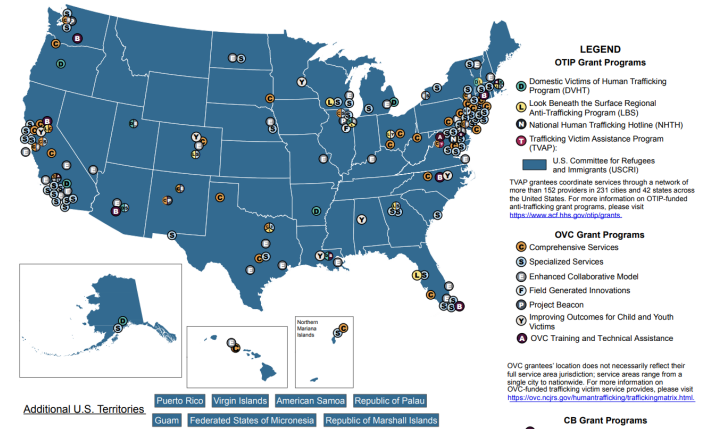
**Long-Term
Needs**

Existing Efforts to Combat Trafficking

Federal Grantees

State and Territory Factsheets

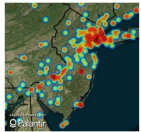
Map of Office on Trafficking in Persons (OTIP) Program Grantees, Children's Bureau (CB) Program Grantees, and the Office for Victims of Crime (OVC) Human Trafficking Grantees



New Jersey: Efforts to Combat Human Trafficking

U.S. Department of Health and Human Services Region II

This state profile summarizes regionally specific data to help promote collaboration and reform and enhance the response to human trafficking in New Jersey. Information was reported to the National Human Trafficking Hotline from December 2012 to December 2016.



DEMOGRAPHICS OF POTENTIAL PERSONS TRAFFICKED:

Citizenship	Gender	Age
U.S. Citizen/legal Permanent Resident: 274	Female: 612	Adult: 393
Foreign National: 172	Male: 43	Minor: 292
	Gender Minorities: 3	

*These statistics are non-mutually exclusive. Cases may involve multiple victims and include males and females, foreign nationals and U.S. citizens, and adults and minors. In some cases, callers do not provide demographic information.

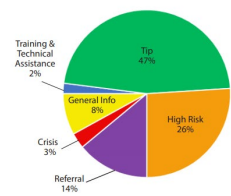
The map shows a heatmap of human trafficking cases reported to the National Human Trafficking Hotline in 2016. Areas in which greater numbers of cases were reported appear darker and larger. Areas in which fewer cases were reported appear lighter and smaller. The map only shows cases in which the location of the potential trafficking was known. Some cases may not be shown due to redaction.

For more statistics on human trafficking in New Jersey, visit <https://humantraffickinghotline.org/state/new-jersey>.

TOP 5 SEX TRAFFICKING VENUES

1. Hotel/Motel-Based
2. Commercial-Front Brothels
3. Online Ad Venue Unknown
4. Residential Brothels
5. Escort Services

Types of Calls to the National Human Trafficking Hotline in 2016



TOP 5 LABOR TRAFFICKING VENUES

1. Domestic Work
2. Restaurants/Food Service
3. Factories
4. Retail/Other Small Businesses
5. Landscaping Service

The data contained in this document are based on aggregated information learned through signals—phone calls, email, and online tip reports—received by the National Human Trafficking Hotline. The data do not represent actual numbers of cases identified or prevented, nor do they represent the entire scope of human trafficking.

For more information, visit <https://www.acf.hhs.gov/otip/training/hhtts>.

1736 Family Crisis Center
Hotline:(562) 388-7652
Phone: (323) 737-3900

1HTC, Inc.
Phone: (813) 816-1482

3Strands Global Foundation
Phone: (915) 365-2606

A Safe Place
Hotline:(855) 723-7529 24
Phone: (855) 723-7529 24

A Village for One
Phone: (503) 730-1469

AbolitionNC
Hotline:(336) 365-1065
Phone: (336) 365-1065

Abuse Counseling and Treatment, Inc.
Hotline:(239) 939-3112 24
Phone: (239) 939-2553 24

ACH Child and Family

UNITED STATES
MEXICO
CUBA

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National Hotline Referral Directory

6. Mandatory Reporting and HIPAA Compliance

Human Trafficking

Child Abuse or Neglect

Domestic Violence or
Sexual Assault

Health Insurance
Portability and
Accountability Act (HIPAA)

When to Report?

During the screening process for any of these crimes, if you are a mandated reporter, you are required to report suspected abuse. Many laws have expanded mandatory reporting requirements related to human trafficking.

Select each topic for information and resources on current federal and state laws that affect mandated reporting.

Cover Your Bases

- Know what you can and cannot disclose.
- Remember that breaches of privacy create distrust.
- Obtaining consent builds rapport, trust, and a sense of safety.
- Establish memoranda of understanding (MOUs) with external partners and include:
 - Limitations of HIPAA
 - Individual consent for information sharing
 - Data sharing

7. Followup or Follow Through

- Establish trust and receive buy-in from the individual.
- Engage the individual at every step of the followup process.
- Maintain a high level of confidentiality.
- Empower the individual by including them in the development of their after-care plan.



8. Continuous Quality Improvement

Considerations

- What data are you currently collecting, and why?
- What does program improvement look like? How would you define progress?
- What data could you collect that would indicate program improvement?

Recommendations

- Decide how to define program improvement as an organization.
- Identify measurable indicators of program improvement (both short- and long-term).
- Develop tools that will allow you to measure those indicators over time.
- Determine documentation procedures and how to monitor them.

Identifying Champions for Protocol Development and Implementation

Development of a protocol requires at least one person who has the authority to move the process forward. Who has the authority?

- Executive director
- Program manager
- School administrator
- Licensed social worker
- Emergency department director
- Hospital administrator
- Nursing director
- Dental clinic director
- Office manager



Knowledge Check

Tanya's hospital has strong partnerships with various internal and external partners. Based on Rashid's circumstances, which partners may be helpful? Select all that apply.



- A. Legal aid
- B. Community-based organizations
- C. Law enforcement
- D. Social services

SOAR Framework

Describe the types of trafficking and common risk factors.

Identify individual and environmental indicators of trafficking.

Stop

Observe

Respond

Ask

Address individual needs by coordinating across multidisciplinary stakeholders to deliver appropriate services.

Screen and identify individuals who may have experienced trafficking using a trauma-informed and person-centered approach.



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**



<https://nhttac.acf.hhs.gov/>



info@nhttac.org



NHTTAC Customer Support Center
844-648-8822
Monday through Friday
8:30 a.m. to 5:30 p.m. ET

National Human Trafficking Hotline

**NATIONAL
HUMAN
TRAFFICKING
HOTLINE**

1-888-373-7888

- Comprehensive service referrals for potential victims of human trafficking
- Tip reporting to trained law enforcement, when applicable
- Data and trends on human trafficking in the United States
- **Text HELP to 233733 (BEFREE)** to get help for potential victims of human trafficking or to connect with local services.



THANK YOU!



ADMINISTRATION FOR
CHILDREN & FAMILIES
Office on Trafficking in Persons



**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**