



Developing a Health Care System Approach to Human Trafficking

© 2019

Steven Donahue, MS, BSN, RN, CEN
Main Line Health

Contact: sjdonahue21@gmail.com

Human Trafficking Healthcare Training

- Background and Definitions
- Mindset of a Person Being Trafficked
- Trauma Informed Care
- Vulnerable Populations
- Health Implications
- Red Flags & Clinical Markers
- Human Trafficking Guidelines
- Keys to Successful Implementation
- Summary

Background and Definitions: AMP Model

- The A-M-P model is a tool used to help illustrate and articulate the federal and state definitions of human trafficking.
- A-M-P stands for Action, Means, and Purpose. When one element of all three categories are present then a potential human trafficking case is at hand. This is with the exception of minors where force, fraud or coercion is not required in order to be charged for trafficking.

Action +

Means +

Purpose

Human Trafficking

THE A-M-P MODEL

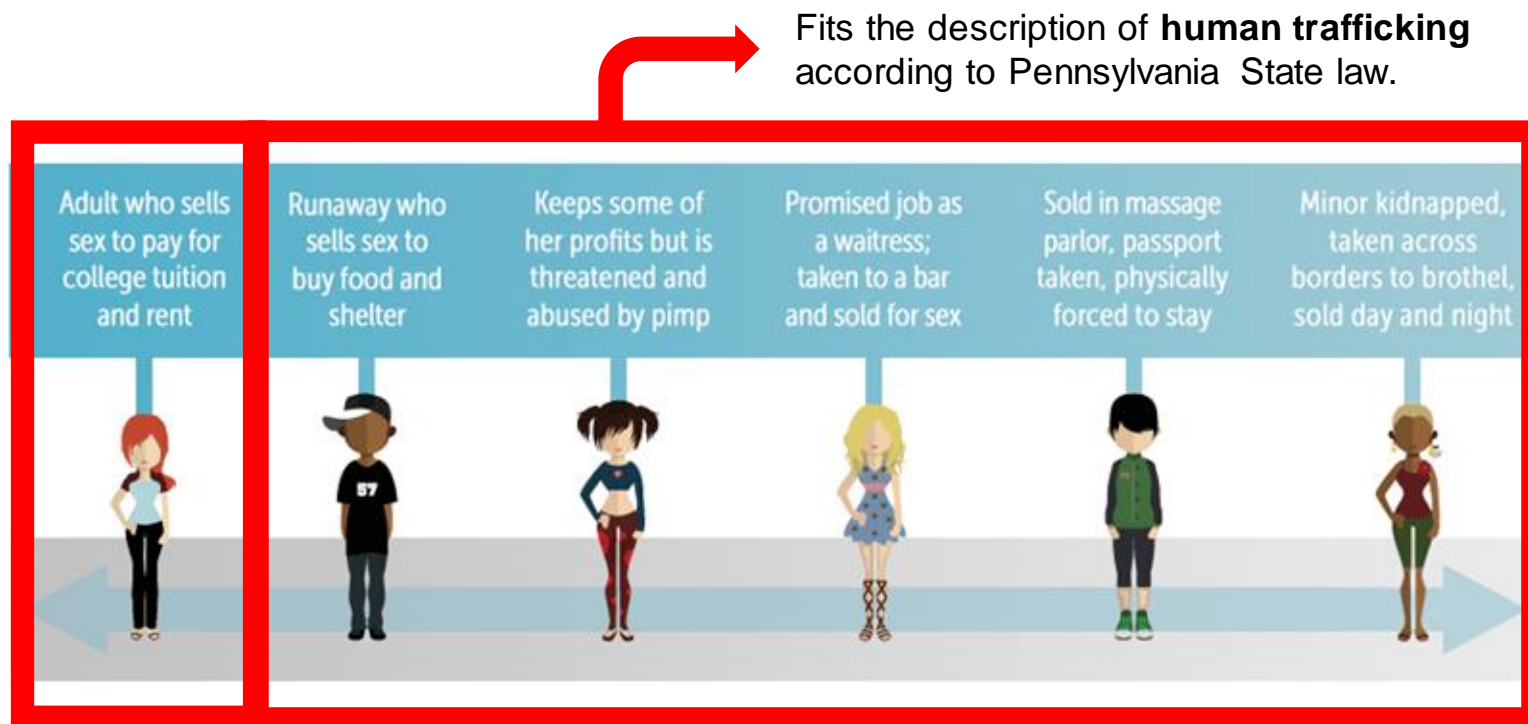
Action	Means*	Purpose
Induce Recruits Harbors Transports Provides or Obtains	Force Fraud or Coercion	Commercial Sex (<i>Sex Trafficking</i>) or Labor/Services (<i>Labor Trafficking</i>)

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

The Spectrum of Sexual Exploitation

- Viewing sexual exploitation as a spectrum is essential to understanding the elements of sex trafficking.
- Sexual exploitation can occur as a continuum, where on one side are adult men and women who are willing participants in prostitution (whether through direct exploitation, because of poverty, abuse, or as means of income)²⁷
- On the other end of the continuum are men and women who are forced into the sex industry against their will by some measure of force, fraud, or coercion²⁷
- And then, there is a broad expanse of gray where the line between choice and force (sex industry and human trafficking) is indistinguishable.²⁷
- It is the spectrum of sexual exploitation that allows sex trafficking to exist.

The Spectrum of Sexual Exploitation: Examples



Spectrum of Sexual Exploitation

www.theexodusroad.com

More information about her situation is required. However, she is **at risk for being trafficked** because she falls in the spectrum of sexual exploitation.

Mindset of a Person Being Trafficked

- In this lesson you will learn parts of the grooming process and the mindset of an individual who is trafficked.



Trauma Informed Care: Trauma Bonding



Mindset of a Person Being Trafficked

Stage I: Initiation

- Emotional coercion begins with flattering and giving gifts such as clothes or phone call to family.
- Trafficker emotionally manipulates the victim.
- Victims are brainwashed to believe that their treatment and living conditions are normal, which makes them more submissive.
- Traffickers use pejorative remarks to demoralize and belittle self-worth.
- New victims are forced to watch physical abuse, forced sexual acts, rape, and torture of other victims to ensure adherence and obedience.
- Coercive acts of physical abuse/torture keep victims fearful and easy to control.

Mindset of a Person Being Trafficked

Stage II: Indoctrination

- Trafficker retains control as community is built with own rules.
- Traffickers display favoritism to certain victims in a group to manipulate and retain victims' loyalties.
 - Trafficker may rotate favorites to create confusion and discord among victims.
- Victims are kept emotionally and physically on edge to create an invisible bond, where the trafficker may be seen as the potential source of comfort and humiliation at the same time.

Trauma Informed Care

- In this lesson you will learn how a traumatized person may present and key points to consider to prevent re-traumatizing a person that visits a healthcare setting.



Trauma Informed Approach

- **Trauma is extreme stress that overwhelms a person's ability to cope.**
- It is important for health care workers to recognize that trauma is a subjective experience. Traumatic events affect everyone differently due to various coping skills.
- Trauma informed approach incorporates 3 key elements
 - ***Realizing*** the prevalence of trauma
 - ***Recognizing*** how trauma affect the people
 - ***Responding*** by putting this information into practice

Definition of Trauma

Extreme stress that overwhelms
a person's ability to cope.



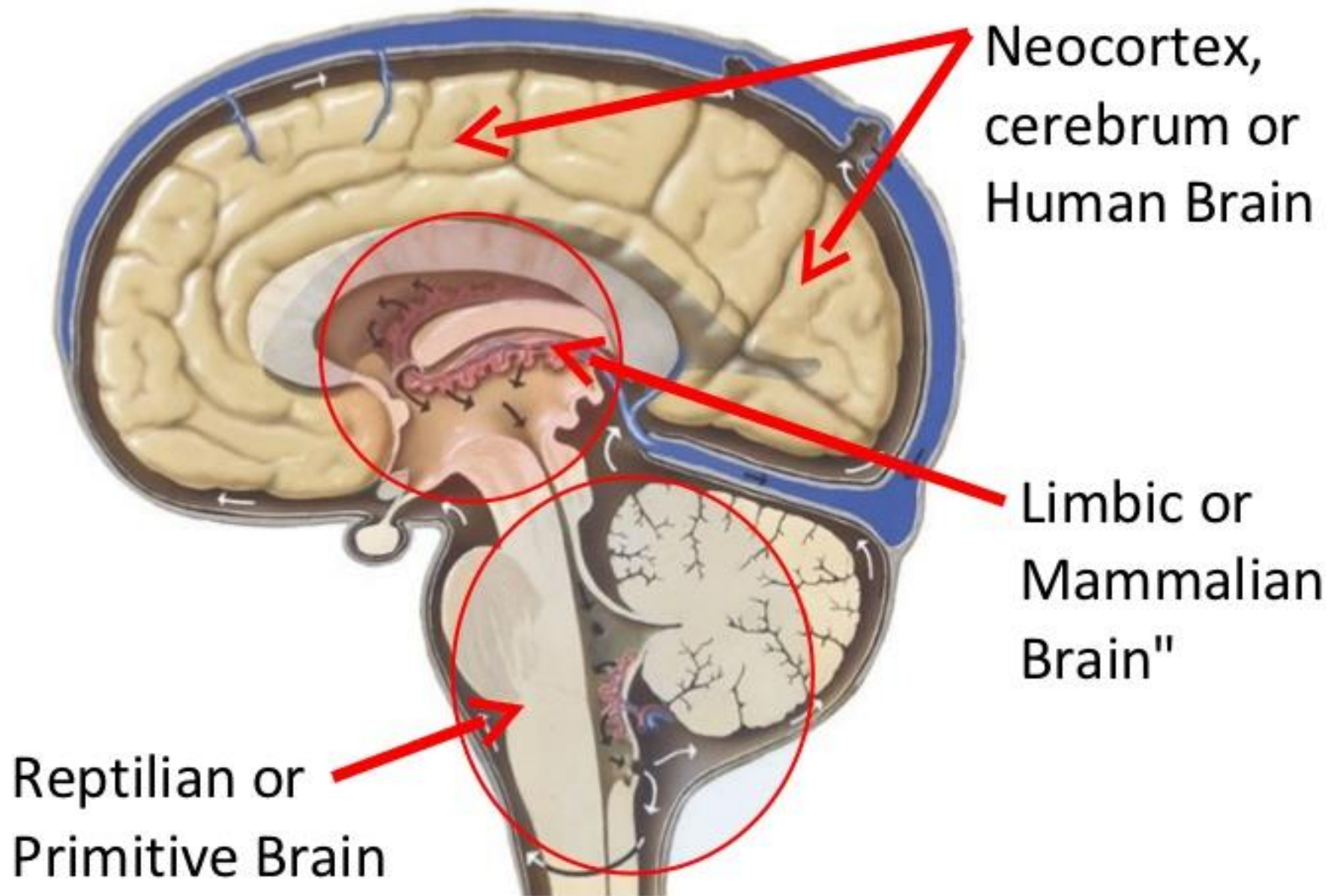
It is an individual's subjective experience that
determines whether an event is or is not
traumatic

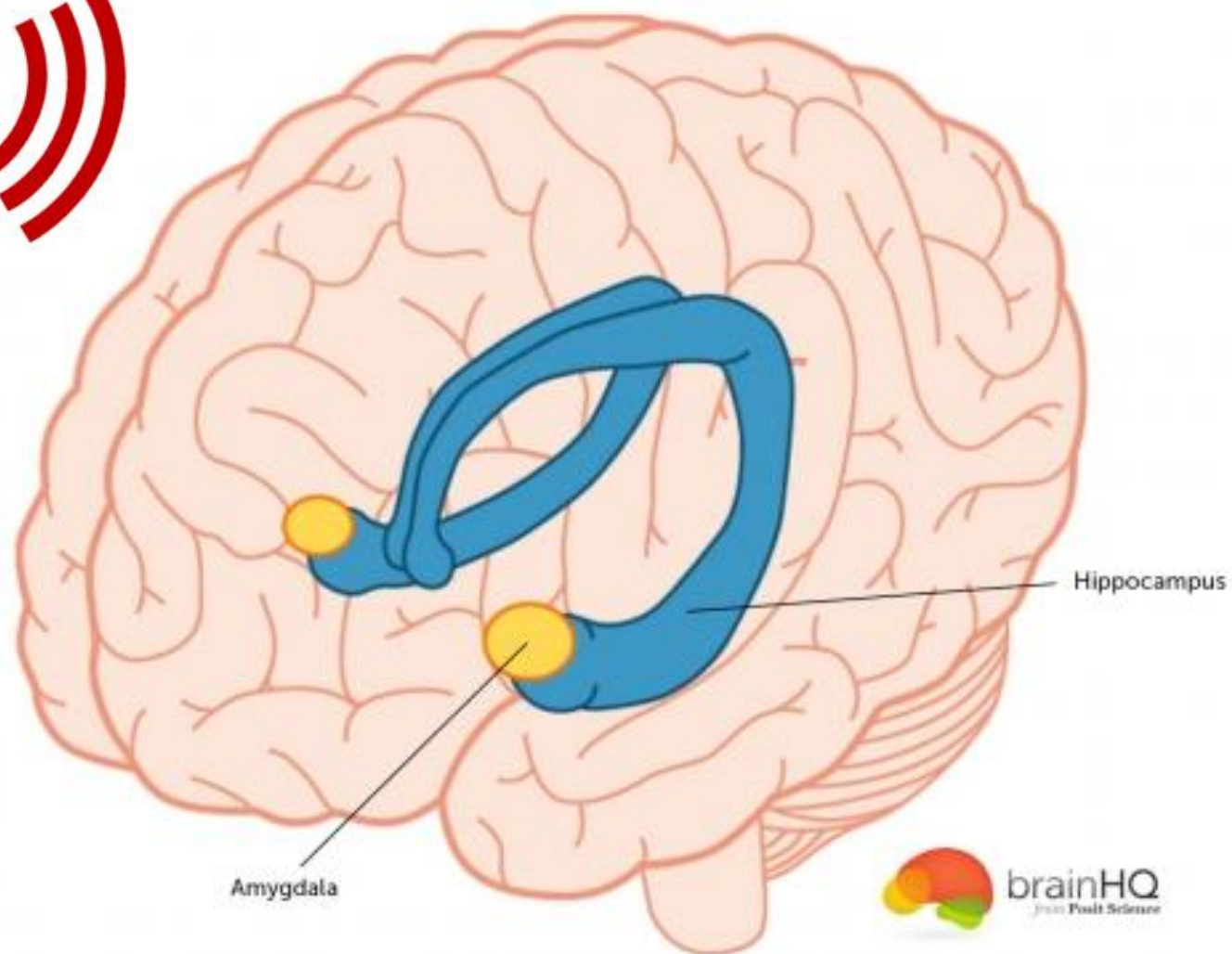
Types of Trauma

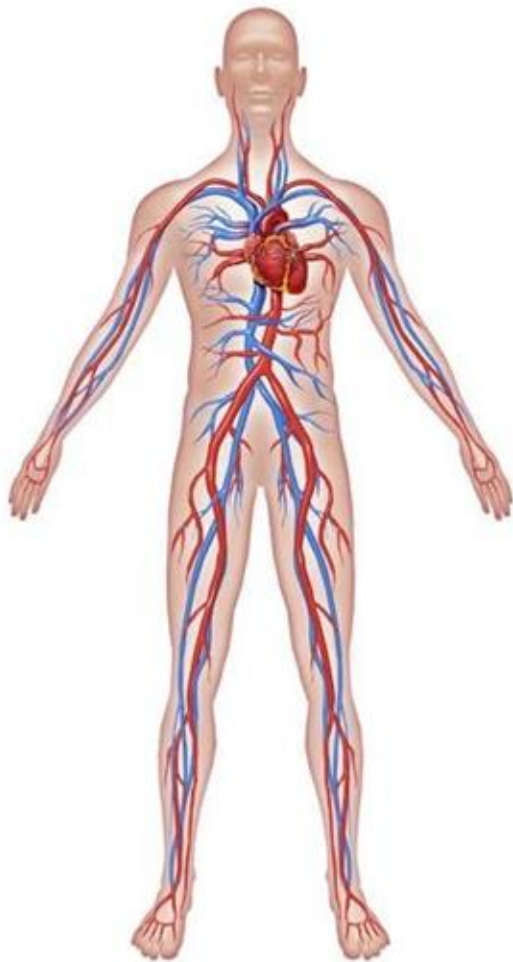
- Acute
- Chronic
- Complex

Commercial Sexual Exploitation (CSE) survivors most often experience **complex trauma** involving multiple or prolonged traumatic events

Your Three Brains



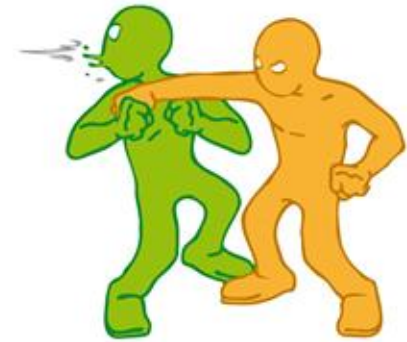




Stress Response

- ↑ Heart Rate
- ↑ Blood Flow to Skeletal Muscles
- ↑ Breathing Rate
- ↑ Blood Sugar
- ↑ Arterial Blood Pressure
- ↑ Pupils Dilate
- ↑ Intestinal Muscles Relax

FIGHT



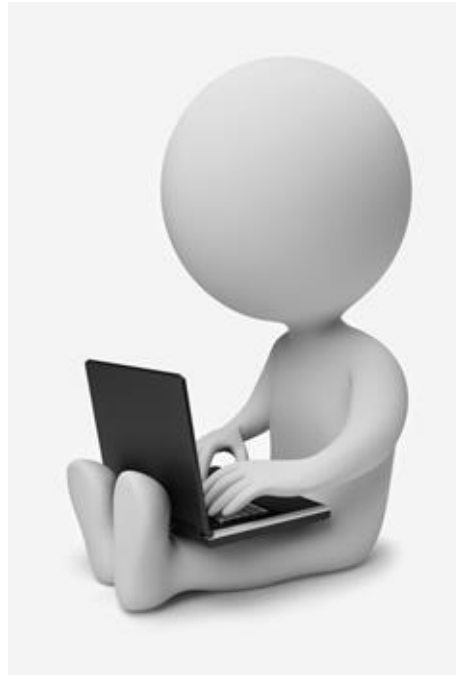
FLIGHT



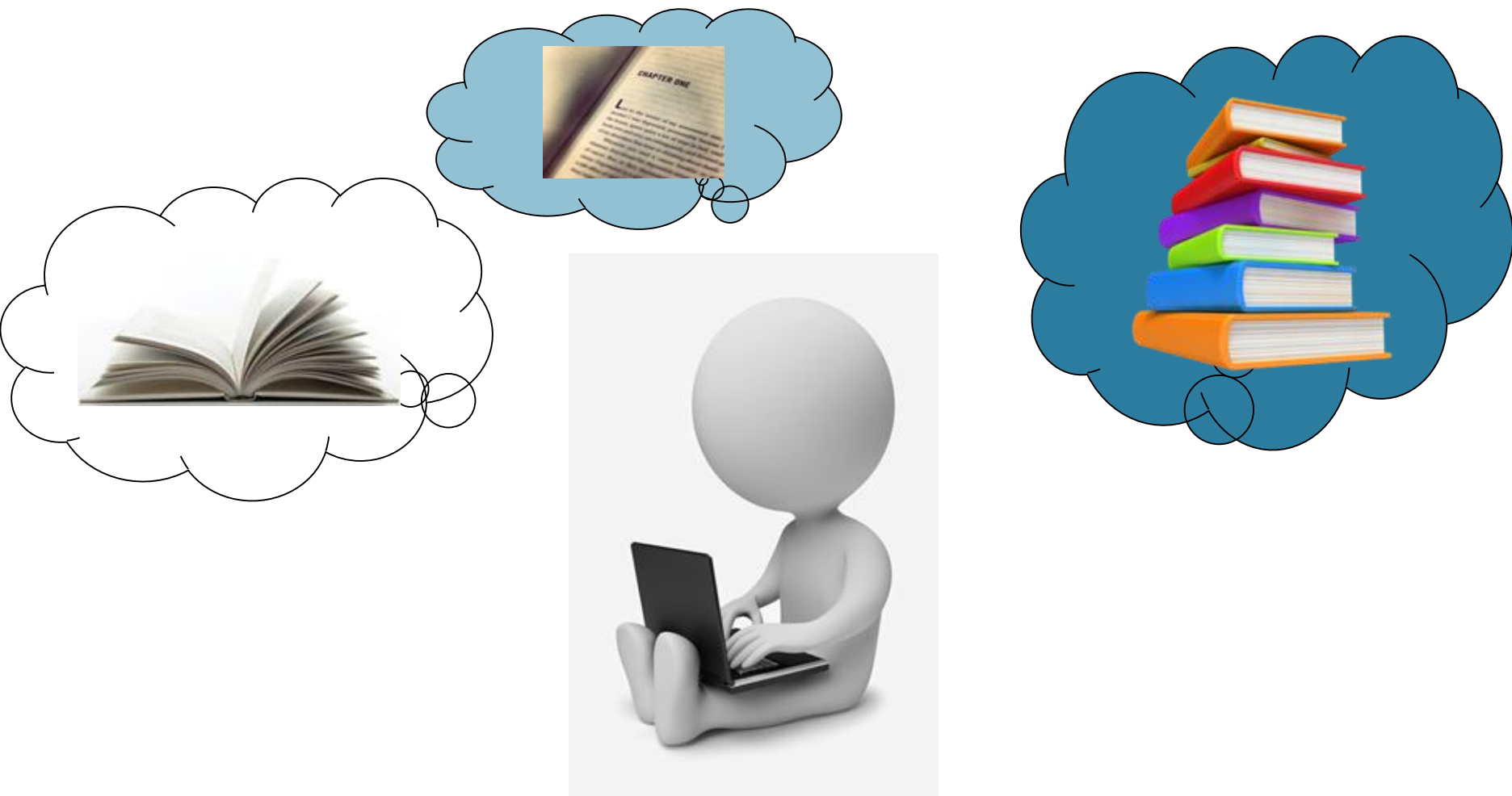
FREEZE



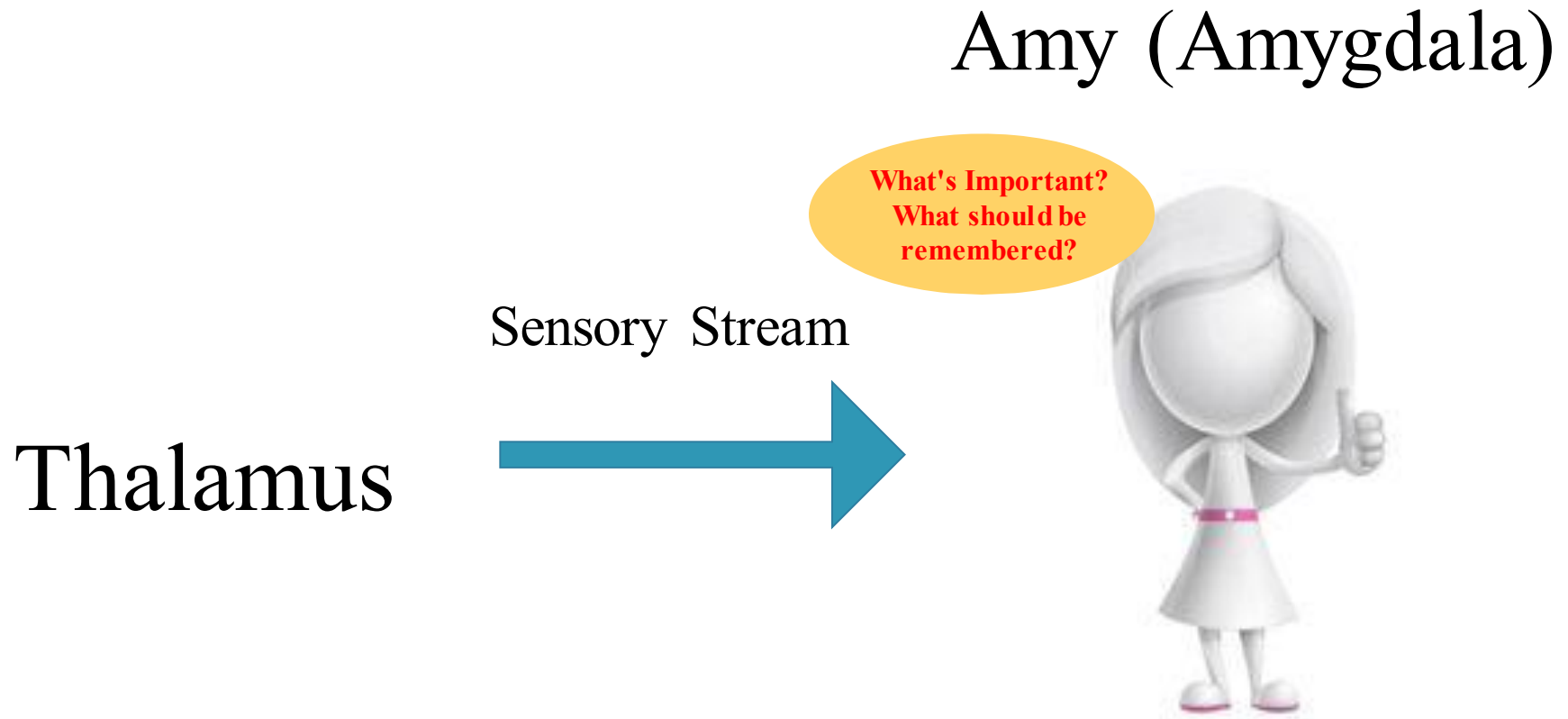
Hal (Hippocampus)



Hal is your brain's personal historian, whose job is to see that enough of your life is recorded in long-term memory so that you can make sense out of life and be prepared for the future.



Hal gathers information and categorizes them into “books” and continues to sort incoming data into these books, creating new books and constantly adding to and modifying the existing books.



Hal is unable to record *all* the data picked up by your sensory organs, so Amy assesses sensory information from the Thalamus. Amy is recruited to help Hal in determining which data is important to capture for long-term storage

Amy (Amygdala)



Hal
(Hippocampus)



If Amy shows little reaction to familiar and expected data;
Hal pays little attention and collects very little data

Amy (Amygdala)



Hal (Hippocampus)

Oh, that's
interesting, let me
write that down!

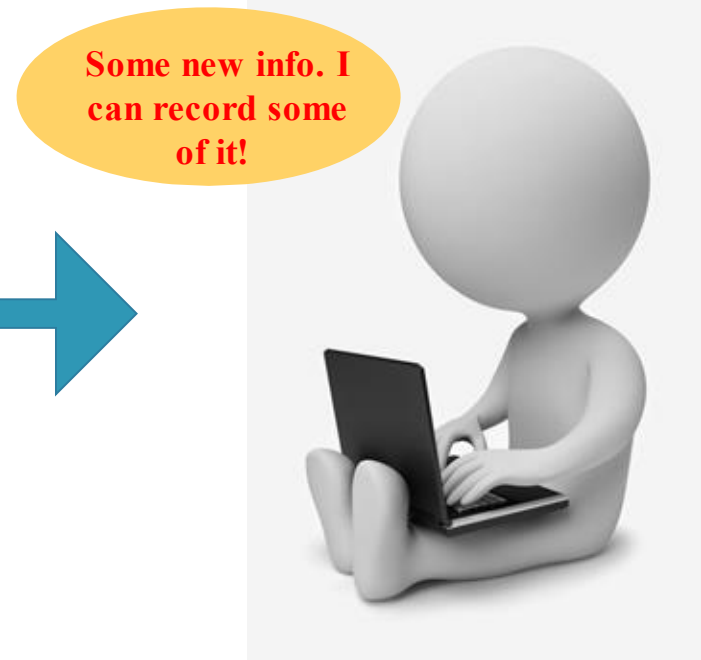


Amy becomes more aroused to data that is more interesting,
Which signals Hal to pay attention and collect more data for storage

Amy (Amygdala)



Hal
(Hippocampus)



PRIMARY encounters with interesting and important events require Hal to create new categories, which makes it difficult to record with high accuracy

Amy (Amygdala)



Hal
(Hippocampus)



SECONDARY encounters with interesting and important events allows Hal to add to already existing books with much more accuracy

Amy (Amygdala)



Hal
(Hippocampus)



New & Interesting data that is unusual elicits intense arousal from Amy; like seeing the Roman Colosseum...
Hal is able to take everything in...for short periods

Amy (Amygdala)



Hal
(Hippocampus)

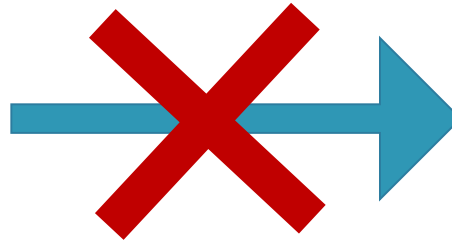


With events that are exceptionally **unexpected or frightening...**
Amy will be provoked enough that Hal pays complete attention

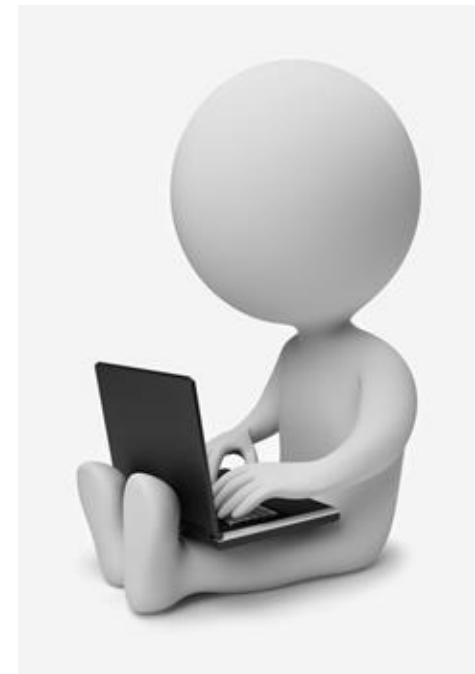
Amy (Amygdala)



NEED TO
SURVIVE!



Hal
(Hippocampus)



With **intense trauma**...Amy is unable to handle distress and stops sending signals to Hal...

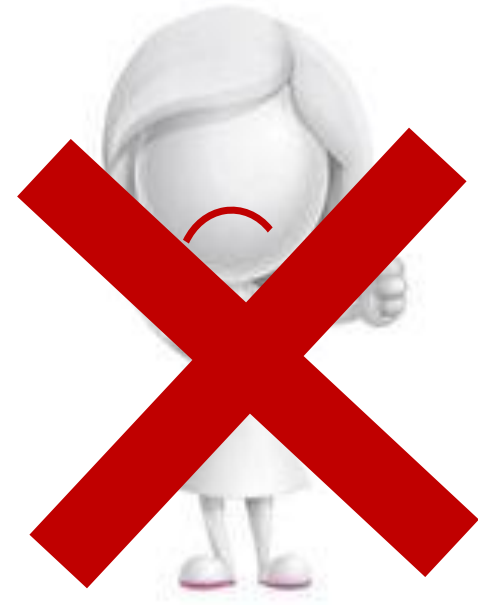


Amy (Amygdala)

Sensory Stream

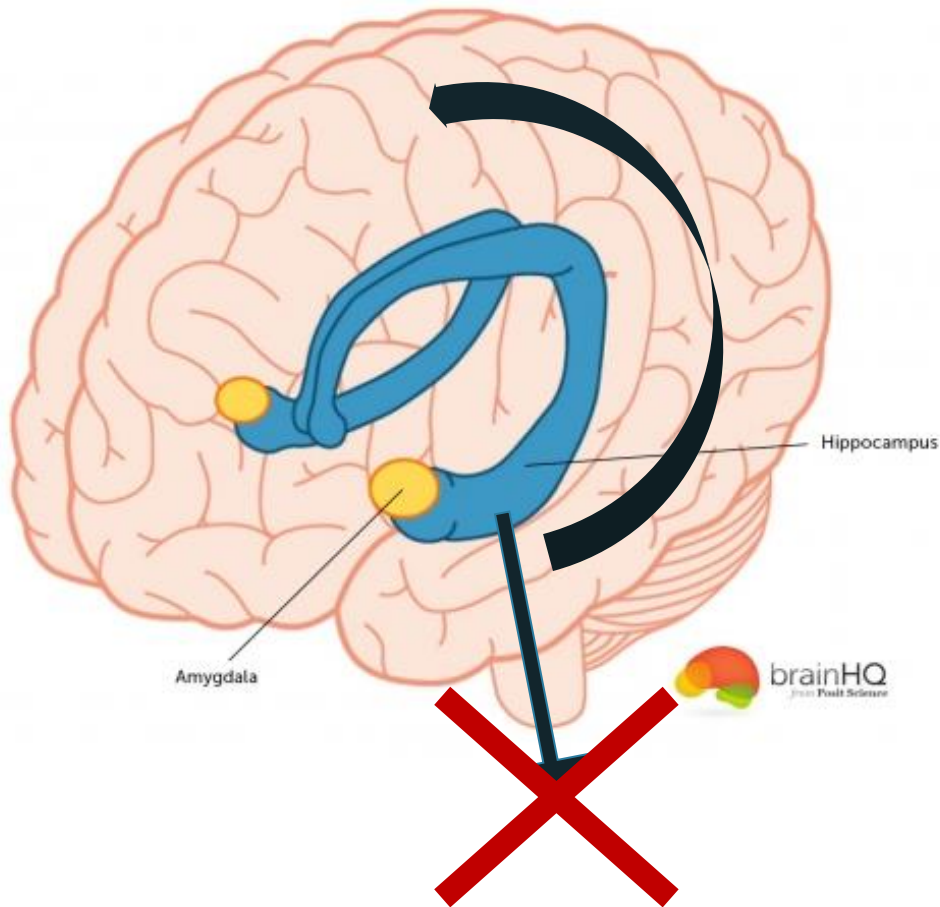


Thalamus



When the amygdala shuts down, sensory stream continues but get stored as emotionally charged sensory imprints...not as words or narrative. Hal cannot record and organize anymore, some memories cannot be retrieved

Trauma on the Brain



**Chronic Trauma Interferes with
normal processing**

↑ Chronic Cortisol

↑ Chronic Adrenaline

Chronic Stress Response

↑ Heart Rate

↑ Blood Flow to Skeletal Muscles

↑ Breathing Rate

↑ Blood Sugar

↑ Arterial Blood Pressure

↑ Pupils Dilate

↑ Intestinal Muscles Relax

Types of Memory

Narrative Memory:

Memories are put into language and made part of one's total life experience. Sequential, linear, logical.

Traumatic Memory:

Have been described as individual, isolated memory imprints that differ from Narrative Memory. Tangential, missing pieces, jumps, fragmented.

Trauma Informed Care Tenets

- Patients often cannot recall events in linear, narrative format. This is challenging for providers but an expected symptom/pathology of trauma.
- Monitor for the patient/victim triggering you or fellow staff members into negative reactions.
- Resist the urge to judge or shame the patient/victim. (Happens indirectly/directly.)

Trauma Informed Approach

AVOID the word “**why**” when speaking to your patient and replace with:

- Who?
- What?
- When?
- How?

Don't ask:

- What's wrong with this person?

But rather:

- What happened to this person?

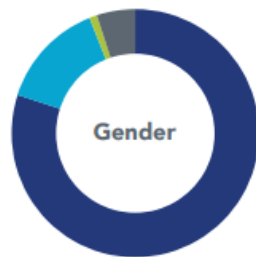
Remember:

- These people are often lured with promise of a better job or kidnapped and repeatedly traumatized into submission.
- They are often tricked into believing they can earn their freedom.
- They are trained to not trust healthcare personnel, police and that trauma is their fault.
- Rescue is RARE and not goal of healthcare provider.
- Give resources, referrals.
- Be a safe haven

Human Trafficking Statistics



Sex trafficking 6,244
Labor trafficking 1,274
Not specified 851
Sex & labor trafficking 390

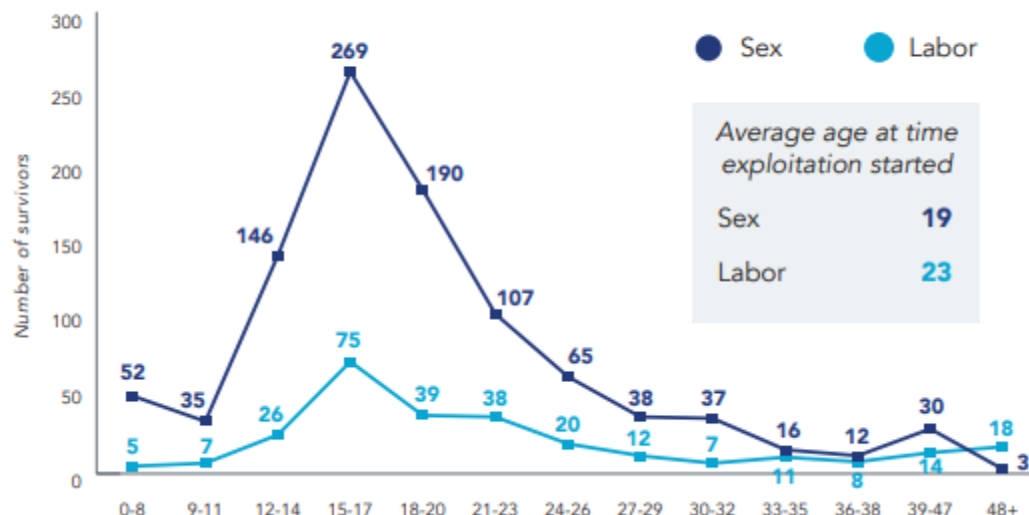


Female 8,561
Male 1,454
Gender Minorities 59
Unknown 541



Latino 1,230
Asian 979
White 699
African, African-American, Black 592
Multi-Ethnic, Multi-Racial 136

AGE AT TIME SEX OR LABOR TRAFFICKING BEGAN



Top 5



RISK FACTORS FOR HUMAN TRAFFICKING

Recent migration/relocation 1,441
Substance use 466
Runaway/homeless youth 421
Mental health concern 356
Involvement in the child welfare system 340



METHODS OF FORCE, FRAUD, COERCION

Isolation (including confinement) 2,574
Emotional abuse 2,370
Economic abuse 2,049
Threats of any kind 1,880
Physical abuse (non sexual) 1,652

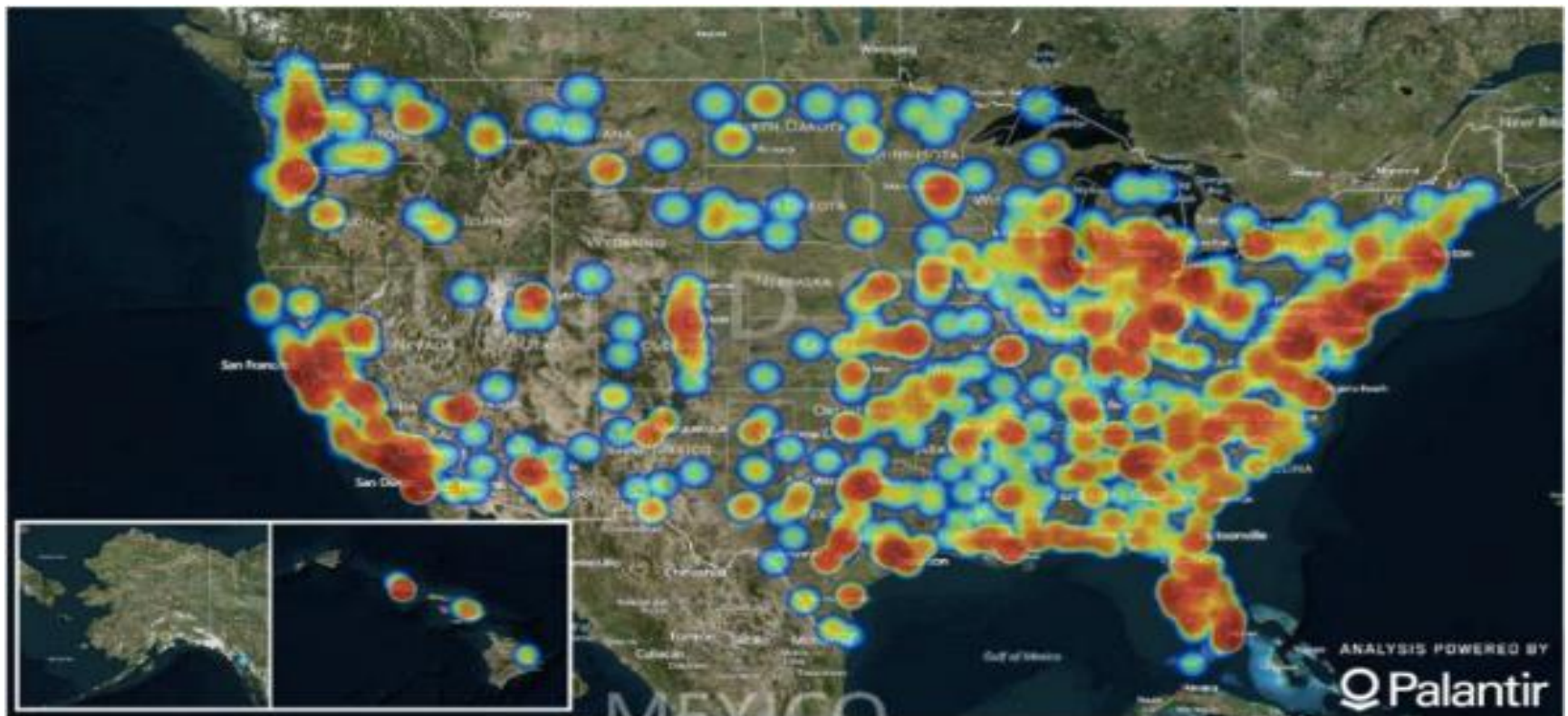


POINTS OF ACCESS TO POTENTIAL HELP

Interaction with family/friends 1,567
Interaction with law enforcement/criminal justice system 1,047
Access to health services 726
Access to general social services 554
Access to mobile apps or social media 496

Human Trafficking Statistics

- The map below displays the scope of human trafficking based on the number of phone calls received by the National Human Trafficking Resource Center. The Northeast corridor is a significant location for human trafficking.⁶



Vulnerable Populations

- In this lesson you will learn what populations are vulnerable to being trafficked.



Vulnerable Populations

- **Who gets trafficked?**
- Traffickers often recruit individuals who they view as the most vulnerable.
- Poverty, isolation, drug addiction, family history of violence, family dysfunction, school failures, history of sexual abuse and history of criminal behavior all make individuals appear more vulnerable.
- Human trafficking does not discriminate against age or gender, however, high risk populations include:
 - Children & youth
 - Undocumented immigrants
 - Persons struggling with homelessness
 - Addiction, behavioral health concerns
 - Persons lacking family or community support (i.e. single mothers, foreign nationals, and persons with learning disabilities)

Vulnerable Populations

- Runaway and homeless youths:
 - One of the highest-risk population includes **runaway/throwaway, homeless, or orphaned** youths
 - According to a multi-city study by the Field Center for children's policy, practice & research close to 300 homeless youth in Philadelphia, Phoenix and Washington, DC were interviewed.⁸

17% of interviewed youth were victims of sex trafficking

14% engaged in “survival sex” (exchanging sex to meet a basic human need)

67% of homeless females report being offered money for sex

95% of sex trafficked youth report a history of child maltreatment, with **49%** being sexually abused

Health Implications

- In this lesson you will learn survivor-led statistics regarding access to healthcare during their captivity and various health implications for individuals who have been trafficked.



Health Implications

Studies indicate that survivors may receive medical treatment at some point during their trafficking.⁹

Medical Treatment

Any contact with healthcare	87.8%
Any type of clinic	57.1%
Hospital/ER	63.3%
Planned Parenthood	29.6%
Regular Doctor	22.5%
Urgent Care Clinic	21.4%

Survivor Informed Statistics

- 2017 study completed by the Coalition to Abolish Slavery and Trafficking interviewed 143 trafficked youth survivors.

64%

Accessed health care services at least once while in captivity



96.7%

Never given information and/or resources about trafficking while visiting health care provider



40%

Believed that there was something that his/her doctor could have said or done to help them.



Health Implications

The health implications associated with human trafficking are varied, as victims commonly exhibit physical, psychological, and sexual trauma.

Physical Health

Physical Abuse
Sexual Abuse

Reproductive health

Recurrent STIs
HIV
Genital Trauma

Mental Health

Panic Attacks
Sleep Disturbances
Anxiety/Depression
Suicidal Ideation

Comprehensive Health

Malnutrition
Fatigue
Substance Abuse
Chronic Pain Syndrome

Symptoms Reported By Trafficked Persons

Physical Violence	95.1%
Forced sex	81.6%
Punched	73.8%
Beaten	68.9%
Kicked	68 %
Strangled	54.4%

Psychological Issue (at least 1)	98.1%
Depression	88.7%
Flashbacks	68%
Shame/Guilt	82.1%
PTSD	54.7%
Attempted Suicide	41.5%

Gynecological Symptoms (at least 1)	63.8%
Pain during sex	46.2%
UTIs	43.8%
Vaginal discharge	33.3%

Substance Abuse	84.3%
Alcohol	59.8%
Marijuana	53.4%
Cocaine / Crack	50.5% / 44.7%
Heroin	22.3%
Ecstasy	13.6%

Human Trafficking Guidelines



NO TRAINING



NO RESOURCES



NO GUIDELINE/PROCEDURE

Human Trafficking Training Website



HELP END MODERN
DAY SLAVERY

HOME

STEP 1: PRE-TEST

STEP 2: EDUCATION

STEP 3: CASE STUDIES

STEP 4: POST-TEST

HUMAN TRAFFICKING EMERGENCY DEPARTMENT TRAINING MODULE

Estimated Time of Completion: 20 Minutes

STEP 1: PRETEST

STEP 2: EDUCATION

STEP 3: CASE STUDIES

STEP 4: POST-TEST

THERE ARE CURRENTLY 20.9 MILLION
GLOBAL TRAFFICKING VICTIMS, WITH
THE MAJORITY OF VICTIMS BEING
UTILIZED FOR SEXUAL EXPLOITATION



87% of human trafficking victims
reported they received medical
care during their captivity

Of these, nearly 63% had
been seen and treated in a
hospital Emergency
Department

Visit **HTEMERGENCY.COM** for online training module

Evidence Based Project Assessment Tool

Human Trafficking Screening

Important: Patients may not identify themselves as victims, so look for multiple red flags

Questions to Ask:

- Is any one forcing you to do anything that you do not want to do?
- Is anyone forcing you to work or have sex against your will?
- Where do you work and what type of work do you do? Have you ever been lied to about your type of job?
- Are you allowed to freely leave your house/work?
- Has anyone threatened to hurt you/your family or threatened to report you to the police?
- Does anyone hold your identification documents (i.e. passport or driver's license)? Could you get it back if you wanted to do so?
- Is anyone restricting you from seeing your family and friends or tracking your movements? When was the last time you had contact with your family?

Red Flags: What to Look For

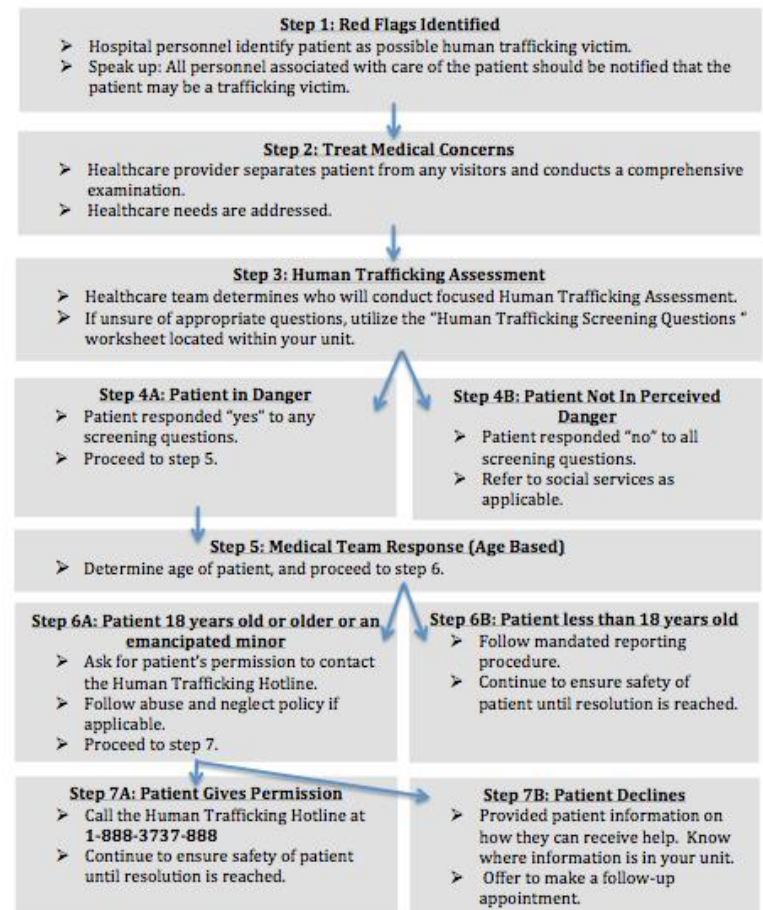
- Patient has no identification documents or documentation is in possession of an accompanying party
- Accompanying party insists on answering/interpreting for patient. Accompanying male is much older than young female in OB/GYN exam
- Patient is reluctant to explain his/her injuries
- Patient has someone speaking for him/her
- Patient is unaware of his/her location
- Patient exhibits fear, anxiety, depression, submission, tension, or nervousness and avoids eye contact
- Patient is under 18 years of age and engaging in commercial sex or trading sex for something of value
- Patient works and sleeps in the same place
- Patient has no money or has no control over money. Accompanying party pays with lots of cash
- Repeat runaway

Physical Signs:

- Frequent or recurrent UTIs
- Frequent treatment for STIs: Gonorrhea, Chlamydia, and HIV/AIDS
- High number of sexual partners
- Multiple pregnancies/abortions
- Frequent colds, sore throats, skin conditions, including scabies
- Weight loss or malnourishment
- Burns from battery acid, hot iron, or cigarettes, exposure to toxic chemicals
- Bruises, including evidence of being slapped or receiving rough treatment
- Cuts with a knife or razor
- Branding - Tattoos or markings of ownership
- Presence of internal cotton cosmetic sponges to stop menstrual bleeding (or from abortion)

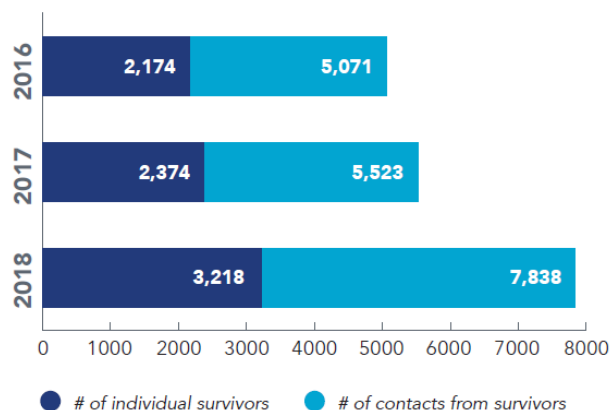
Emergency Department Human Trafficking Assessment Guideline

- If the patient is in immediate danger and is under the age of 18 (and not an emancipated minor), call 911.
- If you suspect child abuse, disabled person abuse, or elder abuse, follow mandated reporter law.



Resources

SURVIVORS WHO CONTACTED THE HOTLINE DIRECTLY, BY YEAR:



NATIONAL HUMAN TRAFFICKING HOTLINE

Human trafficking is modern-day slavery, and it's happening right here in the United States.

You can help.

1-888-373-7888

CONFIDENTIAL | TOLL-FREE | 24/7

www.HumanTraffickingHotline.org

Interpreters available

CALL THE HOTLINE TO:

- 1 Get help.
- 2 Report a tip.
- 3 Find services.
- 4 Learn about your options.

Victims are forced to provide labor or commercial sex in many situations, including the following venues/industries:

SEX TRAFFICKING

Hotel-Based Commercial Sex
Fake Massage Businesses
Street-Based Commercial Sex
Residential Brothels
Truck Stops
Escort Services

LABOR TRAFFICKING

Domestic Work
Agriculture
Travelling Sales Crew
Health & Beauty Services
Restaurants
Construction

This publication was made possible in part through Grant Number 902V0102 from the Office on Trafficking in Persons, Administration for Children and Families, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office on Trafficking in Persons, Administration for Children and Families, or HHS.

Visit the Department of Homeland Security Blue Campaign website for resources:
<https://preview.dhs.gov/blue-campaign/request-materials>

Original Project Results

75 employees from Paoli Hospital and Lankenau Hospital participated in the pre-education survey, while 56 employees participated in the post-education survey.

Over half of all participants did not know what human trafficking was before the educational training

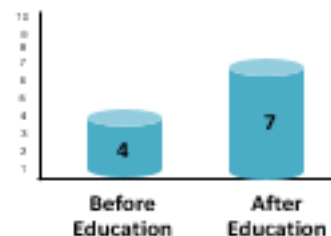


89% Of those surveyed have never received training in identifying and treating human trafficking victims

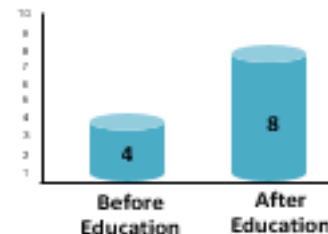


Only 8% of those participating in the survey believe that their emergency department has adequate materials to increase awareness of human trafficking

On a scale of 0-10, with zero being "not confident", and 10 being "very confident", how confident are you in identifying a human trafficking victim?



On a scale of 0-10, with zero being "not confident", and 10 being "very confident", how confident are you in treating and caring for a human trafficking patient?



96% Of those surveyed found the educational module useful to their work setting

93% of participants stated that they have a comprehensive understanding of what human trafficking is after the education



System Wide Survey

487 RN and Provider
participants

10% believe they have encountered a
patient whom they suspected or knew was
a trafficked person while working at Main
Line Health

77% are not aware
of prevalence of HT
in Pennsylvania.

76% are hesitant or not
confident in identifying
indicators or warning
signs.

78% have not received
HT training within the
last three years.

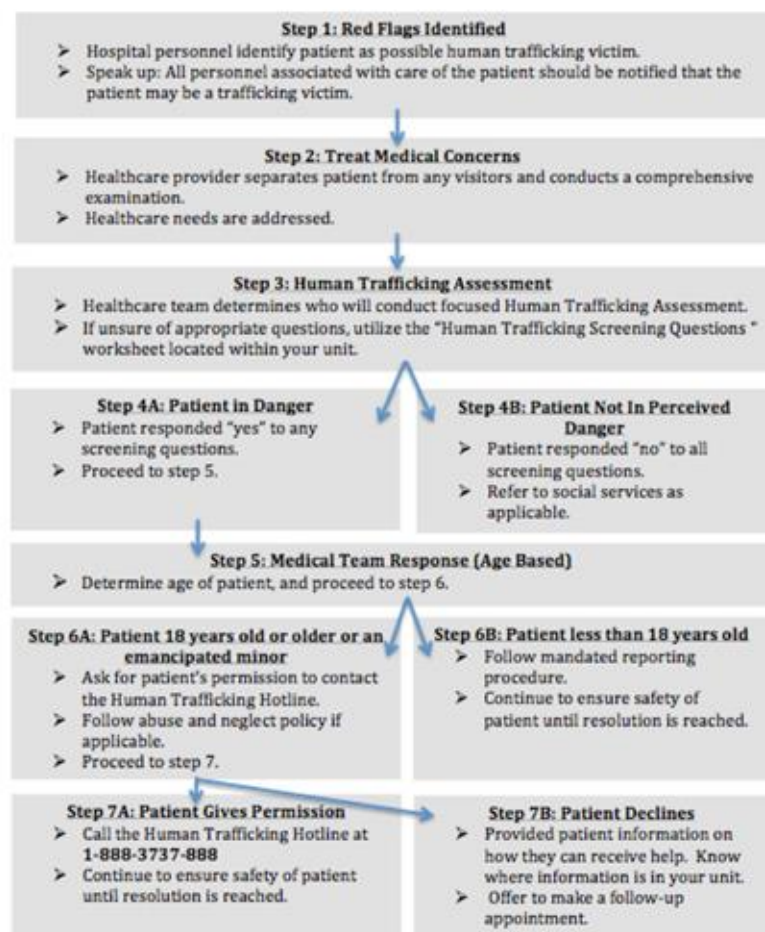
Over 90% want to learn more about
identification and treatment of HT
patients.

41% do not understand physical
health consequences.

Human Trafficking Guidelines

Emergency Department Human Trafficking Assessment Guideline

- If the patient is in immediate danger and is under the age of 18 (and not an emancipated minor), call 911.
- If you suspect child abuse, disabled person abuse, or elder abuse, follow mandated reporter law.



- Human trafficking victims rarely receive preventative care for medical needs and are typically only hospitalized when their conditions become advanced. Hospitalization is one of the few opportunities where the lives of trafficking victims intersect with the general population putting Emergency Department personnel and health care providers in a unique position to help identify and treat trafficking victims.
- **OUR RESPONSIBILITY:** To provide care for potentially trafficked patients at their point of entry into the health care setting.

Step 1: Red Flags Identified

Emergency Department Human Trafficking Assessment Guideline

- If the patient is in immediate danger and is under the age of 18 (and not an emancipated minor), call 911.
- If you suspect child abuse, disabled person abuse, or elder abuse, follow mandated reporter law.

Step 1: Red Flags Identified

- Hospital personnel identify patient as possible human trafficking victim.
- Speak up: All personnel associated with care of the patient should be notified that the patient may be a trafficking victim.

- Patient has been identified by hospital personnel as a possible human trafficking victim.
- Speak up: All personnel associated with care of the patient should be notified that the patient may be a trafficking victim

Step 1: Red Flags Identified

Red Flags: What to look for

- Patient has no identification documents or documentation is in possession of an accompanying party
- Accompanying party insists on answering/interpreting for patient
- Patient is reluctant to explain his/her injuries
- Patient has someone speaking for him/her
- Patient is unaware of his/her location
- Patient exhibits fear, anxiety, depression, submission, tension, or nervousness and avoids eye contact
- Patient works and sleeps in the same place
- Patient has no money or has no control over money

Step 1: Red Flags Identified

- Frequent or recurrent UTIs
- Frequent treatment for STIs: Gonorrhea, Chlamydia, and HIV/AIDS
- High number of sexual partners
- Multiple pregnancies/abortions
- Frequent colds, sore throats, skin conditions, including scabies
- Weight loss or malnourishment
- Burns from battery acid, hot iron, or cigarettes, exposure to toxic chemicals
- Bruises, including evidence of being slapped or receiving rough treatment
- Cuts with a knife or razor
- Branding - Tattoos or markings of ownership (ask what a tattoo means or the circumstances under which the tattoo was obtained)
- Presence of internal cotton cosmetic sponges to stop menstrual bleeding (or from abortion)

Step 1: Red Flags Identified

- ***Screening***

- Separate the individual from any person who accompanied them to the hospital.
- Ask patient to leave cell phone or any device for communication in a safe space.
- Always use professional interpreter instead of person accompanying patient.
- It is unlikely that the patient will initially admit to, or even see themselves as being trafficked, prostituted, or victimized.


- ***Documentation***

- Where was the patient prior to arrival?
- Provide careful and precise documentation which uses quotes from the patient as much as possible. Medical charts are great evidence that can bolster the victim's testimony, but only if they are accurate and detailed.
- Physical details should be described with exactness, including information regarding where those details may be found on the patient's body (bruises, lacerations, scars, tattoos, etc.)
- Photographic documentation can be helpful in court if permissible by patient.
- Utilize detailed Sexual Assault Nurse Examiner (SANE) led examination when applicable.

Step 2: Treat Medical Concerns

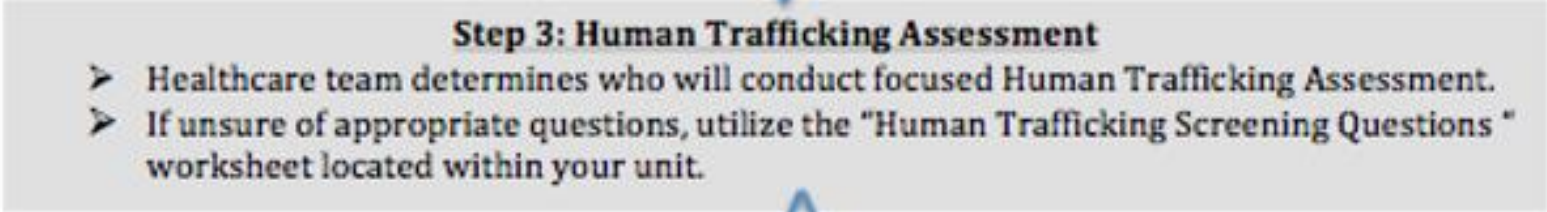


Step 2: Treat Medical Concerns

- Healthcare provider separates patient from any visitors and conducts a comprehensive examination.
 - Healthcare needs are addressed.
- 

- Health care provider separates patient from any visitors and conducts a thorough examination.
- Immediate health care needs should be addressed first.

Step 3: Human Trafficking Assessment



Step 3: Human Trafficking Assessment

- Healthcare team determines who will conduct focused Human Trafficking Assessment.
- If unsure of appropriate questions, utilize the "Human Trafficking Screening Questions" worksheet located within your unit.

- Health care team determines who will conduct focused Human Trafficking Assessment.
- If unsure of appropriate questions, utilize the "Human Trafficking Screening Questions" worksheet located within your unit. This is attached to the Human Trafficking Assessment Tool Flowsheet.

Step 3: Human Trafficking Assessment

Human Trafficking Screening

Important: Patients may not identify themselves as victims, so look for multiple red flags

Questions to Ask:

- Is any one forcing you to do anything that you do not want to do?
- Is anyone forcing you to work or have sex against your will?
- Where do you work and what type of work do you do? Have you ever been lied to about your type of job?
- Are you allowed to freely leave your house/work?
- Has anyone threatened to hurt you/your family or threatened to report you to the police?
- Does anyone hold your identification documents (i.e. passport or driver's license)? Could you get it back if you wanted to do so?
- Is anyone restricting you from seeing your family and friends or tracking your movements? When was the last time you had contact with your family?

Red Flags: What to Look For

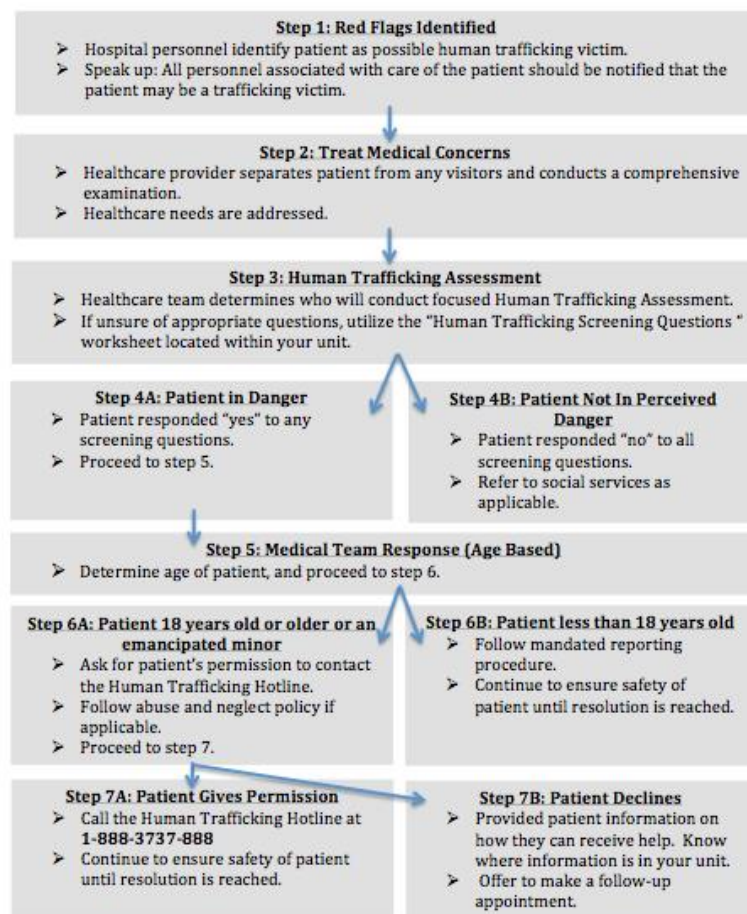
- Patient has no identification documents or documentation is in possession of an accompanying party
- Accompanying party insists on answering/interpreting for patient. Accompanying male is much older than young female in OB/GYN exam
- Patient is reluctant to explain his/her injuries
- Patient has someone speaking for him/her
- Patient is unaware of his/her location
- Patient exhibits fear, anxiety, depression, submission, tension, or nervousness and avoids eye contact
- Patient is under 18 years of age and engaging in commercial sex or trading sex for something of value
- Patient works and sleeps in the same place
- Patient has no money or has no control over money. Accompanying party pays with lots of cash
- Repeat runaway

Physical Signs:

- Frequent or recurrent UTIs
- Frequent treatment for STIs: Gonorrhea, Chlamydia, and HIV/AIDS
- High number of sexual partners
- Multiple pregnancies/abortions
- Frequent colds, sore throats, skin conditions, including scabies
- Weight loss or malnourishment
- Burns from battery acid, hot iron, or cigarettes, exposure to toxic chemicals
- Bruises, including evidence of being slapped or receiving rough treatment
- Cuts with a knife or razor
- Branding - Tattoos or markings of ownership
- Presence of internal cotton cosmetic sponges to stop menstrual bleeding (or from abortion)

Emergency Department Human Trafficking Assessment Guideline

- If the patient is in immediate danger and is under the age of 18 (and not an emancipated minor), call 911.
- If you suspect child abuse, disabled person abuse, or elder abuse, follow mandated reporter law.



Human Trafficking Screening Questions

- Is any one forcing you to do anything that you do not want to do?
- Have you every been lied to about the type of work you are doing?
- Is anyone forcing you to work or have sex against your will?
- Where do you work and what type of work do you do? Have you ever been lied to about your type of job?
- Are you able to come and go from your house or work as you please? If not, are you threatened if you try to leave?
- Has anyone threatened to hurt you/your family or threatened to report you to the police?
- Does anyone hold your identification documents (i.e. passport or driver's license)? Could you get it back if you wanted to do so?
- Is anyone restricting you from seeing your family and friends or tracking your movements? When was the last time you had contact with your family?

Step 4: Perceived Danger

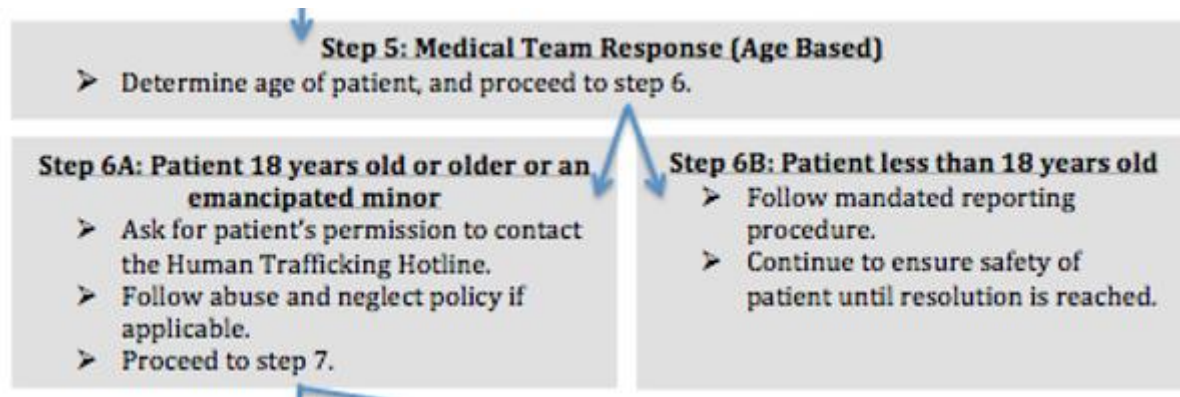


- Step 4A:
 - Patient answers “yes” to any screening questions proceed to step 5.
 - Provide patient reassurance that they are in a safe place and proceed to step 5

OR

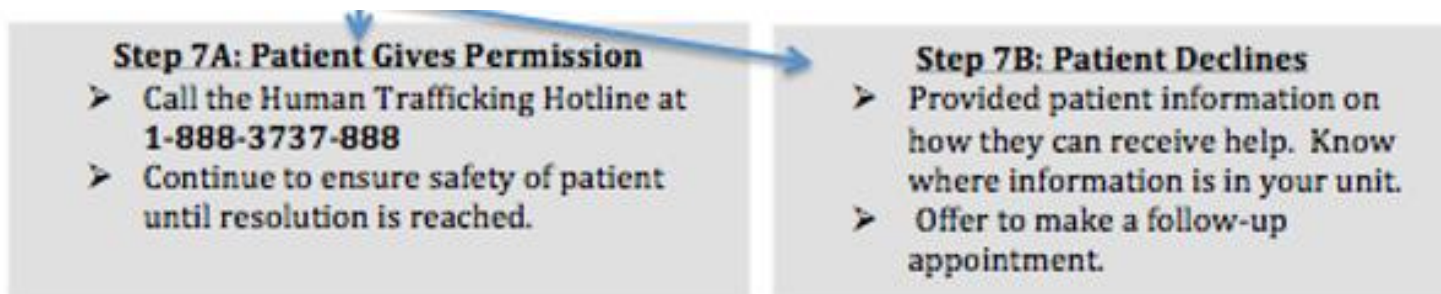
- Step 4B:
 - Patient responded “no” to all screening questions.
 - Refer to social services as applicable.

Steps 5 and 6: Determine Age



- Step 5: Determine Age.
 - Step 6A: Patient 18 years old or older
 - Ask for patient's permission to contact the human trafficking hotline
 - Proceed to step 7
- OR**
- Step 6B: Patient less than 18 years old and not an emancipated minor
 - Follow mandated reporting procedure
 - Continue to ensure safety of patient until resolution is reached.

Step 7: Patient Response



- Step 7A: Patient Gives Permission
 - Call the Human Trafficking Hotline at 1-888-373-7888
 - Continue to ensure safety of patient until resolution is reached
 - Reach out to additional local services if applicable
- Step 7B: Patient Declines
 - Provide patient information on how they can receive help. Know where information is within your unit.
 - Offer to make a follow-up appointment

First Steps to Successful Implementation

- 1 Adopt a Guideline
- 2 Train Staff
- 3 Resources for Staff
- 4 Resources for Environment

Next Steps...Let's Overachieve!

- Continuing Education
- Community Outreach
- Committee Development
- Policy/Procedure
- Integration with EMR
- Data Collection and Analysis

Integration with Electronic Medical Records

Time taken: 1223 2/20/2018

Show ☒ Row Info ☒ Last Filed ☐ Details ☒ All Choices

Values By + Create Note

Human Trafficking

Red Flags of Human Trafficking

☐ None observed ☐ Accompanied by controlling person ☐ Not speaking for self ☐ Medical and/or physical neglect ☐ Submissive, fearful, hyper-vigilant and/or uncooperative ☐ New/Old injuries including bruises ☐ Inconsistent history

Other (Comment)

Screen patients for **OBSERVABLE SIGNS** of Human Trafficking (HT)

Vulnerable populations include:

Children and youth

Commercial Sex Workers

Undocumented Immigrants

Persons struggling with homelessness, addiction, behavioral health concerns

Persons lacking family or community support (i.e. Single mothers, foreign nationals, and persons with learning disabilities)

Restore Close Cancel

Previous Next

AUDIT-C

Human Trafficking Protocol Activated

☐ Yes ☐ No

Human Trafficking (HT) Protocol:

1. RN to contact the Coordinator/Charge RN

2. Provider Charge RN with HT indicators

3. Minimum ESI Triage Level 3

4. Ask any companions to wait in the waiting room

5. Place patient in a designated safe room

Restore Close Cancel

Main Line Health Screening Data

Month	# Of Patients Screened	# Of Patients With Red Flags	Type Of Red Flag
January 2019	4,241	1	Submissive, fearful, uncooperative
February 2019	4,207	1	Sexual assault, abusive relationship
March 2019	3,940	0	N/A
April 2019	4,392	2	Old/new bruising, physical neglect
May 2019	4,037	0	N/A
June 2019	4,509	3	Sexual assault, new/old bruises, other
July 2019	4,855	0	N/A
August 2019	6,155	1	Food deprivation, abuse
TOTAL	36,366	8	

- Many patients have been screened across Main Line Health, two have accepted resources/help following human trafficking screening.

Summary

- Care within the hospital is one of the few opportunities where the lives of trafficking victims intersect with the general population. Research and survivor testimonies indicate that these persons are receiving medical care in a variety of settings including hospital/ER and clinics during their captivity.
- **OUR RESPONSIBILITY:** To provide care for potentially trafficked patients at their point of entry into the health care setting.



Developing a Health Care System Approach to Human Trafficking

© 2019

Steven Donahue, MS, BSN, RN, CEN
Main Line Health

Contact: sjdonahue21@gmail.com

References:

1. Myths & Misconceptions. Humantraffickinghotline.org. <https://humantraffickinghotline.org/what-human-trafficking/myths-misconceptions>. Updated by Polaris 2017. Accessed on June 1, 2017.
1. DeChesnay, M. (2013). Sex Trafficking: A clinical guide for nurses. New York, NY: Springer Publishing Company
1. Cornell Law School. 22 U.S. Code § 7102 – Definitions. US Code. <https://www.law.cornell.edu/uscode/text/22/7102>. Accessed October 2017.
1. International labour organization. (2012). *ILO global estimate of forced labour*. Geneva, Switzerland.
1. Banks, D., & Kyckelhahn, T. (2011). *Characteristics of suspected human trafficking incidents, 2008-2010*. US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
1. Polaris Project. Polaris: Freedom happens now. The Facts. <https://polarisproject.org/facts>. Accessed October 2017.
1. Sanchez, R. & Stark S. (2014). The hard truth about human trafficking. *Journal of Nursing Management*, 45 (1), 18-23.
1. The Field Center For Children's Policy, Practice & Research. (2017). *Field center completes multi-city study on child trafficking among homeless youth; identifies risk and resilience factors*. Retrieved from <http://impact.sp2.upenn.edu/fieldctr/wp-content/uploads/2013/05/Field-Center-Trafficking-Research-Handout.pdf>

References:

9. Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law*, 23(1), 61-91.
9. Polaris Project. (2010). *Medical assessment tool* [PDF]. Retrieved from <http://www.safvic.org/content/uploads/safvic/documents/Resources%20-%20HT/Medical%20Assessment%20Tool%20-%20HT.pdf>
9. Philadelphia Anti-Trafficking Coalition. (2016, January). *Human trafficking protocol for frontline healthcare staff*.
9. Coalition to Abolish Slavery and Trafficking. Identification and referral in health care settings. CAST. http://www.castla.org/assets/files/identification_and_referral_in_health_care_settings_survey_report_vjen.pdf. Accessed June 2017.
9. Alpert EJ, Ahn R, Albright E, Purcell G, Burke TF, Macias-Konstantopoulos WL. (2014). *Human trafficking: Guidebook on identification, assessment, and response in the health care setting*. MGH Human Trafficking Initiative.
9. Bales, K. (2007). *Ending slavery*. Berkeley: University of California Press.
9. Dovydaitis, T. (2010). Human trafficking: the role of the health care provider. *Journal of Midwifery & Women's Health*, 55(5), 462-467.
9. Hawthorn, E. (2011). Women in northern Ireland involved in prostitution. *Irish Probation Journal*, 8, 142-164.

17. Kotrla, K. (2010). Domestic minor sex trafficking in the United States. *Social work*, 55(2), 181-187.
17. National Human Trafficking Resource Center. (2013, June). *Human Trafficking 101*. Retrieved from <https://traffickingresourcecenter.org/resources/human-trafficking-101>
17. O'Connor, M. & Healy, G. (2006). The links between prostitution and sex trafficking: A briefing handbook. Retrieved September 7, from <http://www.catwinternational.org/Content/Images/Article/175/attachment.pdf>.
17. Reid, J. A. (2012). Exploratory review of route-specific, gendered, and age-graded dynamics of exploitation: Applying life course theory to victimization in sex trafficking in North America.

Aggression and Violent Behavior, 17(3), 257-271.
17. Richards, T. A. (2014). Health implications of human trafficking. *Nursing for women's health*, 18(2), 155-162.
17. Sabella, D. (2011). The role of the nurse in combating human trafficking. *AJN The American Journal of Nursing*, 111(2), 28-37.
17. Victims of trafficking and violence protection act of 2000, 22 U.S.C. § 7101 (2000).
17. UN GIFT. (n.d.) Human trafficking: The Facts. Retrieved September 7, 2012, from United Nations Global Initiative to Fight Human Trafficking:
http://www.unglobalcompact.org/docs/issues_doc/labour/Forced_labour/HUMAN_TRAFFICKING_-_THE_FACTS_-_final.Pdf.
17. Global Estimates of Modern Slavery. (2017). *Forced labour and forced marriage*. Geneva, Switzerland.
17. Allen, K. (2012, September). Human Trafficking Vs. Prostitution [blog]. Retrieved from <https://blog.theexodusroad.com/human-trafficking-prostitution-difference>