A GUIDE FOR HEALTHCARE PROFESSIONALS
IN THE FIGHT AGAINST SEX TRAFFICKING

BUILDING A SAFER HOUSE

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Building a Safer House: A Guide for Healthcare Workers in the Fight Against Child Sex Trafficking

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CHAPTER 1

LETTER FROM A SURVIVOR

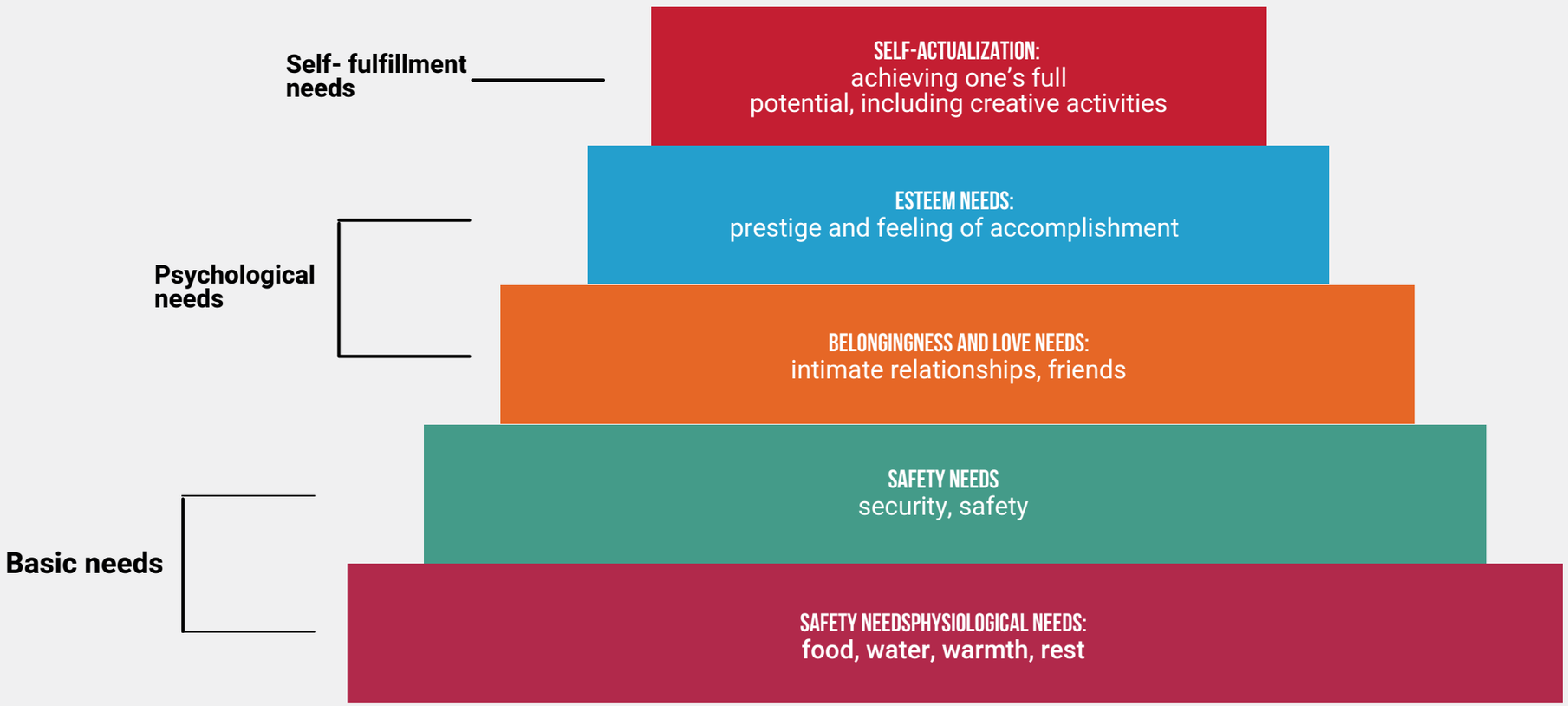
Hello,

My name is Claire and I am a child sex trafficking survivor. My trafficking began at six years old and this year, at 24 years old, I celebrated two years of freedom. I am hopeful for many more years of freedom to come, but I am also painfully aware of how different my story could have been if those around me were equipped to spot a trafficking situation and respond accordingly.

During the course of my trafficking experience, I was taken to multiple primary care physicians, emergency departments, and a number of specialists. I was diagnosed with multiple sprains, subluxations, and dislocations. My traffickers always had an excuse for my injuries. I was asked if I was born prematurely, as evidenced by physical, emotional, and social developmental delays. My delays in development were from severe emotional neglect, physical abuse, and long-term starvation. I began struggling with suicide at 11 years old, with countless attempts, requiring 17 psychiatric hospitalizations, and acquiring 16 different psychiatric diagnoses. I attempted to tell the staff what was happening to me, but when I was not believed, I shut down. Because of this, clinicians later in my treatment did not have the knowledge they needed to properly diagnose and treat me.

Following my escape from my traffickers, I continue to struggle with multiple chronic health conditions. I suffer with chronic pain, severe anxiety, and a variety of signs and symptoms of

Abraham Maslow's Hierarchy of Needs



Complex PTSD. Several of my organs have been shown on ultrasounds to be abnormally small, so I deal with the repercussions of that. I've tried different combinations of over 30 psychiatric medications in attempts to manage my symptoms. I am largely reliant on my service dog to complete activities of daily living.

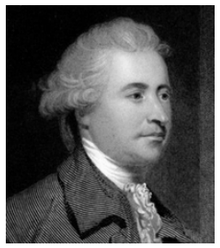
Due to my trafficking, I struggle daily with chronic health issues, and will continue to do so for the rest of my life.

No one in my life was equipped to help me throughout those years, including the medical professionals, and I am the one left to suffer the consequences. That does not have to be the case for children currently being trafficked. Hospitals being trained on how to spot, prevent, and report trafficking could make all the difference in the lives of children being trafficked right now.

Your organization has the chance to blaze that trail before any more children are severely, permanently injured or even killed. Your organization has the opportunity to change the lives of the children in your own community and beyond. Your organization could shift the national landscape in the favor of these children that so desperately need it. Will you stand in that gap? The choice is yours.

Sincerely,
Claire

"THE ONLY THING NECESSARY FOR EVIL TO TRIUMPH IS FOR GOOD MEN TO DO NOTHING."



EDMUND BURKE

(1729 - 1797)
Irish Statesman and Philosopher

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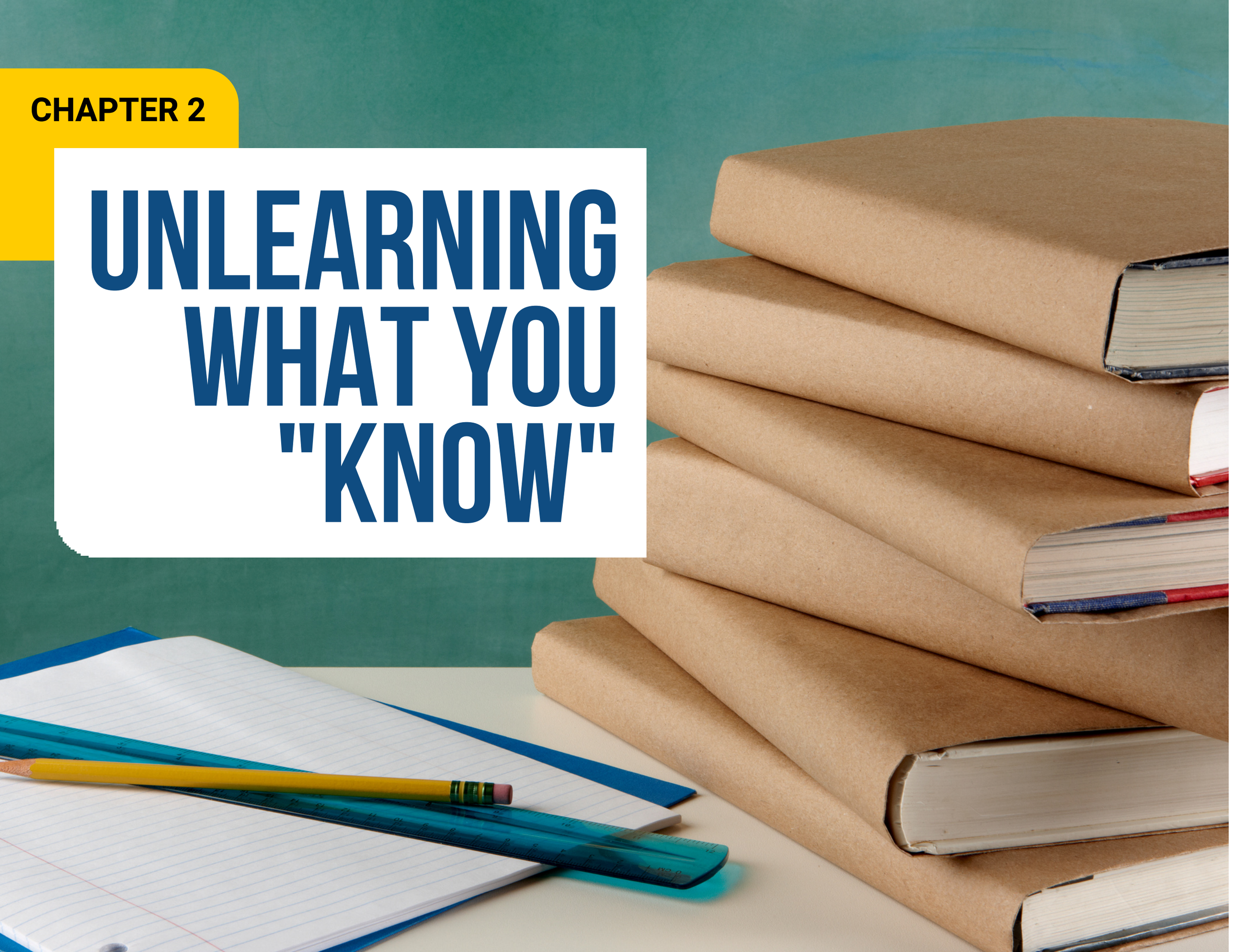
CHAPTER 2

UNLEARNING WHAT YOU "KNOW"



The medical profession is without question the home to some of the brightest minds on the planet. And it makes sense why--it takes far more than average or even above-average intelligence to navigate the rigorous educational requirements necessary to earn society's confidence. Communities are, after all, entrusting their bodies, their lives, and their loved ones' lives into the hands of a stranger. So they have every right to expect that medical professionals aren't just smart, but brilliant.

But can intelligence make us dumb? Behavioral psychologists use the term **confirmation bias** to refer to the phenomenon whereby smart (even brilliant) people cling to less-than-smart ideas simply on inertia.

"I heard it somewhere once, I believe it, and I'll continue to believe it until I have sufficient reason to believe otherwise."

Sounds good on paper. Only problem is, for most of us, the bar we call "sufficient reason" means that we don't actively try to dislodge incumbent beliefs. And why would we? We'd do nothing else if we lived our lives trying to fact-check ourselves. So the need to "get on with things" keeps confirmation bias alive and well.

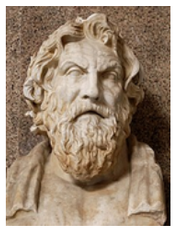
Why are we telling you all of this?

As it turns out, **child sex trafficking is a notoriously misunderstood subject**. Let's explore some of those misunderstandings.

Sex trafficking: Among the many prevailing images surrounding this term is one of women and girls being shipped in cargo containers to lives of sexual slavery thousands of miles away from their home countries. And although this nightmare is a sad reality for many, it would be a mistake to categorize trafficking as this and ONLY this.

Sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act through means of force, fraud, or coercion. If money, goods, drugs, information, etc. are traded for sex through means of fraud, force, or coercion, then sex trafficking is occurring.

"THE MOST USEFUL PIECE OF LEARNING FOR THE USES OF LIFE IS TO UNLEARN WHAT IS UNTRUE."



ANTISTHENES

Greek Philosopher and Pupil of Socrates

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Child sex trafficking: It used to be commonplace to hear the term "child prostitute." In truth, there is no such thing as a child prostitute. A person under the age of 18 engaging in a commercial sex act is a victim of child sex trafficking.

Child sex trafficking is any involvement in the commercial sex trade when the victim is under the age of 18, regardless of the use of force, fraud, or coercion. If a commercial trade of some sort or another is involved, and a sexual act with a minor is a part of the arrangement, then there is no notion of "consent" to consider. **A minor's sexual involvement in a commercial trade is rape for sale and it is ALWAYS illegal.**

Victim-centered approach: Many of our most well-known governmental and social systems were not originally designed with victims' best interests in mind. Therefore, our courts, police, health systems, and many other institutions cause undue further harm to victims simply by not taking into account the process as experienced by the victim him- or herself.

A victim-centered approach means the victim's wishes, safety, and well-being take priority in all matters and procedures. A victim-centered approach seeks to minimize re-traumatization associated with the healthcare delivery and criminal justice processes by providing the support of victim advocates and service providers.

Trauma bonding: Movies and television have conditioned us to imagine that all victims who are being held in captivity are unflinchingly bold and defiant in attempts to escape their captor. Good guys always fight back against the bad guys, right? As so often the case, real life is far more complicated.

Trauma bonding is a condition which is characterized by cognitive distortions where reciprocal positive feelings develop between captors and their captives. This bond is a type of human survival instinct and helps the victim cope with the captivity. Regrettably, trauma bonding is also one of the reasons that child sex trafficking can go on for months or years without detection. Victims who are bonded to their captor often need to develop strong trust in someone before making their captivity known.

Trauma-informed care: Health means more than "physical body repair." **Adequate care acknowledges the needs and recovery of the whole person, their loved ones, and their community.**

Trauma-informed care realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

CHAPTER 3

COMMUNITY HEALTH RISKS

According to a 2015 Community Health Needs Assessment done by Children's Hospital of the King's Daughters in the Hampton Roads community of Virginia, significant health needs included:

- Mental/behavioral health
- Childhood obesity, including nutrition and physical activity
- Child abuse and neglect, including parent education
- Access to primary and specialty care
- Sexual health, including STIs and teen pregnancy
- Barriers to accessing services and programs, including child care, silos, and transportation
- Dental health
- Social determinants, including unemployment, crime, and education

Of these eight significant needs, six are risk factors for child sex trafficking:

- Mental and behavioral health issues
- Child abuse and neglect
- Lack of access to care
- Lack of sexual health care and education
- Barriers to accessing services and programs
- Social determinants, including unemployment, crime, and education

In your community, these statistics are cause for alarm that a community health crisis is underway.

PERCENTAGE OF SEX TRAFFICKED CHILDREN IDENTIFIED

1.1%

PERCENTAGE OF SURVIVORS RETRAFFICKED

80%

COVID-19 CRISIS	VS	CHILD SEX TRAFFICKING CRISIS
Global & constant media coverage		Virtually no media coverage
Signs & indicators publicized		Signs & indicators unknown
High priority in health systems		Low priority in health systems
Mild impact on most patients		Devastating impact on all patients
Clear safety policies		Limited safety policies
Clear beginning and end		Gets worse every year

In 1995, Kaiser Permanente conducted the groundbreaking study known as the Adverse Childhood Experiences (ACE) Study that linked negative experiences in childhood to negative health outcomes and risk-taking behavior in adulthood. The study found that the higher a patient's ACE score, the higher the likelihood of them experiencing lasting negative impacts to their physical and mental health. A 2017 study found that, on average, human trafficking victims experience 4-5 ACEs, their composite score is higher, and the 6 experiences indicative of child maltreatment are more prevalent. Sex trafficked children experience polyvictimization, also known as complex trauma, which increases their ACE score and thereby has a negative impact on their mental and physical health well into adulthood.

Mental Health Needs. Office for Victims of Crime Training and Technical Assistance Center, Office of Justice Programs

Adverse Childhood Experiences. U.S. Department of Health and Human Services, 2020

Reid, Joan A. PhD, corresponding author Baglivio, Michael T. PhD, Piquero, Alex R. PhD, Greenwald, Mark A. MPA, and Epps, Nathan MS. "Human Trafficking of Minors and Childhood Adversity in Florida." US National Library of Medicine, National Institute Health, February 2017.

THE IMPACT ON COMMUNIITIES

- Hundreds of thousands of children are sex trafficked in the US every year
- In nearly every community in the US, child sex trafficking represents a near-term health crisis
- It also represents a long-term health crisis as those children mature into adulthood with extensive mental and physical health problems
- Health systems are in many cases ill-equipped to spot, report, and treat patients who demonstrate signs of child sex trafficking
- If left untreated, victims can go on to become traffickers, exacerbating the crisis generationally

"THE POWER OF COMMUNITY TO CREATE HEALTH IS FAR GREATER THAN ANY PHYSICIAN, CLINIC, OR HOSPITAL. "

DR. MARK HYMAN

National Football League Hall of Fame Wide Receiver

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CHAPTER 4

HEALTH EFFECTS ON SURVIVORS

Mental Health Effects of Child Sex Trafficking

The types of physical and psychological abuse human trafficking victims experience often lead to serious mental or emotional health consequences, including feelings of severe guilt, post traumatic stress disorder, depression, anxiety, substance abuse (alcohol or narcotics), and eating disorders. Victims of trafficking often need psychological care as part of comprehensive medical treatment.

Providing culturally appropriate and trauma-informed mental health treatment can be challenging. Some of the commonly reported barriers and challenges to helping victims with their trauma include:

- Limited availability and access to appropriate mental health services.
- Difficulty establishing trusting relationships with survivors.
- Mandated treatment efforts may be counterproductive when working with victims. This is particularly relevant in communities where the only means to access mental health services is to be kept in a locked treatment facility.
- Co-occurrence of trauma, diagnosed mental health conditions, and substance abuse or addiction.
- Victims have a long history of polyvictimization.
- Victims may not define their experience as abusive or attempt to escape.
- Cultural, linguistic barriers and isolation from home community.

Source: Office for Victims of Crime, Training and Technical Assistance Center

Symptoms Reported by Trafficking Survivors

- Depression, hopelessness, feelings of sadness and unhappiness, sudden or inexplicable crying
- Fear of being alone, distrust and fear of strangers
- Loss of interest in things and/or inability to plan for the future
- Recurrent or intrusive memories of abuse
- Numbness
- Stress-related disorders, avoidance, disorientation, confusion, anxiety, phobias and panic attacks
- Feeling inferior to others, feeling of being permanently damaged, fear of rejection
- Sleeplessness, sleep disturbances, nightmares, and/or insomnia
- Sexual problems, including lack of sexual desire or oversexualized behaviors
- Denial, memory loss, difficulty concentrating
- Obsessions and compulsions
- Anger, aggression, irritability, mood changes
- Hallucinations or delusions
- Changes in appetite or eating patterns, eating disorders
- Somatization/psychosomatic symptoms
- Exhaustion and constant fatigue
- Self-harm and suicidal ideation
- Isolating behavior
- Trauma bonds and attachment issues, Stockholm Syndrome
- Guilt, shame, and/or self-blame

In addition to the challenges noted above, it is also important to recognize that after such trauma, some victims may not feel comfortable with their sexuality. Individuals who experience severe exploitation may consider same-sex interactions. Service providers need to be aware, ready, and comfortable in helping victims through this process, as it can be a coping skill to deal with their traumatic experience by disassociating from their born gender.

In order to meet the mental health needs of survivors of human trafficking successfully, it is important to first ensure basic safety and service needs. **Establishing physical and psychological safety is a prerequisite in working with trafficking victims with trauma history.** This requires working collaboratively with those involved with the case to assess current client safety needs and planning. Ensuring that task force members involved in a case span across systems of care can help in addressing multiple needs.

Source: [Office for Victims of Crime, Training and Technical Assistance Center]

In addition to assessing a client's physical and mental health, it is important that providers working with victims have access to a range of trauma-specific interventions, including well trained clinicians who are willing and culturally competent to work with victims. There are many treatment approaches for polyvictimization, particularly for adolescents, including the use of educational support groups to address skills development, interpersonal connections, and competence and resiliency building.

Treatment Options

In addition to assessing a client's physical and mental health, it is important that providers working with victims have access to a range of trauma-specific interventions, including well trained clinicians who are willing and culturally competent to work with victims. There are many treatment approaches for polyvictimization, particularly for adolescents, including the use of educational support groups to address skills development, interpersonal connections, and competence and resiliency building.

KEY TERM: POLYVICTIMIZATION

Polyvictimization, also known as complex trauma, describes the experience of multiple victimizations of different types, such as sexual abuse, physical abuse, bullying, exposure to family violence, and more. This definition emphasizes different kinds of victimization, rather than just multiple episodes of the same kind of victimization, because it signals a generalized vulnerability. Research shows that the impact of polyvictimization is much more powerful than even multiple events of a single type of victimization.

- National Children's Advocacy Center

Many victim service providers utilize art and music therapy to help survivors build connection between their physical symptoms and mental health, which has proven promising in rehabilitation programs. It is also important to consider the client's cultural background and how that plays a role in resiliency and experience of receiving mental health support, particularly in the case of foreign national victims. Western-centered psychology practice may not emphasize culture and community relationships that can support survivor reintegration and promote healthy relationships. **Social workers should be mindful that the therapy privilege does not apply in group settings and therefore be cautious about victim disclosure regarding aspects of the trafficking experience.**

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An alternative to clinical mental health support is a peer-support model. Peer-to-peer counseling and mentoring from survivors who are now serving in a victim services capacity make great support sources for victims. Victims are often more comfortable with peers who understand and experienced similar pain and exploitation in a nonjudgmental, empathetic way. It is also a way to help survivors build a new identity and remove feelings of isolation.

Address trauma bonding. Some traffickers have a complex emotional relationship with their victims, similar to a relationship where domestic violence is present. In this "relationship," the trafficker wields complete control and induces commercial sex acts or forced labor in order to make money. Control and obedience are maintained through a combination of emotional manipulation, feigned affection, cultural beliefs about debt, and physical and emotional abuse. Victims often develop traumatic bonding and identification with their trafficker. Trauma bonding with an abuser is a survival strategy for victims of abuse and intimidation.

Source: Office for Victims of Crime, Training and Technical Assistance Center

For example, a victim who was abducted and raped may, years later, describe the captor as a "great person" with whom he/she formed an emotional bond, thus showing characteristics of a victim suffering from a trauma bond. Trauma bonding also does not have to be romantic in nature; it is essentially a false sense of relationship to another. Ensuring that mental health professionals trained in trauma bonding are available within your victim services response can be critical.

Though there are many challenges to meeting the mental health needs of trafficking victims, an effort to create a comprehensive approach across multiple systems of care offers the promise of responding to victims where they most need it. Building long-term trusting relationships, ensuring flexible models of treatment, and peer-to-peer support will empower and build self-esteem in your clients.

Recommended Further Reading and Resources

- Culture Grams "Culture Grams" are concise reports that describe a country's peoples, customs, lifestyle, and society. Service providers working directly with victims of human trafficking have described these as helpful resources when working with an individual of whom they know very little culturally in order to provide them with better and more appropriate services.

- National Colloquium 2012 Report (2013) This is an evaluation of the current shelter and services response to domestic minor sex trafficking, written by Shared Hope International.

- Finding a Path to Recovery: Residential Facilities for Minor Victims of Sex Trafficking (2007) Funded in fall 2006 by the U.S. Department of Health and Human Services, this 12-month exploratory project and subsequent report provide information on how HHS programs are addressing the needs of victims of human trafficking, including domestic victims, with a priority focus on domestic youth.

- Online DV Shelter Finder: National Coalition Against Domestic Violence An online directory to easily find a nearby DV shelter.

- The SANE Program Development and Operation Guide provides a blueprint for nurses and communities that would like to start a Sexual Assault Nurse Examiner program.

- Asking About and Responding to Survivors' Experiences of Abuse Related to Mental Health (2012) Best practices in assisting victims with mental health concerns and to promote understanding to better serve this community.

- Utilizing Trauma-Informed Approaches to Human Trafficking Related Work (2014) This is a resource to facilitate an understanding of complex trauma reactions and integrate awareness into direct services to survivors of human trafficking

- Human Trafficking: What Medical Personnel Need to Know - A detailed Stanford ppt for health providers on what to look for and what to do.

- Identification of Human Trafficking Victims in Health Care Settings (2011) This project aims to characterize trafficking victims' encounters in U.S. health care settings.

- American Professional Society on the Abuse of Children's Practice Guidelines: The Commercial Sexual Exploitation of Children: The Medical Provider's Role in Identification, Assessment, and Treatment (2013) These guidelines provide medical professionals with an overview regarding the current understanding of the commercial sexual exploitation of children. They focus on the epidemiology of CSEC, the impact of exploitation on victim physical and mental health, and the role of the medical provider in identifying victims, assessing their needs, and securing appropriate services.

"BY DENYING WHAT HAPPENED TO YOU, YOU ARE DOING TO YOURSELF EXACTLY WHAT OTHERS HAVE DONE TO YOU IN THE PAST: YOU ARE NEGATING AND DENYING YOURSELF."

BEVERLY ENGEL

Author, The Right to Innocence

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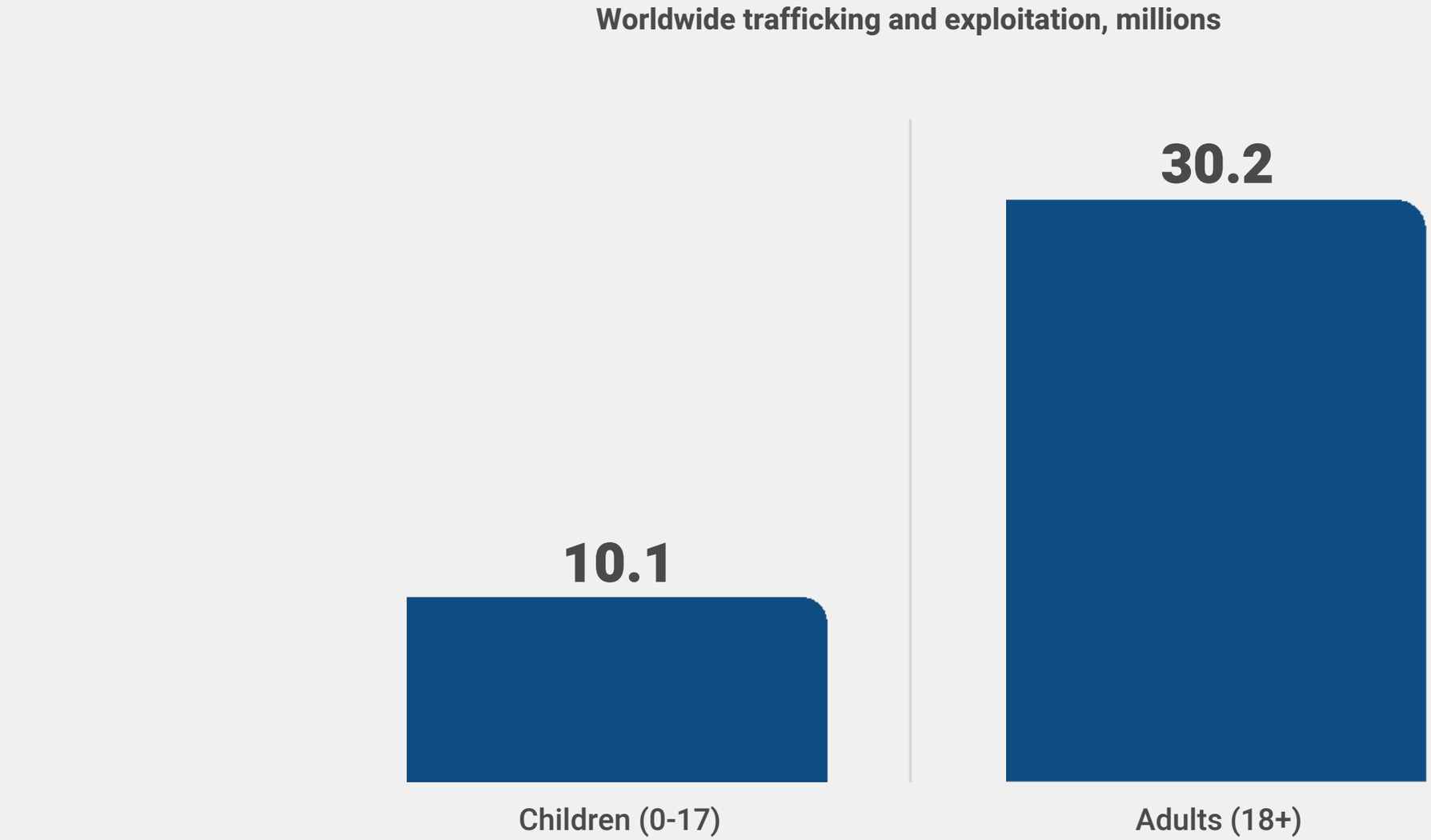
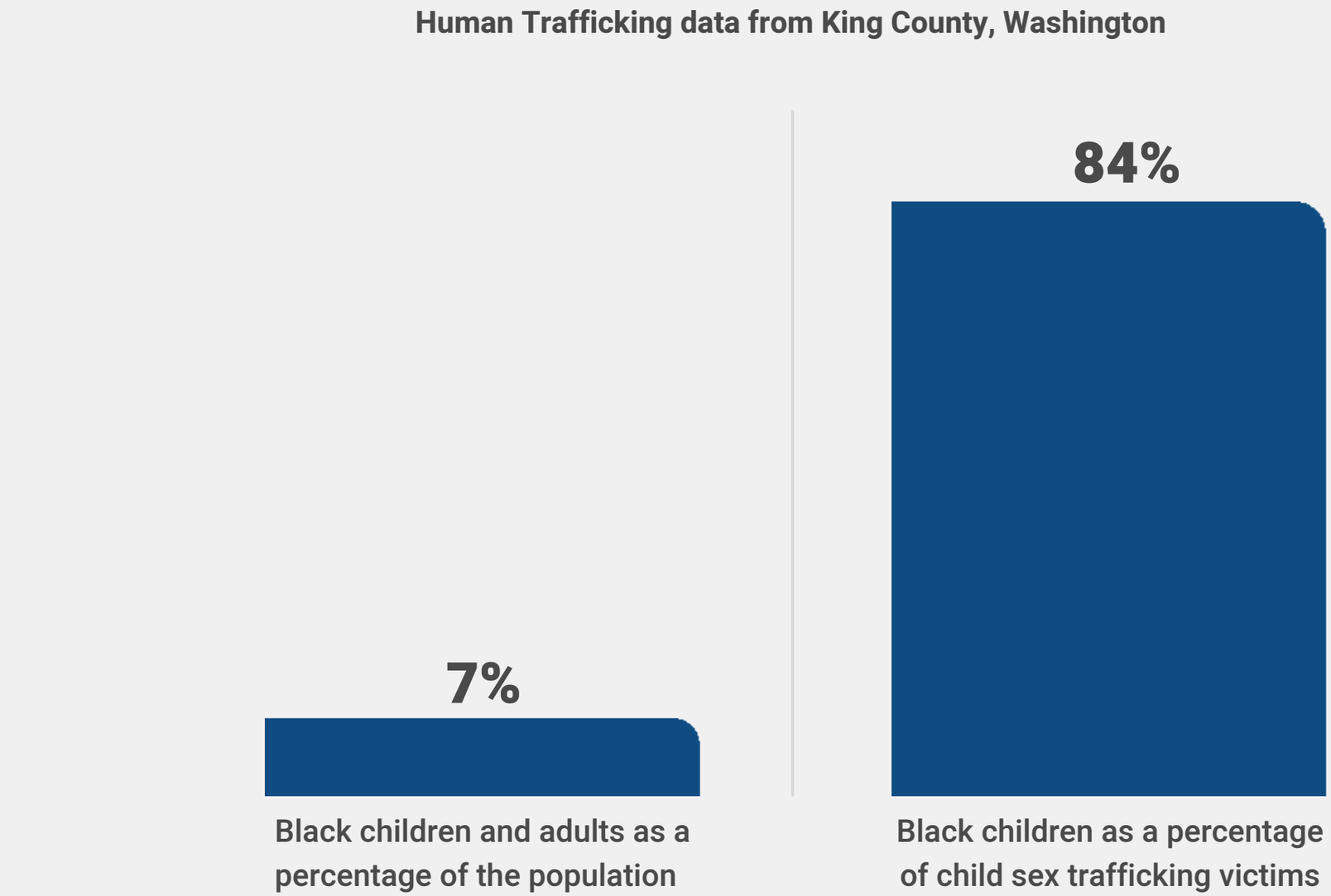
AN ESTIMATED 25% OF TRAFFICKING VICTIMS ARE CHILDREN



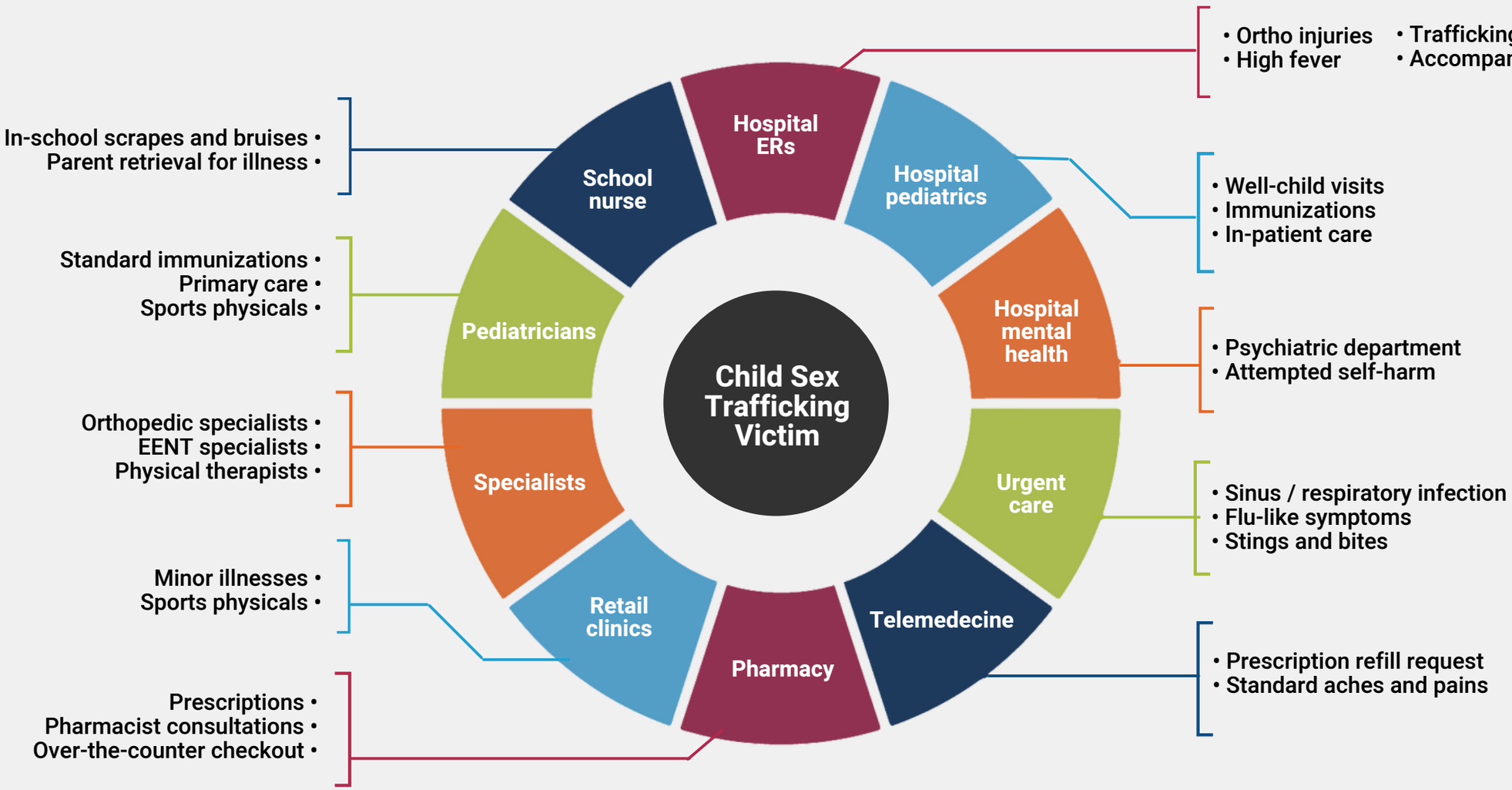
Source: International Labour Organization

CHILDREN OF COLOR ARE AT LEAST 4X MORE LIKELY TO BE TRAFFICKED THAN WHITE CHILDREN



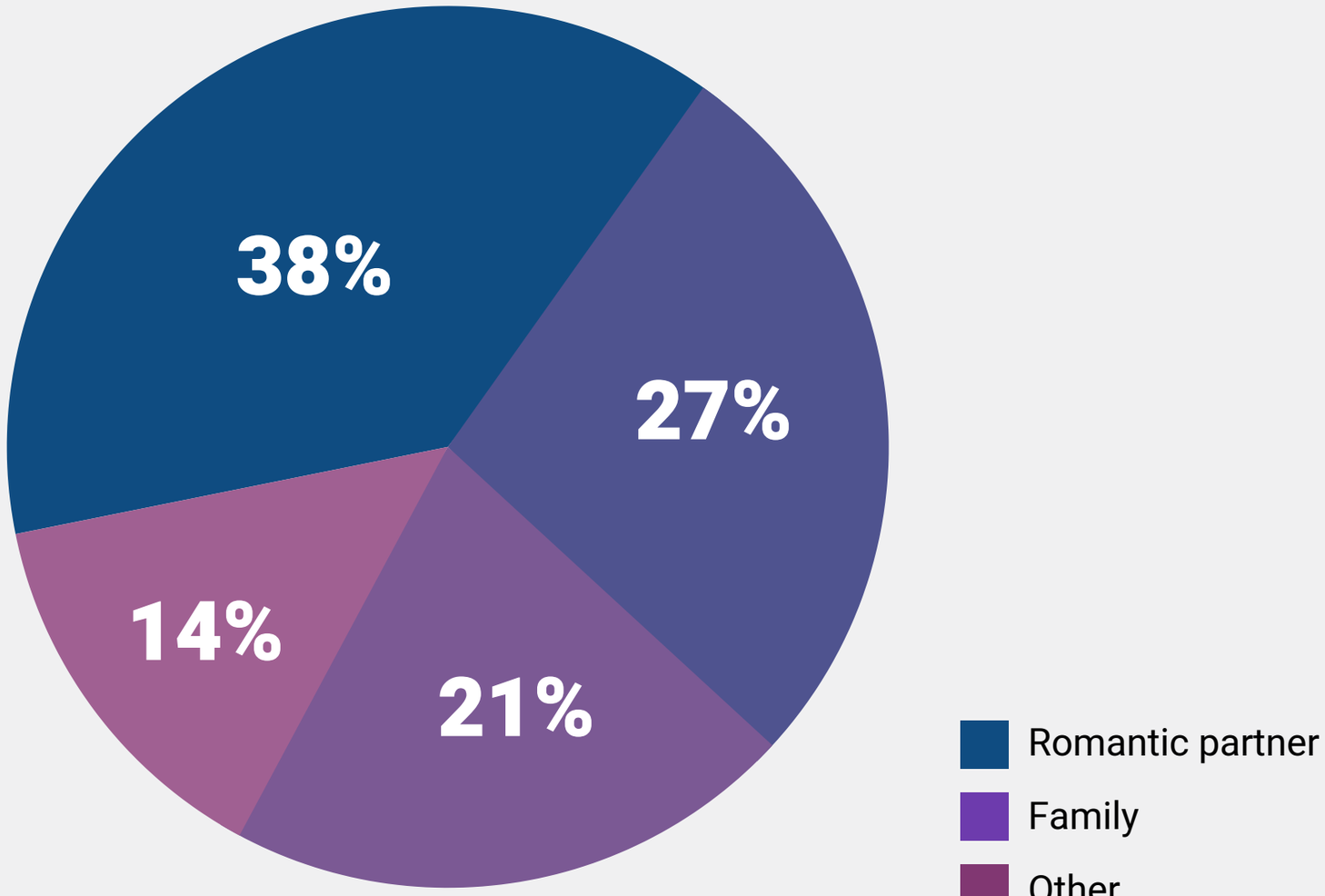
Source: Polaris Project

90% OF CHILD SEX TRAFFICKING VICTIMS ENCOUNTER THE HEALTH CARE SYSTEM DURING THEIR CAPTIVITY



THE MAJORITY OF VICTIMS ARE TRAFFICKED BY SOMEONE THEY KNOW

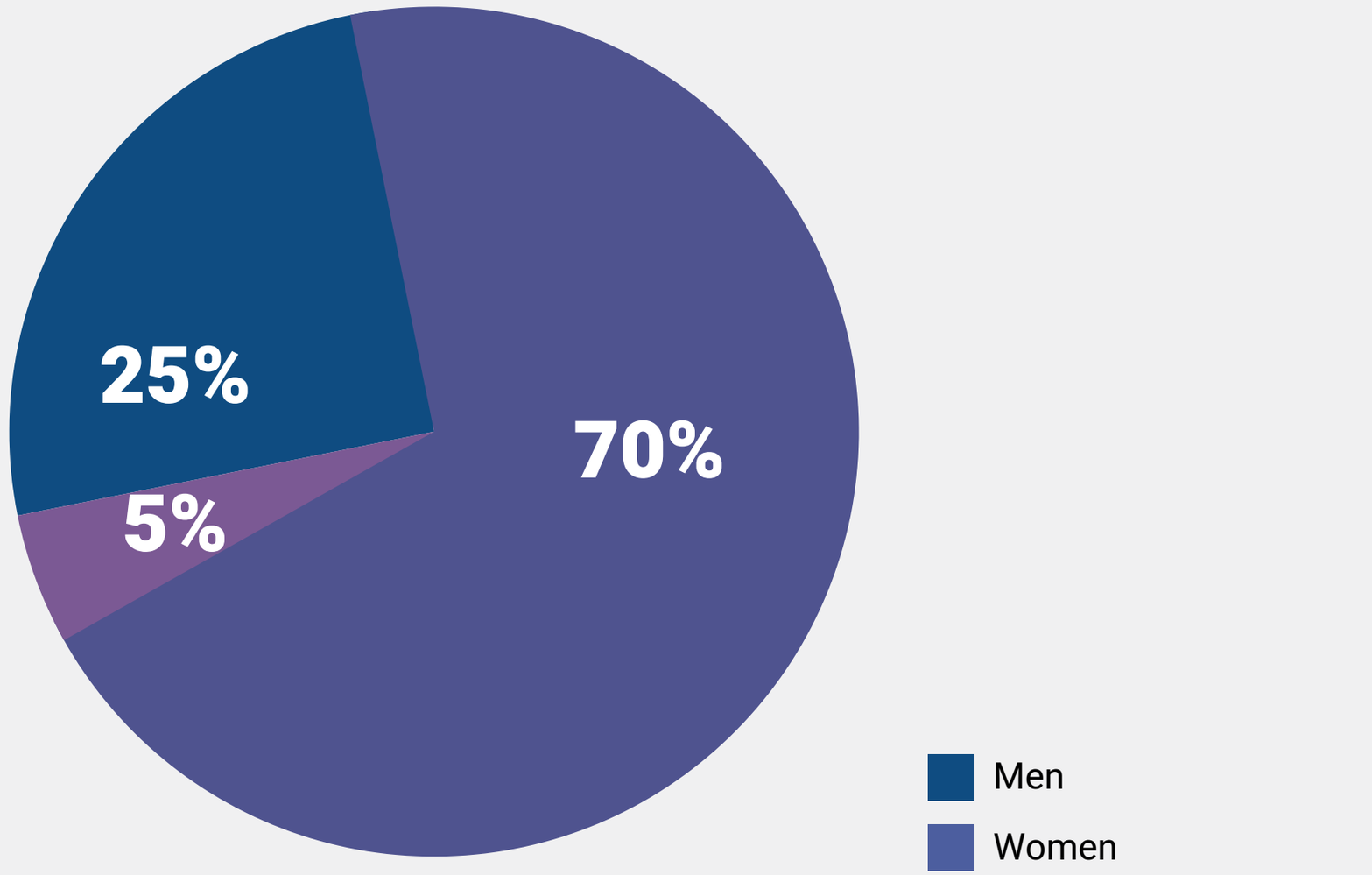
Percent share of victims by relationship to the trafficker (adults & minors*), 2015-2019



Source: Statista

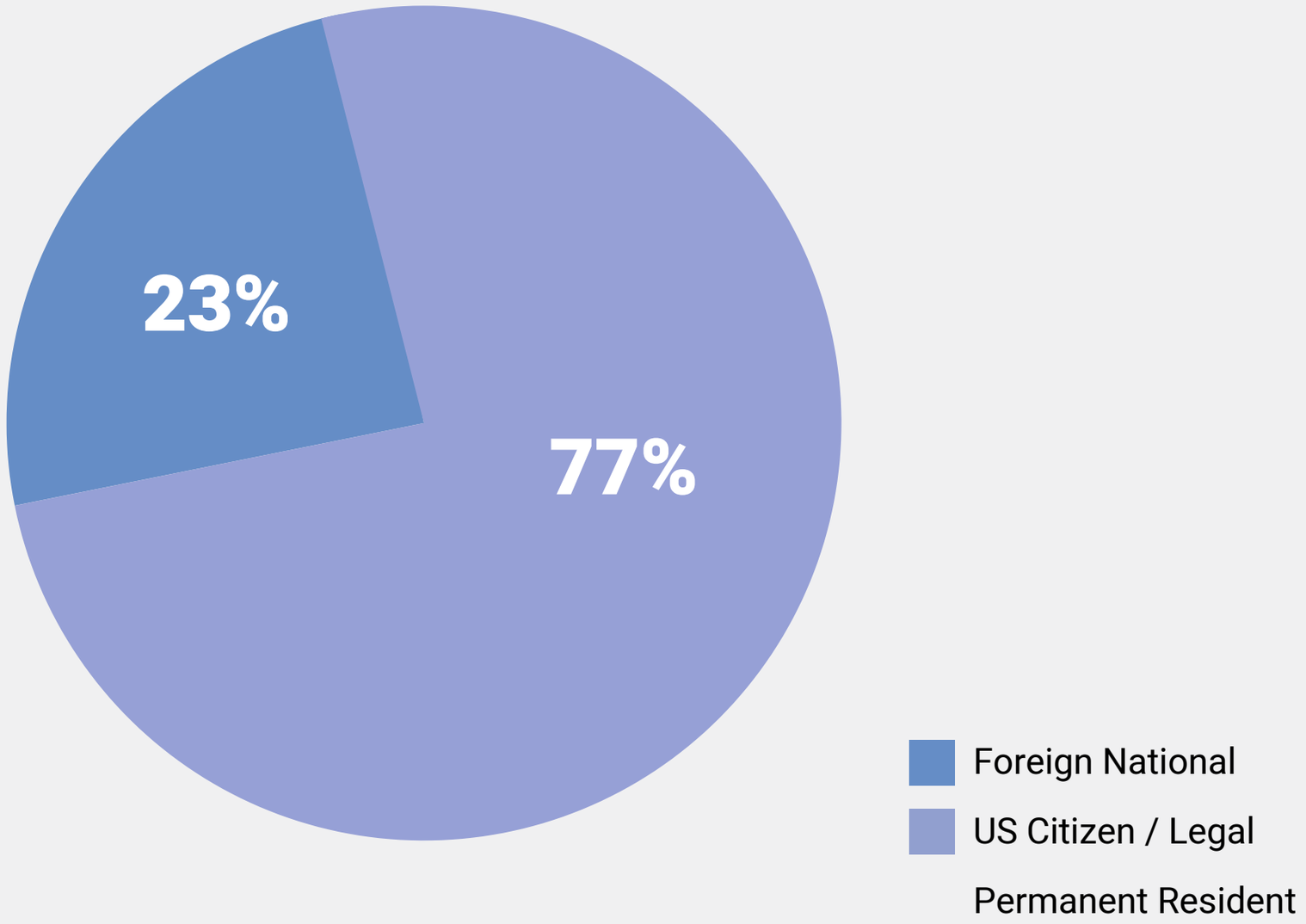
*Programs who serve domestic minors, report 40% familial trafficking

GENDER DISPARITIES SKEW HEAVILY TOWARD WOMEN AND GIRLS AS VICTIMS OF HUMAN TRAFFICKING



Source: Counter Trafficking Data Collaborative

TRAFFICKING VICTIMS CAN HAVE EITHER FOREIGN OR DOMESTIC IMMIGRATION STATUS



CHAPTER 5

TOWARD A SCREENING PROTOCOL

Goal: Identification within our health systems

In the United States, human trafficking (HT) largely impacts young women and girls who are exploited for the sex industry. In 2018, the National Human Trafficking Hotline identified 23,078 HT victims in the US. Over 15,000 of these victims were females, 16,137 were trafficked for sex, and approximately 5,000 were minors.

Trafficked women experience unplanned pregnancies and sexually transmitted infections (STIs). An earlier study by Bick et al interviewed 98 trafficked women who sought maternity care while being exploited; 28 (28.6%) became pregnant during captivity at least once, 9 (9.2%) women contracted an STI, and 12 (42.9%) of the pregnant women had at least 1 abortion. Traffickers need their victims to be healthy enough for profitable exploitation. Because of trauma, victims often need health care services while being exploited.

Source: "Implementation of a Human Trafficking Screening Protocol," The Journal for Nurse Practitioners, 2021

Trafficked women receive health care services, but health care providers (HCPs) often miss opportunities to identify them. A study by Chisolm-Straker et al found that 67.6% (n = 117) of interviewed trafficked women and girls saw a HCP while being exploited. The most common providers seen were emergency and urgent care providers, primary care providers, and obstetrician-gynecologists. Chisolm-Straker et al stated that 57.0% of the women who sought health care were not identified by HCPs and returned to their trafficker. HCPs, especially those in women's health, are society's first-line defense against HT.

There are barriers to victim identification. Women who are trafficked often struggle to identify themselves based on distrust, fear, or shame. Trafficked women experience delays in prenatal care because of a lack of personal identification, the inability to pay, and the trafficker physically preventing their access to care. Many pregnant victims experience HCP criticism for receiving late prenatal care. Other victims stated they were offered no privacy when speaking with their providers. Psychological barriers, trafficker involvement, lack of HT awareness among HCPs, and lack of screening creates a high proportion of missed opportunities in health care.

Protocol Step 1: Signs to Look Out For

- Abortion-minded or unplanned pregnancy
- Inconsistent stories
- Unaware of home address or "just visiting the area"
- STI infection (especially untreated or recurrent)
- Exhibits anxiety, depression, fear
- Has a high number of sex partners
- Lack of insurance
- Being far along in pregnancy with no prenatal care
- Inappropriately dressed
- Tattoo of someone's name or initials (especially on the neck)
- Lack of identification documents
- Accompanied by someone who does not want to leave the patient alone or let the patient speak
- Malnourishment
- Poor hygene
- Signs of physical abuse (bruises, cuts, burns)
- Undocumented immigrant status

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Protocol Step 2: First Response

Address any emergency regarding the patient's physical needs or immediate safety concerns. If necessary, call law enforcement.

Protocol Step 3: After Medical Concerns Are Addressed / Treated

Get the patient alone in the appointment and address any concerns.

Provide the patient with a confidential questionnaire with included human trafficking screening questions:

"Sometimes a person is put in a difficult situation:

- Have you ever been forced to have sex in order to pay off a debt?
- Do you have freedom to go wherever and spend time with loved ones whenever you want?
- Has anyone ever told you to lie about the kind of work you're doing?
- Has anyone ever threatened you or your loved ones if you did not work or do something for them?
- Has anyone ever kept your personal identification cards or documents and not allowed you to have them?"

Source: "Implementation of a Human Trafficking Screening Protocol," The Journal for Nurse Practitioners, 2021

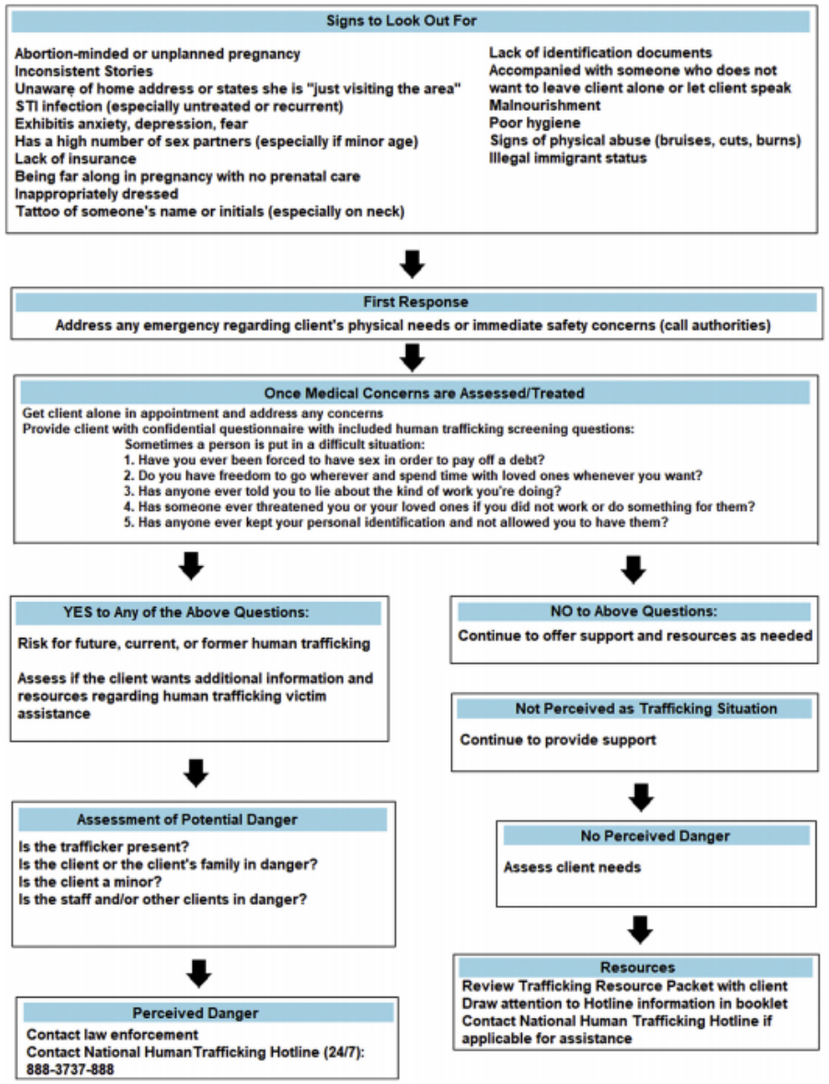
Protocol Step 4a: If NO Answers to All of the Questions

Review a Trafficking Resource Packet with the patient, drawing attention to the hotline information in the booklet. Contact the National Human Trafficking Hotline if applicable for assistance.

Protocol Step 4b: If YES Answers to Any of the Questions

Assess the potential danger of the patient, other patients, and staff.

- Is the trafficker present?
- Is the client or the client's family in danger?
- Is the client a minor?
- Is the staff and/or other clients in danger?



If yes to any of these danger assessment questions, contact law enforcement.

If the answer is no to all danger assessment questions, contact the National Human Trafficking Hotline at 1-888-373-7888.

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Results of the Study

All staff (100%, N = 10) and 62.5% (n = 5) of volunteers received HT training by attending 1 of the 4 education sessions at the facility or the education session held synchronously online for those unable to attend in person. All participants (N = 15) responded "yes" when asked whether they had learned something about HT. After the training, 93.3% (n = 14) of participants stated they were confident in their ability to follow the HT protocol. **To further assist staff with safely implementing the HT protocol, the screening protocol flowchart was placed at all staff workstations.**

In 10 weeks, 309 women received the new confidential questionnaire that included the HT screening questionnaire. Of the 309 patients, 304 (98.4%) completed all 5 screening questions. Fourteen (n = 4.6%) provided a positive response to 1 or more questions and were further evaluated by the staff.

Source: "Implementation of a Human Trafficking Screening Protocol," The Journal for Nurse Practitioners, 2021

The screening tool's 5 questions were prefaced with the statement that "sometimes a person is put in a difficult situation" and included inquiries regarding whether the women were forced to lie about their work, were limited from seeing loved ones, had a debt to pay off or were forced to work for free, were threatened with harm, or had their personal identification taken. **The 2 questions with the most positive responses addressed being threatened or having personal freedom limited by others.** These 2 questions were broader than the other 3 questions because they could apply to abusive relationships as well.

Fourteen women with positive responses to 1 or more of the 5 screening questions were further evaluated and categorized as either a patient who had experienced HT, a client who had experienced an abusive relationship, or a client displaying HT risk factors. **Of the 14 patients, 5 (35.7%) were confirmed to have had experiences that met the definition of HT based on their verbal statements.** Three (21.4%) of the patients divulged their abusive relationship with a partner. **Six (42.9%) patients were categorized to be at risk for human trafficking based on accompanying risk factors, indicators, and positive questionnaire responses.**

This study demonstrates that simple vigilance for indicators plus a 5-question yes/no screening can have a significant impact on the identification of domestic abuse and human trafficking victims. It does not special expertise or even medical experience to administer these screening techniques with patients.

PATIENTS RECEIVING THE QUESTIONAIRE

309

PATIENTS ANSWERING YES TO 1 OR MORE QUESTIONS

14

4.6%

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Nurses Are Crucial

The project intentionally focused on standardized screening and patient preparedness. According to staff reports, only 2 trafficked patients came to the center before protocol implementation. There were 14 screenings with positive findings in 10 weeks, 5 of which were confirmed to be HT victims.

The project outcomes led to the postulation that many trafficked women came to the center before screening protocol initiation without being identified.

Of the patients with positive screenings, the demographics and maternal health factors data showed trends consistent with national HT victim demographics and client vulnerability.

The recent surge of HT literature reveals a national push for awareness in health care. HT education has been found helpful for increasing HT awareness, especially because nurses may not have any previous HT education. As nurse practitioners (NPs) and staff increase their understanding of HT, they improve their ability to advocate for these vulnerable patients.

Women's health care services are necessary for treating female victims with STIs and unplanned pregnancies.However, other health care and public health facilities still play a vital role in identifying victims. HT victims experience negative health outcomes with every single body system because of their chronic traumatic exposure. HT victimization negatively affects the health of the community. In response, **HCPs should view HT as a crime with public health consequences.** This perspective emphasizes disease prevention, early HT education, swift victim identification, recognition of social and interpersonal barriers, and policy changes. Nurses serve as community leaders and can change health care practices concerning HT victims.

"NURSING DEMANDS VIGILANCE ABOUT PEOPLE. THE SIGHTS AND SMELLS THAT A PATIENT OFFERS, THEIR MOVEMENTS AND THEIR OFFHAND COMMENTS ALL CONTRIBUTE CRUCIAL INFORMATION TO UNDERSTANDING WHAT THEY NEED."

STEVEN AMSTERDAM
Author

CHAPTER 6

SURVIVOR EXPERIENCES

A Case of Strep Throat

FROM THE SAFE HOUSE PROJECT CHILD TRAFFICKING SURVIVOR NETWORK

"When I was in elementary school, all 18 students in my third grade class came down with strep throat. So many students contracted it that my school was shut down for two weeks. I was incredibly sick. It hurt to breathe. I couldn't eat anything. I was so weak I could barely walk. No one took me to the doctor for those two weeks and I didn't get better on my own. When I went back to school, the nurse sent me home and said I couldn't come back until I had a doctor's note.

My mom and dad took me to the emergency room for quick care and an easy "return to school on such and such date" form. My dad carried me in. I was shivering with a fever high enough to get a "poor baby" from the triage nurse when she took it. My mom told the doctor I had been sick for more than two weeks and, when the doctor asked if she'd taken me to my pediatrician, she told him we didn't have one. **She didn't tell him they never took me to the doctor because I was being trafficked.**

When they asked my mom and dad medical history questions, I could see Dad getting frustrated. Mom gave them the short answers and asked how long this was going to take. I don't remember what the nurse told her, but she didn't seem happy about it.

A nurse came in to start an IV and give me fluids. **When she pushed up my sleeve, she saw the needle mark and small bruise from where a man associated with my trafficker had given me fluids. She asked me about it and my mom quickly interjected that I must have bumped my arm on something. She nodded at my mom but didn't ask any more questions.**

After giving me fluids, medicine to help with my sore throat, and something to bring my fever down, they sent me home with an antibiotic and the doctor's note my parents needed. I went back to school the following Monday and continued being trafficked."

Inconsistent Medical History

FROM THE SAFE HOUSE PROJECT CHILD TRAFFICKING SURVIVOR NETWORK

"In 5th grade, I was a starter on my basketball team. I was also being trafficked.

While I was playing in a tournament, a member of the opposing team tripped me and stole the ball. I fell hard on my left knee and knew immediately something was wrong. I had to be carried off the court. The trainer told my dad that he needed to take me to the emergency room because I could not put any weight on it and it was already swelling, so he carried me to the car and off we went.

Once in the ER, after I had told them what happened, the doctor examined me. **He pushed my basketball shorts up so he could see a little better and I immediately held them down firm around my mid-thigh, not wanting him to see the bruises that were higher up. The doctor looked from me to my dad, and Dad made a snarky comment about how I was "growing up" and had recently "gotten shy."** The doctor chuckled and assured me I did not have to pull my shorts up any higher. Then he suggested an x-ray.

After the x-ray, the doctor came back in and asked my dad if I had had any previous injuries to that leg or hip. Dad told him not that he knew of, and the doctor seemed to take that answer. I found out later in my life that I had a healed fracture in my left hip and wonder if that's the injury he had seen and was asking about.

When the doctor was done talking to my dad, the nurse came in with a pair of crutches. She showed me how to use them and gave my dad a rundown of aftercare. **I was discharged after that and I remember propping my crutches against the bedroom wall as my trafficker brought clients in.**"

Trauma Patient from a Car Wreck

FROM THE SAFE HOUSE PROJECT CHILD TRAFFICKING SURVIVOR NETWORK

"When I was 16, I was in my first car wreck. I hit my head and was dizzy and confused. When I got out of my car to look at it, I passed out in the grass and woke to bystanders telling me to stay where I was. I could not feel my left foot and my hip was throbbing. When EMS arrived, I struggled to tell them what happened and it was difficult to form sentences.

They backboarded me and took me to the area trauma center.

By the time the paramedics got me to the hospital, I was in hysterics. My injuries were fairly minor and my pain was mostly tolerable, but my anxiety had gotten the best of me. I begged the nurses around me to take me off the backboard. I told them I'd lay still, I promised, I'd even keep the C-Collar on if they would just unstrap me. The nurse calmly explained to me that they needed to do some imaging first because I had a closed head injury and was reporting pain and numbness. She sat with me and held my hand, doing her best to keep me calm.

I had just calmed down when a male tech came in with a pair of trauma shears to undress me. I immediately began panicking again. I was strapped down, unable to fight, and now they were undressing me. I immediately started having flashbacks of my trafficking, sobbing and begging them not to hurt me. The nurse stood on one of the supports on the side of the bed so she was high enough to look me in the eye. She told me to breathe, that I was okay. She said she knew I was scared, but that she was there and she wasn't going anywhere. She even sent the male tech away and told him to send her a female nurse.

The two of them undressed me, talking me through every step. I laid there quietly and cried.

When the imaging was done, I had a diagnosis of a concussion, subluxed hip, and a knee sprain. The nurse asked me a few times over the next few hours if I needed anything else, if I was hungry, if I wanted her to call someone for me. I told her no. **I didn't feel safe telling her what was going on.**

When I was discharged, my trafficker was there to take me home, all smiles and niceties to the nurse. He overdosed me on my pain medication so I would be more compliant to the clients he brought in that night."

Further Reading

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KEY FACTS

- According to the FBI, 52% of all juvenile arrests for commercial sex acts are African-American children
- 5.8 attempts to leave on average before survivors finally escape
- 68% of survivors meet the diagnostic criteria for PTSD
- 54% of survivors have a diagnosed mental disorder
- 84% of trafficking survivors reported substance abuse during their trafficking
- Children who do not receive the care they need during/immediately following their trafficking cost the community $5.3 million over their lifetime
- In 2019, the National Center for Missing and Exploited Children reviewed 70 million child sexual abuse files compares to 450K in 2004
- 63% of victimized children will have been advertised online, according to Thorn
- Survivors reported entering The Life from as young as infancy through age 17 and 1 in 6 were forced into The Life before the age of 12.

“STAND UP FOR THE INNOCENT OR GO DOWN WITH THE REST."

FLORA JESSOP

Social activist, author, and advocate for abused children

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CHAPTER 7

DISCLOSURE OR PREVENTION?

The Goal Is Not Disclosure

Human trafficking cases may be encountered in all health care and behavioral health settings, including private, general, outpatient, and specialist practices (e.g., pediatrician, endocrinologist, substance use). Individuals who have experienced trafficking seek not only emergency medical care but also care for long-term health issues. For this reason, all health care and behavioral health practitioners should be prepared to identify and respond to individuals who have experienced trafficking.

Trauma-informed care involves recognizing that any person could have experienced trauma and this could be impacting their current decisions, actions and health behaviors. With this recognition, providers practicing a trauma-informed approach assess for stress/trauma without the goal of explicit disclosure, actively try not to re-traumatize patients, and educate and empower patients to build resiliency and mitigate the health effects of trauma.

UNIVERSAL COMPETENCY **TRAUMA-INFORMED APPROACH**	Use a trauma- and survivor-informed, culturally responsive approach
COMPETENCY 1 **NATURE AND EPIDEMIOLOGY**	Understand the nature and epidemiology of trafficking.
COMPETENCY 2 **RISK**	Evaluate and identify the risk of trafficking.
COMPETENCY 3 **NEEDS EVALUATION**	Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking.
COMPETENCY 4 **PATIENT-CENTERED CARE**	Provide patient-centered care.
COMPETENCY 5 **LEGAL/ETHICAL STANDARDS**	Use legal and ethical standards.
COMPETENCY 6 **PREVENTION**	Integrate trafficking prevention strategies into clinical practice and systems of care.

Source: National Human Trafficking Training and Technical Assistance Center, February 2021

CHAPTER 8

SOLVING THE EDUCATION GAP

Many Medical Professionals Are Way Behind in Trafficking Education

Gaps in knowledge of human trafficking identification, care, and response are apparent among medical students, residents, physician assistants, attending physicians, nurses, and social workers. For example, in a New York City-based study, only 4.8 percent of emergency medicine clinicians reported feeling confident about their ability to identify a victim of human trafficking. A survey of survivors about their interactions with health care professionals demonstrated that, in addition to not being identified, they had been hurt, humiliated, and, in some cases, harmed by the actions of clinicians, highlighting the need for trauma-informed care training.

Source: AMA Journal of Ethics

Several studies, including a randomized controlled trial, have demonstrated that simple training can have a significant impact on clinicians' knowledge of trafficking and ability to recognize and care for trafficking victims. For example, prior to training, a majority of the students in a Michigan medical school either believed that the correct number to call to report a victim of human trafficking was 911 or were uncertain of whom to call. Following the presentation, a vast majority of students correctly identified the number 1-888-373-7888 (the National Human Trafficking Resource Center). Various modalities, including Grand Rounds-style didactics and online training, have shown promising results in increasing clinician knowledge of human trafficking for medical students and physicians. Core topics include definitions of trafficking; scope and scale of the problem; prevention; health consequences; a trauma-informed, multidisciplinary approach to identification based on trafficking indicators; and resources for response at the national level (i.e., the National Human Trafficking Resource Center hotline) and the local level (i.e., physical and psychological medical care, hospital or clinic social work services, and other resources for shelter, substance abuse treatment, or legal services, based on survivor needs).

The state governments of Michigan and Illinois have recognized and addressed the lack of awareness of human trafficking among health care professionals by enacting laws that require or encourage training about trafficking. On the federal level, the US Department of Health and Human Services (HHS) launched the Stop, Observe, Ask, and Respond (SOAR) to Health and Wellness Training program in 2013 to provide human trafficking training to health care and other related professionals. The training is part of the five-year Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States, 2013-2017. To inform the development and evaluation of the pilot training, HHS appointed a national technical working group comprising health professionals, survivors of human trafficking, and other subject matter experts. The trainings were held in September of 2014 in six cities across the United States. One hundred and eighty health care professionals, including physicians, nurses, dentists, and clinical social workers, were trained and received a three-month follow-up evaluation (results forthcoming). Recently introduced legislation in the US Senate would codify and further expand this training program on human trafficking.

The American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the American Medical Association (AMA), the American Medical Women's Association (AMWA), the American Nurses Association (ANA), the American Psychological Association (APA), the American College of Emergency Physicians (ACEP), and other medical, nursing, and social welfare organizations have encouraged their members to receive training in and increase their awareness of human trafficking.

Additionally, a network of professionals called Health Professional Education, Advocacy, and Linkage (HEAL) Trafficking unifies and mobilizes interdisciplinary professionals in combating human trafficking and serves as a centralized resource on health care for the broader anti-trafficking community. HEAL Trafficking convenes multiple working groups that address various aspects of health and trafficking, including protocol development, education and training, direct services, prevention, and media and technology.

Source: AMA Journal of Ethics

The Current State of Health Care Training on Human Trafficking

Training on human trafficking for HCPs has grown in parallel with the literature on the health effects of trafficking. A 2003 European study was the first to demonstrate the health risks and consequences of trafficking in women and adolescents. In the years following that publication, more evidence has emerged about the health consequences of HT, the types of HCPs encountering trafficking victims, and the gaps in HCP knowledge about the problem. In recognition of the importance of medical education on trafficking, medical professional societies and academics have called for HT awareness among family medicine practitioners, midwives, nurses, dentists], pediatricians, emergency department (ED) physicians, obstetricians-gynecologists, psychiatrists, and public health practitioners The American Academy of Pediatrics (AAP) has placed HT training in the top ten policies to be supported by its Board. The AAP has further developed guidelines for pediatricians who may encounter victims of child sex trafficking and commercial sexual exploitation in their health care settings .

The American Academy of Family Physicians passed a resolution for HT awareness and education for practitioners of family medicine as has the American College of Emergency Physicians. Similar statements have been generated by the American Medical Association to encourage member groups and sections, as well as the Federation of State Medical Boards to raise awareness about HT and inform physicians about the resources available to aid them in identifying and serving victims of HT. Moreover, the United States (US) Institute of Medicine (IOM), National Academy of Medicine, has released guidelines for confronting the commercial sexual exploitation and sex trafficking of minors. Across the globe, academic medical centers and nonprofit organizations have undertaken initiatives to educate healthcare providers. For example, the International Organization for Migration, the National Human Trafficking Resource Center, the Massachusetts Medical Society, Children's Healthcare of Atlanta, Mount Sinai Emergency Medical Department, American Medical Women's Association, and Christian Medical and Dental Associations, have developed curricula on HT for HCPs.

In order to unify these national efforts, HEAL (Health, Education, Advocacy, and Linkage) Trafficking, a network of interdisciplinary professionals working on the intersection of public health and trafficking was founded in 2013. In addition to connecting the health experts working on HT, they have created an online compendium of medical literature and educational resources for HCPs on HT, and its Education and Training Group has worked closely with federal efforts on the topic.

In 2008, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the US Department of Health and Human Services (HHS) acknowledged that there were challenges, barriers, and promising practices in addressing the needs of victims of HT.

Source: Medical Education Online, Training US health care professionals on human trafficking: where do we go from here?

In 2010, the ASPE released an issue brief, 'Medical Treatment of Victims of Sexual Assault and Domestic Violence and Its Applicability to Victims of Human Trafficking', which outlined several recommendations including the need for comprehensive screening practices, the importance of examination of protocols, and the content of effective training. Since the 2008 ASPE National Symposium on the Health Needs of Human Trafficking Victims, HHS has committed to the Federal Strategic Action Plan (SAP) on Services for Victims of Human Trafficking in the United States (US) [32]. Released in 2013, the SAP was developed by the President's Interagency Task Force to Monitor and Combat Trafficking in Persons and outlines the role of numerous federal agencies and offices working on the health response to trafficking including the Office for Victims of Crime, Office on Violence Against Women, the Federal Bureau of Investigation, Administration for Children and Families (ACF), Department of Homeland Security, Indian Health Services, and HHS. Furthermore, in 2014, the Office to Combat and Monitor Trafficking in Persons within the US Department of State issued a call to action for HCPs to combat HT [33]. In September 2013, ACF launched a pilot education initiative for HCPs, known as 'Stop, Observe, Ask, and Respond to Health and Wellness Training (SOAR),' and in June 2015, HHS established an Office on Trafficking in Persons within ACF.

The unfortunate reality is that there exist very few survivor-informed training programs available to healthcare professionals.

Safe House Project HOPE (Healthcare Observations for the Prevention & Eradication of Human Trafficking) Trainings fills this gap with an interactive online training and resource guides that will help healthcare professionals play an active role in preventing human trafficking in their communities.

"IT IS EASY TO SIT UP AND TAKE NOTICE. WHAT IS DIFFICULT IS STANDING UP AND TAKING ACTION."

HONORE DE BALZAC

French novelist and playwright

SAFE HOUSE PROJECT

H.O.P.E. HUMAN TRAFFICKING TRAINING

OVERVIEW

The H.O.P.E. (Healthcare Observations for the Prevention & Eradication of Human Trafficking) Training is a survivor-informed, trauma-informed, and patient-centered video-based training that equips all healthcare workers to identify potential human trafficking victims, give support, and offer resources.

IDENTIFY

90% of victims will come in contact with a healthcare professional during the course of their trafficking.

SUPPORT

Establish and deploy protocols for reporting suspected trafficking, as well as provide support for victims.

CREDIT

Receive Continuing Education Credits for this training. Certificate for 2.5 contact hours.

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CONTINUING EDUCATION CREDIT DISCLOSURE

Criteria for Successful Completion: Participants will sign into the learning management system, complete the pre- and post- evaluation forms, view 100% of the recordings, and complete other module requirements. Upon completion, CE certificate for 2.5 contact hours will be awarded.

NOTE: This nursing contact hour activity is being jointly provided by the Academy of Forensic Nursing and Safe House Project. The Academy of Forensic Nursing is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

It Starts with H.O.P.E.

"I've spent thirty years in and around ERs providing all types of medical and surgical care, yet I still learned a lot. It is critical that this trafficking training be made widely available to healthcare workers throughout the United States." - Dr. Douglas Ayres, MD

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