

Human Trafficking: Making the Invisible Visible

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Case

A young male named Pedro presents to the ED triage area. He is accompanied by his friend Martin who says he got hurt on the construction site. He wants to make sure he gets checked out and gets whatever pain medicine he needs so he can take him back home to work. Martin insists on staying with him because he will help with translation as Pedro speaks Spanish primarily.

Pedro has no identification. Martin apologizes, saying he forgot to bring his wallet but he explains that it doesn't matter because he is new to the area and doesn't have health insurance yet, so he will pay cash for his care.

Screening assessment and vitals in triage reveal a pale, ill-appearing male. The triage nurse, while checking his blood pressure, notes some old bruises on his arm. Pedro neither speaks spontaneously nor makes eye contact. Questions posed to Pedro are answered by Martin. When he is asked to answer questions directly in Spanish, he speaks in monosyllables, and looks at Martin immediately after answering any questions.

Concerning features?

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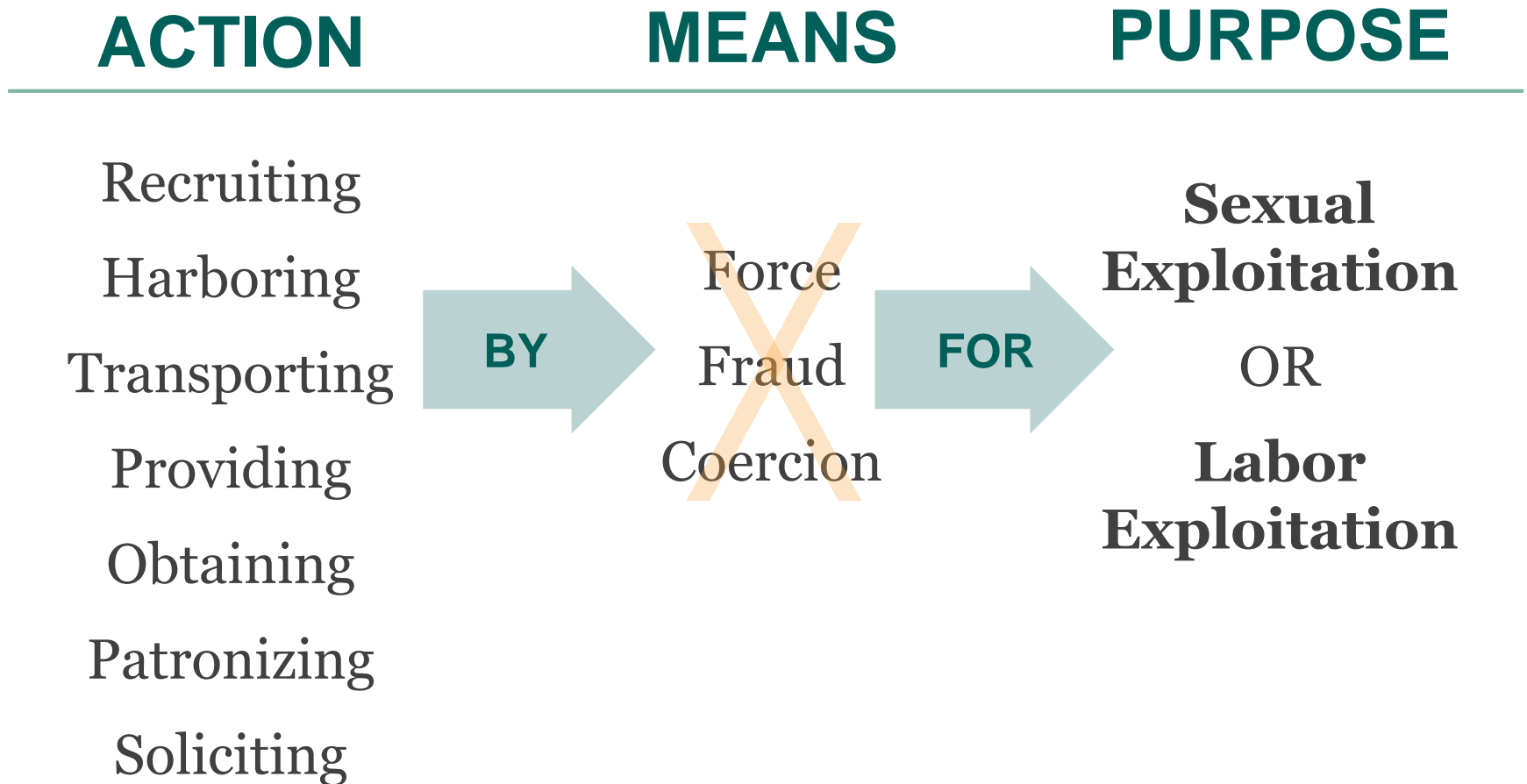
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What is Human Trafficking?

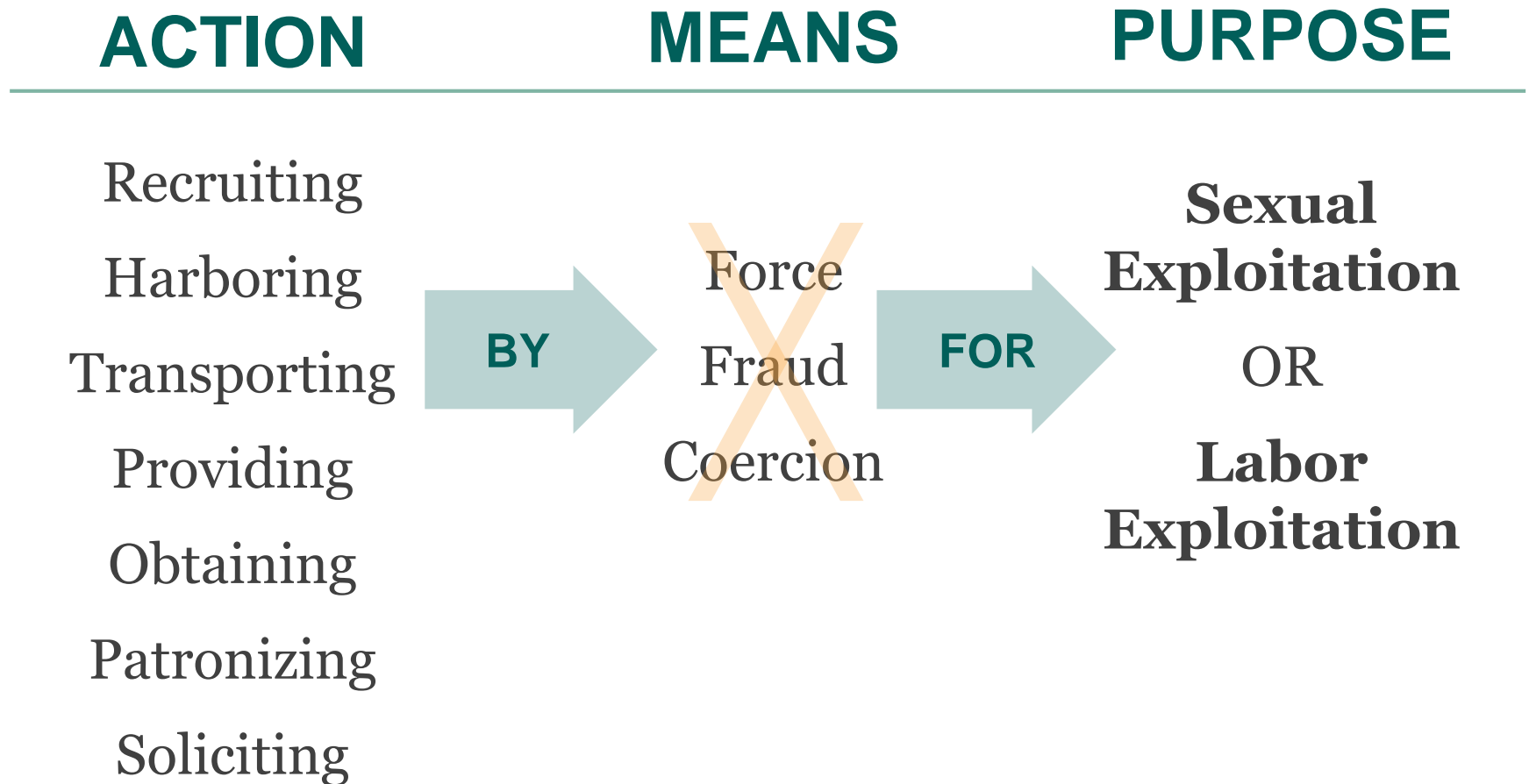
What is Human Trafficking?

Note: No movement is necessary

What is Human Trafficking?



What is Human Trafficking?



<18: commercial sex = trafficking (no force fraud or coercion necessary)



Under-Regulated Underpaid Industries

- What are some under-regulated, underpaid industries in New York?

Under-regulated underpaid







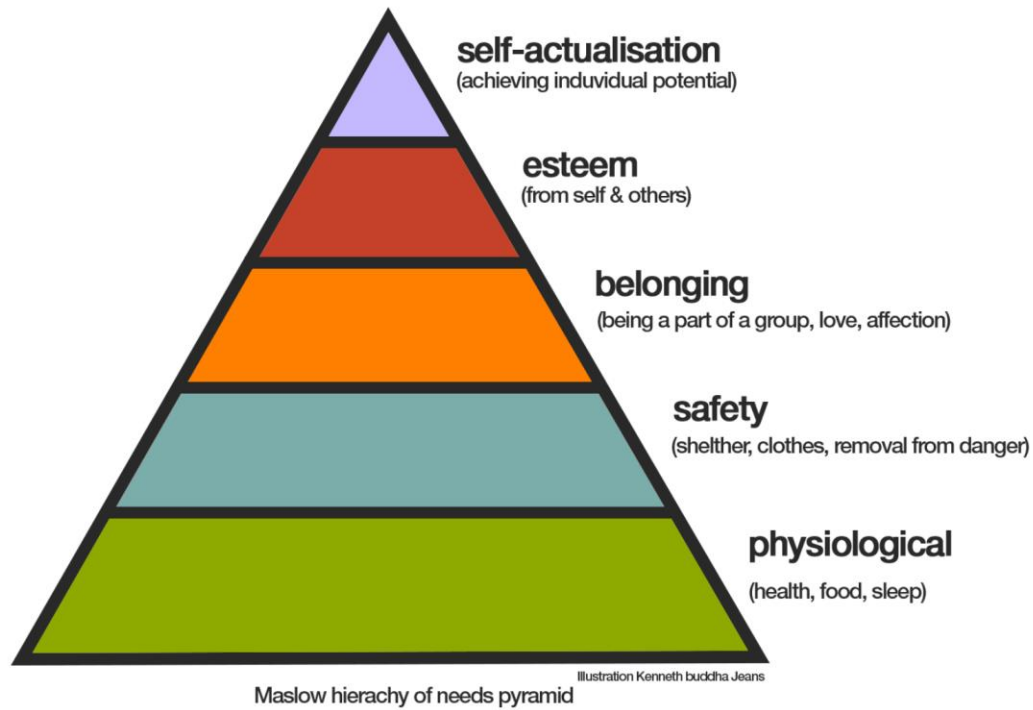




Traffickers Exploit Vulnerability

- What are some vulnerabilities traffickers might exploit?

Traffickers control hierarchy of needs



Migrants- lack access to basic needs



Vulnerability: Addiction



Prior abuse- those in child welfare system



Traffickers use invisible chains



Threat of deportation

- “Because in the agency, they told me, if you call the police, you will be deported, at once. They said, you’re here illegally but now I know that I was here legally. I had rights, but I was not aware of them.”

Buller AM, Vaca V, Stoklosa H, Borland R, Zimmerman, C. . Labour exploitation, trafficking and migrant health: Multi-country findings on the health risks and consequences of migrant and trafficked workers. International Organization for Migration and London School of Hygiene and & Tropical Medicine. 2015.

Control of food



“When I cook for them, I taste, that’s all. I slice the food for the dog; I also ate some. That’s what I did. I never sit...So I did not tell them, I ate some of the food for the dog.”

Baldwin, et al, 2011 and 2014



Price of Freedom

51	432	257
24	13	-90
85	415	177
26	26	34
101	401	211
80	26	24
21	497	245
48	13	26
12	510	271
68	65	13
11	575	284
99	26	6
449	60	297
16	65	34
115	66	381
12	500	26
65	160	407
198		100
65		170
257		107
		65

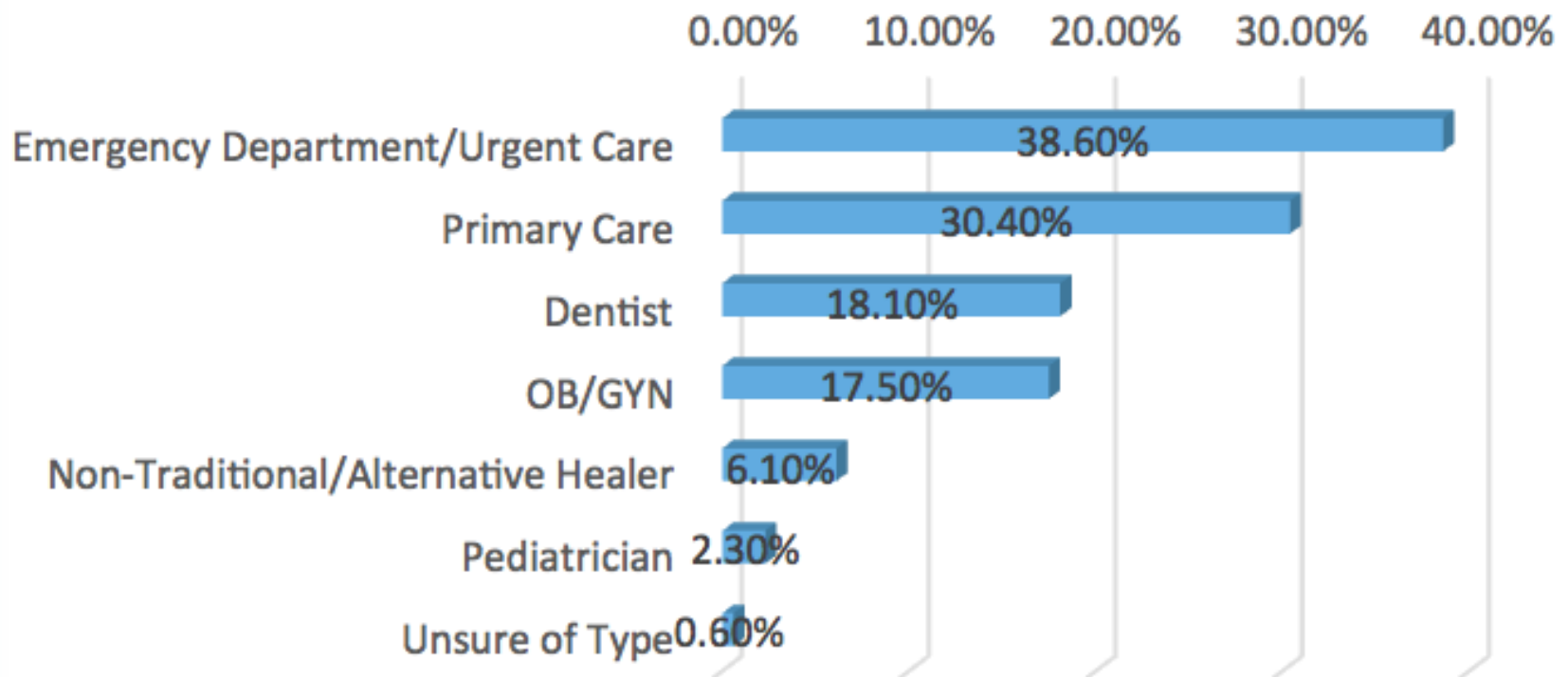
657	845	545
47	72	30
704	917	541
	47	5
	117	574
730	1034	26
26	500	600
756	534	
26	52	
782	586	
26	140	
808	446	
1	26	
911	472	
27	06	
940	498	
50	26	
790	534	
55	7	
845	552	

Human Trafficking & Healthcare

68%

of human trafficking victims
access healthcare while being
trafficked

Providers Visited by Trafficked Victims⁵



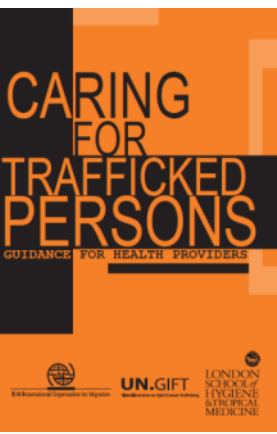
Pattern recognition

Health

- Symptoms of trauma (physical, psychological)
- Illnesses or injuries associated with poor living and working conditions, delayed presentations
- Fearful, mistrusting

Context

- Sector or activity commonly associated with exploitation
- Accompanied by a “minder”
- May have migrated locally or internationally (e.g. doesn’t know the local language)
- Doesn’t know where he/she is or can’t explain how he/she arrived



Trafficking Exposures-- > Health Problems

Labor Trafficking



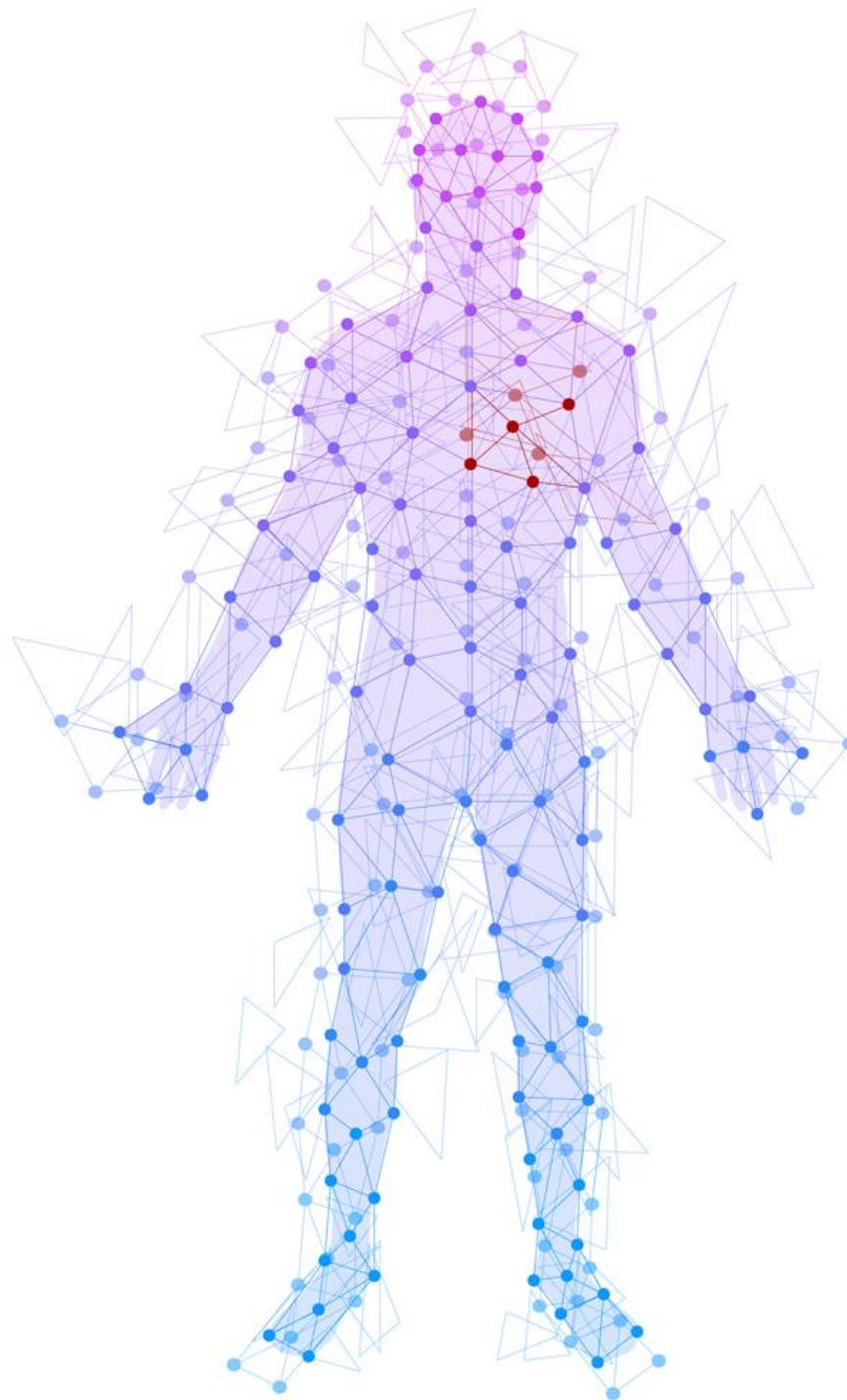
Trafficking Exposures-- > Health Problems

Sex Trafficking



Table 1: Summary of the health risks and consequences of being trafficked⁹


HEALTH RISKS	POTENTIAL CONSEQUENCES
Physical abuse, deprivation	Physical health problems, including death, contusions, cuts, burns, broken bones
Threats, intimidation, abuse	Mental health problems including suicidal ideation and attempts, depression, anxiety, hostility, flashbacks and re-experiencing symptoms
Sexual abuse	Sexually transmitted infections (including HIV), pelvic inflammatory disease, infertility, vaginal fistula, unwanted pregnancy, unsafe abortion, poor reproductive health
Substance misuse Drugs (legal & illegal), alcohol	Overdose, drug or alcohol addiction
Social restrictions & manipulation & emotional abuse	Psychological distress, inability to access care
Economic exploitation Debt bondage, deceptive accounting	Insufficient food or liquid, climate control, poor hygiene, risk-taking to repay debts, insufficient funds to pay for care
Legal insecurity Forced illegal activities, confiscation of documents	Restriction from or hesitancy to access services resulting in deterioration of health and exacerbation of conditions
Occupational hazards (see Table 2) Dangerous working conditions, poor training or equipment, exposure to chemical, bacterial or physical dangers	Dehydration, physical injury, bacterial infections, heat or cold overexposure, cut or amputated limbs
Marginalization Structural and social barriers, including isolation, discrimination, linguistic and cultural barriers, difficult logistics, e.g., transport systems, administrative procedures	Unattended injuries or infections, debilitating conditions, psycho-social health problems



Pregnancy

- Pregnancy as tool of coercion
- Lack of access to contraception
- Terminations





I felt like nothing could make it better. I felt like I was only a piece of meat with two eyes. I thought I will end up like nothing. There was no hope for me.

Mental Health (US study)

- Depression 88.7%
- PTSD 54.7%
- Suicidal Ideation 46.2%
- Attempted suicide 41.5%

Lederer, L. J., & Wetzel, C. A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals Health L.*, 23, 61.

Who is your “perfect victim/patient”?





Which one is a
victim?



Approach to the assessment of a
potential victim of human trafficking?

Approach to the assessment of a *potential* victim of human trafficking?

- What is your goal?

Is it this?



No, the Goal is not rescue



Approach to the assessment of a *potential* victim of human trafficking?

- The goal is creating an open door:
 - Building trust, educating, and providing resources



Approach

- You are not an island- use your team
- Prioritize safety
- Try to find a way to talk to the person alone
- Interpreter
- Trauma-Informed



How do you ask about trafficking?

Educate & Provide Resources

Do NOT interrogate/force disclosure



PEARR Tool



Trauma-Informed Approach to Victim Assistance in Health Care Settings

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



Provide
Privacy

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.
 - **Note:** Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion

as interpreter, see your entity's policies for further guidance.**

- **Note:** Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.



Educate

2. Educate patient in manner that is **nonjudgmental** and **normalizes** sharing of information. Example: "I educate all of my patients about [fill in the blank] because violence is so common in our society, and violence has a big impact on our health, safety, and well-being." **Use a brochure or safety card** to review information about abuse, neglect, or violence, and

offer brochure/card to patient. [Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines)]. Example: "Here are some brochures to take with you in case this is ever an issue for you, **or someone you know.**" If patient declines materials, then respect patient's decision.**



Ask

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.
 - **Note:** All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).**
4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your

health, safety, and well-being. You don't have to share details with me, but I can connect you with resources. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**

- **Note:** **Limit questions** to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

USPSTF = US Preventive Services Task Force



Respect and
Respond

5. If patient denies victimization or declines assistance, then **respect patient's wishes**. If you have **concerns about patient's safety**, offer information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal**

introduction to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:

National Domestic Violence Hotline, 1-800-799-SAFE (7233);
National Sexual Assault Hotline, 1-800-656-HOPE (4673);
National Human Trafficking Hotline, 1-888-373-7888 **

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

PEARR

- P: Provide Privacy
- E: Educate
- A: Ask
- R: Respect & Respond

<https://www.dignityhealth.org/-/media/Documents/PEARRToolm7.ashx?la=en&hash=48A3B50F89D4DE2752DD18A459666B6680B360EA>

Potential inquiry/screening questions

- Have you ever worked, or done other things, in a place that made you feel scared or unsafe?
- Have you ever been tricked or forced into doing any kind of work that you did not want to do?
- Have you ever been afraid to leave or quit a work situation due to fears of violence or threats of harm to yourself or your family?

Potential inquiry/screening questions

- Has someone you worked for ever controlled the money you earned, or kept money you earned in exchange for transportation, food or rent without your consent?
- Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?

Chisolm-Straker, M., Sze, J., Einbond, J., White, J., & Stoklosa, H.
Screening for human trafficking among homeless young adults.
Children and Youth Services Review. 2019; 98(March 2019):72-79.



What next?

What next?

- <18: child protective services

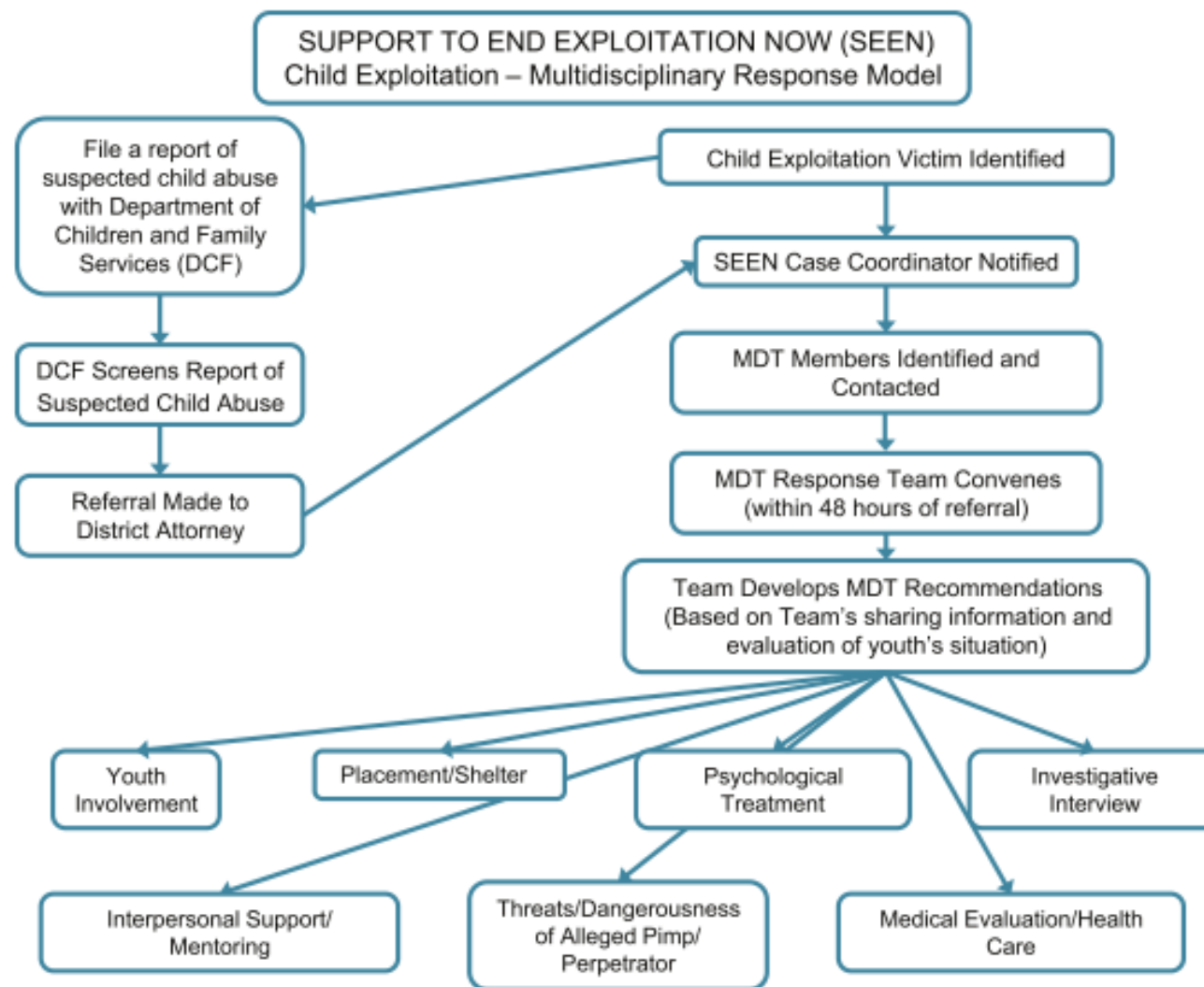


FIGURE 10-2 A multidisciplinary response model for addressing child exploitation in Suffolk County, Massachusetts.

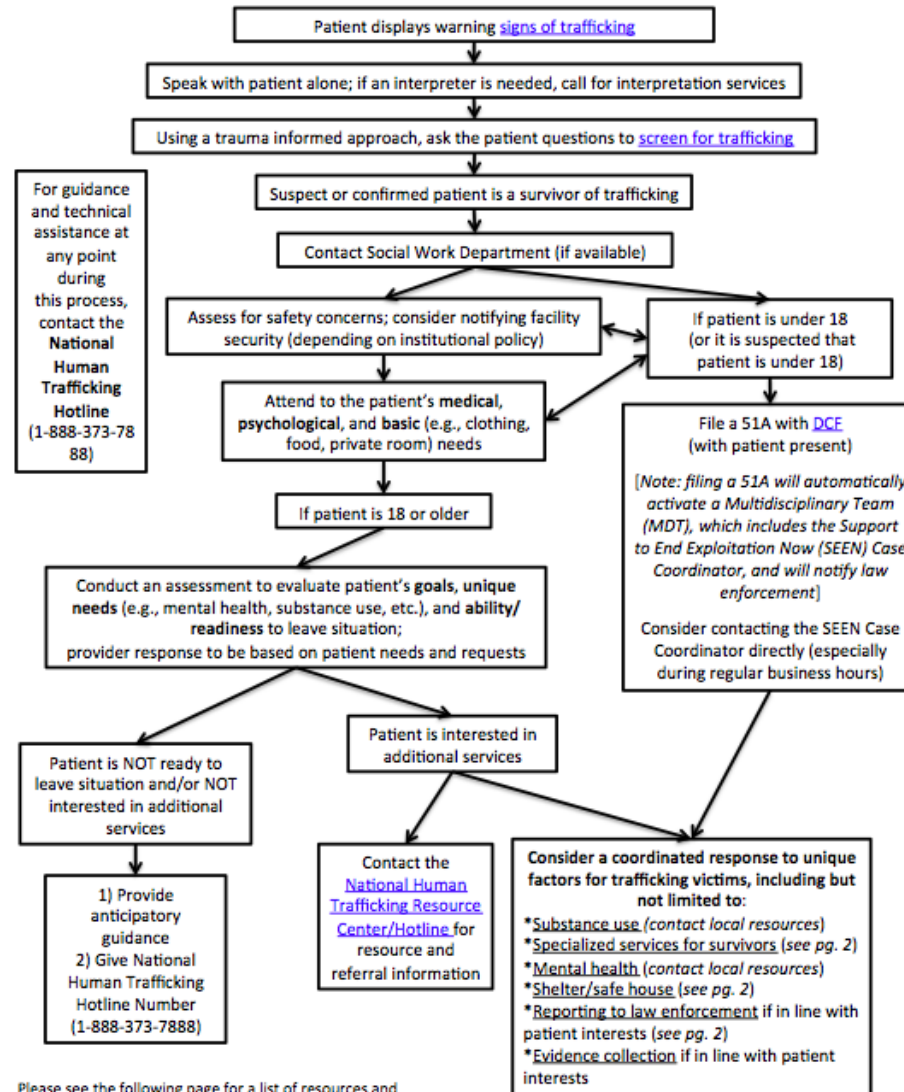
NOTE: MDT = multidisciplinary team.

“What next” for an adult?

- Goal: Build trust; first do no harm; not rescue
- Offer whatever help the victim needs
- IF ready---refer.

BOSTON AREA HEALTH CARE TRAFFICKING FRAMEWORK

Last updated 8/23/16

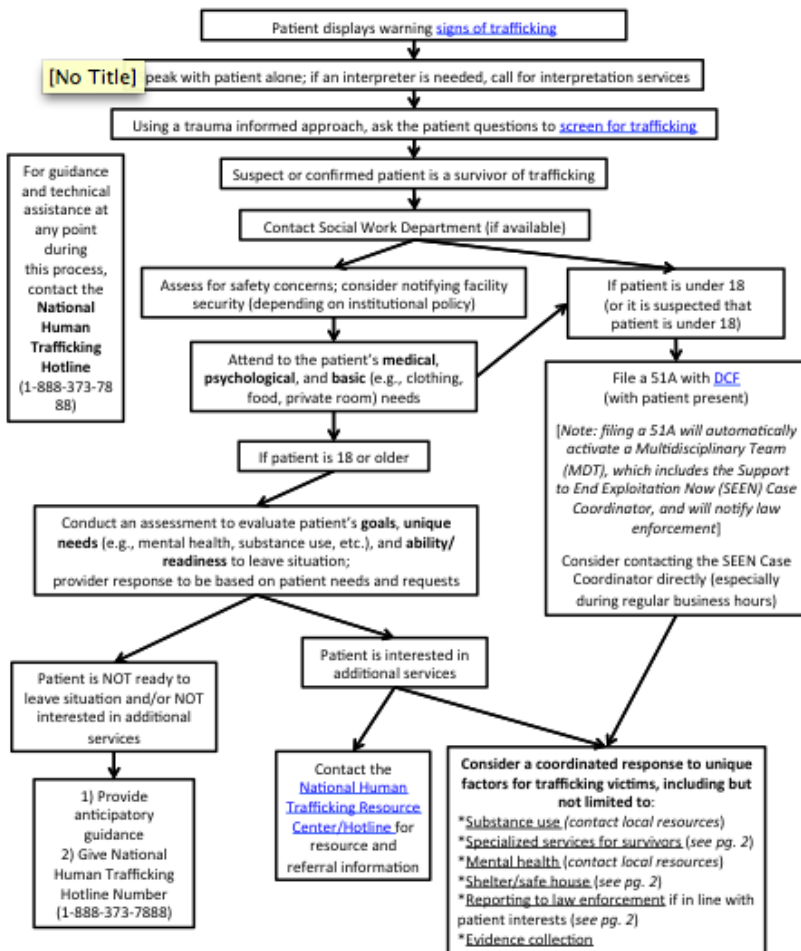


Please see the following page for a list of resources and services in the Boston area for survivors of human trafficking.

BOSTON AREA HEALTH CARE TRAFFICKING FRAMEWORK

Electronic Version

Last updated 5/20/16



Please see the following page for a list of resources and services in the Boston area for survivors of human trafficking.

1

HUMAN TRAFFICKING RESOURCE LIST

Electronic Version

Last updated 5/20/16

Please utilize the following resources to assist with screening for and serving survivors of human trafficking.

NATIONAL HUMAN TRAFFICKING RESOURCE CENTER HOTLINE

The National Human Trafficking Resource Center Hotline
Operated by [Polaris Project](#)
Toll-free Hotline Number: 1-888-373-7888

Text: BEFREE (233733)
Email: nhtcc@polarisproject.org
Submit an anonymous tip online [here](#)

RESOURCES AND SERVICES IN THE BOSTON AREA

Support Services for Survivors of Trafficking Acute Services

- ✓ [Support to End Exploitation NOW \(SEEN\)](#)
Serves minors, younger than 18
Contact the SEEN Case Coordinator (617-779-2145) or the main line (617-779-2146)
- ✓ [Babita House](#) (shelter)
Serves women, 18 or older
Contact: 781-321-0499
(available 24 hours a day, 7 days a week)

Long-Term Services

- ✓ [My Life My Choice](#)
Serves minors, ages 12-17
Referrals for girls, contact Tina Jolley (617-659-4062)
Referrals for boys and transgender youth, contact Beth Niernberg (617-821-3991)
- ✓ [The EVA Center](#)
Serves women, 18 or older
Contact: 617-779-2133
- ✓ [International Institute of New England \(IINE\)](#)
Serves foreign nationals only (adults)
Contact Erin Albright (717-587-2667 or 617-695-9990)
- ✓ [AMIRAH](#) (safe house)
Serves women, 18 or older
Contact Heather Thornburg (978-338-4494 or 781-462-1758)
- ✓ [Roxbury Youthworks, Inc.](#)
Serves youth, through age 24
1) GIFT Program – serves female youth who are in DCF custody in Boston (referrals must come through DCF) (contact 617-474-2101, ext. 201 for Program Director)
2) BUILD Program – serves trans and male youth (open referral process) (contact 617-514-6090 for Program Director)

Health/Medical Services

- ✓ Mass. General Hospital's Freedom Clinic
Serves survivors age 13 and older
For referrals from health care providers, contact Leslie Carabello (617-834-6213)
- ✓ [Brigham and Women's Hospital's C.A.R.E. Clinic](#)
Serves survivors age 15 or older of sexual assault and trafficking
For referrals, contact Annie Lewis O'Conner (617-525-9580)
- ✓ Boston Medical Center's After MIDNIGHT Program
For referrals, page 617-638-5795, ID #4811

Law Enforcement

- ✓ Boston Police Dept.: Human Trafficking Unit
Contact: 617-343-6533 (7:30am-4pm, M-F);
Contact Local Police Dept. when the Trafficking Unit is closed (911)
- ✓ U.S. Department of Homeland Security
Victim services contact: Peter DiMarzio (617-756-6656)
(available 24 hours a day, 7 days a week)

Legal Services

- ✓ [Boston University School of Law Human Trafficking Clinic](#)

Policy and Other Resources

- ✓ [Commonwealth of Massachusetts Interagency Task Force on Human Trafficking](#)

For more in-depth information on human trafficking, visit:

- [The Massachusetts Medical Society's guidebook](#) on identifying, assessing, and responding to survivors of human trafficking in the health care setting
- Dept. of Health and Human Services' Office on Trafficking in Person's [Rescue & Restore Campaign Tool Kits](#)
- The Polaris Project's [Comprehensive Human Trafficking Assessment](#)



This protocol is based off of work completed by BMC's Social Work Dept. and Project Asset.

<https://healtrafficking.org/protocols-committee/>

HEAL Protocol Toolkit



PART I: INTRODUCTION

- 5 Purpose of Toolkit
- 8 Benefits of Protocol Development



PART II: PROTOCOL DEVELOPMENT

- 9 Step 1: Identify & assess community multidisciplinary responders and resources regarding their interest to participate in the development and implementation of a protocol
- 15 Step 2: Engagement of non-medical community stakeholders
- 17 Step 3: Engagement of medical stakeholders within your community
- 19 Step 4: Suggested additional educational steps
- 20 Step 5: Convene an interdisciplinary protocol committee meeting involving partners



PART III: RECOMMENDED COMPONENTS OF A PROTOCOL

- 21 1. Integration of the identification and response to human trafficking victims into existing policies and procedures
- 21 2. Specifics regarding the types of trafficking in your local area
- 23 3. An established framework for a health care-based response
- 26 4. Identification of training needs and resources
- 27 5. Guidelines for interviewing potential victims
- 31 6. Strategies for working with minor patients
- 32 7. Strategies for responding to a patient who declines assistance
- 33 8. Procedures regarding documentation

<https://healtrafficking.org/protocols-committee/>

- National Human Trafficking Resource Center (NHTRC)
 - **1-888-373-7888**
 - **Text: "BeFree" or 233733**



HEAL Trafficking

Join Us

HEALtrafficking.org

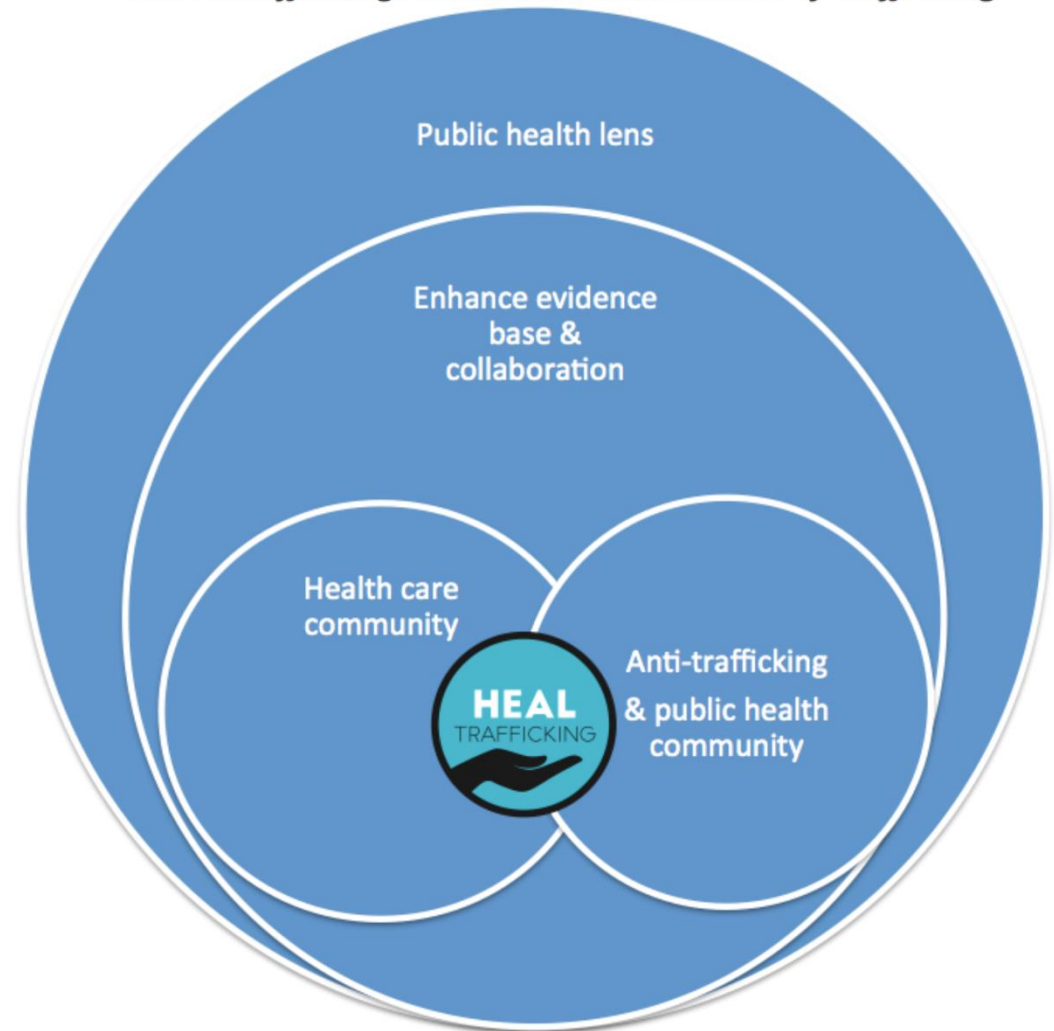
hstoklosa@bwh.harvard.edu



HEAL Trafficking

- Founded 2013
- 35 countries
- >3100 multidisciplinary professionals
- Public health lens

HEAL Trafficking: toward a world healed of trafficking



**Great indeed are our opportunities;
great also is our responsibility**

William Wilberforce

