MHA

HUMAN TRAFFICKING TOOLKIT

GUIDANCE AND RESOURCES TO HELP HOSPITALS COMBAT HUMAN TRAFFICKING

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Dear Health Care Leaders:

Human trafficking, which encompasses both labor and sex trafficking, is becoming an increasingly alarming issue in Missouri. Reports that 88% of sex trafficking victims visit a medical provider while they are trafficked requires the state's focused attention. Labor and sex trafficking are not isolated to any one part of the state and occur in both rural and urban areas. Although women and children have a greater risk of being victimized, no one specific demographic group is at risk. Trafficked individuals come from a variety of backgrounds without regard to gender, age, race, sexual orientation or socioeconomic class.

Survivors of human trafficking experience trauma that often can lead to long-term physical and mental health issues. Because of fear or intimidation, many are reluctant to ask for help or even accept it. This is why it is important for everyone who comes into contact with patients to be aware of the signs that someone is being victimized and have the appropriate tools for meaningful interventions.

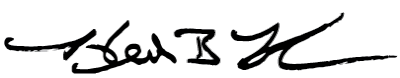
The Missouri Hospital Association and the Missouri Attorney General's Office have partnered to address this problem by developing the Hospital Human Trafficking Task Force. The hospital-specific task force complements the Attorney General's statewide Human Trafficking Task Force and focuses on training, education and resources needed within hospitals. Our goal is to provide practical and effective tools to help all hospital staff quickly identify, interact and intervene in situations where human trafficking is suspected.

We hope you will share this toolkit with all staff to build awareness of the warning signs of labor and sex trafficking. It provides screening methodology, patient care tips, examples of available awareness materials, patient resources and models for hospitals to develop policies and procedures. We encourage all hospitals to incorporate these tools at their facilities.

As leaders of the Missouri health care community, you play a vital role in shaping the health and wellness of all Missourians. With proactive policies, comprehensive staff trainings, and partnerships with law enforcement and other community service agencies, we can help stem the tide of human trafficking and help victims become survivors.

Please join us in this effort.

Sincerely,



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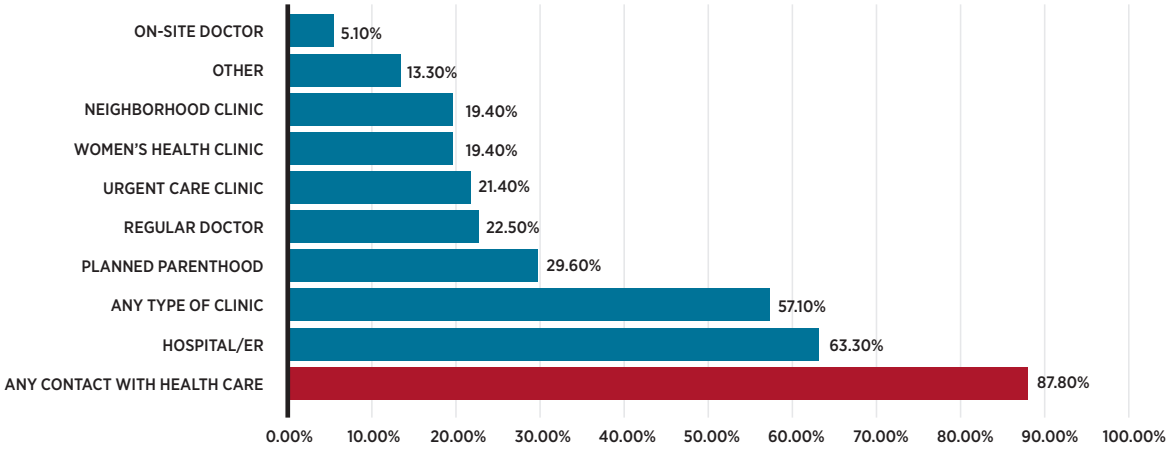
Disclaimer: The members of this taskforce do not represent or hold that any example documents included in this toolkit must be included in a hospital's policy or procedure. The information compiled herein is intended for informational purposes only. No member is attesting to the value or use of the information contained in the toolkit.

88% OF TRAFFICKING VICTIMS INTERACT WITH MEDICAL PROVIDERS



A Note From The Missouri Hospital Human Trafficking Task Force

The Missouri Hospital Human Trafficking Task Force commends you for taking time to learn about ways in which we can help identify human trafficking patients that enter our facilities and ways we can offer support to those affected. It is common for people, including health care providers, to think that human trafficking is an issue isolated to certain regions of the state, to only certain demographics of patients or that the issue does not exist in Missouri at all. However, research shows that it is happening here, in all types of communities and to many different individuals in various ways.

Eighty-eight percent of sex trafficking victims saw a health care provider while they were being trafficked. Sex trafficking occurs when someone tries to sell or buy the sex act of another person without consent, through force, fraud or coercion. It also occurs when trying to sell or buy a sex act from anyone under the age of 18 years, even without force, fraud or coercion.

Labor trafficking occurs when a person is forced to provide labor or other services. Labor or services are forced when obtained through physical force or restraint abuse of the legal system (especially immigration), control of a person's access to drugs, exploitation of a person's functional or mental impairment, or threat of financial harm (debt bondage).

The Missouri Hospital Human Trafficking Task Force recommends that hospitals use this toolkit for the following purposes.

- Educate staff on how to recognize and respond to the signs of human trafficking.
- Ensure hospital policies and procedures incorporate appropriate actions when trafficking is suspected.
- Develop regional partnerships and work together toward the eradication of human trafficking statewide.

Hospital resources to combat human trafficking are available on the Missouri Hospital Association website (https://web.mhanet.com/care-coordination/at-risk-patient-populations/) and will be updated as additional information and resources are available. The website also includes links to screening tools and resources that are unavailable through print format. Together, we can raise awareness of human trafficking in our communities and work to eradicate sex and labor trafficking.

Guidance On HIPAA From The Missouri Attorney General's Office

The HIPAA Privacy Rule defaults to the proposition that health care providers must keep all medical information private unless the patient authorizes disclosure. However, HIPAA recognizes there are times when medical information can and should be disclosed without first obtaining authorization from the patient, including emergency situations where there is danger to the patient.

Missouri mandates certain individuals report instances of child abuse and neglect. §210.115, RSMo. In addition, §192.2400 and §192.2405, RSMo mandate reporting of suspected abuse or neglect of eligible adults, which includes vulnerable individuals ages 60 and older, and people with disabilities between the ages of 18 and 59. Mandated reporters include doctors, nurses and numerous other health care practitioners who encounter potential victims. These mandatory reporting statutes preempt any HIPAA privacy requirements, 45 C.F.R. §164.512(b)(1)(ii) and 45C.F.R. § 164.512(c)(1)(i). Therefore, when a mandated reporter believes a minor has been subject to abuse or neglect, including sexual assault, prostitution or human trafficking, he or she must report as required by state law and need not be concerned about violating HIPAA.

To the extent state laws require or allow such disclosures for suspected abuse of an adult, HIPAA would permit such disclosures without patient authorization. However, there are no corollary laws in Missouri for reporting suspected abuse of an adult.

HIPAA does permit a health care provider to disclose information regarding suspected abuse or domestic violence to law enforcement or social service agencies if the individual agrees to the disclosure, 45 C.F.R. § 164.512(c)(ii). Additionally, 45 C.F.R. §164.512(j) allows disclosures where the health care provider, in good faith, believes that the disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person, and is made to a person reasonably able to prevent or lessen the threat. A health care provider who believes an adult is the victim of human trafficking could report such information to law enforcement or an appropriate protective services agency when he or she believes the individual or others are at risk of continued harm. As with any HIPAA disclosure, the provider must disclose only the minimum necessary protected health information to satisfy the purpose of the disclosure.

Human trafficking is an ever-growing problem. Health care providers are in a unique position to identify victims and take action to protect their patients. This protection includes allowable disclosures of PHI to authorities in compliance with applicable Missouri law and HIPAA.

EXECUTIVE SUMMARY

CORE COMPETENCIES FOR HUMAN TRAFFICKING RESPONSE IN HEALTH CARE AND BEHAVIORAL HEALTH SYSTEMS

Research suggests that the majority of individuals who experienced trafficking sought care from health care and behavioral health practitioners (HCPs) during their trafficking experience. Adopting these core competencies will increase your capacity to provide appropriate care for individuals who have experienced trafficking and prevent trafficking among those who are at risk of trafficking.

Goals of Human Trafficking Core Competencies

The goal of the core competencies is to clarify the skill sets needed for HCPs to identify, respond to, and serve individuals who have experienced trafficking and individuals who are at risk of trafficking with trauma-informed, culturally responsive, and patient-centered principles. These core competencies are designed to help HCPs and organizations in the identification, response, and provision of services to potential and identified individuals who have experienced trafficking and at-risk populations through diverse partnerships, delivery of specialized training and resources, and rigorous training evaluation.

Vision Statement

To improve outcomes for individuals who have experienced trafficking and individuals who are at risk of trafficking through empowering health and behavioral health systems, the competencies support a transformation of these systems using an effective, evidence-based, trauma-informed, and culturally responsive approach to human trafficking.

Core Competencies for Human Trafficking Response in Health Systems

UNIVERSAL COMPETENCY | Use a trauma- and survivor-informed, culturally responsive approach.

COMPETENCY 1 | Understand the nature and epidemiology of trafficking.

COMPETENCY 2 | Evaluate and identify the risk of trafficking.

COMPETENCY 3 | Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking.

COMPETENCY 4 | Provide patient-centered care.

COMPETENCY 5 | Use legal and ethical standards.

COMPETENCY 6 | Integrate trafficking prevention strategies into clinical practice and systems of care.

Guiding Principles

These **evidence-informed** core competencies for health care and behavioral health systems are rooted in a **public health approach**—a framework for understanding and responding to the root causes of violence, including human trafficking—with the ultimate goal of **prevention**. Applying the public health approach to trafficking, these core competencies focus on **trauma-informed** and **patient-centered practices** that best serve the needs of individuals who have experienced trafficking, individuals who are at risk of trafficking, and their families. This includes recognizing (1) the likely trauma experienced by individuals who have experienced trafficking and its direct impact on their health outcomes and (2) the importance of their **agency and empowerment** in health care and behavioral health settings in the decision-making process. For this reason, these core competencies suggest that while **identification** of exploitation among patients or clients assist HCPs in providing appropriate care, disclosure is not the primary goal because **addressing the overall health** of the patient or client is always the priority. This requires recognizing that both **current and past trauma and victimization** are relevant to providing adequate care. This also requires acknowledging that **at-risk patients** or clients deserve comprehensive preventive measures and that **whole families** are often affected by the trafficking experience of any individual member of the family. A **multidisciplinary approach** facilitates coordinated interprofessional care and could prevent unnecessary re-traumatization.

A trauma-informed practice also requires that HCPs recognize that they bring their own conscious and unconscious **biases** to their interactions with patients or clients and that they may themselves have prior trauma. They may also experience **vicarious and secondary trauma** while working with patients or clients who have experienced trafficking. **Self-awareness, self-care practices,** and **additional mental health support** for HCPs could strengthen the provider's trauma-informed responses. HCPs should be prepared to make **appropriate referrals in the patient's best interest** for services that address the complex needs of individuals who have experienced trafficking and their families. HCPs should also be aware of and transparent about the **potential advantages and harms associated with both mandatory reporting and enforcement agency involvement**. Health care organizations should **proactively build relationships** with community partners, pro bono legal services, and trained law enforcement agents who have a reputation for trauma-informed and culturally responsive approaches to individuals who have experienced trafficking in cases that require mandatory reporting.

Access to quality health care can play a major role in helping individuals who have experienced trafficking access justice. For health care systems to adequately address the needs of their patients and clients who are experiencing trafficking or who are at risk of trafficking, these core competencies must **be integrated into a systemwide response** that is **attentive to all forms of labor and sex trafficking**. This means that all recommendations for **curricular or training modifications must be applied universally** across all levels, disciplines, and roles with specific responses at the forefront of curricular design. All staff in every unit should be trained to recognize trafficking, even as HCPs are provided specialized training for assessment, intervention, care, and referrals. These efforts to **develop policies, programs, and trainings**—as well as the **evidence-based research** that supports it—must be supported by **adequate funding**. The **expertise of experts with lived experience** should be integrated into every aspect of the institutional development of trafficking response. HCPs and organizations could leverage memberships in professional associations and networks to **advocate** for consistent application of core competencies at state, regional, and national levels.

CORE COMPETENCY DEFINED

The purpose of a core competency is to provide guidance in "assessing workforce knowledge and skills, identifying training needs, developing workforce development and training plans, crafting job descriptions, and conducting performance evaluations."[1] Core competencies comprise skills needed for professionals to most effectively conduct their work. Core competencies help organizations and networks understand baseline skill sets required for HCPs in their field to guide professional development through a standard method of evaluating staff performance. Based on gaps frequently identified by HCPs, core competencies can also help identify training needs for organizations or networks. Additionally, core competencies are dynamic because they are reviewed and revised continually to reflect changes in a discipline or field (e.g., changes due to new research or evidence-based practices).[2]

[1] Council on Linkages Between Academia and Public Health Practice. (2014). *Core competencies for public health professionals.* www.phf.org/resourcestools/Documents/Core_Competencies_for_Public_Health_Professionals_2014June.pdf
[2] Ibid.

Trafficking Defined

The federal Trafficking Victims Protection Act defines "severe forms of trafficking in persons" in the following ways:

Sex trafficking *is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.*[3]

Labor trafficking *is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery.*[4]

One aspect of the federal definition of trafficking is the requirement of "force, fraud, or coercion" to compel an adult or child to perform labor or to induce an adult to perform a commercial sex act. Force, fraud, or coercion is not a required element for children under the age of 18 years induced into a commercial sex act.

Force *can involve the use of physical restraint or serious physical harm. Physical violence, including rape, beatings, and physical confinement, is often employed as a means to control victims, especially during the early stages of victimization when the trafficker breaks down the victim's resistance.*

Fraud *involves false promises regarding employment, wages, working conditions, or other matters. For example, individuals might travel to another country under the promise of well-paying work at a farm or factory only to find themselves manipulated into forced labor. Others might reply to advertisements promising modeling, nanny, or service industry jobs overseas but be forced into commercial sex once they arrive at their destination.*

Coercion *can involve threats of serious harm to or physical restraint against any person such as threatening to report someone to immigration for deportation or threatening harm to family members and/or loved ones.*

At the foundation of any HCP's knowledge of trafficking must be an understanding of these three elements that constitute the legal definition of trafficking. The federal definition may differ from local definitions established by states, tribes, and municipalities. Also, the landscape of human trafficking is ever changing, and legal definitions may not be inclusive of the different ways in which human trafficking manifests. It is important for all staff employed in health care settings to be aware of the federal definition and relevant state, tribal, and local laws in conjunction with local context learned from experts with lived experience in human trafficking and the ever-evolving evidence base to inform the ways HCPs meaningfully deliver care to individuals who have experienced trafficking or individuals who are at risk of trafficking.

Reminder: Any commercial sex act involving a minor (i.e., an individual under age 18) is considered sex trafficking, regardless of the presence of the force, fraud, or coercion "means" listed above. Child sex trafficking does not require the presence of a third party (e.g., a trafficker), and soliciting of a minor for commercial sex is a form of trafficking. By law, a minor cannot consent to commercial sexual exploitation. Therefore, a minor engaged in "survival sex," in which they exchange sex for anything of value, including food, shelter, or material goods, is considered trafficking by federal law. Child sex trafficking is a form of child abuse and child sexual abuse.

[3] Trafficking Victims Protection Act, 22 U.S.C. § 7102 (2000).
[4] Ibid.

SCREENING, ASSESSING AND REPORTING AT-RISK PATIENTS

COMPREHENSIVE HUMAN TRAFFICKING ASSESSMENT

The following document contains questions that can be used to assess a client for potential signs that she/he has been a victim of human trafficking. The suggestions and indicators below are not exhaustive or cumulative in nature and each question taken alone may not indicate a potential trafficking situation. Assessment questions should be tailored to your program and client's specific needs.

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GENERAL TRAFFICKING ASSESSMENT TIPS

As with any assessment of a victim of crime, there are some general points to be aware of when evaluating a client's needs. Listed below are general tips for conducting an assessment with a potential victim of trafficking.

Please note that throughout this assessment the term "controller" is used generally to describe the potential trafficker or the person(s) who maintain(s) control over the potential victim(s).

ASSESSMENT ENVIRONMENT AND TONE

- Conduct the assessment in a comfortable and safe environment. If you are in a police station or in a place where the physical space/conditions are limiting, attempt to create an environment that is as calming and positive as possible.
- Provide the individual with space when speaking with them.
- Be relaxed and use an approachable tone, demeanor, and body language. Ask yourself the question "To what degree does my present posture communicate openness and availability to the client"?
- Use empathic listening. Empathic listening centers on being attentive, observing, and listening in order to understand the client's situation without making judgments.
- While you engage in empathic and reflective listening make sure you are maintaining good eye contact with the client. Good eye contact is another way of conveying "I want to hear what you have to say".
- If at all possible, try not to take notes and instead engage in active listening and write your notes immediately following the meeting with the client. If note taking is necessary, let the individual know why you need to write notes and for what purposes they may be used.
- Be clear about your role and goals, and about the services that your agency can and cannot provide.

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- Explain why you care about the individual's situation and that you have worked with and assisted other individuals in situations that may be similar to his/her own. Explaining who you are and why you are there is particularly important to correct any misperceptions of your role.

ASSESSMENT LANGUAGE AND QUESTIONS

- When appropriate, attempt to engage in casual conversation about lighter topics and ask questions to try to get the individual to open up, even if it's not about their trafficking situation or service needs. Although the client might be confused, scared and/or distracted, engaging in casual conversation before the assessment helps to build trust and set the tone for effective, non-defensive communication.
- In your initial assessment, try to focus predominantly on assessments of their service needs, but weave in other questions naturally and when appropriate.
- It is often useful to start with questions that ascertain the lesser degrees of control before moving onto the more severe methods of control.
    - Example: Inquiring about living or working conditions may be an easier topic to tackle initially than directly inquiring about physical or sexual abuse that the victim may have sustained.
- Be conscious of the language that you use when speaking with a potential victim of trafficking. Mirroring the language that the potential victim uses can be a helpful first step.
    - Example: If the potential victim refers to her controller as her boyfriend, referring to that person as a "pimp" or a "sex trafficker" may have a negative impact. Although these are terms that can be used for controllers in the commercial sex industry, the potential victim may not identify this person in this way.
    - The phrasing of all questions included in this assessment should be changed, amended or revised to fit the client and context you are in.
- It is also important to conduct assessments in a potential victim's native language whenever possible.
    - Use trained interpreters sensitive to the nature of the crime and who are not in any way tied to the potential victim or the potential trafficker's community of origin.
    - Ensure that the interpreter is introduced and their role is fully explained.

IMPORTANT DYNAMICS FOR YOUR ASSESSMENT

- Keep in mind that many victims do not self-identify as "human trafficking victims" due to a lack of knowledge about the crime itself and the power and control dynamics typically involved in human trafficking situations.
- Be conscious of the fact that an individual in a trafficking situation has typically been conditioned by their trafficker not to trust law enforcement and/or service providers.
- Be aware of power dynamics when a third party is accompanying or interpreting for a potential victim. Try to speak to the potential victim alone or secure an outside interpreter.

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- Be aware that canned stories are common and that the true story may not emerge until trust has been built with the potential victim after multiple meetings.
- Each client is going to tell his/her story differently and no client will present all of the elements of their trafficking situation in a neat package.
- It is imperative that the assessor remain flexible and prioritize the client's needs and safety as the primary reason for the assessment.

SAFETY CHECK

Be sure to conduct a safety check if the individual has recently exited the situation or if they are still in the situation.

- Is it safe for you to talk with me right now? How safe do you feel right now? Are there times when you don't feel safe?
- Do you feel like you are in any kind of danger while speaking with me at this location?
- Is there anything that would help you to feel safer while we talk?

If speaking with the individual over the phone:

- Are you in a safe place? Can you tell me where you are?
- Are you injured? Would you like for me to call 911/an ambulance?
- If someone comes on the line, what would you like for me to do? Hang up? Identify myself as someone else, a certain company/person/friend?
- Also remind the individual to feel free to hang up at any point during the conversation if they believe that someone may be listening in.
- How can we communicate if we get disconnected? Would I be able to call you back/leave a message?
- Would you prefer to call me back when you are in a safe place?

GENERAL TRAFFICKING ASSESSMENT QUESTIONS

The following questions could be applicable to both situations of sex and labor trafficking. Please note that the order listed is not intended to indicate the order in which the questions should be asked. The type and order of questions should be tailored to a given situation and should be amended to react effectively and supportively to the client.

FRAUD QUESTIONS

- How did you meet this person/find out about your job?
- What were you told about the job before you started/what promises were made about the relationship?
- Did your experience meet your expectations?

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- Do you feel you were ever deceived about anything related to your job/your relationship?
- Did anything surprise you about this job/relationship?
- Did conditions of your job/relationship change over time?
- Were you ever forced to sign a contract that you didn't understand or didn't want to sign? Were the contents of this contract used as a threat against you?
- Did you feel like you understood your rights in this job/situation? Did you ever feel like anyone kept you from accessing information about your rights?

COERCION QUESTIONS

- Did you ever feel pressured to do something that you didn't want to do or felt uncomfortable doing?
- What were your expectations of what would happen if you left this person/situation or if you didn't do what this person told you to do?
- Did anyone ever take/keep your legal papers or identification for you, such as your passport, visa, driver's license, etc.?
- Did anyone ever threaten you or intimidate you?
- What did this person tell you about what would happen if you were arrested/encountered an immigration official?
- Did you ever see something bad happen to someone else who didn't do something that was expected of them? What happened to them? How did that make you feel?
- Did you ever feel that if you left the situation, your life would become more difficult?

DEBT-MONETARY QUESTIONS

- Did you have access to any money/the money you earn? Did anyone take your money or a portion of your money? Did anyone hold your money for "safe keeping"
- If the money you earned was kept in a bank account, who set up this bank account? Did anyone else beside you have access to the account?
- Were you required to make a certain amount of money every day/ week? Why did you feel that you had to meet that amount? What did you think would happen if you didn't make that much money?
- Did you have fees that you had to pay to someone? How much money did you have left after you paid everything you needed to pay? Could you spend the money the way you wanted to?
- Did you owe any money to anyone in the situation? If so, who did you owe money to and why?
- How did you incur this debt? How long have you had the debt? Did you debt increase overtime?
- Did you feel that it was difficult to pay off your debt? Why?

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- What did you think would happen to you or other people in your life if you didn't pay off your debt?

FORCE QUESTIONS

- Did someone control, supervise or monitor your work/your actions?
- Was your communication ever restricted or monitored?
- Were you able to access medical care?
- Were you ever allowed to leave the place that you were living/working? Under what conditions?
- Was your movement outside of you residence/workplace ever monitored or controlled?
- What did you think would have happened if you left the situation? Was there ever a time when you wanted to leave, but felt that you couldn't? What do you think would have happened if you left without telling anyone?
- Did you feel that it was your only option to stay in the situation?
- Did anyone ever force you to do something physically or sexually that you didn't feel comfortable doing?
- Were you ever physically abused (shoved, slapped, hit, kicked, scratched, punched, burned, etc.) by anyone?
- Were you ever sexually abused (sexual assault/unwanted touching, rape, sexual exploitation, etc.) by anyone?
- Did anyone ever introduce you to drugs, medications as a method of control?

SEX TRAFFICKING ASSESSMENT QUESTIONS

The following questions could be applicable in sex trafficking situations in general and are not specific to a certain type of network or controller.

- Did anyone ever pressure you to engage in any sexual acts against your will?
- Did anyone ever take photos of you and if so, what did they use them for? Were these photos ever sent to other people or posted on an online forum (Craigslist, Backpage, Myspace)?
- Did anyone ever force you to engage in sexual acts with friends or business associates for favors/money?
- Did anyone ever force you to engage in commercial sex through online websites, escort services, street prostitution, informal arrangements, brothels, fake massage businesses or strip clubs? [See network specific questions at end of document]
- Were you required to earn a certain amount of money/meet a nightly quota by engaging in commercial sex for someone? What happened if you did not meet this quota?
- [For women only] Did anyone force you to continue to engage in commercial sex when you were on your period? Were you ever asked or told to use anything that would prevent the flow of menstruation?

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- How old were you when you were in this situation? Did you ever see any minors (under 18 years old) involved in commercial sex?
- Were you ever transported to different locations to engage in commercial sex? Where were you taken and who transported you?
- Who decided whether or not you used a condom during sex acts?

LABOR TRAFFICKING ASSESSMENT QUESTIONS

- How did you feel about where you worked? How did you feel about your employer/supervisor/crew leader/or other controller?
- Did you feel that you were paid fairly at this job?
- What were your normal work hours? How many hours did you have to work each day?
- What happened if you worked fewer hours or took breaks?
- Did anyone ever threaten you if you indicated you did not want to work the hours expected of you?
- Did you have to live in housing provided by the controller? What were the conditions like in this housing?
- Did you have to pay a fee to the controller in order to stay in this housing?
- Did the controller ever promise to secure, renew or pay for your legal documents or work visa?
- What were your weekly/monthly expenses to the controller?
- Did the controller provide transportation to the work site? What did this look like?

NETWORK/CONTROLLER SPECIFIC ASSESSMENT QUESTIONS

The assessment questions below may be used to supplement the general trafficking questions where a particular type of trafficking has already been identified. These questions are not comprehensive and should be included as a part of the general trafficking assessment above.

DOMESTIC SERVITUDE

- Did you have days off? Were you able to leave the house on your days off? Were you ever expected to complete work on your days off (still provide childcare, complete household chores before leaving, etc.)?
- Were you ever able to leave the home to run errands, transport children to school or go to church? Were you monitored or timed when you left the home for these things?
- Did you have your own room in the home? Where did you sleep?
- Did you have consistent access to food? Were you ever made to go without food?

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- Did you have access to medical care while you lived in the home?
- What were your tasks in the home (childcare, cleaning, cooking, etc.)? How many hours did you work during the day or night?
- Were you allowed to communicate with your family/friends while you lived in the home?
- Are you afraid that your controller might harm your family back in your hometown?
- Did the controller ever force you to engage in sexual acts against your will at any time they requested it? What did you think would happen if you refused to do this? [Personal Sexual Servitude]

PIMP-CONTROLLED SEX TRAFFICKING (STREET, TRUCK STOPS, ONLINE ESCORTS, ETC.)

- How did you meet your [boyfriend/pimp/controller]?
- Did the controller have a nickname, street name or alias?
- Did the controller insist that you adopt a street name, nickname or alias?
- Did the controller move you around to different locations? If so, how did you travel? How often?
- Did the controller make you get a tattoo with his name, a phrase or symbol or mark you in any other way (branding, etc.)? What did the tattoo or other mark mean to you/the controller?
- How were the commercial sexual services advertised? Where did it take place?
- Were you ever physically hit or slapped by the controller or anybody else? Can you tell me about a time when that happened?
- Did you ever see any other person being physically hit by the controller or anybody else? Can you tell me about a time when that happened?
- Did the controller compel multiple people to engage in commercial sex? What were their ages?
- How were others recruited? Through the controller or through other victims? Were there specific locations (bus-stops, shelters, etc.) that individuals were recruited from? Were you ever asked to recruit other people?
- Was there any other criminal activity present (gangs, drugs, theft, money laundering etc.)?

INTIMATE PARTNER AND INTER-FAMILIAL TRAFFICKING

In the following questions, the term "partner" refers to an intimate partner which could be a dating relationship, domestic partnership and/or marital relationship. The term "family member" refers to any relative, whether immediate family or extended family member.

Sex Trafficking

- Did your partner/family member ever ask you to engage in commercial sexual acts in order to "help the relationship/the family"?

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- Did your partner/family member ever force you to engage in commercial sexual acts with friends or business associates for favors/money?
- Did your partner/family member ever force you to engage in commercial sex through online sites, escort services, street prostitution, strip clubs, truck stops, fake massage businesses or residential brothels?
- Did your partner/family member ever threaten you or abuse you if you indicated that you did not want to engage in commercial sex or did not do what this person asked of you?
- Did your partner/family member ever withhold financial support or restrict access to your children?

Labor Trafficking

- Did your partner/family member ever force you to work inside or outside of the home for excessive amounts of time?
- Were you able to access the money that you earned from working outside the home?
- Did your partner/family member ever force you to engage in sexual acts against your will at any time they requested it? What did you think would happen if you refused to do this? [Personal Sexual Servitude]
- Were you ever able to leave the home to run errands, transport children to school or go to church? Did your partner/family member monitor or time you when you left the home for these things?
- What were your tasks in the home (childcare, cleaning, cooking, etc.)? How many hours did you work during the day or night?
- Did your partner/family member ever punish you for not working or not completing domestic work? For example, have your meals restricted?
- Did your partner/family member ever threaten you or abuse you if you indicated that you did not want to work or did not do what this person asked of you?

COMMERCIAL FRONT BROTHELS (FAKE MASSAGE BUSINESSES, NAIL SALONS, BARS, STRIP CLUBS)

- Did you live in the establishment where you worked?
    - If yes - Were you ever allowed to leave without being monitored?
    - If no - Were you transported to and from the place that you lived and the residence? Were you monitored at the place that you lived?
- Were you rotated to different establishments? How often were you moved?
- What type of commercial front did the establishment have? How did they advertise their services? What were their hours of operation?
- Were there multiple controllers or was there one central controller?
- How many individuals were compelled to engage in commercial sex at the establishment? What were their ages?

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- How many times a day were you and these other individuals made to engage in commercial sex?
- Where did the commercial sex take place? In the establishment itself, in a back room, or in an off-site location?
- What were the demographics of the customers/Johns at the establishment?
- Did customers/Johns of the establishment pay you directly or pay a controller? Was there a token system?
- Did you receive tips directly from customers/Johns of the establishment? Were you able to keep these tips? Could you spend the money the way you wanted to?
- Did you have to pay a fee for your housing, management, food or transportation to anyone?
- Did the establishment have a security camera or monitoring device? Did this make you feel like you couldn't leave?
- Were the windows or doors of the establishment covered or blacked out?
- Was there any other criminal activity present at the establishment (gangs, drugs, money laundering etc.)?

RESIDENTIAL BROTHELS

- Did you live in the residence where you worked?
    - If yes, were you ever allowed to leave without being monitored?
    - If no, were you transported to and from the place that you lived and the residence? Were you monitored at the place that you lived?
- Were you rotated to different residences? How often were you moved?
- Were there multiple controllers or was there one central controller?
- How many individuals were compelled to engage in commercial sex at the establishment? What were their ages?
- How many times a day were you and these other individuals made to engage in commercial sex?
- What were the demographics of the customers/Johns at the establishment?
- Where did the commercial sex take place? Did it take place in the same place where you and others were made to sleep?
- Did customers/Johns of the establishment pay you directly or pay a controller? Was there a token system?
- Did you receive tips directly from customers/Johns that came to the residence? Were you able to keep these tips? Could you spend the money the way you wanted to?
- How did the controllers advertise the commercial sexual services?

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  - If through cards, what do the cards say? How do people get the cards? Are cards only given to certain types of people (males versus females, only certain nationalities, etc.)?
- Was there a specific procedure for entering the establishment (e.g. calling a number from outside)?
- Did the residence have a security camera or someone watching the door? Did this make you feel like you couldn't leave the residence?
- Was there any other criminal activity present at the establishment (gangs, drugs, money laundering etc.)?

LABOR TRAFFICKING IN AGRICULTURE

- Did you have a crew leader? What kind of role did she/he play in your day-to-day work activities?
- Did you have the appropriate tools needed for the job you are doing? Were the tools in good condition? Did you have to pay a fee in order to use these tools?
- Were you exposed to pesticides or other chemicals while on the job?
  - Did you work in fields while they were being sprayed with pesticides or soon after the spraying took place?
  - Were you provided with gloves/masks as necessary when working with such chemicals?
- Did you ever get injured at work? If so, were you permitted to seek medical attention?
- Were you paid on a piece-rate basis depending on how much crop you harvest each day, or were you paid a fixed sum of money?
- How did you get to the work-sites? Were the vehicles safe and in good condition? Were the drivers safe or reckless? Did you have to pay a fee for this transportation?
- If you traveled with the company/employer/crew, were you always made aware of each location you would be going to and how long you would be there?
- Did you get paid for related tasks such as clearing land, loading, time traveled to work sites, spraying fields with pesticides?
- Did you have access to basic facilities at the work-sites?
- Did you have to purchase your basic necessities directly from the employer? Did the prices of these items seem unusually high? Did this create additional debt to your employer?
- Did anyone ever say verbally abusive things to you (such as calling you names, making inappropriate or sexual remarks to you)?

LABOR TRAFFICKING IN THE SERVICE INDUSTRY (HOTELS, RESTAURANTS, RESORTS)

- What were your hours like at your job?
- Did you live on-site or with any of the other people you worked with?

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- Were you able to take regular breaks to eat, use the bathroom, or drink water?
- Were you told you could only eat left-over food from the meals being prepared in your workplace?

LABOR TRAFFICKING IN SALES CREWS

- If you traveled with a sales crew, were you made aware of each location you would be going to and how long you would be there?
- Where did you sleep while traveling with the sales crew? Did you have your own space or did you have to share with others in the crew?
- Did you have to meet a daily quota for your sales? Were there consequences or threats of consequences if you did not meet the quota?
- Were your meals ever restricted if you didn't meet this daily sales quota? How often did you eat and how did you pay for your meals?
- Were you provided a daily stipend by anyone while selling the items? Were you allowed to spend this however you wanted to?
- Did the crew always ensure that you had a valid sales permit? Were you ever arrested for soliciting without a permit?
- Was there other illegal activity (drug use, alcohol use by minors, scams involving product sales, etc.) occurring? Were you ever pressured to participate?
- Did the crew leaders/managers ever sexually assault or harass individuals working on the sales crew?
- Did anyone ever threaten to abandon you if you did not do what was expected of you?

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CHILD SEX TRAFFICKING WARNING SIGNS

Educators • Medical Professionals • Community Members

sharedhope INTERNATIONAL

POTENTIAL WARNING SIGNS THAT A CHILD MAY BE BEING GROOMED OR TRAFFICKED:

- Signs of physical abuse such as burns, marks, bruises or cuts
- Unexplained absence from school; truancy
- Sudden inappropriate dress or sexualized behavior
- Overly tired in class or unable to keep up with studies
- Withdrawn, depressed, or distracted
- Bragging about making or having lots of money
- Displays expensive clothes, accessories, shoes, or new tattoo (often used by pimps as a way to brand victims)
- Older boyfriend, new friends with a different lifestyle or gang affiliations/involvement
- Disjointed family connections, running away, living with friends or experiencing homelessness
- Interacting and sharing personal information with sometimes significantly older people online
- Constant cover-up for abuser, self-shaming/blaming
- Risk-taking behaviors, poor boundaries

PIMPS/TRAFFICKERS OFTEN EXHIBIT THE FOLLOWING BEHAVIOR OR CHARACTERISTICS:

- Jealous, controlling or violent
- Significantly older than female companions
- Promise things that seem to be too good to be true
- Is vague about his/her profession
- Takes time to learn a child's hopes and dreams and exploits their weaknesses
- Encourage victims to engage in illegal activities to achieve their goals and dreams
- May not become sexual or forceful until trust is built
- Encourages inappropriate sexual behavior
- Pushy or demanding about sex
- Expresses financial difficulties to make victim feel obligated
- Accompanies and translates for, or speaks for, victim at school or medical appointments
- Befriends a child online through social media, gaming or apps that provide private communications

TO REPORT A TIP OR CONNECT WITH ANTI-TRAFFICKING SERVICES IN YOUR AREA, CONTACT:

If you see something suspicious, MAKE THE CALL.

You don't have to know all the details to be helpful.

National Center for Missing & Exploited Children
1-800-843-5678
If you have information about a missing child or suspected child sexual exploitation, call to report it or visit their website.
cybertipline.com

IN AN EMERGENCY: 911

National Human Trafficking Hotline
1-888-373-7888
A national, toll-free hotline, available from anywhere in the country, 24 hours a day, 7 days a week, every day of the year.

Identifying Victims of Human Trafficking
What to Look for During a Medical Exam/Consultation

The following is a list of potential red flags and indicators that can be useful in recognizing a potential victim of human trafficking. It is important to note that this is not an exhaustive list. Each indicator taken individually may not imply a trafficking situation and not all victims of human trafficking will exhibit these signs. However, recognition of several indicators may point toward the need for further investigation.

RED FLAGS AND INDICATORS

General Indicators that Can Apply to All Victims of Human Trafficking

- Individual does not have any type of legal documentation – i.e., license or state issued identification for US Citizens; passport, Green Card, or other identification for foreign nationals
- Individual claims to be "just visiting" an area but is unable to articulate where he/she is staying or cannot remember addresses; the Individual does not know the city or state of his/her current location
- Individual has numerous inconsistencies in his/her story
- Someone is claiming to speak for, or on behalf of a victim – i.e. an interpreter, often of the same ethnic group, male or female; victim is not allowed to speak for him/herself
- Individual exhibits behaviors including "hyper-vigilance" or paranoia, fear, anxiety, depression, submission, tension and/or nervousness[i]
- Individual exhibits a loss of sense of time or space
- Individual avoids eye contact
- Individual uses false identification papers – may not be victim's real name
- Individual is not in control of his/her own money

Specific Health Indicators

The following indicators may present in the context of a physical exam or similar health assessment or treatment

- Malnourishment or generally poor health
- Signs of physical abuse – in particular, unexplained injuries or signs of prolonged abuse
    - Bruises
    - Black eyes
    - Burns
    - Cuts
    - Broken bones
    - Broken teeth
    - Multiple scars (including from electric prods)
- Evidence of a prolonged infection that could easily be treated through a routine physical/check up
- Addiction to drugs and/or alcohol
- Individual has no idea when his/her last medical exam was
- Lack of healthcare insurance – i.e. paying with cash

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Specific Indicators that Apply to Sex Trafficking Victims

Victims of sex trafficking may exhibit a unique set of risk factors and warning signs, including the following: **SOURCE: Girls Education and Mentoring Services (GEMS)**

- The age of a individual has been verified to be under 18 and the individual is involved in the sex industry
- The age of the individual has been verified to be under 18 and the individual has a record of prior arrest(s) for prostitution
- Discrepancies in behavior and reported age – i.e. clues in behavior or appearance that suggest that the individual is underage, but he/she lies about his/her age
- Evidence of sexual trauma
- Multiple or frequent sexually transmitted infections (STIs), especially evidence of a lack of treatment for STIs
- Multiple or frequent pregnancies
- Individual reports an excessively large number of sexual partners, especially when it is not age-appropriate (i.e. 15 year old girl reporting dozens of sexual partners)
- Individuals who are under the age of 18 who express interest in, or may already be in, relationships with adults or older men
- Use of lingo or slang relating to the individual's involvement in prostitution – i.e. referring to a boyfriend as "Daddy" or talking about "the life"
- Evidence of controlling or dominating relationships – i.e. repeated phone calls from a "boyfriend" and/or excessive concern about displeasing a partner
- Individual is dressed in inappropriate clothing (i.e., lingerie or other attire associated with the sex industry)
- Presence of unexplained or unusual scar tissue – potentially from forced abortions
- Tattoos on the neck and/or lower back that the Individual is reluctant to explain – i.e. a man's name or initials (most often encountered with US citizen victims of sex trafficking)
- Other types of branding – i.e. cutting or burning
- Evidence that the victim has had to have sexual intercourse while on her monthly cycle – i.e. use of cotton balls or other products which leave residual fibers
- Family dysfunction – i.e. abuse in the home (emotional, sexual, physical), neglect, absence of a caregiver, or substance abuse – these are major risk factors for sex trafficking and can be important warning signs that the Individual might be a victim
- Individual may either be in crisis, or may downplay existing health problems or risks
- Individual may resist your help or demonstrate fear that the information he/she gives you will lead to arrest, placement in social services, return to family, or retribution from trafficker

SHORT-TERM AND LONG-TERM HEALTH EFFECTS OF HUMAN TRAFFICKING

The following is a list of typical physical and mental health costs associated with all forms of human trafficking. This list applies to both US citizen/domestic and Foreign National victims.

Short term

- Higher risk behaviors (i.e., drug and alcohol abuse)
- Impaired judgment
- Emotional exhaustion
- Depersonalization
- Fear, anxiety, and nervousness
- Muscle tension

Long term

- Post traumatic stress disorder (PTSD)[ii]
  - Persistent symptoms of increased arousal – i.e. difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, exaggerated startle response
  - Intense distress/reactivity to internal/external cues that symbolize or resemble aspect of traumatic event
  - "Hyper-vigilance" or paranoia, fear, anxiety, depression, submission, tension and/or nervousness
- Trauma bonding
- Severe depression
- Suicidal ideation
- Spiritual questions
- Feelings of being mentally broken
- Multiple symptoms resulting from untreated STIs
- Sexual dysfunction
- Difficulty establishing/maintaining healthy relationships

VICTIM IDENTIFICATION

How do I conduct an assessment or exam with a potential victim of human trafficking?

- Utilize existing assessment and examination protocols for victims of abuse/sexual abuse
- Utilize existing culturally sensitive protocols
- Use age-appropriate language if working with minors[iii]
- If you ask about sexual history, be sure to distinguish between consensual experiences and non-consensual experiences[iv]
- If possible, choose a comfortable space which is conducive to confidentiality[v]
- If appropriate, separate the Individual from his/her belongings and escort/interpreter
  - The victim may be wearing/carrying some sort of tracking/communication device such as a GPS transmitter, cell phone or other small device – you can separate the victim from these devices by getting him/her into a gown and into an x-ray room[vi]
- If the Individual is a female, approach should be made by a female staff member, whether a psychologist, physician, social worker or female police officer not in uniform[vii]

What do I do if I think I have identified a victim of human trafficking?

- Be sensitive, every incident of human trafficking is different
- Make sure you are not putting yourself or the Individual in danger (i.e., take care to notice who is around when you are asking questions or providing resources)
- If you suspect that the victim is in immediate danger, notify the police
- Try to record as much information about the situation as possible – being careful not to put yourself or the individual in any danger
- Present outreach cards and/or hotline numbers for local anti-trafficking service providers or other anti-trafficking hotlines to suspected victims – give this information directly to the victim and only when he/she is alone
- Provide the Individual with the NHTRC hotline number and encourage him/her to call if he/she needs help or would like to talk to someone
- Call the National Human Trafficking Resource Center (NHTRC) to report the incident or locate local victims' services: **1-888-373-7888**
- Visit the Polaris Project website for more information on human trafficking: www.PolarisProject.org

As a health practitioner, you are in a unique position to recognize, identify, and reach out to victims. This list is intended to be a guideline only and should be adapted to fit existing organizational protocols for interacting with potential victims of child abuse, violence, sexual assault and other related crimes. Health practitioners should familiarize themselves with social service providers in their area working on the issue of human trafficking and work with these agencies to create a protocol for responding to victims of trafficking.

For More Information Contact:
National Human Trafficking Resource Center
24 Hour National Hotline: 888.3737.888
nhtrc@PolarisProject.org

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i **SOURCE: Girls Education and Mentoring Services (GEMS). Gems-girls.org**

ii **Ibid.**

iii **Ibid.**

iv **Ibid.**

v **Ibid.**

vi **SOURCE: Dr. Juliette Engel, MIRAMED. www.miramed.org**

vii **Ibid.**

All Staff Should Be Aware Of These Common Signs That A Patient Is At-Risk

Presenting Signs

- Appears fearful, anxious, depressed, submissive, hyper-vigilant, paranoid or excessively hostile
- Overall poor physical health or lack of medical care
- Signs of physical abuse or malnourishment

Signs of Sex Trafficking

- Signs of strangulation
- Sexually transmitted infections
- Urinary tract infections
- Pelvic or abdominal pain
- Suicide attempt
- Psychogenic non-epileptic seizures
- Sexual assault
- Domestic violence
- Bizarre relational dynamics/unsettling behavior

Registration and Discharge

- Absence of insurance
- No identification
- Offering to pay in cash
- Odd stories about guardianship
- Several cell phones
- Possession of various hotel keys
- Someone else does all the speaking for them
- Cell phone and ID controlled by others
- Gives responses that seem scripted or rehearsed

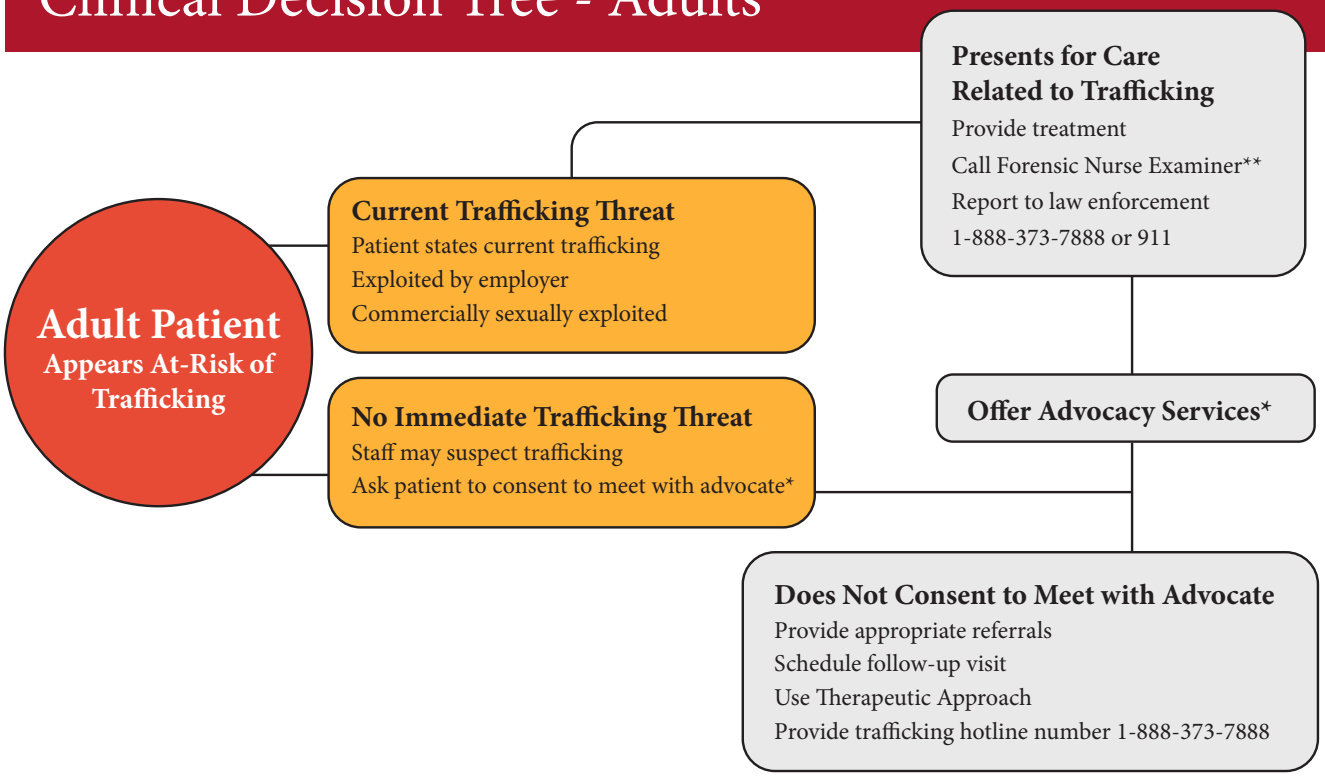
Signs of Labor Trafficking

- Threats or actual abuse by employer (verbal, physical, sexual)
- A highly controlled, unsafe or hazardous work setting
- Unpaid, paid less than minimum wages or tips only
- Reports excessively long hours with few or no breaks
- Fees or deductions from pay for housing, food or work related equipment
- Withholding identification documents (ID, passport, VISA, social security card)

Clinicians

- Clinical presentation and verbal history do not match
- Someone with the patient exerts an unusual amount of control over the patient
- Someone else does all speaking for them
- Disorientated to date, time and place
- Cell phone and ID controlled by others
- Accompanied by unrelated adults without guardianship
- Patient is concerned about being arrested or jailed
- Patient is concerned for his/her family's safety
- Evidence that care has been lacking for prior or existing conditions
- Tattoos or insignias indicative of ownership
- Occupational-type injuries or physical ailments linked to their work
- Over-familiarity with sexual terms and practices
- Seemingly excessive number of sexual "partners"
- Multiple or frequent pregnancies and/or abortions
- Fearful attachment to a cell phone (often used for monitoring or tracking)
- Access to material possessions that one would reasonably doubt the patient could afford
- Evidence of inflicted injury
- Large amounts of cash
- Unkempt and malnourished

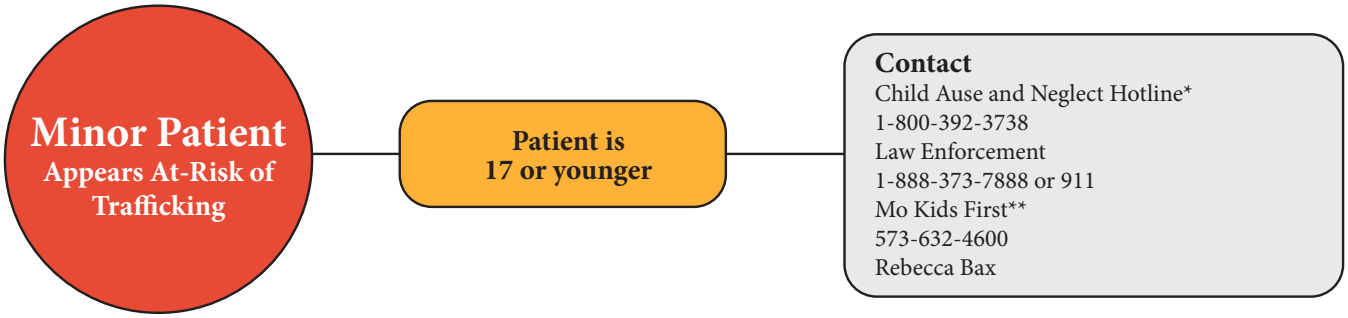
Clinical Decision Tree - Adults



* In accordance with Best Practices advocates should respond in-person.

** Coordinate with Forensic Nurse Examiner and law enforcement to determine who should contact the advocate. Consult SANE nurse and/or refer to hospital policy on sexual assault forensic evidence collection if sexual trafficking is suspected and/or if the patient presents with signs suggesting recent sexual assault.

Clinical Decision Tree - Minors



We strongly encourage you to contact your local Child Advocacy Center (CAC) to become familiar with their services and to coordinate care.

* As a mandatory reporter, whenever child abuse is suspected, the Abuse and Neglect Hotline should be called immediately. This includes suspicion of human trafficking, which may include pornography or the creation of pornography.

** In accordance with Best Practices, advocates should respond in-person. If the patient and/or guardian does not consent, provide appropriate referrals and resources.

** Coordinate with law enforcement and CPS to determine who should contact the advocacy center. Coordinate with the Forensic Nurse Examiner and law enforcement to determine who should contact the advocate. Consult SANE nurse and/or refer to hospital policy on sexual assault forensic evidence collection if sexual trafficking is suspected and/or if the patient presents with signs suggesting recent sexual assault.

Steps To Take If You Suspect A Patient Is A Victim Of Trafficking

- **Provide a quiet, safe place for the patient**

- **Separate any companions from the patient**
  - -Adult Tip-Indicate you are taking the patient to "Radiology" it is policy that no one can be exposed to radiation
  - -Minor Tip-Usually straightforward notification that you are mandated to assess mental and other health-related issues in private, and let them know they have to step out for a moment.

- **Attend to the physical needs**

- **Adopt open, non-threatening body positioning**
  - – Sit at eye level
  - – Be aware of body language, avoid crossing arms
  - – Avoid touching patient unless given permission

- **Engage the patient**
  - – Maintain a calm tone of voice and maintain eye contact. Keep a warm, natural facial expression.
  - – Use active listening skills
  - – Avoid rushing the patient
  - – Avoid judgment, judgmental language or generalized assertions about experiences or circumstances
  - – Offer opportunity to choose between male or female screener if available
  - – Avoid temptation to probe for unnecessary details (remember, you are not the investigator)
  - – Support the patient
  - – Avoid criticizing or condemning the exploiter because the patient may experience distress and come to the defense of the trafficker
  - – Use respectful and empathetic language, ex:
    "This appears to be a bit uncomfortable for you. Please let me know if there is anything you need. I will do what I can to make this process as comfortable as possible."
  - - Explain reporting options to patient

LISTEN

Be patient.

People who have experienced trauma may not share everything at once.

BELIEVE

Start by believing.

Build trust first vs. focusing on facts.

Disclosure is a big first step.

RESPECT

Provide services and support...

No matter who it is.

Table 2. Adult Human Trafficking Screening Tool

Adult Human Trafficking Screening Tool		
This screening tool is part of a guide and is to be used with the "Adult Human Trafficking Screening Tool and Guide." It has been provided as part of a screening toolkit to a professional who is trained to administer it. For information about this screening tool or the recommended training for its application, please contact the National Human Trafficking Training and Technical Assistance Center (NHTTAC) at info@nhttac.org or 844–648–8822.		
Question	Respondent Answers	Notes
1. Sometimes lies are used to trick people into accepting a job that doesn't exist, and they get trapped in a job or situation they never wanted. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
2. Sometimes people make efforts to repay a person who provided them with transportation, a place to stay, money, or something else they needed. The person they owe money to may require them to do things if they have difficulty paying because of the debt. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
3. Sometimes people do unfair, unsafe, or even dangerous work or stay in dangerous situation because if they don't, someone might hurt them or someone they love. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
4. Sometimes people are not allowed to keep or hold on to their own identification or travel documents. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
5. Sometimes people work for someone or spend time with someone who does not let them contact their family, spend time with their friends, or go where they want when they want. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
6. Sometimes people live where they work or where the person in charge tells them to live, and they're not allowed to live elsewhere. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
7. Sometimes people are told to lie about their situation, including the kind of work they do. Has anyone ever told you to lie about the kind of work you're doing or will be doing?	Yes No Declined to Answer Don't Know	

8. Sometimes people are hurt or threatened, or threats are made to their family or loved ones, or they are forced to do things they do not want to do in order to make money for someone else or to pay off a debt to them. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking. If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, "do you want additional resources or information?" For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1–888–373–7888, 24/7 (200 languages).		

This wheel was adapted from the Domestic Abuse Intervention Project's Duluth Model Power and Control Wheel, available at www.theduluthmodel.org

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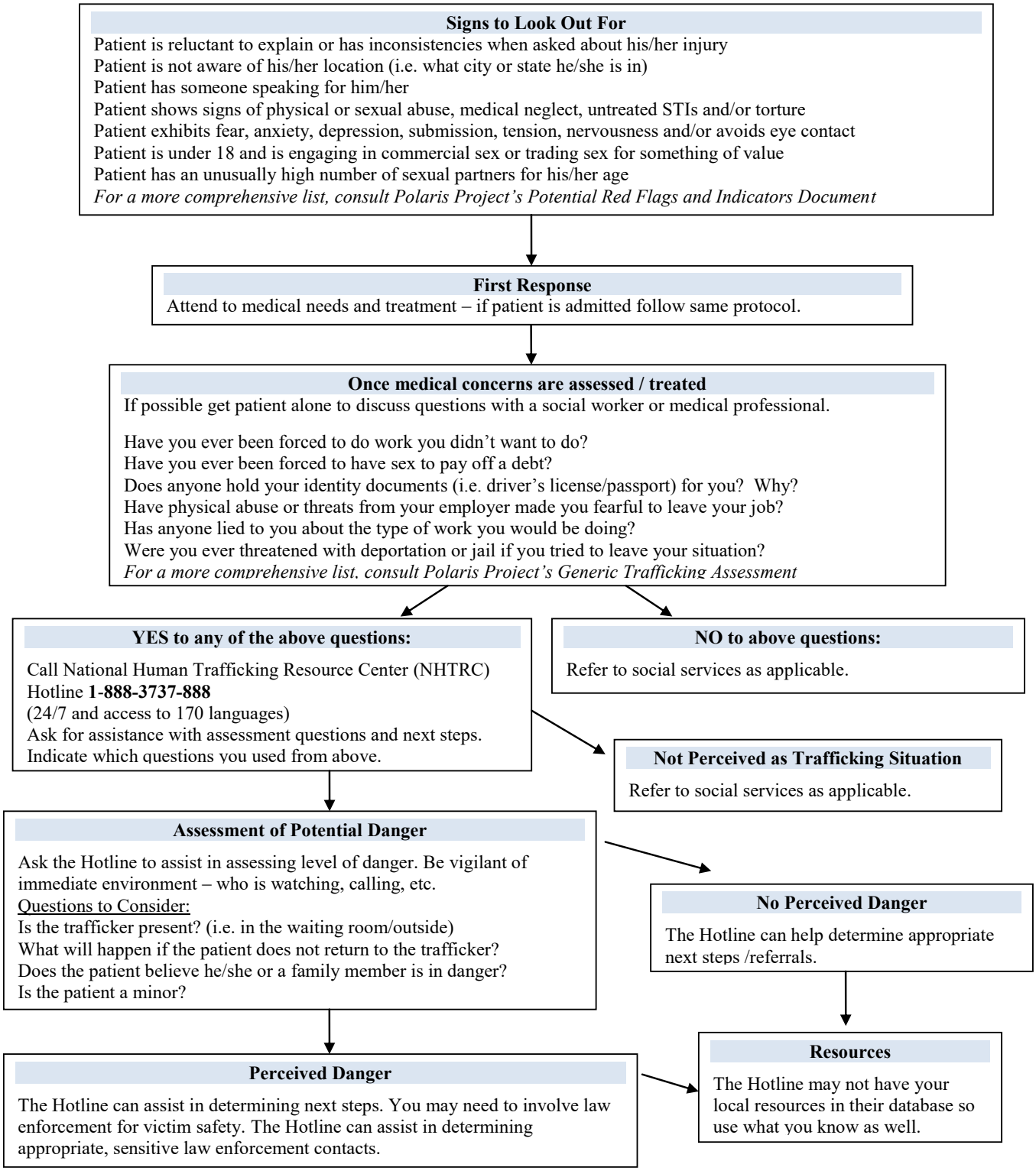
Medical Assessment Tool | Polaris Project



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In Their Shoes: Understanding Victims' Mindsets and Common Barriers to Victim Identification

The following document outlines a wide variety of both physical and psychological reasons why trafficked persons cannot or will not leave a trafficking situation. The list is inclusive of both sex and labor trafficking operations, as well as foreign-born and U.S. citizen victims. Items on this list are not meant to be interpreted as present in all trafficking cases, neither is this list intended to be exhaustive.

- **Captivity/Confinement**
  - Past examples have included victims being locked indoors, held in guarded compounds, or locked in trunks of cars.
- **Frequent accompaniment/guarded**
  - In many trafficking networks, victims' public interactions are mediated, monitored, or entirely controlled. In certain severe cases, victims have been controlled by armed guards.
- **Use and threat of violence**
  - Severe physical retaliation (e.g., beatings, rape, sexual assault, torture) are combined with threats to hold victims in a constant state of fear and obedience.
- **Fear**
  - Fear manifests in many ways in a trafficking situation, including fear of physical retaliation, of death, of arrest, or of harm to one's loved ones.
- **Use of reprisals and threats of reprisals against loved ones or third parties**
  - Traffickers target reprisals at children, parents, siblings, and friends, or other trafficking victims.
- **Shame**
  - Victims from all cultures and in both sex and labor cases may be profoundly ashamed about the activities they have been forced to perform. Self-blame links closely to low self-esteem.
- **Self-blame**
  - In the face of an extremely psychologically manipulative situation, trafficked persons may engage in self-blaming attitudes and blame themselves for being duped into a situation beyond their control. Self-blaming attitudes are often reinforced by the traffickers and can serve to impede the victim from testifying against or faulting the trafficker.
- **Debt bondage**
  - Traffickers create inflated debts that victims cannot realistically pay off. These debts are often combined with accruing interest or small fees to ensure that the victim stays in the debt situation.
- **Traumatic bonding to the trafficker**
  - In many trafficking cases, victims have exhibited commonly-known behaviors of traumatic bonding due to the violence and psychological abuse (a.k.a., Stockholm syndrome).
- **Language and social barriers**
  - Feelings of unfamiliarity or fear of the unknown provide obstacles to leaving a trafficking situation. These feelings are exacerbated by language and social barriers.
- **Distrust of law enforcement or service providers**
  - In many cases, traffickers are known to brainwash victims into a false distrust of law enforcement, government officials, and service providers. Victims also may have had negative past experiences with institutional systems, which also impact trust levels.
- **Isolation**

  - Traffickers purposefully isolate victims from a positive support structure and foster controlled environments where the victim is kept in a state of complete dependency. High levels of dependency and learned helplessness often lead victims to 'prefer the hell they know' than face the uncertainty of adapting to a new world of independence.
- **False promises**
  - Traffickers use sophisticated methods of manipulating the human desire to hope through false promises and lies about a future better life. Victims who are children are especially vulnerable to these false promises.
- **Hopelessness and resignation**
  - In the face of extreme control, violence, and captivity, notions of hope may fade over time towards states of hopelessness and resignation.
- **Facilitated drug addiction**
  - In certain trafficking networks, traffickers provide addictive substances to their victims to foster longer-term drug addiction and monetary dependency.
- **Psychological trauma**
  - Many trafficking victims experience significant levels of psychological trauma due to the levels of abuse they have endured. In certain cases, this trauma leads to disassociation, depression, anxiety disorders, and post-traumatic stress disorder (PTSD), which in turn affects daily functioning and levels of agency.
- **Lack of awareness of available resources**
  - Victims may not leave a situation due to a lack of awareness of any resources or services designed to help them. Traffickers purposefully control the information that victims receive.
- **Low levels of self-identifying as trafficking victims**
  - The majority of trafficking victims do not self-identify as victims of human trafficking. They may be unaware of the elements of the crime or the Federal criminal paradigm designed to protect them.
- **Normalization of exploitation**
  - Over a long period of enduring severe levels of trauma, physical abuse, and psychological manipulation, victims demonstrate resilience strategies and defense mechanisms that normalize the abuse in their minds. In a relative mental assessment, what once may have been viewed as abuse may now be experienced as a normal part of everyday life. This changing "lens" on viewing the world impacts the ability to self-identify as a victim.
- **A belief that no one cares to help**
  - Trafficking victims may believe that no one cares to help them, a belief that is reinforced both by traffickers' lies but also when community members do not take a strong stance against trafficking. When the community is silent on the issue, traffickers' power is increased and feelings of hopelessness are sustained.

In addition to all the above-stated reasons, numerous additional factors contribute to the difficulty of trafficking victim identification. These factors include:

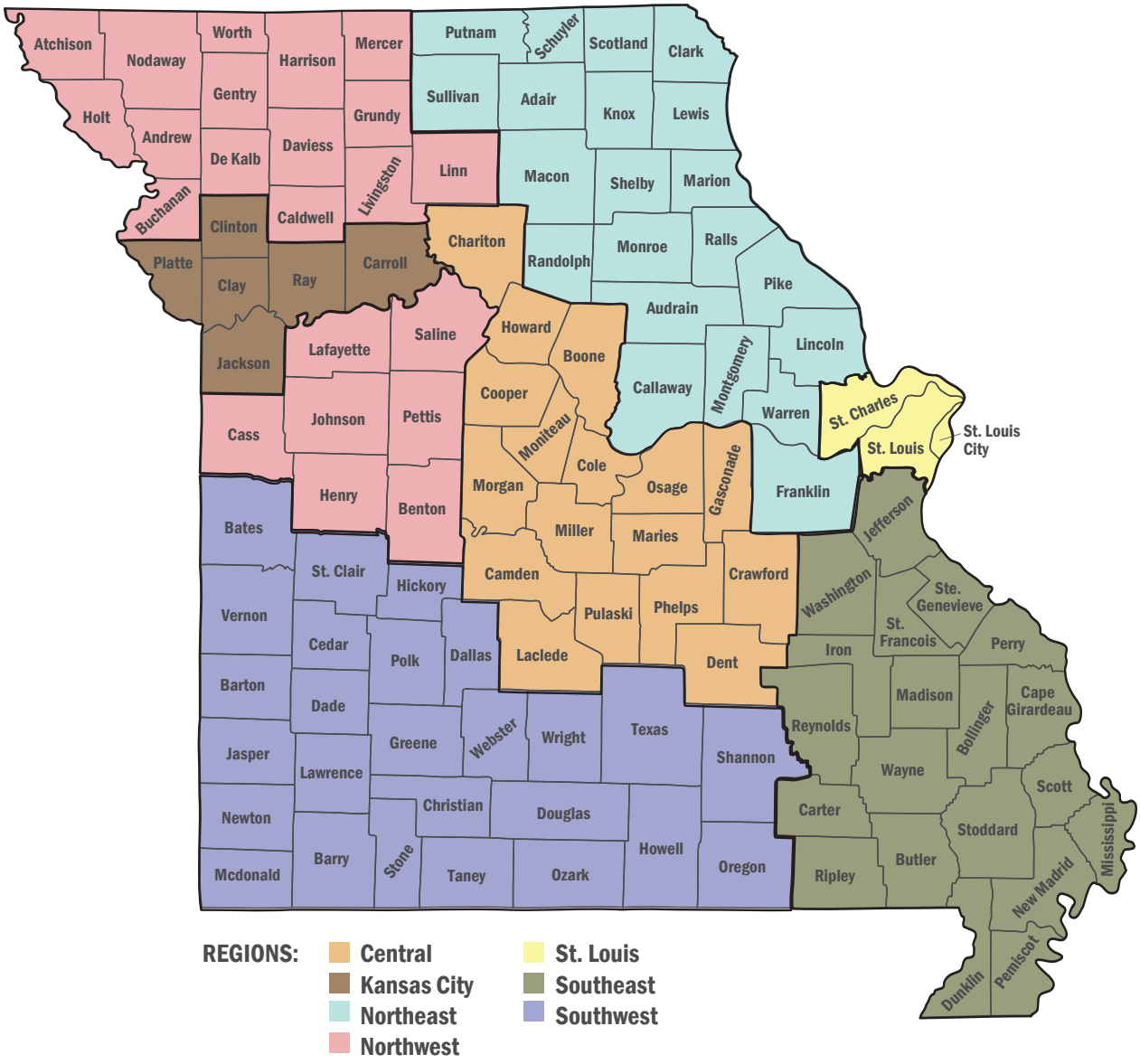
- The **frequent movement of victims** fosters a **low likelihood of multiple encounters** with law enforcement or service providers. Victims may not be in one place long enough for a meaningful intervention.

- Victims may be **trained to tell lies or canned stories** to the organizations that are there to help them.
- Victims **rarely come into contact with institutional systems**.
- **Untrustworthy or corrupt interpreters** may impact the course of effective service provision.

Polaris Project works to empower and mobilize people from diverse backgrounds and of all ages to take meaningful action against human trafficking. Register with www.polarisproject.org/signup to receive regular updates on human trafficking in the United States.

STATEWIDE RESOURCES FOR HOSPITALS AND PATIENTS

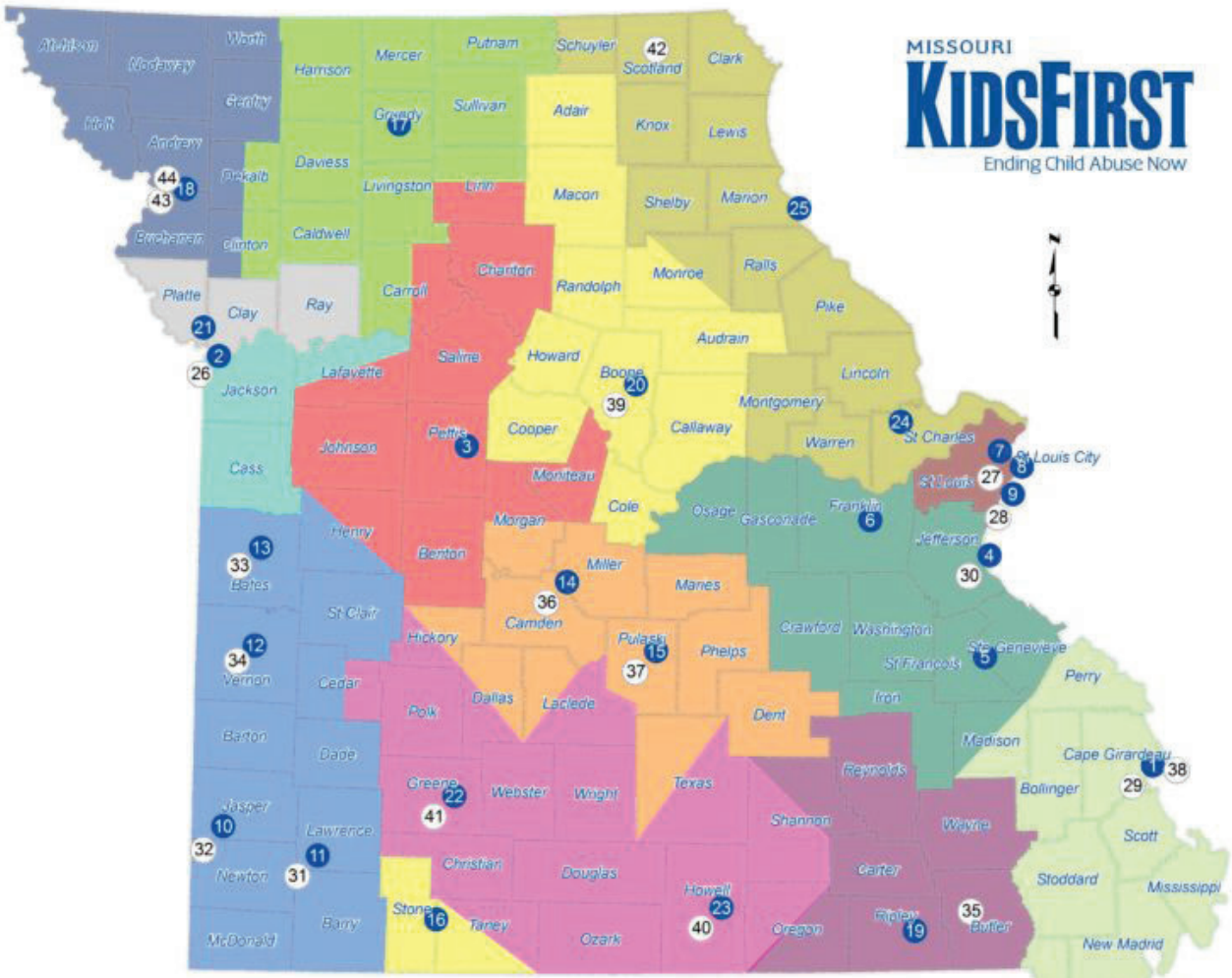
Missouri Domestic and Sexual Assault Violence Program



To locate a center in your region, go to https://www.mocadsv.org, click on "Need Help?" and scroll down to find the interactive map. Clicking on a region will provide a listing of area services.

You can also search for providers throughout the state by selecting more specific criteria such as Program Type, Location, specific Services and Member Program Name.

Missouri's Network of Child Advocacy Centers and SAFE-CARE Providers



CAC Sites

1 CAC SEMO-NASV, Cape Girardeau
2 CAC Child Protection Center, Kansas City
3 CAC Child Safe of Central Missouri, Sedalia
4 CAC Children's Advocacy Center of East Central Missouri, Festus
5 CAC Children's Advocacy Center of East Central Missouri, Farmington
6 CAC Children's Advocacy Center of East Central Missouri, Union
7 CAC Children's Advocacy Services of Greater St. Louis, UMSL Campus
8 CAC Children's Advocacy Services of Greater St. Louis, West Pine
9 CAC Children's Advocacy Services of Greater St. Louis, Kirkwood
10 CAC Children's Center of Southwest Missouri, Joplin
11 CAC Children's Center of Southwest Missouri, Pierce City
12 CAC Children's Center of Southwest Missouri, Nevada
13 CAC Children's Center of Southwest Missouri, Butler
14 CAC Kids Harbor, Osage Beach
15 CAC Kids Harbor, Too, St. Robert
16 CAC Lakes Area Child Advocacy Center, Branson West
17 CAC North Central Missouri Children's Advocacy Center, Trenton
18 CAC Northwest Missouri Children's Advocacy Center, St. Joseph
19 CAC Ozark Foothills Child Advocacy Center, Doniphan
20 CAC Rainbow House Regional Child Advocacy Center, Columbia
21 CAC Synergy Services, Inc., Parkville
22 CAC The Child Advocacy Center, Inc., Springfield
23 CAC The Child Advocacy Center, Inc., West Plains
24 CAC The Child Center, Inc., Wentzville
25 CAC The Child Center, Inc., Hannibal

Safe-Care Providers

26 SCP Children's Mercy Hospital, Kansas City, Dr. Jim Anderst and 8 additional providers
27 SCP St Louis Children's Hospital, St. Louis, Dr. Adrienne Atzemis and 6 additional providers
28 SCP Cardinal Glennon Children's Hospital, St. Louis, Dr. Tim Kutz and 4 additional providers
29 SCP SEMO-NASV, Cape Girardeau, Lori Blankenship
30 SCP Children's Center of East Central Missouri, Festus
31 SCP Children's Center of Southwest Missouri, Pierce City, Cathy Ingalls
32 SCP Children's Center of Southwest Missouri, Joplin, Susan Pumphrey and Anastasia Beezley
33 SCP The Children's Center of Southwest Missouri, Butler, Misty Tourtillot
34 SCP The Children's Center of Southwest Missouri, Nevada, Misty Tourtillot
35 SCP Poplar Bluff Pediatric Associates, Poplar Bluff, Dr. Claudia Preuschoff
36 SCP Kids Harbor, Osage Beach
37 SCP Kids Harbor, Too, St. Robert
38 SCP EBO MD, Cape Girardeau, Lisa Baker
39 SCP Rainbow House, Columbia, Dr. Holly Monroe
40 SCP The Child Advocacy Center South Central, West Plains, Celeste Williams
41 SCP The Child Advocacy Center, Inc, Springfield, Patricia Webb and 4 additional providers
42 SCP Scotland County Hospital, Memphis, Dr. Julia McNabb and Stephanie Henley-Pippert
43 SCP Mosaic Life Care, Internal Medicine and Pediatric Care, St. Joseph, Deborah White
44 SCP Children's Mercy-Mosaic Life Care, St. Joseph, Dr. Jim Anderst and Dr. Terra Frazier

CAC Service Areas

- SEMO-NASV
- CAC of East Central Missouri
- The Child Advocacy Center, Inc.
- Child Safe of Central Missouri
- Children's Advocacy Services of Greater St. Louis
- Children's Center of Southwest Missouri
- Child Protection Center
- Kid's Harbor
- Lakes Area CAC
- North Central Missouri CAC
- Northwest Missouri CAC
- Ozarks Foothills CAC
- Rainbow House
- The Child Center, Inc.
- Synergy Services

COMMUNITY ASSET BUILDERS, LLC

Algorithm for Reporting Sex Trafficking/Child Sexual Exploitation/Pornography

Social Work consult with a patient or family when Sexual Abuse of a child is disclosed that includes concern for Sex Trafficking/Child Sexual Exploitation or Child Pornography. For example: Multiple perpetrators disclosed, child is offered money/drugs, alcohol, a place to stay, etc. in exchange for sexual acts, photos or videos were taken of patient or the assault.

Assault Occurred in State of Missouri.

1. SW will contact local police jurisdiction where assault occurred and complete Police Report.
2. SW will Contact Missouri Highway Patrol 24/7 when investigation is needed urgently. 1. Dan Nash: 417-299-2066. 2. Darren Blakenship: 816-830-9041. Call Dan first.
3. SW will complete hotline to Child Protective Services (hotline to state where child resides.)
4. Human Trafficking Hotline is completed. 1-888-373-7888. If SANE is involved, SANE will complete. If SANE is not involved, SW will complete.
5. National Center for Missing and Exploited Children may need to be completed. 800-843-5678 or online cmfc.missingkids.org. If SANE is involved, SANE will complete. If SANE is not involved, SW will complete.

Assault Occurred in State of Kansas or Other State.

1. SW will contact local police jurisdiction where assault occurred and complete Police Report.
2. SW will Contact FBI Child Exploitation Task Force. 24/7.
3. SW will complete hotline to Child Protective Services (hotline to state where child resides.)
4. Human Trafficking Hotline is completed. 1-888-373-7888. If SANE is involved, SANE will complete. If SANE is not involved, SW will complete.
5. National Center for Missing and Exploited Children may need to be completed. 800-843-5678 or online cmfc.missingkids.org. If SANE is involved, SANE will complete. If SANE is not involved, SW will complete.

Abuse/Neglect Process Flowchart

Questions for consideration when screening for abuse or neglect:
1. Is there concern for neglect (physical/medical/educational/nutritional) or emotional abuse/neglect?
2. Is there a disclosure of sexual abuse or medical findings indicating possible sexual abuse?
3. Is there a fracture in a patient under 1 year of age or a fracture otherwise indicating possible abuse?
4. Is there an internal abdominal or thoracic organ injury in a patient under 4 years of age?
5. Is there intracranial bleeding or a skull fracture in a patient under 1 year of age?
6. Is there any bruising on a patient under 6 months of age or, for a patient of any age, buttock or ear bruising, or other suspicious bruising?
7. Are there burns on a patient under 2 years of age or, for a patient of any age, any other burns indicating possible abuse?
8. Are there other findings indicating possible child abuse and/or neglect?
9. Is there a positive drug of abuse screen in a patient under 12 years of age or, for a patient of any age, any other positive drug screen concern for child abuse/neglect?

Patient seeking care

[excludes MVA/Bike injury; injury witnessed by multiple people, birth injury]

Always consider taking immediate steps to ensure safety

Concurrent Activities

Physical Abuse	Sexual Abuse	Emotional Abuse	Neglect
Consult Social Work for Patient At Risk Assessment	Consult Social Work for Patient At Risk Assessment	Consult Social Work for Patient At Risk Assessment	Consult Social Work for Patient At Risk Assessment
Consider SCAN Team Consult Consider need for transport for acute evaluation	Consider consult for SCAN/SANE Exam	Consider SCAN Team Consult Consider referral for mental health services	Consider SCAN Team Consult

Patient At Risk Assessments reviewed daily by SCAN Team

Managing medical provider team collaboration

Evaluate need for Safety Plan

YES → Implement & Document Safety Plan → Notify managing medical provider of safety plan

NO → Complete documentation of finding/assessment

Managing medical provider team collaboration

Complete documentation of finding/assessment

Report to State Protection Agency

YES → State Protective Agency is notified or updated

NO → If any care team member feels a report to State Protections Agency is needed, social work will assist

Safety Plan is updated as appropriate

Provider team notified of State Protective Agency report

Documentation finalized

Safety Plans:

1. Visitor Restriction
2. One-to-One (1:1)

All safety plans must be re-evaluated by Social Work for ongoing need weekly, or as patient situation changes.

1:1 Safety Plan Guidelines

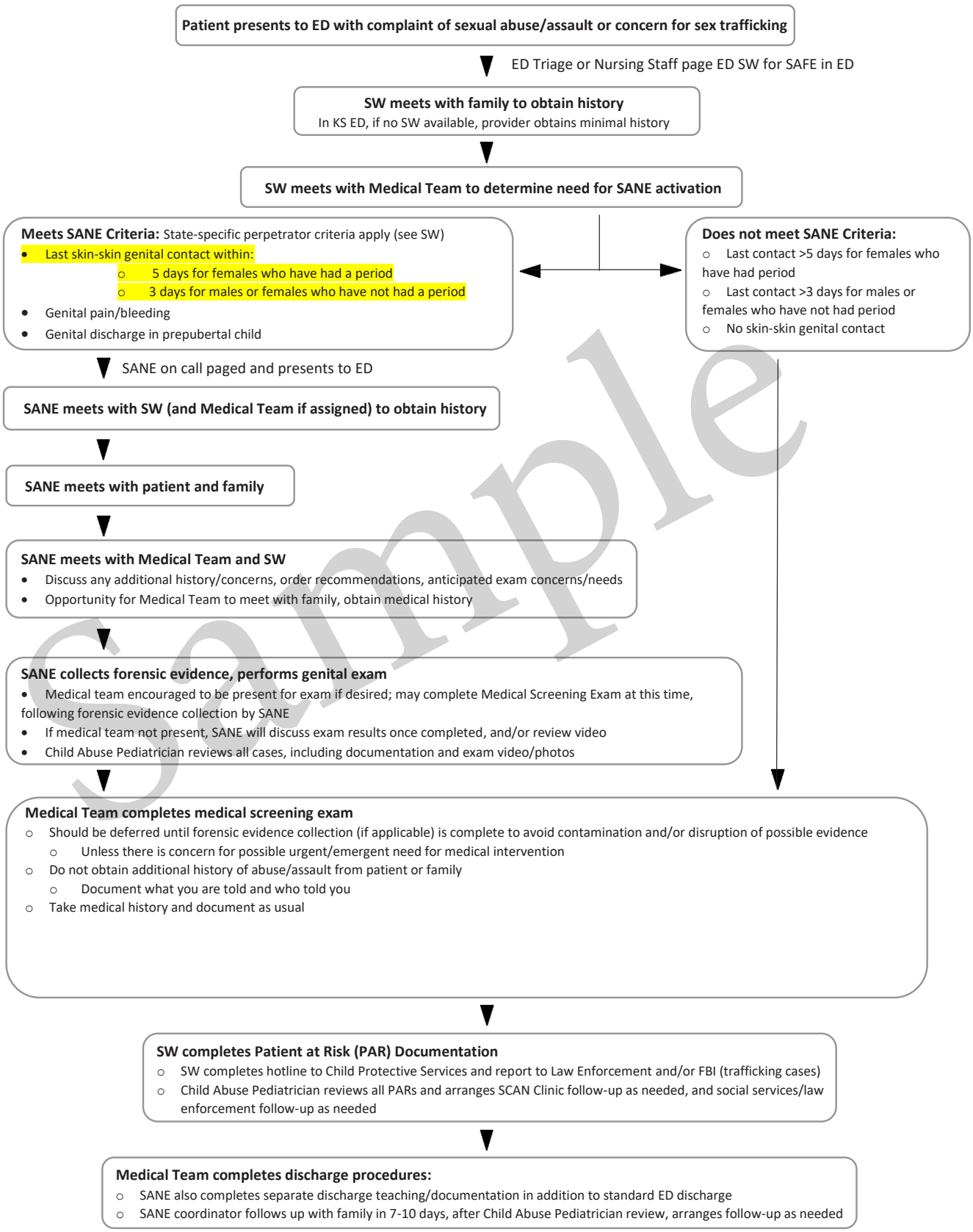
If there is a disagreement with the safety plan please call the on-call SCAN physician.

1. Concern for sexual abuse and alleged perpetrator may be present.
2. Transport from another facility with suspicion of abuse and potential perpetrator present or could have access to the patient.
3. Concern for physical abuse of children and a perpetrator may be present or have access to the patient.
4. Child abuse in the medical setting.
5. Anytime guardians, caregivers or visitors pose a threat to the wellbeing of any patient.

Will measure adherence to process in order to link structure, process, & outcomes.

Social Work Task | Nursing Task | Shared Oversight | Medical Provider Task

Sexual Abuse/Sex Trafficking Cases in the Emergency Department



Sexual Abuse/Sex Trafficking Cases in the Emergency Department

IF THE PATIENT DOES NOT NEED TO BE SEEN URGENTLY, THE CHILD CAN BE SEEN IN SCAN CLINIC:

1. Consult Social Work to have a Patient At Risk note (PAR) completed in the patient's EMR.
2. As a result of the PAR, the SCAN Doc on call will be notified by email the next day and a SCAN Clinic appointment will be offered to the child/family, as needed, by SCAN Social Work.
3. **Perform a Medical Screening Exam if the patient is checked into the ED/UCC. Consider including a quick look at the genital area to ensure no acute injury/bleeding, as part of your screening exam. Concern for acute injury/bleeding should be discussed with the pediatric SANE (P-SANE) on call (see web on call – SANE).**
4. Give the Safety Care and Nurture (SCAN) Clinic phone number to the patient's family member accompanying the child to the ED. The family is welcome to call SCAN Clinic with any questions/concerns they may have.
5. Advise the family not to wash any sheets or clothing items they believe involved in the event.
6. The consulted Social Worker can assist in notifying law enforcement of any items in the family's possession, not at CMH, that may be involved in the event.
7. The consulted Social Worker will notify child protective services and/or law enforcement about the concerns for abuse of a child, or instruct the family on how to do this, depending on the specifics of the case.

IF THE PATIENT NEEDS TO BE SEEN URGENTLY:

1. Consult Social Work to have a Patient At Risk note (PAR) completed.
2. See the child for medical assessment of acute sexual assault/abuse with the on call P-SANE (see web on call – SANE).
3. Use the EDP SAFE to guide your order set.
4. The consulted Social Worker will notify child protective services and/or law enforcement about the concerns for abuse of a child.

ANY QUESTIONS:

1. Please page the **SANE RESOURCE PERSON ON CALL (web on call – SANE, see SANE-Program Resource On Call**). We understand these patients present with complex situations that may not completely fit this algorithm. There is also a SCAN Provider on call available to discuss cases as needed.

Medical Screening Questionnaire for Child Sex Trafficking

The following screening tool was developed, studied, and validated by researchers based at Children's Healthcare Center of Atlanta, Atlanta, GA. Validation for use in medical settings was completed in 2018 in a large multi-center study in the US. (Greenbaum J, et.al. Evaluation of a Tool to Identify Child Sex Trafficking Victims in Multiple Healthcare Settings. Journal of Adolescent Health 63 (2018) 745-452; reference attached). The first 6 questions were obtained from that research. The last 4 questions (items 7-10) are based on clinic experience. Experience has found that when asked the question, children that were at high risk for trafficking, or who had been trafficked, and had not been previously identified as trafficking victims, were identified. Therefore, the last 4 questions were developed to cover a wide range of potential exploitative activities. These questions have not been formally studied or validated as a screening tool to date.

Medical Screening Questionnaire

We often ask teens some questions to find out a little more about what is going on in their lives. It helps us understand more about how we can make sure you are healthy and safe, and how we might be able to help.

1. **Has a boyfriend or girlfriend in a dating or serious relationship ever physically hurt you or threatened to hurt you (hit, pushed, kicked, choked, or something else)?**

   _____Yes _____No

2. **Have you ever been knocked unconscious or knocked out?**

   _____Yes _____No

3. **Some kids have a hard time living at home and feel that they need to run away. Have you ever run away from home or been kicked out of your home?**

   _____Yes _____No

4. **Sometimes kids have been involved with the police. Maybe for running away, for skipping school, for shoplifting, or other things. Have you ever had any problems with the police?**

   _____Yes _____No

5. **Kids often use drugs or alcohol, and different kids use different drugs. Have you ever used drugs or alcohol?**

   _____Yes _____No **If yes, in the past 6 months?** _____Yes _____No

6. **Have you ever had sex because you wanted to (penis in vagina, penis in butt)?**

   _____Yes _____No

   If no, skip to #7. If yes, please answer the next few questions:

   Since the first time you had sex, how many partners have you had?

   _____1-5 partners _____6-10 partners _____>10 partners

   Have you ever had any sexually transmitted infections, like gonorrhea, chlamydia, trichomonas, herpes, or syphilis (or others)?

   _____Yes _____No

7. **Has anyone ever asked or forced you to do some sexual activity with ANOTHER person? For example, a boy asks his girlfriend to have sex with another boy.**

   _____Yes _____No **Did you have to do it?** _____Yes _____No

8. **Has anyone ever asked or forced you to do some sexual act in public, like dance at a bar or strip club?**

   _____Yes _____No **Did you have to do it?** _____Yes _____No

9. **Has anyone ever asked you to pose in a sexual way for a photo or video?**

   _____Yes _____No **Did you have to do it?** _____Yes _____No

10. **Sometimes kids are in a position where they really need something. This could money, food, a place to stay, a phone, drugs, or anything else. Have you ever traded a sexual activity for something that you needed or wanted? This could be sex with someone, posing for pictures or videos, dancing, or something else.**

    _____Yes _____No

Thank you for answering these questions. Please tell us if there is anything you would like to talk more about.

Medical Screening Provider Follow-Up and Scoring:

Human Trafficking is a medical diagnosis of a health problem (ICD-10 codes T74, T76, Z04, Z62), reached after evaluation of a detailed medical history and medical assessment and testing. This medical screening tool is designed to assist Medical Providers in evaluating such cases.

Questions 1-6 (First Page): 6 items to score

#1 – Do NOT score as part of screening tool

#2-4 – Positive if YES

#2 Follow-up by getting details. Decreased concern if obvious accident, i.e. MVC

#3 Consider getting details (how many times, where did you stay, how did you get food/money, were you running away from something bad or to something good)

#4 Follow-up by getting details. LE involvement for current abuse/assault doesn't count.

#5 – Positive if YES, substance use in past 6 months

#6 – Initial response YES (may clarify that we are looking for sex EXCLUDING current abuse/assault)

Positive if >5 sex partners

Positive if YES history of STI

2 or more positive responses (out of 6 possible) indicates increased risk for trafficking, and risk increases as positive responses increase.

Actions to take: Discuss with need for report to National Human Trafficking Hotline, based on existing risk factors.

Questions 7-10 (Second Page):

#7-9 – Positive if YES then YES, had to do it

A YES then NO response needs follow-up: Who asked you?

#10 – Positive if YES

Any positive response indicates trafficking has occurred.

A YES then NO response also indicates significant risk and may warrant a report.

Actions to take: Report to National Human Trafficking Hotline, law enforcement, child protective services.

HOSPITAL SAMPLE

DEPARTMENT POLICY: Emergency Department

TITLE: Silent Disclosure
SUMITTED BY: ED Standards Committee, 6/21
APPROVED BY: ED Standards Committee, 6/21

PURPOSE: To provide a coordinated unit response for patients who have disclosed being a victim of human trafficking, domestic violence, or sexual assault by placing a blue dot on the urine specimen as a way of silent disclosure.

POLICY: To ensure that patients are given every opportunity to disclose potential abuse or neglect and to request help in a manner that is comfortable to the patient.

SCOPE: EMERGENCY DEPARTMENT

PROCEDURE

1. Any staff member notifies the PCM that a patient has self-identified and there is a blue dot on a urine cup OR patient has made a disclosure of being trafficked OR staff has suspicion that the patient is currently experiencing abuse. Security will be notified of the situation.
2. A staff member will take the patient to a private area through the locked door (using any creative way necessary).
3. Once in the private location, the PCM/SANE RN will use this opportunity to determine the level of intervention needed. The patient may disclose minimal info at this point or they may tell many important details. Regardless they will need to be carefully documented. This process should just be used to assess what kind of resources this patient needs. This can also be used for the PCM to screen whether or not the patient qualifies for a forensic exam..
4. If established that this patient is in danger, (trafficked, has been sexually assaulted, is a victim of domestic violence, etc.) the patient will be given a room or kept in the private location in the back per normal process.
5. Once a room is assigned and the patient is moved, the primary nurse will be updated, the social worker will be called and the patient will be offered all applicable resources. (Night Light, Victim Center, Harmony House, Law Enforcement beginning with local jurisdiction working up to Highway Patrol as necessary.) Notification of Chaplain as needed. Follow all applicable mandated reporting per statute.
6. Beyond this, any additional questions can be answered by the Forensic Phone, 417-719-3869

Human Trafficking, Domestic Violence, Sexual Assault.

Are you scared to go home?

Is someone hurting you?

Do you need help?

PLACE A BLUE STICKER ON YOUR URINE SPECIMEN CUP TO LET US KNOW THAT YOU NEED HELP.

It is possible to get help without Law Enforcement involvement.

Victims are protected under US and Missouri Law.

Tienes miedo de ir a casa? Alguien te está lastimando?Necesitas ayuda? Te ayudaremos!

COLOQUE UNA PEGATINA AZUL EN LA TAZA DE LA MUESTRA DE ORINA PARA INDICAR A NUESTRO PERSONAL QUE NECESITA ASISTENCIA.

Las victimas protegidas bajo las leyes de Missouri y los Estados Unidos

Es Posible recibir asistencia sin intervencion political.

Domestic Violence | Sex Trafficking

Prostitution | Slave Labor | Abuse | Neglect

Scared to go home? Need help? We will help you!

Do this:

- **Place a blue sticker on your urine cup.**
- **Turn it in to a member of the ER staff.**
- **We have a safe way to speak with you ALONE.**

Emergency Department Silent Notification Process

Signs will be hung in the bathrooms in the main emergency department with blue round stickers. Instructions will be on the signs for patients who are fearful for life, loved ones, or well-being to place a sticker on their urine cup.

If you suspect domestic violence, human trafficking, abuse, neglect, or other suspicions/concerns – request a urine sample even if it does not fit their chief complaint

Direct the patient to one of the five individual bathrooms in the main department. These bathrooms will have the signs with the blue stickers.

- Behind triage
- North zone
- By phlebotomy
- EMS bay
- Between rooms 21 &22

If a blue sticker is noted on the patient's urine cup complete the following

- Notify Primary RN in triage or RN assigned to patient's room, flow facilitator, charge nurse, patient's physician and Public Safety
  - Prioritize rooming patient in a safe location (away from an exit and across from the nurse's station)
- Notify ED x-ray staff and ED Intake Specialist of intended screening plan
- Inform patient that an x-ray is needed and Primary RN/Screening RN will escort patient to the ED Intake Specialist Office.
  - If questionable assailant follows, immediately change course and head towards x-ray room with patient, for screening to be completed there
- Determine what levels of resources are required, per patient's request and/or needs. (i.e. resources for follow up, emergency shelter placement, or police notification)
- Allow the patient options for next steps, always while ensuring their safety
- Resources with available business cards are located in screening areas and at the charge desk
- Notify XXXX of used blue sticker for tracking purposes

PEARR Tool

Trauma-Informed Approach to Victim Assistance in Health Care Settings

In partnership with HEAL Trafficking and Pacific Survivor Center, Dignity Health developed this tool, the "PEARR Tool", to guide physicians, social workers, nurses, and other health care professionals on how to provide **trauma-informed assistance** to patients who are at high risk of abuse, neglect, or violence. The PEARR Tool is based on a **universal education approach,** which focuses on educating patients about abuse, neglect, or violence prior to, or in lieu of, screening patients with questions.

The goal is to have an informative and normalizing, yet developmentally- and culturally-appropriate, conversation with patients in order to create a context for them to share their own experiences.

A double asterisk ** indicates points at which this conversation may end. Refer to the double asterisk ** at the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P — Provide Privacy

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.

   Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your facility's policies for further guidance.**

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

E — Educate

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

A — Ask

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.**

   Note: All women of reproductive age should be intermittently screened for intimate partner violence (USPSTF Grade B).

4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your health, safety, and well-being. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**

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

   USPSTF = US Preventive Services Task Force

R R — Respect and Respond

5. If patient denies victimization or declines assistance, then **respect patient's wishes.** If you have **concerns about patient's safety,** offer hotline card or other 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.

Child Abuse and Neglect

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

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

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

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

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

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

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

Domestic Violence / Intimate Partner Violence (IPV)

DV/IPV can affect anyone of any age, gender, race, or sexual orientation. **Risk factors** include (not limited to): Low self-esteem, low income, low academic achievement, young age, aggressive/delinquent behavior as youth, heavy alcohol/drug use, depression, suicide attempts, isolation, anger, and hostility.

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

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

Sexual Violence

Sexual violence crosses all age, economic, cultural, gender, sexual, racial, and social lines. Some statistics from Rape Abuse & Incest National Network (RAINN): More than 300,000 persons are victimized annually; ages 12-34 are the highest risk years. Female college students (ages 18-24) are three times more likely than women in general to experience sexual violence. One in 33 American men have experienced an attempted or completed rape. And, 21% of transgender, gender-queer, noncomforming (TGQN) college students have been sexually assaulted.

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

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

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

Although human trafficking crosses all age, economic, cultural, gender, sexual orientation, racial, and social lines, traffickers often target persons in situations of vulnerability. **Risk factors** include (not limited to): Running away or homelessness (particularly for youth), history of interpersonal abuse or violence, involvement in commercial sex industry, minority/immigrant status.

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

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

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

SAMHSA describes the guiding principles of a trauma-informed approach as follows: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment, voice, and choice; and consideration of cultural, historical, and gender issues.

To learn more, *please see SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach: https://store.samhsa.gov/system/files/sma14-4884.pdf*

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

Dignity Health. | Pacific Survivor Center | HEAL

PEARR Tool – Contact List of Resources and Reporting Agencies

Local, Regional, and State Resources/Agencies

County Child Welfare Agency:

County Welfare Agency for Vulnerable Adults:

Sexual Assault Response Team (SART) Center or Child Advocacy Center (CAC):

Local Law Enforcement Agency:

Local FBI Office:

Local DV/IPV Shelter – Program:

Local Runaway/Homeless Shelter:

Local Immigrant/Refugee Organization:

Local LGBTQ Resource/Program:

National Agencies, Advocates, Service Providers

National Human Trafficking Hotline: 1-888-373-7888 (888-3737-888)

National Domestic Violence Hotline: 1-800-799-SAFE (7233)

National Sexual Assault Hotline: 1-800-656-HOPE (4673)

National Teen Dating Abuse Hotline: 1-866-331-9474

National Runaway Safeline for Runaway and Homeless Youth: 1-800-RUNAWAY (786-2929)

StrongHearts Native Helpline: 1-844-7NATIVE (762-8483)

National Suicide Prevention Lifeline: 1-800-273-8255

Notes

The PEARR Tool was developed by Dignity Health, in partnership with HEAL Trafficking and Pacific Survivor Center, with support from Dignity Health Foundation.

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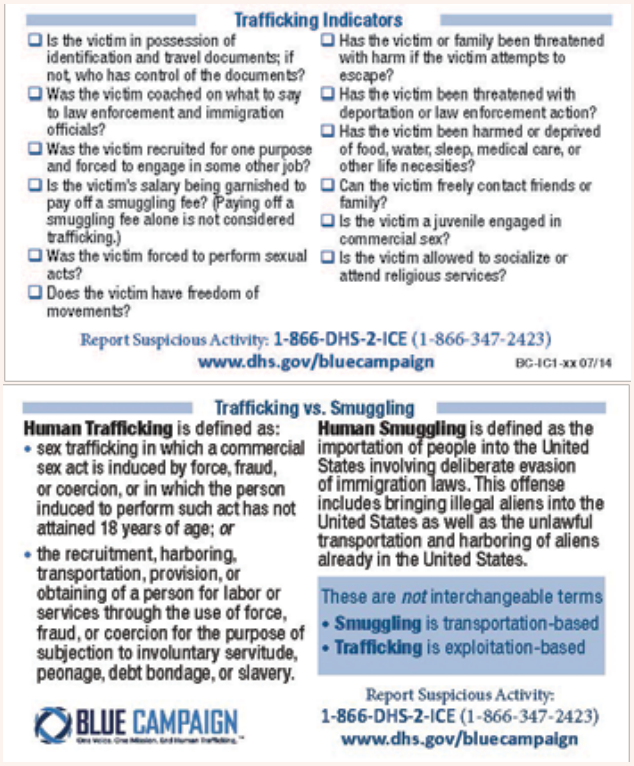
Help Cards

The 3.5x2 business card provides information about the Blue Campaign Human Trafficking Hotline.

Key Tag Card

This 3.5x2 plastic card breaks into three smaller cards. The smallest card contains reporting information and can be discreetly carried on a key chain.

Indicator Card



This card explains the difference between trafficking and smuggling, lists a dozen common indicators of trafficking, and provides information on how to report suspected trafficking.

Visit Blue Campaign at
dhs.gov/blue-campaign/library
for more free resources available in many languages.

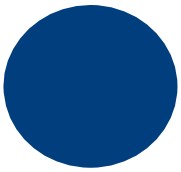
Women's Center Poster

This poster includes a "tear-a-way" pad with a crisis line for women in abusive situations.

Discreet Call for Help Poster

Silent Notification Tool by Forbes Hospital
Monroeville, PA

Signs are located in bathrooms and instructs potential victims to place a blue dot on the specimen cup when giving a urine specimen.



A blue dot on the specimen cup triggered the use of the screening tool by the emergency nurse and the patient was taken to a designated safe area within the department for care.

This tool was created to help patients signal that they need help when accompanied by their abuser.

Awareness Posters

This poster series was created to help human trafficking victims self-identify and seek help. Blue Campaign encourages companies and organizations to display these posters in facilities and distribute them to their networks to raise awareness and reach victims of human trafficking.

MHA's human trafficking task force recommends that hospitals follow these steps.

DEVELOP COMPREHENSIVE POLICIES AND PROCEDURES

- Recognize an at-risk patient
- Incorporate trauma-informed care practices while engaging patient
- Follow safety and reporting protocols to keep staff and patients safe

ALL-STAFF TRAINING

- Show the MHA Human Trafficking Training Module
- Register with HTI Labs and complete screening tool training
- Select appropriate staff to complete forensic nurse training
- Review training materials and protocols periodically at department meetings and team huddles

COORDINATE WITH LOCAL AND STATE ORGANIZATIONS

- Law enforcement agencies
- Legal aid and immigration assistance
- Child Advocacy Centers (CACs)
- Domestic violence and sexual assault programs
- Wrap-around services (food pantries, shelters)
- Mental health treatment providers
- Other health care facilities and treatment providers

The following is a sample policy and procedure from a hospital. Certiain pages have been left out. This is not meant to be an inclusive policy or procedure. MHA nor the Taskforce members endorse any one policy or procedure.

PURPOSE

To provide a framework for initial assessment of behaviors or symptoms that are considered high risk indicators for potential human trafficking. In addition, these guidelines provide staff with an algorithm in order to provide safe, appropriate care and offer resource information to human trafficking victims.

POLICY

All staff in the Emergency Trauma Center are educated regarding the high-risk indicators for human trafficking and will consider those "red flags" when assessing their patients. If there is a patient suspected of being a human trafficking victim, then it is important for staff to ask further questions to assess for this concern in a private setting without family/friends. The patient's age and readiness to leave his/her situation will guide the care and potential interventions that are appropriate. Resource recommendations are provided for the patient that are included in the human trafficking resource manual.

PROCEDURE

Please see the Human Trafficking Protocol and Resource Manual attached to this policy as an addendum.

1. Have a raised awareness for the indicators and risk factors for human trafficking. Utilize the human trafficking protocol and guidelines as indicated for the patient.

2. If there are any concerns regarding the safety of a patient or staff member, or there is an immediate threat towards the patient or staff, notify public safety officers through dispatch. Make them aware of the level of urgency of the call.

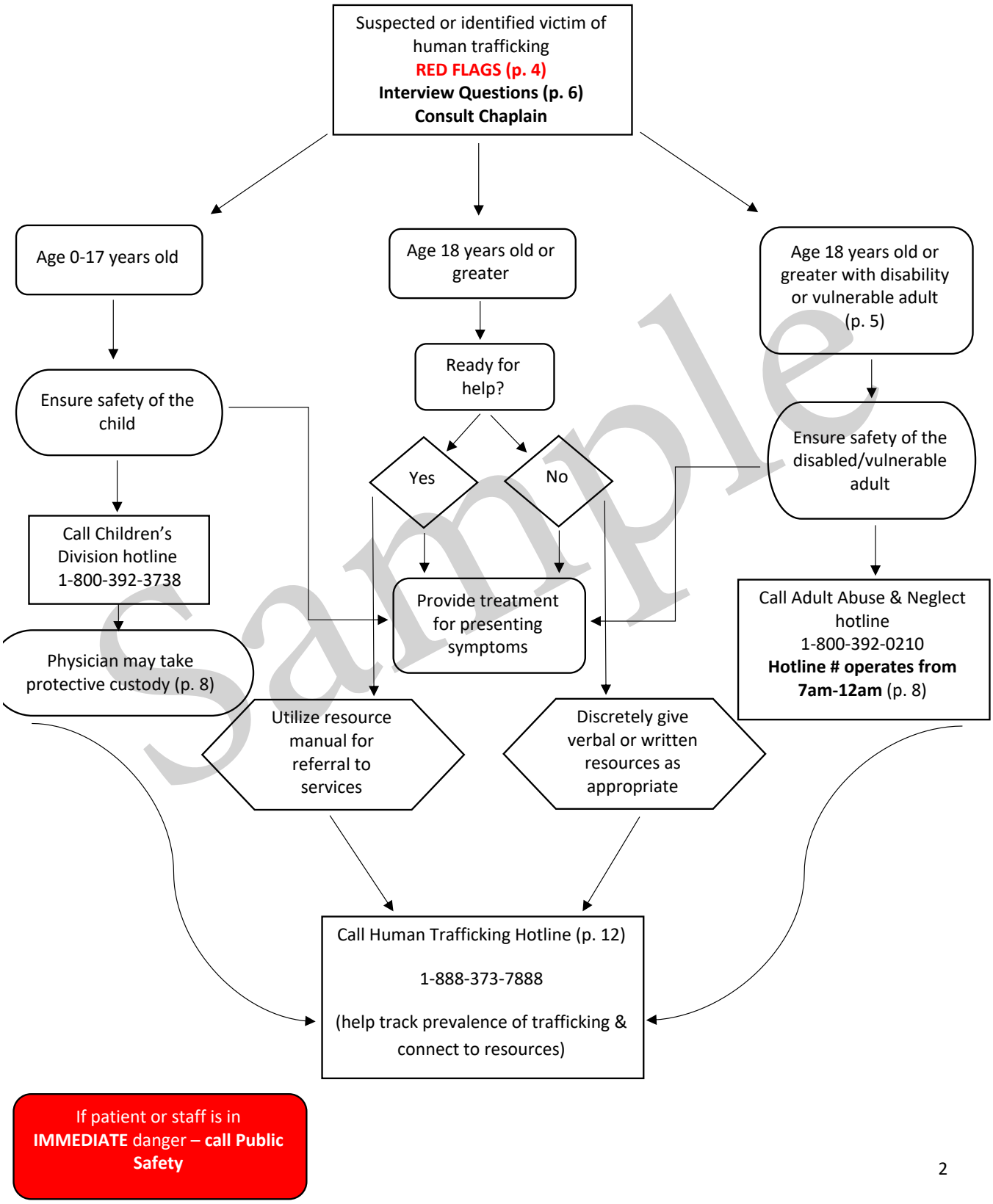
3. Communicate concerns to the provider of the patient and discuss the impact of this concern on the care of the patient.

4. Provide an opportunity to interview and discuss the patient's situation privately. See the guidelines for recommended questions to consider in the resource manual addendum.

5. Provide appropriate resources based on the patient's age, needs, and wishes, as well as the unique situation of the patient.

6. Document assessments, concerns, care, and resources/interventions provided to the patient being cognizant that notes can be shared with the patient or his/her proxy. Respect the patient's decision about changing his/her situation and be cautious when providing any formal written discharge instructions if the patient is not ready to leave the situation.

Human Trafficking Protocol



Red Flags

- Individual accompanying patient is controlling, answers all questions, and there is difficulty separating him/her from the patient
- Refusal to use interpreter services if patient does not speak English
- Story does not match clinical assessment
- Scripted or memorized history
- Person does not have identification documents
- Person is carrying large amounts of cash
- Person is unaware of address, current location, date, and/or time
- Clothing is not appropriate for the season
- Vague medical complaints

Physical Signs and Symptoms

- Physical abuse
  - Bruising
  - Bite marks
  - Burns
  - Lacerations
  - Strangulation marks
  - Scars
  - Hair pulled out in spots
  - Broken bones
  - Signs of torture
- Sexually Transmitted Infections (STIs)
- Multiple pregnancies
- Malnourishment
- Tattoos/Branding
- Poor dental hygiene
- Untreated chronic conditions (diabetes, hypertension, cancer, etc.)

Mental Signs and Symptoms

- Depression
- Anxiety/Panic attacks
- Posttraumatic Stress Disorder (PTSD)
- Suicide attempts/Suicidal ideation
- Substance abuse
- Hostile
- Disoriented/Confused
- Fearful/Submissive
- Poor eye contact

Recommended Ways to Separate Trafficker from Victim

- Ask support person (can be male or female) to leave the room for the assessment

- Have the physician order an x-ray if appropriate
  - Explain only patient is allowed in x-ray suite
  - Go in the back door to x-ray to speak with the patient privately

- Have the physician ask the person to leave to complete a procedure

- Obtain a urine sample and assist patient alone to the bathroom

Safety Considerations

- Remove all cell phone devices from the room
  - Traffickers can activate cell phones and listen in on conversations
- Ensuring the safety of a child
  - Place the child in a location where the suspected trafficker cannot easily leave with the child
  - May need to place child in a room with camera monitoring
- Ensuring the safety of a disabled or vulnerable adult
  - Place the vulnerable adult in a location where the suspected trafficker cannot easily leave with him/her
  - May need to place the vulnerable adult in a room with camera monitoring
- Definition of disabled/vulnerable adult
  - Disabled adult ages 18-59 & Vulnerable adults age 60 or greater are unable to:
    - Manage their own affairs
    - Carry out activities of daily living
    - Protect themselves from abuse, neglect, and/or exploitation leading to harm or a hazard to themselves or others
  - They may live in the community or in a long-term care facility
- Alert public safety when there is a suspected trafficker accompanying a victim
- Maintain confidentiality of the victim if not accompanied by trafficker
  - Make patient a private encounter
- Call public safety if there is an immediate threat to the victim or staff
    - Call law enforcement to help assist after calling public safety if threat cannot be de-escalated

Recommended Questions to Ask Suspected Victims

Quick Youth Indicators for Trafficking Screening Tool

1) It is not uncommon for young people to stay in work situations that are risky or even dangerous, simply because they have no other options. Have you ever worked, or done other things, in a place that made you feel scared or unsafe?

☐ Yes ☐ No ☐ Refuse to Answer ☐ Don't Know

2) Sometimes people are prevented from leaving an unfair or unsafe work situation by their employers. 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?

☐ Yes ☐ No ☐ Refuse to Answer ☐ Don't Know

3) Sometimes young people who are homeless or who are having difficulties with their families have very few options to survive or fulfill their basic needs, such as food and shelter. Have you ever received anything in exchange for sex (e.g.: a place to stay, gifts, or food)?

☐ Yes ☐ No ☐ Refuse to Answer ☐ Don't Know

4) Sometimes employers don't want people to know about the kind of work they have young employees doing. To protect themselves, they ask their employees to lie about the kind of work they are involved in. Have you ever worked for someone who asked you to lie while speaking to others about the work you do?

☐ Yes ☐ No ☐ Refuse to Answer ☐ Don't Know

(Chisolm-Straker, Einbond, Sze, & White, 2017, p. 35)

Questions to Ask Suspected Victims

1) Were you (or anyone you work with) ever beaten, hit, yelled at, raped, threatened or made to feel physical pain for working slowly or for trying to leave?
2) Are you kept from contacting your friends and/or family whenever you would like?
3) Has anyone threatened your family?
4) Does someone else control whether you can leave your house or not?
5) Is anyone forcing you to do anything that you do not want to do?
6) Does anyone force you to have sexual intercourse for your work?
7) Do you have to ask permission to eat, sleep, use the bathroom, or go to the doctor?
8) Is someone else in control of your identification documents, passports, birth certificate, and other personal papers?
9) Are you being paid what was promised?

(Mumma et al., 2017, p. 4)

-Do not utilize the person with the victim to translate as this may be his/her trafficker

Recommended Interview Techniques

- ❖ Fulfill patient's basic needs including food, drink, clothing, medical care, and safety before asking questions
- ❖ Foster trust and build rapport
  - Limit who asks screening questions – should be designated to one person who has developed a rapport with the patient
- ❖ Talk with the victim in private
- ❖ Sit at eye level and maintain eye contact
- ❖ Be honest
- ❖ Do not react emotionally to the victim's story
  - Believe their story and maintain composure
- ❖ Maintain confidentiality – disclose at the beginning what will need to be reported to law enforcement or state agencies
- ❖ Utilize interpreter services as needed
  - Patient may feel more comfortable with an in-person interpreter who has signed a confidentiality form
- ❖ Utilize trauma-informed care approach (described below)

Trauma-Informed Care Approach

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

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, p. 7)

- ☆ **Provide safety**
  - Physical and psychological safety for the patient and staff
- ☆ **Demonstrate trustworthiness and transparency**
  - Build and maintain trust with the patient
- ☆ **Peer Support**
  - Engage survivors from the community to help those ready to leave their trafficking situation
- ☆ **Collaboration and Mutuality**
  - Do not dictate the plan of care but rather work with the patient to determine what is best – build on the patient's strengths
- ☆ **Empowerment**
  - Promote healing, understanding trauma from human trafficking is complex
- ☆ **Remain nonjudgmental**
  - Provide culturally competent care

Special Considerations

Minors:

- Protective custody can be taken by the physician if he/she suspects a minor is being trafficked, and there is concern the minor may leave with the trafficker before DFS can arrive
- The juvenile officer of the court of the county must be notified immediately
- The physician has 12 hours to file a written statement with the juvenile officer
- Online abuse or neglect reporting can be completed if situation is deemed non-emergent
    - If situation is urgent/emergent always call hotline at 1-800-392-3738

From another country:

- Utilize interpretive services if patient does not speak English
- Contact the human trafficking hotline at 1-888-373-7888
    - They have interpreters who can three way into the call

Not ready to disclose or leave their situation:

- Provide the human trafficking hotline number 1-888-373-7888
- Provide the human trafficking hotline text number (text HELP to BEFREE 233733)
    - Hand these numbers to the victim on a small piece of paper or have them memorize the numbers
- Offer services from the resource manual if victim is receptive
- Remain nonjudgmental and build rapport with the victim – this may help him/her to know this is a safe place to come and disclose whenever he/she is ready

Disabled (18-59 year olds) adults/Vulnerable adults 60 or older

- Adult abuse hotline is only available to call from 7:00am-12:00am
- From the hours of 12:00am-7:00am
    - If it is an emergency contact public safety and call 911
    - If it is a referral fax the Mandated Report form found here OR go to http://health.mo.gov/seniors/pdf/MandatedReporterForm.pdf
        - Fax number is 1-573-751-4386
    - Online adult abuse and neglect online reporting is available for non-emergent situations

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Educational Opportunities

SOAR ONLINE

SOAR *Online* is jointly provided by the Postgraduate Institute for Medicine Visit disclaimer page and the U.S. Department of Health and Human Services. The module is a collaboration between the Administration for Children and Families Office on Trafficking in Persons and the HHS Office on Women's Health, supported by the National Human Trafficking Training and Technical Assistance Center. The SOAR trainings are developed in collaboration with subject matter experts in the field, those with lived experiences, and partner organizations.

SOAR *Online* is a series of CE/CME training modules that you can complete whenever, wherever you like. The modules discuss the SOAR framework and how to apply it where you work to identify individuals who are at risk, currently experiencing, or have experienced trafficking and connect them with the resources they need.

SOAR *Online* is designed to educate health care providers, social workers, public health professionals, and behavioral health professionals on how to identify and respond appropriately to individuals who are at risk of or who have experienced trafficking. The target audience includes physicians, pharmacists, pharmacy technicians, registered nurses, dentists, psychologists, social workers, case managers, school counselors, public health professionals, health education specialists, and allied health professionals.

Notes

Notes

88%

OF SEX TRAFFICKING VICTIMS
SAW A HEALTH CARE PROVIDER WHILE
THEY WERE BEING TRAFFICKED

If you suspect human trafficking,
CALL 911
OR the National Human Trafficking Hotline
1-888-373-7888 OR text "Help" to 233733.

MHA
MISSOURI HOSPITAL ASSOCIATION

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07/21