

Human Trafficking Toolkit for Healthcare Professionals

This toolkit is meant for healthcare professionals to support successful identification, support, and referrals of victims and survivors of human trafficking. Studies have shown that most victims of human trafficking will interact with the healthcare system, but healthcare workers do not feel confident in their ability to successfully identify and support victims of human trafficking. As a healthcare worker, you have a huge opportunity to spend time with victims and survivors, separate them from their trafficker, address their needs, and provide them with assistance to leave their trafficking situation and begin recovery.

Our hope is that through this toolkit, you will be able to recognize patients that may be exploited. Your organization will develop and institute protocols for addressing and reporting human trafficking, providing appropriate care to patients, and develop a network of referrals for survivor needs. Fighting human trafficking is not a static process, but rather an evolving conversation. By giving you tools to address trafficking, we hope you will become stakeholders in this movement. Once a protocol and referral process are created, bring your organization together to share experiences, lessons learned, and evaluate impact.

Within a healthcare setting, there are various physical and behavioral **red flags** that could indicate if someone is being trafficked.

Indicators of Being Controlled:

- Frequent texting or calls
- Unusually anxious or hurried
- Another person who demands to intercept questions, be present in the examination, or translate
- Restricted communication: patient cannot answer certain questions or seems to follow a script

Physical Indicators:

- Branding tattoos
- Alcohol or substance abuse
- Signs of physical abuse
- Tension headaches
- Suspicious injuries
- Gastrointestinal complaints
- Chronic pain or illness

Client History and Story

- Lying about age
- Story inconsistencies
- Restricted/scripted communication
- Clothing inconsistent with weather
- False identification
- Unaware of community or whereabouts
- History of running away

Signs of Neglect:

- Lack of preventative healthcare
- Dermatological problems
- Dental neglect
- Weight loss or malnourishment
- Poor hygiene

Obstetrics/Gynecological Setting

- Chronic pelvic pain
- Chronic pelvic inflammatory disease
- Dyspareunia
- Multiple sexually transmitted infections
- Genital trauma



- Anal trauma
- Unwanted pregnancy
- Abortion related complications
- Neglected pregnancy complications

Symptoms of Trauma

- Depression
- PTSD and Complex PTSD
- Dissociation

- Sleeping problems
- Hostility
- Anxiety symptoms
- Suicidal ideations
- Substance abuse
- Guilt/shame
- Low self esteem
- Fearfulness
- Poor interpersonal skills

Trauma Informed Care

If you recognize one or more of these red flags, your patient may be a victim of trafficking. If this is the case, you may need to build trust before attempting to intervene. The best way to build trust is by using trauma-informed care, being patient and nonjudgmental, and not make assumptions. Here are some practical tips for gaining trust:

1. Be open and transparent about the process
2. Provide universal education on trauma and violence
3. Face your patient, arms uncrossed, sitting at eye level, and give them your full attention
4. Realize that your patient may be hostile, aggressive, anxious, or argumentative, in other words, they may not “act like a victim”, but continue to treat them with patience and kindness, and realize the trauma behind behavior
5. Ask permission before touching, making referrals, or contacting law enforcement
6. Provide deep, informed consent before sharing information or reporting
 - a. This includes informing your patient about implications and outcomes
7. Offer comfort items such as water, a snack, or a blanket
8. Believe what they tell you, but do not react too emotionally
 - a. If you appear disgusted, they may feel guilt or shame and shut down
9. Provide space for them to tell you what they feel comfortable sharing
10. Do not ask too many questions, especially if they are reluctant to share



Here are some practical tips from [EMPOWER Clinic](#) in New York, which provides medical and psychiatric care to trafficking survivors:

The health care provider controls	The patient expresses	The health care provider responds
<p><u>Open and accepting body language</u></p> <ul style="list-style-type: none"> • Keeps arms uncrossed • Keeps hands in view • Stays facing the patient • Makes eye contact • Does not block the door • Gives patient full attention (avoids typing or appearing distracted) • Asks for permission to make physical contact <p><u>Attitude shifts</u></p> <ul style="list-style-type: none"> • Stigmatization→normalization • Disempowerment→empowerment • Victimization→resilience • Questioning→believing and validating the patient • Biases and assumptions*→confront biases and empathize <p><u>Approach</u></p> <ul style="list-style-type: none"> • Is Nonjudgmental <ul style="list-style-type: none"> - "Risky sex"→"sex without a condom" • Encourages Patient Agency <ul style="list-style-type: none"> - "I need to→is it okay if I..." • "Victim" vs "survivor"¹ • Is patient • Explains diagnosis, options for treatment⁴ • Explains concept of trauma • Normalizes the experience <ul style="list-style-type: none"> - "Many people have experienced trauma" - "It is normal to feel this way." 	<p><u>Fearful body language</u></p> <ul style="list-style-type: none"> • Trembling • Refuses exam or touch • Limited or no eye contact • Self-protective posture (huddling, crossing arms, curling) <p><u>Negative self-talk</u></p> <ul style="list-style-type: none"> • "I am ruined/broken/worthless" • "I am crazy" • "No one will ever love me" • "I feel so stupid for reacting this way" • "I was the one who had done something wrong"⁷ • Feelings of powerlessness⁷ <p><u>Signs of emotional distress^{6,7}</u></p> <ul style="list-style-type: none"> • Crying • Difficulty breathing • Dissociation • Flashbacks • Flat affect • Anger and/or aggression 	<p><u>Sensitive and attentive</u></p> <ul style="list-style-type: none"> • Narrates, explains necessary touch: "inform before you perform"⁷ • Avoids unnecessary touch • Exposes one body part at a time • Is sensitive to modesty • Is not be afraid of silence and hesitation • Does not appear shocked, afraid, or disgusted • Asks about patient's concerns, "How do you feel about..." <p><u>Empowerment language</u></p> <ul style="list-style-type: none"> • "You are strong; you survived"; "It's okay, this can be hard" • "It is normal to feel stressed about this." • "I'm so glad you are sharing this with me." • "I believe you. It took a lot of courage to tell me about this." • "It's not your fault. You didn't do anything to deserve this." • "You survived something very difficult that was not your fault." • "This has had an impact on your life." • "I am so sorry that happened." • "You are not alone." <p><u>De-escalation</u></p> <ul style="list-style-type: none"> • Gives space for the patient to tell their story, let her take the lead⁸ • Summarizes periodically: "It sounds like you had very traumatic experiences in childhood..." • Uses grounding techniques • "I am amazed by your strength to survive and talk about the experience of sexual violence." • "Thank you for your courage in sharing this with me." • Responds to dissociation and flashbacks

Using Screening Tools and Assessments

It may be easier to build rapport with your client and discover trafficking if you have a conversation as opposed to asking a series of questions. However, if you feel most comfortable using a screening tool or assessment, there are many available. I recommend [watching this webinar](#) to learn more about how and when to use these tools in the context of trafficking. There are several validated screening tools shared during that presentation, there are some listed here as well:

- [Quick Youth Identification Tool](#) for homeless youth potentially involved in sex or labor trafficking
- [Trafficking Victim Identification Tool](#) from Vera Institute of Justice
- [Commercial Sexual Exploitation Identification Tool](#) (CSE-IT) You can get [trained on the CSE-IT tool with Unbound Houston](#)

Respond and Refer



Once you suspect or identify trafficking and have used trauma-informed care to build rapport with your patient, you will explain their options and make referrals.

1. The patient can call the Human Trafficking Hotline from your office
2. You can call the Human Trafficking Hotline on their behalf with their full informed consent
3. If the patient is not ready to leave the trafficking situation, discreetly provide numbers for the Human Trafficking Hotline and local shelters
 - a. Try to make a follow up appointment or a plan to check in
4. If the patient is ready to leave, contact security if safety is a concern and arrange for a team to escort them to a shelter
5. If the patient just wants services
 - a. Connect them to appropriate services, which may include mental health, substance abuse, housing, employment, a medical specialist, immigration support, or law enforcement
6. If your patient or staff are in immediate danger, call 911

Services

If you are outside of the Houston area, you can visit the [Human Trafficking Hotline Service Directory](#) or call the [Hotline](#) to find services in your area.

Within Houston, we have an amazing network of services available:

- [Rescue Houston](#) Provides immediate pick up 24/7, assessment for services, and assists with placement
 - 713-322-8000 24-hour hotline
- [Houston Area Women's Center](#) (HAWC) Provides services (Including housing and case management) for victims of domestic violence, sexual assault, and sex trafficking
 - Domestic Violence: 713-528-2121
 - Sexual Assault: 713-528-7273
 - Office: 713-528-6798
- [Elevate 61](#) Serving male survivors of trafficking, including housing and supportive services
 - 832-773-4909 aaronc@elevate61.org
- [United Against Human Trafficking](#) Case management and support groups for adult victims and survivors of trafficking
 - Case Manager Erin Martin 832-558-8255 emartin@uaht.org
- [Tahirih Justice Center](#) Legal and social services for immigrant women and girls
 - 713-496-0100
- [Cabrini Center for Immigrant Legal Assistance](#) Legal services for victims and survivors of trafficking, including immigration, T-Visas, law enforcement, and other needs
 - 713-874-6750 9-5 Mon-Fri
 - 833-468-4664 [Immigrant Rights Hotline](#)

Working with a Translator



If you are unable to communicate comfortably with the client in their native language, you need to use a trained interpreter. By using someone who came with the patient to interpret, you risk biased, inaccurate translation. You should find a translator that is trained in trauma informed care and asking about trafficking. Additionally, not all translators of a single language have the same cultural competency. For example, a Spanish translator may be familiar with cultural norms in parts of Mexico but would inaccurately translate for someone from an indigenous community from Guatemala. If you have a translator who understands the cultural norms of the patient, it will be easier to build trust and meet the patients' needs. Hopefully, you have a translation protocol in your hospital. If not, the Human Trafficking Hotline provides translation in over 200 languages. Additionally, you can contact [Masterword](#). It is a good idea to contact them ahead of time to arrange a protocol and Memorandum of Understanding.

- [Masterword](#), Graciela Zozaya gzozaya@masterword.com 281-589-0810, ext. 8966

Masterword can deliver specific training on working with translators to serve victims of human trafficking.

Developing Protocol

It is critically important to develop a protocol within your healthcare setting, so that you are prepared if trafficking is identified. I highly recommend referencing the [HEAL Protocol Toolkit](#) as a guide. You can even speak with a consultant from HEAL to help you build your protocol. Each protocol will be different, depending on the available staff and resources. However, here are some tips to help you:

- Identify key staff who will help build, implement, and evaluate the protocol
- What resources are available onsite? What resources should be met with outside agencies?
- Build relationships with outside agencies who will provide services
- When is it appropriate to call law enforcement? (When requested by the patient or if there is immediate danger) How can we build trusting relationships with law enforcement?
- Consider how the response to child victims will differ from responding to adult victims
- Create or acquire materials on trauma, violence, and trafficking, and have them available for patients
- Identify an escort team in case a patient would like to immediately leave their trafficker and go to a safe location. The team ideally includes a mental health professional and security
- Create follow up cards with disguised phone numbers that patients can safely take with them if they are not ready to leave their trafficker
- Establish a timeline for protocol development and implementation

HIPAA Compliance

Here is some [guidance](#) on reporting suspected or confirmed cases of human trafficking in [compliance with HIPAA](#). Please note that state and federal laws on human trafficking vary, and if you are outside of Texas, you should research your local reporting laws



- If the victim is a minor or an [adult with disabilities](#), you are [mandated to report](#) to the Department of Family Protective Services via their [Hotline](#) or phone number at 1-800-252-5400
- If you believe a patient or staff member is in imminent physical danger due to a trafficking situation, you may reveal patient health information when it is necessary to prevent or reduce a serious and immediate threat to the health or safety of a person or the public
- If your patient is an adult without intellectual disabilities, you must get their full, informed consent before disclosing any personal health information. Full consent includes informing them of possible outcomes and consequences of disclosure
- If your patient does not give consent but still wants service referrals, you can call the National Human Trafficking Hotline. Let the operator know that you fall under HIPAA and your patient has not given consent to disclose private health information. The operator will guide the call appropriately

Additional Training and Resources

Human trafficking is constantly evolving, and our knowledge must develop too. There are lots of resources for additional training to help you gain a comprehensive understanding of human trafficking in a healthcare setting. [HEAL \(Health, Education, Advocacy, and Linkage\)](#) is a vast resource which I highly recommend, especially their list of [webinars](#). Human Trafficking Search also has a [helpful toolkit](#) with reports, training, and resources. Seattle nonprofit [REST](#) also has a [toolkit for healthcare professionals](#).

Conclusion

As a healthcare professional, you have an incredible opportunity to recognize, intervene, and provide assistance for victims of human trafficking. Even if a patient refuses services and referrals, if you show that you care about them, you may leave a greater impression with them than you realize. Many survivors have said that when someone showed concern and offered help, that was the biggest key in their decision to leave a trafficker. Even if they do not take your help the first time you offer, if you let them know you are there if they change their mind, your support can help someone out of trafficking.

We have attached some cards that you can use if patients are not yet ready to leave but are open to taking information.

<p>United Against Human Trafficking Credible Tip: 713-874-0290 Case Manager Erin Martin: emartin@uaht.org P: 832.558.8255</p>	<p>Human Trafficking Hotline 1-888-373-7888 Text 233733 (BEFREE) Humantraffickinghotline.org</p>
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UNITED AGAINST
HUMAN TRAFFICKING

Rescue Houston
713-322-8000

Nails & Day Spa
1-888-373-7888