

## DEVELOPING A PROTOCOL TO RESPOND TO VICTIMS OF HUMAN TRAFFICKING IN THE HEALTHCARE SETTING

Dr. Jeff Barrows  
VP Education and Advocacy  
Abolition International

### Educational Objectives

- ▣ At the conclusion of this program, participants should be able to:
  - Make the necessary contacts to develop a protocol to respond to victims of trafficking in the healthcare setting
  - Research local resources already engaged in the fight to end human trafficking
  - Complete a protocol to respond to victims of human trafficking in the office or clinic setting

### Basic assumptions

- ▣ Have a basic knowledge of the issue of human trafficking both here in the U.S. and internationally
- ▣ Have received some training regarding how to identify a victim of trafficking in the healthcare setting
- ▣ Have a desire to put into place a mechanism to help you respond to identified victims of trafficking

## REASONS FOR A PROTOCOL

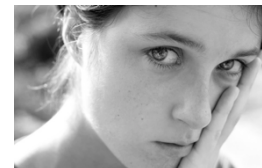
### Reasons for a protocol

- ▣ These victims usually do not self-identify
- ▣ These patients do not even realize they are even victims



### Reasons for a protocol

- ▣ If the intervention is unsuccessful, the patient will likely suffer
- ▣ Depending on the trafficker, there may also be some danger to the staff



### Reasons for a protocol

- ▣ Need to address important questions ahead of time:
  - refuses intervention?



### Reasons for a protocol



- ▣ Since we are dealing with criminal activity, we need to assist law enforcement to the greatest extent possible
- ▣ It is possible that evidence we collect will be involved in the prosecution of the trafficker

### Reasons for a protocol

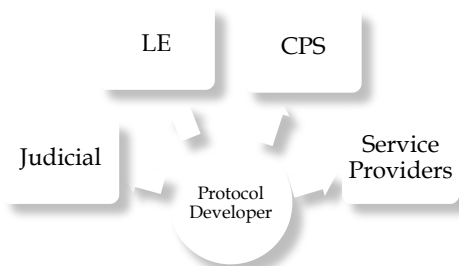


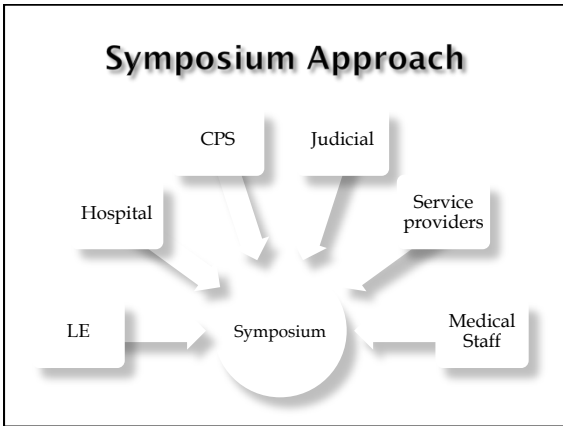
- ▣ Not all local and state law enforcement is trained on the phenomenon of human trafficking
  - So local police may not know what to do
  - May even treat victim as a criminal

**THE BEST AND SAFEST WAY TO RESPOND IS THROUGH ADVANCED PREPARATION OF A PROTOCOL**

**TWO BASIC APPROACHES TO SET UP A PROTOCOL**

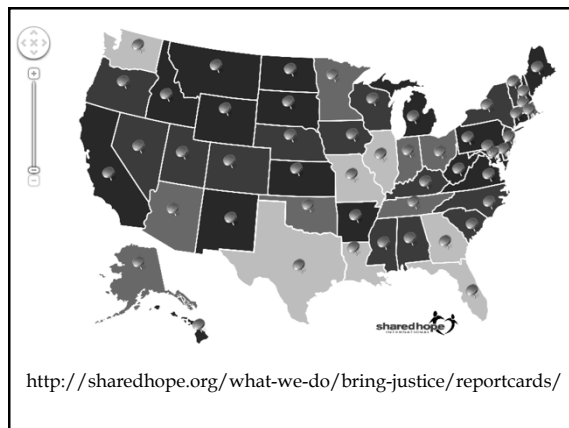
### Individual agency approach





## STEP 2

Begin researching your state laws



Compare how states scored on the following issues:

<b>OVERALL GRADES</b>	Criminalization of Domestic Minor Sex Trafficking	Criminal Provisions Addressing Demand	Criminal Provisions For Traffickers	Criminal Provisions For Facilitators	Protective Provisions For Child Victims	Criminal Justice Tools for Investigation and Prosecution

<http://sharedhope.org/what-we-do/bring-justice/reportcards/>

### 2013 STATE RATINGS ON HUMAN TRAFFICKING LAWS

**POLARIS PROJECT**  
FOR A WORLD WITHOUT SLAVERY

Polaris Project has rated all 50 states and the District of Columbia based on 10 categories of law that are critical to a basic legal framework that combats human trafficking, punishes traffickers, and supports survivors. These ratings are based on statutes enacted by July 31, 2013.

**Most Outstanding**  
*(10 categories passed)*

**Most Improved**

*New Jersey (+8) Washington (+8) Arkansas (+8.5) Wyoming (+8) Mississippi (+8) New Jersey (+6)*

<http://www.polarisproject.org/what-we-do/policy-advocacy/national-policy/state-ratings-on-human-trafficking-laws>

## Polaris Project State Reports

Alabama	Illinois	Montana	Rhode Island
Alaska	Indiana	Nebraska	South Carolina
Arizona	Iowa	Nevada	South Dakota
Arkansas	Kansas	New Hampshire	Tennessee
California	Kentucky	New Jersey	Texas
Colorado	Louisiana	New Mexico	Utah
Connecticut	Maine	New York	Vermont
Delaware	Maryland	North Carolina	Virginia
District of Columbia	Massachusetts	North Dakota	Washington
Florida	Michigan	Ohio	West Virginia
Georgia	Minnesota	Oklahoma	Wisconsin
Hawaii	Mississippi	Oregon	Wyoming
Idaho	Missouri	Pennsylvania	

<http://www.polarisproject.org/what-we-do/policy-advocacy/national-policy/state-ratings-on-human-trafficking-laws>

## STEP 3

Begin getting input from important society sectors

## PARTICIPANTS NECESSARY TO DEVELOP A PROTOCOL

### Connecting with local law enforcement on trafficking

- ▣ Call the Department of Homeland Security Hotline at:
  - 866-347-2423
  - Ask them about:
    - Local law enforcement officials to contact
    - Local Homeland Security personnel

### Law enforcement participants



- ▣ Local vice detectives
- ▣ Local sheriff vice representatives
- ▣ Ask them:
  - About local trafficking situation
  - Local trafficking cases
  - Willingness to participate in a protocol symposium at hospital

### Law enforcement participants



- ▣ State law enforcement representative
  - Highway Patrol or state agency (BCI)
- ▣ Ask them level of training on trafficking at the state level
- ▣ Willingness to participate in symposium

### Law enforcement participants



- ▣ FBI
  - All FBI have been trained
  - Ask for contact information on local agent or local victim services specialist
  - Ask about task force
  - Ask about their availability to participate in symposium

### Law enforcement participants



- ▣ Homeland Security
  - Key agent for international victims
  - All HS agents have been trained
- ▣ Ask for contact info on local agent
- ▣ Ask for their participation in symposium

### Law enforcement participants



- ▣ Law enforcement task force representatives
  - Should receive information on this from Homeland Security or FBI
  - May have state or local agencies on task force if one present

### Local government participants:

- ▣ Child protective services
  - Have their personnel been trained on child sex trafficking?
  - Do they have any established relationships with specialized service providers?
  - Are they willing to participate in symposium?



### Local government participants:

- ▣ Juvenile court representative
  - How knowledgeable is their system regarding child sex trafficking?
  - Do they screen for victims in juvenile detention?



### Local government participants:

- ▣ Juvenile court representative
  - Apply state laws
    - minor involved with commercial sexual exploitation as victim... is the court aware of that?



### Local government participants:

- ▣ Truant office representative
  - Knowledge of trafficking?
  - Knowledge of state laws?



### Local government participants:

- ▣ Municipal Court representative
  - Municipal Court handles cases of prostitution in adults
  - Ask about their awareness of human trafficking



### Local government participants:

- ▣ Municipal Court representative
  - Patients may have outstanding warrants
  - May have a special prostitution court



### Service Provider Participants

- ▣ Organizations in your local area actually working with victims of human trafficking



### Connecting with local providers on trafficking

- ▣ Call the Trafficking Information and Referral Hotline
  - 1.888.373.888.
  - Ask them about:
    - Local providers meeting needs of victims



**POLARIS PROJECT**  
FOR A WORLD WITHOUT SLAVERY

### Rescue and Restore Coalitions

OFFICE OF REFUGEE RESETTLEMENT  
An Office of the Administration for Children & Families

Search

HOME ABOUT PROGRAMS POLICY REFUGEE HEALTH RESOURCES RESCUE & RESTORE SPOTLIGHT EVENTS

ADP Home » Office of Refugee Resettlement » Contact Information for Coalitions

BACK TO SEARCH

**Contact Information for Coalitions**

August 17, 2012

Audience: Anti-Trafficking in Persons Program

SHARE

Rescue & Restore Coalitions exist in several cities and states. To contact a coalition, please see the following chart:

LOCATION OF COALITION	NAME OF COALITION	LEAD ORGANIZATION	CONTACT	ALTERNATE CONTACT
Contra Costa County, California	Contra Costa County's Zero Tolerance for Human Trafficking Coalition	Contra Costa County, Martinez, CA	Juliana Carson 925-313-1591	NA
Fresno, California	Central Valley Freedom Coalition	Fresno County Economic Opportunities Commission Fresno, CA	Rosina Wright 559-268-1045 ext. 103	NA
Sacramento, California	Sacramento Rescue & Restore Coalition, CT	Sacramento Employment & Training Agency (SETA)	Mary Jennings 916-263-1590	NA

<http://www.acf.hhs.gov/programs/orr/resource/contact-information-for-coalitions>

## Service Provider Participants

- ☐ Outreach provider representative
- ☐ Housing provider representative
- ☐ Restorative care provider representative
- ☐ Other service providers



## Service Provider Participants

- ☐ Ask them:
  - Population they are serving
  - Services they are providing
  - Criteria for admission
  - Requirement for any funding for services
  - Ability to participate



## Participants Necessary to Develop a protocol

### Hospital Participants:

- ☐ Hospital Administration
- ☐ Medical staff representation
  - Ob/Gyn
  - Pediatrics
  - Family Medicine
  - Orthopedics



## Participants Necessary to Develop a protocol

### Hospital Participants:

- ☐ Emergency department representation
- ☐ Nursing staff representation
- ☐ Social service representation
- ☐ Hospital security



## Other potential participants:

- ☐ Representatives from local schools
- ☐ Representatives from local churches

## ELEMENTS OF A GOOD PROTOCOL

### Elements of a good protocol

- ▣ Identifiers that are specific to the local trafficking situation
  - Types of local international trafficking
  - Knowledge of local pimps and pimp networks
  - Knowledge of local pimp street names for tattoos
  - Past cases of local trafficking
  - Local trends in trafficking

### Gather input from:

- ▣ Law enforcement representatives
  - Local police and sheriff vice departments
  - State- Highway patrol and BCI
  - Federal- FBI, HS, Task forces
- ▣ Local service providers
  - Outreach workers
  - Restoration facilities

### Elements of a good protocol

- ▣ Dissemination of local identifiers
  - Posting in office/clinic/hospital
- ▣ Training of office/clinic/hospital personnel
  - Appropriate medical and nursing staff
  - Appropriate security personnel
  - Intake workers

### RESULT

Accurate list of local identifiers posted and trained to office/clinic/hospital staff

### POTENTIAL TRAFFICKING VICTIM IDENTIFIED

### Elements of a good protocol

- ▣ Clear procedure on how to separate the patient from the person accompanying them
  - When to do the separation
    - With a physical examination
    - With a purported X-ray
  - Words to say
  - Who is to do the separation



### Elements of a good protocol

- ▣ Clear procedure on how to separate the patient from the person accompanying them
  - What to do if the person refuses to leave
    - My recommendation- Push!

### DECISIONS REGARDING SEPARATION POLICY

Made by office/clinic/hospital administration and staff in consultation with law enforcement

### RESULT

Separation policy incorporated into the protocol and trained to the staff

### Elements of a good protocol

- ▣ Designated interviewer
  - Person to spend time with possible victim to develop relationship of trust
  - Should be on site if possible
- ▣ For hospital only:
  - Should have a designated person available on all shifts

### Elements of a good protocol

- ▣ Should have access to interpreters for international victims
- ▣ Consider:
  - Social workers
  - SANE nurse
  - SAFE nurse
  - Outreach worker from local provider

### Recommended training for interviewers

- ▣ How to interview victims and establish trust
- ▣ Effects of trauma on patient
- ▣ Trauma bonding
- ▣ Definitions of human trafficking
- ▣ Human trafficking identifiers
- ▣ Screening questions

### **Recommended training**

- ▣ Other issues that will prevent victim from self-disclosing
- ▣ Patient confidentiality and HIPPA policies
- ▣ Final office/clinic/hospital protocol
- ▣ How to notify and include translators
- ▣ When to intervene and when not to intervene

### **DECISIONS REGARDING DESIGNATED INTERVIEWER**

Made by office/clinic/hospital administration

### **RESULT**

Interviewers designated and trained

### **INTERVIEWER CONCLUDES PATIENT IS LIKELY VICTIM OF TRAFFICKING**

### **GOOD PROTOCOL WILL INCLUDE ADDITIONAL DATA TO COLLECT**

### **Additional data to obtain**

- ▣ Demographic data:
  - Any known addresses
  - Phone numbers
  - Email addresses
  - Other contact information
- ▣ Information regarding other possible victims
- ▣ Information regarding potential danger from trafficker or associates
- ▣ Additional data requested by law enforcement

### **Additional data to obtain**

- ▣ Number of sexual partners in the past 2 weeks
- ▣ Time and date of last sexual contact
- ▣ Known exposure to sexually transmitted disease
- ▣ Trauma incurred from recent sexual assault
- ▣ New gynecologic symptoms
- ▣ Possibility of pregnancy
- ▣ Other health concerns or problems

### **RESULT**

Probable victim of human trafficking in your healthcare setting

### **EVALUATE YOUR ABILITY TO INTERVENE**

Remember:  
We are mandated REPORTERS,  
not mandated  
INTERVENERS

### **GOOD PROTOCOL WILL HAVE CLEAR GUIDELINES FOR INTERVENTION**

### **Guidelines for intervention**

- ▣ Ability to establish security
- ▣ Type of trafficking scenario
- ▣ Danger to the patient/victim
- ▣ Potential danger from trafficker
- ▣ Desire of the patient/victim
- ▣ Gather input from:
  - Local law enforcement
  - Local anti-trafficking organizations

### **RESULT**

Clear guidelines established for intervention and the situation meets those guidelines

## ASK PERMISSION TO INTERVENE

## WHAT IF PATIENT REFUSES INTERVENTION?

### Adult

- ☐ Their decision must be respected if they are over age 18
- ☐ Continue to gather as much data as possible to turn over to law enforcement
  - License plate of vehicle
- ☐ Allow the patient to leave

### Victim is an adult parent of minor patient

- ☐ Respect their decision if the minor is not in immediate danger

### Minor Patient

- ☐ May have legal authority to take child into custody
- ☐ Recommend that you individualize...
- ☐ The decision depend on the following factors:
  - Ability to protect minor
  - Ability to provide services to minor within protective custody
  - Age of minor
  - Physical condition of minor
  - What is known about trafficker
  - Ability to follow up later
  - Other factors from law enforcement

### What if minor patient refuses intervention?

- ☐ Points to consider with minor patient refusing intervention:
  - Very difficult to help a minor that doesn't want help
  - If trafficker and minor have a child together, and child is with the trafficker...for the safety of the child it is better not to immediately intervene but allow LE to follow up

### What if patient refuses intervention?

- ▣ Additional input:
  - Child protective services
  - Local Police
  - FBI
  - Juvenile Justice
  - Homeland security
  - Local trafficking representatives

### Good Protocol

- ▣ Will have clear procedures for what should be done if the patient agrees to intervention
- ▣ Will have clear guidelines if the patient refuses intervention
  - Adult- additional data and procedures
  - Minor- guidelines when to intervene in spite of patient refusal

## ESTABLISHING SECURITY

### Establishing security: Goals

- ▣ Establish security around the patient and staff if:
  - The patient is a likely victim of trafficking
  - The patient is requesting intervention
  - The patient is accompanied by another person
- ▣ The patient and staff must be protected from potential violence from the person accompanying the patient (probable trafficker)

### Internal Security

- ▣ How to notify hospital security
- ▣ Prior training of hospital security
  - Human trafficking
  - Hospital protocol

### External Security

- ▣ Record input from local Police
  - When to be notified
  - Specific number to be called
  - Other actions to take

## NOTIFICATION OF OTHER AUTHORITIES

- ### Notification protocols
- ☐ Notification of Child Protective Services
    - When to be notified
    - Specific number to be called
    - Other actions to take
  - ☐ Notification of Juvenile Justice System
    - When to be notified
    - Specific number to be called
    - Other actions to take
  - ☐ Notification of FBI
    - When to be notified
    - Specific number to be called
    - Other actions to take

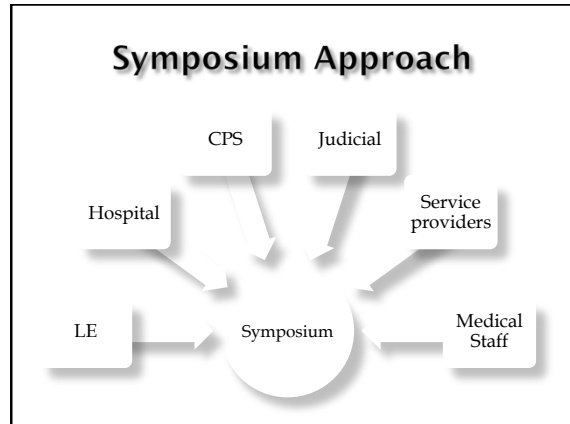
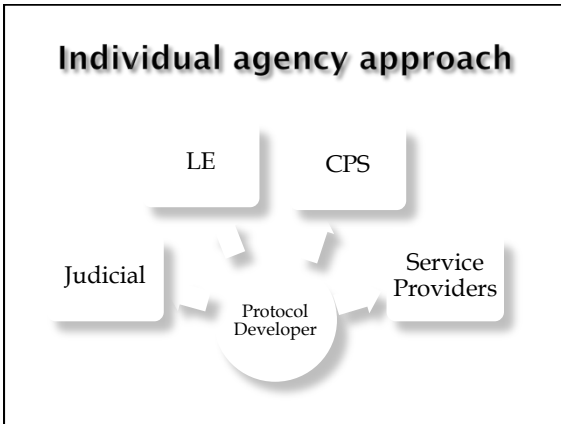
- ### Notification protocols
- ☐ Notification of Homeland Security
    - When to be notified
    - Specific number to be called
    - Other actions to take
  - ☐ Notification of local trafficking partners
    - When to be notified
    - Specific number to be called
    - Other actions to take

## FORENSIC EXAMINATION

### Comparing SA with ST

Characteristic	Sexual Assault	Sex Trafficking
Number of perpetrators	Usually one or few	Usually many (10-20/day) Minor perpetrators
Major perpetrator	Those involved with sexual assault	Trafficker (May or may not have sex with victim)
Minor perpetrator	None	Johns (Persons who purchase sex with victim)
Forensic evidence required to prosecute major perpetrator	Obtained through forensic physical/pelvic examination	Obtained through other law enforcement methods such as cell phone tracking, testimony of victim Usually NOT obtained through forensic examination because sex with trafficker often consensual
Forensic evidence against minor perpetrator	Not Applicable	Multiple partners will possibly compromise forensic evidence. Also crime of purchasing sex from an adult is usually a misdemeanor rather than felony
Presentation to medical facility	Usually self-disclosing as assault victim	Rarely self-disclosing as victim
Impact of presentation on forensic evaluation	Able to perform full forensic exam or transfer to facility where exam performed	Physical exam may be started prior to discovery patient is a victim; this will impede performance of forensic exam

- ### Forensic Examination
- ☐ When to engage the SANE/SAFE nurse
  - ☐ Amount of forensics to collect



- ### Good Protocol Summary
- ▣ List of local indicators
  - ▣ Clear separation protocol
  - ▣ Designated interviewer
    - Trained on protocol, trafficking etc.
    - Able to contact interpreters
  - ▣ Delineated additional data to collect

- ### Good Protocol Summary
- ▣ Clear guidelines regarding intervention
  - ▣ Guidelines for a minor refusing intervention
  - ▣ Clear reporting mechanisms
  - ▣ Training of staff and personnel
  - ▣ Guidelines for updating the protocol

