

Information for Healthcare Providers:
Recognizing and Responding to Victims of Human Trafficking
A Narrative Review of Slim Recommendations

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Abstract

Objectives: Healthcare providers have the potential to be the most important contact for victims of human trafficking. The purpose of this review is to provide the latest information for healthcare providers who may come in contact with victims of human trafficking (HT).

Background: Ensuring providers have the necessary training to carry out this pivotal role requires effective protocols be in place and educational opportunities, including required CEU training annually.

Methods: PubMed was the database chosen for searching human trafficking and healthcare provider were searched. The limitations were trafficking is a term used in immunology. Having to go through all studies to locate those with only HT took time. Government reports and non-profit organizations were also used to retrieve gaps in review information.

Discussion: This narrative review takes a look at identification of victims and a comparison of components cited in the literature for creating effective protocols in healthcare settings.

Conclusions: Planning how to assess and provide for the health needs of trafficked adults and children requires strategic and trauma-informed care. Procedures and protocols for interaction with these patients require training.

Keywords: Human Trafficking, healthcare provider, HT screening, HT protocol

Recognizing and Responding to Victims of Human Trafficking

The purpose of this narrative review is to discuss the slim findings of information for healthcare providers on guidelines for recognizing and responding to victims of human trafficking in a medical setting. The goal is to highlight tools available to healthcare professionals who may be the only person available to provide information or intervene with a victim. Knowing the signs, behavior, and how to help can save lives. Creating communication between healthcare and local, regional, and national resources for victims is key in providing the care victims of human trafficking require. It is a complex problem and knowing what to do and what regulations allow healthcare workers to intercept victims, empowers them to make the split-second decisions required, whether in the ER or in private practice.

Background:

Defining Human Trafficking is a philosophical topic debated by many scholars (Bruchart, et al., 2002). There are two important definitions to bring under consideration. The first is that of the U.S. Department of Justice, defined in The Trafficking Victims Protection Act. This definition has two parts:

- Sex trafficking in which a 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; or
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery (22 U.S.C. §7102(9)) (USDOJ, 2020).

The second definition is from The United Nations. It defined trafficking as:

The recruitment, transportation, transfer, harbouring or receipt of persons by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power, or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at minimum, the exploitation of prostitution of others or other forms of sexual exploitation, forced labor or services, slavery or practice similar to slavery, servitude or other removal of organs. (UNODC, 2008).

Methods:

Study type preferred for this narrative review are systematic reviews in order to find a broad range of ideas. Protocols and educational tools available.

Date of Search	Database	Years Searched/ Type	Search Terms	# Hits
2/21/2020	EBSCO host	All dates/ Systematic Reviews	Human Trafficking, health provider	5
2/21/2020	PubMed	2015-2020/ Systematic Reviews	Human trafficking, health provider Systematic Review	422
3/5/2020	PubMed	All dates/ None Specified	Human trafficking, Emergency room protocol	2
3/5/2020	PubMed	All dates/ None Specified	Human trafficking, Health indicators	461

Within the searches listed above, reviews from specific areas were excluded, reviews focused on mental health only were excluded, and non-systematic reviews were considered for additional definitions or protocols. Initial electronic searches for citations from government reports and non-profit organization reports helped refine the term “health provider” as a keyword. (Department of State, 2020), (Bouché, 2018). Inclusion criteria were being a

systematic review and inclusion of health care provider practical information. Of the 461 full search studies found, inclusion based on title including keywords human trafficking, screening indicators, and identifying were used. All others were excluded, which left 15 studies out of 461 only, whose subject was human trafficking. All others were related to immunology studies.

Discussion:

Healthcare providers play a role in identification of victims of human trafficking. A survey of survivors found 88% of human trafficking victims had some form of healthcare service during their period of exploitation (Lederer, et al., 2014). It is essential healthcare providers be knowledgeable, prepared, and have procedures to follow when these patients enter their care, whether the ER or in private practice. Typically, victims come into contact with healthcare providers when their condition becomes serious. For the trafficker to bring a victim to the ER is taking a risk and knowing how to identify, interact and what to say to the trafficker are equally important. Preventative care is uncommon, and one of the methods used to control victims is access to little food, proper living conditions, and few possessions. There are a wide range of symptoms that could be indicators. The two most relevant red flags are the victim defers all answers to the person accompanying them, and they do not have any identifying information. The most common physical symptoms include broken bones, burns, chronic pelvic pain, sexually transmitted infections, and the inability to speak the local language (Hemmings, et al., 2016). Another list adds vaginal and rectal trauma, unintended pregnancies, infertility, and urinary tract infections (UNODC, 2008). Some peripheral symptoms indicating human trafficking are tattoos of initials, barcodes, or gang symbols, burn marks and bald patches where hair has been ripped out (Zimmerman, et al., 2006). The primary indicators for children are high levels of maturity, owning material possessions inappropriate for the age of the child, not living with parents, and

not attending school (Hemmings, et al., 2016). The greatest indicator is victims who come in contact with healthcare workers are accompanied by their traffickers and are prevented from disclosing their true needs (Hemmings, et al., 2018). In a hospital setting, one of the best ways to help victims is to bring in an independent interpreter for victims who do not speak the local language. Services providing interpreters via the internet who are trained specifically for interacting with suspected human trafficking victims is a new growing niche within the field of interpreter services. National HT Hotline translation services is available in 200 languages (NHTH, 2020). Having interpreters on staff is ideal, as it creates an increased atmosphere of trust. There are APPs for translating on smartphones, but it is the social and cultural customs communicated by the interpreter making the difference. Those trained in human trafficking interventions may serve the pivotal role in providing smooth interventions or gaining trust with the victim. There is one instance where the cultural similarity could inhibit the victim, and that is if the victim has a concern the interpreter knows anyone who could recognize them (Hemmings, et al., 2016). The importance of not allowing the accompanying individual to speak for the victim is essential. A key sign of suspected trafficking is a patient who refers to the accompanying individual before answering any question. Although, care must be taken because if the accompanying individuals sense the healthcare worker knows, they may flee. (Hemmings, et al., 2016).

Most of the time the trafficked victim will not leave their situation. Creating a relationship of trust was identified as extremely important (Hemmings, et al., 2016). Having a medical contact person can make all the difference in their lives. Using open ended questions, sticking to medically necessary questions, and to use sensitive, informal language will increase trust (Hemmings, et al., 2016). There are also recommendations for longer appointment times

and maintaining a non-judgmental attitude towards the patient who may have intense feelings of shame, betrayal and guilt (Hemmings, et al. 2016). Key to providing help is the ability to provide a setting where the trafficked victim feels respected and that their welfare is the priority (Zimmerman, et al., 2017). The greater the trust, the more likely they will share accurate information. Many victims do not know the situation they are in is criminal or that their trafficker is doing anything wrong (Bruckert, 2002). Providing medical care, resource information, and options in a non-judgmental way is best policy.

Once a human trafficking victim has been diagnosed with exploitation suspected, the patient should be interviewed in private to determine if an intervention is possible (Oram, et al., 2012). The role of security, local police, local social workers, service organizations, and local non-profit organizations will all be necessary to provide services. Interviews should be conducted only if the accompanying person appears to accept separation follows setting rules and there is a system in place to provide services (Zimmerman, et al., 2003).

Available Tools from Experts:

The purpose of this section is to point out the important limitations of the sited studies in providing sufficient findings to improve healthcare provider response interventions.

The US Department of Health & Human Services subsection Administration for Children and Families established the Office on Trafficking in Persons (OTIP) in 2015 (ACF, 2020). It was created to oversee anti-trafficking programs (ACF, 2020). This came after two bills were passed to help provide solutions, The Sex Trafficking and Strengthening Families Act of 2014 and Justice for Victims of Trafficking Act of 2015 (ACF, 2020). Within the OTIP website is the SOAR program established in 4/3/2018. Healthcare professionals can take modules about human trafficking free of charge. The general overview of this program is defined by SOAR, Stop.

Observe. Ask. Respond. This training is for all healthcare professionals to learn about the four crucial bullets on human trafficking:

Stop- Become aware of the scope of human trafficking

Observe- Recognize the verbal and non-verbal indicators of human trafficking

Ask – Identify and interact with a potential human trafficking victim using a victim- centered trauma-informed approach.

Respond - Respond effectively to a potential human trafficking victim by identifying needs and available resources to provide critical support and assistance (ACF, 2020).

The reviews available discussed various aspects of the S,O, and A of the SOAR program, but failed to provide direction for the R, Respond procedures. This may partially be due to the differences in local law. This follow through and consensus on procedures is critical for the safety of providers. As hospitals and healthcare settings create protocols, best practices will become available.

One tool published in 2019, is the PEARR Tool. This three-page document is a streamlined handout titled, *Trauma-Informed Approach to Victim Assistance in Health Care Settings* (Dignity Health, 2019). The field of trauma-informed care has emerged as a new specialty within all sectors, nursing, physicians, social work, and law enforcement.

Understanding the importance of specialized interaction procedures offers new solutions reaching these victims. The PEARR tool has five bullets:

Provide Privacy – Discuss sensitive topics alone and in a safe, private setting, if safe to remove victim from the accompanying person.

Educate - Educate the patient being nonjudgemental and normalize sharing information.

Ask – Allow time for discussion with patient. Limit questions, give resources, offer contact with local advocate/service providers.

Respect and Respond – If patient denies victimization or declines assistance, then respect patient’s wishes. If you have concerns about patients’ safety, offer hotline care and other information or arrange a private setting for the patient to call hotline. (Dignity Health, 2019).

The PEARR tool also gives streamlined information about risk factors, indicators and resources. The third page has a list of local, regional, and state resources/agencies listed with blank spaces to provide the local and regional agencies who offer services. It also lists the national agencies' hotlines with their phone numbers. This document has been approved for sharing in non-commercial use (Dignity Health, 2019).

All healthcare staff should have access to training, and CEUs should be required annually. Interaction with these patients is different. They often have been advised anyone in authority is a threat, including doctors and nurses. Gaining their trust and being a provider who they can rely on while maintaining HIPPA compliance of sensitive information for those over 18 years of age is required. Suspicion of abuse is not sufficient to report without the victim’s consent. Knowing the local law is important. Building a rapport, educating patients on available assistance, and providing care are the most important actions. Trust may take time, and victims learning about the resources available is the best practice.

Proposed Research:

As the incidence and acknowledgment of victims increases, more hospitals and health care services will be creating protocols for their staff. A study surveying human trafficking response protocols in various medical settings would allow a comparison to find the most efficient and risk reducing procedures. Developing an educational training for staff with well-defined questions and best solution response could increase safety and patient intervention potential.

Conclusion:

Knowing the tools available and requiring education for healthcare providers will change the landscape of this issue. Communication between providers of Health, Social, and Law Enforcement services should be the priority. The first step is educating our society with the basic understanding human beings are not commodities. Human Rights means all human beings, no matter what race, ethnicity, or gender. The latest world estimates, according to the State Department, is 24.9 million people are victims of human trafficking, have lost their freedom, and basic human dignity (DOS, 2019).

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