



HEAL Trafficking

IDENTIFICATION OF HUMAN TRAFFICKING IN AN EMERGENCY ROOM WITH INDIGENOUS AND RURAL PATIENTS

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because human trafficking is a health issue

HEAL Trafficking

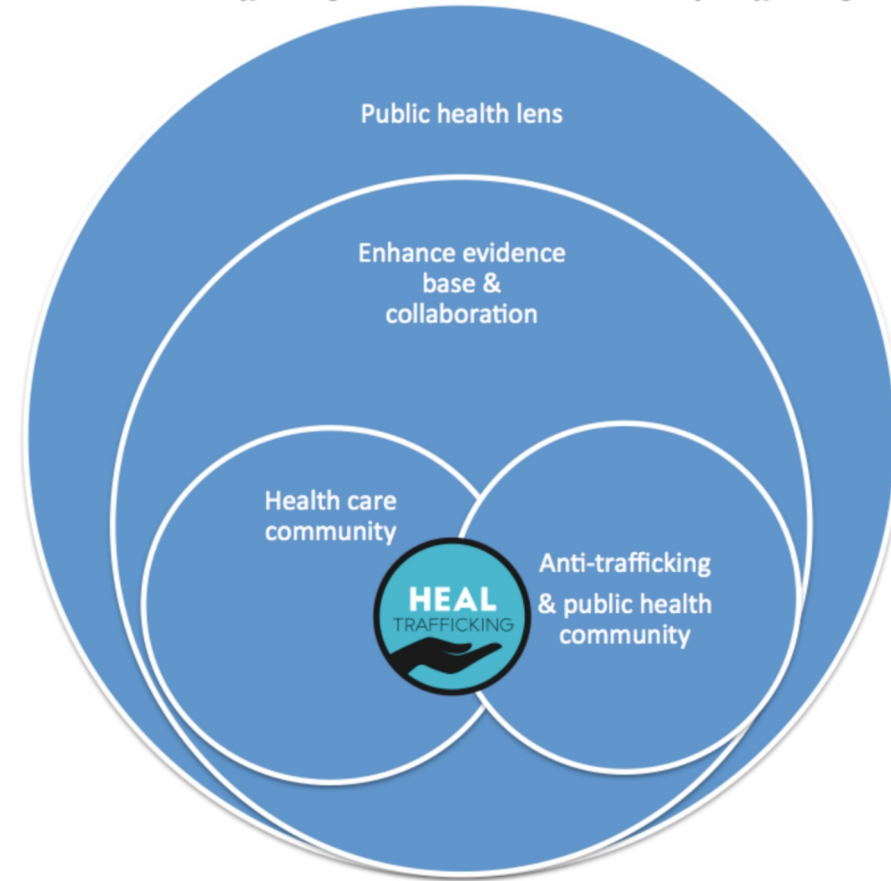
is building the capacity of health professionals & health systems to respond to trafficking



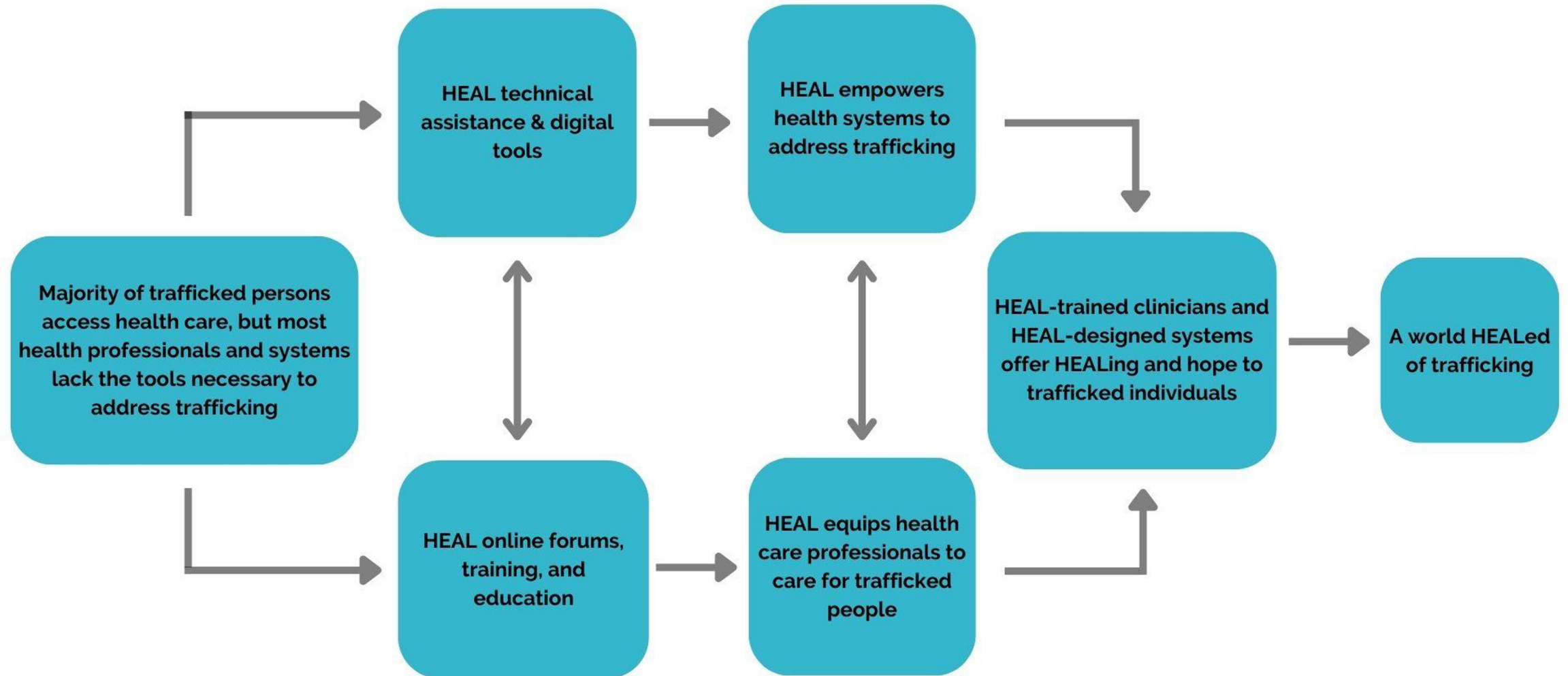
HEAL Trafficking

- Founded 2013
- 45 countries
- >4000 survivors & multidisciplinary professionals
- Public health lens
- To join our online forums, go to HEALTrafficking.org

HEAL Trafficking: toward a world healed of trafficking



HEAL Theory of Change





We are stronger together



center for prevention of abuse.



Jefferson
Philadelphia University +
Thomas Jefferson University
HOME OF SIDNEY KIMMEL MEDICAL COLLEGE



COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS



THE GEORGE WASHINGTON UNIVERSITY HOSPITAL



Human Trafficking
patient **vulnerabilities & responses**

Rural, critical
access

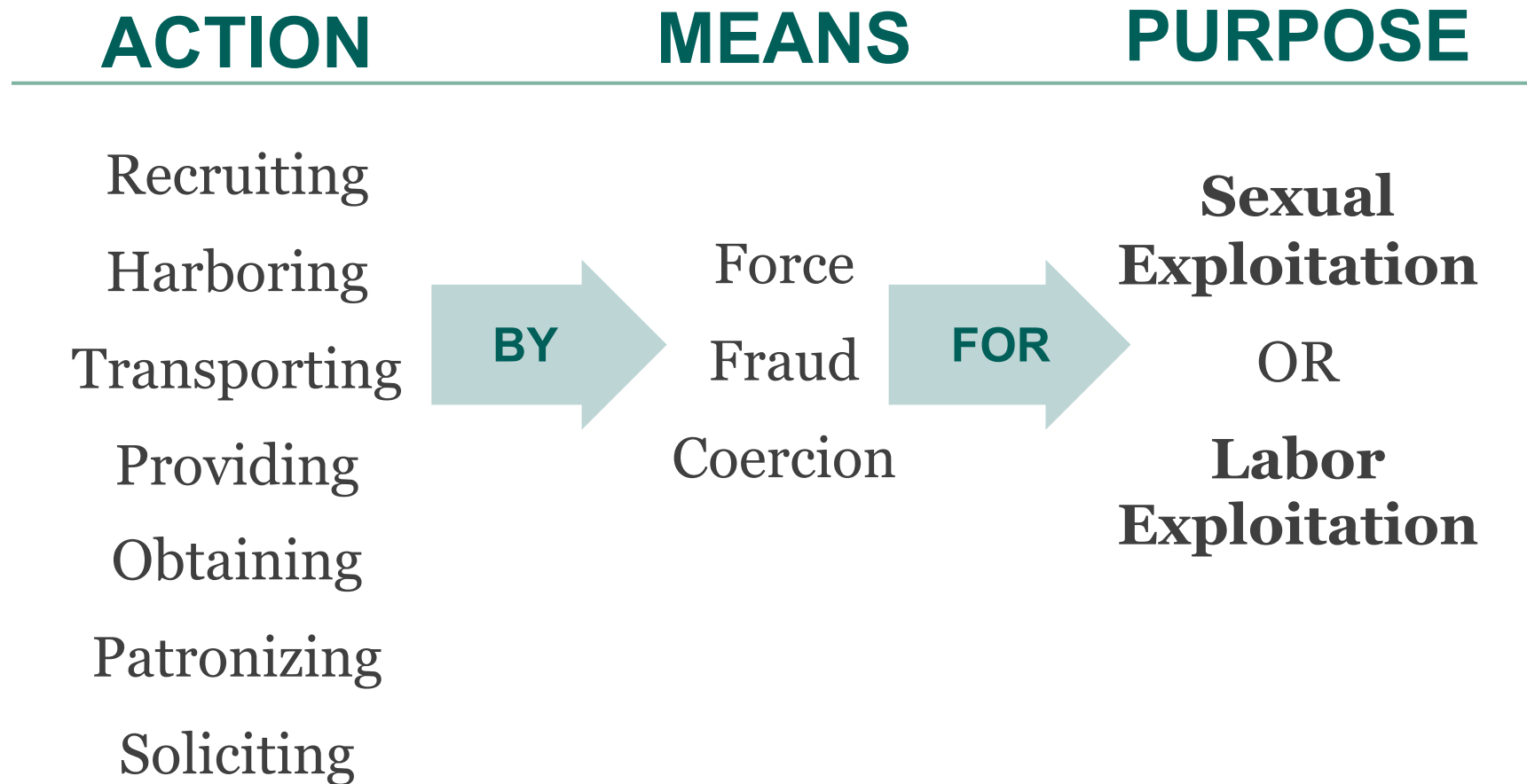
IHS, 638

EMERGENCY

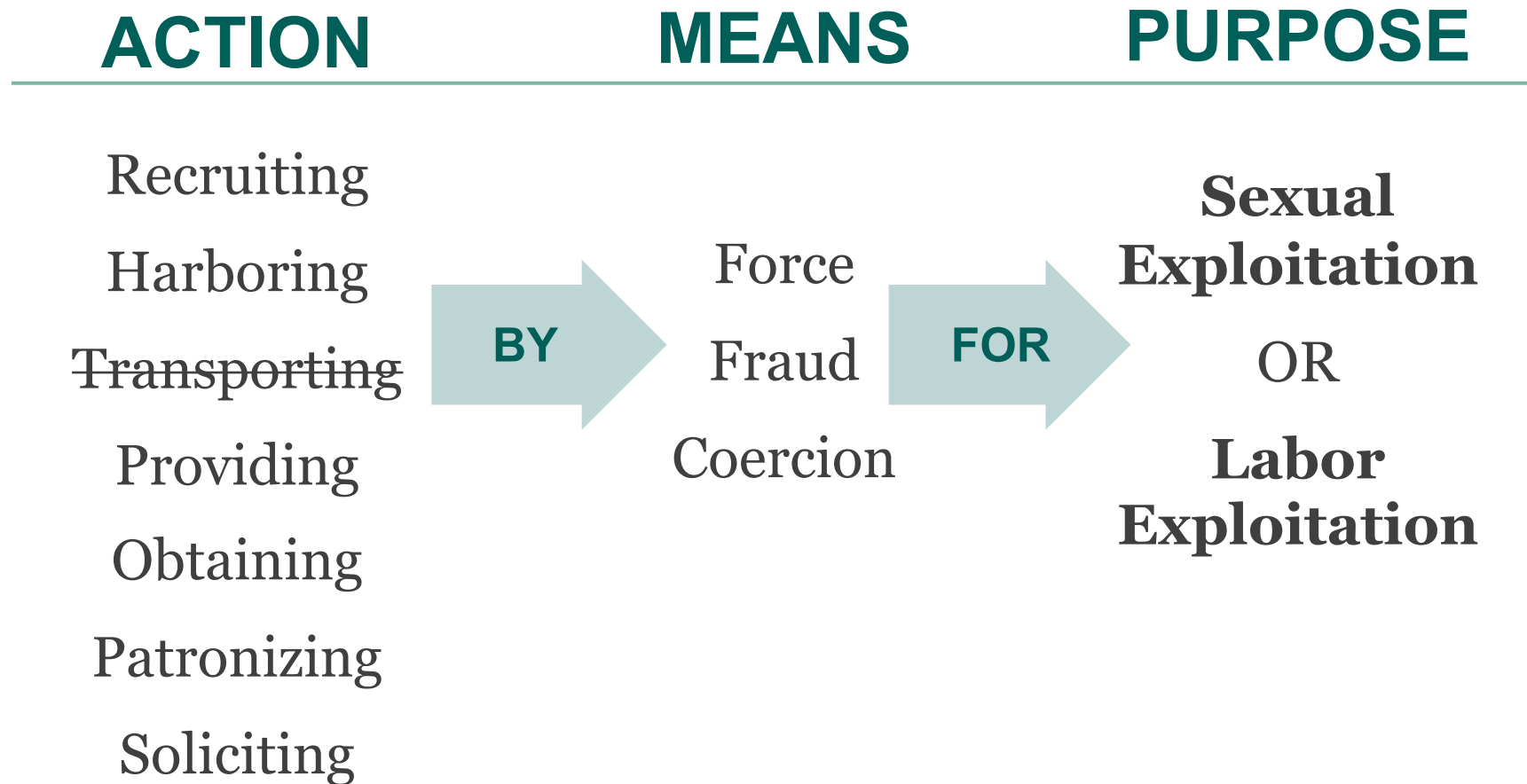


What is Human Trafficking?

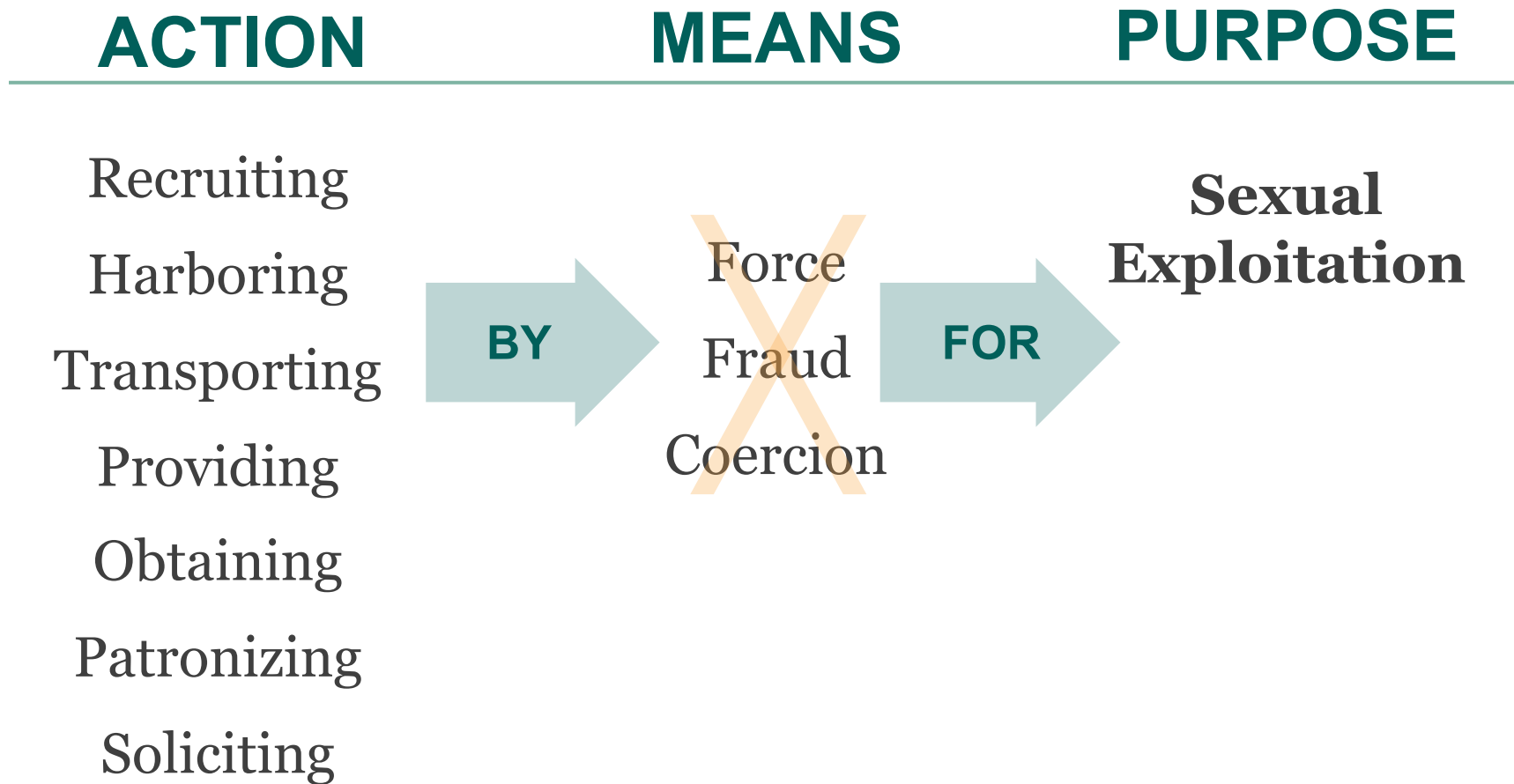
What is Human Trafficking?



Trafficking may not involve transporting



What is Sex Trafficking? **..for < 18 yo**



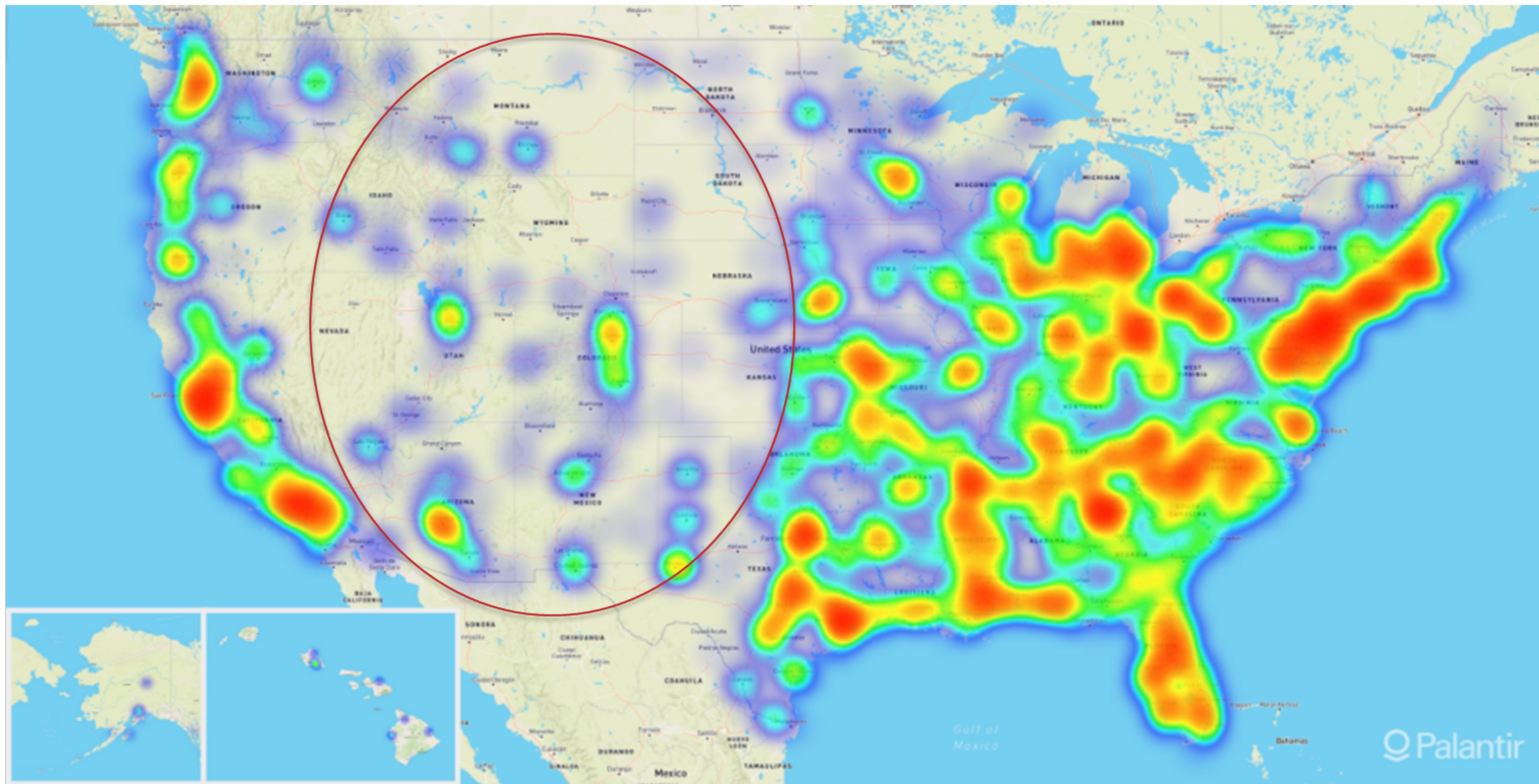
Under-Regulated Underpaid Industries

- What are some under-regulated, underpaid industries?



Under-regulated underpaid





Rural Community Vulnerability

Far apart doesn't = safer

Less employment opportunities

Truck stops

Agriculture

Opioid epidemic

Victims are stigmatized in close-knit communities

Fewer health and social service



Missing and Murdered Indigenous People

Indigenous people who are missing, or have lost their lives from violence caused by another person.

Intersections of MMIP & Human Trafficking



Human trafficking is often referred to as
“hidden in plain sight”

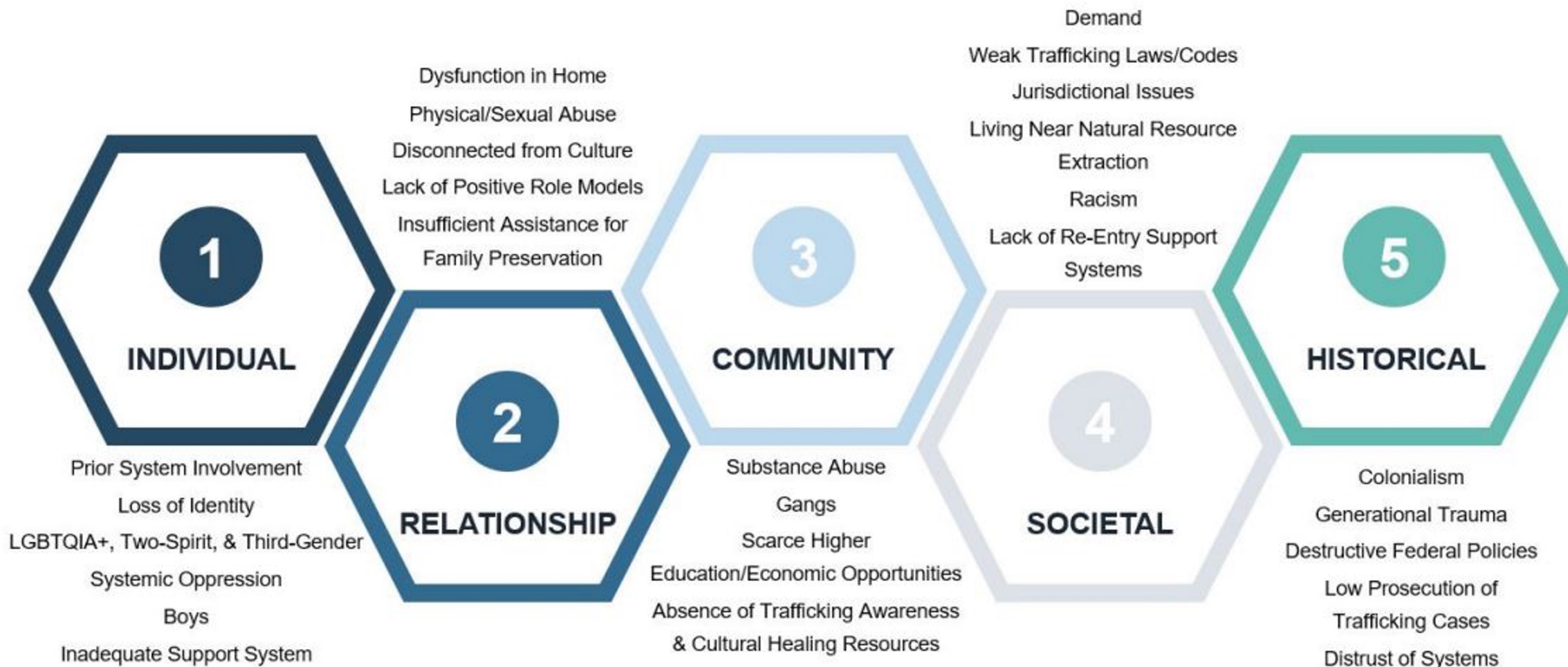
Trafficking and exploitation are
unfortunately nothing new to indigenous
communities

High rates of substance dependency, abuse,
and foster care involvement

Feared that those that are trafficked for sex
or labor are some of the same listed as
missing or murdered

INDIGENOUS TRAFFICKING RISK FACTORS

Why are we targeted?

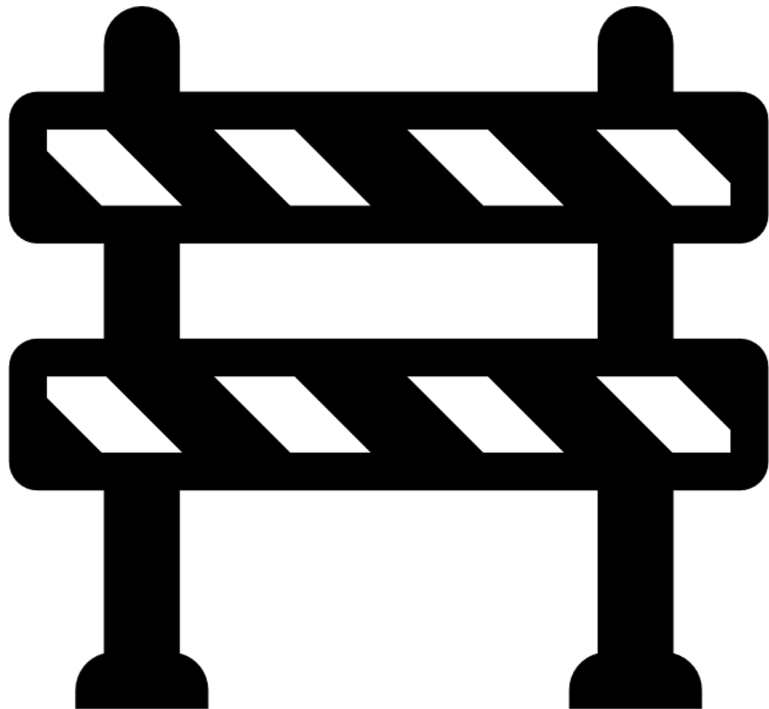


INDIGENOUS ANTI-TRAFFICKING STRENGTH & PROTECTIVE FACTORS

How are we strong & protected through Indigenous-Specific Advocacy and Services?



Barriers in Indigenous Communities



Mistrust of government or people in authority

Do not see themselves as victims

“Nobody will believe me”

Unaware of laws, rights, or help

Fear of reporting

Lack of resources

Indigenous Peoples

Identify that tribal government structures, beliefs, ceremonies and other factors of tribal communities are not the same across tribal communities

Ask survivors about their cultural traditions, teachings, beliefs and their sense of safety in their tribal community

Inquire about their sense of belonging and connectedness to their tribal community

Recognize that many Indigenous peoples have found healing through Indigenous specific cultural practices, which are sometimes integrated with mainstream health and social services. Some culturally appropriate practices include the use of sacred medicines such as sage, sweetgrass, cedar, and tobacco, smudging, women's circles and sweat lodges

Use a trauma-informed approach that includes a focus on their tribal community strengths and support systems, resiliency taught by their ancestors

This approach should include a combination of evidenced-based practices and traditional ceremonial approaches. Every tribal community, whether reservation based or urban, is different; therefore, it is not possible to create one plan to meet the needs of survivors

Use caution when referring to tribal resources. Many times, indigenous people will not want their tribe to know what has happened

Human Trafficking & Healthcare

68%

of human trafficking victims
access healthcare while being
trafficked

Discussion: Trafficking presentations to emergency departments

Doctors/Nurses/medical staff

- Look for injuries - work related
- Multiple sexually transmitted infections, injuries in genital areas
- Multiple pregnancies/abortions

Social Workers/Psychologist/ Other Mental Health Professionals

- Lack of permanent address/phone
- Never left alone
- Unusual tattoos (branding, barcode, etc.)

Police/Security

- Multiple arrests
- Not allowed to speak for themselves
- Appeared to be fearful of person/partner

Discussion: approaches to those (potentially) experiencing trafficking

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

Are you looking for a “Perfect Victim?”

- Trafficking survivors may have criminal records or behave in ways that don’t make sense to someone not in their situation.
- They might be grateful for support. They also might be resistant.



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

What is your goal?

- Rescue is not the goal.
- Survivors may define safety differently from you
- Time of leaving may be the most dangerous time.



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

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



Educate & Provide Resources

Do NOT interrogate/force disclosure



Build trust and show care

- “That sounds so hard. How have you been taking care of yourself while you’re without safe housing?”

Remember, people don’t care how much you know until they know how much you care.

What is Trauma- Informed Care?

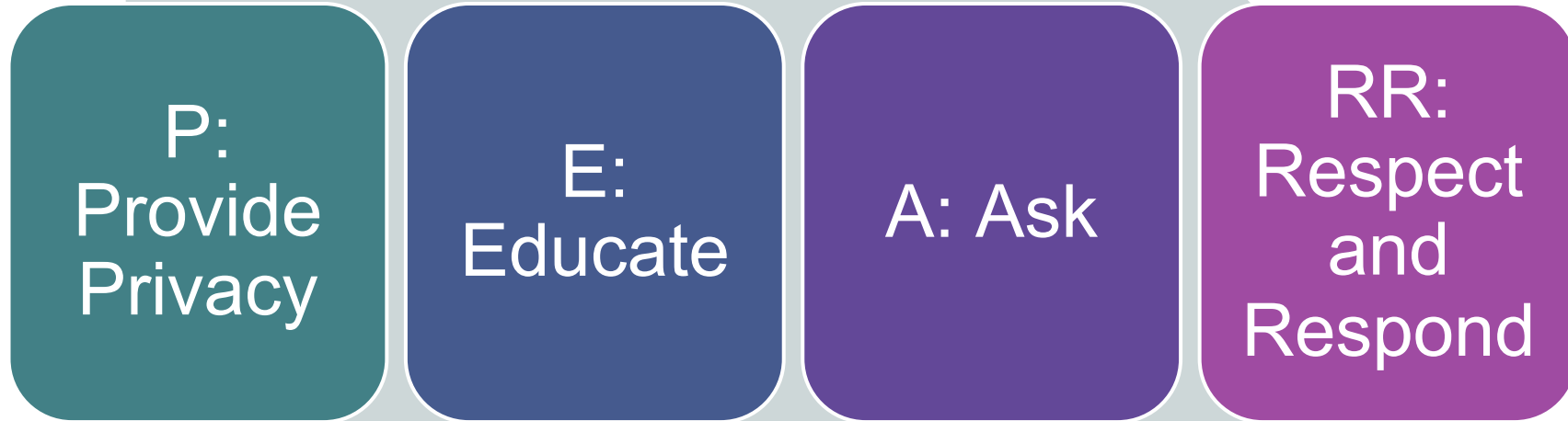
- Recognition of the impact of trauma on health and behavior
- Avoidance of re-traumatization with non-judgmental support
- Emphasis on the value of building respectful and trusting relationships
- Creating a safe space to encourage future follow up

Trauma-Informed Care Recommendations

- Share universal education on how to recognize human trafficking
- Use non-stigmatizing language
- Offer physical and emotional safety within your environment
- Display trauma sensitive material in exam rooms, waiting rooms and bathrooms
- Be familiar with local human trafficking resources
- Remain culturally aware and sensitive to the individual experiences and needs

How do you ask about trafficking?

PEARR



PEARR Tool



Trauma-Informed Approach to Victim Assistance in Health Care Settings

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

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 entity's policies for further guidance.**

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

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 can connect you with resources. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**

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

USPSTF = US Preventive Services Task Force

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 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.

Potential inquiry/screening questions

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

Potential inquiry/screening questions

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

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

Law Enforcement- friend or foe?



Create Protocols

Failing to plan is planning to fail

HEAL Protocol Toolkit



PART I: INTRODUCTION

- 5 Purpose of Toolkit
- 8 Benefits of Protocol Development



PART II: PROTOCOL DEVELOPMENT

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



PART III: RECOMMENDED COMPONENTS OF A PROTOCOL

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

<https://healtrafficking.org/protocol-s-committee/>

Safety Planning

- Hierarchy of needs
- How do we get you safe
- **Missing and Murdered Indigenous Relatives Safety Planning Webinar:**
 - https://www.youtube.com/watch?v=ljhPEyd6_hY

Topics In This Worksheet Include (Just Click To Go To The Section):

[Basic Safety Planning Tips](#)

[Staying in the Relationship](#)

[Safety at Home](#)

[During a Violent Incident](#)

[Emotional Safety](#)

[Technological Safety](#)

[Financial Safety](#)

[Safety for Children](#)

[Leaving the Relationship](#)

[Keeping my Address Safe](#)

[Safety at my Workplace](#)

[Safety with a Protective Order](#)

[Important Numbers](#)

[Safety Wallet Card](#)

[Additional Resources](#)



General Human Trafficking Patient Resources

- National Human Trafficking Resource Center/Polaris
 - Hotline: 1-888-373-7888
 - Text “Befree”
- HEAL Trafficking
 - Patient Resources (including pocket cards)
 - <https://healtrafficking.org/patient-resources/>





Indigenous-Specific Human Trafficking Patient Resources



STRONGHEARTS
Native Helpline

**Connect with an advocate by calling or texting
1-844-7NATIVE or by using the chat icon at
strongheartshelpline.org**

StrongHearts

- a free 24/7 confidential and anonymous, domestic, dating and sexual violence helpline for Native Americans and Alaska Natives.
- connect with an advocate by calling or texting 1-844-7NATIVE

Further educational resources (for health professionals)

- HEAL Trafficking
 - online community of health professionals & compendium of resources
 - HEALtrafficking.org
- SOAR online:
 - on demand HHS trafficking education for health professionals
 - <https://nhttac.acf.hhs.gov/soar/soar-for-individuals/soar-online>

Notes of Hope

Mahalo Ke Akua (thanks be to God) I am alive today to share what could have been tragic. I am a living testament of the resilience that was within me all along. All that I wish I had to help me transition out of that nightmare is what I continue to aspire for the next person. Akua turned my pain into purpose, compelling me to do this work to help change the trajectory for future generations to come!

“Survivor to Overcomer” by Kalei Grant

Notes of Hope

The journey of healing is not all happy excitement and joy.

The path of healing was, is, painful, very painful,

But with help I made it through.

I am no longer a victim; I am a survivor!

“The Little Boy Who Sits in the Corner” by Lenny Hayes



HEAL Trafficking

Join Us

HEALtrafficking.org

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hstoklosa@healtrafficking.org



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

William Wilberforce

