**Excerpts from: https://humantrafficking.umich.edu/templates/assessing-for-human-trafficking/**

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Yellow highlights indicate where you can hover over the text to get tips on tailoring the content to your health facility.

**Assessing for Human Trafficking**

**I. Screening logistics**

* Who to screen:
  1. Screen all patients.
  2. Screen parents or legal guardians of patients under the age of 18 for human trafficking.
  3. Screening questions for human trafficking are found in part III below
* Who should complete screening:
  1. Health care providers should screen for human trafficking.
     1. Health care providers include: doctors, podiatrists, dentists, chiropractors, clinical psychologists, optometrists, nurse practitioners, nurse-midwives, and clinical social workers.
* When to screen:
  1. Opportunities for providers to screen patients include:
     1. All adult and adolescent inpatient encounters by use of the human trafficking screening questions on the nursing assessment form;
     2. Health maintenance exams;
     3. The onset of care for a new chronic disease;
     4. Pregnancy and postpartum visits; and
     5. Any other occasion where signs and symptoms warrant screening.
* Screen in a safe environment:
  1. Screening must occur in private. THE PATIENT MUST BE ALONE.
     1. Friends, relatives, and any other accompanying person and children that are of verbal age should not be present since confidentiality may be compromised, the safety of the patient may be jeopardized, and accurate information may not be obtained.
     2. If privacy is not possible, do not screen but document the efforts made and the reason for not screening in the medical record.
     3. Techniques that may be useful to get the patient alone for a screening including escorting the patient to the bathroom, having a health facility policy that all intakes are done with the patient alone, or sending the person accompanying the patient on an errand (e.g., completing a form, getting the patient a glass of water or ice)
     4. If patient needs a translator, do not use the patient’s family member, friend, or intimate partner as the translator.

**II. Assessing clinical indicators**

* Given the limited number of studies on human trafficking, the information needed to adequately list the clinical indicators is unavailable. However, the following have been identified as potential indicators of human trafficking(1):

|  |  |  |
| --- | --- | --- |
| **General Indicators** | **Labor Trafficking** | **Sex Trafficking** |
| * Scripted or inconsistent history * Unwilling or hesitant to answer questions about the injury or illness * Accompanied by person who does not let patient speak for themselves * Evidence of controlling or dominating relationships * Fearful/nervous behavior/avoids eye contact * Resistant to assistance or demonstrates hostile behavior * Unable to provide their address * Not aware of their location/current date or time * Not in possession of identity documents * Not in control of their own money * Not being paid or wages are being withheld. | * Has been abused at work or threatened with harm by an employer or supervisor * Is not allowed to take adequate breaks, food, or water while at work. * Is not provided with adequate personal protective equipment for hazardous work. * Was recruited for different work than they are currently doing. * Is required to live in housing provided by employer. * Has a debt to employer or recruiter that they cannot pay off. | * Patient is under the age of 18 and is involved in the commercial sex industry. * Reports unusually high numbers of sexual partners |

* 1. Health Indicators
     1. Physical Health

|  |  |
| --- | --- |
| **1. Signs of physical abuse or unexplained injuries**  Bruising, burns, cuts or wounds, blunt force trauma, fractures, broken teeth, signs of torture | **5. Dietary health issues**  Severe weight loss, malnutrition, loss of appetite |
| **2. Neurological conditions**  Traumatic brain injury, headaches or migraines, unexplained memory loss, vertigo of unknown etiology, insomnia, difficulty concentrating | **6. Reproductive issues**  Sexually-transmitted infections, genitourinary issues, repeated unwanted pregnancies, forced or pressured abortions, genital trauma, sexual dysfunction, retained foreign body |
| **3. Cardiovascular/respiratory conditions that appear to be caused or worsened by stress,** such as  Arrhythmia, high blood pressure, acute respiratory distress | **7. Substance abuse disorders**  Alcohol abuse or misuse, opioid abuse, other illicit drug abuse |
| **4. Gastrointestinal conditions that appear to be caused or worsened by stress,** such as  Constipation, irritable bowel syndrome | **8. Other**  Effects of prolonged exposure to extreme temperatures or to industrial/agricultural chemicals, repetitive motion injuries from repeated tasks (e.g., hair braiding, agriculture, manufacturing), somatic complaints |

It is also important to highlight any internal reporting processes (e.g., security, social work)

NOTE: If a patient presents for treatment for an injury due to violence, the patient should be told that by law we are required to make a report to [Insert any internal reporting policy] and to the police.

* + - 1. Mental Health

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| --- | --- | --- |
| 1. Depression | 6. Flashbacks | 11. Attachment disorders |
| 2. Suicidal Ideation | 7. Lack of emotional responsiveness | 12. Depersonalization or derealization |
| 3. Self-harming behaviors | 8. Feelings of shame or guilt | 13. Dissociative disorders |
| 4. Anxiety | 9. Hypervigilance |  |
| 5. Post-traumatic stress disorder | 10. Hostility |  |

* + - 1. Social/Developmental
         1. Increased engagement in high risk behaviors, such as running away or early sexual initiation if a minor
         2. Trauma bonding with trafficker or other victims
         3. Difficulty establishing or maintaining healthy relationships
         4. These can be tailored to your institution and altered as research and validation of screening questions grows.
         5. Impaired social skills

**III. Screening questions guidelines (adopted from** [**Vera Institute Short Tool**](https://storage.googleapis.com/vera-web-assets/downloads/Publications/out-of-the-shadows-identification-of-victims-of-human-trafficking/legacy_downloads/human-trafficking-identification-tool-and-user-guidelines.pdf)**)**

1. Screening questions will be asked in a non-judgmental, direct manner:
   1. Framing statements may be used as a lead-in to the screening questions to avoid the patient’s perception of being singled out as a potential human trafficking victim:
      1. “Because violence is so common in many people’s lives, I routinely ask all of my patients about it.”
      2. “I don’t know if this is a problem for you, but many people I see are dealing with an abusive relationship, so I ask about partner and employer violence routinely.”
2. The following questions may be used to screen for human trafficking:
   1. Have you worked for someone or done any other activities for which you thought you would be paid? Have you ever worked without getting the payment you thought you would get ?
      1. This could include activities like unpaid domestic work that might not be readily defined as “work” and should only detail those jobs in which the person felt unsafe or did not get paid what the person felt they should.
      2. If “yes” to either question – What kind of work or activities were you doing? How did you find out about these jobs/activities?
   2. Did anyone where you worked (or did other activities) ever trick or pressure you into doing anything you did not want to do? Did you ever feel like you could not leave?
      1. If “yes” – Could you tell me why you couldn’t leave? What did you think would happen to you if you left? Could you please give me some examples?
   3. Did you ever have sex for things of value (for example money, housing, food, gifts, or favors)?
      1. If “yes” – were you pressured to do this? Were you under age 18 when this occurred?
   4. Did anyone take and keep your identification, for example, your passport or driver’s license?
      1. If “yes” – could you get them back if you wanted?
   5. Were you recruited by your employer to do work different than you actually perform?
      1. If “yes” – Did you want to leave after learning that you would be doing different work? Were you unable to leave? Did you fear something would happen to you if you left?
   6. Are you required to live in housing provided by your employer?
      1. If “yes” – Do you feel safe in the housing? Did you ever want to leave? If so, why have you not left?
   7. Do you have a debt to your employer or recruiter that you cannot pay off?
      1. If “yes” – How did you become indebted to your employer or recruiter?
3. When unable to converse fluently in the patient’s primary language:
   1. The patient’s family, friends or children may **not** be used as interpreters when asking about human trafficking.
   2. Use a professional interpreter or another healthcare provider fluent in the patient’s language. If an interpreter assists with obtaining information, that fact along with the name of the interpreter will be documented in the medical chart.
   3. If a professional interpreter or healthcare provider is not available, do not screen.

**IV. If the patient denies trafficking and:**

1. Your assessment does not have conflicting indicators, document a negative screen.
2. With a positive screen it is important to redirect healthcare providers to a response policy and/or resources for responding (e.g., request a social work consultation for further assessment and resources)
3. Your assessment does not have conflicting indicators and the above question was posed to the patient who then discloses abuse, [Insert response policy per healthcare facility protocol] .

**V. If the patient screens positive for human trafficking (answers yes to ANY of the screening questions)**

1. Give the patient a validating message:
   1. You do not deserve to be treated this way.
   2. You are not to blame.
   3. Help is available for you.
   4. There is no excuse for human trafficking.
   5. No one deserves to be abused/taken advantage of.
   6. You are not alone. There are people you can talk to for support, shelter and legal advice. This could be a social worker, abuse referral team member, office manager, etc.
   7. It must be very difficult for you.
2. Contact [Appropriate health facility resource] to determine if a report must be made under Michigan Law, and to refer the patient to the appropriate community agency or Resource.

**CITATIONS**

(1) *Identifying Victims of Human Trafficking: What to Look for in Health Care Settings*, National Human Trafficking Resource Center and SOAR, <https://www.acf.hhs.gov/sites/default/files/otip/soar_nhtrc_what_to_look_for_in_health_care_settings.pdf>.

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| --- | --- |
| For more information on human trafficking visit **www.acf.hhs.gov/trafficking**. **SCREENING TOOL FOR VICTIMS OF HUMAN TRAFFICKING** | |
|  | The following are sample questions health care providers can ask in screening an individual to determine if he/she is a potential victim of human trafficking. As with domestic violence victims, if you think a patient is a victim of trafficking, you do not want to begin by asking directly if the person has been beaten or held against his/her will. Instead, you want to start at the edges of his/her experience. And if possible, you should enlist the help of a staff member who speaks the patient’s language and understands the patient’s culture, keeping in mind that any questioning should be done confidentially.  You should screen interpreters to ensure they do not know the victim or the traffickers and do not otherwise have a conflict of interest.  *Before you ask the patient any sensitive questions, try to get the patient alone if they came to you accompanied by someone who could be a trafficker posing as a spouse, other family member or employer. However, when requesting that time alone, you should do so in a manner that does not raise suspicions.*  **Suggested Screening Questions**   * Can you leave your job or situation if you want? * Can you come and go as you please? * Have you been threatened if you try to leave? * Have you been physically harmed in any way? * What are your working or living conditions like? * Where do you sleep and eat? * Do you sleep in a bed on a cot or on the floor? * Have you ever been deprived of food, water, sleep or medical care? * Do you have to ask permission to eat, sleep or go to the bathroom? * Are there locks on your doors and windows so you cannot get out? * Has anyone threatened your family? * Has your identification or documentation been taken from you? * Is anyone forcing you to do anything that you do not want to do?   If you think you have come in contact with a victim of human trafficking, call the **Trafficking Information and Referral Hotline at 1.888.3737.888**. This hotline will help you determine if you have encountered victims of human trafficking, will identify local resources available in your community to help victims, and will help you coordinate with local social service organizations to help protect and serve victims so they can begin the process of restoring their lives. For more information on human trafficking visit **www.acf.hhs.gov/trafficking**. |

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Preview:

Human Trafficking Nursing CE Course

**2.5 ANCC Contact Hours**

**About this course:**

The purpose of this course is to outline and review for nurses the evidence-based process for identifying and intervening in cases of human trafficking, as most healthcare providers are unfamiliar with how to care for or report trafficking victims (Greenbaum et al., 2017; Powell et al., 2017). This will also serve to satisfy the specific nursing professional development requirements for this topic in the states of Florida (per statutes section 787.062), Michigan (per administrative rule 338.10105), and Texas (per House Bill [HB] 2059, 86th Session, 2019; Texas Occupation Code, 2019).

**Course preview**

The purpose of this course is to outline and review for nurses the evidence-based process for identifying and intervening in cases of human trafficking, as most healthcare providers are unfamiliar with how to care for or report trafficking victims (Greenbaum et al., 2017; Powell et al., 2017). This will also serve to satisfy the specific nursing professional development requirements for this topic in the states of Florida (per statutes section 787.062), Michigan (per administrative rule 338.10105), and Texas (per House Bill [HB] 2059, 86th Session, 2019; Texas Occupation Code, 2019).

At the conclusion of this activity, the learner will be prepared to:

* define the key concepts and terms related to human trafficking, as well as its current epidemiology, prevalence in the United States, and history
* outline the health impacts, identifiable risk factors, and red-flag indicators of human trafficking to identify potential cases of human trafficking accurately and consistently
* discuss evidence-based and validated screening tools for cases of human trafficking
* review the victim-centered methods of interacting with and providing trauma-informed care to victims and survivors of human trafficking once correctly identified
* delineate the proper referrals, resources, reporting protocols that should be followed, as well as safety planning that the nurse should provide once human trafficking has been identified

A few key terms should first be defined to facilitate a comprehensive discussion regarding human trafficking:

*Human trafficking* is defined as the use of force, fraud, or coercion to facilitate labor, services, or commercial sex from an individual. It is both a federal crime against an individual and a public health concern in the US. It may be transnational or domestic but does not require the transport of an individual across state or national boundaries (The National Human Trafficking Hotline [NHTH], n.d.-c; Office for Victims of Crime [OVC], n.d.; Office on Trafficking in Persons [OTP], 2017; Toney-Butler & Mittel, 2020; US Immigration and Customs Enforcement [ICE], 2017).

For minors under the age of 18 who are trafficked, the presence of force, fraud, or coercion is not required (Toney-Butler & Mittel, 2020, p. 2).

* A *commercial sex act* is “any sex act on account of which anything of value is given to or received by any person” (NHTH, n.d.-a; OTP, 2017, p. 2; Toney-Butler & Mittel, 2020, p. 2). If the commercial sex act is between willing and consenting adults; does not include force, fraud, or coercion; and does not affect their human rights, this is considered *consensual commercial sex*or *sex work* (NHTH, n.d.-c; StopTheTraffik.org, 2018). An adult who is threatened, forced, or pressured by another individual to engage in commercial sex or afraid to stop engaging in commercial sex due to fear of retribution or violence may be a trafficking victim (NHTH, n.d.-d). These cases can be difficult to distinguish.
* *Force* includes, but is not limited to, “physical restraint, physical harm, sexual assault, and beatings. Monitoring and confinement are often used to control victims, especially during early stages of victimization to break down the victim’s resistance” (OTP, 2017, p. 2).
* *Fraud* includes ”false promises regarding employment, wages, working conditions, love, marriage, or a better life” (OTP, 2017, p. 2).
* *Coercion* includes “threats of serious harm to or physical restraint against any person, psychological manipulation, document confiscation, and shame and fear-inducing threats to share information or pictures with others or report to authorities” (OTP, 2017, p. 2).

The top 5 forms of force/fraud/coercion reported by victims or survivors of sex trafficking in 2019 included induced or exploited substance misuse issues, physical abuse, sexual abuse, intimidation with weapons, and emotional abuse. The top 5 means reported by victims/survivors of labor trafficking consisted of withholding pay, excessive working hours, threats regarding immigration reporting, verbal abuse, and withholding or denying basic needs (NHTH, 2019).

*Human smuggling* is commonly confused with human trafficking but is defined as a mutual transaction between consenting adults that concludes with arrival at the desired destination via the illegal transport of an individual across a national border. It is usually consensual and must be transnational. Smuggling indebtedness can lead to human trafficking to resolve a fee owed (ICE, 2017; OTP, 2017; Toney-Butler & Mittel, 2020).

*Sex trafficking* is defined as 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 as has not attained 18 years of age” (NHTH, n.d.-a; OTP, 2017, p. 1; OVC, n.d., sect 1).

*Labor trafficking* is defined as 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” (NHTH, n.d.-a; OTP, 2017, p. 1; OVC, n.d., sect 1).

The terms *victim* or *survivor* are used throughout this activity to refer to those who are currently or have previously been harmed as a direct result of being trafficked, either for sexual or labor purposes. These terms do not imply how individuals perceive themselves and should not be interpreted as labels. We will also utilize the term healthcare provider (HCP) to refer to the healthcare professional that is directly caring for the patient, whether that be a nurse of any professional level, a physician, or other member of the multidisciplinary healthcare team.

**Epidemiology and Statistics**

The data collected by the NHTH (2019) are based on an aggregate of information gathered from phone calls, text messages, chats, email messages, and online tip reports. These data are not complete, limited by human trafficking’s illicit and clandestine nature (NHTH, 2019; Stopthetraffik.org, 2018). Furthermore, victims may feel a reluctance to identify themselves (Human Sex Trafficking, 2017). In 2019, the NHTH reported 11,500 cases of human trafficking nationwide based on nearly 50,000 contacts. This included over 10,000 calls directly from victims of human trafficking, plus 13,000 from concerned community members. The vast majority of these cases—8,248—were sex trafficking, 1,236 were labor trafficking, 505 were combined sex and labor trafficking, and 1,511 were not specified. The overwhelming majority (9,357) were cases of human trafficking involving female victims, and most (6,684) were adults over the age of 18 (NHTH, 2019).

Global estimations of labor trafficking involve nearly 25 million people worldwide, 16 million of whom are likely in private industry. This means that many goods and services purchased within the US may be made by forced or child labor, giving consumers the power to fight human trafficking every day by avoiding these products and decreasing the demand for labor trafficking (NHTH, n.d.-b).

The Bureau of International Labor Affairs (ILAB, 2020) lists goods produced via forced or child labor across 76 countries. Two hundred eighteen million children ages 5-17 years are working globally, and 152 million of these cases are considered child labor. According to the 2020 ILAB report, China currently leads with 17 goods produced by forced labor, including artificial flowers, cotton, hair products, bricks, electronics,…