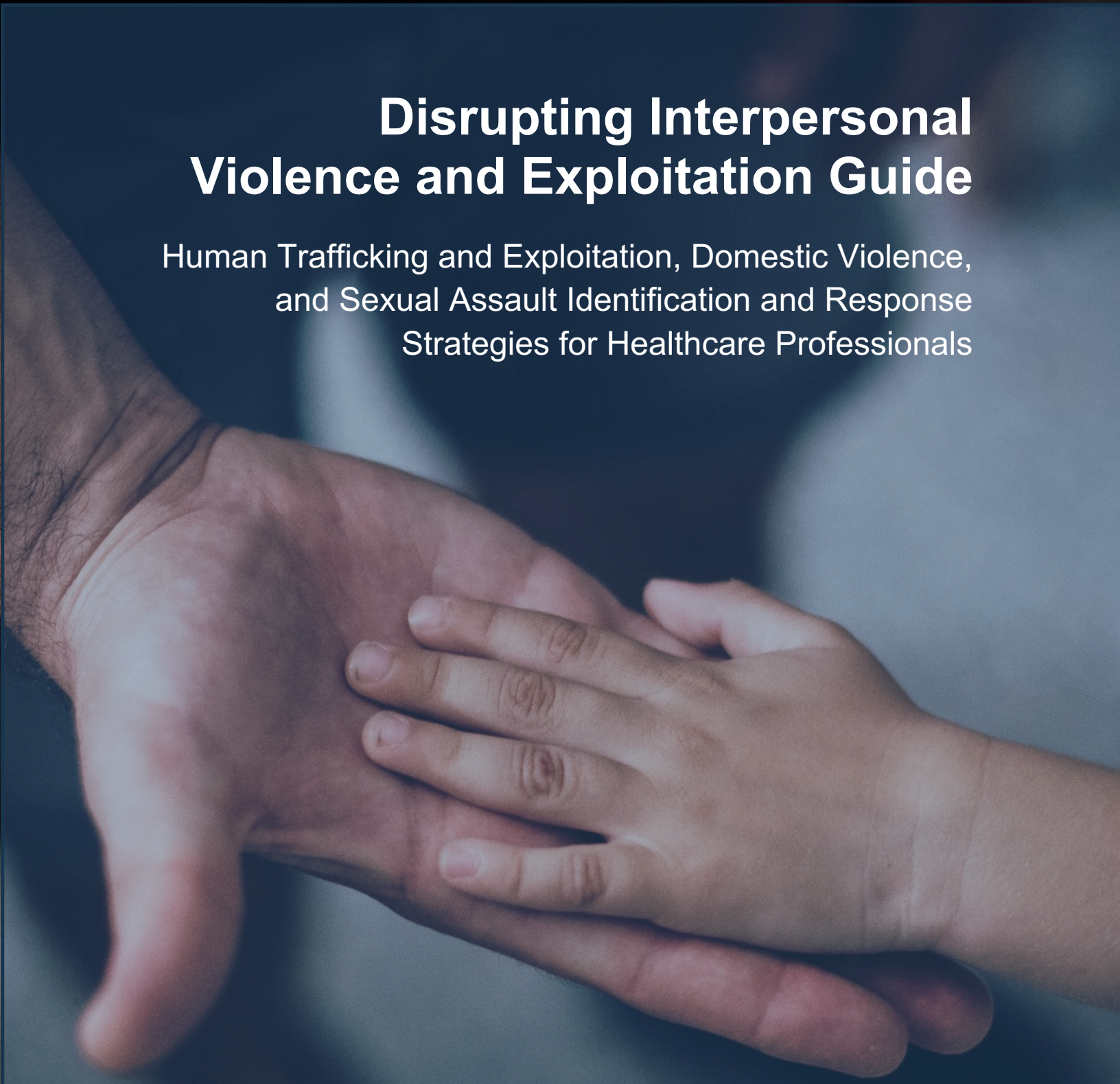
Disrupting Interpersonal Violence and Exploitation Guide

Human Trafficking and Exploitation, Domestic Violence, and Sexual Assault Identification and Response Strategies for Healthcare Professionals



A primer on:

- Basic Knowledge and Definitions
- Harms and Risks Differences and Similarities in Human Trafficking/Exploitation, Domestic Violence, Sexual Assault
- Developing Trauma-Informed Protocols
- Additional Resources and Tools

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Carla Dartis Consulting, 2020.

Introduction: Supporting Victims of Interpersonal Violence and Exploitation

Human trafficking and exploitation, domestic violence, and sexual assault are each distinct, by definition, but share similar dynamics of power and control. These forms of interpersonal violence may also be co-occurring. For example, victims of human trafficking, especially sex trafficking, often experience other forms of abuse while being trafficked, which can also be said about victims of domestic violence. The physical, mental, and social harms of each may present similarly in health care settings. Victims often have similar needs, such as physical and emotional safety, which must be supported by trauma-informed protocols and healing-centered services.
This booklet is designed to provide health care providers with a convenient reference to key concepts in identifying and responding to human trafficking and exploitation, domestic violence, and sexual assault. It also points to additional resources for further learning.

Contents

Health Equity

Human trafficking just like domestic violence and sexual assault can happen to anyone. However, in the same way that the COVID-19 Pandemic in the United States is taking advantage of those most impacted by societal inequities, in terms of higher infection rates among African Americans and LatinX. These inequities include poverty, racism, sexism, homelessness, fleeing unsafe homes and countries, unemployment, involvement in the child welfare and criminal justice systems, and living in substandard communities that lack opportunities to quality health and economic well-being.

Domestic Violence and Human Trafficking and Exploitation are health equity issues that disproportionately affect women and children, the disabled, immigrants, some members from the LGBTQ community, and depending on the region more people of color.

Collecting interpersonal violence data has been a historical challenge in the United States that continues today. However, extrapolating local and state data when available often reveal similar trends.

For example, National Human Trafficking Hotline 2019 data indicate that 49% of child trafficking victims in Louisiana are African American girls although they comprise only 19% of the state's youth population. In King County, Washington, 84% of child trafficking victims are African American girls although African Americans only make up 7% of the state population.

Here in the Bay Area, the San Francisco Mayor's Office released 2017 data regarding human trafficking cases. The largest number of victims were cisgender women compared to only 20% cisgender men and 5% transgender women, transgender men, and/or non-conforming. Overall, 70% of all reported victims were people of color. The largest group was African American followed by LatinX.

Human Trafficking

Human Trafficking is the legal umbrella term for the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion (see Figure 1).

Labor Trafficking: person is recruited or used for labor or services and subjected to involuntary servitude, debt bondage, or slavery. *If a child is victimized, this is a case of abuse and commercial exploitation.*

Sex Trafficking: person is recruited or used for a commercial sex act.

CSEC (Commercial Sexual Exploitation of Children) is defined as the sexual abuse of a minor entirely or primarily for financial or other economic reasons. Economic exchanges may be monetary or non-monetary (food, shelter, or drugs). *CSEC does not need to prove force, fraud, or coercion to be sex trafficking and is considered as child abuse to be reported by mandated reporters.*

Elements of Human Trafficking

Action

Recruiting
Harboring
Transporting
Providing
Obtaining
Patronizing*
Soliciting*

*only for sex trafficking

Means

Force
Fraud
Coercion

Does not need to be proven in a situation of sex trafficking of minors

Purpose

Commercial Sexual Exploitation and Forced Labor

Source: U.S. Department of Health and Human Services, 2017

Who is Most at Risk of Being Trafficked?

Anyone can fall victim to human trafficking. However, vulnerable populations who have little social and legal protection are the most at risk because they may be easier to exploit. The major factors — on both a societal and personal level — that cause or contribute to people being vulnerable to trafficking include:

- Poverty
- Racism and the legacy of colonialism
- Gender discrimination and inequality
- Mental health
- Gang involvement
- Online vulnerability
- Political instability

Common Myths about Human Trafficking

- Trafficking requires movement
- All victims are locked up against their will
- A person paid for their work is not trafficked
- Traffickers only target people they don't know
- Most victims come from other countries
- It occurs only in underground/illicit industries
- Victims usually self-identify and ask for help

Prevalence and Impacts

40.3 million people are exploited in modern slavery worldwide — 24.9 million in forced labor and 15.4 million in forced marriage (International Labour Organization and Walk Fee Foundation, 2017).

- Of the **24.9 million in forced labor**,16 million were exploited in the private sector; 4.8 million in forced sexual exploitation; and 4 million in forced labor imposed by state authorities.
- **Women and girls are disproportionately affected** by forced labor, accounting for 99% of victims in the commercial sex industry, and 58% in other sectors.
- **Sexual victimization of males is** underreported for several reasons including societal biases.
- **1 in 4 victims of human trafficking are children.**

Reputable statistics of the prevalence in the United States are extremely difficult to track, but it has been reported that there are **3 million undocumented labor trafficking survivors.** (Zhang, 2012). **83% of victims of sex trafficking in the U.S. are American citizens** (Department of Justice 2011).

A coordinated system for reporting and tracking CSEC is lacking — a significant problem in itself — and estimates suggest that **as many as 300,000 children may become victims of sexual exploitation each year in the U.S.** (Department of Justice, 2010). The San Francisco Bay Area is one of the nation's hot-spots for CSEC.
Impacts of Human Trafficking

Medical

STD/STI/UTIs, AIDS
Unintended pregnancy
Chronic pain
Trauma injuries/violence

Lack of primary care
Malnutrition
Poor oral health
Felitti's Adverse Childhood Events (ACE) – acestudy.org

Mental Health

Depression, anxiety, panic
PTSD, trauma bonds
Dissociation
Substance abuse

Suicidal ideation
Low self-esteem
Blunted emotional response
Excessive guilt/shame

Social

Criminalization/stigmatization
Lack of formal education
Lack of economic opportunity
Afraid to access care
(e.g.,reporting concerns)

Lack of access to health care and other social services
Relationship difficulties, cycle of violence
Missed developmental milestones

Sources: Dr. Kimberly Chang, S.H.A.D.E. (Zimmerman et al 2003, Dovydaitis et al 2009, Isaac et al 2011, Crane et all 2011, Baldwin et all 2011, Institute of Medicine 2013, Felitti et al 2010, and Willis et al 2002*)*

Health System Contact with Human Trafficking Victims

Survivors of trafficking are in contact with the health system while being trafficked

- 28-50% of victims in the U.S. encounter health care professionals while being trafficked (Family Violence Prevention Fund, 2005; Baldwin, 2011)

Victims can be identified in a health care setting

- Trafficked minors will disclose if screened in a clinic (Chang, 2015)

Once identified, there are ways for health care to respond

- There are models of care for victims of human trafficking (Institute of Medicine, 2013, Stoklosa, 2015)

Challenges to Identifying Victims of Human Trafficking

- Lack of self-identification caused by brainwashing/control techniques of the exploiter (Stockholm Syndrome - trauma bonding) and through cultural isolation
- Hidden nature of the crime
- Shame associated with this type of victimization
- Lack of awareness by professionals who may interact with the victims
- Lack of awareness by the general public
- Fear of exploiter
- Fear of deportation (i.e. lack documentation and work in underground economies)
- Trafficking victims do not look like your typical “victim”

The Role of Health Care Providers

Your role as a health care provider is not to elicit disclosure of victimization by trafficked persons, but to recognize — and to help patients recognize — the signs of labor and sex trafficking so that they may be properly cared for and referred to healing-centered services. As a trauma-informed, patient-centered professional, your aim is to:

- Build trust and treat patients
- Conduct initial screening for indicators to determine who should receive or be referred for more in-depth intake by a bedside advocate or other specialist

    - Recognize indicators/red flags of exploitation and human trafficking
    - *Initial screening does not conclusively determine trafficking*
- Educate patients about options
- Not convince patients to leave, unless patients choose
- Assist patients with safety planning
- Provide available resources

Labor Exploitation and Trafficking

Signs of Labor Trafficking

Four primary signs of labor exploitation and trafficking include:

Controlled Movement

Signs of Power and Control

Cultural Isolation

Poor or Dangerous Work

Controlled movement (e.g., surveillance on site, group living quarters on site, absence of normal daily excursions)

Power-over and control-over (e.g., abuser holds victim's legal documents, speaks for the victim and/or is always present when victim is spoken to, accompanies victim to personal appointments)

Cultural isolation (e.g., victims all being of the same racial background or from the same region, victims being segregated by race, abuser speaking for victims because they can't speak English)

Poor or dangerous work conditions (e.g., lack of safety gear or other basic equipment for the job, lack of Worker Safety postings/notices, early-morning/late-night shifts, no breaks)

Red Flags in Health Care Settings

- Late presentation to medical care
- Cash payments for services
- No insurance

- Fearful of arrest, imprisonment, or deportation
- Agitated, highly nervous, constantly on the phone or looking behind
- Evasive about living situation
- Scripted, memorized, or mechanically recited history
- Frequent injuries
- Discrepancy between stated history and clinical presentation
- Accompanying individual controls the encounter
- Concerned for their own/their family's safety
- Clothing that is weather- or age-inappropriate
- Substance withdrawal
- Physical ailments with vague references to a work-related situation
- Overuse injuries that do not match up to stated type of employment
- Occupational type injuries without evidence of legitimate employment

Common Myths about Labor Trafficking

- It is only a problem in developing countries
- All victims come from situations of poverty
- All victims lack health insurance
- Foreign national victims entered U.S. illegally
- If the victim first consented, it's not trafficking
- Trafficking only happens in illegal or underground industries

Sex Exploitation and Trafficking

Red Flags in Health Care Settings

- Recurrent STIs or complications from lack of follow-up treatment
- Multiple pregnancies with a common father; frequent abortions
- Chronic vaginal discharges and/or acute pelvic pain; PID
- Lack of prenatal care or signs of STIs while pregnant
- Suspicious scars, bruising, broken bones, or weapons
- Exhaustion; keeping late-night or unusual hours
- Indications of drug or alcohol use
- Emotional instability
- Evidence of a controlling or dominating relationship, including repeated phone calls and/or preoccupation with upsetting partner
- Over-familiarity with sexual terms, practices; multiple sex partners
- Not in control of own money or identification documents
- Explicit dress, make-up, language
- Tattoos on neck, genitalia, mouth, chest, or arms — the result of branding by an exploiter
- Uses terms like “in the Life” or “in the Game,” “the blade,” “the track,” and/or referring to someone not their father or mother as “daddy” and “mama or mommy” or “uncle or auntie” (See Glossary at the end of this booklet.)

Common myths about sex trafficking

- Patients who are exploited for sex are always female
- Sexually exploited youth usually knew what they were getting into
- It’s not trafficking if the exploiter and the patient are related
- CSEC leads to adult prostitution
- Someone of the same sex and gender who accompanies a patient to health care visit is beyond suspicion of being a trafficker or facilitator

Domestic Violence

Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as a part of a systematic pattern of power and control perpetrated by one intimate partner against another. It may also be referred to as intimate partner violence, in acknowledgement that abuse can exist regardless of sexual orientation, marital status, or gender.

Prevalence and Impacts

Domestic violence accounts for 15% of all violent crime in the U.S. (Truman & Morgan, 2014), with 1 in 4 women and 1 in 10 men experiencing domestic violence in their lifetime (Centers for Disease Control and Prevention, 2018).

- In the U.S. every minute an average of twenty people are physically abused by intimate partners. This equates to more than 10 million abuse victims annually (Black, et al., 2011).
- On a typical day, domestic violence hotlines nationwide receive more than 13 calls every minute (National Network to End Domestic Violence, 2019).
- Domestic violence is most common among women between the ages of 18-24 (Truman & Morgan, 2014).

Health System Contact with Domestic Violence Victims

Domestic violence injuries are underrepresented in health care settings

- Only 34% of people who are injured by intimate partners receive medical care for their injuries (Truman & Morgan, 2014).

Recognizing Domestic Violence in Health Care Settings

Signs of domestic violence may include:

- Obvious physical injuries, often attributed to being clumsy or accidents and efforts to hide injuries.
- Signs of anxiety and minimization of incidents.
- Making excuses for the abusive behavior. For example: saying, “It’s because of alcohol or drugs.”
- An unusual number of phone calls, texts, emails, or unexpected appearances at work, school and/or residence by a significant other to “check up on” you or questioning you about your actions and activities.
- Having your partner make threats about hurting or killing themselves to control your behavior.

Most health care facilities already have protocols in place to screen for and address domestic or intimate partner violence.

Sexual Assault and Rape

Sexual assault is an unwanted sexual act against or without a person's consent. It includes any sexual, physical, verbal, or visual act that forces a person to engage in sexual contact against their will or without their consent. The terms sexual assault and sexual violence are often interchangeable.

Rape is forced sexual intercourse, including any completed or attempted unwanted vaginal, oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm (such as killing the victim). Rape implies that a person isn't capable of consenting to the activity, such as if they are impaired by physical, mental, or emotional circumstances, including being under the influence of alcohol or drugs. A person's status, such as their age, role, or relationship to the perpetrator, may also make the victim unable to give consent.

Prevalence and Impacts

Sexual assault and rape affects many lives — both directly and indirectly. It can span age, sexual orientation, religion, and gender, and affects people of all socioeconomic backgrounds and education levels.

- Every 73 seconds, an American is sexually assaulted (Department of Justice, 2019).
- More than 1 in 3 women and nearly 1 in 4 men experience sexual violence including physical contact in their lifetime (Smith, et al, 2017).
- 2 out of 3 sexual assaults go unreported to the police (Department of Justice, 2015).
- 60% of survivors know the person who assaulted them (National Institute of Justice, 2010).
- Approximately 1 in 5 (an estimated 25.5 million) women and about 2.6% of U.S. men (an estimated 2.8 million) in the U.S. reported completed or attempted rape victimization at some point in their lifetime (National Sexual Violence Resource Center, 2015).
- 79.6% of female rape victims were under age 25 when they were first raped — 42.2% were under age 18 (Smith, et al, 2017).

Recognizing Victims of Sexual Assault and Rape in Health Care Settings

Not all sexual assaults and rapes cause visible injuries. Injuries can often be internal, such as internal bleeding or sexually transmitted diseases. There may not be any physical injuries at all after an incident of abuse, depending on the violence a survivor has experienced. General indicators include:

- Bruising
- Bleeding (vaginal or anal)
- Difficulty walking
- Soreness
- Broken or dislocated bones

Most health care facilities already have protocols in place to screen for and address sexual assault and rape, including relationships established with certified forensic examination centers located in reputable hospitals that are expertly equipped and staffed hospitals as well as trauma-informed forensic interview centers especially reserved for minors (which are known as Child Advocacy Centers).

Poly-Victimization and Complex Trauma

Poly-victimization, also known as complex trauma, describes the experience of multiple victimizations of different types, such as entrapment, sexual abuse, physical abuse, bullying, exposure to family violence, extended abuse of others, and more. This definition emphasizes different kinds of victimization, rather than just multiple episodes of the same kind of victimization. This signals a generalized vulnerability that can interrupt or destroy physical and psychological defenses.
Research shows that the **impact of poly-victimization is much more powerful than even multiple events of a single type of victimization**, actually reorganizing the way the brain works, allowing the survival (or "reptilian" brain) to override emotional/ relational and logical brain functioning. As a result, victims of multiple or prolonged traumas often display:

- emotional dysregulation
- loss of safety and direction
- inability to detect or respond to danger cues
- fear, distrust of adults, authority
- attachment struggles, may run from services

These impacts make it difficult to Complex trauma is often misdiagnosed as ADD/ADHD, OCD, Schizoaffective disorder, etc. – causing symptoms, and *not the underlying issues*, to be treated.

Providing culturally appropriate and trauma-informed mental health treatment is critical to avoid re-traumatizing the patient and inadvertently shutting down their ability to be seen and validated.

The Link between Human Trafficking, DV, and Sexual Assault

- Intimate partner trafficking coerces partner to engage in involuntary servitude
- Intimate partner violence is not asked for
- Human trafficking, domestic violence, and/or sexual assault is not voluntary
- Abusers and traffickers can be anyone, and Victims can be anyone
- Victims may have experienced attacks of violence across their lifespan
- Perpetrators use a relationship of trust to their advantage
- Abusers and traffickers often threaten victims into a life of silence and compliance
- A person's freedom is violated
- Victims suffer from trauma
- Methods of abuse are similar and involve a cycle of violence and continuum of Abuse

Understanding Domestic Violence

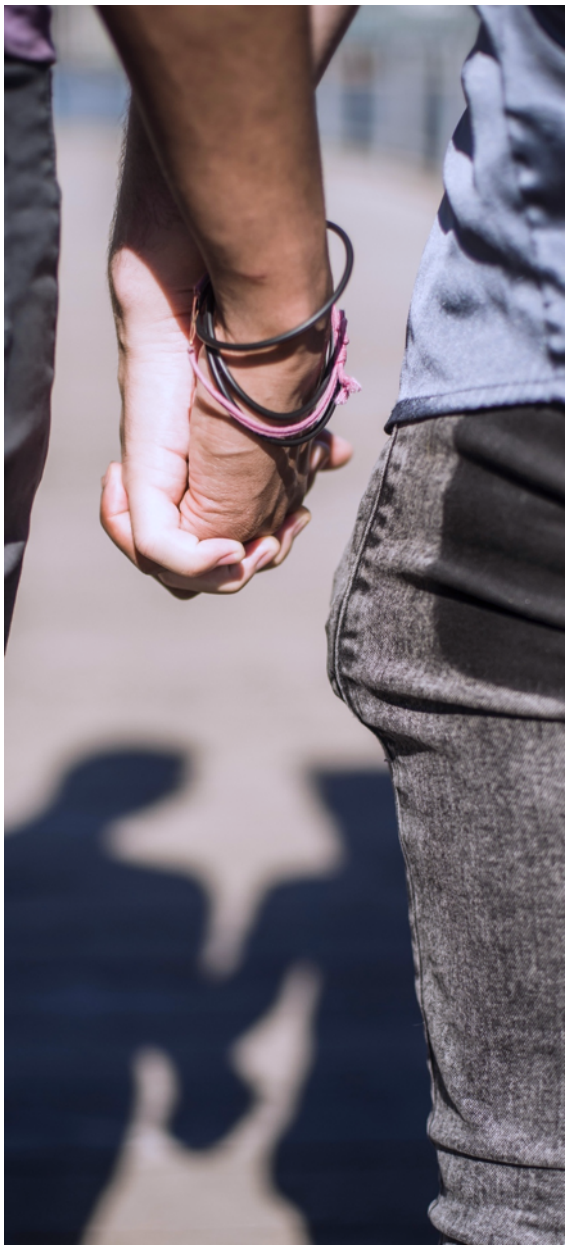
Domestic Violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as a part of a systematic pattern of power and control perpetrated by one intimate partner against another.
It is also referred to as intimate partner violence, in acknowledgement that abuse can exist regardless of sexual orientation, marital status, or gender.

Source: Source: U.S. Center for Disease Control

What is Trauma Bonding?

The trauma bond is a deep connection which forms between a victim of abuse and their abuser. Victims of abuse often develop a strong sense of loyalty and compassion towards their abuser, despite the fact that the bond is detrimental to the victim.

Trauma bonding is similar to Stockholm Syndrome referenced in many cases of domestic violence, in which people held captive come to have feelings of trust or even affection for the very people who captured and held them against their will.
[**Source:** Progressive Transition, 2019]



A Word on Trauma Exposure

Health care providers can be adversely affected by indirect exposure to trauma. While trauma work can be very meaningful and rewarding, it can also be very difficult and painful. The signs and symptoms of indirect trauma resemble those of direct trauma. We urge providers to:

- Be aware of transference and counter-transference
- Know your triggers and push buttons
- Model how to effectively regulate your emotions
- Engage in routine self-care to remain as effective as you can be
- Stay connected to why you got into this work
- Ask for help — it's a team effort!

Source: Nola Brantley Speaks and S.H.A.D.E.

Implementing Trauma-Informed Protocols and Practices

Goals of Trauma-Informed Protocols and Practices

- Safety and comfort of the patient is primary.
- Build rapport and trust before interviewing/screening.
- Enable patient to experience being fully seen.
- Make plan with patient and offer resources.

What is Trauma-Informed Care?

Trauma-informed care (TIC) is a strength-based framework that requires change to organizational practices, policies, and culture that reflect an understanding of the wide-spread impact of trauma and potential paths for recovery, while actively seeking to prevent re-traumatizing.
TIC emphasizes physical, psychological, and emotional safety for survivors and providers, and rebuilds a sense of control and empowerment.

Foundations of Trauma Informed Response

- Understand that you, like your patients, have had traumatic experiences (understand the value of consistent self-care)
- Past traumatic experiences may influence your own as well as patients' perceptions and interactions in a health care setting
- Adjust patient care accordingly to meet patient needs
- Screen or assess patient needs (physical, social, and emotional)
- Understand your professional role within a team of support
- Collaborate and communicate effectively within the team
- Understand the health effects of trauma
- Use patient-centered communication skills (verbal and written)
- Know stages of change behaviors including supporter behaviors
- Consistently train in trauma-informed practices and apply knowledge
- Develop and adhere to trauma-informed protocols that include collaborating with external resources

A Note on Policies and Protocols

Most health care facilities already have protocols in place to address intimate partner violence, child abuse, elder abuse, and sexual assault. Review and build upon these protocols when integrating trauma-informed processes and procedures to respond to exploitation and human trafficking. In addition, we recommend:

- Streamlining training, treatment, and referrals
- Working in teams
- Collaborating with existing internal and external experts and champions

Patient Interviewing and Documentation

Trauma-Informed Interviewing Practices

- Separate patient from accompanying persons
- Ensure that patient's phone is secured with their personal belongings
- Avoid re-traumatizing patients (i.e. interrogations, culturally insensitive)
- Use professional trauma-trained interpreter, not the accompanying person
- Ask questions non-judgmentally and with care, use hypothetical statements
- Involve patient in all decisions including mandatory reporting, no surprises!
- Assure patient that they are safe, explain safety features in setting
- Highlight strengths and resiliency, promote healthy coping mechanisms
- Keep communication open between patient and medical professional
- Do not push for self-disclosure — give space and let it happen

The ultimate goal is not immediate disclosure of victimization

De-escalation and Support

If a patient is highly agitated and human trafficking may also be suspected, the use of basic calming techniques followed by coordinated efforts with crises-trained counselors, clinical therapists and/or victim advocates knowledgeable in human trafficking victimization and engagement is recommended.

Minimizing Secondary Injury

Create situations whereby patient feels safe and heard, is understood, and can make informed choices. Avoid key triggers, which include patient:

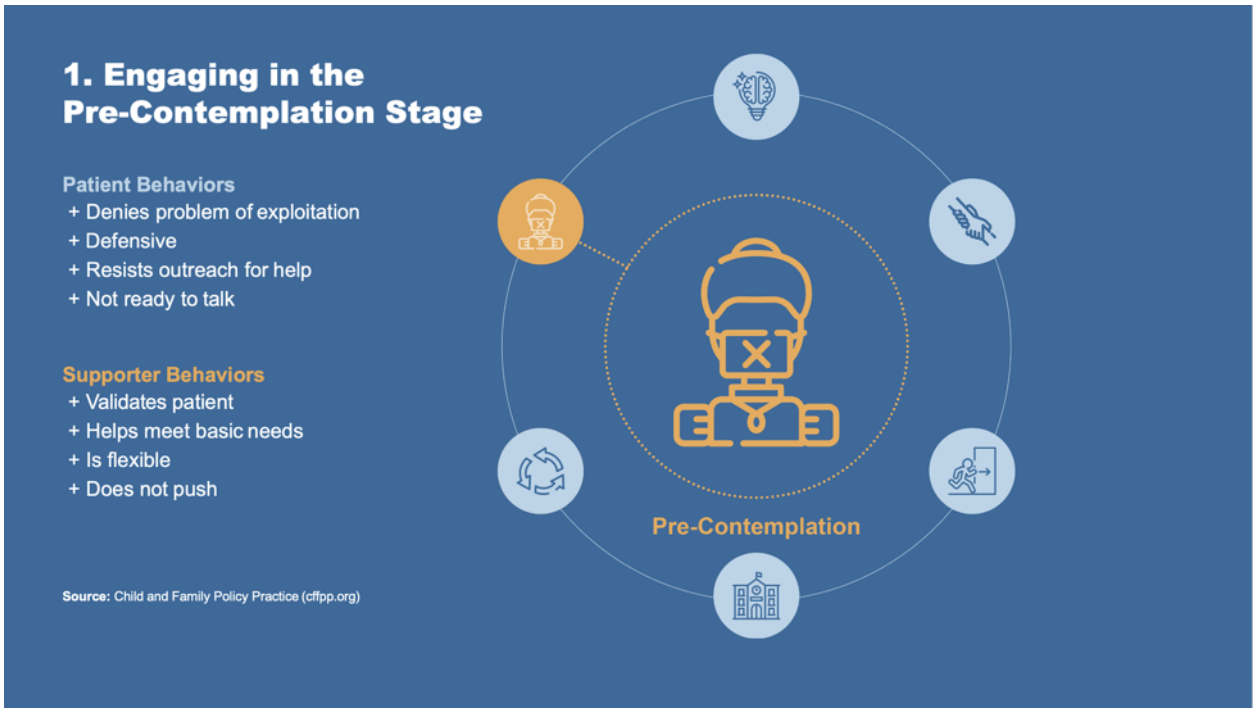
- Feeling a lack of control
- Experiencing unexpected change
- Feeling threatened or attacked
- Feeling vulnerable or frightened
- Feeling shame
- Experiencing cultural insensitivity
- Experiencing confinement
- Experiencing certain smells and sounds (may not be obvious)

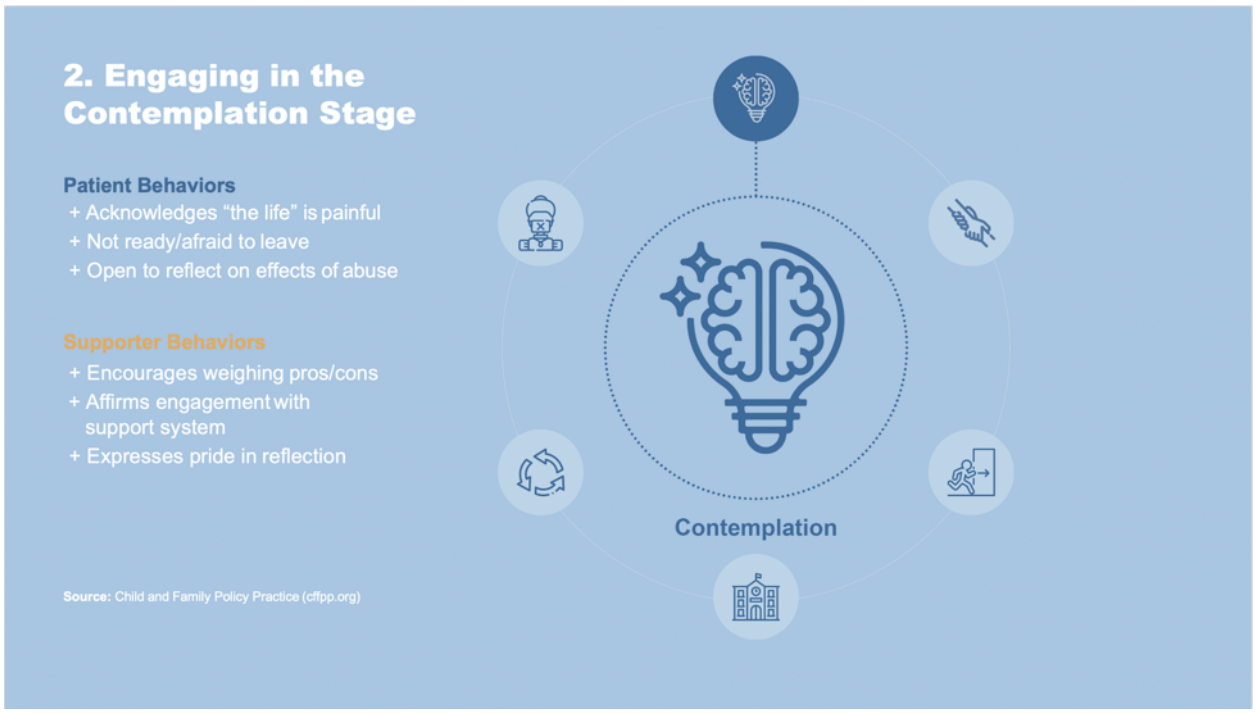
Trauma-Informed Language in Patient Records

Instead of phrases like…	Use phrases like…
Revealing, scantily clad, provocative clothes	Dressed inappropriately: weather, age, etc. Agitated, guarded, nervous
Aggressive, hostile	Agitated, guarded, nervous
Assume mood disorders, bi-polar, etc.	Name of confirmed clinical diagnoses
Patient said “f---- you” or other judgmental quotes	Angry, upset, declining services at this time
Labels that assume prostitution: sex worker, street walker, prostitute, drug abuser, etc.	Displays inappropriate coping mechanisms
Labels of CSEC or Sex Trafficking	Record stated facts from patient: abducted, raped, sold for sex, traded sex to survive; and actual observed behaviors
Frequent Flyer	

Engaging Patients through their Stages of Change

See the signs: http://www.heatwatch.org/files/Signs.pdf





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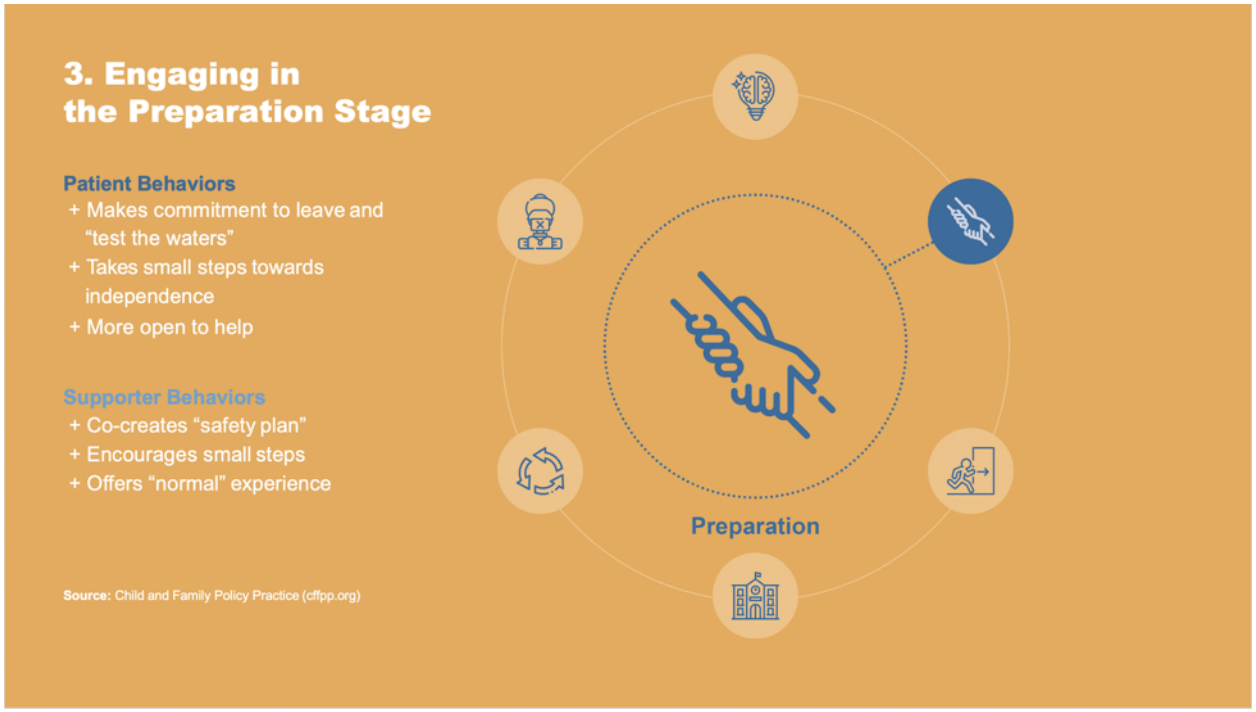

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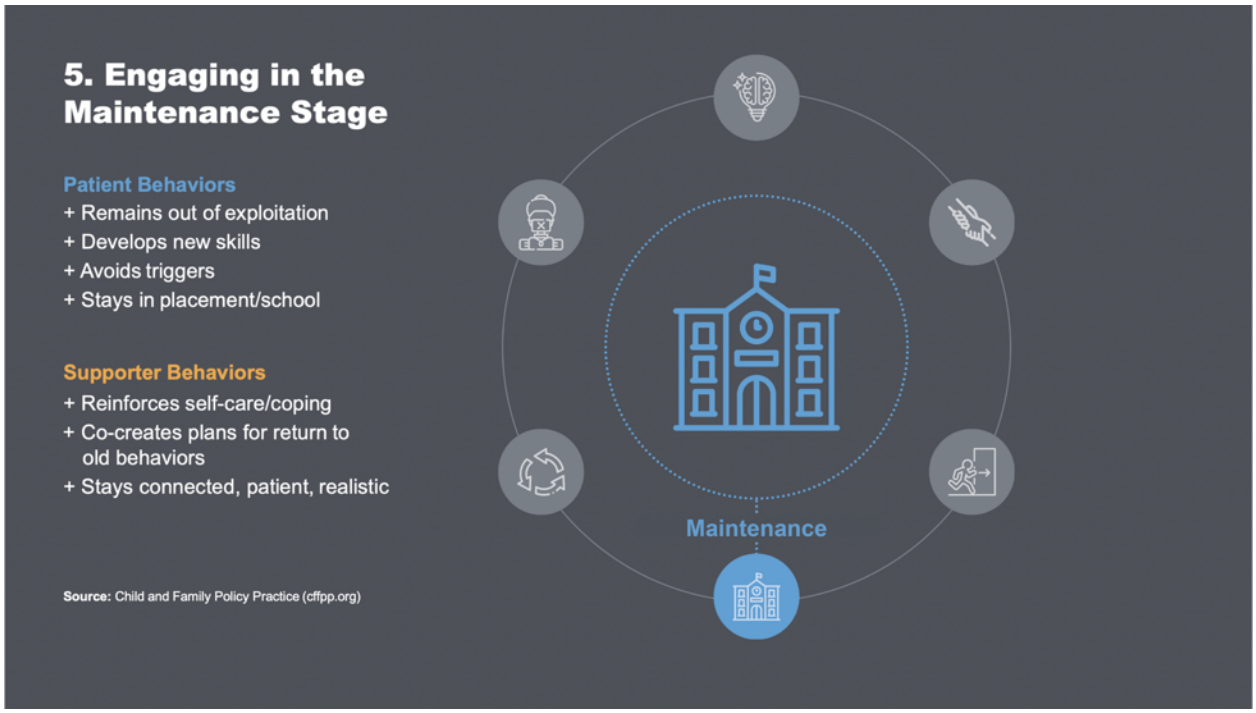


Tele-Health/Advocacy and Patient Safety

Tele-health is increasingly important, particularly in the COVID-19 crisis. When using tech-based tools like video calls, web chat, text, or email, survivors' informed choices, safety, and privacy are the goals.

- Meet survivors where they are — chat, video, text, etc.
- Offer tools with low tech barriers to access
- Offer tools to meet accessibility needs (language, TDD, etc.)
- Provide information so survivors can choose
- Lead with information that supports responding to the trauma related to COVID-19 to avoid abuser's awareness of seeking support from abuse

Offering digital communication options is crucial to survivor-centered services AND it must be done with caution. For example, email can be easily intercepted, is often saved/backed up by default on servers and gets synched across devices through the cloud. The technology must be HIPAA compliant, and that still may not be enough. To help mitigate risks:

- Plan for safety and privacy
- Talk to survivors about risks, each time
- Offer options based on each survivor's risk and access
- Use code words or phrases
- Remember synched cloud accounts can be breached
- Use proven programs and tools that are designed to:
    - Include options for anonymous use
    - Leave no traces on survivor's device or accounts
    - Shield survivor information and content of conversations from the company

Screening for Human Trafficking

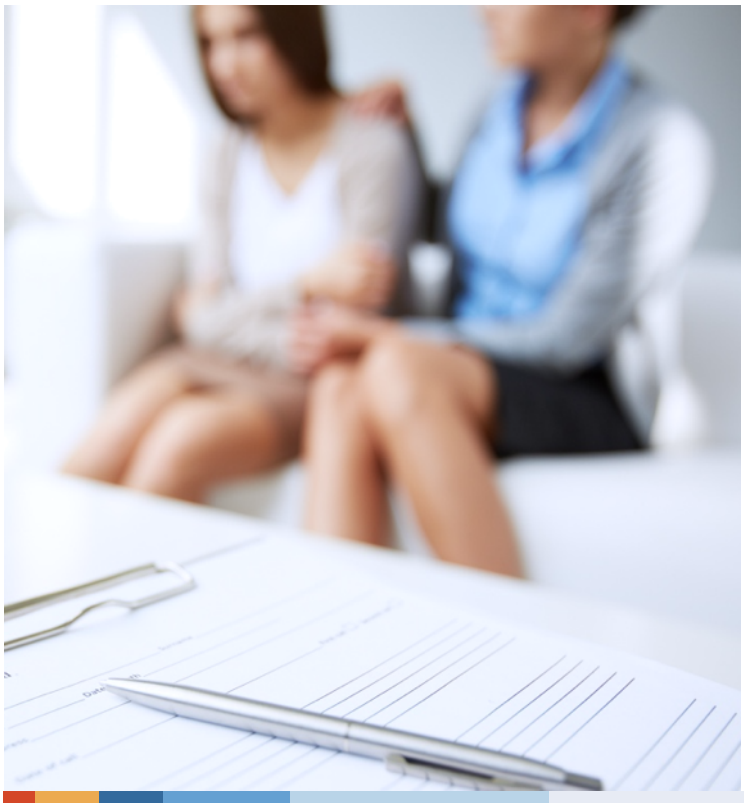
First Step: Overall Assessment

Questions:

- How are you feeling in general?
- How is home-life?
- How are things at school?
- How is work going?
- Are you hungry, cold?
- What would make you more comfortable?

Acknowledge the obvious:

- You look a little tired, when is the last time you slept or how are you sleeping?
- That's an attractive tattoo, is there a story?
- You look a little down, would you like to talk?
- This is a really safe place because we have...
- I have some interview questions that may be awkward but important to provide assistance...



Patient-Centered Care is the Foundation of Trauma-Informed Protocols

- Assess patient's literacy level to ensure information you provide is understandable
- Ensure patient's physical comfort
- Inform patient that you are available to help if needed and your hospital/clinic/office is a safe space
- Offer services in partnership with others

Second Step: Screen for Human Trafficking

For some persons, it may be best to ask open-ended questions and to listen for elements of Action, Means, and Purpose (refer to Figure 1).

- How did you meet your partner, girlfriend, boyfriend?
- Tell me about your family/friends.
- How did you sustain this injury?
- How did you start working for your employer?

Third Step: Access Trauma Informed Advocates

- Contact internal hospital/community health center champions and follow internal protocol which may have been developed from the HEAL Trafficking Trauma Informed Tool Kit for Health Care Settings
- Secure patient consent to invite bedside advocate with lived expertise and professional experience in survivors of exploitation to work with the health team.
- Contact Bedside Advocates (contacts and resources will vary by location/community).

What is Bedside Advocacy Support?	
Health Care Preparations	**Duties of Advocates**
Provide for immediate basic needs such as food, warm clothing, or blanket	Provide culturally competent and language appropriate crisis support
Contact the hotlines (child abuse, domestic violence, bedside advocates, or law enforcement as appropriate) and provide basic intake information	Maintain patient's confidentiality and manage expectations
Make room available for advocate to speak with patient to conduct a more in-depth intake and specialized screening to begin meeting the patient's needs	Provide toiletry bag and be prepared to transport patient to home or shelter (or Children Assessment Center if a minor) or other place of safety
Expect a debrief from advocate about next steps before patient leaves	Identify long-term case management and follow patient
	Keep health care provider apprised of warm hand-off to long-term case management services

Crucial Post-Initial Screening Steps

- Contact internal hospital/community health center champions and follow internal protocols including multidisciplinary team planning for patient care
- Secure permission/consent to contact advocate, if needed
- Contact Bedside Advocates (contacts and resources will vary by location/community)
- As necessary, contact law enforcement and mandated reporting hotlines
- Document patient health records of actions taken and in accordance with protocols

Health Champions Internal to the Health Care Setting

Role of Health Champions

- Serve as internal expertise to health professionals in the targeted health settings on services and approaches to support suspected or confirmed patients who have experienced interpersonal violence and exploitation, particularly human trafficking.
- Lead development of protocols and trainings for effective implementation, and designate space to interview victims and resources for emergency needs.
- Participate in learning exchanges with fellow community health centers, hospitals, and stakeholders to sharpen implementation practices.
- Report cases and make data-informed decisions to provide any course correction, identify breakthroughs, etc. throughout implementation.
- Serve as the lead contact from health facility to the Community Health Center Network and other partners of the Human Trafficking Medical Offramps Project.

Safety Planning

Preparing safety plans with patients will involve bedside advocates and may not happen in a health care setting.

Goals:

- Assess the current risk and identify current and potential safety concerns
- Create strategies for reducing or avoiding the threat of harm
- Outline concrete options for when safety is compromised or threatened

Plans address:

- Isolation, abandonment
- Movement, disorientation, unfamiliarity with current location
- Lack of food, medicine, clothing, or safe shelter
- Increased vulnerability to exploitation, abuse, or other crimes
- Confiscation of money and/or identity documents
- Physical harm or violence to the victim(s) or others
- Abduction, kidnapping, confinement, or restraint

Mandatory Reporting

Reporting Requirements

Mandated Reporters are required to give their names and are provided unqualified immunity from civil liability when reporting:

- Child abuse and neglect CSEC (call County Child Abuse Hotline, local law enforcement agencies, or 911)
- Elder and dependent adult abuse (call County Social Services Hotline, local law enforcement agencies, or 911)
- Domestic violence (call local law enforcement agencies or 911 and local family justice center, if available)

Human trafficking, with the exception of CSEC, is not a mandated offense to report unless Mandated Reporters can clearly see signs of severe physical abuse and neglect.

How to Report Child Abuse

- Make a report immediately (or as soon as practically possible) by phone.
- A written report must be sent by fax or electronic submission within 36 hours of receiving the information regarding the incident. Submit on Department of Justice forms, which can be requested from your local child protective agencies.
- Form SS 8572: Suspected Child Abuse Report and Instructions

Medical Charts and Records are Subject to Subpoena*

- **Triage Report** (completed by intake nurse): Record of patient's initial statements which may include the who, what, when, and where details about injuries or complaining symptoms, and basic health vitals.
- **Forensic Exam Report** (completed by examiner): A confirmed or reported crime has been committed. Form 936 requires detailed and exact statements of patients (not paraphrases or assumptions from medical personnel) and detailed charting including photos of injuries, clothing.
- **Medical Chart** (completed by physician): Document patient's statements to physician (not those recorded by triage nurse), and injury details or complaining symptoms. Include responses taken: Sexual Assault Response Team has been called and/or mandatory report made to Law Enforcement or Child Abuse Hotline, etc. Include patient strengths and any resolutions of previous problems.

Link to mandated reporting guidelines:
https://alamedasocialservices.org/public/services/community/partners/accapc/mandated.cfm

*Only morbidity and mortality log is protected.

Glossary of Street Terms and Commonly Used in Sex Trafficking and CSEC

(Source: California Law Enforcement Agencies, 2018)

1. **10-day house refers** to a location where sex trafficking occurs temporarily and victims are housed temporarily to keep them disoriented, disconnected, and beyond law enforcement's detection.
2. **Bitch/Ho/Thot/Goer/Bopper** refers to the girl or woman being exploited.
3. **Bottom Bitch/Bottom Girl** refers to the highest-ranking female in the group. She answers directly to the pimp; recruits, trains, supervises, and disciplines other girls.
4. **Broke/breaking in** refers to the process of violently raping, beating, threatening, or coercing a girl being exploited.
5. **Channels** refer to the various local, national, and international routes used to move victims.
6. **Chose up/Choosin'/Choose up** refers to when a girl picks her trafficker/exploiter; do not assume this is voluntary — it can occur if a girl simply looks a trafficker/exploiter in the eyes.
7. **Circuit** refers to the trafficker's/exploiter's geographical travel routes to market their victims.
8. **Coercion** includes any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harmful repercussions to the person or loved ones.
9. **Daddy/Boyfriend/MyP** refers to the trafficker/exploiter.
10. **Family/Poly Life/Stable** refers to the group of girls or women working for the pimp.
11. Getting/Getting Money/GERB fee/Trap may refer to exploitation.
12. **Gorilla Pimp** refers to a trafficker/exploiter who uses force, violence and threats to exploit a victim. This trafficker/exploiter often rapes, beats and emotionally batters victims.
13. **In call/In house** refers to someone who works from inside a house.
14. **The Life or The Game** refers to commercial sexual exploitation or the sex industry.

15. **Out call** refers to when victim being exploited goes out to a date/call location.
16. **Out of pocket** refers to disrespectful behavior by a victim towards their trafficker/exploiter.
17. **Outside** term used for when they are going to make money.
18. **Pimp circle** refers to a group of traffickers/exploiters surrounding a girl for purposes of intimidation.
19. **Postin/posting/posting** ads refers to trafficking on the streets, through online transactions
20. **Renegade/Faggot** refers to a person that does not have a trafficker/exploiter/pimp or has left his/her trafficker/exploiter/pimp.
21. **Romeo pimp** refers to a trafficker/exploiter who uses romance and expensive gifts to gain a girl's confidence and trust, then isolates her and exploits her financial, social and emotional dependence on him. This trafficker/exploiter often makes elaborate promises of a better life, more money and continued luxuries.
22. **Serving papers** refers to the new trafficker/exploiter notifying the old trafficker/exploiter that he no longer "owns" a certain victim.
23. **Squad/Them Boys** refers to police officers.
24. **Square/Green** refers to someone who has never been in "the life."
25. **Squaring up** refers to getting out of "the game."
26. **Stay in pocket** refers to playing by the rules of "the game."
27. **Stroll/Track/Blade** refers to the street or area known for high prostitution activity.
28. **Trick/Date/John/Sugar Daddy** refers to the customer or John.
29. **Turnout** refers to someone who recruits someone into "the life."
30. **Wife/Wifey/Wife-in-law/Sister Wifey** refers to fellow exploited victim.

Glossary of Terms and Commonly Used by Law Enforcement/Justice System

(Source: California Law Enforcement Agencies, 2018)

1. **Commercial sex act** means any sexual conduct on account of which anything of value is given or received by any person. (Pen. Code 236.1(2).)
2. **Confidential communication** means information transmitted between the victim and the caseworker in the course of their relationship and in confidence by a means which, so far as the victim is aware, discloses the information to no third persons other than those who are present to further the interests of the victim in the consultation or those to whom disclosures are reasonably necessary to effectuate what the victim needs accomplished. (Evid. Code 1038(c).)
3. **Confidential emergency shelter/trafficking shelter** means a confidential location which provides emergency housing on a 24-hour basis for victims of human trafficking, including any person who is a victim under Penal Code section 236.1. Penal Code section 273.7(2) makes it a misdemeanor to reveal the location of a trafficking or domestic violence shelter.
4. **Criminal profiteering activity means** any act committed or attempted or any threat made for financial gain or advantage, which act or threat may be charged as a crime under several Penal Code sections including human trafficking as defined in Penal Code section 236.1.
5. **Debt bondage** means the status or condition of a debtor arising from a pledge by the debtor of his or her personal services or of those of a person under his or her control as a security for debt, if the value of those services as reasonably assessed is not applied toward the liquidation of the debt or the length and nature of those services are not respectively limited and defined.
6. **Deprivation or violation of personal liberty of another** includes substantial and sustained restriction of another's liberty accomplished through fraud, deceit, coercion, violence, duress, menace, or threat or unlawful injury to the victim or to another person, under circumstances where the person receiving or apprehending the threat reasonably believes that it is likely that the person making the threat would carry it out. (Pen. Code 236.1(d)(1).)
7. **Duress** includes knowingly destroying, concealing, removing, confiscating, or possessing any actual or purported passport or immigration document of the victim. (Pen. Code 236.1(d)(2).)
8. **Federal definition of severe forms of trafficking in persons** means 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 (force not needed); 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. The California statute now closely mirrors the

federal law.

9. **Forced labor or services** means labor or services that are performed or provided by a person and are obtained or maintained through force, fraud, or coercion, or equivalent conduct that would reasonably overbear the will of the person. (PC section 236.1(e))
10. **Human Trafficking** occurs when any person violates the personal liberty of another with the intent to effect or maintain a felony violation of sections 266, 266h, 266i, 267, 311.4 or 518, or to obtain forced labor or services.(Pen. Code 236.1(a).)
11. **Human trafficking caseworker** is a person who is employed by any organization providing the programs specified in Section 18294 of the Welfare and Institutions Code, whether financially compensated or not, for the purpose of rendering assistance to victims of human trafficking, who has received specialized training in the counseling of human trafficking victims and who also meets any of one of the following requirements: has a master's degree in counseling or a related field; or has one year of counseling experience, at least six months of which is in the counseling of human trafficking victims; has at least 40 hours of training as specified in Evidence Code section 1038.2 and is supervised by an individual who qualifies as a counselor as listed above or is a psychotherapist. (Evid. Code 1010.)
12. **Human trafficking caseworker** privilege exists when a trafficking victim and his or her caseworker have a confidential communication. The confidential communication cannot be disclosed if the privilege is asserted. The privilege can be exercised by the victim, by a person the victim has authorized to claim the privilege, or by the caseworker, if the victim is still alive. A court, after a hearing, could compel disclosure if the probative value of the information outweighs the effect of disclosure of the information on the victim, the counseling relationship, and the counseling services. (Evid. Code 1038.1.)
13. **Involuntary servitude** means a condition of servitude induced by means of any scheme, plan, or pattern intended to cause a person to believe that, if the person did not enter into or continue in such condition, that person or another person would suffer serious harm or physical restraint; or the abuse or threatened abuse of legal process. Accordingly, involuntary servitude includes "a condition of servitude in which the victim is forced to work for the defendant by the use or threat of physical restraint or physical injury, or by the use or threat of coercion through law or the legal process. This definition encompasses those cases in which the defendant holds the victim in servitude by placing the victim in fear of such physical restraint or injury or legal coercion." (United States v. Kozminski, 487 U.S. 931, 952 (1988)).
14. **Peonage means** a status or condition of involuntary servitude based upon real or alleged indebtedness.
15. **Serious harm** includes any harm, whether physical or nonphysical, including psychological, financial, or reputational harm, that is sufficiently serious, under all the surrounding circumstances, to compel a reasonable person of the same background and in the same circumstances to perform or to continue performing labor, services, or commercial sexual acts in order to avoid incurring that harm.

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Resources

Human Trafficking Medical Offramps Project Training and Curriculum

Contact Carla Dartis Consulting (Carladartis@gmail.com) for information about:

- Segment One: Human Trafficking and Exploitation Identification and Response Strategies for Healthcare Professionals
- Segment Two: Trauma Informed Patient Care Practices
- Segment Three: Resources for Victims of Exploitation and Human Trafficking in Alameda County

Interactive trainings are customized to host locations and health care facilities and are supported by slide decks, handouts, tools, and this ***Health Care Provider Guide***. For information, contact Carla Dartis Consulting (Carladartis@gmail.com).
Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings (HEAL Trafficking and Hope for Justice) available online: https://healtrafficking.org/2017/06/new-heal-trafficking-and-hope-for-justices-protocol-toolkit-for-developing-a-response-to-victims-of-human-trafficking-in-health-care-settings/

Coalition to Abolish Slavery and Trafficking: https://www.castla.org/

Futures Without Violence: https://www.futureswithoutviolence.org

National Human Trafficking Resource Center: https://humantraffickinghotline.org/

National Network to End Domestic Violence: https://nnedv.org

Polaris Project: https://polarisproject.org

Vera Institute Disability and Deaf Center – Center on Victimization and Safety:

www.vera.org

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