

HPOE *Live!*

2017 Webinar Series

The presentation will begin shortly.

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2017 Webinar Series

How Hospitals and Health Systems Can Address Human Trafficking March 23, 2017

Presenters:

- Roy Ahn, Associate Director, Public Health, NORC at the University of Chicago
- Laura Krausa, System Director, Advocacy, Catholic Health Initiatives
- Wendy Macias-Konstantopoulos, MD, Director, Human Trafficking Initiative, Department of Emergency Medicine's Division of Global Health and Human Rights, Massachusetts General Hospital



Human Trafficking: The Basics

Roy Ahn, Associate Director
Public Health, NORC at the University of Chicago

Definitions Related To Human Trafficking

“[R]ecruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes 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 an act has not attained 18 years of age”

“[R]ecruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery”

Source: US Trafficking Victims Protection Act of 2000. Underline added.

Magnitude of the Problem

- According to the International Labor Organization, approximately 21 million individuals are in forced labor, globally;
- Unclear how many trafficking victims there are in the U.S.
- However, 26,727 calls were made to the U.S. National Human Trafficking Hotline in 2016

Why Counting Victims is Difficult

- Covert and illegal nature of trafficking
- Definitional issues surrounding trafficking
- Not all victims are willing or able to report their circumstances

Types of Human Trafficking

- Sexual Slavery
- Forced Labor
- Forced Begging
- Debt Bondage
- Child Soldiers
- Forced Marriage



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Recognizing and Responding to Trafficked Persons in Healthcare Settings

Wendy Macias-Konstantopoulos, MD, MPH
Director, Human Trafficking Initiative
Division of Global Health and Human Rights
Department of Emergency Medicine
Massachusetts General Hospital
Harvard Medical School

Faces of Human Trafficking



16yo adolescent girl with depression and cutting



52yo Spanish-speaking man with fatigue and wheezing



33yo African woman with fatigue, headaches, and flashes of light



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Health Problems

Physical health	Reproductive health	Mental health
Intentional traumatic injuries (e.g., fractures, cuts, disfigurement) and chemical/thermal burns	Vaginal, perineal, and rectal injuries (e.g., rape/gang rape, foreign object use)	Stockholm syndrome (i.e., traumatic bonding with perpetrator)
Accidental traumatic and overuse injuries (e.g., joint sprains, disc herniations, muscles tears, eye strain)	Sexually-transmitted infections (e.g., HIV, HPV, GC, Chlamydia, Hepatitis B/C)	Affective disorders (e.g., anxiety, depression, panic attacks)
Chemical (e.g., pesticides, industrial glues) and environmental exposures (e.g., heat exhaustion, vision/hearing impairment)	Diseases due to untreated STIs (e.g., AIDS, cervical cancer, PID, infertility, liver disease, hepatocellular cancer)	Posttraumatic stress disorder (PTSD; symptoms include flashbacks, intrusive thoughts, memory difficulties, hyper-vigilance) and complex PTSD
Communicable diseases (e.g., Hepatitis A, intestinal parasites, typhoid, TB)	Poor access to barrier protection or other contraception	Dissociative disorders, involving varying degrees of detachment from self/reality
Untreated chronic diseases (e.g., anemia, cancer, CKD, CVD, DM, HTN)	Forced unprotected sexual encounters; Unplanned and high-risk pregnancies	Sleep disorders (e.g., sleep disturbances, nightmares, insomnia)
Poor oral health and injuries (e.g., tooth decay/fractures, mandibular dislocations)	Unsafe, forced abortions; Complications related to unsafe abortions	Psychosomatic syndromes (e.g., chronic pain, fatigue, GI distress, headaches, dizziness)
Dehydration, malnutrition, and eating disorders; Deprivation of basic needs (water, food, sleep, medication)	Forced sterilization or use of contraceptive devices	Low self-esteem, shame, guilt, self-blame, self-loathing, hopelessness, anti-social, learned helplessness, loss of identity/agency
Branding/tattooing and skin disorders (e.g., lice, scabies, mycoses)	Forced pregnancy and childbirth	Forced or coerced substance use disorders
Substance use complications (e.g., abscess, bacteremia, endocarditis, seizures)	Lack of prenatal care	High-risk and self-injurious behaviors
Homicide and accidental death (e.g., fatal trauma)	Lack of vertical HIV transmission prevention	Suicide and accidental death (e.g., drug overdose)



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(Macias-Konstantopoulos, *Ann Int Med*, 2016)

Role of Health Care Professionals



Up to 87.8% of trafficking survivors report encounters with health care providers

*(FVPF Report, 2005; Baldwin et al, Health Hum Rights, 2011;
Lederer & Wetzel, Ann Health Law, 2014)*

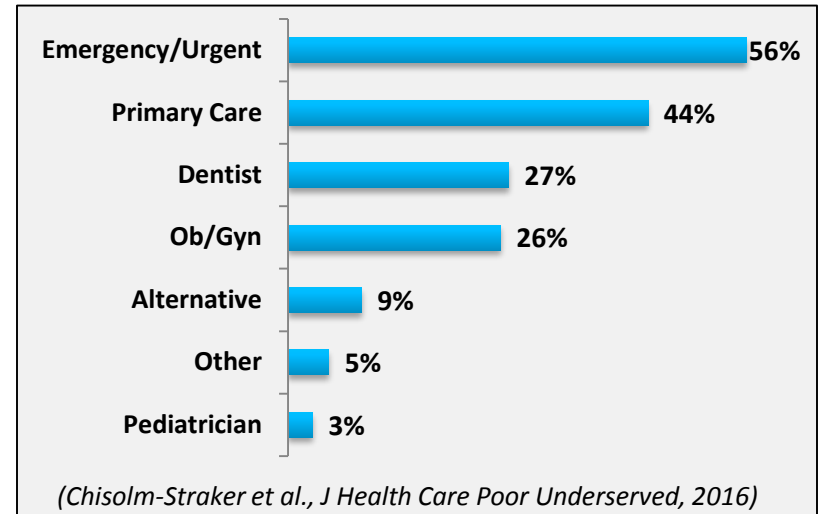


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Health Care Access

- Emergency departments (63%)
 - Primary source of health care for victims
 - Less than 3% trained (*Chisolm-Straker et al., 2012*)
- Primary care practices (22.5%)
 - Any stage of exploitation
- Urgent care clinics (21.4%)
- Community health clinics (19.4%)
 - Particularly important among homeless youth
- Planned Parenthood and other reproductive health clinics (29.6%)
- Social service providers
 - Liaisons to *ad hoc* health care providers (*Macias-Konstantopoulos et al., J Urban Health, 2015*)



(*Lederer & Wetzel, Ann Health Law, 2014*)



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Indicators of Human Trafficking

*Table 3. Indicators of Human Trafficking**

Physical Indicators	Abuse and Control Indicators	Other Indicators
Delayed presentation for medical care	Accompanied by a person who answers questions, corrects the patient, and attempts to control the encounter	Inability to answer simple questions, such as name, age, home address, work, school, current city location
Signs of physical, sexual, or dental trauma	Accompanied by a person who insists on translating	Reported age is older than apparent age
Signs of medical neglect	Scripted or restricted patient communications	Discrepancy between history and clinical presentation
Signs of malnourishment	Patient frequently glances to the accompanying person for approval after speaking	Possession of multiple fake forms of identification, many hotel keys, or large sums of cash
Multiple, recurrent sexually transmitted infections	Patient avoids eye contact with accompanying person or provider	Inappropriate clothing for the weather
Foreign bodies to stop menstrual flow	Other signs of submission, fear, or hypervigilance	Truancy or absenteeism from school at certain times of day
Multiple pregnancies ending in abortion	Frequent calls or texts and inability to delay response	Someone else is in possession of identification or immigration documents
Atypical communicable diseases	Hyperstartle reflex	Distrust of authority
Occupational injuries easily preventable with access to personal protective equipment		Excessive work hours
Substance use		Payment in cash
Tattoos or branding indicating ownership		

(Macias-Konstantopoulos, *Ann Int Med*, 2016)



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Look Beneath The Surface Campaign & Blue Campaign

Victims of human trafficking may look like many of the people you help.

Classic presentations found in trafficking victims:

- Bruises in various stages of healing caused by physical abuse
- Scars, mutilations, or infections due to improper medical care
- Urinary difficulties, pelvic pain, pregnancy, or rectal trauma caused from working in the sex industry
- Chronic back, hearing, cardiovascular, or respiratory problems as a result of forced manual labor in unsafe conditions
- Poor eyesight and/or eye problems due to dimly lit work sites
- Malnourishment and/or serious dental problems
- Disorientation, confusion, phobias, or panic attacks caused by daily mental abuse, torture, and culture shock

Report suspicious activity to local law enforcement, or call 1.866.347.2423



www.dhs.gov/bluecampaign

Victims of human trafficking look like many of the people you see each day.

Look for the following clues that may indicate a person is being trafficked:

- » **Anyone under the age of 18 engaged in commercial sex**
- » Evidence of being controlled (fearful, anxious, submissive, tense, avoids eye contact)
- » Inability to leave home or place of work freely
- » Signs of physical abuse, sexual abuse, malnourishment
- » Unaware of current location, date or time
- » **Not able to speak for oneself or share information**
- » Not in control of own money, identification, or other personal possessions

Contact the **National Human Trafficking Hotline** for specialized victim services referrals or to report the situation. Call **888-373-7888** or visit www.acf.hhs.gov/endtrafficking.



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High Index of Suspicion

- Separate patient from accompanying person
- Professional interpreters when translation needed
- Discuss confidentiality and establish trust
- Use a non-judgmental, culturally-sensitive, and trauma-informed approach (non-threatening body language, patience, respect)
- Mirror language (neutral terms)
- Normalize inquiry
- Maintain an open door policy



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Potential Screening/Interviewing Questions

Potential Screening Questions

- With whom do you live? Where did you sleep last night?
- What type of work do you do? Are you being paid?
- Do you feel safe where you sleep? Where you work?
- Is anyone hurting you emotionally or physically?
- Has anyone threatened to hurt you or your loved ones?
- Have your identification or immigration documents been taken from you?
- Have you ever exchanged sex for food, shelter, drugs, money, hormones, or anything else?
- Has anyone asked you to have sex with multiple persons to make money?
- Have you been threatened with deportation, jail, beating, or death if you tried to leave?

(Macias-Konstantopoulos, *Ann Int Med*, 2016)

Asking the right questions will help you determine if the person in front of you may be a victim of trafficking who needs your help.

- » Did you ever feel pressured to do something you didn't want to do?
- » Are you being paid what you were promised?
- » What would happen if you left your work situation?
- » Were your communications or movements ever restricted or monitored?
- » Have you or someone you know been threatened?
- » What are your working, living, and sleeping conditions like?
- » Have the conditions of your work changed from what was promised?
- » Did you have to pay any fees to get your job or stay in your workplace?
- » Did anyone ever promise or give money or anything of value to you or someone else in exchange for a sexual act?
- » Is someone else holding your money, identification documents, or other personal possessions?

Call the National Human Trafficking Hotline, 888-373-7888, if you think you have encountered a victim of trafficking.



Recognizing the combined signs will help you accurately alert local or federal authorities for investigation. For a victim of trafficking, this may save a life.

Look for the following indicators:

- Is the patient accompanied by another person who seems controlling?
- Does person accompanying the patient insist on giving information/talking?
- Does the patient have trouble communicating due to language/cultural barrier?
- Are the patient's identification documents (e.g. passport, drivers license) being held or controlled by someone else?
- Does the patient appear submissive or fearful?
- Is the patient inadequately dressed for the situation/work they do?
- Are there security measures designed to keep the patient on the premises?
- Does the patient live in a degraded, unsuitable place/share sleeping quarters?
- Is the patient suffering from classical presentations found in trafficking victims?

Human trafficking is the use of force, fraud, or coercion to exploit someone for labor or commercial sex. Any minor exploited for commercial sex is a victim of human trafficking.

www.dhs.gov/bluecampaign



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Response to Admission/Disclosure

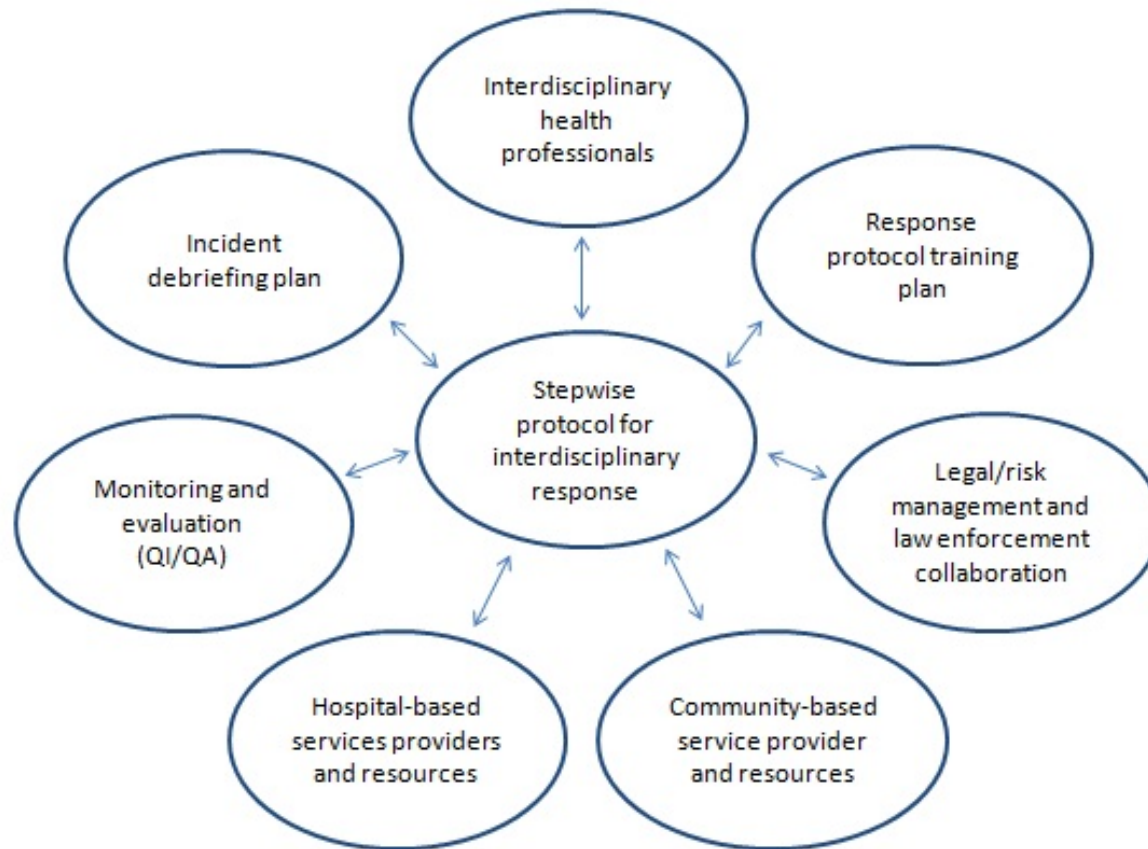
- Protocols are critical!
- Thank the patient for trusting/confiding in you
- Determine need for mandatory reporting
- Gauge degree of danger and alert security personnel
- Assess needs and priorities of the patient
- Share decision-making
- Engage hospital and community resources
- Offer to contact law enforcement
- National Human Trafficking Hotline: 1-888-3737-888



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Interdisciplinary, Comprehensive Response



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Mass General Freedom Clinic

<http://www.massgeneral.org/emergencymedicine/services/treatmentprograms.aspx?id=1924>

Funding Sources

Partnership for Freedom Humanity United

162 ideas from over 260 organizations across
39 states to improve services for human trafficking
victims and end modern day slavery



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Freedom Clinic Overview

- Unmarked referral-only clinic providing free primary, preventative, and mental health care clinic to victims/survivors of all forms of human trafficking ages 13 years and older (est. April 2015)
- 3 major goals:
 1. Strengths-based, trauma-informed approach to patient care
 - Empower and encourage self-care behaviors
 2. Health needs/outcomes and best-practices research
 - Epidemiology and pathology of human trafficking
 3. Streamline mechanisms for cross-sector referrals
 - Local, state, and regional
- Providing holistic care with a focus on healing/recovery from trauma



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Freedom Clinic Overview

- Our services are delivered from a strengths perspective in a safe, trauma-informed, LGBTQ-friendly, and judgment-free environment
 - FREE primary and preventative care
 - Annual physical exams
 - Vaccinations
 - Medical clearance evaluations
 - ID testing and treatment (STDs/HIV)
 - Mental health services
 - Dental care
 - Referral to a trusted network of trauma-informed MGH subspecialists
 - Case management: hospital and community resource connections



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Freedom Clinic Philosophy



I am a strong person,
but every now and then
I need someone to
hold my hand
and tell me
everything will be alright.



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Freedom Clinic Approach

When interacting with patients, we do so with:

- Compassion
- Patience
- Respect
- Sensitivity to beliefs (cultural, religious, other)
- Attention to healthy, therapeutic relationships - encourage healthy coping mechanisms, discourage co-dependency, and avoid destabilization & re-traumatization



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Freedom Clinic Dynamics

When hearing about stories of abuse, we strive to:

- Listen empathically
- Be present in the moment
- Be mindful of body language (power dynamics)
- Accept our limited role
- Avoid passing judgment
- Empower with choice
- Highlight strengths and resilience



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Freedom Clinic Processes

- Length of appointments
- No patient is ever fired
- Consistent providers
- Full-time access to providers
- Shared decision-making (needs, goals, wishes, priorities)
- Team-based, paralleled physical, mental health, addiction, and case management services
- Staff training in grounding techniques for emotional de-escalation of a flight-or-fight response



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Freedom Clinic Results: Access Behaviors

- Access health care when I need it?

Always	Most	Some	Hardly	Never
10	7-9 out of 10	4-6 out of 6	1-3 out of 10	0

▶ FC patients

- ▶ 14% each & every time
- ▶ 43% most of the time
- ▶ 43% sometimes

▶ Non-patients

- ▶ 71% hardly ever (only in case of emergencies)
- ▶ 29% never



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Freedom Clinic Referrals

Bilateral referrals with individuals and organizations that work with or help exploited individuals

- ✓ Federal agencies such as FBI, Homeland security
- ✓ State and local government agencies
- ✓ Safe houses, shelters
- ✓ Youth and adult service providers
- ✓ Other “on-the-ground” organizations
- ✓ Health care providers
- ✓ MGH departments



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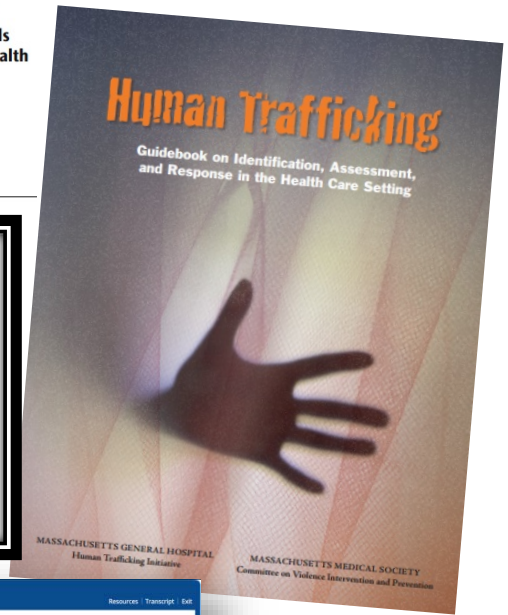
Thank you

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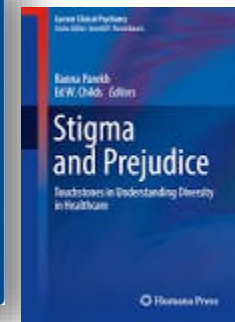
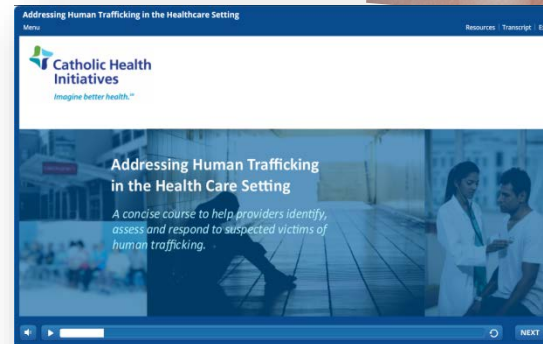
An International Comparative Public Health Analysis of Sex Trafficking of Women and Girls in Eight Cities: Achieving a More Effective Health Sector Response

Wendy Macias Konstantopoulos, Roy Ahn, Elaine J. Alpert, Elizabeth Cafferty, Anita McGahan, Timothy P. Williams, Judith Palmer Castor, Nadya Wolferstan, Genevieve Purcell, and Thomas F. Burke

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<http://www.massmed.org/humantrafficking/#.WNATD9LyvIU>



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A Health System Strategy for Approaching Human Trafficking Prevention: CHI's Story

Laura Krausa, MNM
System Director, Advocacy
Catholic Health Initiatives

CHI's Foundation: Violence Prevention

United Against Violence



WORKING TOGETHER,

**UNITED AGAINST
VIOLENCE,**

we can make a difference
in this struggle against
one of the nation's most
critical public-health
concerns.
(2008)

CHI's Approach: Human Trafficking

Multi-faceted Approach



Human Trafficking: Public Policy

Public Policy

- Tracking and monitoring best practices in policy
- Advocating for federal legislation: *Justice for Victims of Trafficking Act (Public Law No: 114-22)*; *Business Supply Chain Transparency on Trafficking and Slavery Act (S. 1968/H.R.3226)*; *Trafficking Victims Protection Reauthorization Act, 2013 (TVPRA)*
- Promoting Regulations – *Federal Acquisition Regulation (FAR)*
- State-based advocacy



CHI's Approach: Contracting Opportunities

Contracting

Prohibition on Child Labor and Human Trafficking. Each Party warrants and represents that it shall comply with all federal and state labor employment laws, and executive orders as applicable and specifically those regarding child labor, procuring commercial sex, using forced labor and human trafficking...

Vendor acknowledges CHI's efforts on human trafficking and represents and warrants to CHI that it undertakes periodic inspections of any Subcontractor and manufacturer involved in the provision of its products/devices, items or services hereunder to ensure compliance with the foregoing. Vendor agrees upon request to provide CHI with evidence and/or recordkeeping of its compliance with this provision.

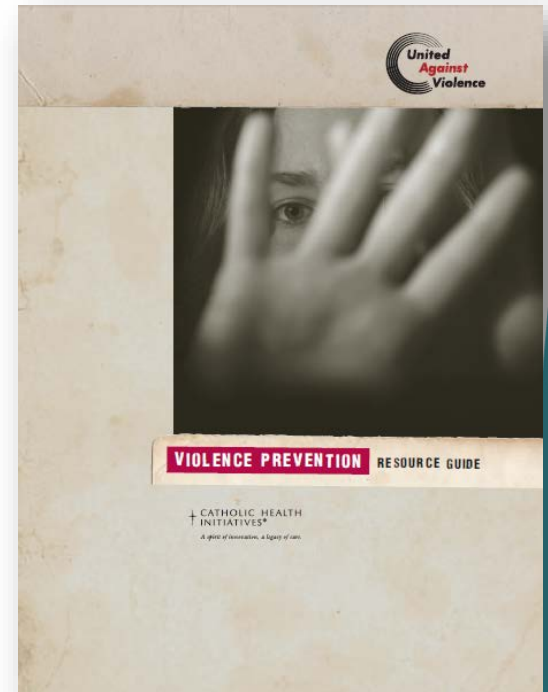


CHI's Approach: Community-based Initiatives

Community-based Initiatives

CHI's Violence Prevention Model

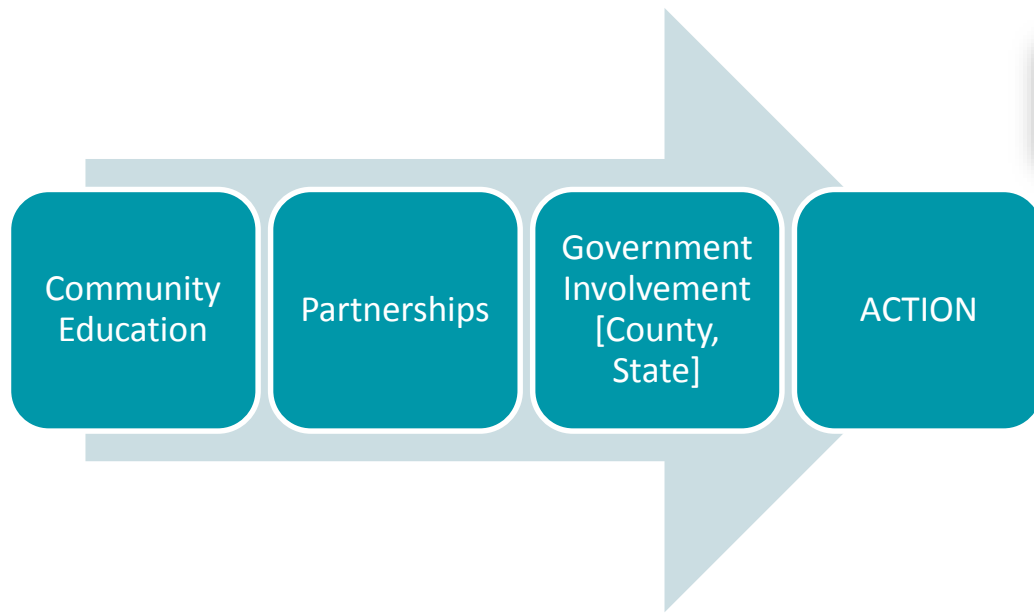
1. *Identify and involve community stakeholders.*
2. *Conduct needs and assets assessment.*
3. *Identify focus area of violence and establish baseline.*
4. *Define goals and objectives.*
5. *Develop the action plan.*
6. *Do the work.*
7. *Monitor, measure and modify.*
8. *Communicate the results.*



CHI's Approach: Community-based Initiatives

Community-based Initiatives

Human Trafficking Taskforce of Nelson County



Kentucky Legislature



Human Trafficking Victims Rights Act
[Became law in 2013.]



Heidi Wilhelm and Shane Fitzgerald are working to raise awareness about human trafficking.

KentuckyOne employees work to fight human trafficking in Bardstown

BY AMY TAYLOR

When Heidi Wilhelm first learned two years ago that people were enslaved by human traffickers, she had only one response: shock. "I thought it must be going on in larger cities," said Heidi, the director of development for the Flaget Memorial Hospital Foundation. "I was horrified to learn that human trafficking is going on right here in my own town."

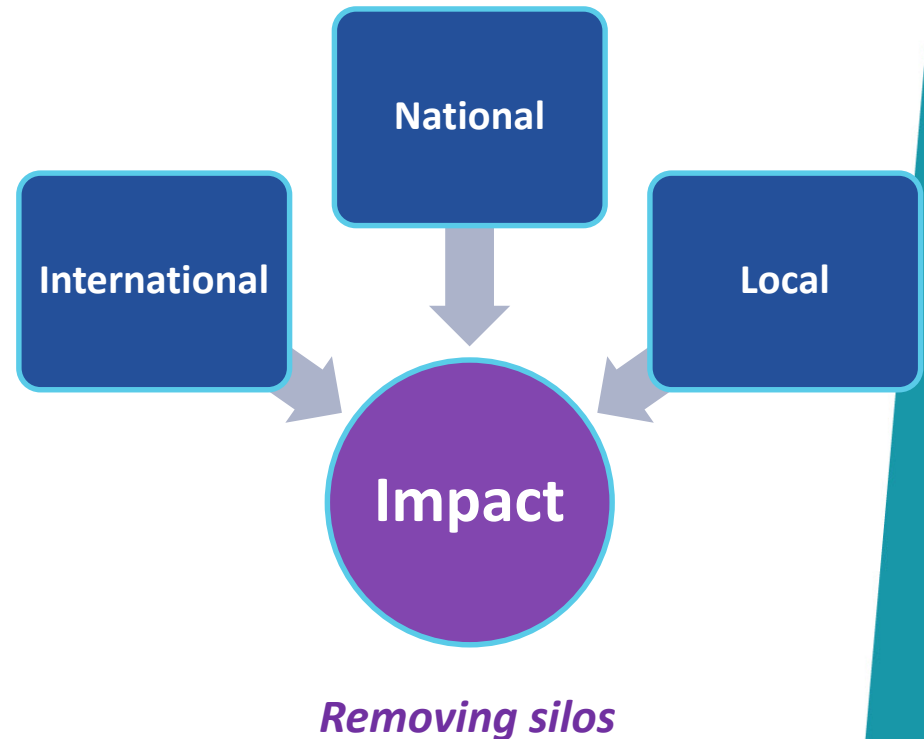
Her education began when Heidi was invited to become part of the Human Trafficking Task Force of Nelson County, a group started by the Sisters of Charity of Nazareth, Flaget's founders. The Sisters had received two years of grant funding for the task force from Catholic Health Initiatives (CHI), a sponsor of KentuckyOne Health. CHI is funding violence prevention initiatives in communities across the nation.

Thanks to the task force, Heidi learned that the most common form of human trafficking involves prostitution of teenage girls.

CHI's Approach: Partnerships

Partnerships

- Interfaith Center for Corporate Responsibility
- National Academies of Science Health and Medical Division (Formerly IOM)
- Catholic Collaborative – Catholic Health Association
- Massachusetts General Hospital Human Trafficking Initiative
- Other alliances – *all levels*



CHI's Approach: Socially Responsible Investing

Socially Responsible Investing

- Addressing labor and sex trafficking
- Efforts to impact corporations policies, practices and products
- Focus on travel & hospitality industry (e.g., airlines, hotels, etc.)
- Seeking improved education, training of employees and company positions



CHI's Approach: Education and Awareness

Education

- Web-based Resources
- YouTube Educational Video
- Printed Resources
- Clinical Education
- Clinical Quick Reference Guide
- * Internal and external
All audiences

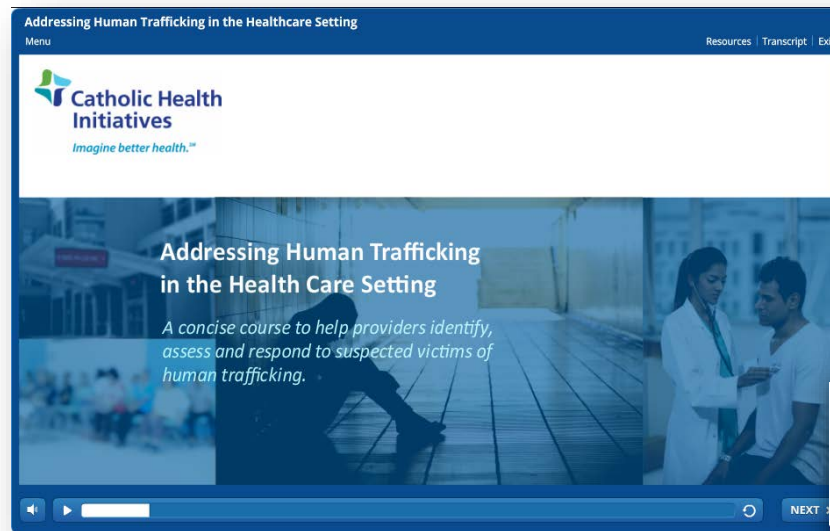


CHI's Approach: Focused Education

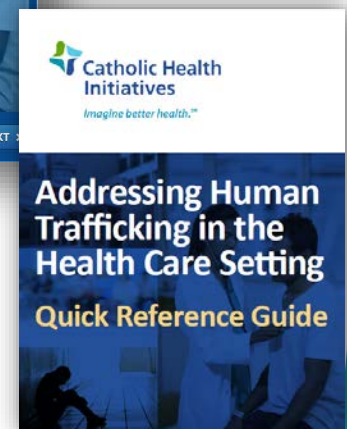
Education

CHI Clinician Educational Module: Addressing Human Trafficking in the Health Care Setting

- ✓ Education focused on victim identification and appropriate response
- ✓ Available internally through LEARN
- ✓ Available *externally* for broad sharing on CHI's external website



* Released December 2015



DHHS OTIP Training and Technical Assistance Efforts

National Human Trafficking Training and Technical Assistance Center (NHTTAC)

- Delivers training and technical assistance to inform and enhance the public health response to human trafficking by building the capacity to reduce the vulnerabilities of those most at risk of trafficking, increase victim identification and access to trauma-informed services for all survivors, and strengthening the short, medium, and long-term well-being of trafficking survivors

**NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER**

SOAR to Health & Wellness Training

- Pilot training on human trafficking for health care and social service providers, and behavioral health and public health professionals

SOAR | Stop. Observe. Ask. Respond to Human Trafficking
A Training for Health Care and Social Service Providers

NHTTAC Overview

NHTTAC can:

- [Educate health care, behavioral health, and social service professionals](#) on how to identify, treat, and respond appropriately to potential victims of human trafficking
- [Provide skilled trainers](#) with specific subject matters expertise for your training event or conference
- Enhance [professional development](#) of individuals and multidisciplinary teams through scholarships to attend regional and national conference
- Increase [survivor representation at conferences and events](#) by offering scholarships to hosting organizations

[Email NHTTAC](#) or call 844-648-8822 for more information or to speak with a NHTTAC Specialist. These services are free and tailored to your specific needs.

Questions and Discussion

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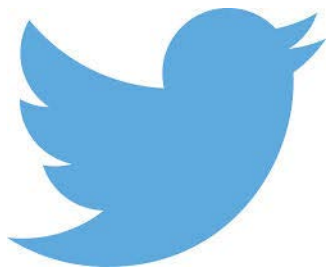
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Upcoming Event!



June 4-10, 2017

