The presentation will begin shortly.
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]ecruit[ment], 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]ecruit[ment], 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”

• 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
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
## Health Problems

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

*(Macias-Konstantopoulos, Ann Int Med, 2016)*
Role of Health Care Professionals

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

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)

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(Chisolm-Straker et al., J Health Care Poor Underserved, 2016)

(Lederer & Wetzel, Ann Health Law, 2014)
## Indicators of Human Trafficking

<table>
<thead>
<tr>
<th>Physical Indicators</th>
<th>Abuse and Control Indicators</th>
<th>Other Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delayed presentation for medical care</td>
<td>Accompanied by a person who answers questions, corrects the patient, and attempts to control the encounter</td>
<td>Inability to answer simple questions, such as name, age, home address, work, school, current city location</td>
</tr>
<tr>
<td>Signs of physical, sexual, or dental trauma</td>
<td>Accompanied by a person who insists on translating</td>
<td>Reported age is older than apparent age</td>
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<tr>
<td>Signs of medical neglect</td>
<td>Scripted or restricted patient communications</td>
<td>Discrepancy between history and clinical presentation</td>
</tr>
<tr>
<td>Signs of malnourishment</td>
<td>Patient frequently glances to the accompanying person for approval after speaking</td>
<td>Possession of multiple fake forms of identification, many hotel keys, or large sums of cash</td>
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<tr>
<td>Multiple, recurrent sexually transmitted infections</td>
<td>Patient avoids eye contact with accompanying person or provider</td>
<td>Inappropriate clothing for the weather</td>
</tr>
<tr>
<td>Foreign bodies to stop menstrual flow</td>
<td>Other signs of submission, fear, or hypervigilance</td>
<td>Truancy or absenteeism from school at certain times of day</td>
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<tr>
<td>Multiple pregnancies ending in abortion</td>
<td>Frequent calls or texts and inability to delay response</td>
<td>Someone else is in possession of identification or immigration documents</td>
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<tr>
<td>Atypical communicable diseases</td>
<td>Hyperstartle reflex</td>
<td>Distrust of authority</td>
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<tr>
<td>Occupational injuries easily preventable with access to personal protective equipment</td>
<td></td>
<td>Excessive work hours</td>
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<tr>
<td>Substance use</td>
<td></td>
<td>Payment in cash</td>
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<tr>
<td>Tattoos or branding indicating ownership</td>
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*(Macias-Konstantopoulos, Ann Int Med, 2016)*
Look Beneath The Surface Campaign & Blue Campaign

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.

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
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
Potential Screening/Interviewing 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 harm 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?

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 feeling 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/sharing 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.

(Macias-Konstantopoulos, Ann Int Med, 2016)
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
Interdisciplinary, Comprehensive Response

Stepwise protocol for interdisciplinary response

- Interdisciplinary health professionals
- Incident debriefing plan
- Response protocol training plan
- Monitoring and evaluation (QI/QA)
- Legal/risk management and law enforcement collaboration
- Hospital-based services providers and resources
- Community-based service provider and resources
Mass General Freedom Clinic
http://www.massgeneral.org/emergencymedicine/services/treatmentprograms.aspx?id=1924
Funding Sources

Partnership for Freedom
Humanity United

162 ideas form over 260 organizations across 39 states to improve services for human trafficking victims and end modern day slavery
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
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
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.
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
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
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
Freedom Clinic Results: Access Behaviors

- Access health care when I need it?

<table>
<thead>
<tr>
<th>Always</th>
<th>Most</th>
<th>Some</th>
<th>Hardly</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>7-9 out of 10</td>
<td>4-6 out of 6</td>
<td>1-3 out of 10</td>
<td>0</td>
</tr>
</tbody>
</table>

- **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
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
Thank you

wmacias@mgh.harvard.edu
Twitter @WMaciasK

http://www.massmed.org/human trafficking/#.WNATD9LyvIU
A Health System Strategy for Approaching Human Trafficking Prevention: CHI’s Story

Laura Krausa, MNM
System Director, Advocacy
Catholic Health Initiatives
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

- Public Policy
- Education
- Contracting
- Socially Responsible Investing
- Community-based Initiatives
- Partnerships

Prevention Mitigation Response
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
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.
Human Trafficking Taskforce of Nelson County

CHI’s Approach: Community-based Initiatives

Community-based Initiatives

**Community Education**
**Partnerships**
**Government Involvement [County, State]**
**ACTION**

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

**Kentucky Legislature**

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

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**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 Baptist Memorial Hospital Foundation. "I was horrified to learn that human trafficking is going on right here in my own town!"

Heidi’s situation began when she decided to become part of the Human Trafficking Task Force of Nelson County, a group started by the Mothers of Charity of Nazareth, Baptist’s non-profits. The group had received two years of grant funding for the task force from Catholic Health Initiatives (CHI), a division 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 the prostitution of young 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

Impact

Removing silos
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
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

SOAR to Health & Wellness Training

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

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Please click the link below to take our webinar evaluation. The evaluation will open in a new tab in your default browser.

https://www.surveymonkey.com/r/hpoe-webinar-03-23-17
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@CommunityHLth
Visit HPOE.org for a list of upcoming HPOE Live! webinars.

For more information go to hpoe.org
Upcoming Event!

Community Health Improvement Week

June 4-10, 2017

healthycommunities.org/chiweek