



Psychiatry's Role in Human Trafficking

Keiko Chen, MD, MPH



Disclosures

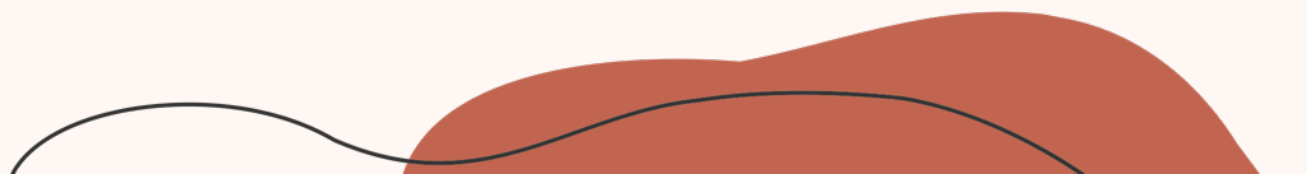
No conflicts of interest.





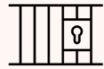
Objectives:

Describe the nature of problem: human trafficking and its epidemiology
Recognize trafficking and grooming signs (victim identification)
Use best practices for screening for victims of trafficking and apply public health approach to universal education on human trafficking





Overview



Background: Epidemiology, Demographics

Cases: in every setting (ER, outpatient, inpatient)

Best Practices: Screening through the PEARR Tool

Resources: articles, webinars, community organizations, additional information

Timeline: Slavery then and now

Slavery Abolition Act 1833	13th Amendment: Abolishment of Slavery	Universal Declaration of Human Rights	Convention on the Rights of the Child	Trafficking Victims Protection Act of 2000
1833	1865	1948	1989	2000
Abolished slavery in part of the English empire. It expanded the jurisdiction of the Slave Trade Act of 1807	United States: "Neither slavery nor involuntary servitude, except as a punishment for crime whereof the party shall have been duly convicted, shall exist within the United States, or any place subject to their jurisdiction."	General Assembly of the United Nations	UN General Assembly. United States is the only country so far who has not ratified it.	(TVPA 2000) Reauthorized in 2003, 2005, 2008, 2013, 2018*.

According to the Trafficking Victims Protection Act (TVPA) of 2000, severe forms of trafficking is defined as:

Human Labor Trafficking is the recruitment, 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 into involuntary servitude, peonage, debt bondage, or slavery.

Human Sex Trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person of an individual through force, coercion, purchasing, or deception for financial gain through sexual exploitation

Commercial Sexual exploitation of children (CSEC) / Sex Trafficking involves crimes of a sexual nature committed against juvenile victims (under the age of 18) for financial or economic resources, either domestic or international.

*Victims of trafficking and violence protection act of 2000. [pdf](#)

*https://www.cdc.gov/cpr/infographics/00_docs/TRAINING_EMERGENCY_RESPONDERS_FINAL.pdf



Legislations:

Federal: Public Law 114-22 : Justice for Victims of Trafficking Act of 2015

Mandated Reporters to report any suspected and confirmed cases of CSEC to Department of Human Services / Child Welfare Services and / or Law Enforcement.

Hawaii State: ACT 016, HB1099 HD1 SD2 CD1, 5/18/2017

Brings the state into compliance with the federal Justice for Victims of Trafficking Act of 2015 and the federal Child Abuse Prevention and Treatment Act of 2010.

Within 6 months of the change in the federal mandated reporting law, reports of child sex trafficking and confirmed CSEC cases in Hawai'i had already exceeded prior reports from the previous 4 years combined.

Language & Definitions

Definitions:

- **Human trafficking vs Smuggling**

Human trafficking: occurs domestically and internationally

Migrant smuggling: migrant smuggling is a crime that takes place only across borders

- **Human sex trafficking vs consensual commercial sex work**

- Consensual sex work – the exchange of sexual services for money or goods

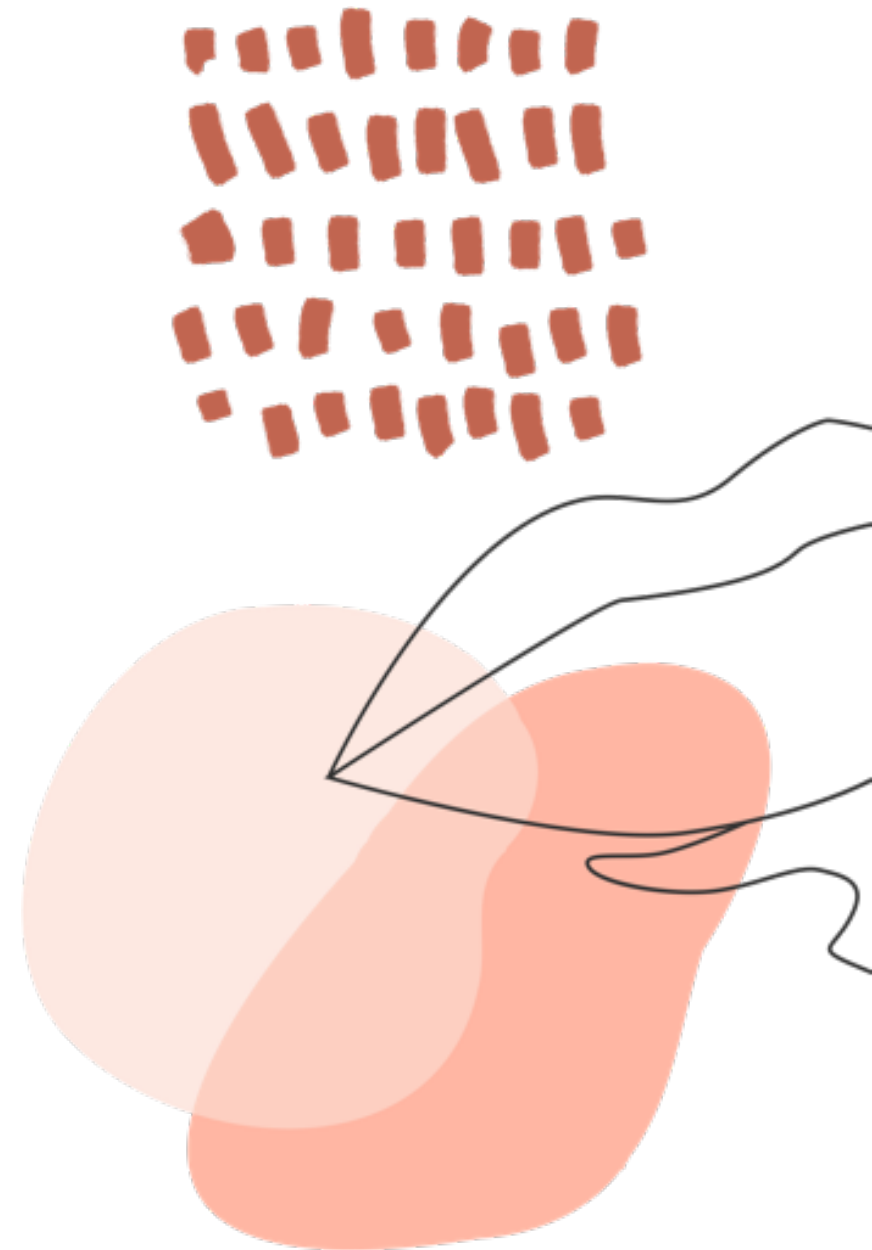
Language

- Victim (legal)
- Human trafficking victim, survivor, or trafficked person
- Patient and client
- Expert with lived experience

Resource: UN DOC <https://www.unodc.org/e4j/en/secondary/human-trafficking-and-migrant-smuggling.html>

Sex work vs Trafficking: how they are different and why it matters. Issue Brief June 2020. Sex workers and allies network. Yale global health justice partnership.

https://law.yale.edu/sites/default/files/area/center/ghjp/documents/issue_brief_sex_work_vs_trafficking_v2.pdf



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES



CONFIDENTIAL
MANDATED REPORTER CHECKLIST
FOR SUSPECTED HUMAN TRAFFICKING

Mailing Address: INTAKE UNIT I
420 Waiakamilo Road, Suite 300A
Honolulu, HI 96817-4941

Oahu HUMAN TRAFFICKING Reporting Line: (808) 832-1999
Oahu FAX: (808) 832-5292

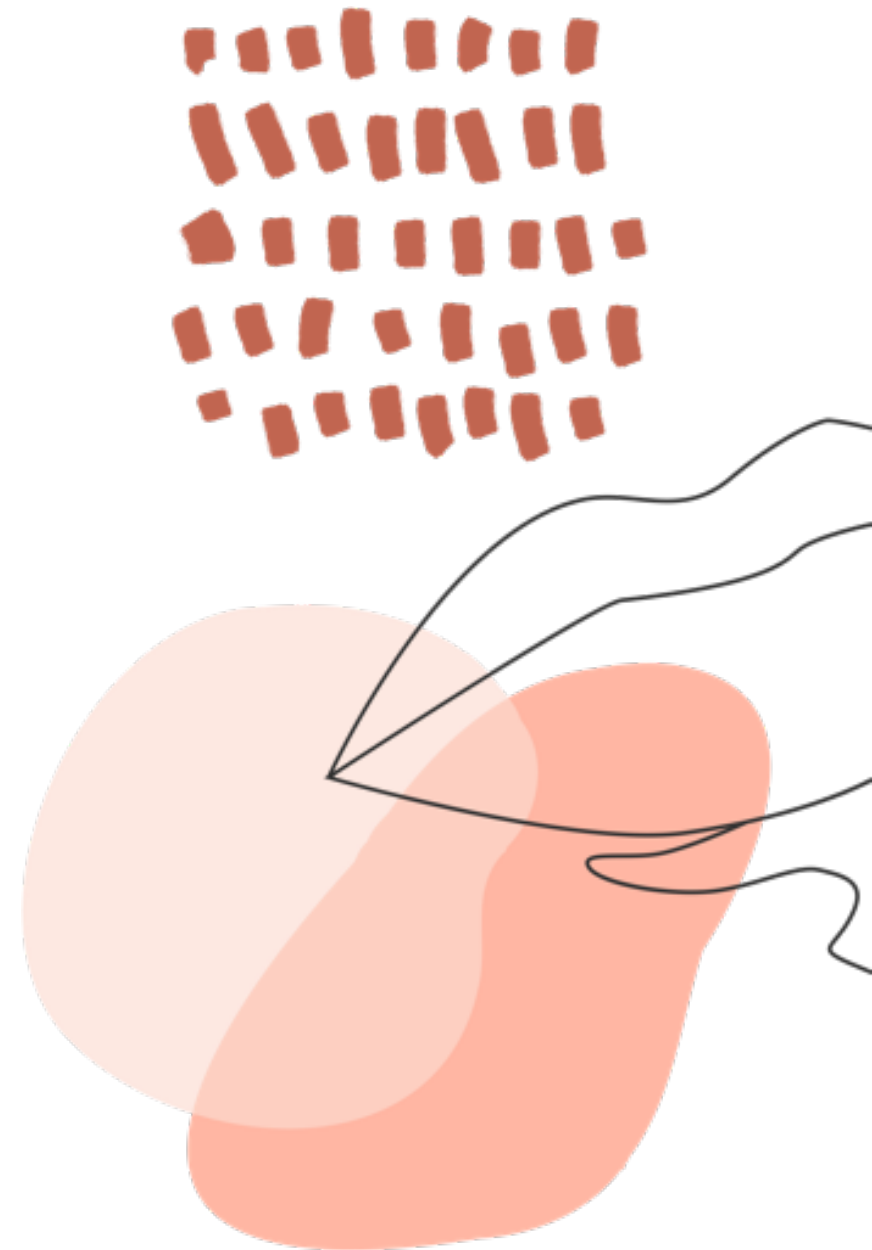
Toll Free HUMAN TRAFFICKING Reporting Line: (888) 398-1188
Toll Free FAX: (888) 988-6688

Hawaii Department of Human Services Website: <http://humanservices.hawaii.gov>

Trafficking by numbers

Statistics*

- At any given time in 2016, an estimated **40.3 million** people are in **modern slavery**, including 24.9 million in forced labour and **15.4 million in forced marriage**.
- It means there are **5.4 victims of modern slavery for every 1,000 people** in the world.
- 1 in 4 victims of modern slavery are children.**
- Out of the **24.9 million** people trapped in forced labour, **16 million** people are exploited in the private sector such as domestic work, construction or agriculture; **4.8 million** persons in forced sexual exploitation, and **4 million** persons in forced labour imposed by state authorities.
- Women and girls are disproportionately affected** by forced labour, accounting for 99% of victims in the commercial sex industry, and 58% in other sectors



MAP. 1 Main detected transregional flows, 2018 (or most recent)



Source: UNODC, elaboration of national data.

Note: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Polaris Project

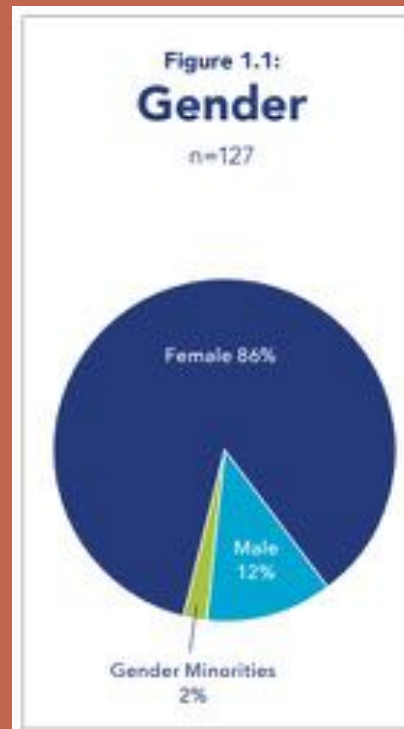
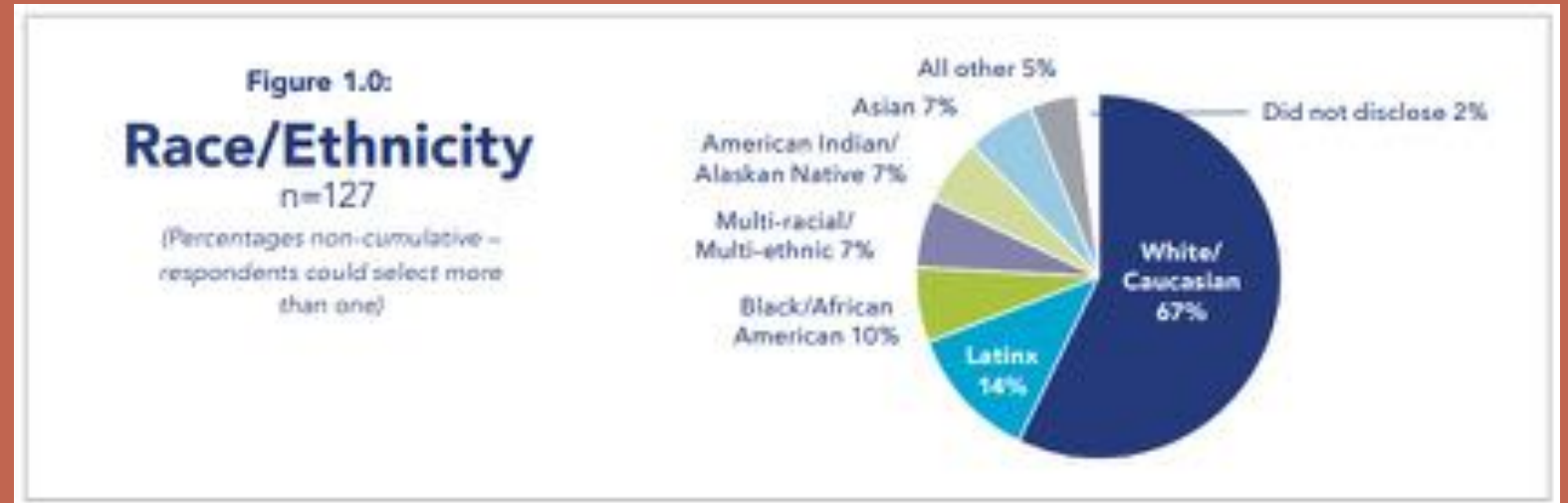
Aug 2017-Sept 2017

N=127

Voluntary survey

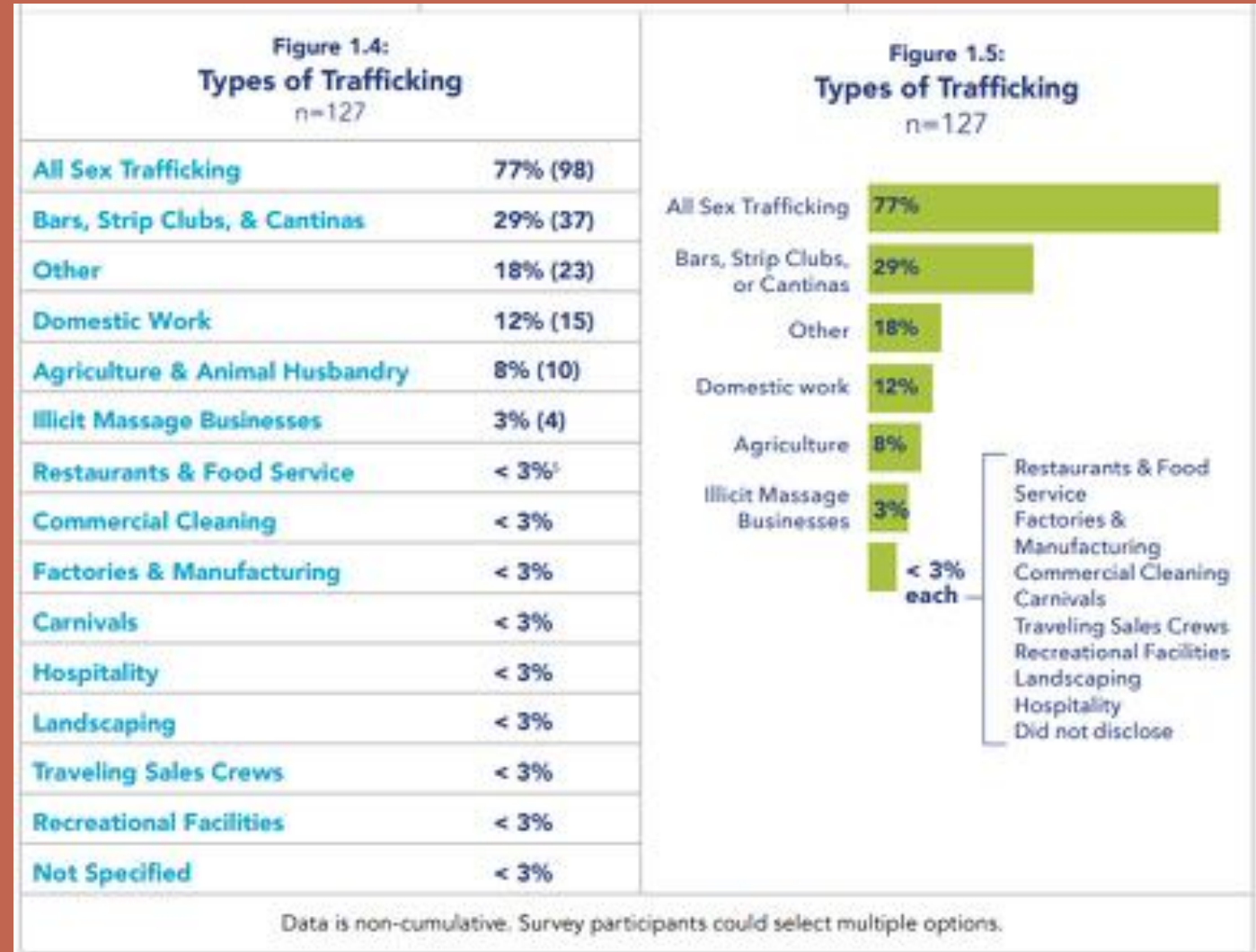
Time compensation

Through several dozen accredited NGOs



Limitations:

- sample is not random
- finite network in the anti-trafficking NGOs but clearly skewed towards Sex trafficked individuals.
- Final sample population was dependent on each NGO's willingness and ability to distribute the populations they have contact with.
- Survey was distributed through accredited organizations only
- Response bias : survivors of human trafficking & receiving services and engaged in survivor leadership.
- Social,cultural, environmental changes at the time of trafficking



Trafficking Pathway entry to exit

Not necessarily linear

Vulnerabilities (push and pull factors)

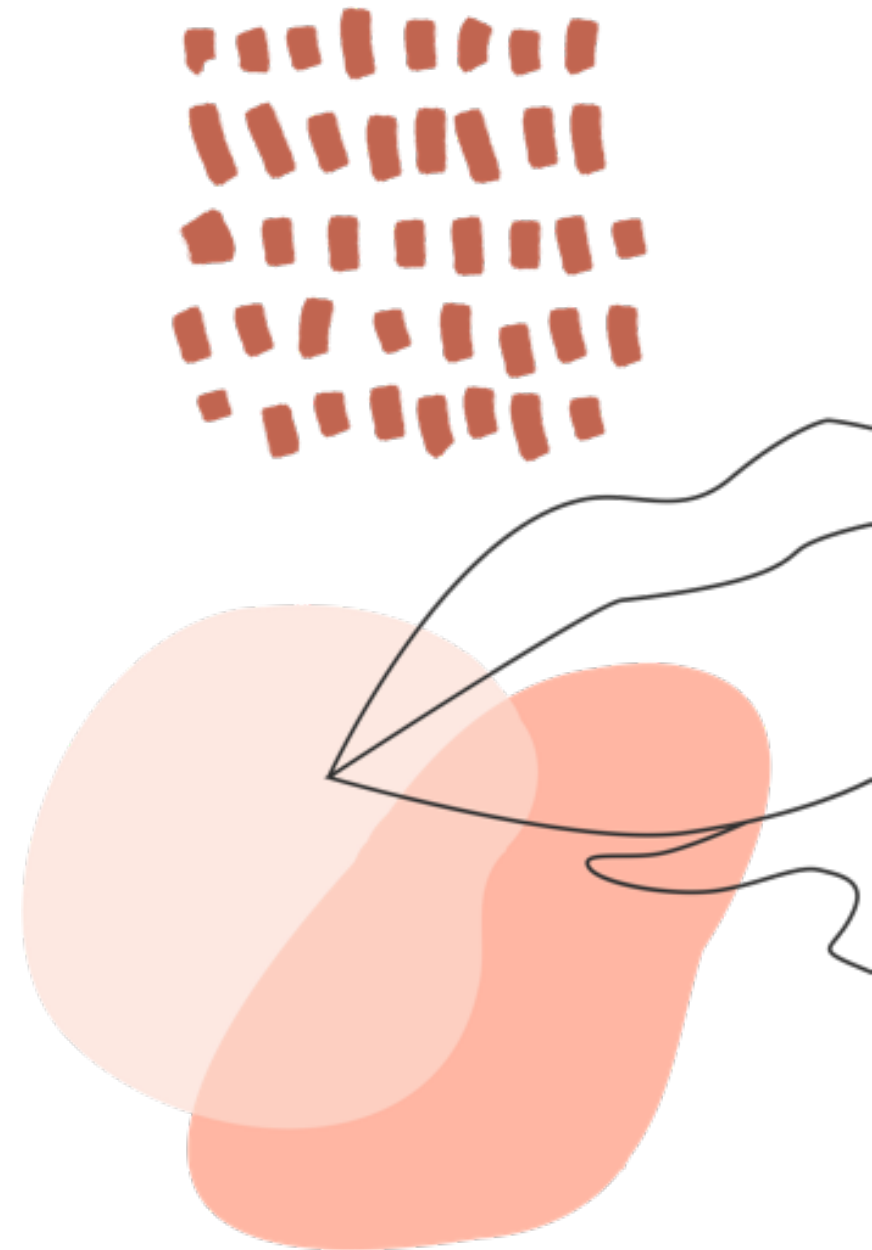
Entry (fishing/ hunting strategies)

Progression (abuse, threats, trauma bonding, substance use)

Exit (sometimes through police involvement, legal, medical involvement)

Post-recovery (early in post-recovery or long in post-recovery)

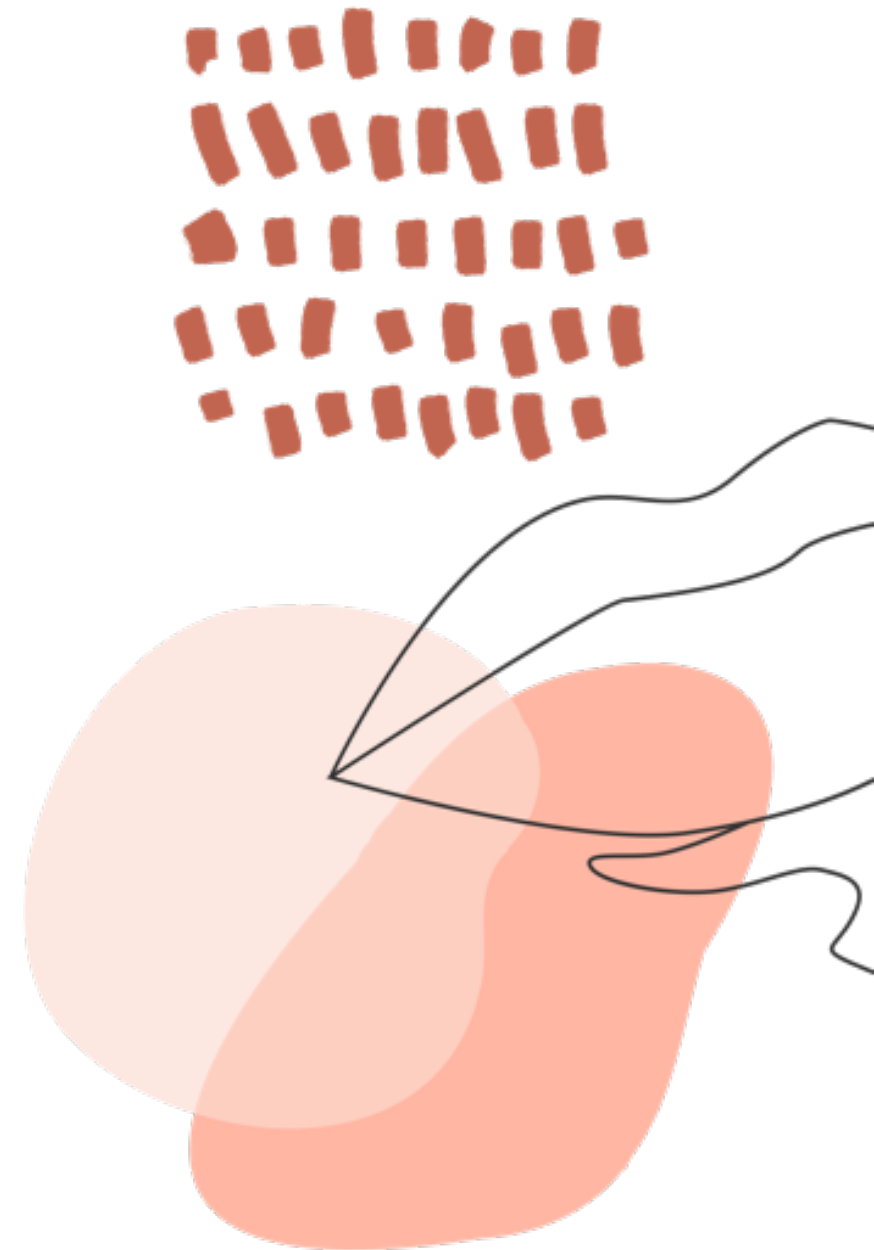
Re-entry (persistent vulnerabilities)



Vulnerabilities

National data/ **Hawaii:**

- **Unstable living situation**
- Facing **poverty** or economic need
- Undocumented immigrants
- Caregiver /family member who has **substance abuse** hx
- **Are themselves addicted to drugs or alcohol**
- **Runaways** / Involved in **juvenile justice**
- **Foster care** / **CWS**
- Hx of **sexual abuse** / **physical abuse**
- **Hx of domestic violence**
- **IEP**



Source: 1) <https://polarisproject.org/recognizing-human-trafficking-vulnerabilities-recruitment/>

2) On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking. Polaris Project. [Polaris Project onramp Table 1](#)

Where trafficking occurs:

Sex trafficking:

- Commercial front brothels
- Hotel / motel based
- Online exploitation
- Street – based
- Residential brothels
- Escort services
- Truck stop based
- Hostess / strip club based

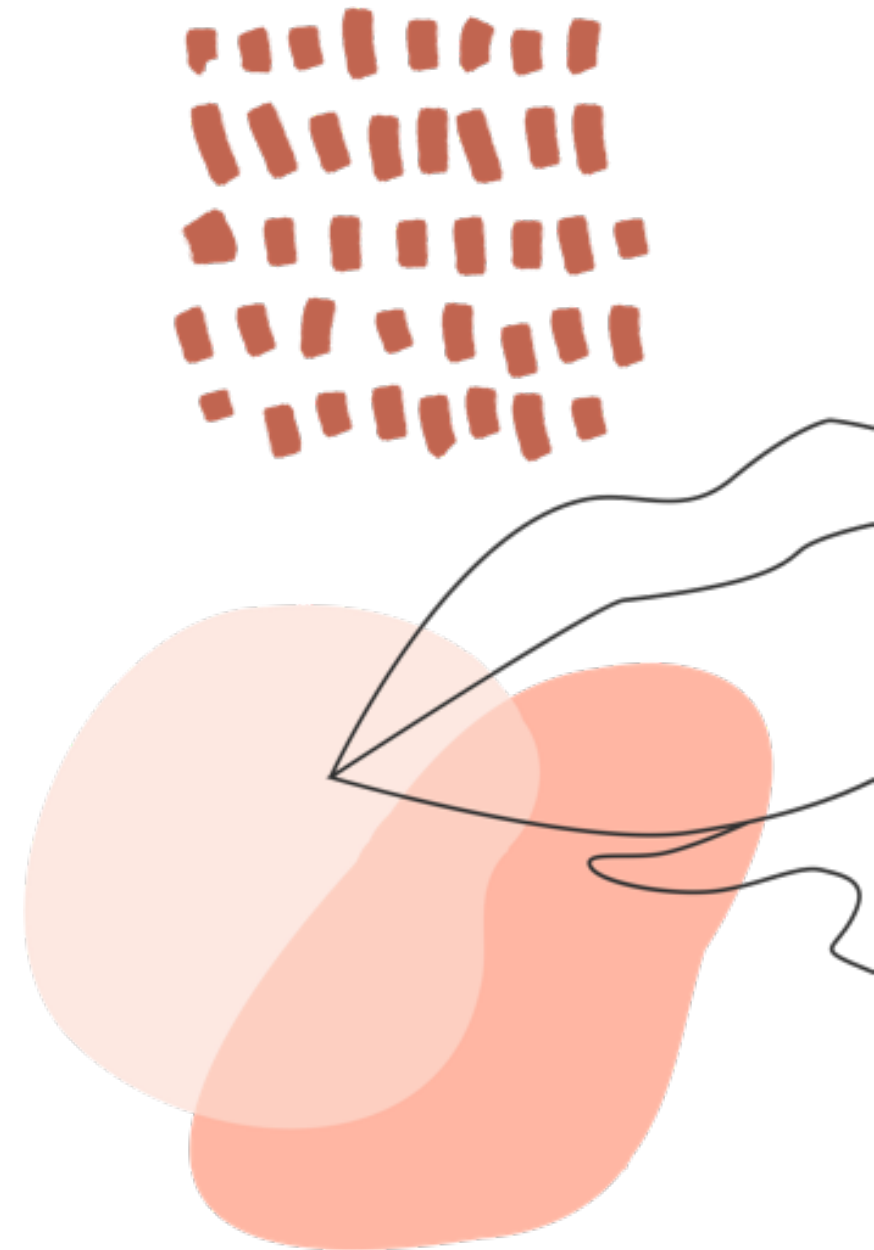
Labor Trafficking:

- Domestic work
- Traveling sales crews
- Restaurant / food service
- Agriculture
- Shrimping
- Health & beauty (nail salons, massage parlors)
- Begging rings
- Retail small business
- Landscaping



Physical health Impacts

- Injuries
- Sexually transmitted infections and diseases
- Physical trauma (bruising scarring)
- Malnutrition
- Untreated fractures
- Signs of substance abuse (track marks)
- Impaired cognition and behaviors
- Lack of routine screening and preventative care
- Poor dental hygiene
- Ophthalmology /vision complaints





Psychological Impacts

- Depression
- Anxiety
- PTSD
- Trauma bonding
- Substance use disorders
- Eating disorders
- Emotional dysregulation

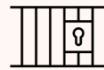
Source: Ottisova L, Hemmings S, Howard LM, Zimmerman C, Oram S. Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review. *Epidemiol Psychiatr Sci.* 2016 Aug;25(4):317-41. doi: 10.1017/S2045796016000135. Epub 2016 Apr 12. PMID: 27066701; PMCID: PMC7137602.



What is Psychiatry's Role in Human Trafficking?



Overview



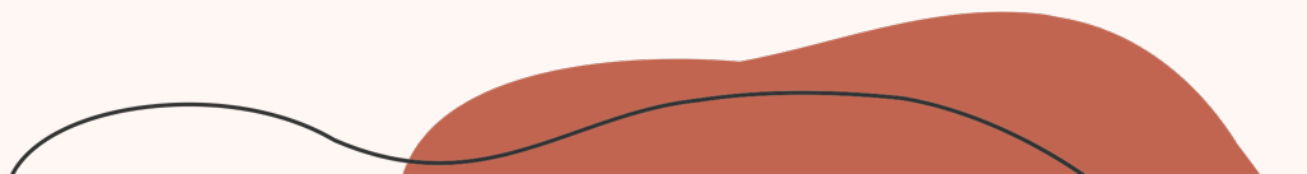
Background: Trafficking Demographics & Covid



Cases in every setting

Best Practices: Screening through the PEARR Tool

Resources: articles, webinars, community organizations, additional information



Cases:

Ages: 14- 19

Settings: ER, outpatient clinic, HYCF (youth prison), Family Guidance Center, individual outpatient practice



Quince, 19M who presented to the ER.



Apple, 14F who admitted to inpatient unit.



Clementine, 16F who seen in an outpatient private practice.



Olive, 15F was evaluated by child psychiatry fellow in HYCF.



Peaches, 17F who was referred to psychiatry through the Family Guidance Center.

Case1 ER: 19M

Quince, 19M with unknown hx is BIB police on MH1 after making suicidal statements after running into the street :

- **Presentation:** He was initially presenting with altered mental status, talking to himself and at the walls. Its suspected that he is intoxicated.
- **Labs:** UDS was positive for methamphetamines, and opioids.
- **Course:** he was given Haldol 5 mg IM after threatening the ER staff. He was sleeping for 12 hours. Afterwards, he was interviewed by the psychiatry resident and was noted to be guarded with multiple track marks on his arms. He is wanting housing and simultaneously stating he is still having passive suicidal thoughts.
- He did not disclose that he is a gay man who has been forced to engage in commercial sexual acts for his pimp who had previously been his drug dealer.



Barriers to identification & care:

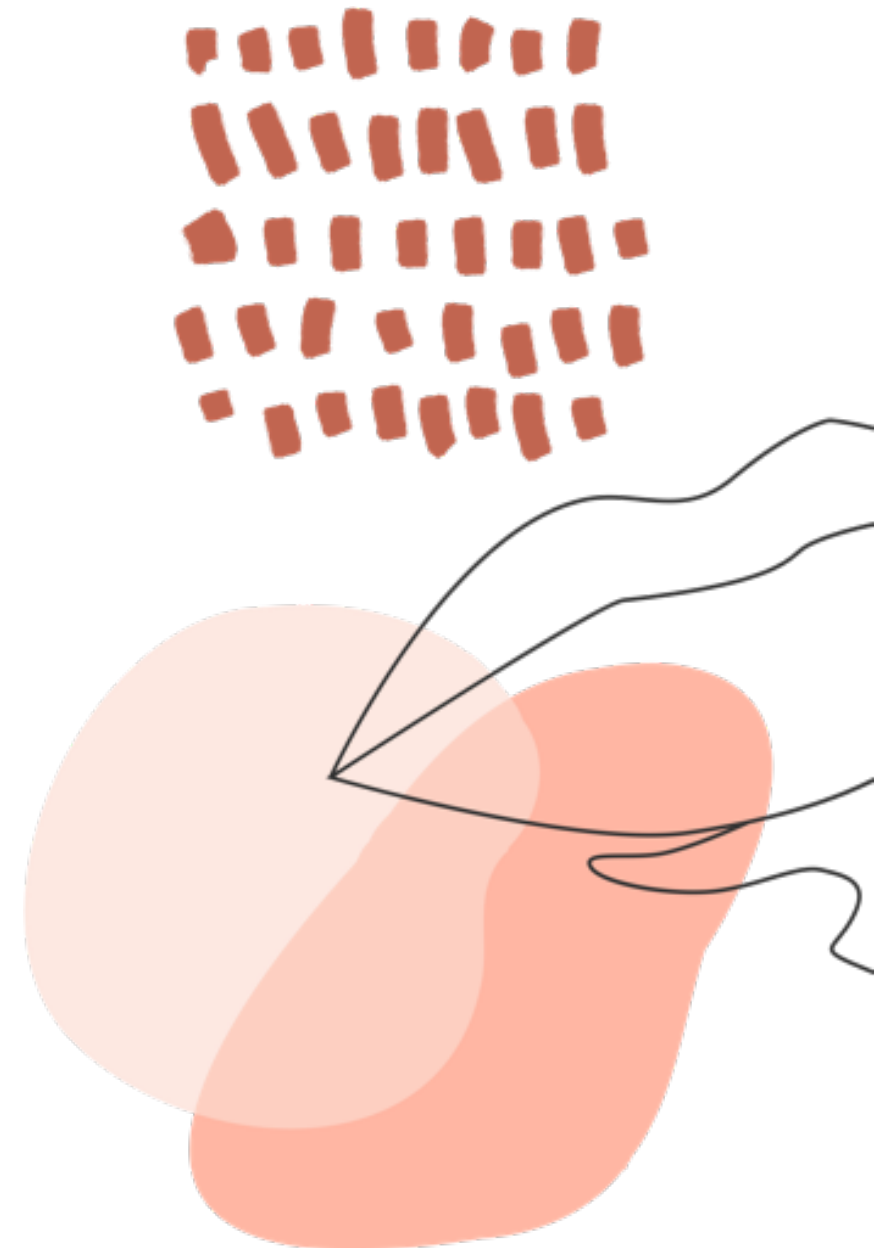
Encounters with healthcare: 63% (Lederer and Wetzel, 2014)

Trafficked victims rarely self-identify.

- Difficulty with trust
- Fear of judgement
- Fear of police involvement
- Fear of a lack of confidentiality
- Past negative healthcare encounters

System issues:

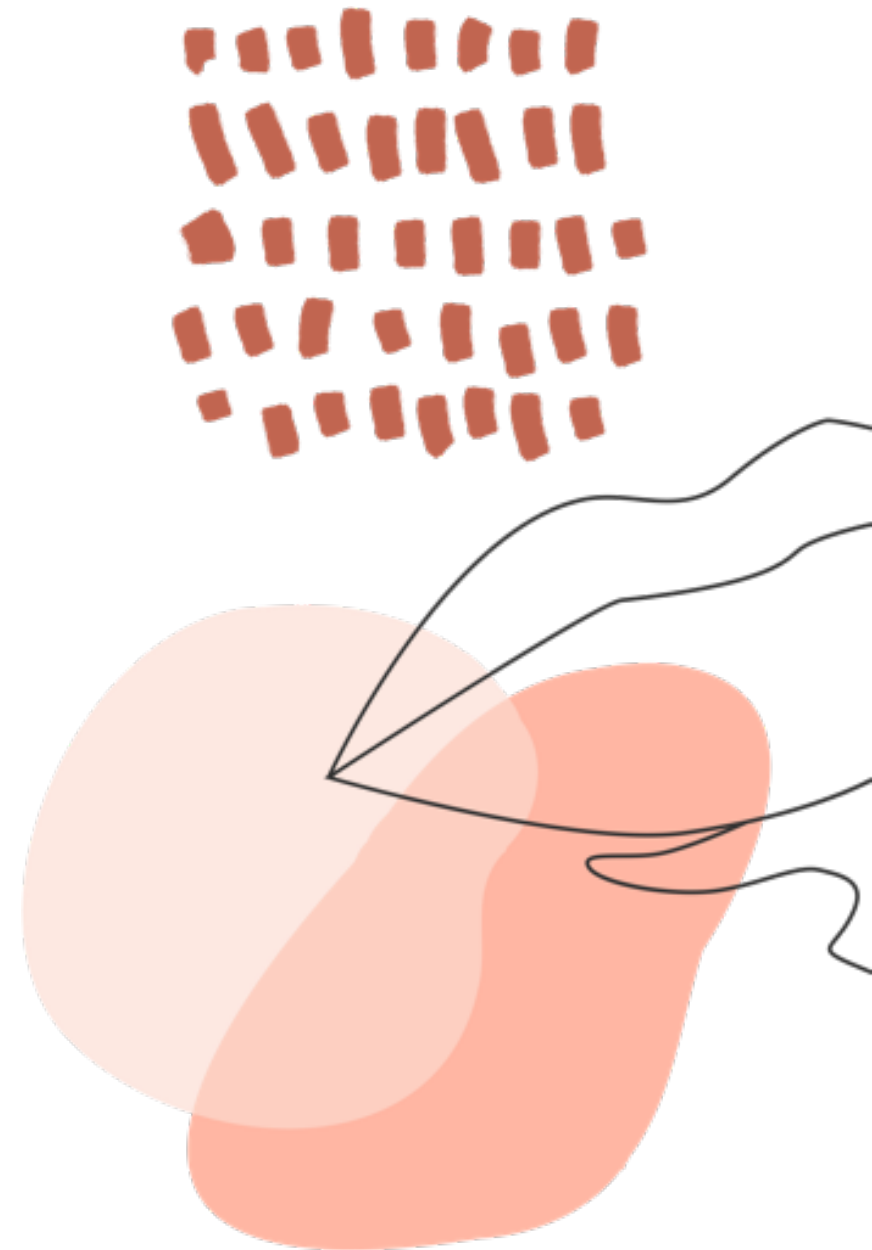
- Fragmentation of services
- Interpretation of the mandate (eg. CWS)
- Lacking coordinator – education system, housing, health care



Barriers: Health care providers

Health care providers do not regularly recognize trafficked signs.

- Misconception: most common trafficked person is a young female in the sex trade
- Learning to recognize the signs of trafficking is a crucial first step. [What to look for in a health care setting](#)



**Identifying Victims of Human Trafficking:
What to Look for in a Healthcare Setting**

Red Flags and Indicators

General Indicators of Human Trafficking	
<ul style="list-style-type: none"> <input type="checkbox"/> Shares a scripted or inconsistent history <input type="checkbox"/> Is unwilling or hesitant to answer questions about the injury or illness <input type="checkbox"/> Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them <input type="checkbox"/> Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer) <input type="checkbox"/> Demonstrates fearful or nervous behavior or avoids eye contact <input type="checkbox"/> Is resistant to assistance or demonstrates hostile behavior <input type="checkbox"/> Is unable to provide his/her address <input type="checkbox"/> Is not aware of his/her location, the current date, or time <input type="checkbox"/> Is not in possession of his/her identification documents <input type="checkbox"/> Is not in control of his or her own money <input type="checkbox"/> Is not being paid or wages are withheld 	
Labor Trafficking Indicators	Sex Trafficking Indicators
<ul style="list-style-type: none"> <input type="checkbox"/> Has been abused at work or threatened with harm by an employer or supervisor <input type="checkbox"/> Is not allowed to take adequate breaks, food, or water while at work <input type="checkbox"/> Is not provided with adequate personal protective equipment for hazardous work <input type="checkbox"/> Was recruited for different work than he/she is currently doing <input type="checkbox"/> Is required to live in housing provided by employer <input type="checkbox"/> Has a debt to employer or recruiter that he/she cannot pay off 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient is under the age of 18 and is involved in the commercial sex industry <input type="checkbox"/> Has tattoos or other forms of branding, such as tattoos that say, "Daddy," "Property of..." "For sale," etc. <input type="checkbox"/> Reports an unusually high numbers of sexual partners <input type="checkbox"/> Does not have appropriate clothing for the weather or venue <input type="checkbox"/> Uses language common in the commercial sex industry

**Identifying Victims of Human Trafficking:
What to Look for in a Healthcare Setting**

Health Indicators and Consequences of Human Trafficking*	
<p>Physical Health Indicators</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signs of physical abuse or unexplained injuries <ul style="list-style-type: none"> – Bruising – Burns – Cuts or wounds – Blunt force trauma – Fractures – Broken teeth – Signs of torture <input type="checkbox"/> Neurological conditions <ul style="list-style-type: none"> – Traumatic brain injury – Headaches or migraines – Unexplained memory loss – Vertigo of unknown etiology – Insomnia – Difficulty concentrating <input type="checkbox"/> Cardiovascular⁽¹⁾/respiratory⁽²⁾ conditions that appear to be caused or worsened by stress, such as: <ul style="list-style-type: none"> – Arrhythmia – High blood pressure – Acute Respiratory Distress <input type="checkbox"/> Gastrointestinal conditions that appear to be caused or worsened by stress⁽³⁾, such as: <ul style="list-style-type: none"> – Constipation – Irritable bowel syndrome <input type="checkbox"/> Dietary health issues <ul style="list-style-type: none"> – Severe weight loss – Malnutrition – Loss of appetite <input type="checkbox"/> Reproductive issues <ul style="list-style-type: none"> – Sexually transmitted infections – Genitourinary issues – Repeated unwanted pregnancies – Forced or pressured abortions – Genital trauma – Sexual dysfunction – Retained foreign body <input type="checkbox"/> Substance use disorders <input type="checkbox"/> Other health issues <ul style="list-style-type: none"> – Effects of prolonged exposure to extreme temperatures – Effects of prolonged exposure to industrial or agricultural chemicals – Somatic complaints 	<p>Mental Health Indicators</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depression <input type="checkbox"/> Suicidal ideation <input type="checkbox"/> Self-harming behaviors <input type="checkbox"/> Anxiety <input type="checkbox"/> Post-traumatic stress disorder <input type="checkbox"/> Nightmares <input type="checkbox"/> Flashbacks <input type="checkbox"/> Lack of emotional responsiveness <input type="checkbox"/> Feelings of shame or guilt <input type="checkbox"/> Hyper-vigilance <input type="checkbox"/> Hostility <input type="checkbox"/> Attachment disorders⁽⁴⁾ <ul style="list-style-type: none"> – Lack of or difficulty in engaging in social interactions – Signs of withdrawal, fear, sadness, or irritability <input type="checkbox"/> Depersonalization or derealization⁽⁵⁾ <ul style="list-style-type: none"> – Feeling like an outside observer of themselves, as if watching themselves in a movie – Emotional or physical numbness of senses – Feeling alienated from or unfamiliar with their surroundings – Distortions in perception of time <input type="checkbox"/> Dissociation disorders⁽⁶⁾ <ul style="list-style-type: none"> – Memory loss – A sense of being detached from themselves – A lack of a sense of self identity, or switching between alternate identities – A perception of the people and things around them as distorted or unreal <p>Social or Developmental Indicators</p> <ul style="list-style-type: none"> <input type="checkbox"/> Increased engagement in high risk behaviors, such as running away or early sexual initiation if a minor <input type="checkbox"/> Trauma bonding with trafficker or other victims (e.g. Stockholm syndrome) <input type="checkbox"/> Difficulty establishing or maintaining healthy relationships <input type="checkbox"/> Delayed physical or cognitive development <input type="checkbox"/> Impaired social skills

Resources: [Victims of Human Trafficking: What to look for in a Health care setting](#) [What to look for in a health care setting](#)

*This list of physical and mental health indicators of human trafficking is not exhaustive. Trafficking survivors may experience one or more of these indicators, none of these indicators, or health indicators not on this list. This list is intended to help you assess if a patient's condition may be a result of a trafficking-related trauma and should be considered in context.

Case2 Inpatient:

Apple, 14F with hx of ODD, truancy (running away, marijuana use, who was admitted to FTC after endorsing to run away again:

- **Presentation:** She slept the first day and had difficulty integrating to the unit. In the ER, nursing and ER attending shared with the team that there were several concerning tattoos during the physical exam.
- **Labs:** UDS was positive for marijuana.
- **Course:** She was interviewed by the general psychiatry resident and it was noted that she remained guarded throughout the interview.



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

Disclosure is not the goal.

Universal education is the goal.

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings



In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to guide health professionals on how to provide **trauma-informed assistance** to patients who may be experiencing abuse, neglect, or violence. The PEARR Tool is based on a **universal education approach** which focuses on educating patients about violence prior to, or in lieu of, screening patients with questions. The goal is to have an informative,

yet developmentally-appropriate, conversation with patients in order to create a natural context for patients to share their own experiences and possibly accept further assistance.

**A double asterisk indicates points at which this conversation may end. Refer to the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P PROVIDE PRIVACY

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed door). If companion refuses to be separated, this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: Suggest the need for a private exam, for virtual or telephonic visits, request patient moves to a private space but proceed with caution as patient may not be alone.** **Note: Companions are not appropriate interpreters**, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your facility's policies.** Also, explain **limits of confidentiality** (e.g., mandated reporting); however, do not discourage patient from disclosing victimization. Patient should feel in control of disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to designated state or local agencies.

E EDUCATE

2. Educate patient in manner that is **nonjudgmental** and **normalizes sharing of information**. Example: "I educate all of my patients about [fill in the blank] because violence is common in our society, and violence has a big impact on our health, safety, and well-being." **Use brochure or safety card** to review information about abuse, neglect, or violence, and offer brochure/card to patient. (Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines). Example: "Here are some brochures to take with you in case this is ever an issue for you, or **someone you know**." If patient declines materials, then respect patient's decision.**

A ASK

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Would you like to speak with [insert advocate/service provider] to receive additional information for you or **someone you know**?"** If physically alone with patient and you observe indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator]. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance."** **Note:** Limit questions to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocate), and to guide your work (e.g., perform medical exam).

R R RESPECT & RESPOND

4. If patient denies victimization or declines assistance, respect patient's wishes. If you have **concerns about patient's safety**, offer hotline card or other information in event of emergency (e.g., local shelter, crisis hotline). Otherwise, if patient accepts/requests assistance, **arrange personal introduction** with local victim advocate/service provider or **assist patient with calling hotline**** National Domestic Violence Hotline, 1-800-799-SAFE (7233); National Sexual Assault Hotline, 1-800-656-HOPE (4673); National Human Trafficking Hotline, 1-888-373-7888.

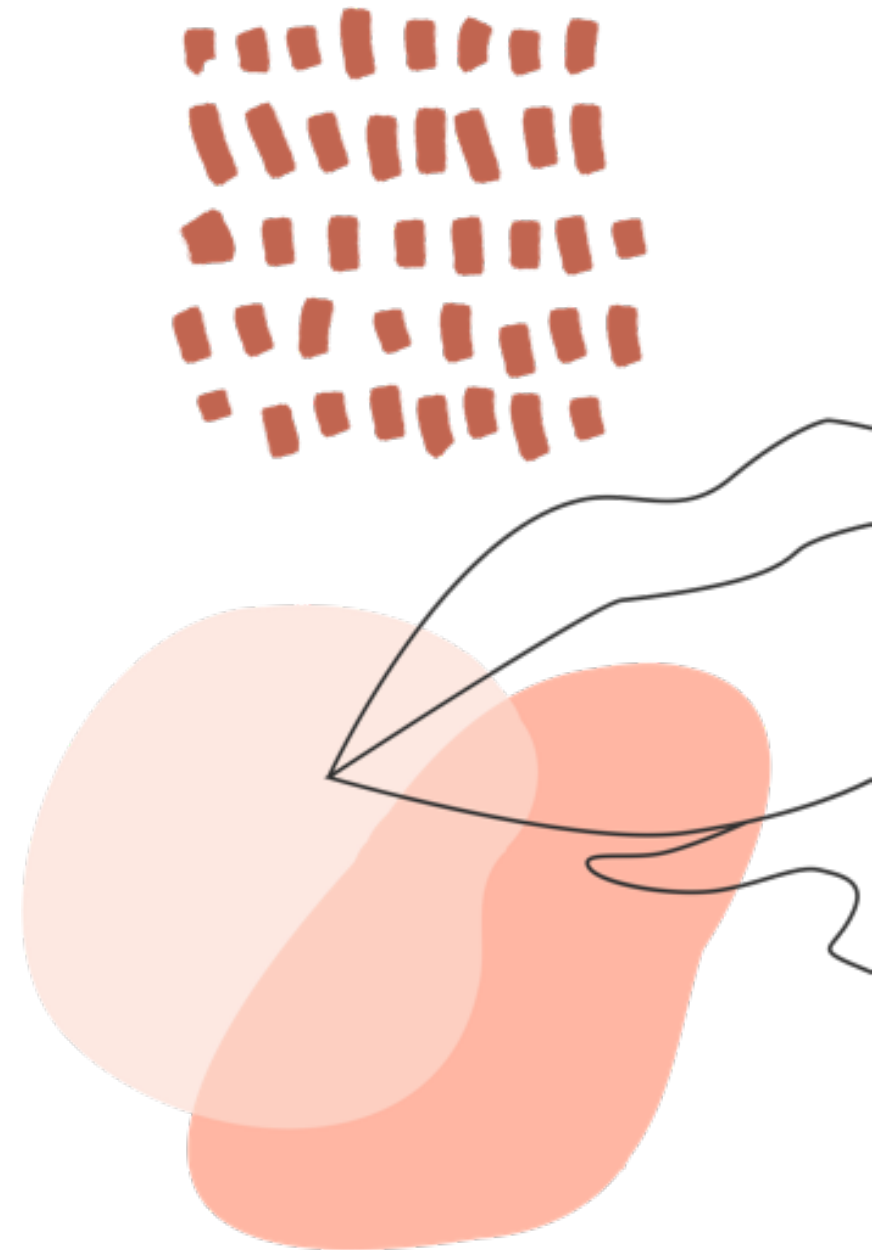
** **Report safety concerns** to appropriate personnel (e.g., nurse supervisor, security), **complete mandated reporting**, and continue **trauma-informed health services**. Whenever possible, **schedule follow-up appointments** to continue building rapport and to monitor patient's health, safety, and well-being.

Resources: [PEARR Tool Link](#)

PEARR Tool: **P= provide privacy**

- Discuss sensitive topics alone and in a safe, private setting
- Explain limits of confidentiality
- Patient should feel in control of disclosures
- Offer use of an interpreter

Resources: [PEARR Tool Link](#)



PEARR Tool: E= universal Education

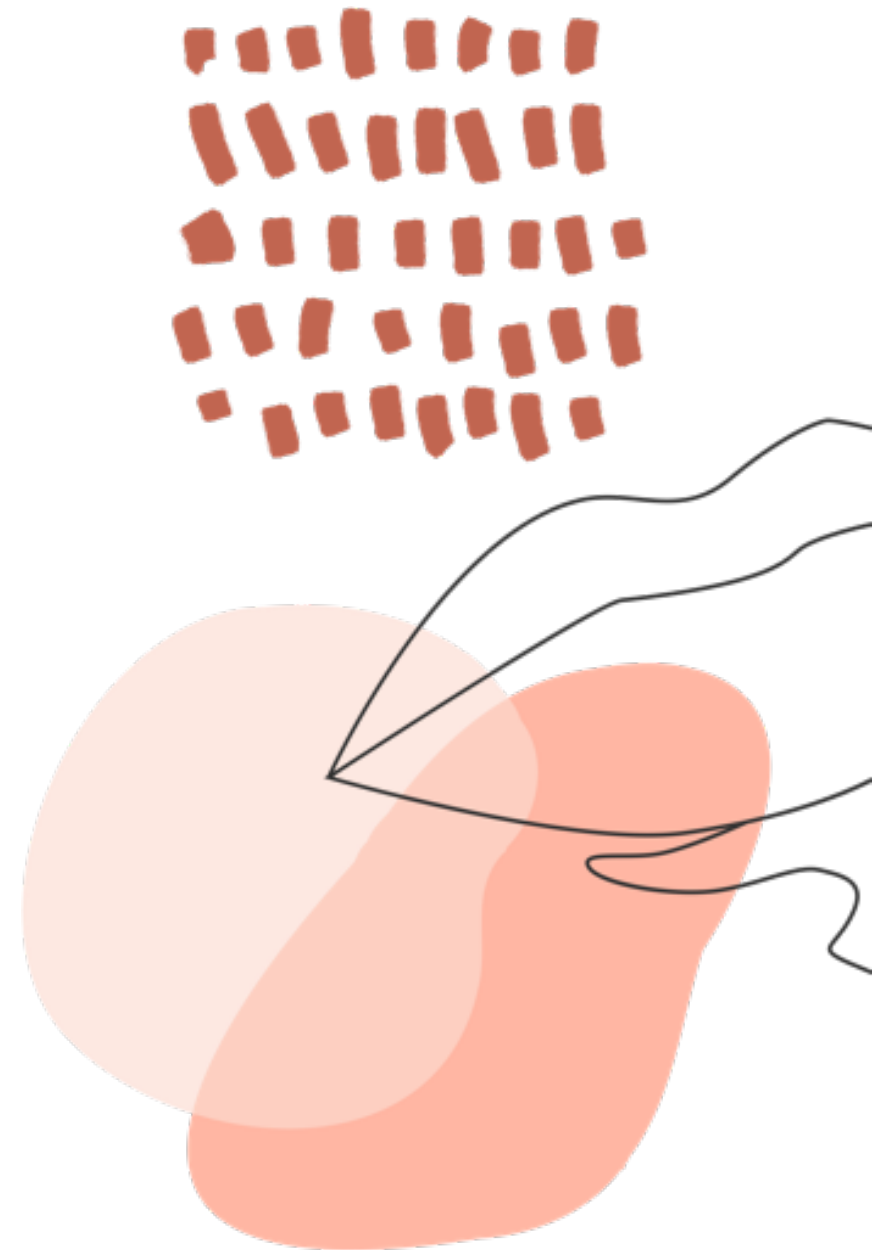
Educate patient in manner that is nonjudgmental and normalizes sharing of information.

Example: “I educate all of my patients about [fill in the blank] because violence is common in our society, and violence has a big impact on our health, safety, and well-being.”

Use brochure or safety card

Example: “Here are some brochures to take with you in case this is ever an issue for you, or someone you know.” If patient declines materials, then respect patient’s decision.**

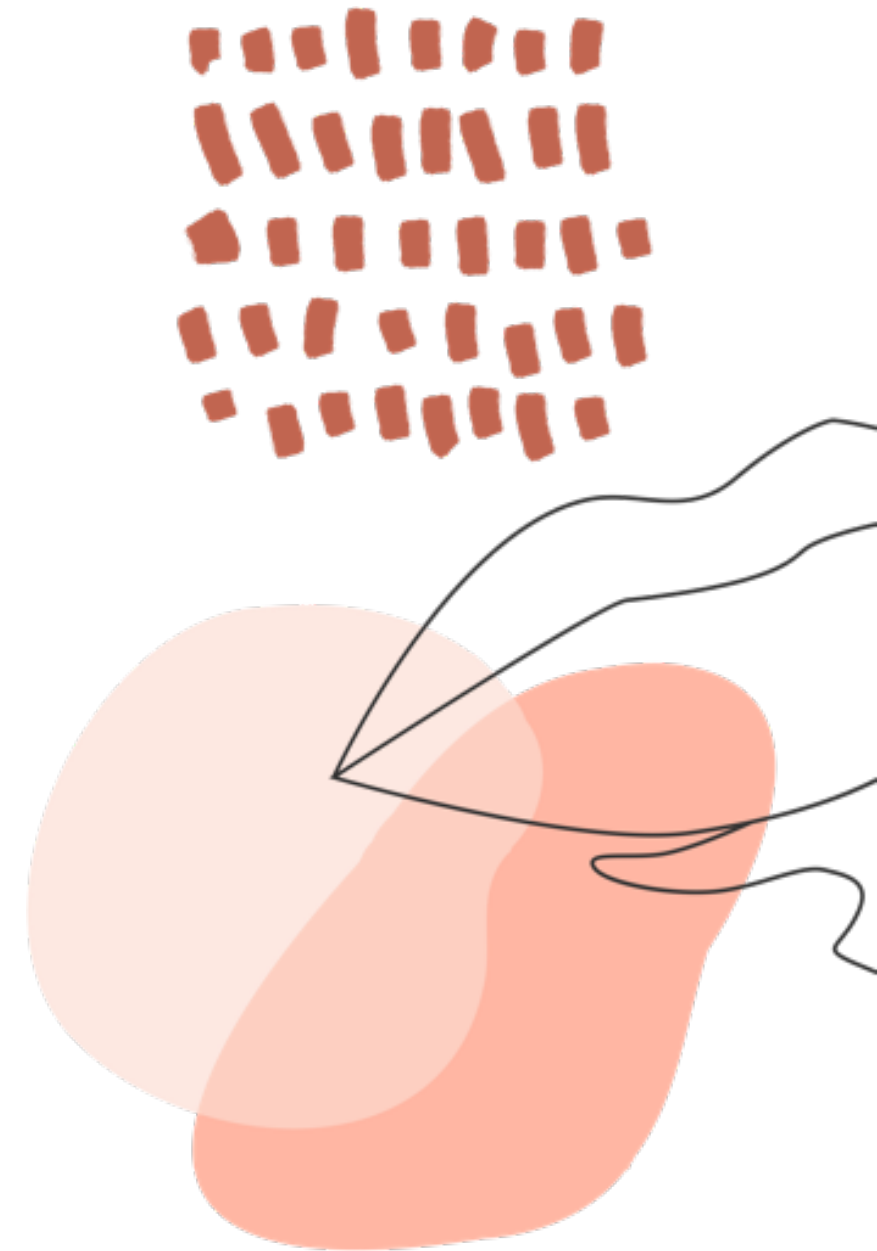
Resources: [PEARR Tool Link](#)



PEARR Tool: A= Ask

Allow time for discussion

Ask for concerns



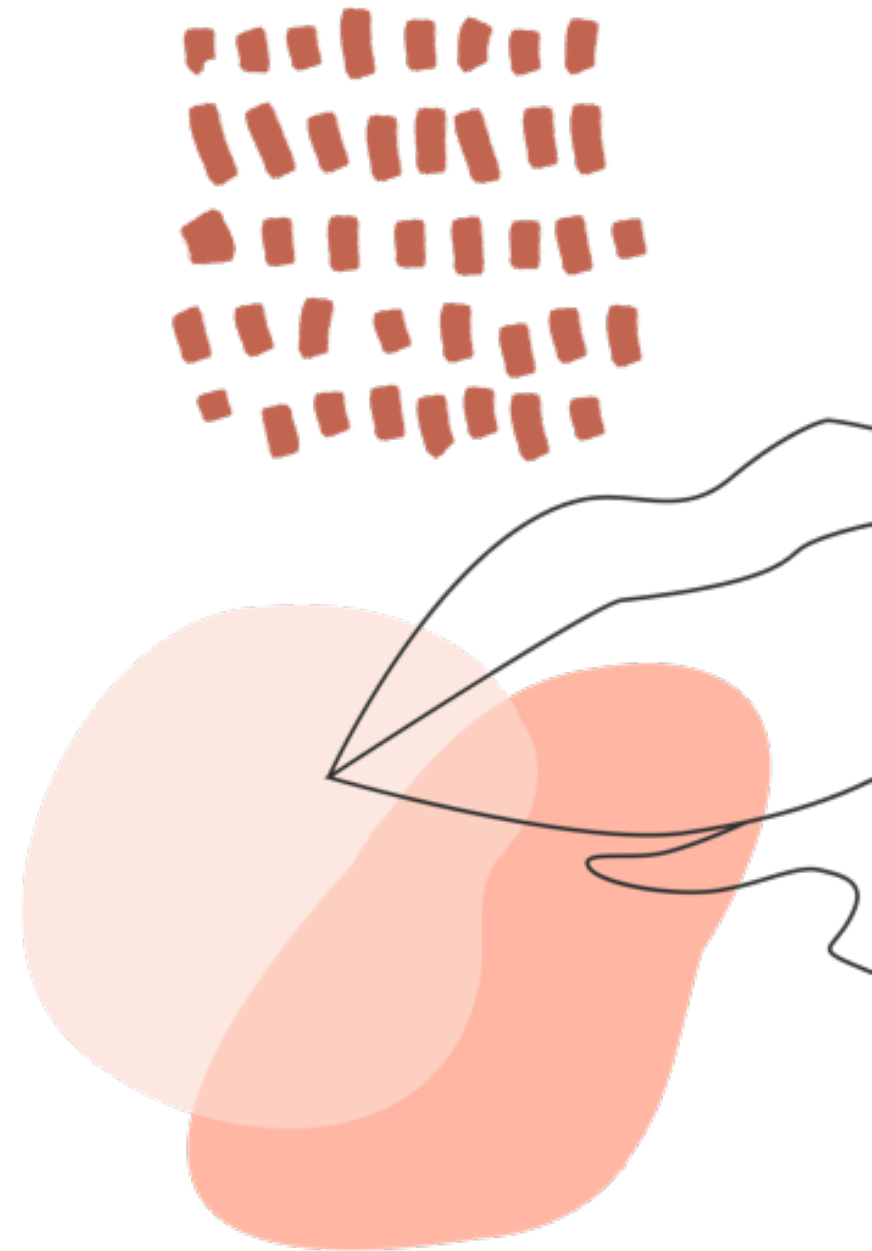
PEARR Tool: RR= Respect & Respond

If the patient denies victimization or declines assistance, respect the patient's wishes.

Offer hotline card or information in the event of emergency (local shelter, crisis hotline)

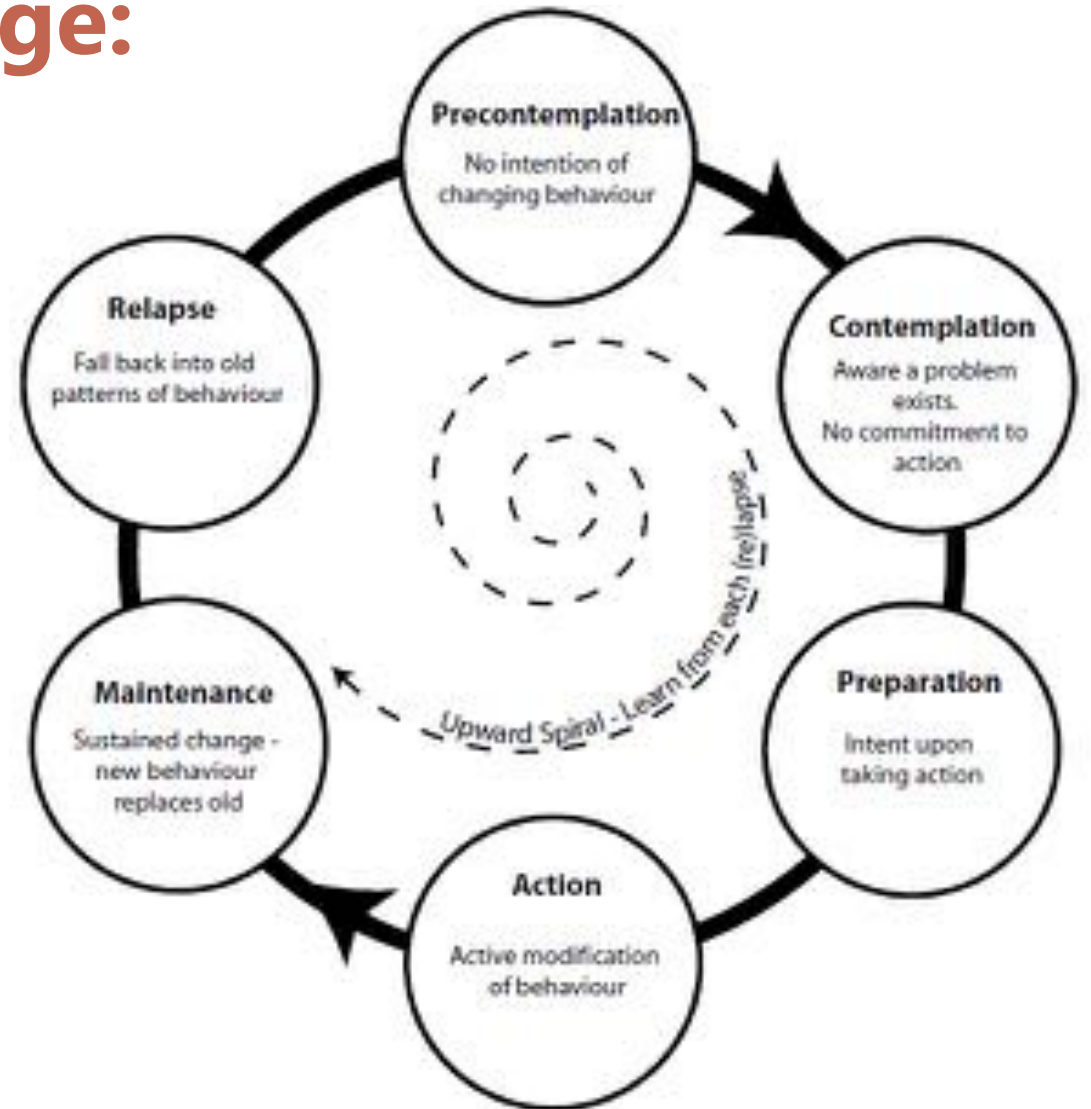
If they accept, arrange a personal introduction with a local victim advocate/service provider.

Resources: [PEARR Tool Link](#)



Cycle of Change:

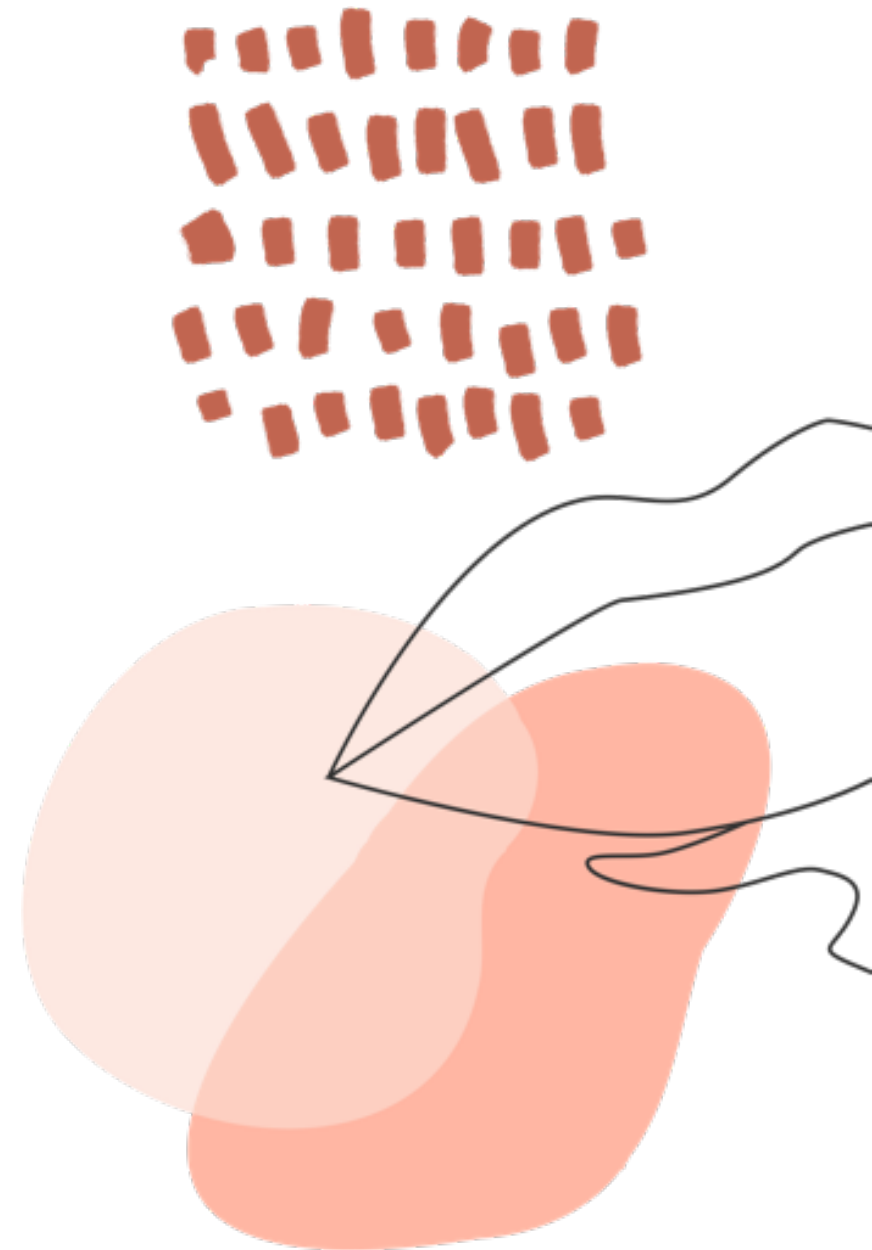
Prochaska & DiClemente



Motivational interviewing

Miller and Rollnick (2013) *Motivational Interviewing: Helping people to change* (3rd edition). Key qualities include:

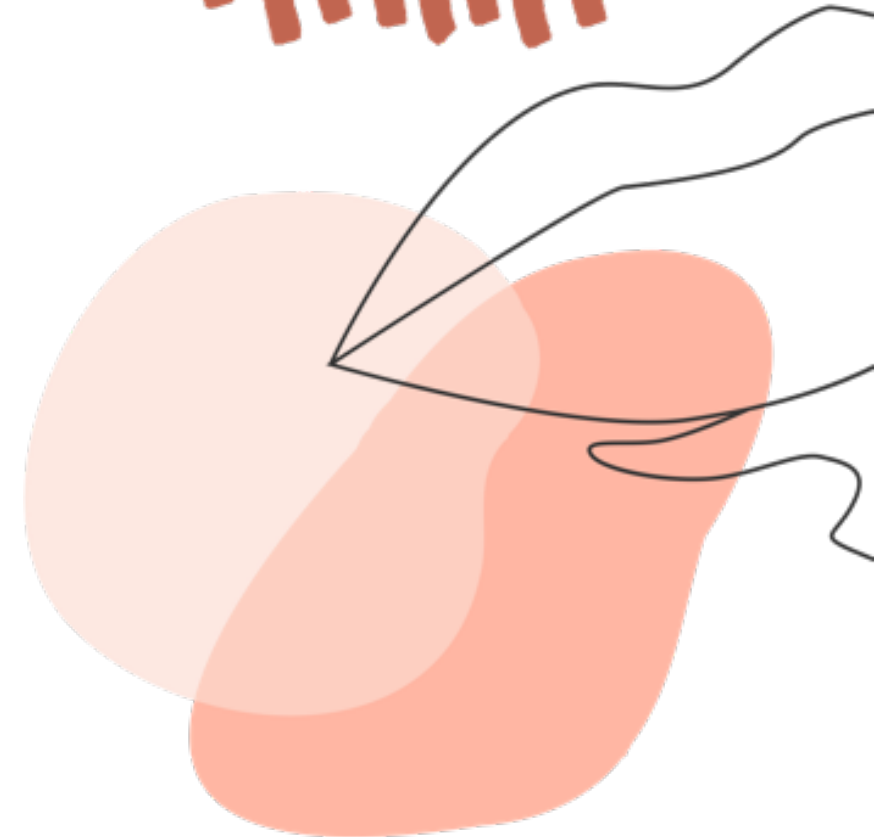
- MI is a **guiding** style of communication, that sits between **following** (good listening) and **directing** (giving information and advice).
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful** and **curious** way of being with people that facilitates the natural process of change and honors client autonomy.



MI: target audience

MI is particularly useful to help people examine their situation and options when any of the following are present:

- **Ambivalence is high** and people are stuck in mixed feelings about change
- **Confidence is low** and people doubt their abilities to change
- **Desire is low** and people are uncertain about whether they want to make a change
- **Importance is low** and the benefits of change and disadvantages of the current situation are unclear.





Screening vs Assessment

Screening tools:

- Short Screen for Child Sex Trafficking (SSCST, 2018)
- Quick Youth Indicators for Trafficking (QYIT) – not for health care settings
- Adult Human Trafficking Screening Tool (AHTST) – not validated to date

Resources: 1)Victims of Human Trafficking: What to look for in a Health care setting [What to look for in a health care setting](#)

2)Human Trafficking: A Treatment Guide for Mental Health Professionals, | John H. Coverdale, M.D., Ed.D., Mollie R. Gordon, M.D. and Phuong T. Nguyen, Ph.D.,<https://ebooks.appi.org/epubreader/human-trafficking50155435>

3) On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industris to Prevent and Disrupt Human Trafficking. Polaris Project. [Polaris Project onramp Table 1](#)

4) Greenbaum VJ, Dodd M, McCracken C. A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting. *Pediatric Emergency Care*. 2018;34(1):33–37. doi: 10.1097/PEC.0000000000000602. Greenbaum, V. Jordan et al. "Evaluation of a Tool to Identify Child Sex Trafficking Victims in Multiple Healthcare Settings." *Journal of adolescent health* 63.6 (2018): 745–752. Web.



Assessments: Human trafficking

Implies there is a specific outcome of interest; user expertise and purposeful application

- Vera Institute's Trafficking Victim Identification Tool (TVIT)
- Human Trafficking Identification Assessment Measure-14 (HTIAM-14)

Resources: 1) Victims of Human Trafficking: What to look for in a Health care setting [What to look for in a health care setting](#)
2) Human Trafficking: A Treatment Guide for Mental Health Professionals, | John H. Coverdale, M.D., Ed.D., Mollie R. Gordon, M.D. and Phuong T. Nguyen, Ph.D., <https://ebooks.appi.org/epubreader/human-trafficking50155435>
3) On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking. Polaris Project. [Polaris Project onramp Table 1](#)
4) Vera Institute's Trafficking Victim Identification Tool (TVIT) <https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf>
5) Makini Chisolm-Straker, Jeremy Sze, Julia Einbond, James White, Hanni Stoklosa, Screening for human trafficking among homeless young adults, Children and Youth Services Review, Volume 98, 2019, Pages 72-79, ISSN 0190-7409, <https://doi.org/10.1016/j.chilyouth.2018.12.014>.



Assessments: depression, PTSD, anxiety

Assessment :

Clinical Assessment for depression, anxiety, PTSD

Scales (adults)

- PTSD Checklist for DSM-5 (PCL-5)
- UCLA Posttraumatic Stress Disorder Assessment Tools
- Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)

Scales (children)

- Child and Adolescent Trauma Screen (CATS)
- Child PTSD Symptom Scale for DSM-5 (CPSS-5)



Connection to local services:

- **Susannah Wesley Case Management #808-847-1535**
- **Family Guidance Center (FGC) / Department of Health (DOH)**
 - FFT, IIT, individual therapist, parenting support
- **Child Welfare Services / Department of Human Services (DHS) #808-832-1999**
 - Family strengthening, child protection, foster care, independent living, group homes, child placement
- **Department of Education (DOE) – 504/IEP**
 - School based services

Case2 Outpatient: Private Practice

Clementine, 16F with a hx of truancy and depression, she initially presented to the clinic with her single parent and is supposed to be here for follow up.

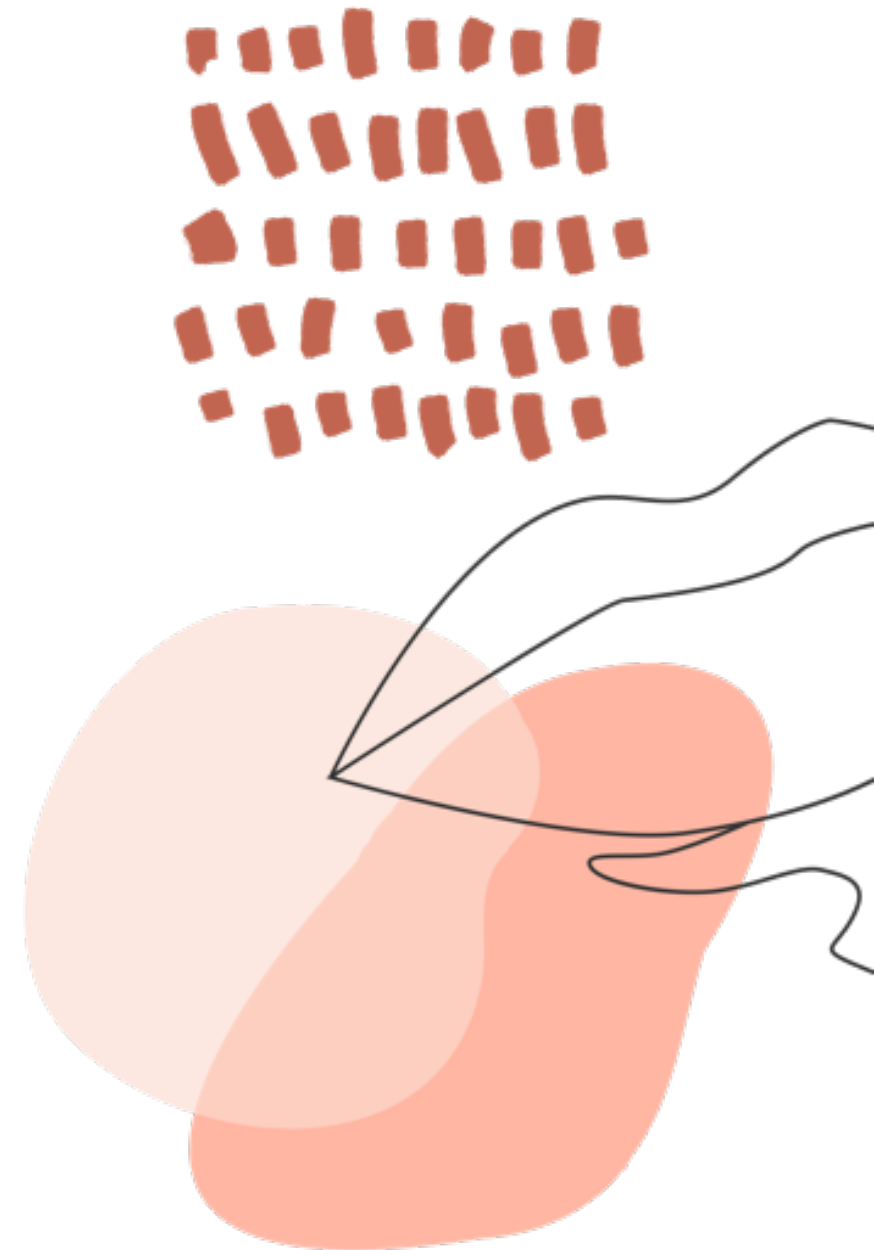
- **Presentation:** Clem came today's appointment on her own and you find out that she is currently living with an "friend" and says that she feels safe there. She lost phone when she ran away. She is willing to have the clinic have her contact but not wanting mom to know where she is.
- Mom said she has not been able to reach the youth since she ran away. Mom is only asking for confirmation from the clinician that she is safe.



Recognize Grooming:

What is it: preparatory phase where a trafficker works to gain the target's trust with the future intent to exploit them.

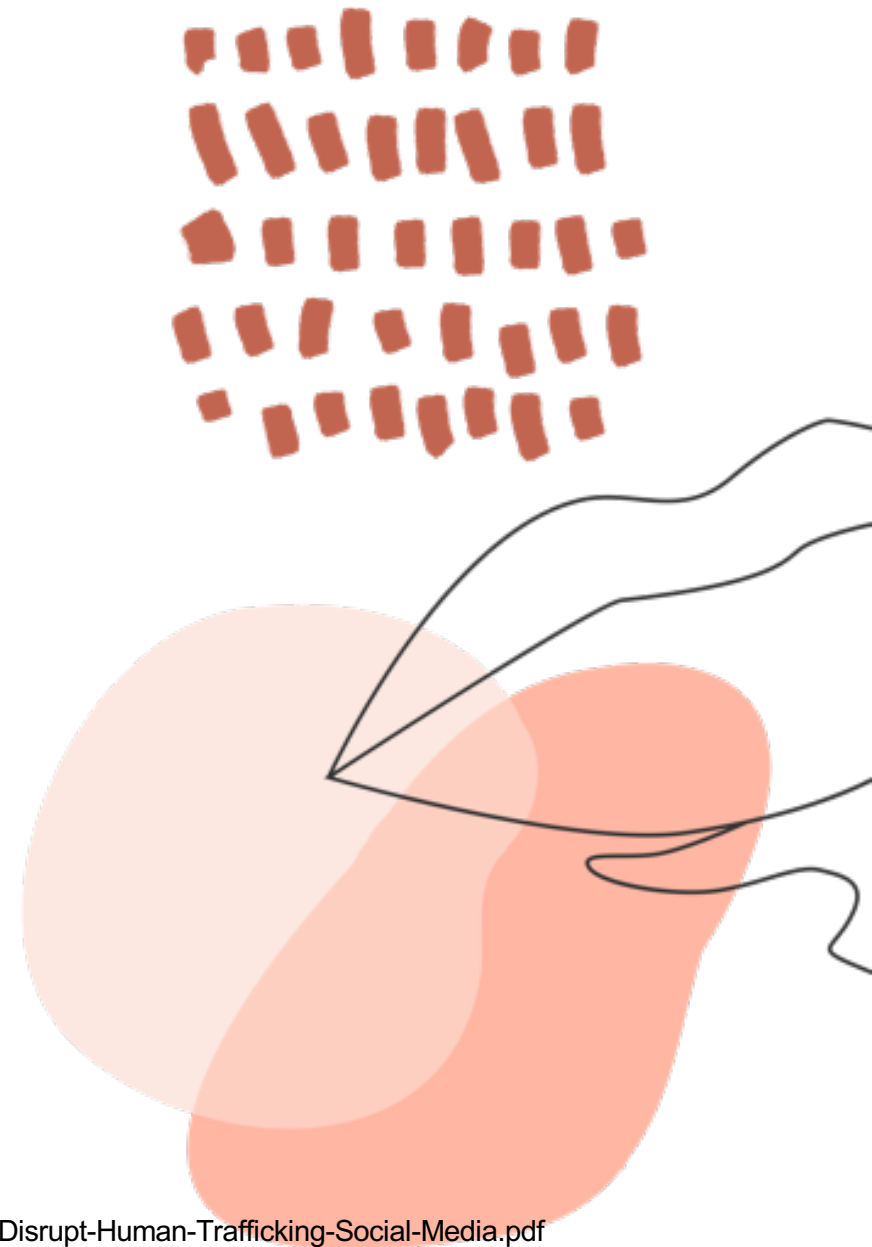
1. Target a victim
2. Gaining trust & information
3. Filling a need
4. Isolation
5. Abuse begins
6. Maintain control



Outpatient: Anticipatory Guidance

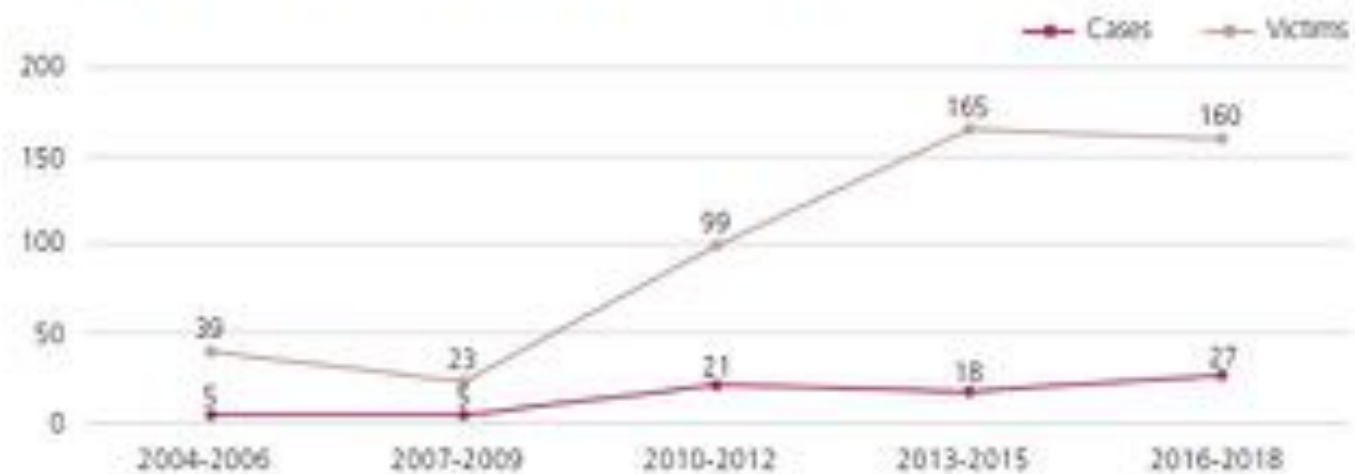
Prevention underlying all public health efforts.

- Primary prevention
- *Secondary prevention*
- Tertiary prevention



Social Media:

FIG. 86 Number of cases perpetrated with the help of internet technologies and identified number of victims, as reported in the GLOTIP court cases, 2004-2018



Source: GLOTIP collection of court case summaries (supplemented with UNODC SHERLOC cases).



Hunting and Fishing Strategies



Hunting strategies
Perpetrators actively approach victims in online spaces



Fishing strategies
Perpetrators wait for victims or consumers to respond to ads



Ashley P.
July 17, 2017

Tired of working a minimum wage dead end job?? Want to get out and see the country while getting paid \$\$\$CASH\$\$ EVERYDAY and having fun?? We pay for lodging and food!! Hit me up for details. What are you waiting for?



Like



Comment



Share



Matt B Get that money!
4y · Like



Samantha G Would like to apply. DM'ing you now.
6y · Like



Josh D Looking to apply! Send me more info.
8y · Like



Nick N What a joke! They don't pay for food and lodging, they take it out of your pay!!
4y · Like



Ashley P @NickN get off my post! Stop the negative crap! Not the crew's fault you were weak and couldn't hang!
6y · Like

↑ Typical sales crew recruitment post by an individual user on Facebook. Based on actual public comment threads, but recreated with name changes to protect any potential victims involved.

Figure 2.0: Social Media Abuse
Polaris Survivor Survey (n=73)

"Social media really was a piece of reinforcing all that grooming that was happening. Because I felt like I was connected with the outside world, but I was only allowed to follow other girls in the game, so it reinforced all of those social norms."



Source: On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking. Polaris Project. [Polaris Project onramp Table 1](#)



Resources: Human Trafficking: A Treatment Guide for Mental Health Professionals, | John H. Coverdale, M.D., Ed.D., Mollie R. Gordon, M.D. and Phuong T. Nguyen, Ph.D., <https://ebooks.appi.org/epubreader/human-trafficking50155435>

School based Prevention Efforts

The screenshot shows the Pacific Survivor Center website. At the top left is the logo for the Pacific Survivor Center, which includes a stylized figure. To the right of the logo is a search bar and social media icons for Facebook, Twitter, and YouTube. Below these is a "Sign Up For Email Updates" button and a "DONATE" button. A green navigation bar contains the following menu items: ABOUT, PROGRAMS, LEARN, GET INVOLVED, CONTACT, and DONATE. The main heading of the page is "Sex Trafficking Outreach Prevention Program". To the right of this heading is a breadcrumb trail: "Home > Sex Trafficking Outreach Prevention Program". The main content area features a large illustration of a person in a white protective sheet being held by another person, set against a sunset background with palm trees. The text on the page reads: "Sex Trafficking Outreach and Prevention Program", "Help is available in Hawai'i, you are not alone. Talk to someone you can trust today.", and a green button that says "Talk or TXT for Free Help".

Resources: <http://pschawaii.org/stopp-youth/>

Outpatient case:

Clementine 16F, history of truancy and depression, initially presented with parent but now self-presenting to appointments alone:

- Course : Provider gave her anticipatory guidance on what she might expect.
- One week later, she called the office in a panic and was crying about how what had been suggested by the provider had in fact come up.
- She was willing to return to the clinic and to involve mother; returned to live at home that day.
- Eventually she was lost to follow up and had in fact run away again.



HYCF:

Olive is a 15F hx complex trauma, depression, substance use disorder

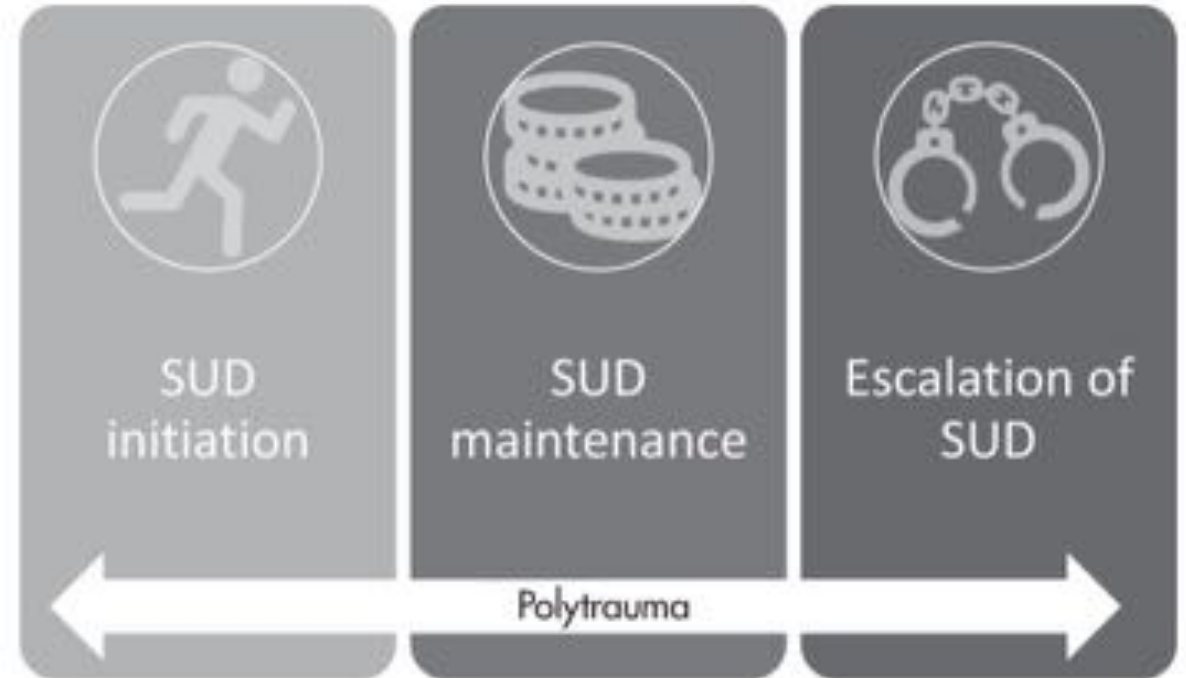
- **Presentation:** incarceration due to substance abuse, received a 18 months sentence.
- From the forensic report, you learn that she was repeatedly sexually assaulted in childhood and had entered a trafficked situation between a drug relapse. She has developed a problematic eating disorder and admits liking meth because it keeps her thin.
- **Labs:** weight loss, she struggles to eat and is being monitored by guards for her oral intake during meal times



Substance use disorders (SUD)

Some individuals may have SUD prior entering a trafficking situation; however, the resulting polytrauma exacerbates the SUD

Substances: marijuana, alcohol, cocaine, opioids, methamphetamine



Resources: (1)"FIGURE 9–1. Highlights of substance use disorder (SUD) in trafficked persons."-Human Trafficking: A Treatment Guide for Mental Health Professionals, | John H. Coverdale, M.D., Ed.D., Mollie R. Gordon, M.D. and Phuong T. Nguyen, Ph.D.,<https://ebooks.appi.org/epubreader/human-trafficking50155435> (2) Lederer LJ, Wetzel CA: The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law* 23(1):61–87, 2014. (3) On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking. Polaris Project. (4) Jennifer Cole, Ginny Sprang, Sex trafficking of minors in metropolitan, micropolitan, and rural communities, *Child Abuse & Neglect*, Volume 40, 2015, Pages 113-123, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2014.07.015>.



Medical Needs

Assessment: SUD, forensic evaluations (SATC), physical injuries, nutrition status (B12 or iron deficient anemia)

- Reproductive health: STI, HIV, cervical cancer, birth control, pregnancy related complications
- Preventative services : Catch up vaccinations
- In youth, considerations for eating disorders and refeeding syndrome.
- Higher rates of somatic complaints: headaches, stomachaches, and dizziness

Resources: (1)"FIGURE 9–1. Highlights of substance use disorder (SUD) in trafficked persons."-Human Trafficking: A Treatment Guide for Mental Health Professionals, | John H. Coverdale, M.D., Ed.D., Mollie R. Gordon, M.D. and Phuong T. Nguyen, Ph.D.,<https://ebooks.appi.org/epubreader/human-trafficking50155435> (2) Lederer LJ, Wetzel CA: The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law* 23(1):61–87, 2014. (3) *On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking*. Polaris Project. (4) Jennifer Cole, Ginny Sprang, Sex trafficking of minors in metropolitan, micropolitan, and rural communities, *Child Abuse & Neglect*, Volume 40, 2015, Pages 113-123, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2014.07.015>.



SUD & HT treatment:

Treatment:

Tenets of SUD may need to be adjusted to meet needs of trafficked persons

Safety and housing should be first goals

Resources: On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking. Polaris Project. (4) Jennifer Cole, Ginny Sprang, Sex trafficking of minors in metropolitan, micropolitan, and rural communities, Child Abuse & Neglect, Volume 40, 2015, Pages 113-123, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2014.07.015>.

Outpatient:

Peaches 17F, with hx of PTSD, generalized anxiety, depression, and substance use is seeking medication management through the Family Guidance Center :

- **Presentation:** She has a relatively flat affect but reports ongoing distress with symptoms of dissociation, incidents of headaches. The team reports that the foster family she is currently living with has sometimes caught her self-harming by repeatedly banging her head against the wall.
- **Medications:** Seroquel 300 mg, Prazosin 10 mg, Sertraline 200 mg and PRN hydroxyzine 50 mg
- **Concerns:** trafficker is currently incarcerated



Risk and Safety Assessments



Safety plans:

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

Human Trafficking Hotline Safety Planning Information

Resources: <https://humantraffickinghotline.org/faqs/safety-planning-information>

Treatment for complex trauma

Safety

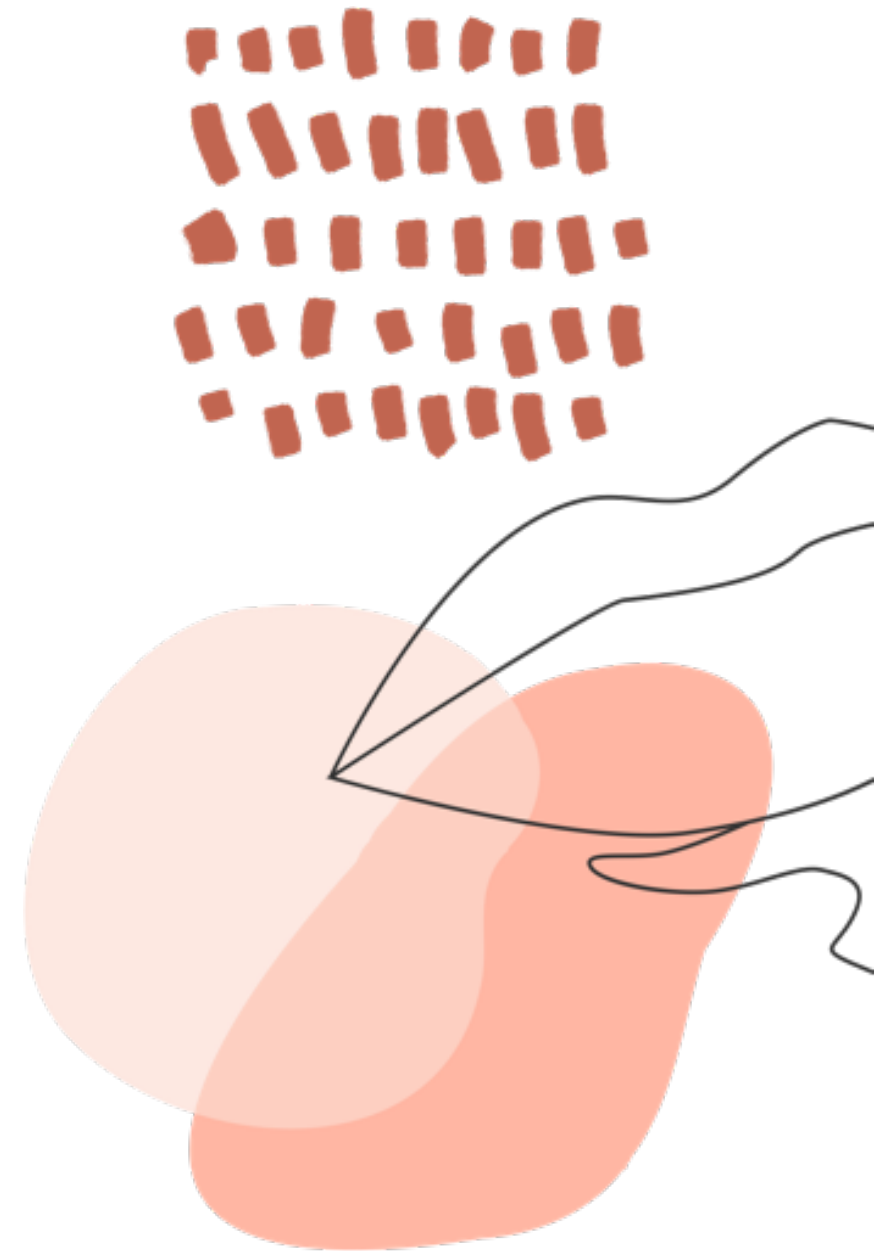
Multidisciplinary teams

Housing

Medications

Psychotherapy concerns

SUD



Transitional Age Youth

Concerns of aging out of the foster care system:

Education:

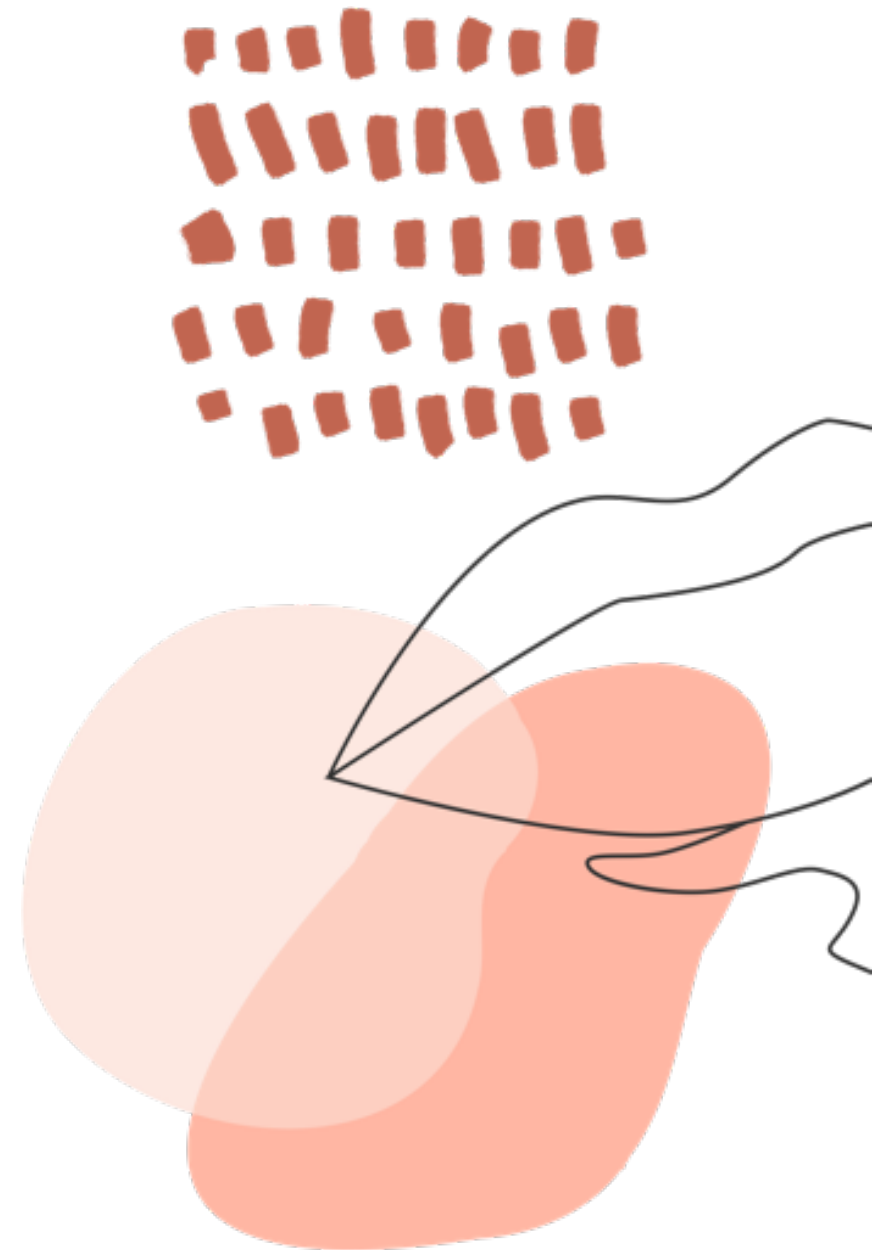
- Encouraging completion of high school – can maintain school based mental health services (IEP/504) even after 18
- Alternatively pursuing a GED

If within the foster care system:

- Work with case manager to identify housing/shelter options
- Some funding options available (through state funds)

Housing:

- Know the shelters in your area or work with social workers/case managers who do



Legal issues:

Please consult with your health care organization legal department

ICD 10-CM coding for Human Trafficking, 2018

Guidelines for health care professionals - Documentation of ICD-10 codes and Cures Act Impact

- Develop a hospital protocol
- Sensitive health information may be accessed by persons outside the immediate medical care team
- Cures Act impact – particularly for youth in familial-based trafficked cases
- When deciding to use ICD-10 codes, consider:
 - 1) Safety of the patient from others gaining access
 - 2) Respect patient's autonomy
 - 3) informed consent

Resources: 1)HEAL Trafficking & International Centre for Missing and Exploited Children. (2021). *Documenting ICD codes and other sensitive information in electronic health records: Guidelines for healthcare professionals who encounter patients with a history of human trafficking or other forms of violence.* <https://cdn.icmec.org/wp-content/uploads/2021/02/Final-ICD-code-documentation-recommendations-Feb-2021.pdf>. 2) <https://healtrafficking.org/2020/12/the-21st-century-cures-act-open-notes-and-privacy-for-human-trafficking-survivors/>

The bottom line

A practitioner cannot guarantee and does not have absolute control over who may access confidential information with any of the commonly used EHR strategies. Even sophisticated protection systems may be designed to allow sensitive information to be shared on the patient portal or to outside actors (e.g. payors, legal) and to medical staff pursuant to applicable law or policy. Patients need to know about this limitation, and about use of ICD codes so they can make informed decisions about the sensitive information they share.

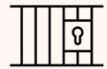
Resources: 1)HEAL Trafficking & International Centre for Missing and Exploited Children. (2021). *Documenting ICD codes and other sensitive information in electronic health records: Guidelines for healthcare professionals who encounter patients with a history of human trafficking or other forms of violence.* <https://cdn.icmec.org/wp-content/uploads/2021/02/Final-ICD-code-documentation-recommendations-Feb-2021.pdf>. 2) <https://healtrafficking.org/2020/12/the-21st-century-cures-act-open-notes-and-privacy-for-human-trafficking-survivors/>

Table 1 Human Trafficking ICD-10-CM Code Categories

ICD-10-CM Code/ Subcategory	Title
T74.51*	Adult forced sexual exploitation, confirmed
T74.52*	Child sexual exploitation, confirmed
T74.61*	Adult forced labor exploitation, confirmed
T74.62*	Child forced labor exploitation, confirmed
T76.51*	Adult forced sexual exploitation, suspected
T76.52*	Child sexual exploitation, suspected
T76.61*	Adult forced labor exploitation, suspected
T76.62*	Child forced labor exploitation, suspected
Y026	Multiple perpetrators of maltreatment and neglect
Z04.81	Encounter for examination and observation of victim following forced sexual exploitation
Z04.82	Encounter for examination and observation of victim following forced labor exploitation
Z62.813	Personal history of forced labor or sexual exploitation in childhood
Z91.42	Personal history of forced labor or sexual exploitation

*Subcategories require additional characters for specific codes. Please refer to ICD-10-CM for complete codes.

Overview



Background: Trafficking Demographics & Covid



Cases: ER, Inpatient, Outpt



Best Practices: Educate, Screen, Assess, Treat

Resources: articles, webinars, community organizations, additional information

PEARR Tool Trauma-Informed Approach to Victim Assistance in Health Care Settings



In partnership with HEAL Trafficking and Pacific Survivor Center, CommonSpirit Health developed the PEARR Tool to guide health professionals on how to provide **trauma-informed assistance** to patients who may be experiencing abuse, neglect, or violence. The PEARR Tool is based on a **universal education approach** which focuses on educating patients about violence prior to, or in lieu of, screening patients with questions. The goal is to have an informative,

yet developmentally-appropriate, conversation with patients in order to create a natural context for patients to share their own experiences and possibly accept further assistance.

**A double asterisk indicates points at which this conversation may end. Refer to the bottom of this page for additional steps. The patient's immediate needs (e.g., emergency medical care) should be addressed before use of this tool.

P PROVIDE PRIVACY

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed door). If companion refuses to be separated, this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: Suggest the need for a private exam, for virtual or telephonic visits, request patient moves to a private space but proceed with caution as patient may not be alone.** **Note: Companions are not appropriate interpreters**, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your facility's policies.** Also, explain **limits of confidentiality** (e.g., mandated reporting); however, do not discourage patient from disclosing victimization. Patient should feel in control of disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to designated state or local agencies.

E EDUCATE

2. Educate patient in manner that is **nonjudgmental** and **normalizes sharing of information**. Example: "I educate all of my patients about [fill in the blank] because violence is common in our society, and violence has a big impact on our health, safety, and well-being." **Use brochure or safety card** to review information about abuse, neglect, or violence, and offer brochure/card to patient. (Ideally, this brochure/card will include information about resources (e.g., local service providers, national hotlines). Example: "Here are some brochures to take with you in case this is ever an issue for you, or **someone you know**." If patient declines materials, then respect patient's decision.**

A ASK

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Would you like to speak with [insert advocate/service provider] to receive additional information for you or **someone you know**?"** If physically alone with patient and you observe indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator]. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance."** **Note: Limit questions to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocate), and to guide your work (e.g., perform medical exam).**

R R RESPECT & RESPOND

4. If patient denies victimization or declines assistance, respect patient's wishes. If you have **concerns about patient's safety**, offer hotline card or other information in event of emergency (e.g., local shelter, crisis hotline). Otherwise, if patient accepts/requests assistance, **arrange personal introduction** with local victim advocate/service provider or **assist patient with calling hotline**** National Domestic Violence Hotline, 1-800-799-SAFE (7233); National Sexual Assault Hotline, 1-800-656-HOPE (4673); National Human Trafficking Hotline, 1-888-373-7888.

** **Report safety concerns** to appropriate personnel (e.g., nurse supervisor, security), **complete mandated reporting**, and continue **trauma-informed health services**. Whenever possible, **schedule follow-up appointments** to continue building rapport and to monitor patient's health, safety, and well-being.

Resources: [PEARR Tool Link](#)

Core Competencies

Disclosure is not the goal.

Prevention should be part of any public health strategy to address human trafficking.

CORE COMPETENCIES FOR HUMAN TRAFFICKING RESPONSE IN HEALTH CARE AND BEHAVIORAL HEALTH SYSTEMS



UNIVERSAL COMPETENCY TRAUMA-INFORMED APPROACH	Use a trauma- and survivor-informed, culturally responsive approach
COMPETENCY 1 NATURE AND EPIDEMIOLOGY	Understand the nature and epidemiology of trafficking.
COMPETENCY 2 RISK	Evaluate and identify the risk of trafficking.
COMPETENCY 3 NEEDS EVALUATION	Evaluate the needs of individuals who have experienced trafficking or individuals who are at risk of trafficking.
COMPETENCY 4 PATIENT-CENTERED CARE	Provide patient-centered care.
COMPETENCY 5 LEGAL/ETHICAL STANDARDS	Use legal and ethical standards.
COMPETENCY 6 PREVENTION	Integrate trafficking prevention strategies into clinical practice and systems of care.

Human trafficking cases may be encountered in all health care and behavioral health settings, including private, general, outpatient, and specialist practices (e.g., pediatrician, endocrinologist, substance use). Individuals who have experienced trafficking seek not only emergency medical care but also care for long-term health issues. For this reason, all health care and behavioral health practitioners should be prepared to identify and respond to individuals who have experienced trafficking.

DISCLOSURE IS NOT THE GOAL.

PREVENTION SHOULD BE PART OF ANY PUBLIC HEALTH STRATEGY TO ADDRESS HUMAN TRAFFICKING.

Trauma-informed care involves recognizing that any person could have experienced trauma and this could be impacting their current decisions, actions and health behaviors. With this recognition, providers practicing a trauma-informed approach assess for stress/trauma *without the goal of explicit disclosure*, actively try not to re-traumatize patients, and educate and empower patients to build resiliency and mitigate the health effects of trauma.

CONTACT NHTAC FOR TECHNICAL ASSISTANCE | 844-648-8822 | info@nhtac.org | nhtac.acf.hhs.gov



CHILDREN & FAMILIES



NATIONAL HEALTH TRAINING AND TECHNICAL ASSISTANCE CENTER



International Centre for Child Health & Development



National Association of Pediatric Nurse Practitioners



HEALTH

Individual provider tools:

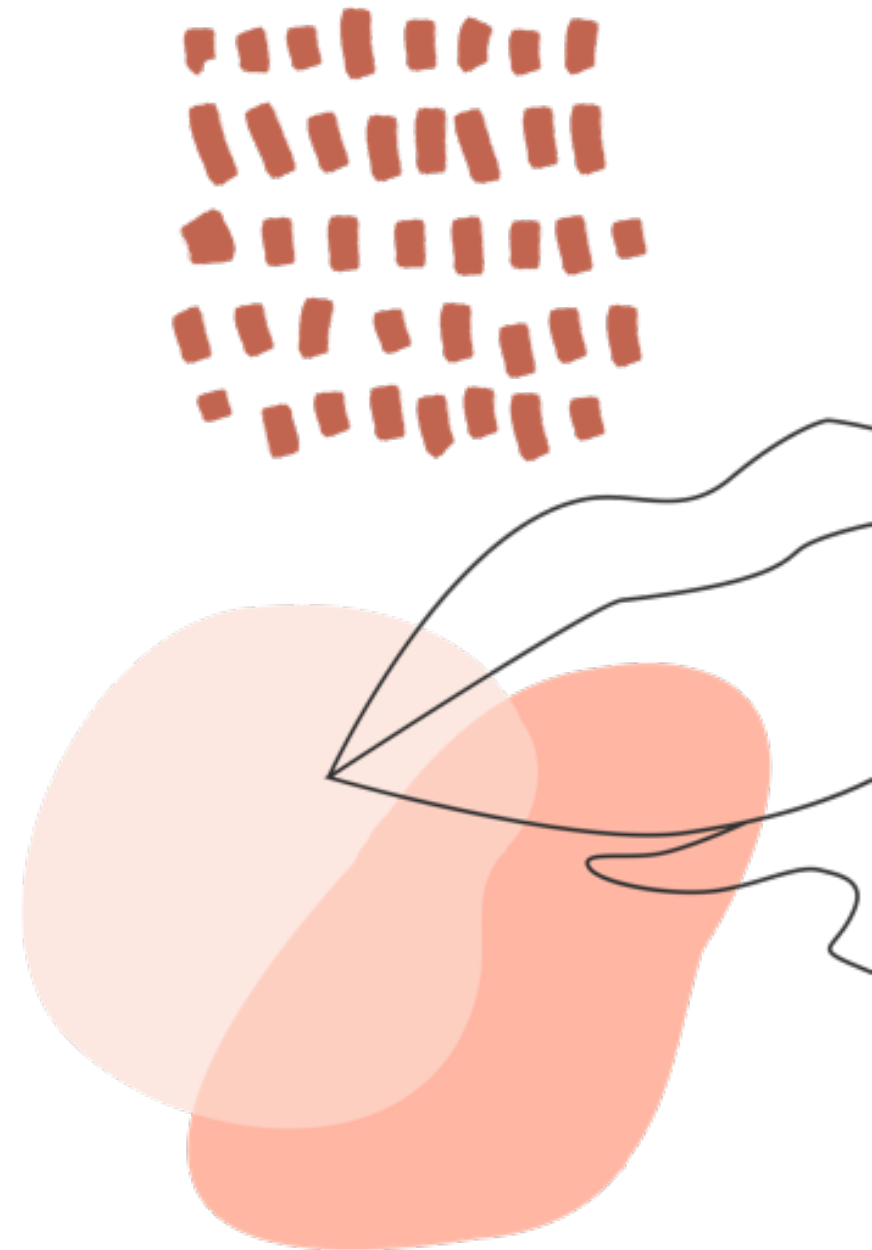
Human Trafficking screeners/ assessments

Universal Education: PEARR Tool

Motivational Interviewing

Local Resources: Case Management, Forensic evals, Database of trauma informed providers (being developed by Pacific Survivor Center)

**Collaboration & staying in your lane:
work in a multidisciplinary team**



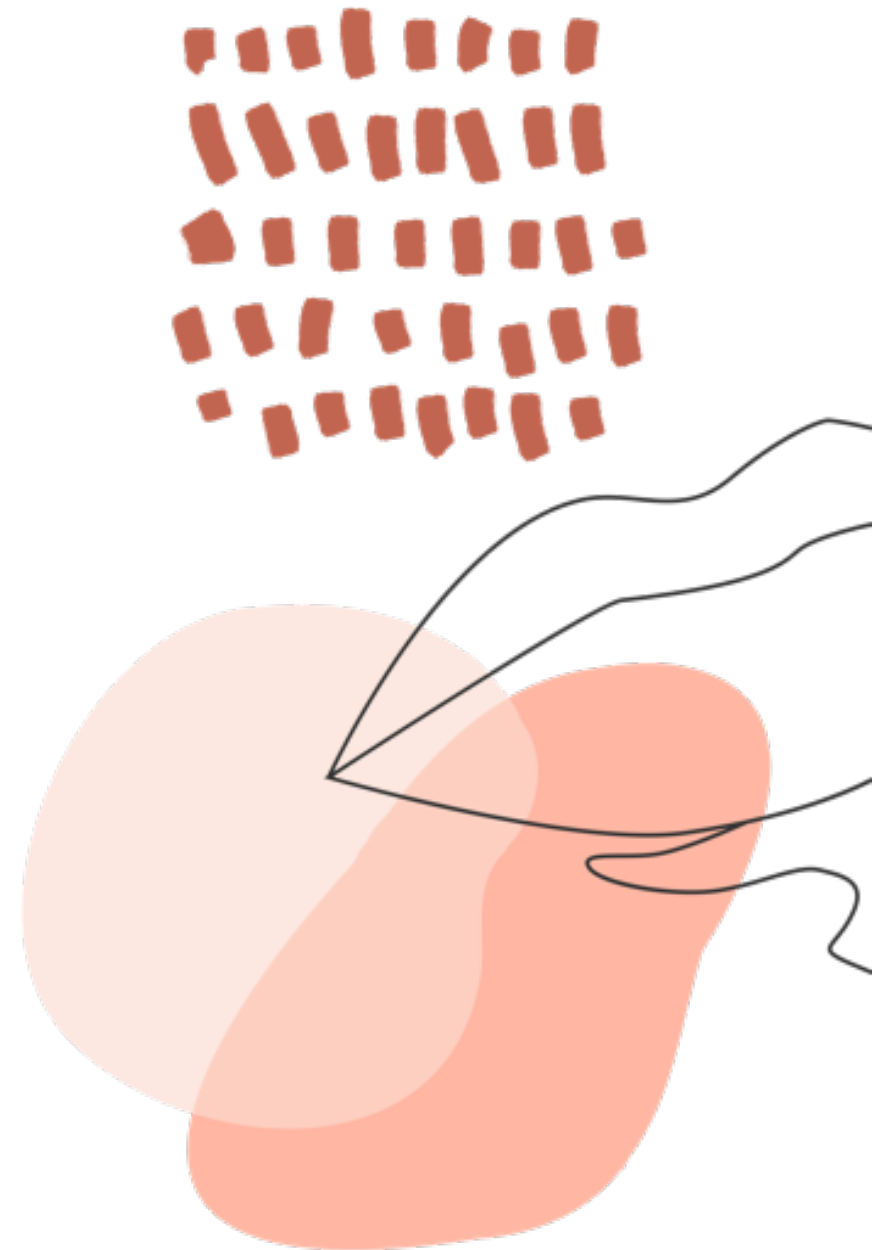
Best practices: housing

Housing is the #1 requested for all crisis cases through the Human Trafficking Hotline.

- General lack of trafficking shelters
- DV shelters may best fit the gap; but some minor adaptations could greatly benefit this population.
- Rentals are common for traffickers - Educating landlords could be key to help with identification and responding to human trafficking situations.

Concerning cases from the national hotline (Polaris Project), since Jan 2015

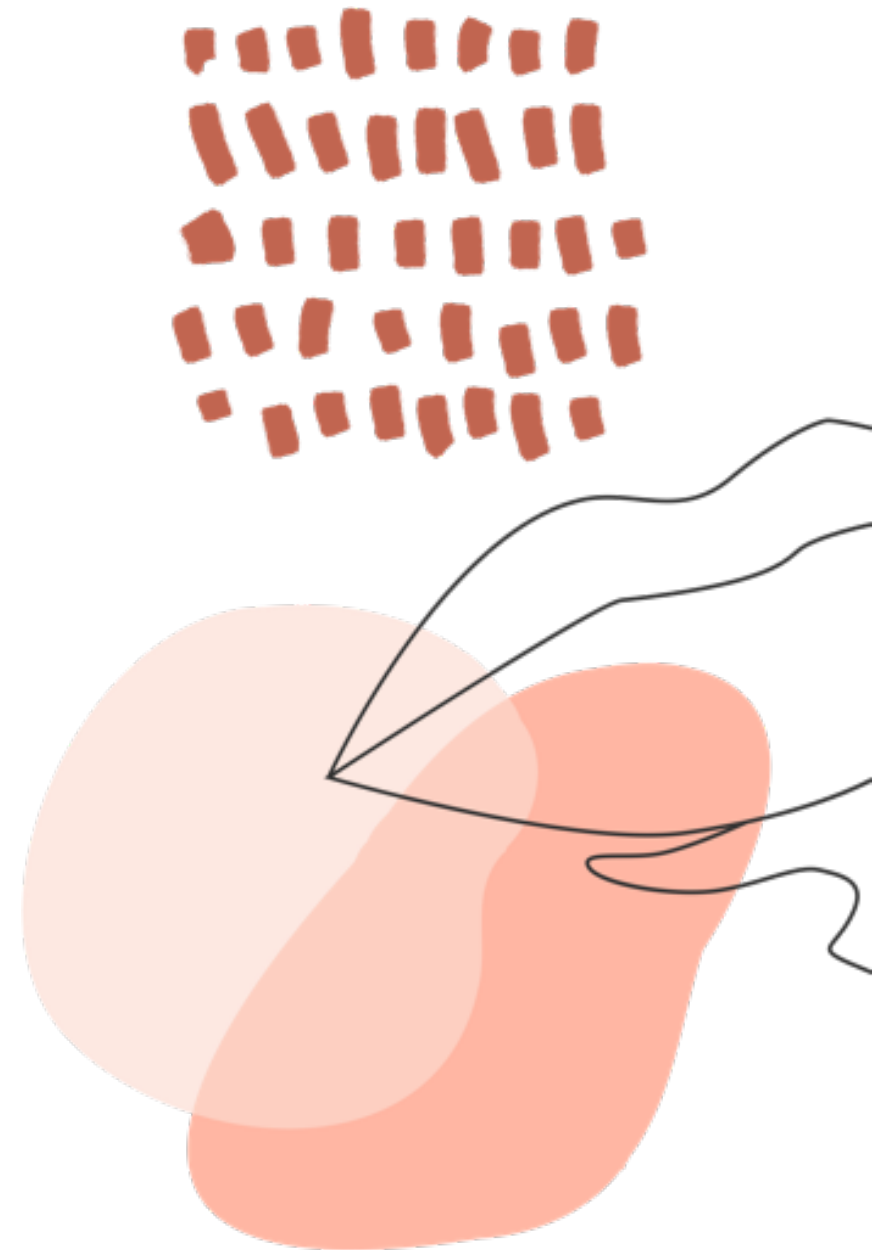
- Found that 105 potential victims
- Were approached or recruited at /within drug rehabilitation centers, and behavioral and mental health centers
- Recruiter may be a fellow patient



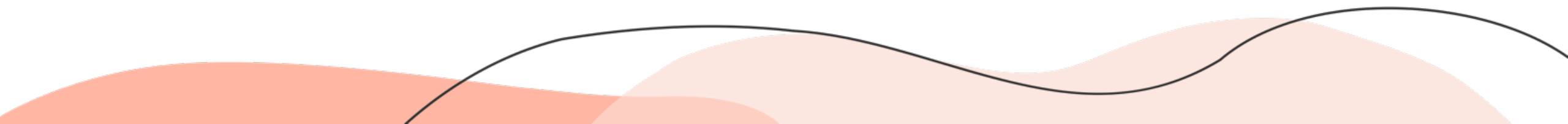
Future directions:

Just a few:

- Research needed to describe labor trafficking epidemiology
- Need for validated screening tools for human trafficking
- Monitoring ICD-10 code usage
- Outcome measures
 - New Tool: Outcomes for Human Trafficking Survivors (OHTS)
- Further development of inter-agency collaboration
- Covid-19 and its impact on trafficking
- Economic impact and disrupting its industry through business partners
- Evolution of trafficking: Internet and social media



Take away points:

- At risk or trafficked patients/ clients could present in a variety of settings.
 - Universal education and screening for all forms of trauma is foundational: PEARR Tool
 - Explore one's own counter transference.
 - Disclosure is not the goal.
 - Focus on empowerment and strengths of the individual: maintain control of their disclosure.
 - Motivational interviewing to help patients and clients move along the continuum of change.
 - Address the immediate presenting problem issue present through trauma informed care.
- 
- The bottom of the slide features decorative wavy lines in shades of orange and red, creating a soft, abstract background for the footer area.



HEALTH, EDUCATION, ADVOCACY, LINKAGE
BECAUSE HUMAN TRAFFICKING IS A PUBLIC HEALTH ISSUE

Founded in 2013
> 1500 multidisciplinary professionals
Public Health lens

[Protocol toolkit](#)

[HEAL Trafficking Homepage](#)



Survivor voices:

HEAL Trafficking Direct Services Mental Health Council
Webinar & Panel Discussion
Host: Katerine Hargitt, PsyD
Moderator: Elise Hopper, PhD

Guest Panelists:

Nola Brantley
Teresa Forliti
Angela Guanzon

Resources: Webinar <https://healtrafficking.org/resources/heal-direct-services-intersection-of-mental-health-healthcare-benefits-of-survivor-involvement/>

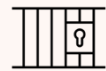


Questions & discussion





Overview



Background: Trafficking Demographics & Covid



Cases: ER, Inpatient, Outpt



Best Practices: Educate, Screen, Assess, Treat

Resources: articles, webinars, community organizations, additional information



Resources: articles

- Core Competencies for Human Trafficking Response in Health Care and Behavioral Health Systems. National Human Trafficking: Training and Technical Assistance Center
- 2017. On-Ramps, Intersections, and Exit Routes: A Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking. Polaris Project. [Roadmap Link](#)
- Shandro J, Chisolm-Straker M, Duber HC, Findlay SL, Munoz J, Schmitz G, Stanzer M, Stoklosa H, Wiener DE, Wingkun N. Human Trafficking: A Guide to Identification and Approach for the Emergency Physician. *Ann Emerg Med*. 2016 Oct;68(4):501-508.e1. doi: 10.1016/j.annemergmed.2016.03.049. Epub 2016 Apr 26. PMID: 27130802.
- Ottisova L, Hemmings S, Howard LM, Zimmerman C, Oram S. Prevalence and risk of violence and the mental, physical and sexual health problems associated with human trafficking: an updated systematic review. *Epidemiol Psychiatr Sci*. 2016 Aug;25(4):317-41. doi: 10.1017/S2045796016000135. Epub 2016 Apr 12. PMID: 27066701; PMCID: PMC7137602.
- "Hawaii: Efforts to Combat Human Trafficking." Office on Women's health, administration for Children and Families, Office of Trafficking in Persons. [Report Dec2012-Dec2016](#)
- Jennifer Cole, Ginny Sprang, Sex trafficking of minors in metropolitan, micropolitan, and rural communities, *Child Abuse & Neglect*, Volume 40, 2015, Pages 113-123, ISSN 0145-2134, <https://doi.org/10.1016/j.chiabu.2014.07.015>.
- UN DOC <https://www.unodc.org/e4j/en/secondary/human-trafficking-and-migrant-smuggling.html>
- Sex work vs Trafficking: how they are different and why it matters. Issue Brief June 2020. Sex workers and allies network. Yale global health justice partnership. https://law.yale.edu/sites/default/files/area/center/ghjp/documents/issue_brief_sex_work_vs_trafficking_v2.pdf
- Prochaska & DiClemente's model (1983)
- Hammond, McGlone. Entry, Progress, Exit, and Service Provision for Survivors of Sex Trafficking: Implications for Effective Interventions
- 2020 Trafficking in Persons Report. US State Department. <https://www.state.gov/reports/2020-trafficking-in-persons-report/>
- Fact Sheet: Human Trafficking. Office on Trafficking in Persons. Office for administration for Children and Families. <https://www.acf.hhs.gov/otip/fact-sheet/resource/fshumantrafficking>
- Prochaska, James O, and Carlo C DiClemente. "Stages and Processes of Self-Change of Smoking: Toward an Integrative Model of Change." *Journal of consulting and clinical psychology* 51.3 (1983): 390–395. Web.
- Understanding Motivational Interviewing. <https://motivationalinterviewing.org/understanding-motivational-interviewing>
- Zimmerman C, Kiss L (2017) Human trafficking and exploitation: A global health concern. *PLoS Med* 14(11): e1002437. <https://doi.org/10.1371/journal.pmed.1002437>
- Greenbaum VJ, Dodd M, McCracken C. A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting. *Pediatric Emergency Care*. 2018;34(1):33–37. doi: 10.1097/PEC.0000000000000602.

Resources: Screeners & Protocols

Protocols:

- HEAL trafficking Protocol Toolkit: [Protocol toolkit](#)

Screeners/Assessments:

- Makini Chisolm-Straker, Jeremy Sze, Julia Einbond, James White, Hanni Stoklosa. Screening for human trafficking among homeless young adults. *Children and Youth Services Review*. Volume 98. 2019. Pages 72-79. ISSN 0190-7409. <https://doi.org/10.1016/j.chidyouth.2018.12.014>.
- Vera Institute's Trafficking Victim Identification Tool (TVIT) <https://www.vera.org/downloads/publications/human-trafficking-identification-tool-and-user-guidelines.pdf>
- Human Trafficking: A Treatment Guide for Mental Health Professionals, | John H. Coverdale, M.D., Ed.D., Mollie R. Gordon, M.D. and Phuong T. Nguyen, Ph.D., <https://ebooks.appi.org/epubreader/human-trafficking50155435>
- Greenbaum VJ, Dodd M, McCracken C. A Short Screening Tool to Identify Victims of Child Sex Trafficking in the Health Care Setting. *Pediatric Emergency Care*. 2018;34(1):33–37. doi: 10.1097/PEC.0000000000000602.
- Greenbaum, V. Jordan et al. "Evaluation of a Tool to Identify Child Sex Trafficking Victims in Multiple Healthcare Settings." *Journal of adolescent health* 63.6 (2018): 745–752. Web.

Resources: Documentation of ICD 10 codes on trafficked persons

- American Hospital Association. (n.d.). *ICD-10-CM coding for human trafficking: AHA*. Retrieved April 3, 2020, from <https://www.aha.org/icd-10-cm-coding-human-trafficking-resources>
- Greenbaum J., & Stoklosa, H. (2019). The healthcare response to human trafficking: A need for globally harmonized ICD codes. *PLOS Medicine*, 16(5), e1002799. <https://doi.org/10.1371/journal.pmed.1002799>
- HEAL Trafficking & International Centre for Missing and Exploited Children. (2021). *Documenting ICD codes and other sensitive information in electronic health records: Guidelines for healthcare professionals who encounter patients with a history of human trafficking or other forms of violence*. <https://cdn.icmec.org/wp-content/uploads/2021/02/Final-ICD-code-documentation-recommendations-Feb-2021.pdf>
- Macias-Konstantopoulos, W.L. (2018). Diagnosis codes for human trafficking can help assess incidence, risk factors, and comorbid illness and injury. *AMA Journal of Ethics*, 20(12). doi: 10.1001/amajethics.2018.1143. <https://journalofethics.ama-assn.org/article/diagnosis-codes-human-trafficking-can-help-assess-incidence-risk-factors-and-comorbid-illness-and/2018-12>

Resources: Webinar & Websites

Webinars:

HEAL Trafficking : <https://healtrafficking.org/webinars/>

Websites:

Trafficking Victim Assistance Program (Hawaii) <https://tvaphawaii.org/>

National Human Trafficking Hotline: <https://humantraffickinghotline.org/>

Polaris Project Data and Research: <https://polarisproject.org/data-and-research/>

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Training / Education Programs:

- Schools: [local]

Pacific Survivor Center

STOPP Program

<http://pschawaii.org/stopp/>

- Medical: [national]

National Human Trafficking Training and Technical Assistance Center

SOAR Training for individuals & groups

<https://nhttac.acf.hhs.gov/soar>

HEAL Trafficking:

Articles, Toolkits, Guides, Webinars:

<https://healtrafficking.org/education-and-training-committee/>

Hawaii Resources:

Susannah Wesley Case Management #808-847-1535

Sex Abuse Treatment Center (Kapiolani)

24 hour Hotline (808) 524-7273

Harbor Court, 55 Merchant Street, 22nd Floor, Honolulu, Hawai'i 96813

Child Welfare Services ; Department of Human Services # 832-5300

Vulnerable Adult Protective Services (APS); Department of Human Services

(Hours of operation: 8 – 430pm; M-F)

Oahu – 832-5115 || Kauai – 241-3337 || Hilo/Hamakua/Puna – 933-8820

||Kona/Kohala/Kamuela/Kau – 327-6280 || Maui/Lanai – 243-5151 || Molokai – 553-1763

Emergencies: Police-Fire-Emergency Medical : 911

Child and Adolescent Mental Health Division / Family Guidance Center (FGC) / Department of Health (DOH) <https://health.hawaii.gov/camhd/family-guidance-centers/>

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES



CONFIDENTIAL
MANDATED REPORTER CHECKLIST
FOR SUSPECTED HUMAN TRAFFICKING

Mailing Address: INTAKE UNIT I
420 Waiakamilo Road, Suite 300A
Honolulu, HI 96817-4941

Oahu HUMAN TRAFFICKING Reporting Line: (808) 832-1999
Oahu FAX: (808) 832-5292

Toll Free HUMAN TRAFFICKING Reporting Line: (888) 398-1188
Toll Free FAX: (888) 988-6688

Hawaii Department of Human Services Website: <http://humanservices.hawaii.gov>

How Can I Report Suspicion of Elder Abuse in Hawaii?

To report suspected abuse, neglect
or exploitation in Hawaii, call the
Adult Protective Services (APS) Intake
Reporting Line in your county:

Oahu (808) 832-5115

Kauai (808) 241-3337

Maui/Molokai/Lanai (808) 243-5151

East Hawaii (Hilo/Hamakua/Puna)
(808) 933-8820

West Hawaii (Kau/Kona/Kohala/Kamuela)
(808) 327-6280

National Suicide Prevention Lifeline

 (800) 273-8255 (24/7 Hotline)

SEX TRAFFICKING & EXPLOITATION

Susannah Wesley Community Center



[Trafficking Victim Assistance Program](#)



1117 Kalia Street
Honolulu, HI 96819



(808) 721-9614 (24/7 Hotline)

Sex Abuse Treatment Center



[Main Website](#)



55 Merchant St., 22nd Floor
Honolulu, HI 96813



(808) 524-7273 (24/7 Hotline)

National Human Trafficking Hotline



(888) 373-7888 (24/7 Hotline)



TXT 233733

TEEN DOMESTIC / DATING VIOLENCE

TAP808



[Teen Alert Program](#)



(808) 927-2434 (Call or TXT)

HEALTH SERVICES

Kapi'olani Teen Clinic



[Main Website](#)



(808) 983-8665

Planned Parenthood



[Main Website](#)



[Teen Link Hawaii](#)



(808) 589-1149

Handouts

Language options:

Chinese

Tagalog

Japanese

Korean

Spanish

Victim Services – Languages



Help for Victims of Crime



Help for Victims of Human Trafficking (Chinese)



Help for Victims of Human Trafficking (English)



Help for Victims of Human Trafficking (Tagalog)



Help for Victims of Human Trafficking (Japanese)



Help for Victims of Human Trafficking (Korean)

Iterations of TVPA: expansion of the law

The Trade Facilitation and Enforcement Act of 2015 allows for stiffer enforcement by the U.S. Customs and Border Protection Agency of supply chains of goods made by child or forced labor. The Act enables ICE to investigate the production of any good reported to be a product of child or forced labor and ban the goods from entry into the U.S.

The Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today (PROTECT) Act of 2003, established enhanced penalties for individuals engaging in sex tourism with children, both within the United States and in other countries. The Customs and Facilitations and Trade Enforcement Act (2009) prohibits the sale of goods made through the use of coercion or goods made by victims of human trafficking.

The Trafficking Victims Protection Reauthorization Act of 2013 (TVPRA 2013), puts into place emergency response provisions within the State Department to respond to disaster areas and crises. Established measures to prevent child marriage.

The Trafficking Victims Protection Reauthorization Act of 2008 (TVPRA of 2008) expanded anti trafficking prevention strategies and expanded protections available with the T Visa. It also regulated that all unaccompanied alien children be screened as potential victims of human trafficking.

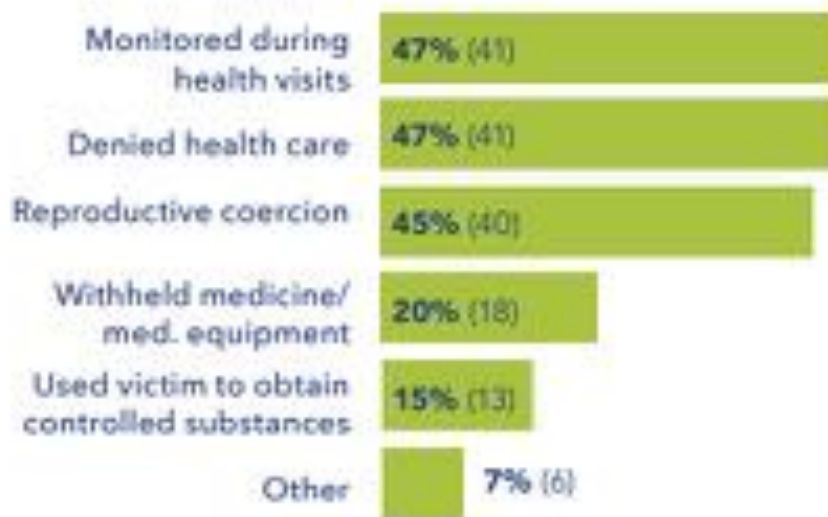
The Trafficking Victims Protection Reauthorization Act of 2005 (TVPRA of 2005) established a pilot program for sheltering human trafficking victims who are minors and provided grant programs to assist state and local law enforcement combat trafficking.

The Trafficking Victims Protection Reauthorization Act of 2003 (TVPRA of 2003) established human trafficking as a chargeable crime under the Racketeering Influenced Corrupt Organizations (RICO) statute.

The Trafficking Victims Protection Act (TVPA) of 2000 established methods of prosecuting traffickers, preventing human trafficking, and protecting victims and survivors of trafficking. The act establishes human trafficking and related offenses as federal crimes. It established the Office to Monitor and Combat Trafficking in Persons, which is required to publish a Trafficking In Persons (TIP) report each year. The act also established the Interagency Task Force to Monitor and Combat Trafficking, which assists in the implementation of the TVPA. It provides for restitution for victims and immigration relief through the T Visa.

Means of Control:

Figure 6.7: Health Care Used as a Means of Control
Polaris Survivor Survey (n=88)



Copyright by the Domestic Abuse Intervention Project
202 East Superior Street, Duluth, MN, 55802
218-722-0791

Resources: the Domestic Abuse Intervention Project. Power and Control Wheel.

(2) Polaris Project. <https://polarisproject.org/wp-content/uploads/2018/08/A-Roadmap-for-Systems-and-Industries-to-Prevent-and-Disrupt-Human-Trafficking.pdf>

Current Hawaii Legislations: 2021

SB543 & HB722 Commercial Sexual Exploitation of Children

HB695 Requesting proposal to create a center to combat human trafficking

HB887 To create a separate commercial sexual exploitation offense

HB90 Transfer administration of the human trafficking victim services fund from the department of labor and industrial relations to the judiciary

SB764 & HB 459 Adds a permanent commercial driver's license disqualification for a commercial driver's license or commercial learner's permit holder who is convicted of a felony involving severe forms of trafficking in persons, without the possibility of reinstatement



Trafficking in Hawaii

Articles on Sex Trafficking in Hawaii

- Part 1: Exploring Online Sex Buyers ; Sept 2018
- Part 2: The stories of survivors ; Jan 2019
- Part 3: Sex Trafficking Experiences Across Hawai'i ; Jan 2020

Source:

Part 1: <https://humanservices.hawaii.gov/wp-content/uploads/2018/09/Demand-Study-Part-1-Sex-Trafficking-Research-in-Hawaii-FINAL-DESIGNED-091318.pdf>,

Part 2: <https://governor.hawaii.gov/wp-content/uploads/2019/01/Executive-Summary-Part-II-Sex-Trafficking-in-Hawaii-.pdf>

Part 3: <https://humanservices.hawaii.gov/wp-content/uploads/2020/02/ST-in-Hawai%E2%80%98i-Executive-Summary-January-2020-FINAL-2.pdf>

https://www.dropbox.com/s/e9muqfigatvdp1/2020_SexTraffickingHawaii_FINAL.pdf?dl=0