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Health Care Providers' Training Needs Related to Human Trafficking: Maximizing the Opportunity to Effectively Screen and Intervene

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Introduction

Healthcare providers are one of the few groups of professionals likely to interact with victims of human trafficking while they are still in the control of the criminals who are manipulating and profiting from them. In one study, 28% of victims came into contact with the health care system at least one time during their captivity.[1] This represents a crucial opportunity for identification and intervention. Health care providers are in a unique position to screen for victims of trafficking and provide important medical and psychological care for victims while in captivity and thereafter.[2] In order to optimize this opportunity to screen for and identify potential human trafficking victims, however, health care professionals will need additional training and experience. This article explores a number of health care issues associated with victims of human trafficking and explores the training that front line physicians and nurses require to screen and subsequently identify these vulnerable individuals in order to respond in an effective manner.

Legal Background

Within the last two decades, our collective awareness of the global reach of the human trafficking problem has increased, as has our understanding of the impact on the victims who are being trafficked for forced labor and/or sexual exploitation. War, calamity, economic crises among countries, high demand for low-wage labor and the sex trade, and a perceived negligible risk of prosecution fuel this industry.[3]

Human trafficking takes the form of economic, physical and sexual exploitation of persons, reducing its victims to simple products for commerce. This violation of basic human rights affects men, women and children. Men and adolescent boys are commonly exploited for forced labor, whereas women and children appear to be at greatest risk for sexual exploitation because of demand and their traditional vulnerability.[3] Although difficult to quantify because of its clandestine nature, on a global basis, 12.3 million people in the world are estimated to be living as human trafficking victims at any given time; 56% of these victims are women and girls.[6] Experts estimate that in all of its forms, human trafficking is in excess of a $32 billion per year industry.[4] Human trafficking is the fastest growing criminal industry in the world and is currently the second largest source of income for organized crime.[5]

Human trafficking in the United States has both a domestic and an international aspect. In the United States alone, an estimated 17,500 foreign nationals are trafficked each year.[6] The number of U.S. citizens and legal residents at risk within the country is even higher. An estimated

200,000 American children are at high risk of being lured into the sex industry annually. Included in these numbers are children recruited for child prostitution, the most common form of sex trafficking found in the United States.[7] The organization Shared Hope International has suggested that the term "child prostitution" be replaced with the term "domestic minor sex trafficking" in order to clarify the child's status as a victim.[8] Such numbers challenge conventional wisdom that human trafficking occurs mainly in other countries and that the majority of victims in the United States are of foreign origin. Conversely, the United States is one of the largest markets/destinations for trafficking victims in the world. Foreign national trafficking victims in the U.S. are primarily from Asia, Latin America, Eastern Europe, and Africa.[7] Given the scope of the problem, it is important to see human trafficking as a human rights issue, a criminal activity requiring prosecution of perpetrators and protection of victims, and as a global public health problem in need of focused identification and responsive interventions as well.

As the discussion above points out, human trafficking is a multidimensional problem and when one considers human trafficking in the United States it is important to keep in mind several different aspects to this problem. First, human trafficking has both international and domestic dimensions to it. Secondly, human trafficking as a form of victimization has different forms. Human trafficking typically is divided into forms associated with forced labor and/or forms associated with sexual exploitation of one type or another. Third, human trafficking may involve both adult and child victims. These aspects impact the efforts directed at identification and response in fundamental ways, since supports and services designed for foreign adult nationals in a forced labor situation will look very different from those targeted toward domestic minor sexually exploited victims.

Finally, smuggling and human trafficking differ. While both are illegal, smuggling generally refers to an arrangement where one seeks to be transported across an international border; once at the destination the relationship with the smuggler typically ends. Human trafficking on the other hand may or may not involve movement across a border, and the victimization continues after the destination is reached. The victim continues to be manipulated and marginalized for the trafficker's continued economic benefit.[9,10] While smuggling requires movement, human trafficking does not and may occur in one location. Table 1 lists several definitions related to human trafficking.

Table 1. Definitions Related to Human Trafficking[9,11-13]

Concept	Definition
Commercial Sexual Exploitation of Children	The sexual exploitation of children entirely, or at least primarily, for financial or other economic reasons. The economic exchanges involved may be either monetary or non-monetary (i.e., for food, shelter, drugs) but, in every case, involves maximum benefits to the exploiter and an abrogation of the basic rights, dignity, autonomy, and physical and mental well-being of the children involved.
Domestic Minor Sex Trafficking (DMST)	A term coined by Shared Hope International to identify the form of commercial sexual exploitation of children, namely prostitution, for victims under 18 years of age who are U.S. citizens or lawful permanent residents. The term domestic minor sex trafficking seeks to clarify that the victim is a child or adolescent.
Domestic Human Trafficking of Minor	The recruitment, transportation or receipt of children through deception or coercion for the purpose of prostitution, other sexual exploitation or forced labor only within their own country.
Human Trafficking	The transport, harboring, or sale of persons within national or across international borders through coercion, force, kidnapping, deception or fraud, for purposes of placing persons in situations of forced labor or services such as forced prostitution, domestic servitude, debt bondage or other slavery-like practices.
International Human Trafficking of Minor	The recruitment, transportation or receipt of children through deception or coercion for the purpose of prostitution, other sexual exploitation or forced labor across international boundaries.
Pornography	Films, videos, magazines, writings, photographs, computer images, or other materials that are sexually explicit and intended to cause sexual arousal in the viewer.

	Child pornography is considered to be films, videos, magazines, writings, photographs, computer images, or other materials produced that contain sexually explicit images of children under the age of 18 years.
Prostitution	The act of engaging in sex acts in exchange for money or other considerations (e.g., food, clothing, shelter, affection). Child prostitution is the act of engaging in sex acts with a child under the age of 18 years in exchange for money or other considerations (e.g., food, clothing, shelter, affection).
Sex Industry/Sex Trade	The collection of legal and illegal businesses and single- and multi-party operations that profit from the sexual exploitation of women, children, and sometimes men in trafficking, organized prostitution, and or pornography; e.g. brothels, massage parlors, bars, strip clubs, mail-order-bride agencies, prostitution tour agencies, "adult entertainment," "adult" bookstores, and pornographic web sites.
Smuggling	The procurement of illegal entry of a person into a State of which the latter person is not a national with the objective of making a profit. Smuggling is distinguished from trafficking in that alien smuggling involves the provision of a service, albeit illegal, to people who knowingly buy the service in order to get into a foreign country.
Survival Sex	Many youth involved in the exchange of sex for money or other considerations (e.g., food, shelter, drugs) do not perceive themselves as engaging in prostitution but rather as doing "whatever is necessary" to ensure their survival.

Specific U.S. Laws

The terms “human trafficking” and “trafficking in persons” (TIP) describe the buying and selling of human lives. Human trafficking encompasses exploitation of both a victim’s labor as well as the commercial exploitation of their body in the sex trade.

In the Trafficking Victims Protection Act (TVPA) of 2000,[14] the US Department of State defined “severe forms of TIP” as:

1. Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
2. The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

TVPA has three main objectives: to prevent human trafficking, protect victims, and prosecute traffickers. It is important to note that the term “human trafficking” does not necessarily imply movement or transportation of a victim from one location to another, but rather the buying and selling of persons under these definitions.

On December 23, 2008, the TVPA was reauthorized as the Trafficking Victims Protection Reauthorization Act (TVPRA).[15] The reauthorization still does not provide assistance for domestic victims; it merely added a few provisions that make prosecution of trafficking offenders easier for domestic victims and others. Among a number of enhancements, the TVPRA also strengthens the crime of sex trafficking of a minor by eliminating the knowledge-of-age requirement in certain instances.[15] Previously, proof was required that the victim was known to be a minor. However, the new legislation does not require that the defendant actually know the victim‘s age.[16]

International labor trafficking and international sex trafficking both occur in a variety of forms. Often, an adult or minor can become a labor trafficking victim when he or she becomes financially indebted to another person in exchange for the benefit of working abroad. This is called debt bondage.[16] Someone pays for the worker‘s initial expenses, such as travel, fees, and room and board, and then the worker must pay off the debt through labor. While incurring a debt to work abroad is not initially illegal, nor is it a form of trafficking, this practice makes workers highly vulnerable to becoming trapped in a situation in which they cannot get out of debt and must continue to work to pay off the balance of what they

owe.[14] Often, the debt grows with fraudulent fees and room and board charges. The victim finds him or herself unable to pay off the debt and is left susceptible to unscrupulous traffickers. A victim may be forced to work in an involuntary domestic servitude setting, but may also find him or herself trapped and hidden in a job at a factory, ranch or business. In particular, female workers may also be subjected to sexual exploitation in the context of debt bondage.[15] The primary forms of sexual exploitation involved in this form of trafficking include prostitution, pornography, stripping, and modeling.[17]

For international victims the issues related to their legal status are typically of utmost importance to them. As stated previously, the TVPA and TVPRA[14,15] seek to provide international trafficking victims assistance around their immigration status.[14] Under the law, the U.S. Department of Health and Human Services can certify adult international human trafficking victims as trafficked persons. Once certified, victims are eligible for physical and mental health services, housing, food stamps, and educational and vocational programs, as well as legal services and translation services. Minors do not require certification. Victims of the more severe forms of international trafficking may also be granted a T-visa, which allows them to remain in the United States for three years and offers them the protection of its laws. After three years, the victim may apply to adjust his or her status to become a lawful permanent resident. [18] Table 2 lists the requirements for a T-visa. Paradoxically, domestic trafficking lacks the same comprehensive system that the TVPA provides to victims of international trafficking.

Table 2. Eligibility for T-Visa non-immigration status[18]

Eligibility to be granted T-Visa non-immigrant status. Applicant must prove her or she:
1. Has been a victim of a severe form of human trafficking
2. Is physically present in the United States or certain U.S. territories due to the trafficking
3. Is either under 15 years old or has complied with any reasonable request for assistance in the investigation or prosecution of the trafficker
4. Would suffer extreme hardship if removed from the country.

Domestic vs. International Victims: A Continuing Challenge

Although federal policy in the past has provided very little assistance for domestic trafficking victims, the U.S. Congress has moved recently to recognize these vulnerable American girls and boys. Victims of domestic human trafficking may have a different profile than international victims. Most domestic victims are minors being exploited in the commercial sex industry. One out of every three teens on the street will be lured into prostitution within 48 hours of leaving home.[19] Those who are most vulnerable to domestic human trafficking include: homeless youth, runaway/ throwaway children, children who have suffered sexual/physical abuse, children with learning or physical disabilities, and children with low self-esteem. The trafficking of minors is of particular concern since this form of child abuse is now being increasingly recognized.[20] The average age of entry into sex trafficking is 12-13 years old.[17] Despite the United States being a prominent developed nation, there are homeless children and adolescents who may find themselves at risk for a number of problems including human trafficking. Homeless youth are defined as individuals between the ages of 16 and 21 for whom it is not possible to live in a safe environment with a relative and who has no other safe alternative living arrangement.[21-23] The National Coalition for the Homeless notes that there are three interrelated causes for homeless youth, namely: family problems, economic pressures, and residential instability. Homeless youth find themselves in high risk situations where exploitation is common, in which they are at risk for physical and sexual assaults, may experience physical and mental health problems, have no consistent way to attain necessary health care and typically have difficulty continuing in school and supporting themselves financially.[22,23]

Not all adolescents lured into commercial sexual exploitation are runaway, homeless or delinquent youth, however.[24] Hence public awareness campaigns about the risk of being manipulated into potential human trafficking situations may be of value.

The Domestic Minor Sex Trafficking Deterrence and Victims Support Act of 2010 was a bill proposed during the 111th session of the U.S. Congress that would have authorized grant funds for victim services, law enforcement training, outreach, and education programs. It also proposed encouraging the Department of Justice to enhance the National Crime Information Center database system so that children who are reported missing at least three times in one year would be designated as endangered juveniles. Finally, the bill called for trafficking victims to be treated as the victims they are, instead of criminals. In December 2010, the U.S. Senate passed its version of the bill and the U.S. House passed

the same bill, but with two amendments. Because of those changes, the amended bill went back to the Senate for approval, but unfortunately, the session closed before the Senate could vote on it. Nevertheless, at the time of this article's publication, the fact that legislation such as this is being discussed brings hope that the crisis affecting domestic trafficking victims is gaining awareness as is the risk to international victims. With continued advocacy and outreach, it is hopeful that legislation and funding for response efforts will follow.

Healthcare Background

Healthcare providers, as one of the few groups of professionals likely to interact with trafficked victims while they are still in captivity, have the opportunity to screen, identify and intervene. Once identified, victims should be referred to systems and supports where they can obtain important physical and psychological care as well as material support to enable them to move beyond the victimization to which they have been subjected.[2,23]

Trafficked persons are likely to suffer a wide spectrum of health risks that reflect the unique circumstances and experiences in a trafficked victim's life.[26] Understanding the reality that trafficked victims live in is important in potentially identifying this clandestine population and addressing their various health care needs. A multi-country study reported in the European Union conceptualized the health needs of human trafficking victims as best understood based on the stage at which the victim was in the human trafficking process, namely: pre-departure, in-transit, at destination, during detention/deportation and finally during integration/re-integration. Understanding the time sequence may be helpful to health care professionals as they consider at what part in the chronology they may be interacting with the potential human trafficking victim. Life events and experiences that create the symptomatology and cascade of presenting signs of such a patient include: [26]

1) Removal of a person from his/her familiar environment: Traffickers use several means, including force, coercion, or deception (i.e. promises of a better life, fraud). The person is removed from their known surroundings and thrust into a new world of new languages, customs, and unfamiliar persons. In many cases, the journey itself may be filled with hazards (i.e. bandits, exposure to the elements, physical exhaustion, physical violence, deprivation of food and sleep).

2) The expected labor or exchange is potentially dangerous and harmful: Those trafficked into forced labor may suffer under strenuous workload, long work hours, and unsafe working conditions. Those forced into the sex trade are at risk of sexually transmitted diseases, rape, and unplanned pregnancy. Substance abuse is an omnipresent risk since the traffickers may encourage dependence on substances as a further means of controlling and manipulating the victims.

Trafficked victims may suffer physical violence, isolation, psychological abuse, threats of deportation, and retaliation towards his or her family members. Maintaining control of the victim may be enforced through debt bondage, control of the victim's money, and withholding of passports, visas, and identifying documents. The victim may herself feel as if she has no voice and is at the mercy of her traffickers. Isolation tactics, such as limiting contact with outsiders and moving victims from place to place, decrease the likelihood that the victim will form relationships or social connections and reduce the concerns for recognition or outcries.[27] Mental, emotional and physical abuse, provision of drugs and alcohol as well as repeated rapes, are all tactics used to keep the victim submissive and passive.

3) Little to no attention to healthcare needs: Given the length of time the victim is maintained in isolation, as well as recognizing the illegal nature of the business, many traffickers do not allow timely medical evaluations for their captives. Thus, when finally assessed, medical conditions may be well-advanced due to the delay in seeking medical attention until absolutely necessary.

Health Problems that May Alert Health Care Providers

The possible signs and symptoms in a trafficked victim's presentation to health professionals are many. Among the presentations that should raise concern are one or a combination of the following adverse health effects.[2]

Mental health: Children with exposure to trauma typically experience affective, behavioral and cognitive problems.[28] Increased incidences of acute anxiety and stress disorder, affective disorders, conduct disorders and personality disorders have also been recognized.[29] Other mental health problems may include low self-esteem, suicidal ideation, poor academic achievement, disassociation and poor interpersonal relationship quality.[28] Drug addiction and various somatic symptoms may also be results of their captivity.[26,30] Human trafficking victims are at high risk of posttraumatic stress disorder.[31] For example,

one study found that 68% of trafficked women suffered from posttraumatic stress disorder.[32]

Physical trauma: Physical trauma can result from forced manual labor or from direct physical violence by the trafficker or his/her clients in order to control the victim. Any form of bodily injury may be a result of extreme physical stress. Cigarette burns, fractures, bruises, contusions, and burns are common injuries secondary to physical violence. However, any bodily injury that does not correlate with the history provided must raise suspicion of abuse and violence. Tattoos found on the body may serve to identify the victim as belonging to a particular trafficker or pimp. This permanent reminder of captivity serves to brand the victim in such a way that she is further de-identified and de-humanized; the victim is seen as a commercial product. If unsafe, non-hygienic practices were implemented in the placement of the tattoos, hepatitis and other blood-borne diseases are of concern.

Reproductive and genitourinary issues: Adults and children who are victims of the sex trafficking industry are at high risk for acquiring multiple sexually transmitted diseases, including HIV infection.[2,26] Women and pubertal female children are at risk for pregnancy and abortion-related complications.[2,26] Menstrual cycles are noted to be an issue in the trafficking world, where such normal gynecological experiences are considered distasteful and undesired in a victim.[33,34] A common practice reported among the victims and enforced by the traffickers in an attempt to maintain a steady work product is the use of cotton, sponge and mattress stuffing inserted into the vagina to block menstruation. Such practices cause abnormal discharge, chronic vaginal and cervical infection and pelvic inflammatory disease. Pain during intercourse and an unpleasant odor from infections are also unwanted side effects that may be seen even after time in captiviity.[35]

Infectious diseases: In addition to being at risk for acquiring multiple sexually transmitted diseases, human trafficking victims tend to exist in squalid conditions in both the work and living environments, which places them at risk for various respiratory and other infections such as tuberculosis, for example.

Health Care Response

According to the United States Department of Health and Human Services' Campaign to Rescue and Restore Human Trafficking Victims,[21] the health care provider will need to assist the victims seeking help in connecting with service to meet four overarching needs, namely: [36]

- **Immediate needs**
  - *Housing, food, medical, safety and security, language interpretation and legal services*
- **Mental health assistance**
  - *Counseling*
- **Income support**
  - *Cash, living assistance*
- **Legal status (international victims)**
  - *T-visa, immigration, certification (if over 18)*

The range of services and supports required to appropriately respond to human trafficking victims once identified is broad and clearly goes beyond what is immediately provided by the health care professional. Table 3 lists a comprehensive inventory of the types of needs identified for adult and child international human trafficking victims as well as domestic child victims.

Table 3. Needs of Victims of Human Trafficking[37]

	International		Domestic Children
	Adults	Children	
Emergency			
Safety	X	X	X
Housing	X	X	X
Food/clothing	X	X	X
Translation	X	X	
Legal guardianship		X	X
Short-/Long-term			
Transitional housing	X		X
Long-term housing	X		X
Permanency placement		X	
Legal assistance	X	X	X
Advocacy	X	X	X
Translation	X	X	X
Medical care	X	X	X
Mental health/counseling	X	X	X
Substance abuse treatment			X*
Transportation	X		X
Life skills	X	X	X
Education	X	X	X
Financial assistance/management	X		X
Job training/employment	X	X	X
Child care	X		X
Reunification/repatriation	X	X	X

* While substance abuse treatment may be a need for international victims, providers contacted by this study only identified it as a need for domestic child victims.

Community Needs Assessment: National

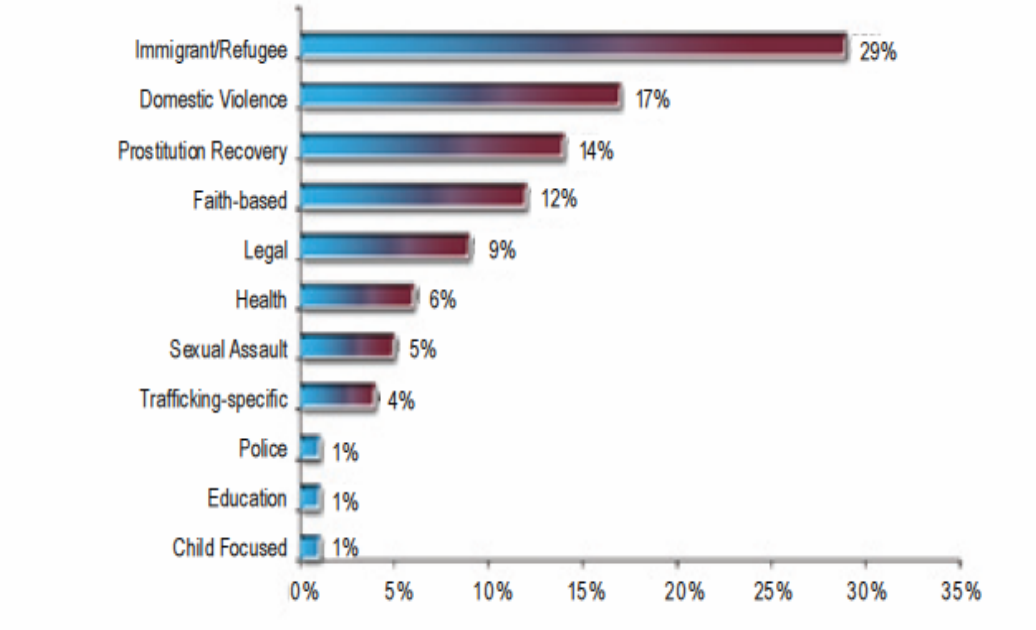
An informed and responsive community is necessary to serve both the international and domestic victims of human trafficking. As with most effective community development projects, a needs assessment that inventories the services and supports that are available and the ones that need to be built in the future is a typical starting point for coordinated action.

The National Institute of Justice commissioned the "National Needs Assessment of Service Providers and Trafficking Victims," which was guided by the following specific questions related to service provision:

- What services currently exist for trafficking victims?
- How responsive are these services to victims?
- What are the barriers to providing services to trafficking victims?
- What assistance/support do service providers need to effectively serve trafficking victims?

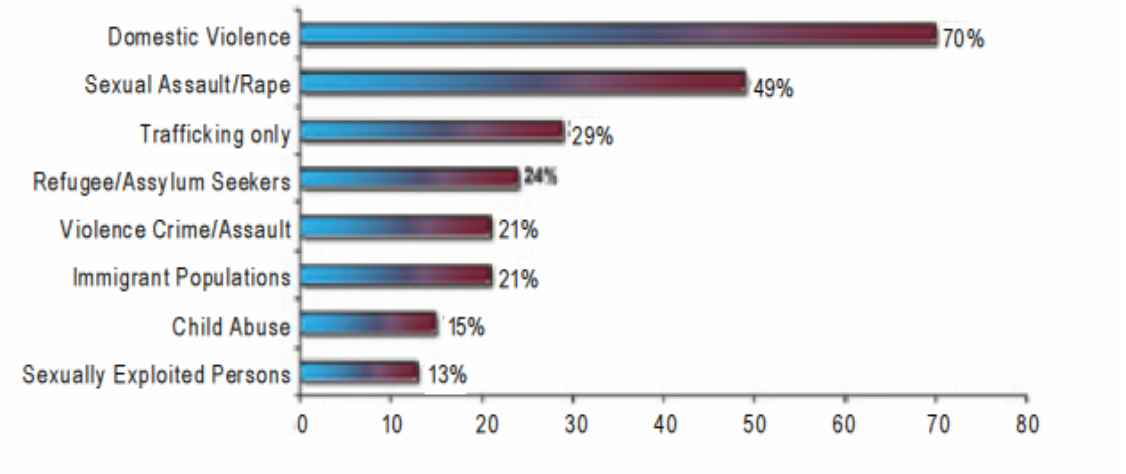
The needs assessment consisted primarily of a telephone interview of a national sample of service providing agencies, supplemented with a focus group interview of such agencies and a focus group of human trafficking victims. The telephone interview was offered to 159 agencies; 98 completed the interview for a response rate of 62%. The interviews were conducted between October, 2002 through January 2003 and the focus groups were conducted in February, 2003. The types of agencies that participated are listed in Figure 1.

Figure 1. Type of Agencies/Organizations Represented in the Sample[38]



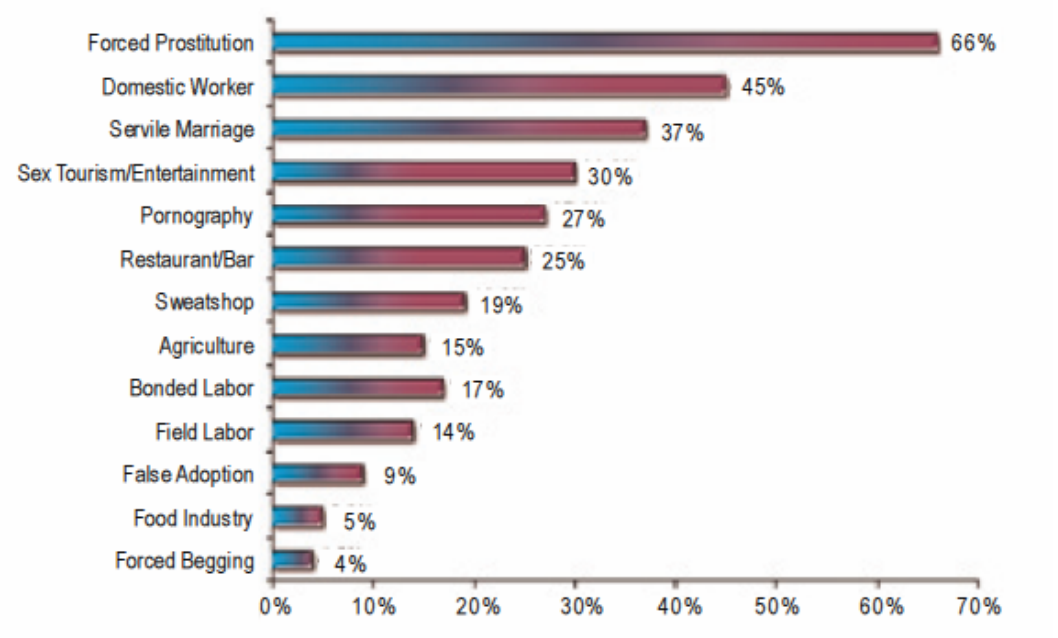
The service providing agencies that completed the telephone interviews tended to serve a variety of vulnerable populations and nearly one third served only trafficking victims. Figure 2 lists the types of clients served.

Figure 2. General Type of Clients Served[38]



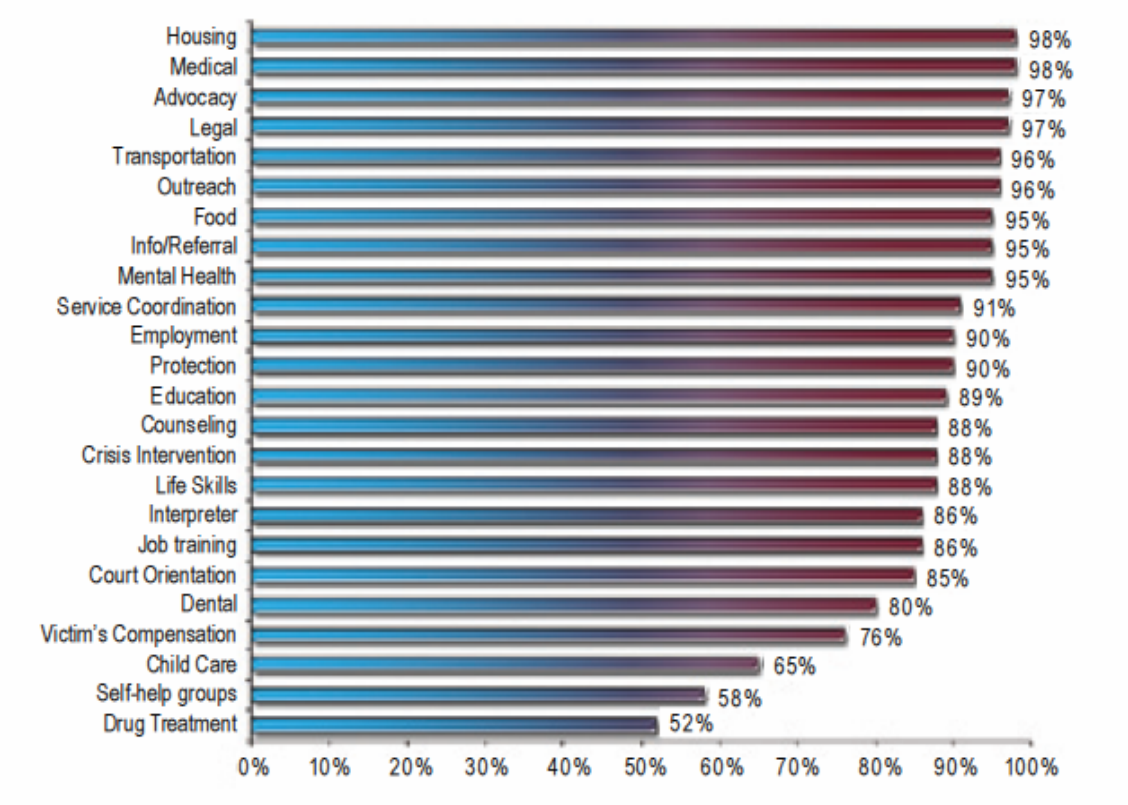
Examining specifically the types of human trafficking victims who were served by the responding agencies, nearly two-thirds of the victims were dealing with forced prostitution. Figure 3 displays the various other forms of forced labor and sex trade-related activities.

Figure 3. Types of Trafficking Victims[38]



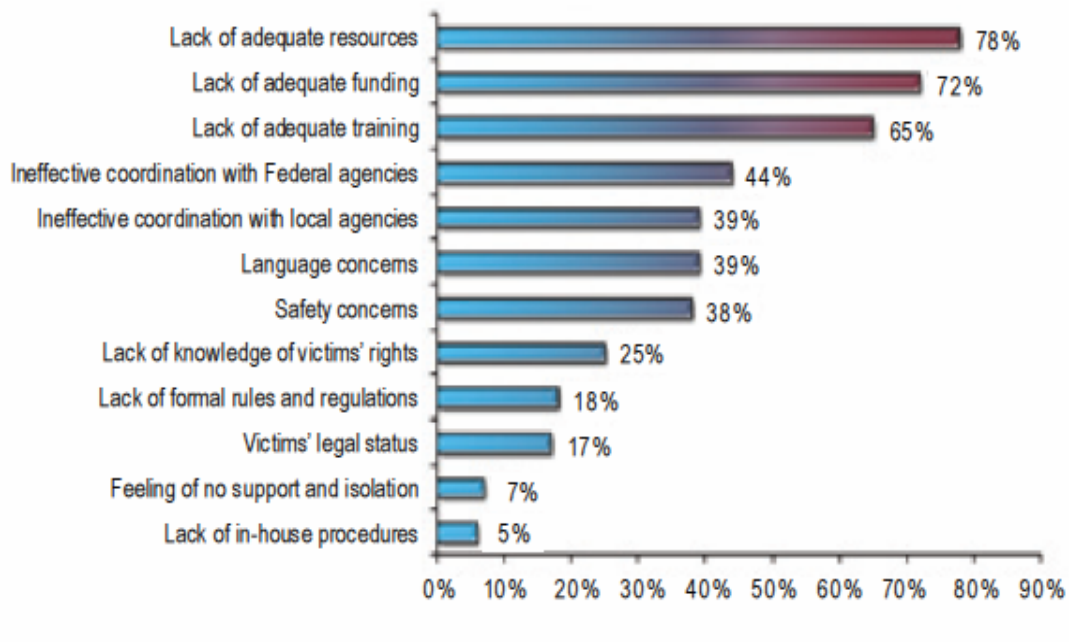
As might be expected the types of needs that the human trafficking victims had were broad and many. The needs spanned immediate needs for housing, medical care and legal services as well as longer term needs such as job training and drug treatment services. Figure 4 displays the array of needs along with relative percentages.

Figure 4. Trafficking Victims[38]



Finally, and not surprisingly, the respondents that hindered their ability to serve human trafficking victims identified a number of barriers. Figure 5 shows the common barriers; high on the list are inadequate resources, training and coordination among agencies and professionals dealing with these victims. The national needs assessment concluded with a number of recommendations, including a recommendation for enhanced training among all professionals who might come in contact with human trafficking victims and thus be in the position to identify and refer these victims for services.

Figure 5. Common Barriers to Providing Services[38]



Community Needs Assessment: Houston

A community needs assessment was conducted of Houston, Texas among service providers who serve human trafficking victims. The results were published in a March, 2004 report. The Houston community needs assessment was conducted by the University of Houston for YMCA International's Trafficked Persons Assistance Program and was funded by a U.S. Department of Justice grant from the Office of Victims Crimes.[34]

Outlined below are the portions of the assessment drawn from nine interviews with community experts and providers, and surveys from 66 agencies and four diplomatic consulates.[34] While the community needs assessment is broad in its scope it provides one large U.S. city's landscape of services and supports available to assist human trafficking victims. The assessment also served as a catalyst to enhance the capacity of certain providers to respond to human trafficking victims. For instance, efforts have been made to design and launch training focused on front line health providers who would be in the unique position to screen and identify potential human trafficking victims, both minors and adults, as well as international and domestic victims.

The types of organizations surveyed and the range of services these agencies provide were broad and ranged from basic service provision such as food, clothing and transportation to health services,

including physical and behavioral health, as well as education and vocational services. Table 4 describes the types of services and the number of organizations which provided such services.[34]

Over two-thirds of the organizations (68%) provided services at no cost to the client, another 24% provided services on a sliding fee scale based on what the client could afford, a small number (3%) charged a standard market-based rate for services provided, and 5% had multiple options to accommodate the various types of clients served. Figure 6 lists the types of human trafficking victims served by the 15 organizations that responded to this question. A range of human trafficking victims were being served, including both domestic servitude as well as those involved in sex-related activities.[34]

Figures 7 and 8 list the barriers that 63 responding organizations reported both at the organizational and system levels.[34]

Table 4. Service Type by Number of Organizations Providing[39]

Support Services		Health Services	
24 Hour Hotline (s)	17	Medical Treatment	8
Crises Intervention	21	Medication	9
Information & Referral	50	Immunization	8
Client Advocacy/Case Management	33	HIV Testing	9
Community Support/Socialization	26	**Education**	
Basic Services		English as a Second Language	10
Food	15	Life Skills Education	8
Clothing	15	**Vocational Services**	
Transportation	10	Employment Assessment	4
Emergency Financial Assistance	15	Job Placement	4
Mental Health Services		Vocational Training	5
Individual Counseling	24	Child Care	7
Family Counseling	13	**Immigrant Services**	
In-Home Services	4	Immigration Counseling/Advocacy	14
Psychiatric Evaluation	7	Refugee Resettlement	3
Psychiatric Medications	3	Cultural Orientation	7
Spiritual Counseling	3	**Victim Services**	
Drug and Alcohol Treatment		Victim Advocacy	21
Detoxification	0	Victim Impact Statement	8
Education	10	Assistance w/ Crime Victim Compensation Application	22
Treatment	5	Safety Planning	18
Housing		Court Accompaniment	15
Emergency Shelter	10	**Legal Services**	
Housing Assistance	12	Legal Assistance	14
Transitional Housing	5		

Figure 6. Type of Trafficking Victims Served in Houston by the Percentage of Service Organizations (n=15)[39]

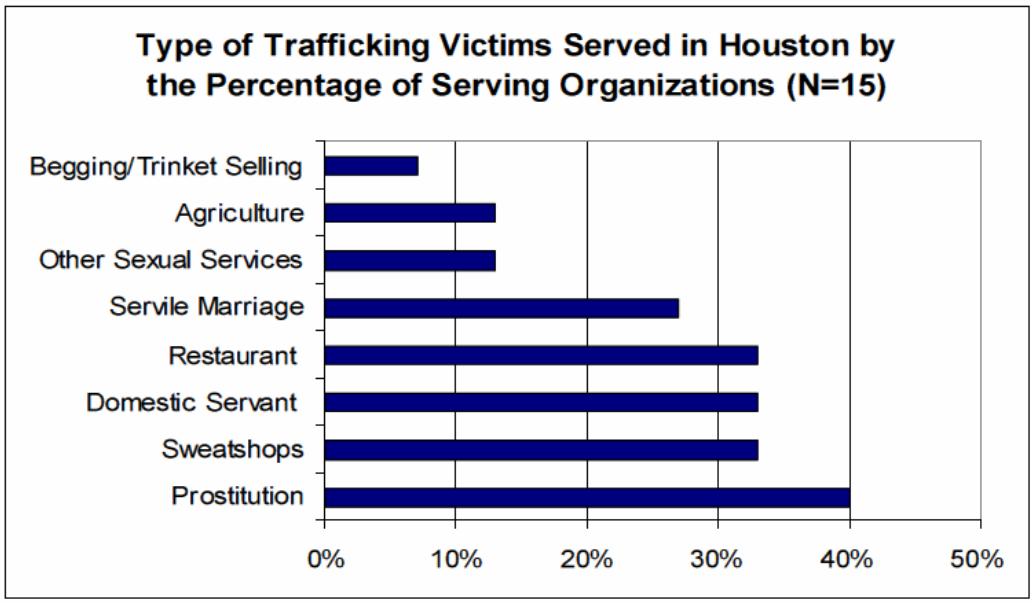


Figure 7. Organizational Barriers to Serving Victims of Human Trafficking by the Percentage of Organizations (N=63)[39]

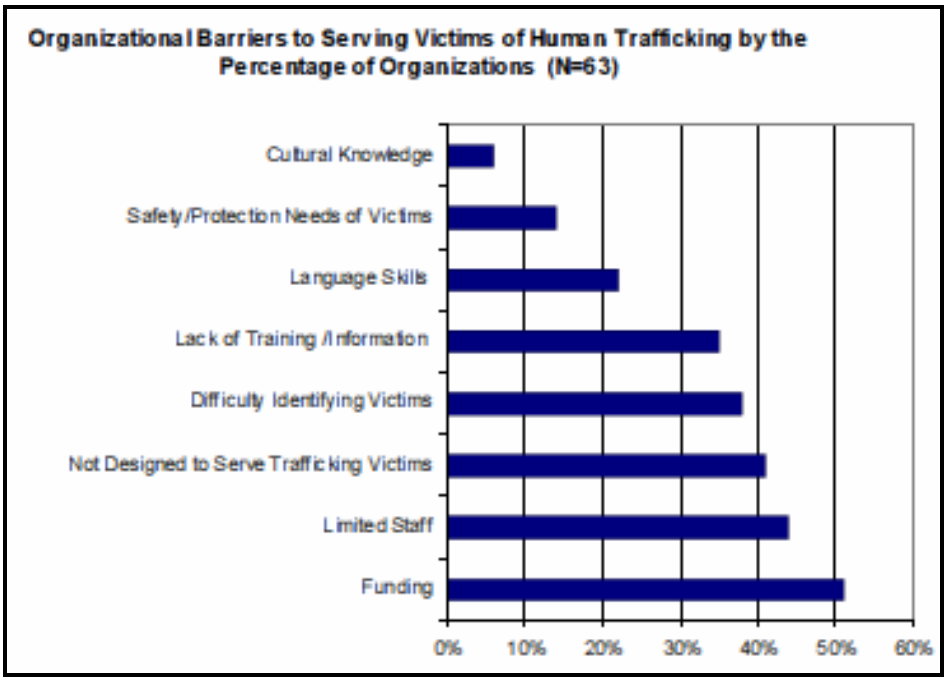
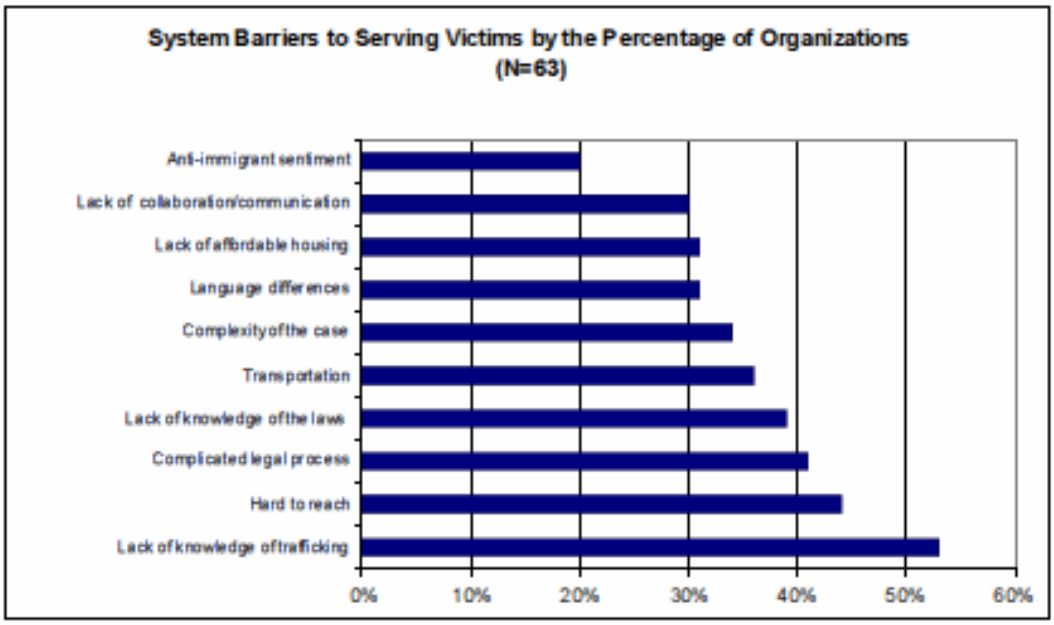


Figure 8. System Barriers to Serving Victims by the Percentage of Organizations (N=63)[39]



The Houston community needs assessment concluded with a set of recommendations for future action that focused on improved victim identification and enhanced service delivery for human trafficking victims. Specifically regarding service delivery, the needs assessment called for increased attention to the role that each member of the multidisciplinary team plays in the management of human trafficking victims. The assessment also called for the development of a resource manual for service professionals to which they can be referred for further assistance.[34]With regard to health professionals this needs assessment supported the potential value of a curriculum directed at front-line health care providers to further equip them to identify, evaluate and refer human trafficking victims to services and supports that would assist them. This additional training would allow health care professionals to best serve this vulnerable population of patients at the point of initial contact.

Health Care Setting: Identifying and Interacting with Victims of Human Trafficking

The USDHHS' Campaign to Rescue and Restore Human Trafficking Victims makes clear that human trafficking victims are vulnerable and typically fearful of violent retribution by the traffickers should they disclose their coerced situation and seek help.[21,27] Thus, establishing trust

between the victim and the health care professional is essential. The Campaign offers the following sample messages to convey care and concern to the victims of human trafficking and to assisting in gaining their trust[21]:

- We are here to help you.
- Our first priority is your safety.
- Under the Trafficking Victims Protection Act of 2000, victims of trafficking can apply for special visas or may receive other forms of immigration relief.
- We will give you the medical care that you need.
- We can find you a safe place to stay.
- You have a right to live without being abused.
- You deserve the chance to become self-sufficient and independent.
- We can help get you what you need.
- We can help to protect your family.
- You can trust me.
- We want to make sure what happened to you doesn't happen to anyone else.
- You have rights.
- You are entitled to assistance. We can help you get assistance.
- If you are a victim of trafficking, you can receive help to rebuild your life safely in this country.

Victims will likely be wary of authority figures and be reluctant to give out personal information. Interviewing such a victim can be a delicate and difficult task. The first steps to a successful encounter are 1) talking to the patient alone (victims may be accompanied by another person), 2) finding an interpreter if necessary, and 3) building a trusting rapport with the patient. Because the patient is unlikely to readily identify herself as a trafficking victim, the health care professional needs to pay attention to subtle, nonverbal cues:

- The patient is accompanied by another person who seems controlling;
- The accompanying person insists on providing health information;
- The patient has visible signs of physical abuse;
- The patient acts unusually fearful or submissive;
- The patient does not speak English;
- The patient has recently been brought to this country from Eastern Europe, Asia, Latin America, Canada, Africa, or India; and/or

- The patient lacks a passport, immigration, or identification documentation.[40]

The following are suggested sample questions, provided by the US DHHS' Campaign to Rescue and Restore Human Trafficking Victims, that health care professionals can ask to screen if a patient may be a potential victim of human trafficking:[25]

- Can you leave your job or situation if you want?
- Can you come and go as you please?
- Have you been threatened if you try to leave?
- Have you been physically harmed in any way?
- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you sleep in a bed, on a cot or on the floor?
- Have you ever been deprived of food, water, sleep or medical care?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Are there locks on your doors and windows so you cannot get out?
- Has anyone threatened your family?
- Has your identification or documentation been taken from you?
- Is anyone forcing you to do anything that you do not want to do?[36]

If the interactions and obtained answers to these questions suggest that the patient may be a victim of human trafficking, there is a hotline number (1.888.3737.888) to provide further assistance. Trained personnel will help determine whether the person is truly a victim of trafficking and, if so, help get them connected to local resources in the community that will be able to assist them. [36]

If the victim is a minor, the provider is under legal obligation to contact Child Protective Services. A child is defined as an individual under the age of 18 and cannot legally consent to activity involved in sex trafficking. [40]

Response and Treatment

The health care professional should be aware of the following: 1) the health care professional cannot force an adult victim to report the crime of human trafficking, and 2) the victim and/or victim's family may be at risk for immense harm if he or she reports the crime.[21] The plan of care will need to be patient-specific, but the provider may consider contacting the National Human Trafficking Resource Center 1-888-373-7888. This

national referral center can assist in finding local resources for the victim and developing a safety plan that is acceptable to the patient.

If the victim is a child, the professional is mandated to report the case to Child Protective Services.

The trafficking victim-patient carries a unique set of health care needs that, once identified, can be properly assessed and addressed. Although trafficked victims typically have experienced inadequate medical care, once contact is made between the victim and health care professionals, the opportunity then exists to identify, treat, and assist such victims. As stated previously by the United States Department of Health and Human Services' Campaign to Rescue and Restore Human Trafficking Victims, human trafficking victims tend to have immediate needs surrounding basics such as housing, food, medical, safety and security, as well as legal services.[40] Once these are addressed counseling services to assist with mental health issues and income support needs will need to be provided as well. International victims will likely need referrals to experts who can provide counsel on immigration issues, especially with regard to the T-1 visa issues described previously.[41]

Health Care Case Study

The following case is provided to illustrate the challenges that may confront a health care provider in identifying and responding to human trafficking of a minor:

Brenda is a 16-year-old girl who comes to the clinic with her aunt. Brenda does not speak English or Spanish, but a dialect distinct to her village in Mexico. Brenda immigrated to the US from Mexico two years ago and has been living with her aunt since then. Brenda's aunt translates her complaints and concerns for her. It is understood that Brenda's chief complaint is of vaginal discharge and abdominal pain. Evaluation of Brenda reveals a low-grade fever, profuse greenish vaginal discharge, lower abdominal pain, and cervical motion tenderness. Ultrasound does not reveal a foreign body, but the presence of a tubo-ovarian abscess. It is noted that the child never makes eye contact with the staff, and physical evaluation reveals a tattoo of a rooster featured prominently on her chest. The diagnosis of pelvic inflammatory disease is made and the child is admitted for further observation and management. During the first days of admission, the aunt never leaves the child's bedside and continues to translate for her throughout the hospitalization. A translator is assigned on the third day of hospitalization, and an interview of the child alone is obtained. With some resistance, the aunt complies and allows the child to be interviewed alone.

After much rapport- and trust-building, the child slowly discloses her situation. Brenda eventually comes to report that she had been romanced by 28-year-old Miguel, who had visited her village two years ago. After telling her parents that he would bring her to the United States to have a better life, she recalls the uncomfortable journey to the United States. She reports that after leaving her home village, Miguel became more and more violent and cruel, raping her several times along the journey. Brenda reports that Miguel brought her to his mother's home, where they both live. She reports that Miguel has been bringing his friends over to the house and forcing her to have sex with them. He told her that if she loved him she would do this for him. Brenda reports that Miguel's mother is particularly cruel, and both mentally and physically assaults her on almost a daily basis. She confides that the "aunt" that accompanied her is Miguel's mother. Brenda reports that, six months ago, Miguel and his mother had forced her to work in a cantina, where she worked long, late hours and was forced to engage in sexual acts with customers. Miguel threatened the lives of Brenda's family members in Mexico if she did not comply.

After Brenda's disclosure, Child Protective Services was contacted and a call was placed to the National Human Trafficking Resource Center. After the translator appeared Brenda's "aunt" was no longer seen again.

Training Approach for Health Care Providers

The Houston Rescue and Restore Coalition (HRRC), a local grassroots non-profit organization whose mission focuses on raising awareness of human trafficking in the Greater Houston Metropolitan area, sought to respond to the consistent recommendation from both the national and Houston-based community needs assessments for additional training of front-line professionals who would have the opportunity to identify human trafficking victims. These professionals need training as to how to best connect human trafficking victims once identified to services and supports to meet their immediate and longer-term needs. The HRRC training activities are far-ranging; here we highlight the specific efforts related to the development of a curriculum for front-line health care professionals and health care organizations sponsored by HRRC.[42] The curriculum-planning project was organized by a graduate student researcher from the UT School of Public Health who worked with professionals associated with HRRC. In order to use an evidence-informed strategy to formulate an effective training process, the six-step process defined by the Intervention Mapping (IM) methodology was used by the HRRC collaborative team to develop an intervention program that aims to "improve certain

stakeholders' ability, in the health clinic setting, to appropriately identify and report victims of human trafficking to the National Human Trafficking Resource Center (NHTRC)."[42] IM is a systematic approach to the development of health programs aimed at affecting certain health behaviors and environmental conditions.[9] The six steps employed in the IM methodology include: 1) use of a needs assessment, 2) construction of program objective matrices, 3) use of theory-based methods and practical strategies, 4) development of program materials, 5) implementation of an adoption and dissemination plan, and finally, 6) design of an evaluation plan. The IM process served as a useful protocol for program planners to create an end product that would result in an ecological, theoretical, and evidence-based intervention.

Many trainings currently being conducted with health professionals on the topic of human trafficking offer primarily information and knowledge about the plight of human trafficking; however, most such programs do not take an ecological approach and do not incorporate methods that build skills to address the health problem.[42] The program developed by the Houston team provides not only the knowledge and awareness of human trafficking to health professionals, but also builds the skills of identification and referral of a potential victim of human trafficking. [42] Consultation with key informants and individuals responsible for supporting the implementation of the program contribute further to the practicality and feasibility of the intervention by enhancing its content and delivery style.[35]

Developed Intervention Program[42]

The curriculum and training program aims to raise awareness and instill a basic skill set on how to identify, refer and report potential victims of human trafficking. The program's target population includes all health professionals who may encounter a victim of human trafficking. The complete training program is titled, *Health Professionals and Human Trafficking*. The theme of the program is "*Look Beneath the Surface, H.E.A.R. Your Patient*." The acronym addresses the HRRC performance objectives; the focus of each letter in the acronym is provided below.

The HRRC health professions training program consists of two main components. The first part, "Component A," is a face-to-face one-day training for health professionals conducted by a trained facilitator. The training is a one-time session. The second part, "Component B," targets hospital/clinic administrators to create an environment that facilitates identification of human trafficking victims. This component is delivered in a newsletter format. The newsletter is sent out to the appropriate target audience once the training is scheduled but prior to the delivery of

Component A, the in-person training with health professionals. After the administrators have received the newsletter they too will be invited to attend the training that the health care professionals will receive. As part of the training, HRRC offers to follow up with the hospital/clinic administrators to provide technical assistance. The two components are described below:

Component A: The training's content includes:[42]

Introduction: Introduction to the topic of the training, the theme of the training "Look Beneath the Surface, H.E.A.R. Your Patient" and the training objectives. The purpose of this section is to increase awareness of human trafficking and the awareness of the health professional as a stakeholder in interacting with potential victims, and to increase positive attitudes toward dealing with potential victims of human trafficking in the clinic setting.

Section 1: Background information on human trafficking (definition, types, prevalence, social service resources, myths, mindset of victims, importance of health professionals).

Section 2: A case study. The goal is to increase knowledge and skills on how to appropriately deal with a suspected victim of human trafficking in the clinic. In an effort to increase skills and self-efficacy in dealing with a suspected victim of human trafficking in the clinic, the introduction of the H.E.A.R. acronym is implemented. The acronym H.E.A.R. outlines the steps of how to properly identify a victim and refer and report them. Such a device propels the health professional through the stages of the identification of a potential victim as well as the practical steps in the intervention. H.E.A.R stands for the following:

H: Human Trafficking and Health Professionals

E: Examine History, Examine Body, Examine Emotion

A: Ask specific questions:

"Is anyone forcing you to do anything you do not want to do?"

"Can you leave your job or situation if you want?"

"Have you or your family been threatened if you try to leave?"

R: Review options, Refer, Report

Section 3: Three case studies present a different scenario with unforeseen barriers in which the participants must appropriately identify, refer, and report their patients. The purpose of this section is to inspire active application of the H.E.A.R. acronym in case scenarios.

Materials needed to deliver Section 3 include: Classroom, Projector, Screen, Training DVD or PowerPoint, Facilitator guide, folders

for participants containing: Fact sheets, flowchart, pocket card, and case studies, pre- and post-test forms.

Component B: Consists of the development and distribution of a newsletter addressing the topic of human trafficking and its impact to global public health. This component utilizes an evaluation-logic model in which both short-term and long-term outcomes can be assessed in the intervention program. Short-term outcomes are measured by results of pre-program questionnaires and post-program questionnaires given to participants immediately following the H.E.A.R presentation. Some measures of long-term outcomes may be potential increases in credible tips reported to the NHTRC by health professionals in the Greater Houston Metropolitan area, and what percentage of hospitals and clinics in the area have implemented policies and protocols regarding human trafficking.

Program planners believe that this intervention fully meets the program's aim to develop a theory-based intervention for the health clinic setting designed and developed using the intervention mapping process that results in an intervention that is appropriate for health care providers. Program planners also believe that this intervention meets recommendations set forth in the literature. A pilot study of this designed intervention program is currently underway by HRRC in the Greater Houston Metropolitan area.

Conclusion

Over the past decade, several community needs assessments and multi-country studies have uniformly called for greater recognition of the health-related issues faced by human trafficking victims, whether domestic or international, adult or child, and whether forced into labor or coerced into the sex industry.[26,35,38] The necessary health related interventions can be built from existing models of good practice that have been successful for other forms of exploitation and violence perpetrated against vulnerable populations being sensitive to a gender and cultural issues.[26] As the global community becomes increasingly aware of the challenges faced by human trafficking victims, the vital role that professional training plays in the identification of and response to victims also comes into better focus. In addition to professionals in law enforcement, legal services and social service agencies, health care professionals also are in need of training and practical experience. The HRRC has taken up the challenge in the Houston community by responding to a needs assessment that called for more training of health care providers (as well as other professionals).

While early in the piloting phase this training program, designed using a systematic curriculum planning methodology, offers a reasonable depth and intensity of training for both health care professionals and administrative personnel at the health care organizations in which they work. Dissemination of this type of training along with careful evaluation and continued refinement will be one way for health care professionals to engage in a community, national and global response to providing service to human trafficking victims now and in the future.

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