



UNIVERSITY *of* MARYLAND
SCHOOL OF SOCIAL WORK

Working with Patients Experiencing Trafficking

Medical Providers in Maryland

Developed By:

Healthy Teen Network

On behalf of

The University of Maryland School of Social Work,
Prevention of Adolescent Risk Initiative (PARI)

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Introduction & Considerations

This training was developed as part of a state-wide effort to improve how professionals in Maryland identify and respond to child and adolescent victims and survivors of sex and labor trafficking. This specific training product is intended to be delivered with medical professionals working in a variety of settings across the state. Attendees may be physicians, nurses, physicians assistants, or other medical providers and may work in a variety of settings including, but not limited to, internal medicine, obstetrics and gynecology, dentistry, and emergency medicine.

While this training manual is relatively prescriptive, the authors prefer that any trainers wishing to implement this training event be comfortable delivering an interactive training that encourages participation and engagement with attendees. *This training is not intended to be delivered in a lecture format. We expect that participants will be actively engaged in their learning, practice applying concepts, and action planning for their own practice.*

Before delivering this training, trainers should prepare themselves in advance with audience- and location-specific information, including, but not limited to:

- Local industries that are vulnerable to trafficking;
- Contact information for local service providers who will be best equipped to respond to trafficking situations (local/state police, social services/case management, service providers, and nonprofits), as participants may need this specific information;
- Local agencies that are equipped to respond to trafficking victims/survivors (mental health, addiction, immigration, housing, etc.); and
- Trauma-informed and trauma-specific practices, particularly as they relate to human trafficking.

Goal: Improve medical providers' ability to identify and respond to patients who have experienced human trafficking.

Objectives: By the end of this training, participants will be able to:

- Define human trafficking.
- Identify common signs of human trafficking that medical providers may see in their practice.
- Describe appropriate steps medical providers can take to support patients who may have experienced human trafficking.

Trainers should assess the level of knowledge and skill that their participants may have on topics related to addressing human trafficking. It may be useful to recommend to participants that they also receive training on trauma-informed practices in the medical field or other relevant training. For those new to human trafficking, you can also recommend the Human Trafficking 101 elearning unit at UMD as a good resource to start with.

Timing: Given the timing outlined on the following page, this training is almost 6.5 hours long, including two 15 minute breaks and one 60 minute lunch. This means that if started at 9:00 a.m., this training would conclude just before 3:30 p.m. If trainers feel there is a gap in the content and would like to add content that would lengthen this training, they may. Possible topics the trainer can include are common myths and facts about trafficking (see the Human Trafficking Hotline for examples) and to spend more time discussing resources for patient referrals, as well as training resources for professionals.

[TRAINING NAME] AGENDA

Time	Unit/Topic
15 minutes	Unit 1: Welcome & Introduction
80 minutes	Unit 2: Human Trafficking Foundations
15 minutes	Break
50 Minutes	Unit 3: Identifying Human Trafficking in a Medical Setting
60 minutes	Suggested Lunch Break
40 minutes	Unit 4: Working with Trafficked Patients
60 minutes	Unit 5: Protocols and Referrals
15 minutes	Break
45 minutes	Unit 6: Action Planning & Wrap-Up

GENERAL MATERIALS

- Answer Key: Signs of Trafficking Worksheet
- Answer Key: Human Trafficking Case Studies: What More Could Have Been Done?
- Flipchart paper: Parking Lot
- Flipchart paper: Group Agreements
- Flipchart paper: Strategies, Protocols, and Standards of Care
- Flipchart paper: Medical Needs (x2)
- Flipchart paper: Observations (x2)
- Flipchart paper: Ways to Learn more
- Internet connection
- Markers
- Name tents
- Painters tape
- PowerPoint slides
- Scratch paper
- Sign: "Not Trauma-Informed" Continuum End
- Sign: "Very Trauma-Informed" Continuum End
- Speakers
- Trauma-Informed Statement Slips

PARTICIPANT PACKET: WORKSHEETS AND HANDOUTS

- Training Goal and Objectives Handout
- Labor Trafficking Case Study Handout
- Sex Trafficking Case Study Handout
- Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting Handout
- Signs of Trafficking Worksheet
- Stages of Change Model Handout
- Trauma-Informed Care Worksheet
- Trafficking Referral Handout
- Human Trafficking Case Studies: What More Could Have Been Done? Worksheet

Unit 1: Welcome & Introduction

Learning Objectives

At the completion of this module, training participants will be able to...

1. Identify other individuals participating in the training, including the trainer(s).
2. Describe the purpose of this training.

Time

15 minutes

Materials

- PowerPoint slide deck for training
- Name tents
- Training goal and objectives handout
- Flipchart paper: Parking Lot
- Flipchart paper: Group Agreements

Preparation

- ✂ Set up training room with participant materials available, including a name tent
- ✂ Hang flipchart paper titled "Parking Lot" somewhere visible and accessible

Procedure

Welcome (3 minutes)

Trainer welcomes participants to the training saying, *"Welcome to the Working with Patients Experiencing Trafficking training. We're excited to have you here and we hope that you'll find this training useful in building your own skills, but also a great experience to work with and learn from your colleagues on a challenging topic: human trafficking."*

Trainer(s) introduce themselves, sharing the following information:

- Name and professional role,
- Organization they work for, and
- Relevant information about their background and experience.

Depending on the size of the group and the timing available, the trainer may have participants go around the room and share their name and where they work.

Participants may share:

- Their name,
- Role and where they work, and
- What they hope to learn as a result of this training.

Goal, Objective, and Agenda (2 minutes)

Trainer directs participants to the goal and objectives sheet in their participant materials and continues, *"This training is designed to increase your awareness of human trafficking, the signs of trafficking you may see in your practice that would alert you to the possibility a patient is experiencing trafficking, and some ways you can address a trafficking situation when working with patients."*

"Please turn to the agenda in your materials. After this welcome and introduction, we will discuss some basics of human trafficking, what to look for in your practice, what you can do to address these issues, and then we'll spend some time action planning next steps you can take to better prepare your practice to address these scenarios."

Materials and Group Agreements (5 minutes)

Trainer directs participants to their materials packet and generally orients participants to the materials they have before them.

The trainer then reviews the "Group Agreements" saying, *"We know that human trafficking is a complex and emotionally challenging topic. During this training we will all be asked to practice various skills that will help support victims. You will be asked to think critically about how you would support patients, and we ask that the group adhere to*

some basic group agreements that will help us all to participate and feel comfortable doing so. Please share some group agreements that would help you to be able to participate fully and learn. Once you agree to the group agreements, give a thumbs-up to show you agree to them." Trainer scribes the agreements shared by participants.

Agreements should include:

- Assume positive intent,
- Take up more space/less space (for people who tend not to participate much, please make an effort to engage with the group and for those who tend to participate a lot, please make space for those who may need more space or time to think),
- Be present (step out to take calls or send emails),
- Begin and end on time, and
- Ask questions and engage with the content/your colleagues.

The trainer then allows participants to read the agreements and answers questions as necessary.

At this time the trainer(s) share relevant information about:

- Cell phones,
- CEUs,
- Attendance, and
- Other relevant information for participants.

Parking Lot (1 minute)

Trainer points to the flipchart paper titled "Parking Lot" and explains, *"This chart paper marked 'Parking Lot' is available to you throughout the training. Use this space to write questions or comments you have that are either tangential to the topic at-hand or require deeper discussion that is not available at the present time. We will use this to keep track of*

these discussions and will return to them either later in the training or after the training has concluded."

Housekeeping & Logistics (3 minutes)

Trainer highlights the following housekeeping and logistical notes:

- Location of bathrooms,
- Parking or other site-specific notes, and
- Specifics about when breaks will be provided.

Transition (1 minute)

Trainer checks for questions saying, *"Are there any questions at this time? Next we'll cover foundational information about human trafficking."*

Trainer answers questions as necessary.

Unit 2: Human Trafficking Foundations

👉 Learning Objectives

At the completion of this module, training participants will be able to...

1. Restate critical elements that define sex and labor trafficking.
2. Describe characteristics of sex and labor trafficking.

🕒 Time

80 minutes

✂ Materials

- PowerPoint slides
- Labor trafficking case study handout
- Sex trafficking case study handout
- Chart paper: Medical Needs (x2)
- Chart paper: Observations (x2)
- Internet connection to show the Ted Talk via YouTube
 - <https://www.youtube.com/watch?v=Cpx-YWNpU54>
- Speakers

☑ Preparation

- ✧ Be familiar with the Trafficking Victims Protection Act.
- ✧ Watch the Ted Talk in advance.

✍ Procedure

Introduction

Trainer says, *“Now we will cover foundational information about human trafficking: what it is and how it tends to show up in Maryland.”* Trainer checks for questions.

What Is Human Trafficking? (30 minutes)

Trainer displays a PowerPoint slide with the Federal definition of human trafficking on it and points out the following elements:

- The **Trafficking Victims Protection Act (TVPA)**¹ defines sex and labor trafficking.
- **Labor trafficking:**
 - TVPA defines labor trafficking as the use of force, fraud, or coercion to compel someone to do work. This means someone would have to feel compelled to do work due to force (forced labor), trickery/false promises, or be coerced (often through threats of violence, deportation, or other frightening means).
 - Sometimes labor trafficking occurs as bonded labor where the trafficker uses loans to entrap someone into doing work that they likely never will pay off. Often the trafficker will repeatedly change the terms of the loan or inaccurately account for the work so that the victim will be unable to leave the trafficking situation.

Trainer's note: Labor trafficking exists at the most extreme end of a continuum of labor exploitation.

Labor trafficking and labor exploitation can involve similar forms of exploitation (e.g. withholding of wages), harassment, or false promises.

Labor exploitation crosses into labor trafficking, though, when the exploited person is not free (or does not feel free) to leave the situation because of *force, fraud, or coercion* ranging from being physically imprisoned to threats of harm to self or family.

- **Sex trafficking:**
 - TVPA defines sex trafficking also as the use of force, fraud, or coercion to compel someone to do commercial sex acts (intercourse, stripping, pornography, or other sex act for something of value) OR that a person is

¹ <https://www.state.gov/j/tip/laws/>

engaged in commercial sex and is under the age of 18. People under 18 cannot consent to sex work and, therefore, commercial sex is by default sex trafficking. *This means that there is no such thing as a prostitute under the age of 18—they have been trafficked.*

- Trainer asks the group, *“What do you think counts as ‘something of value’?”*

Trainer takes a few responses, ensuring the following is shared:

“something of value” can be anything of value to the person receiving it: housing, money, food, electronics, clothes, etc.

Trainer explains that now they will watch a Ted Talk video from a medical provider discussing how and when human trafficking shows up in medical settings. Trainer says, *“Please pay attention to anytime she mentions signs of trafficking a patient may display or share with a provider or the kinds of characteristics of their visit or history that could alert a provider to trafficking. You may consider making notes as you listen.”*

Trainer plays this Ted Talk video:

<https://www.youtube.com/watch?v=Cpx-YWNpU54>

Once the talk is done, the trainer asks the group:

- *“What were some signs of sex or labor trafficking you heard mentioned that you might see in your practice?”* (E.g., malnourishment, sexual assault, over work, unstable immigration status, relevant tattoos (although this seems to have fallen out of favor recently, but could still be a sign) etc.—trainer may point out that none of these signs by themselves mean someone is trafficked, but they may “add up” to indicate trafficking.)

Trainer’s note: *Sex trafficking-associated tattoos include indications of a trafficker, like a trafficker’s name or symbol/brand, indication of money or commerce (bar codes), words associated with the sex trade (“Daddy”), etc.*

Trainer checks for questions from the group.

Trainer then shows a slide with a map of Maryland and asks participants, *“Please take a moment to guess, out of 50, what you think Maryland ranks for human trafficking compared to other states. What number do you think Maryland is?”* After several participants guess, trainer says that Maryland’s ranking as 18th out of 50, as of 2017.²

Trainer’s note: Trainer should periodically update these statistics, as they become available from reputable sources, such as The Polaris Project.

Trainer then asks the group, *“What characteristics does Maryland have that could make it vulnerable to both sex and labor trafficking?”* After participants give several responses, the trainer reveals on the PowerPoint slide the following answers:

- Access to major interstates (esp. I-95, I-270, and I-70);
- Access to international airports;
- Presence of multiple vulnerable populations (foster youth, unaccompanied minors, domestic servants, agricultural workers); and
- Transnational gang presence.

Trainer asks the group, *“How likely do you think a trafficked person is to seek medical care while they are being trafficked?”*

- Answer: Very likely. According to a survey of survivors, 87.8% said that they accessed health care during this time in their lives. Of these, 68.3% said they went to the emergency room.³

² <https://humantraffickinghotline.org/states>

³ <https://humantraffickinghotline.org/sites/default/files/The-Health-Consequences-of-Sex-Trafficking%20-.pdf>

Trainer explains, *“Now we’re going to briefly split between talking about sex and labor trafficking to better understand how they show up in Maryland and potentially among your patients.”*

Labor Trafficking Specifics (10 minutes)

“In labor trafficking there are many industries that are vulnerable to trafficking and exploitation. We’ll take a brief moment to review the most common industries here in Maryland, but know that this is not an exhaustive list.”

Trainer shows a PowerPoint slide that displays six common industries: agriculture, restaurant/hospitality, nail salons, fisheries/crabbing, sales crews/begging, and domestic work. Trainer then briefly reviews each industry⁴, taking questions from participants throughout the discussion:

- **Agriculture:** Agricultural contracts or agreements may promise an hourly wage, but then pay workers per piece picked, which can trap laborers with low wages and few resources to move on or travel. Given how complex our agricultural system is, there are many ways and levels at which workers may be exploited.
- **Nail salons**⁵: Some nail salons recruit women (often not U.S.-born) to work for wages well below the minimum wage; sometimes they are not paid at all. In these cases, nail technicians work exceptionally long hours and work in hostile environments that leave them feeling trapped. In some cases, women live in cramped quarters where they share space with many other people.
- **Restaurants/hospitality**⁶: Back-of-house employees in hotels and restaurants (dishwashers, cleaning, etc.) may be exploited by working long hours and being

⁴ <https://polarisproject.org/typology>

⁵ <https://www.nytimes.com/2015/05/10/nyregion/at-nail-salons-in-nyc-manicurists-are-underpaid-and-unprotected.html?mcubz=3&r=0>

⁶ <https://www.npr.org/sections/thesalt/2017/03/29/521971468/in-u-s-restaurants-bars-and-food-trucks-modern-slavery-persists>

paid well below market rate for their work, while a recruiter or restaurant owner holds their documentation or finds another way to compel them to work.

It is not uncommon that traffickers leverage workers' limited English with their immigration status to entrap them in an untenable work situation.

- **Fisheries/crabbing**⁷: Not unlike the experiences of agricultural workers, fisheries often exploit the immigration system to recruit laborers who are promised good, hourly wages only to experience unstable work, little training, limited/no medical care, and unpleasant or unsanitary living conditions.
- **Sales crews/begging**: These tend to focus on young people and adolescents, promising decent wages or enrichment trips and programming like camps and educational trips by requiring them to sell items (e.g., magazines, candy, subscriptions, etc.) or panhandle. Traffickers recruit young people from already disadvantaged situations and use threats, violence, and other means to keep their recruits from leaving. These young people will likely never receive compensation either. Traffickers may transport victims across cities and states, forcing youth to make sales or beg.
- **Domestic Work**⁸: Victims in the U.S. often live with their traffickers and clean or care for children, the elderly, or the infirm. Several cases in Maryland indicate that victims or their families can be lured with a promise of education or legitimate work only to arrive and be held captive in the home, receiving little to no compensation. It is not uncommon that people trapped in this situation will also experience sexual abuse.
- Trainer may choose to show the page or a screen grab of the *Polaris Typology of Modern Slavery*⁹ webpage to (very) briefly highlight that there are many other

⁷ <http://www.cdmigrante.org/picked-apart-the-hidden-struggles-of-migrant-worker-women-in-the-maryland-crab-industry/>

⁸ <https://bethesdamagazine.com/Bethesda-Magazine/September-October-2015/Human-Trafficking-in-Montgomery-County/>

⁹ <https://polarisproject.org/typology>

industries that are also vulnerable to trafficking. If time does not allow, the trainer can tell participants where to find this information.

Labor Trafficking Exploration (15 minutes)

Trainer hands out a packet of four short case studies titled "Trafficking or Not: Labor Trafficking Case Studies", breaks large group into small groups of three people, and assigns each group one case study to examine. Tell the groups:

- *"In your small groups, read your assigned case study."*
- *"Decide together if you think it is or is not a case of labor trafficking."*
- *"Make a few notes about the kinds of issues that might come up in a case like this that would necessitate medical care."*
- *"Be prepared to report to the larger group."*

Allow the groups five minutes to read their cases and make notes. Then go through each case study by:

- Asking the group to very briefly describe what happened in their case so others are aware,
- Asking if the case was labor trafficking (presence of force, fraud, or coercion) or not,
- Describe possible medical needs that could arise as a result of the case or reasons they could imagine that person connecting with a medical professional. (Trainer scribes these medical needs on chart paper titled "Medical Needs," adding as various medical issues are described across case studies.)
- Describe characteristics of the patients, the visit, or anyone who accompanies the patient that might alert them to "something suspicious" going on. (Trainer separately scribes these possible observations on chart paper titled

Trainer's note: *When scribing, if groups share information that was previously shared by other groups, simply put a check mark or star next to the originally scribed note rather than writing it again.*

"Observations," adding to it as groups share. Note that this question was not part of the worksheet but is meant to drive further conversation.)

Trainer leaves the chart paper displayed in the room and then transitions by saying, "Now we'll move on to talk about sex trafficking."

Sex Trafficking Basics (10 minutes)

Trainer explains that we've briefly talked about what sex trafficking is a little while ago, now we're going to get into some specifics.

- Trainer asks the group to share what sex trafficking is. (Answer should include the use of force, fraud, or coercion to compel someone to engage in commercial sex.)
- Then asks the group to say what commercial sex is. (Answer should include a sex act for which anything of value is given to or received by any person. The item of value can be money or valuable commodities like shelter, food, clothing, or drugs.)

Trainer's note: No need to scribe answers, just get the group to restate this information.

Trainer shows the slide describing the four contexts for sex trafficking and explains, "There are four typical contexts where sex trafficking may occur. Let's explore what they are." Trainer briefly shares critical points from each of the four contexts and takes questions from the group as they arise:

- **Trafficker controlled:** A trafficker, sometimes called a pimp, oversees the sexual exploitation of victims. They may arrange "dates," take and manage money, and/or exact punishment and control over the people they force into commercial sex. Traffickers often use physical control and psychological manipulation to control the people they exploit.

- **Non-trafficker controlled:** A victim does not have a trafficker but is engaging in commercial sex. If this person is under the age of 18, this is still sex trafficking, even if they “choose” to do this work to take care of their basic needs. In these cases, there may be no trafficker. If the person is over 18, and they are engaged in this kind of sex work, it is only considered trafficking if they were forced, defrauded, or coerced.
- **Gang controlled:** Members of a gang are the traffickers that exploit others by forcing them to perform sex acts for something of value, sell drugs, or beg on the streets. When they do this, they are doing it as part of their affiliation with the gang and not as an individual.
- **Familial:** A family member traffics a victim. These family members may traffic victims in a variety of settings, but they also may traffic them in their own home. Trafficking does not require any kind of movement or transportation of victims or services.

Drug use can be a common factor in familial, gang controlled, non-trafficker controlled, and trafficker-controlled scenarios, with traffickers receiving drugs or money for their

Trainer’s note: *Depending on the group discussion, it may be helpful to add context to the term “pimp” in the anti-trafficking field. In the anti-trafficking field, the word “pimp” is a loaded one.*

In some ways, it’s useful because it’s a term that people understand and it may help them to identify people who are sex traffickers when they encounter them.

However, it is a term that is rife with cultural (and often racial) subtext. It conjures up stereotypes of violent Black men in flashy outfits and can seem “cool” to some people.

It is advisable to refer to “traffickers” over “pimps,” while being clear about what traffickers do.

own addiction. They may also use addiction as a way of controlling the person they traffic.

Sex Trafficking Exploration (15 minutes)

Trainer explains that participants will repeat a similar activity as they did when exploring labor trafficking:

- They will be assigned a case study on sex trafficking, but these ones are all trafficking;
- Determine which type of sex trafficking context they are reading;
- Determine what medical needs might arise in this case; and
- What clues might a medical practitioner see if this person were to come to their practice?

Trainer directs participants to the Sex Trafficking Case Study Handout, assigns small groups of three people to investigate one case each (there will be multiple groups working on the same case).

Allow the groups five minutes to read their cases and make notes. Then go through each case study by:

- Asking the group to very briefly describe what happened in their case so others are aware,
- What type of sex trafficking context was present in their case,
- Describe possible medical needs that could arise as a result of the case or reasons they could imagine that person connecting with a medical professional. (Trainer scribes these medical needs on chart paper titled "Medical Needs," adding as various medical issues are described.)

Trainer's note: When scribing, if groups share information that was previously shared by other groups, simply put a check mark or star next to the originally scribed note rather than writing it again.

- Describe characteristics of the patients, the visit, or anyone who accompanies the patient that might alert them to “something suspicious” going on. (Trainer separately scribes these possible observations on chart paper titled “Observations,” adding to it as groups share.)

After the groups have shared, place the chart papers near the ones created in the labor trafficking exercise in a part of the room that allows the group to reference these sheets. When groups are done discussing their case studies, ask, *“Is it possible that a victim of sex trafficking might feel attached or bonded to their trafficker?”* Take a few responses and emphasize that this is very likely. Tell the group, if they haven’t said it already, that this is called trauma bonding: *“Trauma bonding happens when a person experiences alternating cycles of affection and abuse that can make them feel loyal or even protective of their abuser.”*

Trainer’s note: *Depending on how the conversation has gone with participants, it may be necessary to point out that a patient who is being trafficked may have a complicated relationship with their trafficker or their trafficking situation.*

If they have a trafficker, that person may be family, someone who says they love them, someone connected to their family, or someone who has developed a bond or sense of loyalty with them.

Saying that someone’s boyfriend, parent, or employer is bad and doesn’t care about them can alienate them and could make it harder for them to see and understand the abuse inherent in a situation like that.

To be clear, trafficking and abuse are bad. However, framing complex relationships that may involve family, romantic feelings, feelings of self-worth, loyalty, and ways people provide for their basic needs as “bad” is unhelpful.

Recognizing the complexity of these situations is critical for a productive conversation. A dichotomy between “good” and “bad” can make it challenging for a patient to identify complex but dangerous relationships.

Unit 3: Identifying Human Trafficking in a Medical Setting

Learning Objectives

At the completion of this module, training participants will be able to...

1. Describe signs you may see in your practice that a patient might be trafficked.
2. Describe steps medical staff can take to learn more if a patient is showing signs that make them suspicious of a trafficking situation.
3. Explain who in their practice could be involved in identifying these signs.

Time

50 minutes

Materials

- Handout: Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting
- Signs of Trafficking Worksheet
- Signs of Trafficking Worksheet Answer Key
- Flipchart paper titled "Ways to Learn More"

Preparation

- ✧ Consider in advance the kinds of things your participants would observe if they were seeing trafficking in their geographic area. This will help tailor the conversations in this unit.

Procedure

Introduction

Trainer says, *"Let's dive a little deeper into how trafficking victims and survivors might show up in your medical practice."* Trainer checks for questions.

Signs of Trafficking (40 minutes)

Trainer directs participants to the checklist provided by The National Human Trafficking Hotline¹⁰, *Identifying Victims of Human Trafficking: What to Look for in a Healthcare Setting*, displays the PowerPoint slide with images of the checklist, and walks participants through each section of the handout on the first two pages, giving time for participants to read through the checklist to themselves. Trainer then asks, “*What did you notice about this checklist? Did anything stand out to you as interesting? A pattern? Or surprising?*” Participant responses may include:

- Victims may be accompanied/escorted by someone involved in their trafficking,
- Some indicators are also indicators of intimate partner violence, addiction, homelessness, and other situations that may not be trafficking.
- Many indicators seem to be a lack of control of belongings, health, housing, etc.
- Patient may be resistant or hostile.
- There are many potential indicators.

Trainer should point out that while there are lots of indicators listed here, no one indicator definitely would mean someone is being trafficked (unless they tell you they are experiencing force, fraud, or coercion or they are a minor and say they are participating in commercial sex—both of those would mean trafficking is happening). It is important to remember that if providers don’t ask, victims typically do not disclose so participants should be looking for situations where various signs start to “add up” and begin to paint a picture that a patient may be trafficked. Patients may be more likely to disclose these experiences when

Trainer’s note: *Trainer may remind participants of the statistic discussed earlier about how many victims seek medical care. They may see these patients more than once.*

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<https://humantraffickinghotline.org/sites/default/files/What%20to%20Look%20for%20during%20a%20Medical%20Exam%20-%20FINAL%20-%20202-16-16.pdf>

clinicians spend additional quality time with them to build trust. This kind of trust may take several visits to build.

Trainer directs participants to the *Signs of Trafficking Worksheet*. Participants will work in pairs to read each of the three case studies and respond to the questions. They will have ten minutes. Once they have completed the worksheet or ten minutes has passed, go through each case study and review each answer with the group using the corresponding answer sheet.

Once the worksheet has been reviewed, trainer tells the group, *"Let's explore further some techniques for appropriately learning more about a patient's situation so we can determine if they need help."* Display the chart paper titled "Ways to Learn More" and ask the group, *"What are some techniques you could use to probe or otherwise learn more about a patient's circumstance? These could be ways they shared on their worksheet or they can be ways that haven't yet been discussed."* Answers should include:

- Ask probing questions to see if the patient has an inconsistent story;
- Take time to build rapport with the patient;
- Ask the patient to provide their identification to see if they have control of their documentation (make up a reason for this like you need to verify it in their chart);
- If the patient is escorted by someone:
 - Ask patient questions and observe if the escort frequently butts in/cuts off/contradicts the patient;
 - Have reasons for the escort to fill in paperwork/retrieve documents from front desk so as to talk to the patient alone; and
 - Explain that in your practice you always make "alone time" with patients and ask escort to leave so that you can talk privately to a patient.

Observing Trafficking (10 minutes)

Display a PowerPoint slide that says "Points of Observation" and explain, *"Keeping track of all of these things is a lot to look for! It can be almost impossible for one practitioner to notice enough of these signs to know if a trafficking situation is going on. Let's discuss who else within a practice might be well positioned to notice some of these signs."*

Lead the group in a large group discussion about which staff, at various levels of responsibility in a practice, could participate in observing a patient and/or their escort. Trainer should ask the following:

- *"Who could observe a patient's (and escort's) general demeanor?"*
- *"Who could observe a patient's history/presentation during exam?"*
- *"Who could assess a patient's signs and symptoms?" and*
- *"Who can observe what happens during discharge instructions/planning and follow up?"*

Trainer thanks the group for their thoughtful exploration of the signs they may encounter in their practice. At various points in the discussion, trainer should ask, *"What are some ways that staff could communicate with one another about concerning signs they notice?"* (E.g., training all staff to place Post-It Notes in charts so that the clinician is aware, using specific fields in the medical record to communicate this information, some electronic programs use "ticklers" to relay these kinds of notes, etc.)

Trainer's note: Consider directing participants to the checklist as they discuss so that have a working list of the types of characteristics/behaviors they should be observing.

Unit 4: Working with Trafficked Patients

👉 Learning Objectives

At the completion of this module, training participants will be able to...

1. Describe at least three (3) practical ways to integrate trauma-informed approaches into their work with patients.
2. Identify at least three (3) steps they can take to prepare their practice for working with a patient who may be trafficked.
3. Explain at least three (3) next steps they can implement at their practice to meet the needs of trafficked patients.

🕒 Time

40 minutes

✂ Materials

- Stages of Change Model Handout
- Trauma-Informed Care Worksheet
- Trafficking Referral Handout
- Trauma-Informed Statement Slips
- "Not Trauma-Informed" Continuum End
- "Very Trauma-Informed" Continuum End
- Painters tape

☑ Preparation

- ✧ Be prepared to talk about trauma-informed care, including the Stages of Change Model, and to answer specific questions that might arise in the group conversations.
- ✧ Consider identifying some local trauma-informed care trainings or resources you can recommend to participants that would be convenient for them to access.

✍ Procedure

Introduction to Trauma-Informed Care (15 minutes)

Trainer tells participants that they are now shifting focus somewhat, *"We're now going to focus more closely on how to work with these patients directly. Who has heard of trauma-informed care and can describe what it is or how it looks in practice?"* Trainer takes

several answers and shares the definition¹¹ of trauma-informed care with the group and shows the corresponding PowerPoint slide:

"A program, organization, or system that is trauma-informed:

- 1. Realizes the widespread impact of trauma and understands potential paths for recovery;*
- 2. Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;*
- 3. Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and*
- 4. Seeks to actively resist re-traumatization."*

Trainer further explains that a trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments. Trauma-specific interventions/treatments are approaches that are designed specifically to address the consequences of a specific trauma and to facilitate healing from that particular issue.

Trainer explains that trauma-informed care plays out in a couple ways:

- How the clinician interacts with a patient based on their particular needs and
- How a practice structures their facility, policies, and general protocols to meet the needs of all patients, accounting for the fact that many people have experienced trauma.

Trainer explains that the group will start by discussing how they can approach a patient who is struggling with a complex and dangerous situation, like trafficking.

¹¹ <https://www.samhsa.gov/nctic/trauma-interventions>

Trainer directs participants to a handout with the Stages of Change Model and shows the corresponding slide and asks, *"Who here has heard of the Stages of Change Model, sometimes called the Transtheoretical Model?"*¹² Trainer takes a few responses making sure the following are covered:

- There are five steps to this model (pre-contemplation, contemplation, preparation, action, and maintenance), plus "relapse;"
- This model helps people understand how people approach changing their behavior—and is often applied to challenges like substance abuse;
- This model is a series of steps that progress through someone understanding and addressing an issue/problem they are having;
- Progress isn't always in a "straight line;" and
- People can enter the stages at any point—they don't always start at the first stage.

The trainer then engages the group in a short discussion covering the following points:

- In the **pre-contemplation stage** a person may not realize changing a behavior could help them. Or perhaps they don't want to change that behavior. Perhaps they don't see their situation as one they should leave.
- In **contemplation**, the person realizes that the situation is one they dislike or would want to change. They haven't taken any actions to change their situation.
- When a person is "**preparing**" to make a change, they are planning how they could take action. They haven't made changes yet, but would like to. This is a time they might gather information about where they can go, who they can call, or how they can get help.

¹² Prochaska and DiClemente, 1983

- During **action** the person is making moves to exit their situation or change their behavior; they are ready and willing to take steps to get out of a dangerous situation.
- **Maintenance** is when a person continues to avoid a dangerous behavior or maintain a healthier behavior.
- **Relapse** can happen at any time in this system. It refers to a person slipping back to an old habit or situation. They then would need to repeat a step or a few to regain their progress.
- Clinicians may encounter a patient at any point in this model. You may meet them at a time where they see no problem with what is going on or you may meet them when they are actively trying to change their lives.

Your job is to meet your patient where they are. If they are not ready to leave their trafficker/trafficking situation, don't force the issue. Be supportive, demonstrate care, indicate that they can get help when they need it, and share resources (and follow mandatory reporting procedures).

Trainer's note: *Point out that "saving" someone might be appealing, it might not be in their best interest and could put them in an unsafe situation. Be extremely cautious about how and when you talk to a patient about their situation.*

Trauma-Informed Care in Practice (15 minutes)

Following this discussion, trainer directs participants to a worksheet titled "Trauma-Informed Care Worksheet." *"Obviously people who have been trafficked have been traumatized by their trafficking experience, but also people who have been trafficked are likely to have been traumatized by other life events—perhaps they have been in the foster system, had a difficult and troubling passage to the United States, maybe they were abused as children or as adults. This is called complex trauma. Trauma impacts how they*

may react in a setting like a medical facility, so let's discuss how we can make our practices as trauma-informed and comfortable for them as possible."

Trainer explains:

- Working in pairs, participants will be assigned one section of the four sections on the worksheet where they will brainstorm as many considerations and practical suggestions as they can think of to make that aspect of care trauma-informed.
- The groups will have 5 minutes (you may allocate more time if it seems helpful) to discuss these prompts, write notes, and prepare to share what they discussed to the group.
- Once that time has passed, the trainer will go around the room and ask each group to share what they came up with. If multiple groups are working on the same prompt/topic, then the trainer will check in with all of these groups.
- The trainer should make an effort to discuss each group's findings and broadly engage the larger group in a conversation about how these efforts can play out in their workplaces.
- The trainer will engage the group in this report-out/large group discussion until all five sections (environment, relational, balance of power, patient involvement, and coordination) have been discussed.
- Trainer should ensure the following points are covered during the discussion, but does not need to read them word-for-word:
 - **Environment:**
 - **Physical environment:** Make thoughtful choices about if the door is open/shut and if the patient wears a gown vs. their personal

Trainer's note: *If it seems helpful, the trainer may scribe responses on chart paper at the front of the room.*

clothing. Ask for consent throughout the exam particularly if you are going to ask personal questions or touch the patient. You can do this by checking in with the patient throughout the exam.

- **Sensory:** Monitor your facial expressions and body language. Don't express surprise ("wow" face) if a patient discloses. Ask for permission before touching the patient in any way. Even a touch on the shoulder can be alarming.

- **Relational:**

- Verbally assure patient's dignity, choice, autonomy, and strengths.
- Develop rapport with the patient. They may not seek help or services today, but working with someone who seems like they care may encourage them to seek help in the future.

- **Balance of Power and Patient Involvement:**

- Acknowledge balance of power in the room (medical provider in relationship to the patient).
- Acknowledge own power in relationship to the patient. Tell the patient that if anything feels uncomfortable for them during the exam, they should tell you or ask you to stop.
- If appropriate, acknowledge balance of power within health or other systems (e.g. foster care) or between patient and trafficker.
- Engage patients in their own decision-making to build trust, this increases the likelihood they'll comply with treatment, or seek help when they leave their trafficker.
- Be especially cognizant of this when issues of mandatory reporting mean the patient may not be able to control what happens next.

- **Coordination of Services:**

- Survivors of trafficking may need services ranging from mental health, job readiness, housing, and medical care. Be prepared to refer and recommend for services in a coordinated way.
- Give your patient as many details as possible: what organization to go to, who to see, and (to the best of your ability) what they can expect.
- Make an effort to coordinate services so that the patient will explain their situation as few times as possible and avoid scenarios that may re-traumatize them.
- In advance, find out if your organization has (or can make) a referral list that is geographically convenient. Resources on a good referral list should include:
 - Polaris;
 - Food banks;
 - Housing;
 - Social services;
 - Legal services;
 - Clothing donations;
 - Law enforcement;
 - Mental health care;
 - Anti-trafficking advocacy organizations;
 - Forensic medical units;
 - Victim advocates;
 - Resources for short- and long-term care needs, as many injuries/illnesses may not resolve immediately; and
 - As possible, don't simply make referrals to resources; communicate with those organizations to make sure they

can appropriately respond to the needs of trafficking survivors.

Trauma-Informed Continuum (10 minutes)

To practice, trainer hands out slips of paper with statements and questions on them. A few of them require the use of two people to act out a very brief exchange.

After these are handed out, the trainer hangs (or reveals) two ends of a continuum: Not Trauma-Informed and Very Trauma-Informed. Trainer explains, *"In a moment, if you have a slip of paper you will read your slip to the group (and if it requires two of you, you and your neighbor will read your parts) and then decide where on this continuum you would place your statement or question."*

One by one, each statement or question is read, the participants will then hang them with painter's tape somewhere along the continuum and explain why they are placing it there. The trainer will ask the large group if they agree where it is placed and to share ways that a statement, question, or situation could be improved to be more trauma-informed.

Once all statements have been placed and discussed, trainer shows the slide that points out some characteristics of useful statements and questions: non-judgmental/non-stigmatizing language, plain language, some questions can be answered with a nod/shake of the head and others are open-ended, ask about various parts of a patient's life to give context to a visit, and they are not leading.

Depending on the group's familiarity with trauma-informed care, the trainer may want to further engage the group in a short conversation about the benefits of participating in more training on these techniques. You can explain that trainings like these are critical for caring for this population and will generally improve their practice. Trainer thanks the group for their thoughtful discussion about trauma-informed practice.

Unit 5: Protocols and Referrals

Learning Objectives

At the completion of this module, training participants will be able to...

1. Describe at least two (2) protocols or standards of care they can implement in their practice.
2. Identify at least two (2) signs a patient may be trafficked.
3. Describe at least two (2) steps a clinician can take if they think they see signs of sex or labor trafficking.

Time

60 minutes

Materials

- Scratch paper
- Flipchart paper: Strategies, Protocols, and Standards of Care
- Worksheet: Human Trafficking Case Studies: What More Could Have Been Done?
- Answer guide: Human Trafficking Case Studies: What More Could Have Been Done?

Preparation

- ✧ Look up who the most appropriate law enforcement and social services contacts are for human trafficking in the geographic area where the training will take place.
- ✧ Review the case studies highlighted in this unit. Read the documents where they were pulled from as there is some background and follow up information provided that will help you to lead the debrief discussion more effectively.

Procedure

Establishing Protocols and Standard of Care (10 minutes)

Trainer displays the PowerPoint slide titled "Strategies, protocols, or standards of care" and starts the group conversation by asking, *"Take out a sheet of paper you can write notes on. Given what we've talked about so far, take two minutes to write down some strategies, protocols, or standards of care that you can think of that would help you and your colleagues better identify and work with patients who have experienced or are*

experiencing trafficking.” Trainer allows two minutes for participants to write notes and then asks them to report out while the trainer makes notes on chart paper. Trainer should ensure that the following strategies come

up:

- Make a standard of care to have “alone time” with all patients;
- Have a vetted referral list available at all times (dentistry, sexual/reproductive health needs, forensic medical units, chronic illness, addiction, intimate partner violence, immigration, housing, etc.);
- Research in your county/city who the most appropriate law enforcement and social services contacts are for trafficking; and
- Ensure all staff who have contact with patients receive some level of appropriate training on the signs of trafficking.

Trainer’s note: *If necessary, point out to participants that not all law enforcement or social services personnel have the same level of training to work with trafficking victims. It may be helpful to research who in the geographic area where you are training is the best contact and provide it to the group.*

Referrals (5 minutes)

Share with participants that there are few best practices for referrals they should know about and show the PowerPoint slide titled “Referrals”:

- If working with a minor, follow mandatory reporting procedures;
- Everyone:
 - Make an effort to talk with them 1:1 (especially if they are there with family or someone is “escorting” them to the visit) using trauma-informed approaches to learn more and determine if they want a referral/help now or if you can just build a sense of caring for them;
 - Establish discreet ways to offer a referral by:

- Making notes that are small (palm cards) and can fit in a shoe;
- Putting the referral info into a sanitary napkin wrapper;
- Putting referral text lines/phone numbers on prescription pad disguised as an x-ray or prescription number.

Trainer points out that it is critical if a staff member makes a referral to a specific organization or person, the referral should be a “warm referral.” Warm referrals mean that the person making the referral sits with the patient and calls or otherwise contacts the person to whom they are referring. This style of referral is much more likely to get the patient to feel comfortable following through to see these services.

Trainer asks the group if they have other ideas or things they are already doing regarding referrals that they’d like to share.

Human Trafficking Case Studies: What More Could Have Been Done? (45 minutes)

Trainer directs participants to the worksheet titled “Human Trafficking Case Studies: What More Could Have Been Done?” and explains, *“In a moment you all will work in small groups and be assigned one of these case studies. Your job will be to fill out the worksheet to explore what more could have been done to help these patients. You will explore:*

- *“What signs do you see that could have pointed to sex or labor trafficking?”*
- *“What did staff do to learn more about this situation or what could they have done in this study to learn more? Remember, to ask questions or make observations a person does not have to be a doctor or nurse. They could be any staff person in a position to do so.*
- *“If staff in the case study suspected trafficking, what could they have done to get that person help?”*

- *"Would this case study have played out differently if this patient sought services in your place of work? How?"*

Trainer then breaks the groups into pairs or groups of three and assigns each group one of the three case studies (multiple groups may have the same case study). Trainer will give ten minutes for participants to work through their case study and worksheet. Once they are done, the trainer will lead a debrief using the following steps:

- Start with Case Study 1 and ask one of the groups assigned that case study to briefly describe what happened.
- Ask the groups assigned that case study to volunteer their responses to the first question (what signs could have pointed to trafficking).
- After the groups have offered sufficient responses, ask those groups to share what they wrote for the second question (What could staff have done to learn more about the situation).
- Follow these same steps for the remaining questions.
- Then move on to the next two case studies, following the same steps for each while engaging the group in a robust conversation. Try to keep the whole discussion for all groups within 30 minutes.

Unit 6: Action Planning and Wrap Up

Learning Objectives

At the completion of this unit, training participants will be able to...

1. Identify next steps they can take to better work with patients who may have been trafficked.
2. Describe preparation and professional development needs they may have to better meet the needs of these patients.

Time

45 minutes

Materials

- ✧ Markers
- ✧ Scratch paper

Preparation

Action Planning 4-Square	
Personal Preparation	Personnel Preparation
Protocol Development	Next Steps

Procedure

Action Plan (15 minutes)

Trainer explains, *“As you are aware, identifying patients in extremely challenging situations, like trafficking, can be difficult. This is why receiving training like this, connecting with other concerned colleagues, and planning ahead can make all the difference in the lives of these patients.”*

Trainer hands out a blank sheet of paper to each participant and reveals the "Action Planning 4-Square" slide. Trainer tells participants, *"Please replicate the four quadrants on your blank paper."*

Trainer tells participants they may work alone or in small groups with others they work with.

Trainer explains the following about each quadrant:

- *"In the top left marked 'Personal Preparation' write what you need to do to prepare personally to improve your knowledge and skills to identify and meet the needs of these patients. Perhaps you want more training on trauma-informed care techniques. Maybe you need to learn more about how signs of trafficking could show up in your specific practice."*
- *"In the top right marked 'Personnel Preparation' write how you plan to advocate for your colleagues or staff to identify victims/survivors of trafficking. Perhaps you are in a leadership position and can arrange for them to participate in professional development. Or maybe you are not in a leadership position and you would like to advocate to leadership about staff receiving this training."*
- *"In the bottom left marked 'Protocol Development' write ways that protocols or standards of care could be leveraged in your workplace to support these patients. Perhaps existing protocols should be approached in a new way or maybe you see a gap where a new or improved protocol could help."*
- *"In the bottom right marked 'Next Steps' write specific action items you need to take to make your practice more responsive to patients who are or may be trafficked. Be as specific as possible: name who you need to talk to or what specifically you would like to work on."*

Tell participants they have the next 8-10 minutes to fill in their sheet and will have a moment to share and ask questions to the larger group.

Training Plan Review (10 minutes)

After the group has completed their "Action Planning 4-Square," trainer regains everyone's attention and leads a large group debrief using these questions:

- *"What are some questions you still have about identifying or meeting the needs of patients who have been trafficked—or are at-risk for trafficking?"*
- *"Of the four quadrant topics, which would you like to hear what your colleagues wrote?"* Then ask colleagues to share accordingly.
- *"What additional support do you need?"*

Thank the group for their attention and hard work.

"Pop Quiz" (10 minutes)

Trainer engages the group in a short "pop quiz" to review a few critical pieces of information before closing the training. The trainer says, *"When I ask a question, if you know the answer please raise your hand. The first person to raise their hand gets to answer."*

Trainer's note: *Having a small prize for correct answers may make this "quiz" more fun. Consider using pieces of candy or some other prize.*

Trainer then uses the following review questions and shows the corresponding PowerPoint slides:

- According to the Trafficking Victims Protection Act (TVPA), what are the three elements that define human trafficking, regardless of if the trafficking is sex or labor?
 - Force, fraud, or coercion
- Can a minor consent to sex work?

- No, they cannot. If a minor engages in sex work they are being trafficked.
- Name three indicators or signs you might notice in your practice if a patient were being trafficked.
 - Answers may vary, but could include: Is escorted, has an inconsistent story, has an injury/infection/ailment consistent with an industry that is vulnerable to trafficking, does not appear to have control over their own documentation/money/personal effects, uses language associated with the sex trade (sex trafficking only), etc.
- Name three things you/your practice can do to identify or meet the needs of people who have been trafficked or are vulnerable to being trafficked.
 - Answers may vary, but could include: Make “alone time” with all patients, have a vetted referral list for all patients, make “warm referrals,” implement trauma-informed care practices into your personal practice, implement trauma-informed practices into the broader practice where you work, etc.
- Describe at least one technique you can use to provide a discreet referral.
 - Answers may include: put a phone number on a prescription pad disguised as an Rx or X-ray number, make palm cards that can fit in a shoe, put a referral into another item (e.g., a sanitary napkin), etc.

Training Closure (10 minutes)

Trainer wraps up the training by:

- Thanking the group for their hard work and dedication to serving a population that very much needs their support.
- Asking if there are any remaining questions.
- If using an evaluation survey, hand out the survey to participants and ask them to return it once it's complete.