



RECLAIM

STEP INTO THE FIGHT.

END HUMAN TRAFFICKING.

RECOGNIZE, RESPOND, RECLAIM, and REPORT
Victims of Human Trafficking

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For full text copies of R611 Training Manual contact Reclaim611 at www.reclaim611.org

Printed in the United States of America.

Citation: Rich, C.G., Schirato, C.B., & Taylor, C.E. (2019) *R611 Training Manual*. Plano, TX: Reclaim611

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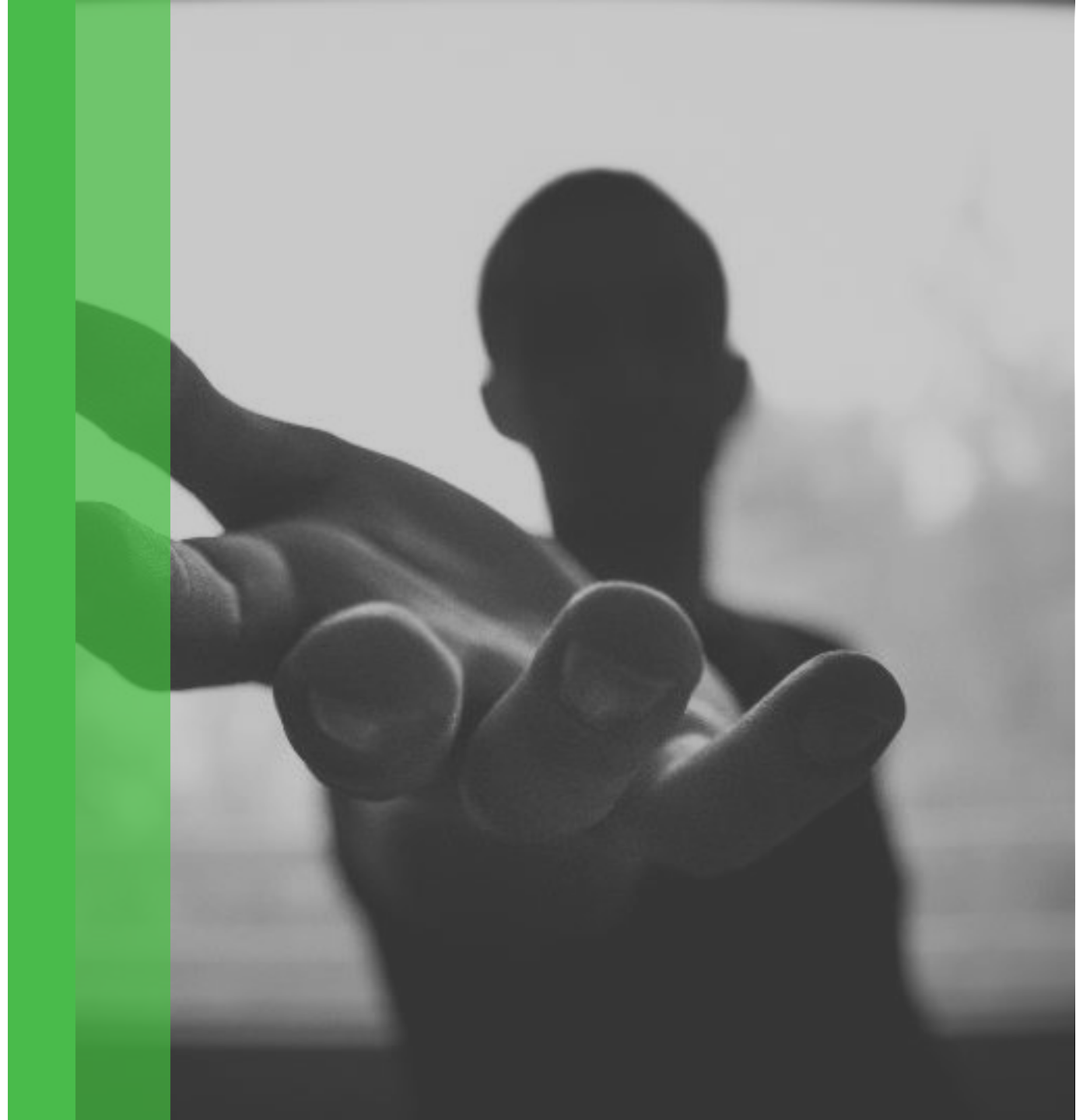
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OUR MISSION

EQUIPPING healthcare professionals to *recognize*, *respond*, and *report* victims of human trafficking.

We are passionate about disrupting the multi-billion dollar global industry of human trafficking within the healthcare setting. We do this by training healthcare professionals, using trauma-informed education, giving providers trained eyes to *recognize* red flags, providing tools and tactics to help safely *respond* to and efficiently *report* victims of human trafficking using protocol implementation and response teams.

HUMAN TRAFFICKING GLOBALLY

- Is a \$150 billion dollar global annual business (includes both sex and labor trafficking)
- Is tied with arms dealing as the second largest criminal enterprise and is the fastest growing.
- Is estimated at **40.3 million victims** of human trafficking globally by the International Labor Organization.
 - 81% of them are trapped in forced labor
 - 25% of them are children
 - 75% are women and girls

*Many buyers of sex are often from the US and Canada

Extremes of wealth and poverty in North America contribute to the problem of human trafficking.

MYTH

Human trafficking *only* happens in poverty stricken countries, not in the United States of America.

FACT

Human trafficking is a *GLOBAL PROBLEM* and comes in many forms.

- > Sex Trafficking
- > Domestic Minor Sex Trafficking
- > Forced Labor

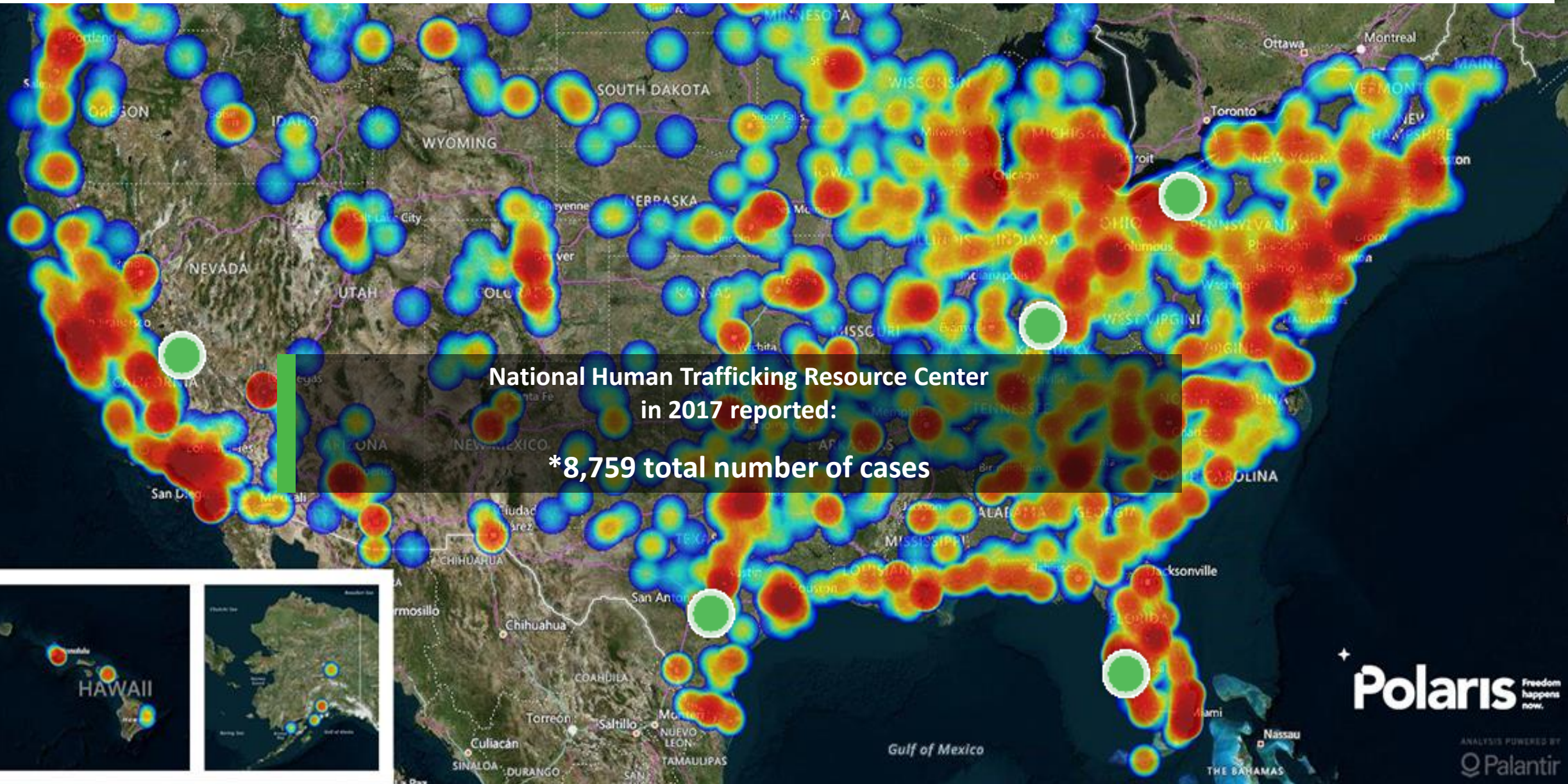
MYTH

Human trafficking
requires smuggling of
people across
international borders.

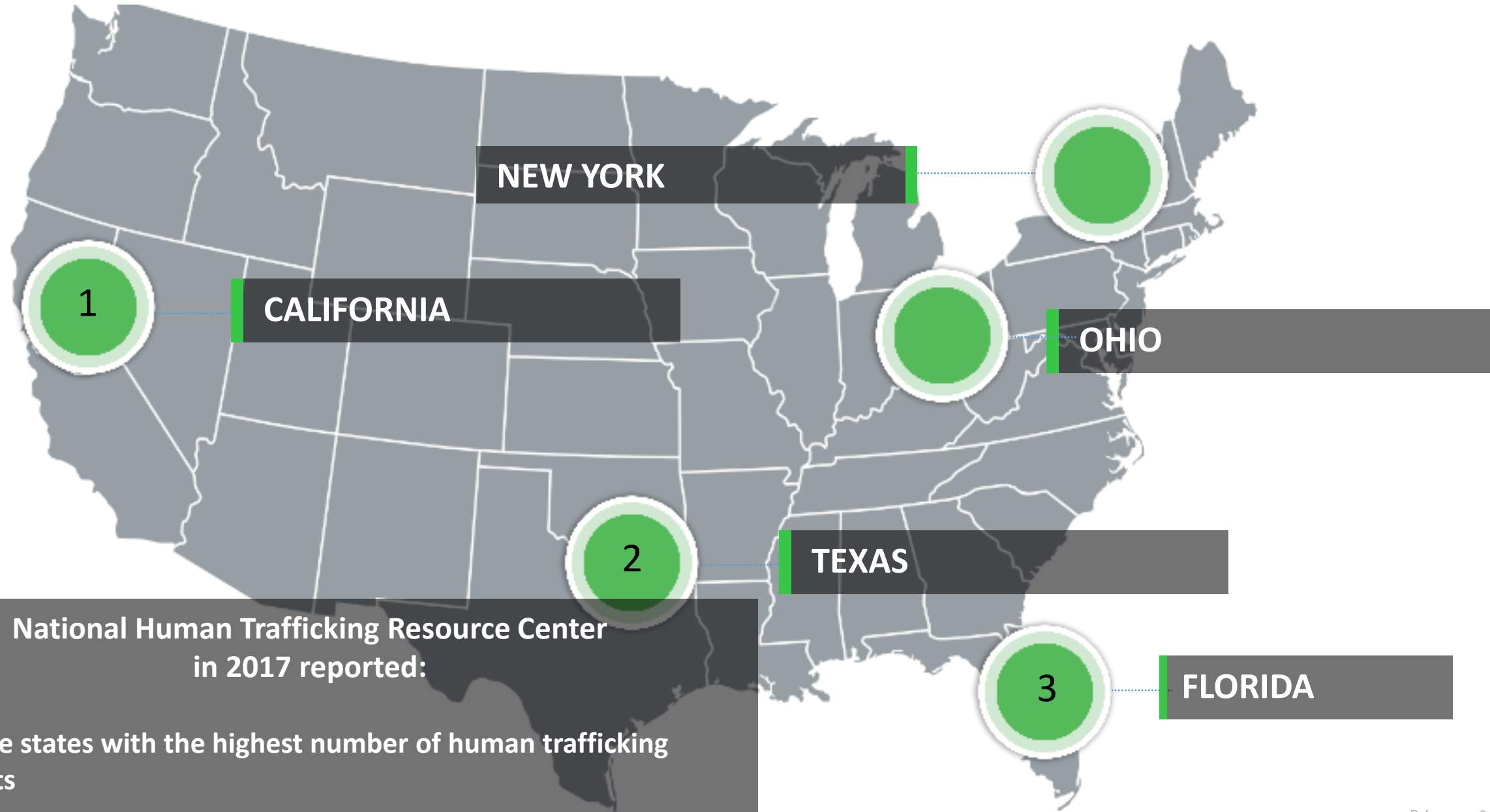
FACT

A person can be trafficked
without being moved from
place to place.

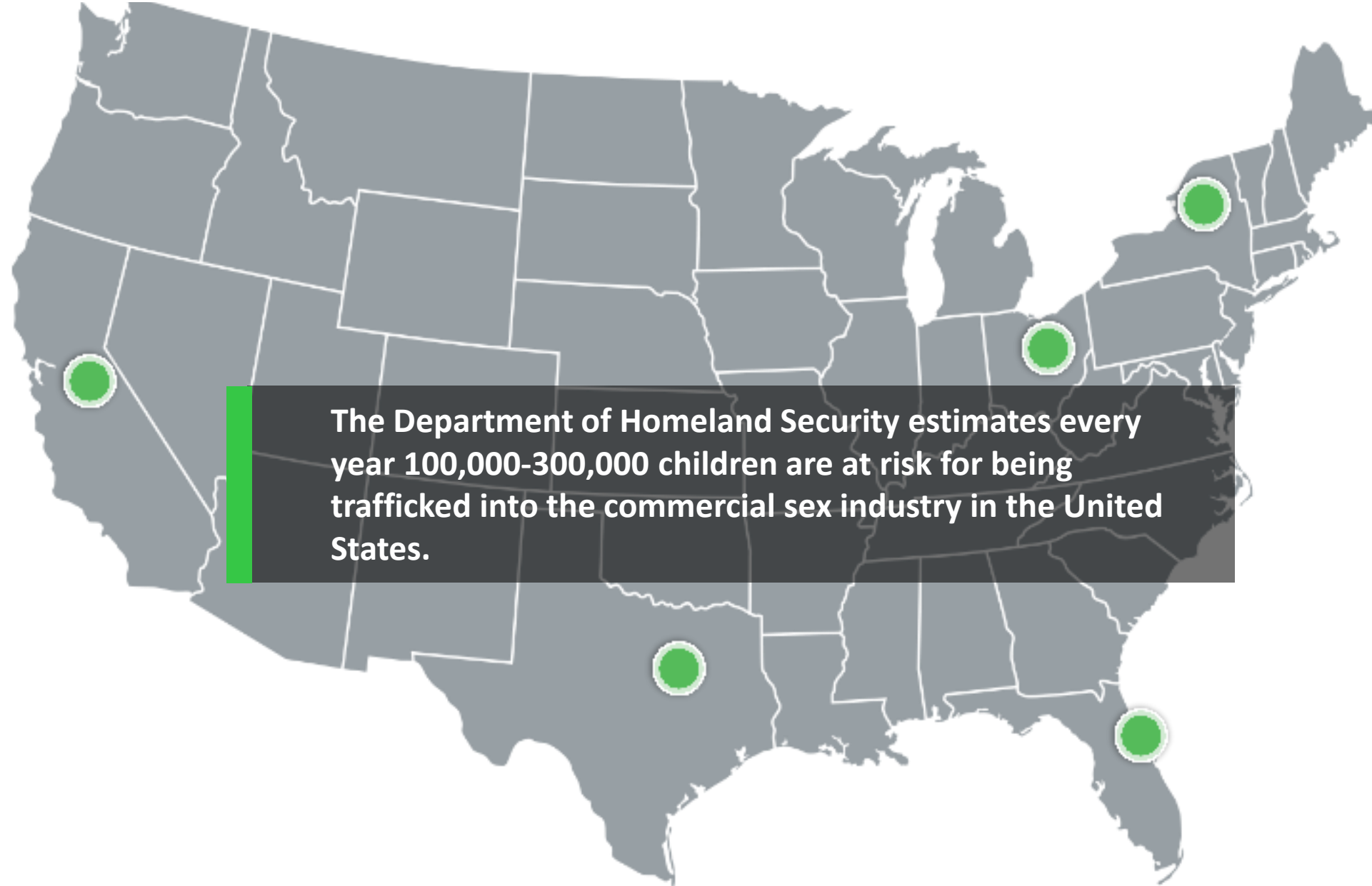
HUMAN TRAFFICKING NATIONAL STATISTICS



HUMAN TRAFFICKING NATIONAL STATISTICS



HUMAN TRAFFICKING NATIONAL STATISTICS



The Department of Homeland Security estimates every year 100,000-300,000 children are at risk for being trafficked into the commercial sex industry in the United States.



RECLAIM

BUSTING MYTHS

MYTH

Sex trafficking *only* happens to women and children.

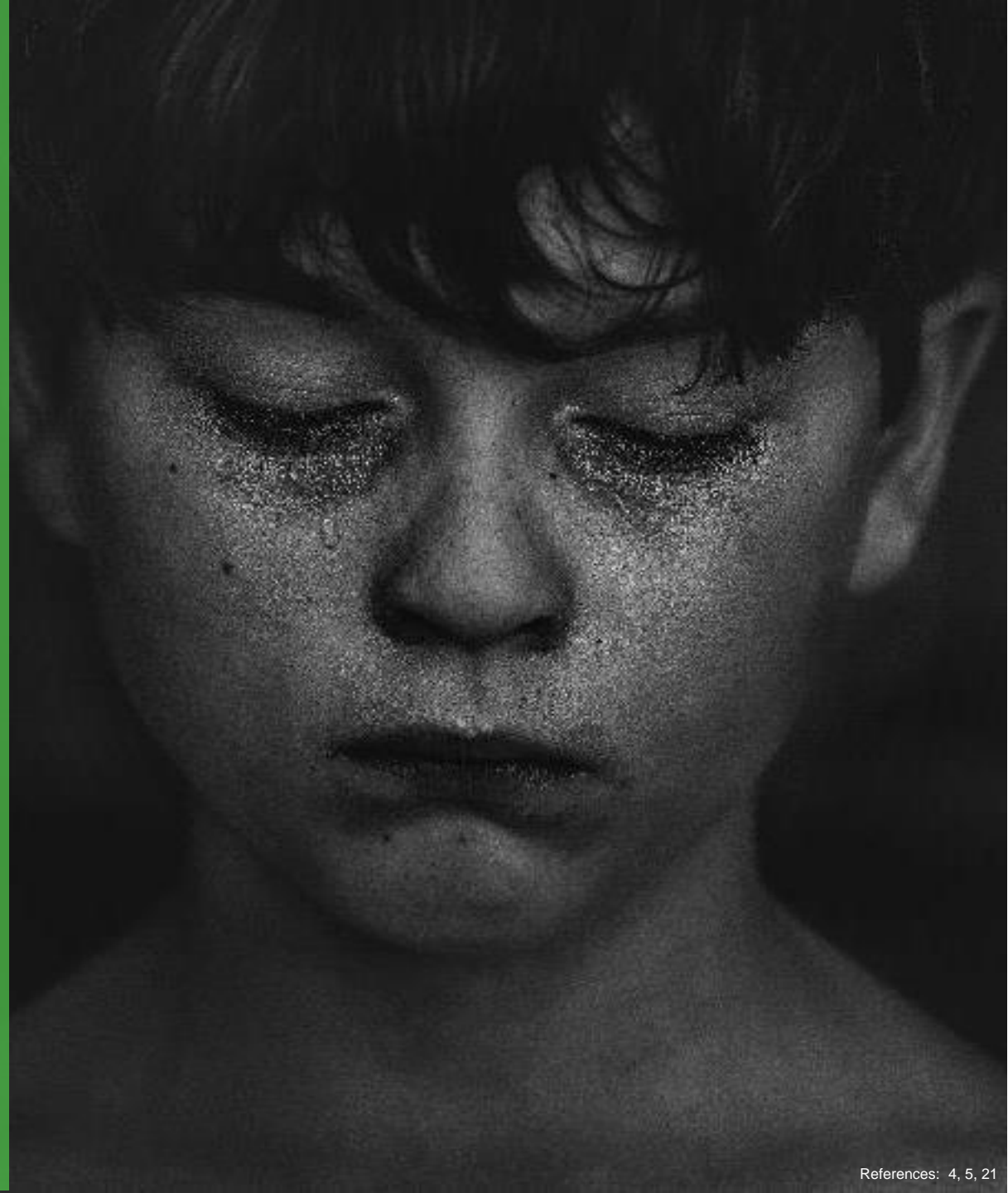
FACT

Men and boys are often the *invisible* victims of human trafficking.

VICTIM FACTS

> In a study completed by Cole & Sprang (2014) 323 professionals who work with minors who were sex trafficked, reported that **1 in 5 victims were male.**

> Male victims may be even less likely to disclose their sexual exploitation due to cultural norms, taboos and misconceptions of sex trafficking victims.



MYTH

Data regarding the age of entry into sex trafficking is accurate and unbiased

FACT

There is no verifiable evidence for the average age of entry because of....

- Age-biased studies
- Adults more likely to use resources and hotlines.



VICTIM FACTS

- > Stockholm Syndrome (trauma bonds): victims bond with their captor as a defense mechanism to increase their chances of survival.
- > Many sex and labor trafficking victims are in *plain sight* of our everyday lives.
- > They are working in restaurants, hair and nails salons, dry cleaners, getting groceries for the household they work in, cleaning hotels and business offices, and some victims even attend school.

MYTH

Labor trafficking *only* happens to undocumented immigrants.

FACT

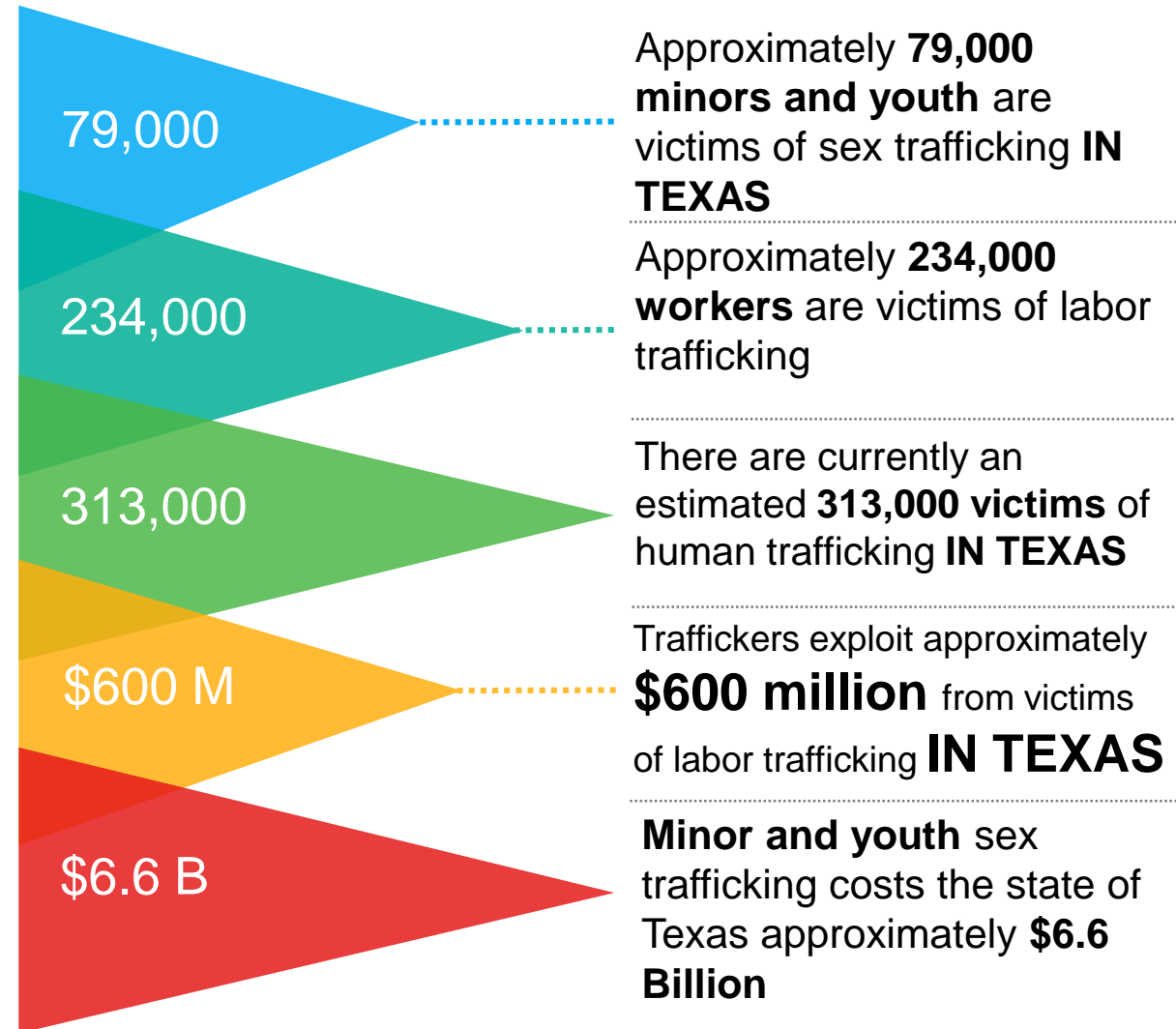
The 2014 Urban Institute Report reviewed 122 cases of labor trafficking in the U.S.; the findings showed:

- 71% of foreign nationals entered the United States legally on a temporary work visa.
- However, by the time of their escape, 69% were unauthorized because their visa had expired.
- The agricultural industry is the *most likely industry* to have victims of labor trafficking (and least likely to have ever obtained a visa).

MYTH

Human trafficking is NOT
in my community.

Minor Sex & Labor Trafficking Impact in Texas



STATE FACTS

- Texas ranks 2nd in the nation for the most reported human trafficking (labor & sex).
- Houston is the city with the most reported cases of human trafficking in Texas.
- In Texas, Dallas-Fort Worth is 2nd to Houston for the most reported human trafficking.
- Dallas area buyers of sex acts spend an estimated \$99 million dollars annually.
- Pimps in Dallas earn an average weekly gross cash intake of \$12,025.



A vibrant, abstract painting of a human head in profile, facing left. The colors are a mix of bright greens, yellows, oranges, reds, and blues, with visible brushstrokes and a textured, almost mosaic-like appearance. The background is a solid, bright green.

“HUMAN TRAFFICKING IS A LOCAL
CRIME THAT IS HAPPENING TO
YOUR NEIGHBOR’S CHILD. IT IS A
CRIME HAPPENING IN YOUR CITY.”

- Kirsta Melton

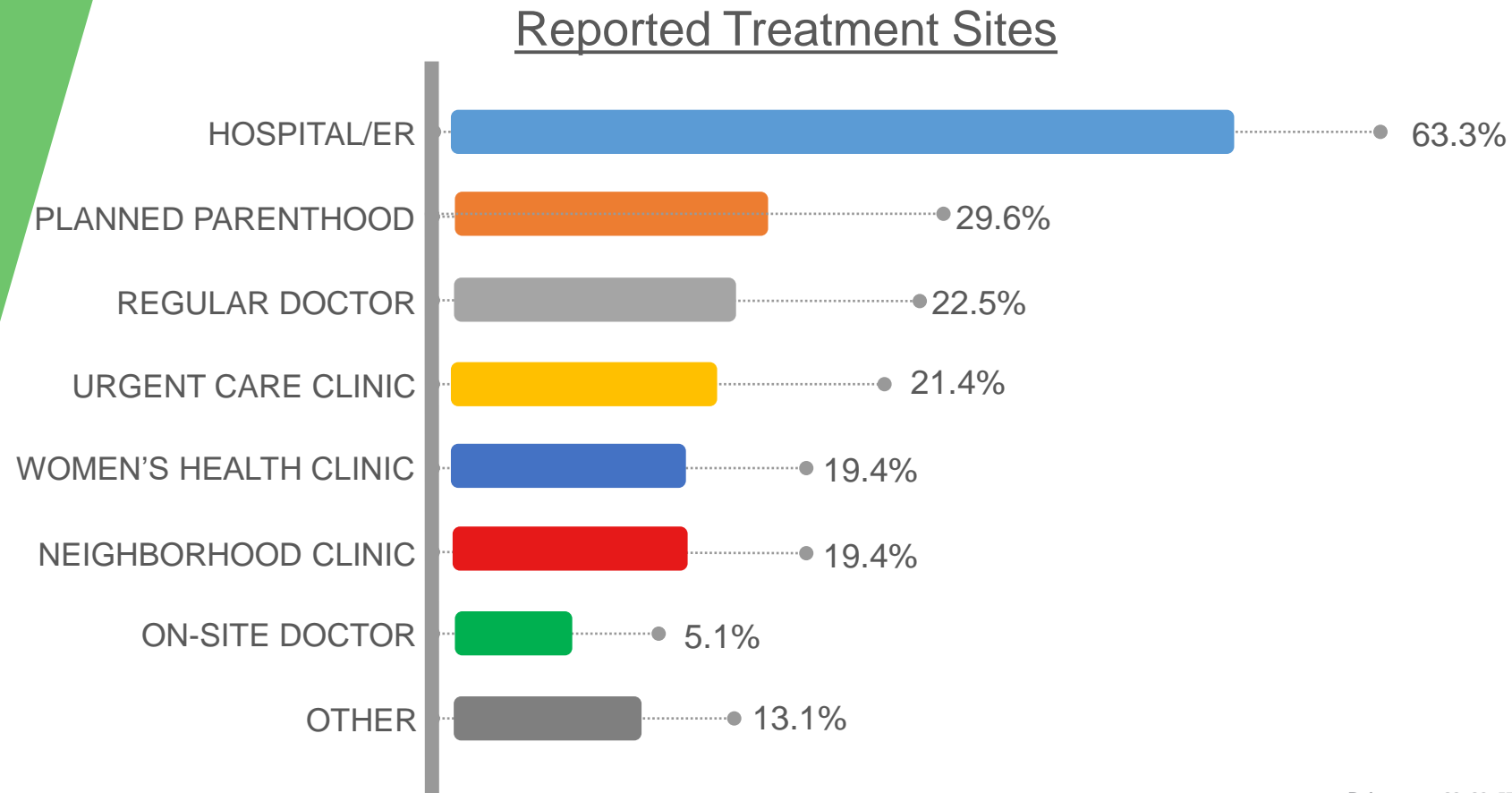
Deputy Criminal Chief of the Human Trafficking and Transnational/Organized
Crime Section of the Office of the Texas Attorney General

MYTH

Victims of human trafficking are *rarely* seen in the healthcare setting.

FACT

Up to **88%** of sex trafficking victims say they had some contact with a healthcare provider while being trafficked.





MYTH

Healthcare entities and personnel *are* prepared to identify and treat victims of trafficking.

FACT



There were **5,534** registered hospitals reported in the United States in 2018

In a recent study:

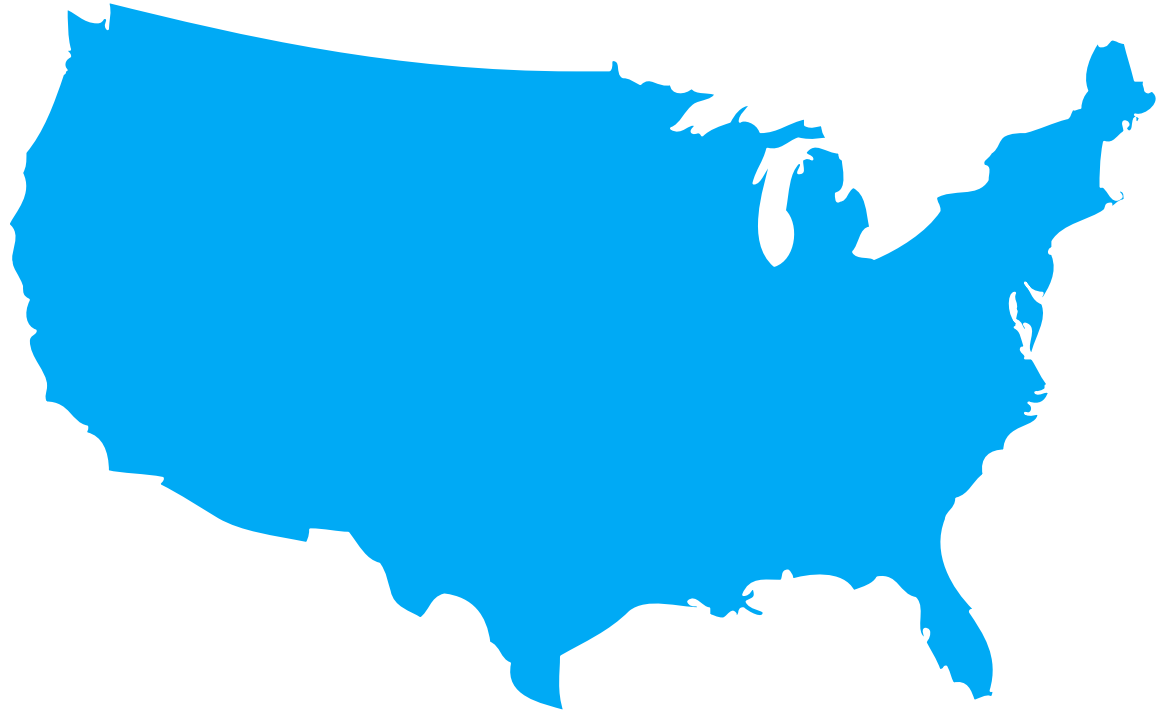
- *Less than 3%* of ER personnel are trained to treat human trafficking victims
- **1%** of hospitals have policies on how to treat human trafficking victims



HUMAN TRAFFICKING DEFINED

Key definitions and categories

Federal Law Definition



SEX TRAFFICKING

Recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing and/or soliciting a person for the purpose of a commercial sex act through the use of force, fraud, or coercion under the age of 18.

A **commercial sex act**: is any sex act performed in exchange for something of value given to or received by any person.

Compensation of value includes: cash, basic needs (food, clothing, shelter), and/or drugs.

LABOR TRAFFICKING

The recruitment, harboring, transportation, provision and/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.

“Human trafficking is more than just a crime; it is literally the buying and selling of individuals. Traffickers shatter the humanity of their victims while brutally abusing them for personal gain.”

- State of Texas The Office of the Attorney General (2014, December)

Human trafficking is
modern-day SLAVERY



Domestic Minor Sex Trafficking (DMST)

Even in instances where there is no third party involved, in which a minor is compensated for the sex act by the acceptance of something of value, does not change the legal determination that the minor cannot consent to the commercial sexual exploitation.

-Shared Hope International

Types of Trafficking

DEBT BONDAGE

- **The most widely used method of enslaving people**
- Labor is demanded as a means of repayment for a loan or service
- The victim's services are not applied towards the liquidation of the debt
- The value of their work is greater than the original sum of money "borrowed"

FORCED LABOR

Victims are forced to work against their own will, under the threat of violence or some other form of punishment; typically with little or no pay

Types of Trafficking

Sex Trafficking

Labor Trafficking

Force, Fraud, Coercion
Must be proven unless victim is a MINOR

Elements

Forced Sex Acts

Forced Labor Acts

Compelling prostitution, pornography, fake massage or nail salon business/storefront, hotels/bars, strip clubs, escort services, truck stops
Sold online:
Backpage.com, Craigslist, Facebook and other social media sites and apps

Agricultural, hotels/resorts, domestic servitude (nanny or housekeeper), restaurants, sales (door-to-door/pedaling), construction, donut shops

Industries of Exploitation

WE FOR

- Abduction
- Forced drug introduction and addiction creates chemical tether to trafficker
- Beatings/physical abuse
- Sexual assault
- Starvation
- Torture
- Sold by family members, guardians or romantic partners

TRAFFICKERS CONTROL EVERY ASPECT OF THE VICTIM'S LIFE

FRAUD

- False job offers:
Modeling, internships, better job opportunities, hopes of fulfilling the American dream
- False offer of citizenship:
Immigrants or foreign nationals are often promised citizenship and job opportunities in order to send money back home

COERCION

- **Threats:** Threats to harm victim's family, children or co-victims
- **Blackmail:** e.g., threats to distribute pornographic images of victim to parents, teachers, and friends if victim refuses to comply
- **Lies:** Romantic partner asks victim to engage in sex acts with others for purposes of financial security
- **Debt Bondage:** Earn freedom from a false debt imposed on them from the trafficker for cost of living, smuggling, or recruiter debt
- **Drug Addiction:** Earn money for drugs for addiction, either created or exploited by perpetrator
- **Undocumented Workers:** Undocumented immigrants comply because they believe they have no rights



THE LAW

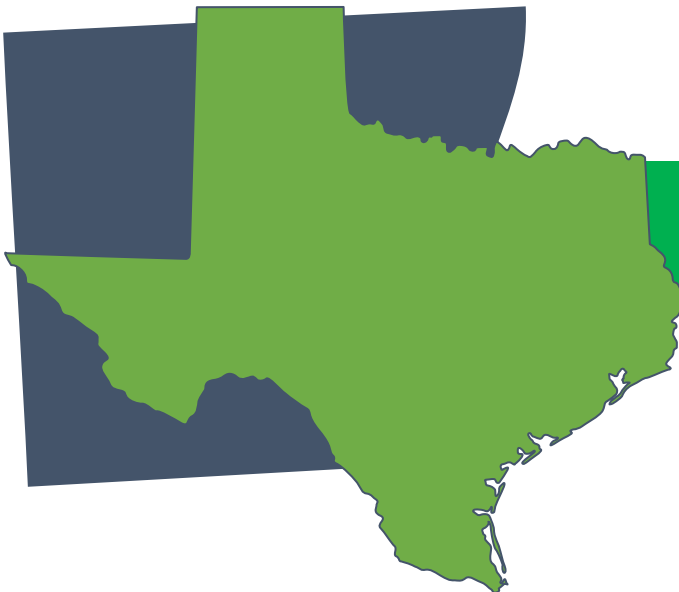
RECLAIMÉ

Human Trafficking is *ILLEGAL*



FEDERAL LAW

Victims of Trafficking and Violence Protection Act (TVPA)



TEXAS LAW

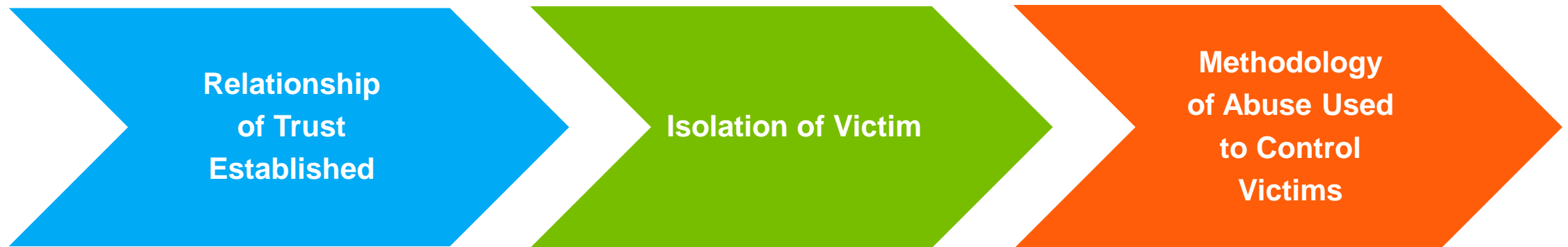
- Texas Penal Code Ch. 20A.02:
prohibits sex and labor trafficking of adult and minor persons.
- Texas Penal Code 43.05:
criminalizes compelling prostitution: “When a person knowingly causes another by force, threat, or fraud to commit prostitution adult or minor.”



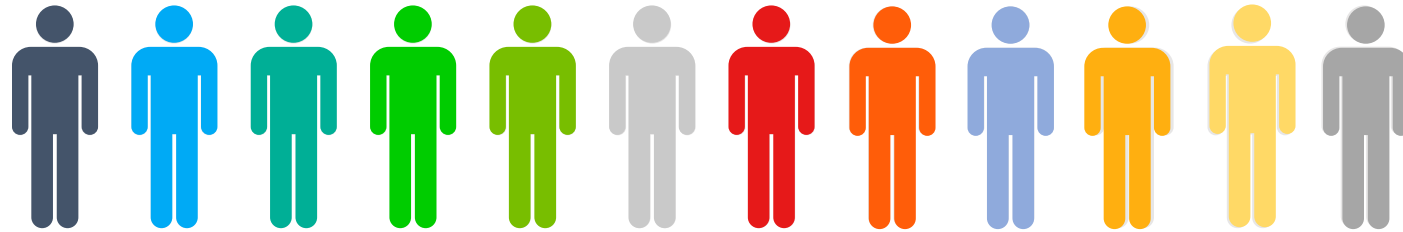
SEX TRAFFICKING

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Typical Pattern of Recruiting Victims



Risk Factors for SEX TRAFFICKING



Transient Living
(runaways/homeless)

*Youth

Unaccompanied
Minors

Involvement with
Justice System

Foster Care
System

LGBTQ

Substance Abuse
(incl. parents/guardians)

CPS
Involvement

Gang
Involvement

History of Physical
or Sexual Abuse

Truancy

Cognitive or Physical
Disabilities

Anyone can
be a victim of
sex trafficking

Where are the victims of sex trafficking?

...in familiar industries like:

- Pornography*
- Strip clubs*
- Escort services*
- Hotels/bars
- Fake massage/nail salon business store front*
- Sold online:
 - ~~Backpage.com~~
 - Craig's List
 - Facebook*
 - Social media apps
- Large sporting events:
 - super bowl
 - horse races*
- Business conferences*

Where are the traffickers of sex trafficking?

NOT where you think they are!



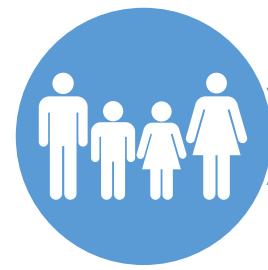
Not all traffickers are adults

A suburban Minneapolis high school cheerleader was arrested for allegedly recruiting and pimping a younger student by creating an online ad and driving the victim to potential customers.



A man from Millington, Tennessee, was accused of trafficking girls as young as 15. **He reportedly used a boy under the age of 18 to help recruit girls from local high schools.** The boy was paid \$20 for every \$100 the girls brought in.

Who are the traffickers of sex trafficking?



Parents/Guardians 45%-55%

Foster Parents

Neighbors

Gang Members

Teachers/Coaches/Students

Both Women & Men

Finesse (Romeo) Pimps:

Controls primarily through psychological manipulation

Showers victims with affection and gifts, especially during the recruitment phase

The threat of violence is always present

Gorilla Pimp:

Controls victims almost entirely through physical violence and force

Beliefs and Behaviors Associated with Sex Buying



It is **IMPOSSIBLE** to give a profile of every buyer of sex

They are doctors, lawyers, cops, teachers, professors, business men, politicians, pastors, athletes...

Beliefs

- “Guys being guys” taking care of needs
- Prostitution is a victimless crime
- Tolerance towards infidelity
- Provider enjoys sex and chose it as profession

Behaviors

- Likely to have had an affair
- Watched porn in the past 12 months
- Likely to have contracted an STI
- Lack of impulse control

Cultural Influences
Normalize Sexual Exploitation





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LABOR TRAFFICKING

Risk Factors for Labor Trafficking

- Foreign Nationals
- Unaccompanied Minors
- Human Smuggling
- Refugees (those escaping war or conflict in home country)
- Poverty
- Non-English Speaking
- Cognitive Disabilities
- Undocumented Immigrant

Recruitment into Labor Trafficking of workers entering the US with a work visa



Where are the victims of labor trafficking?

Industries of Exploitation

- Agriculture*
 - Landscaping/Forestry/Logging
- Domestic servitude (nanny or housekeeper)*
- Construction*
- Manufacturing
- Mining/Quarrying
- Donut shops
- Hotels/Resorts/Hospitality
- Fishing Industries
- Restaurants
- Sales crews (door-to-door/pedaling)
- Dry cleaners
- Begging rings
- Meat Packing Industries/Factories
- Recreational Facilities
 - Carnivals

Who are the victims of labor trafficking?

Victim Demographics:

Most have children (65%)
50% have no high school education
33% have a college education or higher

AGE
30's-40's



RACE
Foreign Nationals:

Mexico*, Jamaica,
Philippines*, South
Africa, Peru, East Asia*,
South Asia*, Central
America, Africa, Europe

SEX

Male workers: Agriculture
Female workers: Domestic servitude

Voices of survivors...



“I could run away but I don’t want to run away because I don’t want to be illegal.”

Labor Trafficking Survivor

“They were two things in my mind at the time. If I ran away and I was safe then I would for sure meet my kids again. If I got caught I was sure that I would die.”

Labor Trafficking Survivor



Do you have
eyes to see
them?

Step into the fight.
End human
trafficking.

Who are the traffickers of labor trafficking?

Trafficker and employer are NOT ALWAYS the same person

Traffickers:

- May be from victim's home country, or share same national, ethnic, or cultural background—to better exploit vulnerabilities of victim
- May present as trusted individual for immigration assistance
- May pose as temporary employment agencies and staffing firms for assistance with labor shortage issues
- May pose as a foreign labor recruiter; i.e. 3rd party

Employers:

- Study completed by Owens, et al., 2014 showed 77% of employers are white

Image of the tight living quarters victims endured while working for their trafficker



Cultural Influences that Lead to Labor Trafficking



Barriers to Identification

SEX TRAFFICKING

- Stockholm syndrome
- They have both loyalty & fear to trafficker
- Shame over lifestyle
- No support system
- Brainwashed to believe family doesn't want them anymore
- State of earning the approval & affection of trafficker for their compliance

COMMONALITIES

- Fear of violence to self, family members, and co-victims
- Fear of judgment, labels, stereotypes, being viewed as a criminal
- Brainwashed to not trust authorities and that no one wants to help them
- Believe they can "eventually" pay off debts
- Isolation and movement
- Are not aware they are victims of trafficking

LABOR TRAFFICKING

- Fear of deportation
- Language barrier
- Unaware of labor rights in the U.S.
- Influenced by corrupt authorities in country of origin
- Shame of not being able to provide a better life for family living abroad



THE HEALTH CONSEQUENCES OF HUMAN TRAFFICKING

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Health Risk Factors and Co-morbidities of Human Trafficking

SEX TRAFFICKING

- In the U.S., traffickers commonly sell underage girls for **\$100- \$400 per hour or more**; forced to perform anywhere from 12- 60 sex acts a day.
- Forced or unsafe **home abortions**.
- **Forced** drug abuse—chemical tether/dependence upon trafficker.
- Unprotected sex.
- **45%** experienced restriction & deprivation.

LABOR TRAFFICKING

- **Overcrowding**--not having their own bed, forcing them to sleep on floors with others, or even outside.
- Employers **do not provide protective safety equipment** necessary. If available, victims have to pay for their own equipment out-of-pocket.
- Forced labor victims reportedly working upwards of **20 hours a day, 6-7 days a week**.
- In some cases, victims have been kept in locked homes overnight, brutally beaten and forced to consume drugs in order to stay awake to **work long hours**.
- **Inhumane conditions**--no running water, heat, or air conditioning, inadequate plumbing, pest infestation, a lack of proper food storage or cooking sources, overcrowding, food deprivation.

Health Risk Factors and Co-morbidities of Sex Trafficking

A 2013 study (Muftic & Finn) of domestic women sex trafficking victims revealed that of those sampled:



Exposure to violence



Exposure to sexual violence



Psychological violence



Had an abortion while being trafficked



Children removed



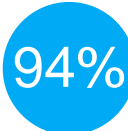
Received injury



Mental health problem



STD/STI



Addiction



Suicidal

Health Risk Factors and Co-morbidities of Labor Trafficking

Polaris & Urban Institute (2014) reports:



Emotional abuse



Hazardous work environment



Lack of safe water, toilet



Sexual abuse



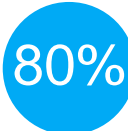
Threats or use of violence



Victim lived where they worked



Sleep deprivation



Movement to work controlled

TRAUMA INFORMED CARE

Trauma informed care involves recognizing the impact of traumatic experiences (specifically, a range of violence that may include abuse prior to the actual trafficking experience) on an individual's life and behavior, and on their perceptions of themselves and their bodies.

- International Organization for Migration

PSYCHOLOGICAL IMPACT OF COMPLEX TRAUMA:

Human Trafficking is
considered an
interpersonal trauma

***Not all trauma is equal in its
impact, and the type of trauma is
important to clinical assessment
and intervention.***

TRAUMA

INFORMED CARE

EMPOWER METHOD

E

Eye contact at eye level
Explain exam

M

Meet immediate physical needs (food, water)
Monitor for signs of distress

P

Provide interpreter
Private exam

O

Open ended questions

W

Wait for response

E

Equip with options and resources
Establish rapport

R

Reinforce victim's safety and bravery
Respect victim's choices

Trauma Informed Care

SLOW DOWN!

- Exam should be COMPASSIONATE, CONFIDENTIAL & COMPLETE
- Establish trust and rapport: show empathy, listen, create a safe, supportive, non-judgmental environment, and provide culturally competent care
- Recognize medical exam and history taking can re-traumatize victim
- Patient's history may be confused or inconsistent, which is a sign of trauma, not necessarily lying

Involve patient in decision making!

- Ask permission to touch patient before starting an exam
- For trafficked persons, giving them control over their bodies can be an empowering experience
- Respect the victim's choices to control, or deny, medical exams. This will have the long-term benefit of empowerment and autonomy.

- Reinforce that the victims are survivors, and should not be blamed for their abuse
- Show respect for how victim has coped this far, even if their coping mechanisms are maladaptive
- Provide private, same sex examiner, and possibly a chaperone only
- Limit patient contact to staff people with established rapport
- Collect only the data needed to treat the patient's medical needs and make the necessary report and referral.
- Be prepared to listen patiently if patient discloses information about prior trauma and abuse
- Never coerce or pressure a patient to divulge details they are not ready to discuss

AVOID:

- Questions only to satisfy your curiosity
- Avoid making false promises (i.e. everything is going to be okay; the trafficker is going to jail, etc.)
- Using the terms: sex worker, prostitute, pimp, escort, call girl, illegal immigrant, undocumented worker

Human Trafficking Red Flags: Focused Physical Exam

Sex Trafficking

Constitutional (General Appearance)

- Good hygiene, hair well maintained, finger and toe nails well-manicured
- Use language, have knowledge and/or behaviors of sexually activity inappropriate for age
- Use language common in sex trafficking: 'daddy', 'dates', 'the life'
- Possible inappropriate dress for the situation; provocative or not clothed appropriate for cold weather

Gynecological & Genital

- Unusual high number of sex partners
- History of terminated pregnancies (including forced and home abortions)
- STI's (local and disseminated)
- History of untreated STI's
- Genital and anal trauma
- Retained vaginal foreign body (i.e. make-up sponge)

Dermatologic (Skin & Cutaneous)

- Tattoo branding: 'Daddy's Girl', 'Property of ...', 'For Sale', barcodes

Labor Trafficking

Constitutional (General Appearance)

- Foreign national
- Poor hygiene, dirty clothes, un-kept appearance

Neurological

- Concussion

Cardiovascular (CV)

- Signs of prolonged environmental exposure
- Heat stroke
- Hypothermia

Respiratory

- Related to inhalation of airborne contaminants; fumes, dust, particles
- Endotoxin or asbestos contamination
- Inhalation Injury

Gastrointestinal (GI)

- Bacterial & parasitic infections
- Hepatitis A & B

Musculoskeletal

- Work related injuries
- Injuries related to exposure due to lack of appropriate PPE

Repetitive-Motion Syndromes

- Strains
- Back, neck, and joint problems

Accidental Injuries

- Several limbs (fingers)
- Fractures

Dermatologic (Skin & Cutaneous)

- Occupations dermatosis secondary to exposure-prolonged exposure to industrial or agriculture chemicals
- Frostbite

Human Trafficking Red Flags: Focused Psychological

General

- Stockholm Syndrome (trauma bonding to trafficker)*
- Post-traumatic stress disorder (PTSD)*
- Suicidal Ideation (SI)
- Hostility
- Hypervigilance
- Anxiety
- Depression
- Difficulty concentrating
- Flashbacks
- Lack of emotional responsiveness (numbness)
- Feelings of shame, guilt, lack of self-worth
- Self-harming behaviors

Attachment Disorders

- Signs of withdrawal, fear, sadness or irritability
- Lack of or difficulty engaging in social interactions

Depersonalization or Derealization

- Memory loss (time, place, people, situation)*
- A lack of sense of self-identity, or switching between alternative identities
- A perception of the people and things around them as distorted or unreal
- A sense of being detached from themselves
- Feeling like an outside observer of themselves, as if watching themselves in a movie
- Emotional blunting
- Physical numbness of senses
- Distortions in perception of time
- Feelings alienated from or unfamiliar with their surroundings
- Amnesia

*Denotes critical red flags

Respond



“We are, by definition, talking about individuals that are probably the most complexly traumatized that we have walking on the face of the globe.

--Dr. Sartor
Clinical Psychologist

General Safety Guidelines & Considerations

Constantly Assess Safety Concerns:

- Presence or availability of firearm or weapon.
- Trafficker's potentially violent behavior, an increase in the frequency or severity of threats or assaults.

Prioritize the Safety of the Victim:

- Protect victim from harm, threats, or intimidation by trafficker
- Interview patient in room (preferably without personal cell phone in use) and without other persons present.
- Realize threat of harm to victim's family or loved ones is means of coercion or control.
- Initiate safety plan—safety is always a high priority; there is a high risk of patient leaving against medical advice (AMA) if trafficker is present.

Use Confidentiality and Discretion:

- Confidentiality is essential for the safety of victims.
- Do not discuss the patient in the hallway, at the nurses' station, in any public areas, or any place where the potential trafficker may be in earshot.

Considerations for Minors:

- Family members, guardians, or other accompanied person(s) may have been involved in the trafficking, abuse, or neglect of the child or adolescent. Maintain a high degree of suspicion before including any of these individuals in the patient's case.
- Do not assess or interview patient in the presence of other persons.
- Encourage patient to participate in decision making and plan of care as much as possible.
- Age-appropriate medical and developmental assessment.
- Involve Child Life Specialist when available.
- Refusal of exam or stopping exam at any time must be respected and met with patience.
- Consider high risk populations.
- Always be considering patient safety and safety of those in surrounding areas.
- Engage in assessment questions.

Techniques to Interview Patient Alone

If accompanied person(s) will not leave the patient alone, try these techniques:

Interview patient when alone for a radiologic study; i.e. x-ray, MRI, CT Scan, Ultrasound, swallow study, etc.

Interview patient when alone for a procedure; i.e. pelvic exam, EKG, blood draw, O.R. prepping, obtaining Urine Analysis sample, etc.

Attempt to gain trust of patient during ADLs; i.e. walking patient, bathing, linen changes, routine vital signs and blood draws, transportation to radiologic studies or use of Child Life Specialists.

Take advantage of opportunities when patient will not have access to their cell phones. They may be in fear over communication they may receive from their trafficker.

Have the accompanied person(s) leave the patient room to complete paperwork.



Assessment Questions

Try to incorporate these questions/comments into your conversation with the potential victim:

Use victim's own words ('boyfriend', 'date', 'work', 'boss')

Use victim's cues as opportunities for conversation:

- i.e.: 'I'm new to town', 'Just visiting a friend'

Tattoos:

- 'Tell me more about your tattoo, it's interesting'

Work related injury:

- 'What kind of work do you do?'
- 'Are you given any special equipment for your job?'

Generally ill or malnourished appearance:

- 'You look tired and dehydrated, tell me about your diet.'
- 'Are you getting enough rest?'
- 'What is your work schedule like?'

Pregnancies:

- 'How did your previous pregnancies end?'
- 'How are the children now, how is their health?'

Transient living, homeless, 'new to town':

- 'We have resources to help you with housing.'
- 'Where do you live?'
- 'How long have you lived there?'
- 'Who do you live with?'
- 'Who takes care of you?'

Employment:

- 'Do you have a job?'
- 'How do you make money?'
- 'Do you get to keep all the money you make?'

Interpersonal

- 'How did you meet your 'boyfriend'?'
- 'How long have the two of you been together?'

When concerned the patient maybe a trafficking victim:

- 'After talking to you and completing your exam I have concerns that you are not safe. I am here to help you. Are you okay?'
- 'Do you feel trapped in your situation?'

Responding Guidelines

Call 9-1-1 Dispatch

- Patient consent to release Protected Health Information (PHI) is NOT required to report to law enforcement
- When calling dispatch state, “I have a human trafficking victim at my facility.”
- Do not let dispatch call you back; ask to be placed on hold if needed
- If you encounter any difficulty with your concern about human trafficking, request to speak with the law enforcement supervisor

Notify Hospital Security

- Notify security department of human trafficking concern
- Give room number, any concerns for safety, and inform you are contacting local police

Coordinate with Police Department regarding arrival to facility

- Determine contact person (charge nurse, house supervisor) with police to communicate point of entry and exit
- DO NOT have officers and victims use main entrance or areas of high visibility; (use back or side doors)

Social Services Referral

- Check with your facility regarding Protected Health Information Release (PHI) documents when reporting to social service agencies in order to ensure compliance with HIPAA.
- Contact local social service agency

Report



“The healthcare provider who encounters a trafficked person or other exploited individual has a unique opportunity to provide essential medical care and vital referral options that may be an individual’s first step towards safety and recovery.”

International Organization for Migration

MANDATORY REPORTING

Texas Family Code 261.101

Persons/Professionals required to report:

- Teachers, nurses, doctors, day-care employees, employees of a clinic or healthcare facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

Mandated Reporter of Child Abuse, Neglect, including Trafficking:

- Knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked or the failure to make a reasonable effort to prevent a child from being trafficked.

Required reporting to CPS within the first 48 hours of the professional suspecting a child is a victim

- Reporting cannot be delegated

REPORTING

- Child Protective Services
- Law Enforcement: Local or state law enforcement; (if necessary Federal law enforcement may need to be involved for interstate trafficking concerns)
- Reporting to these agencies fulfills mandatory reporting requirements by the state of Texas Family Code 261
- Reporting of “alleged or suspected abuse or neglect” includes human trafficking
- Consent from patient is NOT required to report to these agencies

Local Contact List

LOCAL POLICE DEPARTMENT

911

CHILD PROTECTIVE SERVICES

1-800-252-5400

txabusehotline.org

LOCAL SOCIAL SERVICE AGENCIES

Mosaic Family Services

24 Hr. Crisis Hotline: 214-823-4434

FEDERAL BUREAU OF INVESTIGATION

FBI: 972-559-5000

24 Hr. Hotline Number

NATIONAL HUMAN TRAFFICKING HOTLINE

1-888-373-7888 24 Hr. Crisis Hotline

Text HELP or INFO to #BEFREE


RECLAIM611 HOTLINE

833-833-6611 24 Hr. Hotline

“HUMAN TRAFFICKING IS THE INVISIBLE PANDEMIC.”

-Chesney, M. 2013





The only thing a
trafficker asks of
us is to:

**KEEP QUIET
AND
NOT ASK
QUESTIONS!**

RECLAIMÉ

STEP INTO THE FIGHT.

END HUMAN TRAFFICKING.