Response Protocol
Development

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Hope For Justice
Educational Objectives

At the conclusion of this program, participants should be able to:

- Identify the parties necessary to properly respond to victims of trafficking in the healthcare setting
- Engage local, state and national service referral options for trafficking victims
- Recognize the importance of trauma-informed techniques when interviewing and responding to a potential victims of trafficking
Necessity of a Protocol
Necessity of a protocol

- Maximize identification since victims don’t self identify
  - Local trafficking indicators
  - Local branding practices
- Maximize safety for patient and staff
Necessity of a protocol

- Minimize further trauma from the healthcare system
- Streamline the separation and interview process
- Utilize trauma informed care
- Utilize informed notification
Necessity of a protocol

- Optimize the chances for a successful intervention
- Strategize in advance for scenarios of:
  - Accompanying person refuses to leave
  - Suspected minor victim refuses assistance
Necessity of a protocol

- Optimize the integration of outside agencies
- Maximize your preparedness to meet the needs of the patient/victim
- Develop clarity on staff procedures, responsibilities and roles
Necessity of a protocol

- Provide empowerment and increased self-determination for the patient in response
Necessity of a protocol

Having an established protocol in place will answer the following questions:

- What law enforcement official to notify
- When law enforcement should be notified
- Should forensic evidence be collected?
Reasons for a protocol

- Not all local law enforcement is trained on the phenomenon of human trafficking
  - So local police may handle the situation incorrectly
  - May even treat victim as a criminal
A safe and effective response is best achieved through advanced preparation of a protocol
Champion

- Physician/Dentist
- Nurse
- PA/NP
- Ancillary personnel
- Hospital admin personnel
  - ED Director
- Authority to develop a protocol
Steps to protocol development
Find your “Red Arrows”

- Look within the organization to find collaborators who have a passion for this cause
- Create a working group to share the load of work
- Multi-disciplinary
  - Clinicians
  - Social workers
  - Administrators
Identify and assess your community multidisciplinary responders
Local anti-trafficking organizations and service providers
Connecting with local anti-trafficking organizations

- Call the Trafficking Information and Referral Hotline
  - 1.888.3737.888.
- Ask them about:
  - Local providers meeting needs of victims
Rescue and Restore Coalitions

www.acf.hhs.gov/programs/orr/resource/contact-information-for-coalitions
Local Providers

- For sex and labor trafficking
- For adults and minors
- For men and women
- Housing
- Case management
- Outreach
Local Providers

- Ascertain the following:
  - Trafficking population they serve
  - Services they provide
  - Requirements for admission
  - Willingness to work with the hospital
Law enforcement
Connecting with local law enforcement on trafficking

- Ask local service providers for contacts

- Call the Department of Homeland Security Hotline at:
  - 866-347-2423
  - Ask them about:
    - Local law enforcement officials to contact
    - Local Homeland Security personnel
Connecting with local law enforcement on trafficking

Determine the presence of local anti-trafficking task force:

- [http://ovc.ncjrs.gov/humantrafficking/traffickingmatrix.html](http://ovc.ncjrs.gov/humantrafficking/traffickingmatrix.html)
Law enforcement participants

If no LE leads, then contact:

- Local Police
  - Vice detectives
- Local sheriff
  - Vice detectives
State and Federal LE

- Highway patrol
- State law enforcement agencies
- FBI
  - 800-call FBI
- Homeland security
Law enforcement participants

- Inquire about:
  - About local trafficking situation
  - Local trafficking cases
  - Willingness to assist in protocol development
Atlanta HT Task Force

- Atlanta Police Department Human Trafficking task force
- Atlanta Police Department- Special Enforcement Section
Local Government Participants
Local government participants:

Child protective services

- Ascertain the following:
  - Level on training on child trafficking
  - Presence of specialized staff working with CSEC children
Local government participants:

Child protective services

- Ascertain the following:
  - Level of working relationship with specialized service providers?
  - Willingness to work with you on preparation of a response protocol
Local government participants:

**Juvenile court**

- Ascertain:
  - Level of awareness and training on child trafficking?
  - Do they screen for victims in juvenile detention?
Local government participants:

**Juvenile court**

- Ascertain:
  - Services provided to high risk youth such as STI screening or mental health
  - Willingness to work with the hospital regarding encounters with trafficked minors
Local government participants:

- **Truant Officer**

  Ascertain:
  - Knowledge of trafficking
  - Working relationship with other agencies
Local government participants:

**Adult Court**
- Adult Court handles cases of prostitution in adults

**Ascertain:**
- Level of awareness of human trafficking
- Presence of a special court
Service Provider Participants

Local Children’s Advocacy Center

- Ascertain:
  - Knowledge level
  - Level of engagement

Children’s Advocacy Center
Reaching One Child at a Time
Other necessary participants

Hospital Participants:

- Hospital Administration
- Medical staff representation
  - Emergency Department
  - Ob/Gyn
  - Pediatrics
  - Family Medicine
  - Orthopedics
Other necessary participants

Hospital Participants:

- Nursing staff representation
- Social service representation
- Hospital security
Optional Contacts
Legal Service Providers

- Local legal aid
- Immigration attorneys
- Guardian ad litem’s
- Special advocates
- Local public defenders
- Local law schools
Other potential participants:

- County services for developmentally disabled
- Representatives from local schools
- Representatives from local churches
- Nearby professional schools
  - Medicine
  - Nursing
  - Mental/Behavioral health
  - Dental
Other potential participants:

- Nearby professional schools
  - Public health
  - Social work
  - Allied health
  - Law
  - Criminal justice
Optional education steps for working group

- Research state anti-trafficking laws
  - Utilize local legal experts
  - Shared Hope
  - Polaris Project
Optional education steps for working group

Online educational programs:

- CMDA online educational series
  - www.cmda.org/tip
- CSEC training at Atlanta Children’s
  - www.choa.org/cseccbts
- PATH/AMWA
  - www.doc-path.org/path
- National Human Trafficking Resource Library
  - http://traffickingresourcecenter.org/resources
Next step:

Create an interdisciplinary protocol committee
Elements of a good protocol
Framework of Trauma Informed Care

- Trauma informed care should ideally be used all the time in all healthcare settings
  - Must be engaged when suspicions of HT arise
- Advanced preparations regarding patient/staff safety
- Only make promises you can keep
- Patient centered treatment plans
Specific local identifiers

- Types of local international trafficking victims
- Knowledge of local pimps and pimp networks
- Knowledge of local pimp street names for tattoos
- Knowledge of local Latino brothels, Asian massage
- Information obtained from:
  - Vice squad of local police
  - FBI task force
  - Local trafficking providers
Clear separation procedure

- When to do the separation
  - With a physical examination
  - With a purported X-ray or UA

- Words to say

- Who is to do the separation

- What to do if the person refuses to leave
  - My recommendation- Push!
Designated Interviewer

- Trauma trained
  - Ideally available on all shifts
- Trained in human trafficking
- Both male and female
  - For occasional male victim
Designated Interviewer

- Good Candidates:
  - SANE Nurse
  - SAFE Nurse
  - Social Workers
  - Therapist
  - Clinical psychologist
Pre-arranged Interpreters

- Interpreters should be screened and trained
  - Especially for populations common to area
  - Through accredited agencies
  - Trauma informed care
  - Issue of human trafficking
    - They must not “judge” person being interviewed
Pre-arranged Interpreters

- Phone translation not ideal…but only alternative
  - NHTRC has trained interpreters in >200 languages
    - 888-3737-888

- State Department fact sheet on interpreters
  - [http://www.state.gov/j/tip/rls/fs/2015/245185.htm](http://www.state.gov/j/tip/rls/fs/2015/245185.htm)
Strategy for working with minors

- Mandated reporting
  - All staff trained on state mandatory reporting
  - Place for explaining limits of confidentiality
  - How to prepare minor for mandatory reporting

- Procedure of obtaining consent of minor for intervention

- Procedures for when minor refuses intervention
Strategy for working with minors

Consider an individualized response according to:

- Age of minor
- Physical condition of minor
- Emotional condition of minor
- Ability to protect minor
- Knowledge about trafficker
- Ability to provide services to minor
- Ability to follow up at a later date
Strategy for working with minors

- How to handle an emancipated minor
- Work closely with local CPS on:
  - Criteria for intervention
  - Procedure for mandatory reporting with DMST
Minor Patient refuses intervention

- Remember:
  - Very difficult to help a minor that doesn’t want help
  - If trafficker and minor have a child together, and child is with the trafficker…for the safety of the child it is better not to immediately intervene but allow LE to follow up
Strategy for adult who declines assistance

- Respect the self-determination and decision of the patient
- Collection of additional demographic info
  - License plate of vehicle
- Develop a plan to “build a bridge” with patient
  - Follow up appointment
  - Hotline number
Victim is an adult parent of minor patient

- Respect their decision if the minor is not in danger
Procedures for External Reporting

Contact number and when to call:

- Local law enforcement
- Child protective services
- Service providers
- FBI/HS
- Department of labor
Clear Guidelines and Procedures for Intervention

- Healthcare professionals are mandated reporters...not mandated interveners!

- Guidelines for intervention should be set in consultation with:
  - Hospital security
  - Law enforcement

- Clear procedures should be in place before attempting an intervention
Guidelines for Forensic Exam
## Comparing SA with ST

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Sexual Assault</th>
<th>Sex Trafficking</th>
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<tbody>
<tr>
<td>Number of perpetrators</td>
<td>Usually one or few</td>
<td>Usually many (10-20/day) Minor perpetrators</td>
</tr>
<tr>
<td>Major perpetrator</td>
<td>Those involved with sexual assault</td>
<td>Trafficker (May or may not have sex with victim)</td>
</tr>
<tr>
<td>Minor perpetrator</td>
<td>None</td>
<td>Johns (Persons who purchase sex with victim)</td>
</tr>
<tr>
<td>Forensic evidence required to prosecute major perpetrator</td>
<td>Obtained through forensic physical/pelvic examination</td>
<td>Obtained through other law enforcement methods such as cell phone tracking, testimony of victim Usually NOT obtained through forensic examination because sex with trafficker often consensual</td>
</tr>
<tr>
<td>Forensic evidence against minor perpetrator</td>
<td>Not Applicable</td>
<td>Multiple partners will possibly compromise forensic evidence. Also crime of purchasing sex from an adult is usually a misdemeanor rather than felony</td>
</tr>
<tr>
<td>Presentation to medical facility</td>
<td>Usually self-disclosing as assault victim</td>
<td>Rarely self-disclosing as victim</td>
</tr>
<tr>
<td>Impact of presentation on forensic evaluation</td>
<td>Able to perform full forensic exam or transfer to facility where exam performed</td>
<td>Physical exam may be started prior to discovery patient is a victim; this will impede performance of forensic exam</td>
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Procedures on documentation

- State laws will vary on how much information in the medical record can be used in court proceedings
  - Defense attorney may be able to get access to record
- Decide with local legal consultation:
  - Whether patient quotes should be included
    - Stories change so can be used against patient
Procedures on documentation

- Decide with local legal consultation:
  - How to document +HIV
    - Some states may charge patient for spreading HIV
  - Does state have rape shield law and does it apply to victims of sex trafficking?
  - Placing photographs in the medical record
    - Defense attorney may gain access
    - Potential for re-traumatization of patient during trial
Training

- Curriculum development
  - Different levels of training
- Assign necessary levels to various types of hospital/clinic staff
- Ongoing training
  - New employees
  - Updating information
Symposium Launch

Symposium

CPS

Judicial

Hospital

Service providers

LE

Medical Staff
Moving forward

- Distribution of protocol
- Monitoring and evaluation
  - Start at implementation
- Updating the protocol
Questions?