PROPOSAL TO THE WORLD HEALTH ORGANIZATION

"A GLOBAL RESPONSE TO HUMAN TRAFFICKING IN THE HEALTH CARE SETTING: A HUMAN TRAFFICKING PROTOCOL FOR HEALTHCARE PROVIDERS WORLDWIDE"

Presented by the Global Strategic Operatives for the Eradication of Human Trafficking
and the Sovereign Order of Malta
September 29, 2022

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Global Strategic Operatives for the Eradication of Human Trafficking

September 29, 2022

Re: Proposed Human Trafficking Policy for Healthcare Providers Worldwide

Dear Esteemed Colleagues,

Enclosed you will find two separate yet related documents. They pertain to a 'Human Trafficking Training Research Study' conducted between 2019 and 2022; *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (US)* and *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (International).*

The two studies included five large healthcare systems nationally in the United States and five similar healthcare systems internationally. The overwhelmingly positive results are reported in the document. We were pleased to see the international 'mirror' the domestic results show, proving the efficacy of our training.

We took the study a step further than others. We helped each site establish their own internal Human Trafficking Task Force, as well as create their own Human Trafficking Policy & Protocol.

Once all trainings were completed, we took all ten newly created policies and synthesized them, normalized them for cultural differences, and took all the common elements to create a "universal" policy & protocol which could be adapted by all healthcare providers everywhere.

We wish to put forth this new "*Universal Policy & Protocol for Healthcare Providers Worldwide*" to you now for your serious consideration to accept, adopt and implement worldwide.

With sincere gratitude,

Deborah O'Hara-Rusckowski, DM, RN, MBA, MTS
Special Advisor to the Ambassador on Human Trafficking

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Introduction

The UNODC defines Trafficking in Persons (TIP) as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, or practices similar to slavery, servitude or the removal of organs[1].

Stakeholders recognize that the attempts at quantifying TIP are likely gross underestimates due to the lack of a standardized methodology in estimating prevalence, and the hidden nature of the crime [2,23]. The United States Federal Bureau of Investigation (FBI) estimate that only one in 100 victims are identified. Stakeholders and the scientific community also recognize that globally, the most vulnerable and marginalized populations are the most at risk for exploitation [3,4,22]. TIP is especially lucrative, depending on the countries' markets[3], profiting an estimated $150 billion annually[3], because unlike drugs or weapons, enslaved persons are sold repeatedly, over time. Globally, an estimated 40.3 million people are enslaved through TIP in over 167 countries [3-5]. The UN Delta 8.7 Project reported that as of 2016, an estimated 152 million children were victims of child labor [7]. Victim demographics vary in different areas of the world depending on various risk factors such as poverty, resources, war, unrest, and culture.

Who We Are

The Global Strategic Operatives for the Eradication of Human Trafficking (GSO) was established after a high-level interprofessional meeting at the United Nations in 2018. The GSO is under the direction of the Order of Malta Mission to the United Nations (UN). The GSO chose to initially focus on healthcare above other sectors, such as law enforcement, airlines, or business, because rigorous studies reported 88% -92% of survivors sought out medical care while being trafficked, and healthcare providers (HCP) may be the only professional encounter while under the control of the trafficker[8-10].

The Problem

Currently, there is not a global, universally customizable TIP response procedure framework to guide the HCP's response when a trafficking victim presents for medical care [2]. There is a dire need for a trauma-informed, survivor-informed, evidence-based procedure framework that organizations globally, can adapt and modify, based on local and tribal laws, organizational policies, language, geographic regions, and cultural and ethnic norms.

Trafficked persons report visiting healthcare providers for a complex variety of acute and chronic injuries and diseases as well as mental health complaints, oftentimes repeated visits, without appropriate screening, identification, treatment, or appropriate post-discharge referrals for services [11-14]. Additionally, victims report that some visits seeking health care resulted in additional

physical and emotional trauma [11]. The impact of TIP victimization ranges from individual health consequences (e.g., traumatic injury, infections, pregnancy, malnutrition, exposure to toxins, post-traumatic stress disorder, and depression) to family strife and division in addition to complex public health adverse outcomes for societies at-large [11-14]. There are long-term mental and physical health consequences suffered by survivors of TIP [14]. These consequences are a direct result of the trauma, especially when the victimization occurs at an early developmental age [15], impacting the physical and mental health of the person[15, 17], undermining the social structure in the community[16], and creating a population of persons with reduced liberty and shortened life spans[18,19].

TIP has been recognized as a global pandemic[20] which was made exponentially worse with the COVID-19 global pandemic dramatically increasing the risk of TIP globally. With the forced isolation and increased use of social media, the traffickers moved their businesses from the streets to online [21].

> "The global pandemic of severe acute respiratory syndrome coronavirus two exacerbates major risk factors for global human trafficking. Social isolation of families and severe economic distress amplify the risk of interpersonal violence, unemployment, and homelessness, as well as increased internet use by under-supervised children. Aggravating the situation are overwhelmed health systems, severe limitations in activities of social service organizations, and decreased contact of healthcare professionals with children. *Healthcare professionals have a duty to be alert to possible indicators of trafficking, and aware of available victim resources which can be offered to at-risk patients. Healthcare facilities should take steps to increase public awareness of trafficking and community resources.*"[21]

Interdiction is occurring globally, through international policing organizations, national and regional improvement in anti-TIP laws, and in cooperation with policy and health organizations such as the UN and the Delta 8.7 project, the International Labor Organization (ILO), and the World Health Organization (WHO), however, healthcare providers do not routinely recognize, identify, or screen for persons presenting with a trafficking experience. For that reason, the publication of a *Global Healthcare Provider Response to Human Trafficking* is essential.

Purpose

The purpose of this proposal is to present the WHO, and their stakeholders, with a health care response to TIPs procedure framework for global adoption. The goal of this proposal is to sustainably empower organizations globally in adapting and modifying, based on local and tribal laws, organizational policies, language, geographic regions, and religious, cultural and ethnic norms, policies, and procedures to guide the trauma-informed, survivor-informed response to trafficked persons presenting for treatment in health care facilities.

The proposed procedure framework for consideration will define how to recognize, identify, and implement a trauma-informed, survivor-informed, person-centered, culturally appropriate response to trafficked persons seeking health care. Currently, there is not a global, universally generalizable TIP response procedure framework to guide the HCP's response when a trafficking victim presents for medical care. There is a dire need for a trauma-informed, survivor-informed,

evidence-based procedure framework that organizations globally, can adapt and modify, based on local and tribal laws, organizational policies, language, geographic regions, and religious, cultural and ethnic norms.

Approach

To address the identified problem, the GSO conducted two studies entitled, *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (US)* and *The Global Strategic Operatives for the Eradication of Human Trafficking: Recognizing and Responding to Trafficking in Persons in the Healthcare Setting-Domestic (International).* As GSO comes under the umbrella of the Order of Malta Mission to the UN, the Malta Mission approved the study, and a private donor funded the study. Institutional Review Board (IRB) approval, which protects the rights of human research participants, was obtained through the University of Texas at Tyler.

The study sample included five of the largest, leading United States (US) healthcare systems and five international healthcare sites desiring training on TIP for their organizations and HCPs. The manuscripts reporting the study findings for publication is currently in the revision stage. GSO healthcare experts and researchers worked with each site's clinical leadership team and where available, their research teams, to assist them in establishing their own internal human trafficking (HT) policy and protocol.

The policies and procedures collected from each site were synthesized, normalized for cultural differences and common denominators, and informed by the latest research to create one common, 'universal procedure,' closing the gap for healthcare providers and health care organizations worldwide with the proposed Universal Procedure Framework (Appendix 1).

Methods

The GSO sought to begin to address the lack of a universal protocol through four steps: Two interventions and two empiric studies. The Miller Health Care Provider Human Trafficking Education Model (Appendix 2) [23-25] was used to inform the GSO domestic and international studies to test the hypothesis that evidence- based, trauma-informed, and survivor informed education would a) increase HCPs' confidence in identifying HT victims in the health care setting, b) increase HCPs' perceived confidence in responding to HT victims in the health care setting c) that the adoption of policies and procedures would increase HCPs' confidence in providing care to HT victims, and d) increase the number of victims identified in the health care setting after receiving the HT education and the adoption of organization specific policies and procedures.

1. Design an evidence-base, trauma-informed and survivor-informed education program for HCPs on TIP. The GSO targeted large health care systems in the US *and* internationally, resulting in over 450,000 healthcare providers and employees trained to recognize, identify, and intervene with persons experiencing human trafficking.
2. Provide evidence-based assistance in developing organization specific, trauma-informed, survivor-informed, evidence-based, and culturally specific TIP response procedure to

organizations desiring the TIP education and that had a desire to develop a TIP response protocol.

3. Conduct a rigorous, empiric pilot study in the US to answer four research questions:
    a. In HCPs receiving the GSO TIP education, will there be an increase in HCPs' confidence in identifying HT victims in the health care setting?
    b. In HCPs receiving the GSO TIP education, will there be an increase in HCPs' confidence in responding to HT victims in the health care setting?
    c. In participating organizations that adopt official policies and procedures for responding to trafficked persons in the health care setting, is there an increase in HCPs' confidence in providing care to HT victims?
    d. In participating organizations that adopt official policies and procedures and attend the GSO TIP training for responding to trafficked person in the health care setting, is there an increase in the number of potential or confirmed HT victims identified in the health care setting in the full year post education attendance and procedure adoption?
4. With the success of the US pilot study, the study was replicated at five international sites in India, Ethiopia, Nigeria, Rome, and Milan. Three other international sites were to be included; Romania, Poland, and the Philippines, however these sites were postponed due to the limitations imposed by COVID-19.

Results

The US study had 245 (*n*=245) study participants, and the international study had 147 (*n*=147) study participants, for a total of 392 (*n*=392) study participants in the US and internationally. The results showed statistically significant improvements in HCPs confidence in their ability to identify and respond to potential HT victims in the health care setting after the adoption of organization specific policies and procedures and attendance at the GSO TIP training (Tables 1a,1b,1c,2a,2b,2c).

Proposed Protocol for Consideration

The evidence, the GSO studies, and a strong evidence-base, strongly supports the position that a universal protocol framework that promotes the life and dignity of the human person to guide the HCP's response to TIP in the health care setting is critically needed. Furthermore, this proposal supports the UNODC's position that effective action to prevent and combat TIP requires a comprehensive international approach and that there is no universal instrument to address all aspects of TIP and is in support of the UNODC's Sustainable Development Goals (SDG) including eliminating all forms of violence against all women and girls, to take effective measures to eradicate forced labor and end all forms of violence against children (UNODC, 2020; UNODC n.d.). We have conducted these activities to address the HCP response element of the gap recognized by the UNODC.

Therefore, we wish to submit and propose the attached "*Universal Policy and Procedure on Human Trafficking for Healthcare Providers"* for acceptance, adoption, and dissemination by the

World Health Organization (WHO) to all healthcare providers and their organizations worldwide (Appendix 1).

Conclusion

TIP is recognized as a global pandemic with tens of millions, if not hundreds of millions of human-beings being victimized by human traffickers every day. Evidence shows that most of the world's TIP victims, from our most vulnerable and marginalized populations, are never identified…and therefore, never receive the health care and other after-care support they need through the referrals of HCPs. Evidence has also shown that HCPs may be the only professionals that interact with enslaved individuals while under the control of their trafficker/traffickers. Therefore, as a society, as nations, as members of the human-race, and as health care providers, we are ethically and morally bound to advocate for our most vulnerable and marginalized populations around the world. The GSO and their participant organizations and HCP participants, The Sovereign Order of Malta, and our contributors are answering the advocacy call by offering this proposal to the WHO for consideration.

Appendixes

Appendix 1. Proposed TIP Response Protocol Framework

Global Strategic Operatives — for the Eradication of Human Trafficking — Initiated at the United Nations 2018 **Global Strategic Operatives for the Eradication of Human Trafficking, Inc. (GSO)**	
TITLE	*Adopting organization: Please rename Policy and Procedure (PP) in alignment with your own Organization's PP title.* Proposed Universal Human Trafficking Policy and Procedure for Healthcare Providers Worldwide
TYPE	Public
AUTHOR(S)	*Adopting organization: 1. Transfer content to your organization's policy letterhead. 2. Remove the GSO Authors and insert your organization's authors. 3. Translate final document into the culturally, language, dialect, and nomenclature appropriate for your location.* **This proposed Policy and Procedure is not meant to be all-inclusive but meant to be evidence-based general guidelines which empower organizations large, small, and regardless of country or region, with a framework upon which to build policies and procedures specific to their specific needs and patient populations.* Ms. Deborah O'Hara-Rusckowski, RN, MBA, MTS, Founder Organizer: Project Sponsor, Global Strategic Operatives for the Eradication of Human Trafficking, Inc. Dr. Cathy Miller RN, PhD Director of Research Global Strategic Operatives for the Eradication of Human Trafficking, Inc. Ms. Wilonda Green, Coordinator Global Strategic Operatives to Eradicate Human Trafficking, Inc.

GENERAL STATEMENT of PURPOSE

As a response to the global human trafficking (HT) public health epidemic, this policy establishes process and procedures to guide health care providers' (HCP) responses to HT victims in their clinical settings.

POLICY

It is the policy of *insert organization name* that any patient who reports, or is suspected of, being a victim of HT shall be evaluated by a trained HT HCP using the Primary (1st) and Secondary (2nd) screening tools (see attached) *For adopting organization: If your organization utilizes different tools, please replace. The tools provided here are examples.* Upon suspicion that a HT victim has been identified, the HCP is directed to contact the clinical supervisor on duty immediately and/or the HT Champion. In addition, crisis

intervention, a safe discharge plan and referral to community agencies for follow-up care shall be provided as appropriate.

SCOPE

This policy applies to all health system employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees, and other persons performing work for or at *For adopting organizations: Insert organization name*; faculty and students of health system affiliated collages and/or universities at any health system facility.

DEFINITIONS

Human Trafficking is a form of modern –day slavery and an extreme violation of human rights. The health effects of trafficking are both wide-ranging and largely dependent on the situations experienced by individual victims which result in acute and longitudinal adverse mental and physical health outcomes.

> The UNODC [1] defines Trafficking in Persons (TIP) as the recruitment, transportation, transfer, harboring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labor or services, slavery, or practices similar to slavery, servitude or the removal of organs.

The United States Trafficking Victims Protection Act (TVPA) of 2000 and subsequent revisions, recognize sex and labor trafficking as "severe" forms of TIP and are defined as:

Sex Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Labor Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, using force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Human Trafficking Champion:

Appoint and train a HT Champion. Champions are the Human Trafficking experts in their clinical settings. Champions provide initial clinical care to Human Trafficking patients and communicate with hospital administration and personnel. In addition, Champions will likely be the first to develop partnerships with community agencies specializing in trafficking victim support services and care.

Community Resource List
An important part of victim response is maintaining a list of community agencies to assist with patient referrals including descriptions of services provided by the agencies, as well as populations served. This includes law enforcement, child welfare, adult protective services, and organizations that provide support to victims/survivors of abuse, neglect, or violence.

Referral to treatment: The referral-to-treatment process consists of assisting a patient with accessing specialized services and helping navigate any barriers, such as costs and/or lack of transportation, housing, food, and child care that could hinder recovery. The key to appropriate referrals post-discharge is to have a list of agencies readily available in the community support services to victims of HT.

Red flag: A red flag associated with human trafficking is any observable sign that might indicate human trafficking. The Dignity Health evidence-based, peer-reviewed triage screening currently includes the following red
flags: (1) accompanied by a controlling person, (2) not speaking for self, (3) medical and/or physical neglect, (4) submissive, fearful, hypervigilant, and/or uncooperative, and (5) other. The "other" category is important as there are numerous additional risk factors, signs, and symptoms that could indicate human trafficking. whether the client will receive services with the preferred provider. The basic red flags of HT are universal and there may be others relevant to the organization's regional cultural norms.

PROCEDURE

Insert organization name will identify members and establish an internal HT Task Force or committee within the health system. *Insert organization name* will identify Task Force members to represent stakeholder departments/ disciplines in the facility. The established

Human Trafficking Response Program will provide interdisciplinary education and training in identifying victims and responding to victims and survivors of human trafficking and those at risk for exploitation.

Insert organization name shall establish and implement HT training for all individuals licensed or
certified pursuant to *Insert stakeholder country and/or region* laws and certification requirements for
professionals providing direct patient care, and for all security personnel.

PROCEDURE:

A. Following (Figure 1 HT Adult Algorithm).

B. Document risk factors and observable signs/symptoms in the electronic health record.

C. Document additional information, including wounds, injuries, and patient statement for patients' exhibiting risk factors or signs/symptoms of abuse, neglect, or violence, make a referral based on the relevant local resources. Evaluate the need to make a referral to other support personnel to provide professional emotional, advanced clinical and/or spiritual support.

D. The patient's medical history, along with physical findings and any oral disclosures must be documented in writing, using direct, unaltered quotes from the patient to the extent possible.

E. Provide the patient with local available support resources based on the clinician's clinical judgment and available resources, including contact information for hotlines or community agencies, and ask if the patient requires assistance.

F. If the adult patient accepts/requests assistance with accessing public or private community agencies, then document the patient's consent and which agencies were contacted.

    1. Notify law enforcement in the jurisdiction where the crime occurred based on local, regional and/or tribal laws with regard to mandatory reporting laws in the organization's.

G. Report safety concerns (e.g., potential abuser is on-site or may arrive on-site) to Security and the appropriate administrator.

H. If there are concerns regarding procedural steps, particularly a variance or breakdown in policies or procedures, notify the *insert organization name*.

I. Contact the designated *insert organization name and individual/department* for concerns regarding HCP secondary trauma and emotional distress, as needed.

J. Ensure certified translators are available in person or by translation service for HT victims that may present that speak another language than the primary language used at *insert organization name.*

K. *Insert organization name* will post information regarding HT such as hotlines, non-governmental support organizations (NGOs), and posters issued by accredited Human Trafficking Resource Centers and/or stakeholder organizations.

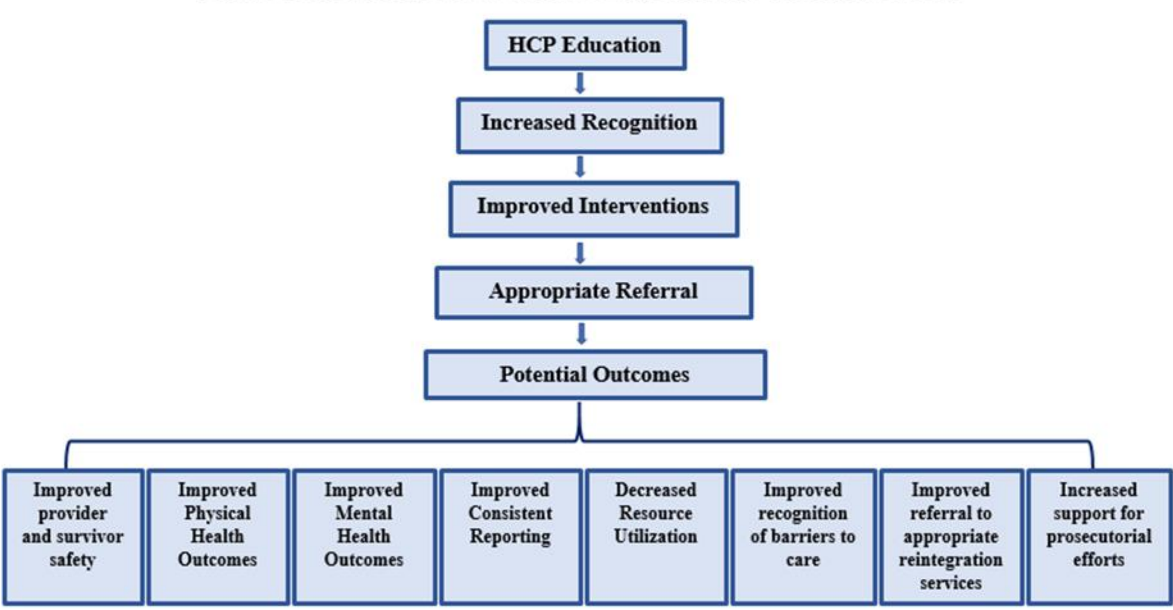
TRAINING AND EDUCATION

During Orientation and Re-Orientation, educate staff, physicians, volunteers, and contract employees; this includes but is not limited to:

1. Risk factors for and signs/symptoms (verbal/nonverbal indicators) of abuse, neglect, or violence and follow-up procedures for patients who may be victims/survivors, e.g., trauma-informed approach to patient care.
2. Best practice guidelines regarding documentation of wounds, injuries, and patient statements.
3. Process for patients requesting or requiring sexual assault forensic exam.
4. Best practice guidelines for the provision of Trauma-Informed Care (TIC) (Appendix 3).

For NON-URGENT questions and further information, please contact *insert organization name and designee information.*
*The GSO provides evidence-based, trauma-informed, survivor-informed, scientifically evaluated and peer-reviewed HT training. For more information, please contact the GSO at https://www.globalstrategicoperatives.org/trainings

Appendix 2. Miller HCP HT Education Model



Appendix 3. PEARR Tool

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

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

PROVIDE PRIVACY

1. Discuss sensitive topics **alone** and in **safe, private setting** (ideally private room with closed doors). If companion refuses to be separated, then this may be an indicator of abuse, neglect, or violence.** Strategies to speak with patient alone: State requirement for private exam or need for patient to be seen alone for radiology, urine test, etc.

   Note: Companions are not appropriate interpreters, regardless of communication abilities. If patient indicates preference to use companion as interpreter, see your facility's policies for further guidance.**

   Note: Explain **limits of confidentiality** (i.e., mandated reporting requirements) before beginning any sensitive discussion; however, do not discourage person from disclosing victimization. Patient should feel in control of all disclosures. Mandated reporting includes requirements to report concerns of abuse, neglect, or violence to internal staff and/or to external agencies.

EDUCATE

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

ASK

3. Allow time for discussion with patient. Example: "Is there anything you'd like to share with me? Do you feel like anyone is hurting your health, safety, or well-being?"** If available and when appropriate, use **evidence-based tools** to screen patient for abuse, neglect, or violence.**

   Note: All women of reproductive age should be intermittently screened for intimate partner violence (US Preventive Services Task Force Recommendation Grade B).

4. If there are indicators of victimization, **ASK** about concerns. Example: "I've noticed [insert risk factor/indicator] and I'm concerned for your health, safety, and well-being. You don't have to share details with me, but I'd like to connect you with resources if you're in need of assistance. Would you like to speak with [insert advocate/service provider]? If not, you can let me know anytime."**

   Note: **Limit questions** to only those needed to determine patient's safety, to connect patient with resources (e.g., trained victim advocates), and to guide your work (e.g., perform medical exam).

RESPECT AND RESPOND

3. If patient denies victimization or declines assistance, then **respect patient's wishes.** If you have **concerns about patient's safety,** offer hotline card or other information about resources that can assist in event of emergency (e.g., local shelter, crisis hotline).** Otherwise, if patient accepts/requests assistance with accessing services, then **provide personal introduction** to local victim advocate/service provider; or, **arrange private setting** for patient to call hotline:

   National Domestic Violence Hotline, 1-800-799-SAFE (7233);
   National Sexual Assault Hotline, 1-800-656-HOPE (4673);
   National Human Trafficking Hotline, 1-888-373-7888 **

** Report safety concerns to appropriate staff/departments (e.g., nurse supervisor, security). Also, REPORT risk factors/indicators as required or permitted by law/regulation, and continue **trauma-informed** health services. Whenever possible, schedule follow-up appointment to continue building rapport and to monitor patient's health, safety, and well-being.

Tables

The GSO *US* Study Results are reflected in Tables 1a, 1b, and 1c. The GSO *International* Study Results are reflected in Tables 2a, 2b, and 2c. The full survey questions are reflected in Tables 1b and 2b.

Table 1a. Survey Questions

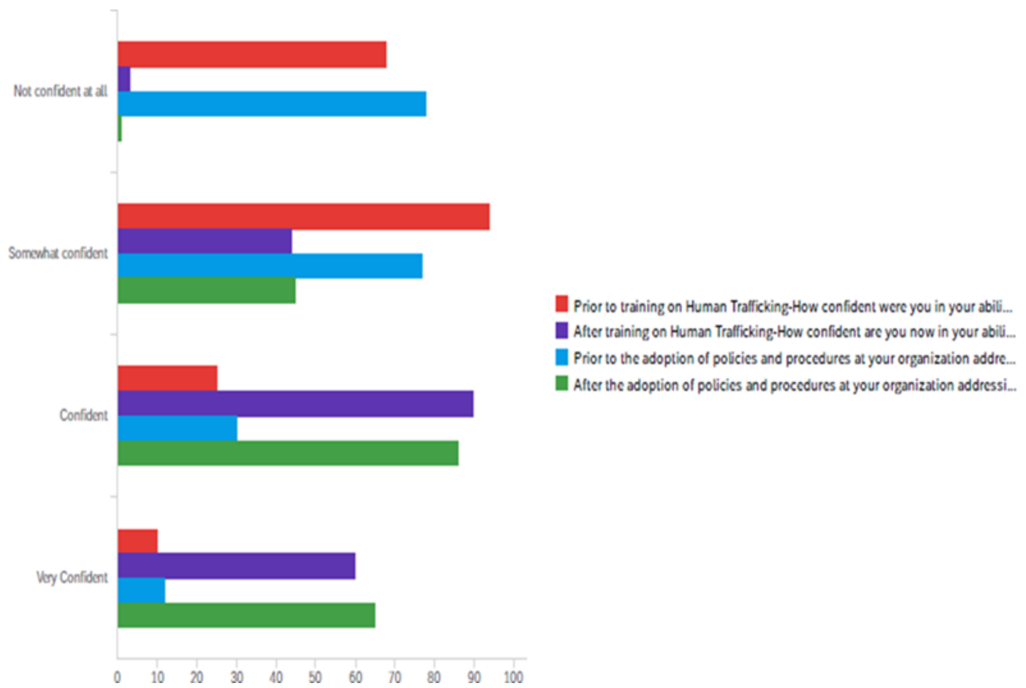


Table 1b. Survey Questions

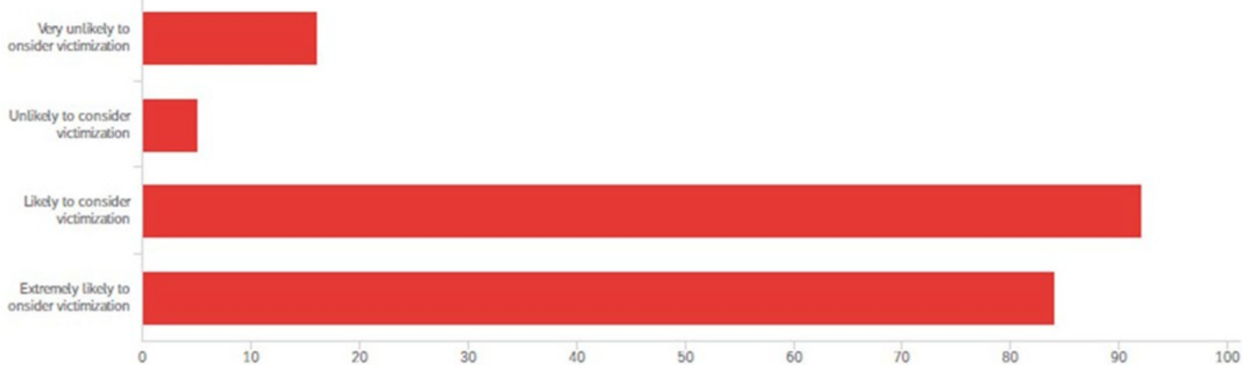
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	1.00	4.00	1.88	0.81	0.66	197
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.00	4.00	3.05	0.77	0.59	197
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	1.88	0.88	0.78	197
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	3.09	0.76	0.57	197

#	Field	Not confident at all	Somewhat confident	Confident	Very Confident	Total
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	34.52% 68	47.72% 94	12.69% 25	5.08% 10	197

#	Field	Not confident at all	Somewhat confident	Confident	Very Confident	Total
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.52% 3	22.34% 44	45.69% 90	30.46% 60	197
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	39.59% 78	39.09% 77	15.23% 30	6.09% 12	197
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	0.51% 1	22.84% 45	43.65% 86	32.99% 65	197

Table 1c. Decriminalization

Patients may present for medical care with criminal charges pending (such as prostitution) or other issues such as drug abuse/misuse. After your human trafficking training: How likely are you to consider the same patients as potential crime victims instead of criminals?



International Study Results

Table 2a. Survey Questions

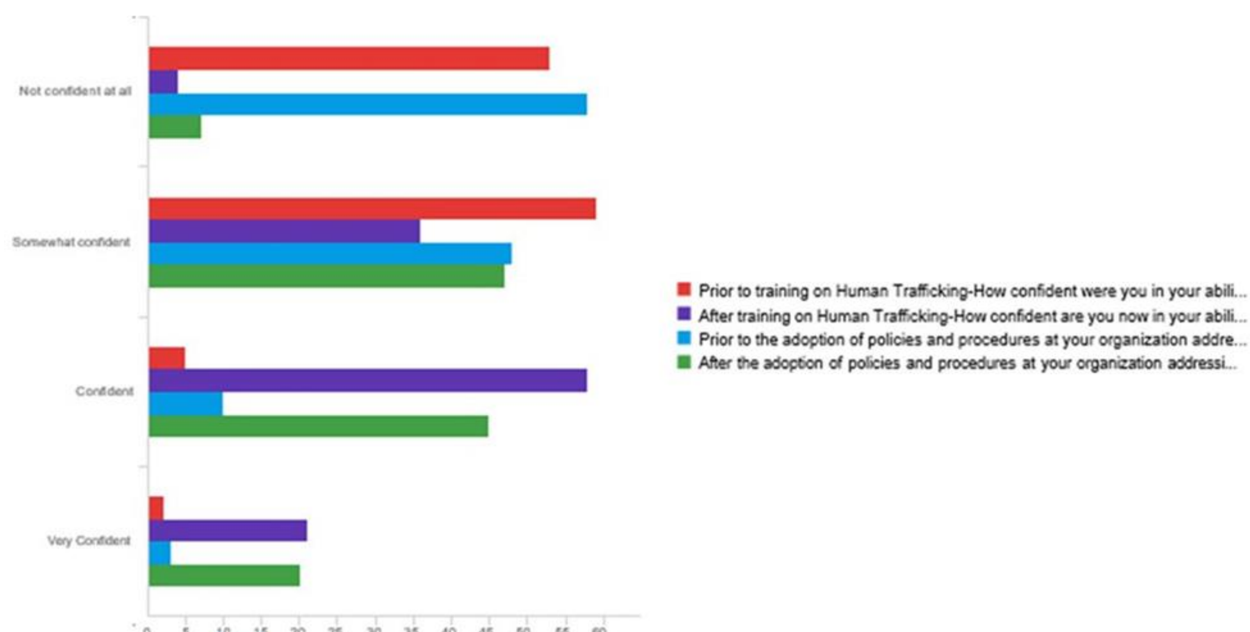


Table 2b. Survey Questions

#	Field	Not confident at all		Somewhat confident		Confident		Very Confident		Total
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	44.54%	53	49.58%	59	4.20%	5	1.68%	2	119

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Prior to training on Human Trafficking-How confident were you in your ability to identify potential human trafficking victims in the health care setting?	1.00	4.00	1.63	0.65	0.42	119
2	After training on Human Trafficking-How confident are you now in your ability to identify human trafficking victims in the health care setting?	1.00	4.00	2.81	0.76	0.58	119
3	Prior to the adoption of policies and procedures at your organization addressing human trafficking-how confident were you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	1.65	0.74	0.55	119
4	After the adoption of policies and procedures at your organization addressing human trafficking-how confident are you in your abilities to respond in a trauma-informed manner to victims of human trafficking presenting for health care services?	1.00	4.00	2.66	0.82	0.68	119

Table 2c. Decriminalization

Patients may present for medical care with criminal charges pending (such as prostitution) or other issues such as drug abuse/misuse. After your human trafficking training: How likely are you to consider the same patients as potential crime victims instead of criminals?

Figures

Figure 1. TIP Identification Algorithm

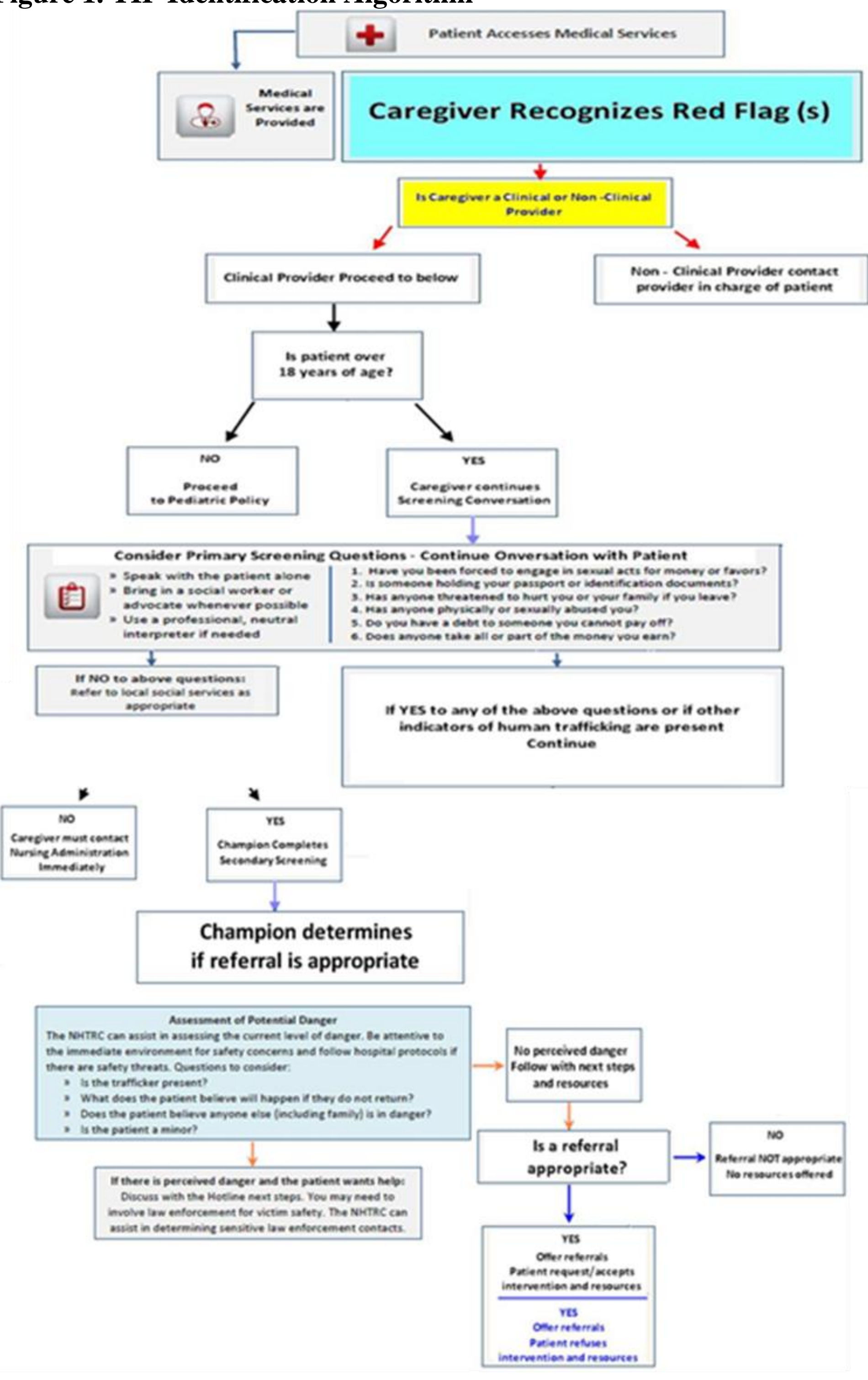


Figure 2. Secondary TIP Screening Tool

SECONDARY SCREENING

This form was created to help health care providers identify victims of human trafficking. It was designed taking into consideration, privilege and confidentiality protections. To maintain these protections, a health care provider only needs to obtain a "yes or no" answer and should not obtain any other additional trafficking facts. If a person answers yes to any questions, then the correlating box should be checked. If at least one box is checked, the person is most likely a victim of a severe form of trafficking in persons under the federal definition (22 USC § 7102). If the health care provider suspects trafficking, she/he should refer to the Adult Human Trafficking Algorithm.

Check the box if the answer is "Yes" - Remember you only need at least one checkbox from each column

PROCESS	MEANS	ENDS
Recruiting o Did someone promise you a different job than the job you were required to work? o Have you ever done activities that were different from what you were promised or told? **Harboring** o Were you unable to contact your family and friends or was your contact limited? o Was another person in control of where you lived or worked? o Did you live in the same place where you worked? o Were you unable to come and go whenever you wanted?	**Force** o Did someone physically or sexually hurt you? o Have you ever worked (or did other activities) or lived somewhere where there were locks on the doors or windows or anything wise that stopped you from leaving? o Were you forced to work while sick? **Coercion** o Did anyone ever make you feel scared or unsafe? o Did someone threaten you, your family or anyone around you? o Did anyone at the place where you lived or worked monitor you or stop you from contacting your family, friends or others? o Did anyone you ever worked for or lived with threaten to report you to the police or other authorities? o Has your identification documents or passport been taken away from you?	**Labor Trafficking** o Have you ever been pressured to do anything you didn't want to so to pay back money that you borrowed or owed something? o Were you forced to work to pay off a debt to your employer? o Did anyone where you worked ever take your money for things, for example for transportation, food, or rent? o Were you forced to give someone else the money you earned? o Have you worked for someone or done any other activities for which you thought would be paid? o Did you ever feel like you couldn't stop working because someone was going to you or your family? o Were you ever allowed to take breaks where you worked (or did other activities) for example to eat, use the telephone or bathroom? o Have you ever felt you could not leave the place where you worked (or did other activities)?

PROCESS	MEANS	ENDS
Transportation o Did someone transport you to the U.S? o Did someone transport you from home to where you worked?	**Fraud** o Were you lied to about the type of work, salary or hours? o Did they promise you immigration status that they did not seek for you? o Have you worked for someone or done any other activities for which you thought you would be paid? o Did anyone where you worked (or did other activities) ever trick or pressure you into doing anything you did not want to do?	**Sex Trafficking** o Have you been forced to have sex for money, food, shelter, or other needs? o Did you ever have sex for things of value (for example money, housing, food, gifts, or favors)?
Obtaining / Providing o Did someone receive the money you earned directly? o Did someone else advertise your services or force you to advertise yourself?		**Minor Sex Trafficking** o (If under 18) Have you had sex for money, food, shelter, or other needs? * Do not need to have force fraud or coercion if minor

CAST @ 2016 / Northwell Health Human Trafficking Response Program 2018

- **If you have questions about completing this form, please contact your manager immediately.**
- **This form must be scanned and emailed to ________________ immediately upon completion.**
- **Original, completed screen must be placed on the medical record.**

Figure 3. Potential Red Flags

Common Work and Living Conditions

- Feels unsafe at work or home
- Is not in control of his/her own money and/or identification documents *(e.g. Passport, License)*
- Is not free to leave or come and go as he/she wishes
- Has provided sex for money, shelter, or other basic needs
- Is unpaid for work, paid very little, or paid only through tips
- Has expressed financial desperation
- Has overwhelming debt to employer
- Works excessively long or unusual hours

Poor Mental Health or Abnormal Behavior

- Is anxious, depressed, submissive, or paranoid
- Exhibits unusually fearful behavior, especially if bringing up law enforcement
- Avoids eye contact
- Self-harming behaviors

Poor Physical Health

- Appears malnourished
- History of sexual and/or substance abuse, STD/STI
- Branding
- History of substance abuse
- Shows signs of physical and/or sexual abuse, physical restraint, or torture
- Partial/incomplete abortions or miscarriages, and or abortion-related consequences
- Neglected or delayed treatment for injury

Lack of Control

- Accompanied by someone who insists on answering questions for the patient
- Has few or no personal possessions
- Is not in control of his/her own money
- Is not in control of his/her own identification documents (e.g. passport, driver's license)
- Is not allowed to speak for themselves (e.g. a third party insists on being present)

Other

- Inability to clarify address where he/she is staying
- Has few or no personal possessions with them
- Lack of knowledge of current location, time, or date
- Inconsistent stories and/or histories
- Fear of authority figures
- Signs and symptoms of physical and/or mental abuse
- Wanting to leave AMA
- Inappropriate dress for weather or situation

Please note not all Red Flags are created equal.
For example: lack of eye contact can be a cultural matter.
Be sure to always use discernment in identification and recognition.

Figure 4. Potential Screening Questions

- What is your address?
- What type of work do you do?
- Have you or your family been threatened if you quit?
- Do you get to keep all the money you make?
- Do people force you take any drugs?
- Where do you sleep?
- Do you have your own food?
- Do you have to ask permission to eat, sleep, go to the bathroom?
- Are there locks on the doors and windows where you live?

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GSO Pilot Study –Human Trafficking Training for Healthcare Providers 2019 – 2022

US Healthcare Pilot Site Participants

1. Baptist Health, South Miami Hospital, FL – Training November 12-14, 2019
   Primary Contact: Nada Wakim / GSO Liaison: Charrita Ernewein

2. Advocate Aurora Health, Chicago, IL – Training December 2-4, 2019
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3. Hackensack Meridian Health, NJ – Training December 4-6, 2019
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4. RWJ Barnabas Health, NJ – January 27-29, 2020
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   Other Contacts: Kim Palestis and Margaret Ames

5. Northwell Health – February 10-12, 2020
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International Healthcare Site Participants

1. KMCH Hospital & Medical College, Chennai, India
   Contact: Dr. PM Nair   Dates Completed: February 15-17, 2020

   ****Many Cancelations due to COVID starting March 2020****

2. Catholic Hospital of Ethiopia   Dates Completed: July 15 & 16, 2021
   Contact: Dr. Belen Shewangezaw

3. Ancilla Catholic Hospital, Nigeria   Date Completed: July 31, 2021
   Contact: Sr. Judith Inyanga

4. University of Sacred Heart Hospital, Rome, Italy
   Contact: Alessandro Stievano   Dates Completed: March 15 & 22, 2022

5. University of Milan GSD International Health, Milan, Italy
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