



Human Trafficking and Health Care:

**Practical Strategies for Building
Interprofessional Networks**





Introductions



Webinar 1 Recap


- Definitions and overview
- Determinants (push and pull factors)
- Health impact
- Trauma-informed care
- Identification and assessment
- Intervention and follow-up

Webinar 2 Outline

- Survivor needs and resources in social service, legal, and mental health arenas
- Skills for identifying referrals
- Strategies for building interprofessional partnerships
- Accessing resources

CEU/CME Procedure

- 3 credit hours for participation in both webinars
- Complete an evaluation within 24 hours of receiving the link via email
- Receive CEU/CME certificate by email within a week of submitting the evaluation



Social Work and Human Services for Survivors

Morgan Burdick and Zahra



Common Survivor Needs

Immediate

- Emergency medical needs
- Emergency Financial Assistance & Basic Needs
- Interpretation
- Legal services
- Safety planning and danger assessment

Short-Term

- Mental and physical healthcare
- Employment/Income
- Language assistance
- Legal services and immigration relief
- Sense of safety

Long-Term

- Health and healing
- Career & Education
- Language classes
- Legal services
- Family reunification and community

Barriers for Survivors to Access Services

Survivors of trafficking often face significant barriers to accessing supportive services which often include...

Marginalized identities

Language access needs

Disability access needs

Lack of ID or immigration documents

Fear

Transportation

Stigma and shame

Difficulty with trust

Trauma

Cultural and religious needs

Survivor-Centered Advocacy or Case Management:

- A case manager or advocate works with a survivor to:
 - Identify and prioritize goals
 - Identify appropriate resources
 - Alleviate barriers to accessing resources
- Often ongoing relationship
- Advocacy and case management provided typically by community-based agencies, not by hospital social workers

Survivor's self-determination

The diagram features a dark blue background. On the left, a green, wavy-edged box contains the text 'Survivor's self-determination'. A white-outlined arrow with a green fill points from this box to the right. On the right side, there are two more green, wavy-edged boxes stacked vertically. The top box contains the text 'Increase safety' and the bottom box contains the text 'Reduce harm'.

Increase safety

Reduce
harm

Safety Planning

Immediate safety planning questions:

- Do you feel safe to leave today?
- Do you have friends or community members who you can trust?
- Do you have access to your own identification? (If your practice has a copy of their ID, can they provide a copy back to the survivor?)
- Are you able to keep some money, clothes, food in a safe place?
- Are you able to get somewhere safe if there is an immediate threat of violence?

Refer to an organization serving survivors of human trafficking or domestic violence for comprehensive safety planning.

Mandatory Reporting of Human Trafficking

- Human trafficking of an adult is **not reportable**
- Human trafficking of a minor is **reportable** in all 50 states
- State laws vary regarding elders, people with disabilities, penetrating wounds, gunshot wounds
- Filing a report on an adult without their consent is a violation of their right to privacy and may increase danger
- Above all, identify and support survivors' choices

State by state guide:

https://www.childwelfare.gov/pubPDFs/definitions_trafficking.pdf

Caveats on Mandatory Reporting

If you are a mandated reporter, you need to **disclose this responsibility** otherwise you can violate someone's trust and cause harm

- Explain:
 - To whom report will be made
 - Why it's helpful

Always offer to call with the minor

Professional Boundaries and Self-Care

- Maintain a survivor-centered approach- the idea of “rescue” disempowers the survivor
- Provide options - share information to help the survivor understand resources
- Focus on empowerment - support the survivor to do things themselves
- You are more effective if you take care of yourself

Finding a good fit

There may not always be multiple options for social service partners. Here are some helpful criteria for selecting a referral partner:

- Language Capacity
- Works with trauma-informed approach
- Agency values and context
- Employs survivors and survivor advocates
- Organizational expertise and knowledge
- Educational Qualifications and Licensing

Legal Remedies and Challenges for Survivors

Katy Giguere and Chris Lapinig, Esq.

Overview

Immigration

- How immigration status affects foreign-born victims
- Immigration relief available to survivors

Civil

- Filing a civil lawsuit against traffickers to seek restitution
- Seeking civil protection orders

Criminal

- Challenges in prosecuting crimes of trafficking
- Challenges in defending victims in criminal court

Trafficking and Immigration Status

Immigration status	What it means	Legal to work?	Risk of deportation?
No lawful status/ undocumented	- Overstayed a visa or entered without inspection	NO	YES
H2B Visa/J-1 Visa (Temporary Work Visas)	- Temporary work visa or cultural exchange visa, tied to particular employer or institution	YES (with specified employer)	YES
Green card holder (lawful permanent resident)	- Can receive lawful permanent residence from spouse/family/work sponsorship, U/T visa, lottery system.	YES	YES
US citizen	- Born in the U.S., to US parents abroad, or has naturalized	YES	NO

T Visas

Eligibility	Process and Benefits
Must be in the United States on account of trafficking	Law enforcement certificate not necessary
Must comply with any reasonable request from law enforcement	No backlog because 5,000 visa cap has not been reached
Must demonstrate likelihood of extreme hardship if deported	Can become LPR within four years or at the end of the prosecution
Must be admissible into the US or apply for waiver	Can include spouse and/or children as derivatives

U Visas

Eligibility	Process and Benefits
Must be victim of a severe qualifying crime (including trafficking, domestic violence)	Can get work authorization within 2-3 years
Must obtain certificate from law enforcement agency certifying that you are/were helpful to investigation	10+ years backlog because only 10,000 visas given each year
Must show that you suffered substantial mental or physical harm	Can become LPR after 12-15 years (because of backlog)
Must be admissible into the United States or apply for waiver	Can include spouse and/or children as derivatives

VAWA Self-Petition

Eligibility	Process and Benefits
Must prove that your spouse is a US citizen or lawful permanent resident	Do not need report abuse/trafficking to authorities
Must prove that you suffered abuse or severe cruelty	Can often get access to public benefits within 3-4 months
Must prove that you married in good faith and that you shared joint residence	Can become LPR with a year-year and a half
Must prove that you are a person of "good moral character"	Can include spouse and/or children as derivatives

Vulnerabilities faced by noncitizens

Threats of
deportation by
traffickers

Increased ICE
enforcement

Criminal charges
affect immigration

ICE presence in
courts, hospitals

Civil Litigation

- Civil lawsuit seeking restitution
- Victim controls the case
- “Preponderance of evidence”
- Need to safety plan with client- know pros and cons of pursuing civil remedies
- Lost wages
- Physical and emotional harm

Civil Protection Order

- Likelihood of repeated harassment and intimidation
- Restraining order from family or criminal court
- Each state has slightly different laws
- Defendant will be arrested immediately for violating it

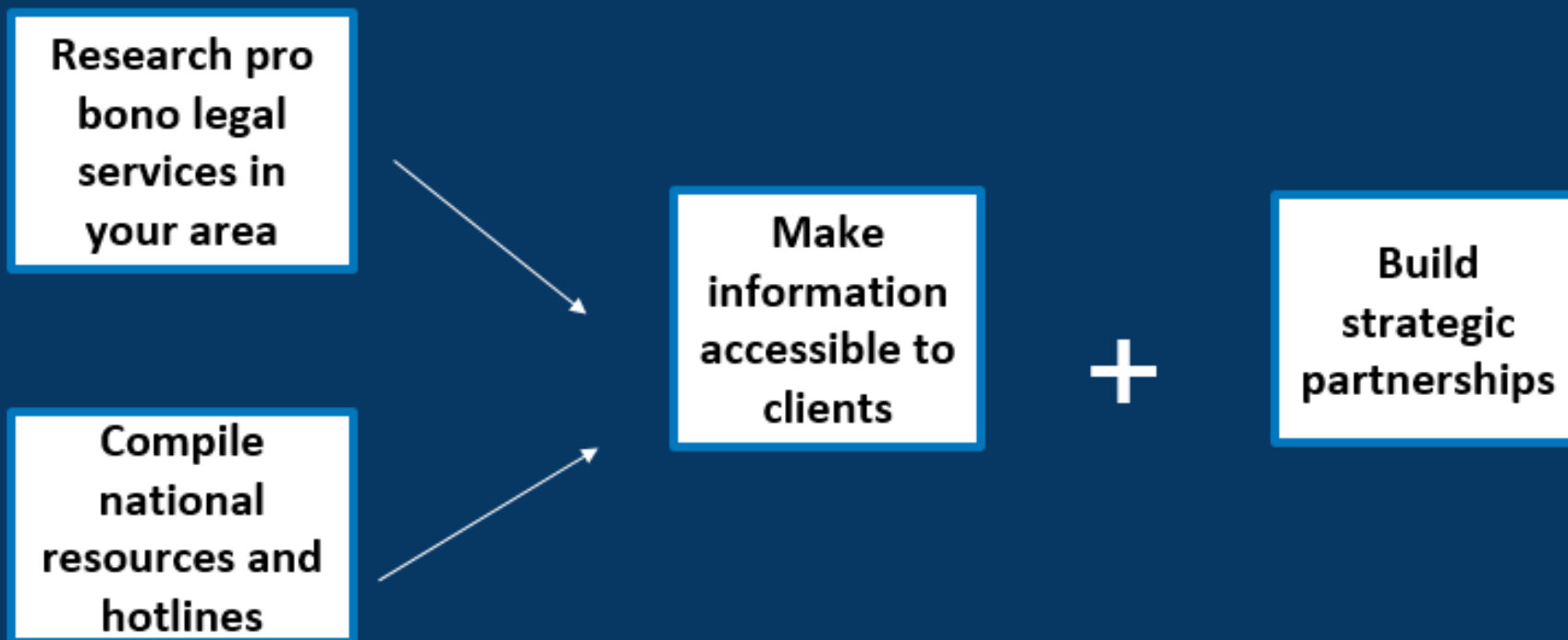
Criminal Prosecution

- Prosecuting crimes of trafficking in criminal court
- State/Federal government controls the case
- “Beyond a reasonable doubt”

Criminal Defense

- Trafficking victims often arrested for prostitution or other arrests related to trafficking.
- Examples- vagrancy, disorderly conduct, trespassing, crimes against nature, larceny, drug or immigration offenses
- TVPA recognizes that victims of trafficking have the right to not be incarcerated or penalized for acts committed as a result of being trafficked.

How to connect clients to resources





Mental Health Services for Survivors

Danielle Latimer, LCSW & Mariam Garuba, M.D.



MENTAL HEALTH (MH) SERVICES: HOW DO THEY HELP?

Mental health services...

- Should be trauma-informed
- Enhance the effectiveness of other systemic interventions and improve outcomes

According to survivors, mental health services...

- Improve overall quality of life
- Help if provided in conjunction with other services/ multidisciplinary approach/after immediate needs are met
- Most effective when trust is established (this takes time)

Urban Justice Policy Center, Comprehensive Services for Survivors of Human Trafficking, June 2006

SHORT-TERM PATIENT OUTCOMES

- Gained a stronger sense of self
- Learned maturity and security
- Felt they had grown stronger from having survived the experience and coped with its aftermath
- Some patients stopped treatment
 - Did not want to re-live the experience
- One asked in general that they make services known

PHASES OF TRAUMA THERAPY

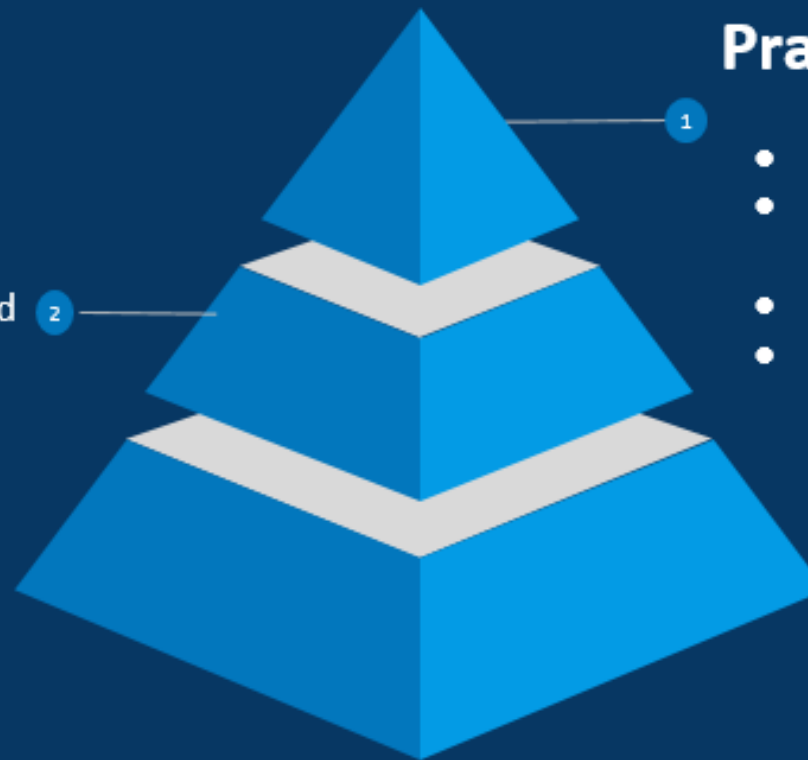
1. Safety and Stabilization
2. Remembrance and Mourning
3. Reconnection and Integration

Herman, Judith (1992) *Trauma and Recovery*.

QUALITIES OF A GOOD MH PARTNER

Resources

- Connection to the anti-trafficking field
- Trauma-specific
- Organizational affiliation with stability



Practice

- Evidence-based
- Short- *and* long-term treatment options
- Peer services
- Group services

Foundation

- Empowerment-based
- Trauma-informed
- Experience in the field
- Flexibility
- Cultural competence

TYPES OF MH PROVIDERS

Provider	Initials after their name	Provide Mental Health diagnosis	Provide Mental Health Counseling	Prescribe Medication
Clinical Social Worker	LMSW, LCSW, LICSW, LMSW-C	In some states	Yes	No
Counselor	LMHC, LMFT, LPC	In some states	Yes	No
Psychiatrist	MD	Yes	Yes	Yes
Primary Care Providers	MD, DO, ANRP, DNP, MSN, PA*	Yes	No	Yes *cannot prescribe in all states
Psych. Nurse Practitioner	ANRP	Yes	Yes	Yes
Psychologist	PhD, PsyD	Yes	Yes	No

FINDING A MENTAL HEALTH REFERRAL

- Health, Education, Advocacy, Linkage (HEAL) | healtrafficking.org
- US Department of Health and Human Services | hhs.gov
- US Office for Victims of Crime | ovc.gov
- US Office of Refugee Resettlement | acf.hhs.gov/orr
- Polaris project | polarisproject.org
- Community-based domestic violence / sexual assault agencies
- State or local District Attorney's Office
- *Resource sheet (available upon request)*

BEFORE YOU MAKE A MH REFERRAL

- **Identify** local, regional, and national resources *before the need arises*
- **Establish** trauma-informed policies and procedures for referral and follow-up
- **Think through** processes needed to make connections within community
- **Develop mechanism(s)** to establish interprofessional teams
- **Be responsive** to needs (and limitations) of referral agencies

For additional guidance, visit healtrafficking.org

MENTAL HEALTH REFERRAL RED FLAGS

- Lack of awareness about trafficking or its complex sequelae
- A rescue approach or philosophy
- Rigidity in treatment offerings
- Limited ability to assist with funding
- Limited understanding of the complex needs of international survivors or alternate forms of therapy
- Judgmental or culturally insensitive screening techniques
- Failure to check in with survivor before referring to healthcare services in their own (local) community

PREPARING A SURVIVOR FOR REFERRAL

- Validate and emphasize strengths and resilience
- Normalize the potential value of trauma-informed MH care
- Allow space for the survivor to talk through concerns
- Offer to make the call with the survivor
- Provide information on what to expect
- Convey a sense of hope

HELPFUL PHRASES


- “It makes sense that you are feeling this way, and you deserve support.”
- “It’s understandable that you are having upsetting thoughts. It can be helpful to have a space to talk about them.”
- “It sounds like you’ve been dealing with a lot of difficult things. People who have been through similar experiences have found it useful to work with “X” Agency. We can talk about this a little more, and if you decide you are interested, I can help get you connected.”



Community:

empowering communities towards
human flourishing

Ronnie Matthew Harris



0 (zero)

There hasn't been a single case of human trafficking of any kind, whether reported or otherwise, that emerged within a vacuum dislocated from the context of **community**.

3 Big Questions

Let's be clear about what we mean...

- What is meant by interprofessional partnerships?
 - What is meant by “communities”?
 - What do interprofessional partnerships and communities have to do with combating human trafficking and providing trauma-informed health care?
-

Interprofessional Partnerships

Individuals from different disciplines learning *with, from, and about* each other, while working together on behalf of a patient or client.

Community Defined “By the Book”

Oxford, Cambridge & Webster

Common place of habitat

Common characteristics

Common ownership

Common interest

Common background

Common goals

Alternatively: Business Dictionary

Self-organized network

Common agenda

Common cause

Common interest

Collaboration

Mutuality

**Community is
where theory and
praxis must
converge.**

Convergence

- Interprofessional collaboration represents a dynamic partnership between a team of providers and the patients or clients they serve, using a participatory, collaborative, and coordinated approach to *shared decision making* around health and social issues .
- A learning environment in which everyone has something to contribute to the process
- “Elements of collaborative practice include responsibility, accountability, coordination, communication, cooperation, assertiveness, autonomy, and mutual trust and respect.” (Hall and Weaver, 2001).

Collaborative

Coordinated

Co-learning

Sources: [NCBI](#), [CIHC](#)

Community Organizing 101

- Know and understand the community in which you work
- Build and maintain relationships with individuals and groups
- Provide learning and development opportunities in a range of contexts
- Facilitate and promote community empowerment
- Organise and manage resources
- Develop and support collaborative working
- Evaluate and inform practice

Source: [CLD Standards Council](#)

PROTOCOL TOOLKIT

for Developing a Response to
Victims of Human Trafficking
in Health Care Settings



Human Trafficking Protocol Components

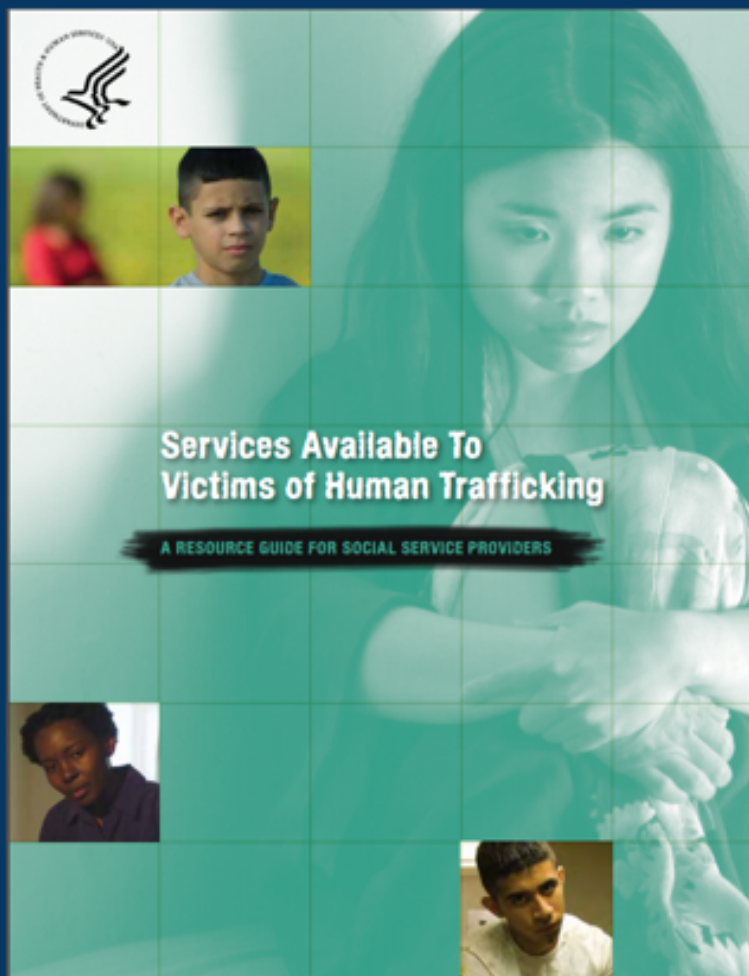
1. Process for identifying patients at risk for trafficking
2. Guidelines for interviewing high risk patients
3. Strategies for interviewing patients alone
4. Safety considerations for clinical setting
5. Multidisciplinary treatment and referral plan

Human Trafficking Protocol Components (continued)

6. Strategies for working with minor age patients
7. Strategies for responding to patients who decline assistance
8. Procedures regarding documentation
9. Guidelines for forensic examination
10. Procedures for external reporting

National Resources:

- National Human Trafficking Resource Center
 - Hotline (888) 373-7888
 - Text BeFree (233733)
- Trafficking in Persons and Worker Exploitation Task Force Line (DOJ)
 - (888) 428-7581
- Polaris Project
- Natl Center for Missing and Exploited Children
 - (800) 843-5678
 - CyberTipline



https://www.acf.hhs.gov/sites/default/files/orr/trafficking-services_0.pdf

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Special thanks to
our partners:

