

## **Guidelines to Help Recognize and Address Human Trafficking**

Human Trafficking is a form of slavery. Traffickers use a combination of fraud, force, and coercion to recruit and exploit male and female victims for commercial sex OR labor, keeping them in debt bondage and involuntary servitude. Human trafficking is the second largest criminal industry in the world and the fastest growing<sup>1</sup>. It is everywhere, and anyone can help stop this business and aid a life. Identification has occurred at the borders, in shelters, emergency departments, youth community centers, schools, truck stops, hotels, restaurants, parking lots, to name a few.

There is support available for victims through the National Trafficking Victims Protection Act of 2000<sup>2</sup>, which protects both US citizens and non-citizens.

In 2009 WA Legislature passed [SB 5850](#) stating that the Office of Crime Victims Advocacy must supply regulatory agencies (of health care providers, therapists, social workers) with information regarding recognizing and caring for victims of human trafficking. OCVA did this by giving information to the WA Department of Health. Posters, pamphlets have been distributed in some places, and informative sessions were started. I have created this one specifically for hospitals and clinics to help increase the recognition and care of trafficked people.

***Frontline health providers play a very important role in identifying and helping victims of human trafficking, as they already have learned to do for victims of child abuse, elder abuse, and domestic violence.***

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<sup>1</sup> <http://www.polarisproject.org/human-trafficking/overview>

<sup>2</sup> <http://www.state.gov/j/tip/laws/>

## Signs of Human Trafficking:

- a. The potential victim is accompanied by another person who seems controlling and does not let the patient speak much
- b. The patient seems submissive, “flat”, detached
- c. The patient has difficulty communicating because of language or cultural barriers
- d. The patient and/or accompanying person does not have any insurance or official identification (beware of fake IDs, fake ages - minors).
- e. Patient does not know where they are, or cannot give a valid permanent address.
- f. There are signs of physical or mental abuse
- g. History of frequent ED visits, sexually transmitted disease(s), addiction  
– check medical record!
- h. History of being isolated from family of origin and community

## Best Practice

1. Try to get full name and relationship of persons accompanying the patient, and ID. Be aware that **traffickers pose as “friends”, family members, spouses, or employers.**
2. Before examining and questioning the patient, **separate** the individual from the accompanying person(s) without raising suspicions (**say it is facility policy and make it so**). Spend time talking with the patient and try to gain trust.
3. Convey the following: *“We are here to help you and our first priority is your safety. What you tell me will be held completely confidential. We can get you a safe place to stay and help. There are Federal and state laws to PROTECT you now. You will not be considered a criminal, nor be deported for being illegal. “*
4. Often victims blame themselves or think they have no options or deserve nothing better. Most of them have been coerced into criminal activity, including recruiting others. They are afraid of police, as well as of the wrath of their controllers. Be sensitive to how they are thinking and feeling.
5. For the victim’s trust and safety, **STRICT CONFIDENTIALITY** is paramount. If the trafficker hears anything or becomes suspicious, the patient’s life may be in danger.
6. Suspected victims should **always be fully examined**, since they often come to the ED with a relatively vague complaint, but the signs of abuse are hidden – especially **low back, buttocks, feet, breasts**. Look for scars of burns, lacerations, restraint marks, bruises, branding tattoos (“bar codes” or specific words – ask patient the meaning).

## Questions to Ask Patient:

- a. Describe where you are living. Who do you live with? Have lived in many different places over the past year?
- b. DO YOU FEEL SAFE?
- c. Where are your family, old friends, and community? Are you in contact with them?
- d. Where do you work? Do you feel free to leave?
- e. Are you forced to perform services for no pay or to pay a “debt”?
- f. Who keeps your identity documents, driver’s license, passport?

## What to Do:

**If the victim is under age 18, call Child Protective Services early** in the ED visit, even before the full exam and questioning.

**You can also call the National Center for Missing and Exploited Children**, since the child may be listed and they will know if someone is looking for the child:

**NCMEC 1-800-843-5678**

If you just have suspicions and the patient agrees to talk completely anonymously, call the **National Human Trafficking Resource Center**. This is a 24-hour toll-free, **confidential hotline with interpreters**, who will

- a) Help **assess** the situation, and
- b) Give phone numbers of **local resources** for the patient to contact

**NHTRC 1-888-3737-888**

Nothing is recorded except the general location in the nation that the call is coming from. There will be no reporting to any authorities. For that to happen, the patient would have to be willing to call 911 or the local crime agencies.

**If the patient agrees to get out of their situation**, call the nearest Abused Persons Shelter (in Olympia this is **SAFEPLACE** with a **24-hour hotline at 360-754-6300**). A representative may come to ED to be with the patient and help.

**If any patient has been sexually abused within 120 hours** and the patient agrees, get the patient connected with **SANE** (Sexual Assault Nurse Examiner) for care.

If the **adult** patient does not want to do anything at that time, hand them the number for the **National Human Trafficking Resource Center** (24-hour, confidential with interpreters):

<p><b>NHTRC 1-888-3737-888</b> <b>OR TEXT 233733 (BE FREE)</b></p>
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You should always encourage the patient to call for helpful information. Reiterate that there are many free services for them, and they are protected by law from prosecution and deportation, even if they are not US citizens.

***Tell the patient that the ED is always open to them if they change their mind and decide they want safe help to get out of their situation – they can tell us and get help for themselves to regain control of their own lives.***

**Call local police and crime victim’s services when:**

- The victim wants to press charges, or
- The victim is at risk of imminent harm, or
- The victim is a minor (always)

**FREE resources and screening tools in multiple languages are available from the Dept. of Health and Human Services [Rescue and Restore Project](#)<sup>3</sup>.**

*This document includes material available from the [National Human Trafficking Resource Center](#) and [Polaris Project](#) funded by the Dept. of Health and Human Services, and with the help of many others working in this field, specifically [WA Engage](#).*

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<sup>3</sup> <http://www.acf.hhs.gov/programs/endtrafficking/programs/rescue-and-restore>