Addressing Human Trafficking in Family Planning Settings

OPA | OFFICE OF POPULATION AFFAIRS

Pocket Guide: Victim Centered Approach in Title X Settings

Introduction and Definitions

The federal Trafficking Victims Protection Act (TVPA) defines two types of "severe forms of trafficking in persons" as:

> Sex Trafficking: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act[1] 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.[2]
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> Labor Trafficking: The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion, for the purposes of subjection to involuntary servitude, peonage, debt bondage or slavery.[3]

Essentially, human trafficking is the use of force, fraud, or coercion to compel a person to engage in commercial sex or forced labor.

One key exception that is critically important for Title X clinics is that ***under federal law, any individual under the age of 18 who is involved in commercial sex is a victim of sex trafficking***. No force, fraud or coercion need be present or proven. Even if the minor is not trafficked by a third party (a pimp for instance), it is still considered trafficking. For example, an adolescent under the age of 18 who engages in trading sex for anything of value (money, food, clothing, shelter, drugs) is

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[1] A commercial sex act is defined as any sex act on account of which anything of value is given to or received by any person

[2] Trafficking Victims Protection Act (TVPA) of 2000, §7102 and U.S. C. Title 18, Part I, Chapter 77, §1591 – Sex trafficking of children or by force, fraud, or coercion

[3] Trafficking Victims Protection Act (TVPA) of 2000, §7102 and U.S. C. Title 18, Part I, Chapter 77, §1591 – Sex trafficking of children or by force, fraud, or coercion; and 22 U.S.C TVPA, 22 U.S.C. § 7102, 2000

considered a victim of trafficking. Title X staff should be familiar with the definitions of trafficking and consider all possible factors indicating human trafficking.[4]

Human Trafficking, Poly-Victimization and Complex Trauma

Human trafficking is a growing concern across urban, suburban, and rural communities in the United States.[5] It transcends racial, ethnic, gender, age, sexual orientation, and socio-economic boundaries.[6] Exposure to childhood trauma and adverse childhood events (ACEs) contribute to subsequent vulnerability to being trafficked.[7] Many victims of human trafficking have experienced childhood sexual abuse, physical abuse, neglect, traumatic loss, separation from caregivers, and family and community violence. This poly-victimization can create complex trauma and profoundly impact social-emotional development that affect a victim's understanding of personal safety, sexual boundaries, and healthy relationships, leaving them vulnerable to exploitation and trafficking.[8]

In addition, traffickers may use force, fraud, and coercion to compel a victim to comply. Victims report being punched, beaten, kicked, hit, strangled, stabbed, burned, threatened with a weapon, and other forms of severe violence to control them.[9] Consequently they may also exhibit physical and mental health issues including traumatic injury, major depression and suicidality, post-traumatic stress disorder, substance use disorder, and other related health issues. Finally, a

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[4] This guide uses the terms "victim" and "survivor" to refer to individuals who were trafficked. Both terms are important and have different implications when used in the context of victim advocacy and service provision. For example, the term "victim" has legal implications within the criminal justice process and refers to an individual who suffered harm as a result of criminal conduct. The laws that give individuals particular rights and legal standing within the criminal justice system use the term "victim." Federal law enforcement uses the term "victim" in its professional capacity. "Survivor" is a term used widely by service providers to recognize the strength and courage it takes to overcome victimization.

[5] Office on Trafficking in Persons, U.S. Department of Health and Human Services; "What is Human Trafficking" https://www.acf.hhs.gov/otip/about/what-is-human-trafficking

[6] Ibid. "Who is at Risk," https://www.acf.hhs.gov/otip/about/what-is-human-trafficking

[7] SOAR to Health and Wellness Training on Human Trafficking, U.S. Department of State, Office on Trafficking in Persons, https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training

[8] Understanding and Addressing Trauma and Child Sex Trafficking, The National Child Traumatic Stress Network, https://www.dea.gov/sites/default/files/2018-07/Understanding_and_Addressing_Trauma_and_Child_Trafficking.pdf

[9] "Understanding Human Trafficking," Office for Victims of Crime Training and Technical Assistance, Human Trafficking Task Force E Guide, https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/; See also, Lederer, l. et. al,, "The Health Consequences of Sex Trafficking and their Implications for Identifying Victims in Healthcare Facilities, Annals of Health Law, Loyola University Chicago School of Law, Winter 2014, Volume 23, Issue 1, pp. 74-76.

recent report by HHS noted that human trafficking exists along a spectrum of interrelated forms of violence such as child abuse and maltreatment, intimate partner violence, sexual assault, and community violence.[10]

Understanding Trafficking Victims: A Different Perspective

Due to the underground nature of the crime of trafficking, those who suffer are not easy to identify.[11] People who have been trafficked do not always see themselves as victims, and thus may not self-identify as victims. Often, they blame themselves for their situation, are afraid of their traffickers, and may fear repercussions or retaliation for themselves or their families if they reveal what is happening to them. This makes discovering human trafficking in a Title X setting more difficult because victims rarely spontaneously self-report their circumstances.[12] In addition, trafficking victims are often not 'perfect' stereotyped victims. They may present as angry, fearful, hypervigilant, provocative, unkempt, irritable, easily provoked, suspicious or withdrawn.

Lack of identification of people who have been trafficked may also result from a number of barriers at the level of provider and staff, including:

- Lack of provider time to screen and explore risk factors;
- Lack of protocol on human trafficking;
- Implicit and explicit bias of staff such that clients are labeled as "prostitutes", "illegal aliens", etc., and assumed to be unworthy of assistance;
- Lack of training of providers on human trafficking and screening procedures, and Trauma-Informed-Care (TIC);
- Provider discomfort with the issue of human trafficking and fear of inadvertently causing harm;
- Provider fear of potential trafficker retaliation; and
- Lack of provider knowledge of community and national resources available to trafficked and at-risk clients (reluctant to screen if unable to offer resources)."

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[10] 2018 HHS Health and Human Trafficking Symposium— Takeaways and Next Steps, Office of Human Services Policy, November 28-29, 2018, https://aspe.hhs.gov/system/files/pdf/262596/hhs-2018-symposium-report-final.pdf
[11] Ibid.
[12] Ibid.

Title X Client Centered Care Model

Title X has already incorporated a client centered care model into its delivery of services**.** A **client-centered approach** involves treating each person as a unique individual with respect, empathy, and understanding, providing accurate, easy-to-understand information based on the needs and goals identified by the client and reflecting the client's preferences and values.[13]

Victim Centered Approach

A **victim-centered approach** builds on the client-centered care model. Because victims of human trafficking may have experienced poly-victimization and complex trauma, any response to suspected human trafficking must be victim-centered, meaning that the safety and well-being of victims is paramount.

- In a victim-centered approach, the victim's concerns, safety, and well-being take priority in all matters and procedures.
- A victim-centered approach seeks to minimize victim re-traumatization by providing support to victims through victim advocates and service providers.
- A victim-centered approach takes a systemic focus on the needs and concerns of the victim to ensure compassionate and sensitive delivery of services in a non-judgmental way.

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[13] U.S. Department of Health and Human Services, Office of Population Affairs, Client Centered Model in Contraceptive Measures,, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm. According to the Centers for Disease Control (CDC), taking a client-centered approach includes:

1. respecting the client's primary purpose for visiting the service site
2. noting the importance of confidential services and ways to provide them
3. encouraging the availability of a broad range of Title X services so that clients can select services based on their individual needs and preferences, and
4. reinforcing the need to deliver services in a culturally competent manner so as to meet the needs of all clients, including adolescents, those with limited English proficiency, those with disabilities, and those who are lesbian, gay, bisexual, transgender, or questioning their sexual identity (LGBTQ).

The CDC notes that organizational policies, governance structures, and individual attitudes and practices all contribute to the cultural competence of a health-care entity and its staff. Cultural competency within a health-care setting refers to attitudes, practices, and policies that enable professionals to work effectively in cross-cultural situations.

Victim Centered Approach: 4 Easy Steps[14]

Step 1. Establish and maintain rapport with the client. Clinic staff should strive to establish and maintain rapport, foster a sense of safety, and build trust. Strategies to achieve these goals include the following:

- Encouraging client narrative by using open-ended questions;
- Demonstrating expertise, trustworthiness, and accessibility;
- Ensuring privacy and confidentiality (interview client outside the presence of companion(s); review limits of confidentiality);
- Explaining how personal information will be used and why it is being sought;
- Empowering the client by encouraging them to ask questions and share information;
- Actively listening to and observing the client;
- Being encouraging, nonjudgmental, calm, and empathetic; and
- Providing information in a way the client can understand, explaining all steps of the visit process, encouraging questions, and obtaining consent for each activity.

Step 2. Determine the client's reason for the visit. It is essential to understand the client's goals for the visit and address those needs to the extent possible.

- **What is the client's reason for visiting the clinic? Does the client have another source of primary health care?** For victims of trafficking, the Title X clinic is often the client's main source of primary care. If this is the case, it will be important to assess the client's needs for the other services that may be needed. Be prepared to refer the client to other organizations for additional services.
- **What, if any, is the client's reproductive life plan?** In an appropriate clinical context (e.g. client is not in pain, significantly distressed, or experiencing a crisis), an assessment may be made of the client's reproductive life plan, which outlines personal goals about becoming

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[14] Adapted from "Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs," Centers for Disease Control and Prevention, Recommendations and Reports, April 25, 2014, 63(RR04);1-29, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6304a1.htm

pregnant. Clinic staff should avoid making assumptions about the client's needs based on characteristics, such as sexual orientation, disabilities, or current situation, such as being trafficked into prostitution. For clients whose initial reason for coming to the service site was not related to preventing or achieving pregnancy, asking questions about his or her reproductive life plan might lead to disclosure of exploitation or human trafficking. It may also help identify unmet reproductive life plan needs.

  - If the client does not want a child at this time and is sexually active, then offer contraceptive services.
  - If the client desires pregnancy testing, then provide pregnancy testing and counseling.
  - If the client wants to have a child now, then provide services to help the client achieve pregnancy.
  - If the client wants to have a child and is having trouble conceiving, then provide basic infertility services.
  - If the client is pregnant and desires to continue to term, ensure that appropriate referrals are provided for pre-natal care.
  - If the client is pregnant and desires termination, follow standard Title X protocol.

- **Does the client need STI services?** The need for STI services, including HIV testing, should be considered at every visit. Many clients requesting contraceptive services might meet the criteria for being at risk of one or more STIs. Screening for chlamydia and gonorrhea is especially important in a family planning context because these STIs contribute to tubal infertility if left untreated. STI services are also necessary to maximize preconception health. The federal recommendations cited in this report should be followed when determining which STI services, a client might need. Aspects of managing symptomatic STIs are not addressed in these recommendations.

Step 3. Obtain clinical and social information from the client. Providers should ask clients about their medical history to identify contraceptive methods that are safe. In addition, to learn more about factors that might influence a client's choice of a contraceptive method, providers should confirm the client's pregnancy intentions or reproductive life plan, ask about the client's contraceptive experiences and preferences, and conduct a sexual health assessment. When available, standardized tools should be used.

- **Medical history.** A medical history should be taken and all services that are provided should be done using a trauma-informed/victim centered approach. If rapport has been established, a client may disclose exploitation or trafficking during the medical history.
- **Pregnancy intention or reproductive life plan.** Using a trauma-informed approach, each client should be encouraged to consider her or his reproductive life plan (i.e., whether the client wants to have any or more children and, if so, the desired timing and spacing of those children). This is particularly important for victims of trafficking, who may be in crisis mode, or interested only in getting a particular service (contraception, or treatment of an STI, for instance). Survivors of trafficking have noted that they wish that providers had helped them to conceptualize a future beyond exploitation.
- **Contraceptive experiences and preferences.** Method-specific experiences and preferences should be assessed by asking questions such as:
    - "What method(s) are you currently using, if any?"
    - "What methods have you used in the past?"
    - "Have you previously used emergency contraception?"
    - "Did you use contraception at last sex?"
    - "What difficulties have you experienced with prior methods if any (e.g., side effects or noncompliance)?"
    - "Do you have a specific method in mind?"
    - "Have you discussed method options with your partner, and does your partner have any preferences for which method you use?"

Here again, a client may disclose trafficking or exploitation.

- **Sexual health assessment.** A sexual history and risk assessment that considers the client's sexual practices, partners, past STI history, and steps taken to prevent STIs is recommended to help the client select the most appropriate method(s) of contraception. Correct and consistent condom use is recommended for those at risk for STIs.

For victims of trafficking, the provider needs to be aware of potential shame the client may feel in discussing sexual practices and experiences. Victims may have discomfort or anxiety about sexual orientation if commercial sex involves same-sex encounters. They may feel triggered by some questions, for instance, about the number of sexual partners. They may need extensive sexual health education and may need a special focus on the importance of utilizing methods of contraception that prevent STIs. How can a person keep safe on the street? Negotiate condom use? Does the client know about all types of barrier methods for contraception? The provider needs to involve the client in decisions and encourage careful consideration of client's life conditions and likely ability to comply with treatment requirements.

Special Issue: Counseling Adolescent Clients – Mandatory Reporting

Any minor involved in prostitution is *per se* a trafficking victim. If an adolescent is a victim of trafficking, federal child abuse laws require reporting as child sex trafficking is now a form of child abuse. *Providers of family planning services should offer confidential services to adolescents but must observe all relevant state laws and any legal obligations, such as notification or reporting. Child sex trafficking triggers mandatory reporting laws in every state.*

Step 4 – Deliver Title X Services – "Warm Hand-Off" for Other Services

In this last step, Title X staff deliver the services within their mission and mandate, including pregnancy diagnosis, STI testing, contraception planning and services, sexual health education, and other services. Trafficking victims usually need many other services, including emergency food, clothing, and shelter; medical and legal services; and translation help. A victim-centered approach includes the practice of a "warm hand-off" from the Title X clinic to agencies that can address the other needs of the client that are outside of Title X's services. These hand-offs allow Title X clinics to facilitate client contact with other agencies and service providers while still at clinic. In some cases, it will be sufficient to give the client information on other service providers. In other cases, it is important for the clinician or another Title X staffer to make the referral call. In all cases, it is important to actively engage the client in referral and safety planning. Respect the client's views, knowledge, and experience. Ideally, every Title X clinic should have a list of vetted resources on hand to provide to clients, and to have relationships with community partners.

Examples of a Victim-Centered Approach in Delivery of Title X Services

Title X staff: Scheduler

Scenario: The caller wants to set up a first-time appointment for pregnancy test but does not have a permanent address or insurance.

Scheduler: "OK it's not a problem that you don't have an address or insurance right now. The important thing is getting you an appointment as soon as possible. When can you come into the clinic?"

Title X staff: Receptionist

Scenario: An adolescent client is accompanied by an older man who wants to go into the examination room with her.

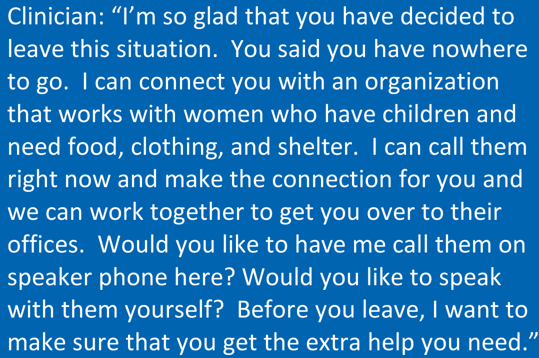
Receptionist: "Great I'm glad you're here. We'd like to get you into the exam room for your tests and exam. Your friend will have to wait here for you because only you are allowed in the exam room."

To him: "Help yourself to water or coffee. I expect the exam to take about 20 minutes."

Title X staff: Clinician

Scenario: The client seems to be uncomfortable and wants to get out of the exam room as quickly as possible.

Clinician: "I appreciated you answering my questions. I know you want the pregnancy test as quickly as possible. While we're waiting for the results let's talk about possible next steps. I'd like to do a head to toe exam of your body, and then do a vaginal exam to make sure everything is OK. Let me explain what that entails so you can decide if you want to do it."



Title X staff: Clinician

Scenario: A client with children needs housing and safety from her trafficker and a "warm hand-off" to other service providers.

Title X staff: Clinician

Scenario: An adolescent is clearly being trafficked by a pimp, even though she identifies him as her boyfriend and says she is consenting.

Clinician: "I'm sorry to hear what is happening to you. No one deserves to be hurt like this. You've also told me that he's forcing you to have sex with his friends. All these things make me very concerned about your safety and well being. Remember what we discussed earlier, about how I may need to involve other professionals if you tell me that someone may be harming you? This is one of those situations. Because I'm very concerned about your safety, I need to contact others who can help me to help you. I will need to call both the police and child protective services. This is required by law. But you and I have a choice about how we do this. What do you think is best: would you like me to call them from another room? Would you like to have me call them on speaker phone here? Would you like to speak with the police or social worker? Let's put our heads together and figure out a plan for you."