


Identifying and Responding to Human Trafficking in Title X Settings




This course can help Title X family planning staff to identify signs of human trafficking and respond appropriately to potential cases.


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For the best experience, use Firefox or Chrome to view this course.



You can leave and come back to this eLearning course at any time. If you exit the course and return to it later, select the lesson where you left off from the menu of lessons on the left. This will bring you back to your place in the course.

To learn how to navigate the course, click the play button below.

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PLAY

Acknowledgements and disclosures

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The case studies and survivor stories in this course represent actual experiences of survivors of human trafficking and Title X clinicians.

Voice actors were used for narration and are not the voices of human trafficking survivors.

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Welcome



Welcome to the *Identifying and Responding to Human Trafficking in Title X Settings* eLearning course.

This course includes:

- Section 1: Introduction to human trafficking
- Section 2: Encountering human trafficking in a Title X setting
- Section 3: Best practices for identifying and assisting victims of human trafficking
- Section 4: Legal issues related to human trafficking

Throughout the course, you will be asked to read new information, listen to survivor stories, complete activities and case studies, watch videos, and reflect. The course provides practical strategies for identifying signs of human trafficking and responding appropriately to potential cases.

By the end of this course, participants will be able to:

☐

Describe what constitutes human trafficking in the United States (U.S.)

☐

Recognize possible signs and indicators of human trafficking within Title X settings

☐

Identify and interact with a potential victim or survivor of trafficking

☐

Assess the needs of individuals who have been trafficked and deliver appropriate family planning services

☐

Take action to connect with community first responders and service providers who work with individuals who haveL
been trafficked

This course includes content, stories, and themes which reference abuse, sexual violence, and physical harm. Please take a break at any time and exercise self-care as needed. Your physical, mental, and emotional well-being is important.

Save the self-care resource below for your reference if needed as you complete this course, or in the future.

What About You? A Workbook for Those Who Work with Others

[CLICK HERE](#)

Role of family planning staff



This course is designed for all Title X family planning staff, including clinicians, health educators and counselors, and support staff.

Whether you work in a health department, primary care setting, or stand-alone family planning clinic, whether urban or rural, you have a role to play in identifying people who are experiencing human trafficking and responding appropriately.

There are three main ways Title X family planning staff can support those experiencing human trafficking:

1

Identify individuals who are being trafficked and respond appropriately. This includes treating, referring, and reporting when mandated by federal, state, and tribal laws and ordinances.

2

Work with others in your clinic to develop best practices, programs, and protocols on how to help individuals who have been trafficked.

Connect with first responders and service providers in your community who work with victims and survivors of trafficking to ensure you can make timely referrals and fulfill reporting requirements.



This course 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.

Victim has legal implications within the law. It refers to an individual who suffered harm as a result of criminal conduct. The Trafficking Victims Protection Act and other 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 in service provider organizations to recognize the strength and courage it takes to overcome victimization. In this course, both terms are used in the context of victim identification, outreach, and service provider strategies.

Read the resource below to review frequently asked questions about human trafficking.


What is human trafficking?

[CLICK HERE](#)

Definition of trafficking in persons

According to the *Trafficking Victims Protection Act of 2000* (TVPA), human trafficking is a crime in which force, fraud, or coercion is used to compel a person to perform commercial sex act or forced labor.

Federal law states that if a person younger than 18 years old is induced to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud, or coercion.

 While the legal term in the law is **trafficking in persons**, we use the more common term **human trafficking** throughout this training.

Sex trafficking

The TVPA defines sex trafficking as “the recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting 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.”

Examples of sex trafficking include:

- Prostitution in which there is any force, fraud, or coercion
- Prostitution of children—no force, fraud, or coercion required
- Pornography

In the U.S., sex trafficking is frequently found in:

- Bars
- Brothels
- Dance clubs
- Escort services
- Internet—on many familiar and popular platforms
- Private parties
- Strip clubs

Labor trafficking

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

Examples of labor trafficking include:

- Child labor—not including chores at home, after school newspaper routes or other after-school work permitted by law
- Debt bondage
- Domestic servitude
- Forced labor

In the U.S. labor trafficking is frequently found in:

- Agricultural industries and food services such as meat processing plants
- Construction industries
- Drug trafficking*
- Hospitality industries such as hotels and restaurants
- Janitorial services
- Traveling sales industries*

*specific to youth labor trafficking

Each U.S. state and territory has a set of laws and policies related to human trafficking. Check with your attorney general's office to find accurate information for your state or territory. Use the resource below to find your attorney general's office.

Victims of trafficking and Violence Protection Act of 2000

[CLICK HERE](#)

State Attorneys General Locator

[CLICK HERE](#)

SURVIVOR STORIES

Read the survivor stories and write your reflection in the gray box.

"I was 16 when I came to the clinic for contraception. They saw that I had been there before for vaginal infections and they asked me about what I was doing. I told them about my boyfriend selling me but said that I agreed and was doing it voluntarily. They said OK and didn't ask any more questions."

"I had bruises on my body when I came to the clinic, and they did ask me if I was safe. But I wasn't going to tell them that my pimp beat me. Why? Because I wanted to live to see the next day."


"My trafficker made me put sponges up my vagina when I had my period, so I could keep working. I had terrible STIs and UTIs from it, and eventually pelvic inflammatory disease, but no one asked what I thought might be causing it. Each time, I was in and out of the clinic in 10 minutes."

Were there missed opportunities for clinic staff to identify these human trafficking victims and provide some additional help? If so, what were they?

This worksheet is confidential—you will not need to share it with anyone.

Every engagement with trafficking victims is a chance to help them.

As with any client seeking services at a Title X clinic, a visit is a chance for you to provide assistance, screening, and referrals for additional care and services. For trafficking victims, the careful attention and care you provide may help them safely exit the trafficking situation.

 **Notes:** According to CDC, the term sexually transmitted diseases (STDs) refers to a variety of clinical syndromes and infections caused by pathogens that can be acquired and transmitted through sexual activity. While the term sexually transmitted infections (STIs) is used in survivor stories in this course, the term STDs will be used when referring to family planning services for alignment with ***Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.***

CASE STUDY

Read the survivor stories and write your reflection in the gray box.

A young foreign national female presents with her husband. She says that they both work in a logging camp. She is pregnant, and when asked, she says that this is her fifth child in six years. Away from her husband, in the exam room, she tells the nurse that each child is by a different father and that she doesn't know them.

Does this case include possible signs and indicators for labor trafficking, sex trafficking, or both? How can family planning staff respond to her needs beyond treating the physical problem with which she presents?

This worksheet is confidential—you will not need to share it with anyone.

CASE STUDY

Read the survivor stories and write your reflection in the gray box.

A 19-year-old Guatemalan male presents alone, seeking treatment for a two-week history of painful urination and penile discharge. He developed pain and swelling of the scrotum three days ago. On physical exam, the clinician notices a poorly healing deep laceration of the right thigh; it is clear that the injury was not medically treated. The client reports receiving the injury one week ago when he was using a machine that was unfamiliar to him while working on a farm. Although the young man does not say so, he was trafficked into the U.S. and has been working without pay for over a year.

How can family planning staff respond to her needs beyond treating the physical problem with which she presents?

This worksheet is confidential—you will not need to share it with anyone.

Survivor story

Click the play button below to listen to a young survivor story.



“I was 12 when I was trafficked. My dad was a preacher, so I came from a very conservative home. I didn’t even know there were three different openings down there. I got an STD the first time I was sold, but I didn’t know what was happening. I wish when I had come to the clinic someone had taken the time to explain my body and what was happening to me.”

Every engagement is a chance to help victims understand their bodies, articulate what is happening to them, and seek the resources they need.

Encountering human trafficking in a Title X family planning setting



Title X family planning staff are first responders and have unique opportunities to intervene and offer assistance and resources to trafficking victims.

Title X clinics provide the following services to women, men, and adolescents, with priority given to persons from low-income families.

- Contraception
- STD Testing and Referral
- HIV Prevention, Testing, and Referral
- Pregnancy Diagnosis and Counseling
- Infertility Testing, Counseling, and Referral
- Client Education and Counseling
- Related Preventative Health Services
- Breast and Cervical Cancer Screening

People from any class, religious, cultural or ethnic group, or nationality can be affected by human trafficking.

The following populations are especially marginalized and systemically oppressed, which can create conditions that facilitate human trafficking, such as social, physical, emotional, and economic disenfranchisement.

- Refugees and Asylees
- Migrant and seasonal workers
- Opportunity youth
- American Indians, Alaska Natives, Native Hawaiians and Indigenous Peoples
- Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) and Two Spirit People
- People with physical or cognitive Disabilities
- Survivors of Violence

Boys and men are also an underserved population affected by human trafficking - accounting for over a quarter of all people who have ever experienced labor or sex trafficking.

It is important to note that most victims do not self-identify. This is due to a combination of factors including:

- A lack of knowledge about the crime of human trafficking
- Fear of the traffickers, including threats and intimidation as well as physical force and coercion used to maintain power and control over the victim
- Fear of arrest or other law enforcement action, such as taking away children
- Fear of deportation or immigration action

Each person on staff has a role and responsibility to identify indicators of human trafficking and to communicate those signs to the rest of the care team.

Signs and indicators when scheduling

Spotting the signs and indicators of human trafficking should begin with the first client contact.



Think about a typical family planning visit and possible approaches that staff can make to intervene when a potential victim of human trafficking presents. The presence of one sign does not necessarily mean the person has been trafficked, however, the presence of multiple indicators may be cause for staff to take action.

Each person on the family planning staff, beginning with the scheduler, has a role and responsibility to identify signs and indicators.

During the initial call, the scheduler might note the following indicators of trafficking:

- The call is made by another individual on behalf of the client
- The client calls directly, and it is clear that another person is listening and advising on answers

- There is a lot of background whispering and pauses—for example, having to get the answer from another person
- The client passes the phone to another person to help answer the questions
- The client cannot provide a physical address for the pre-visit paperwork

If the client's primary language is not English, the scheduler should ask for the language required and inform the client that the office will provide an interpreter free of charge.



It is important that the scheduler remain non-judgmental and courteous because the goal during this call is to help the client keep their appointment.

Scheduling staff—save the first page of the pocket cards below to have easily accessible in case you need to reference the signs and indicators of human trafficking when scheduling an appointment.

Signs and Indicators of Human trafficking Pocket Cards

[CLICK HERE](#)

Signs and indicators when presenting for appointment



Reception is another place where there is an opportunity to look for signs and indicators of trafficking.


When the client presents for the visit, reception staff may note the following indicators of trafficking:

- No identification—driver's license, passport, social security card, or other papers
- Escorted or guarded by someone
- Someone else speaks for the client
- No identifiable address or home
- Disoriented, unable to identify whereabouts, unable to identify family and friends
- Wearing inappropriate clothing for the season or place
- Age-inappropriate partner or significant other
- Signs of physical abuse—cuts, burns, broken bones

- Signs of self-harm—scars from repeated cutting


It is also important to note if:

- A person—the exploiter or their bottom girl—frequently brings in different people
- The client displays non-verbal cues in the waiting room—constantly checking for the other person’s reactions or signs of nervousness

 The term “bottom” to refer to another person who is being exploited, who is appointed by the trafficker to the others and report supervise rule violations.

For labor trafficking victims, there may be signs of exposure to chemicals, pesticides, or other hazardous working conditions.L

For sex trafficking victims, there may be signs of physical abuse, such as bruises, from the trafficker.

 If these indicators are present, reception staff should notify the next person who engages with the client—for example, the nurse who does the screening.

Receptionists and intake staff—save the first page of the pocket cards below, and have them easily accessible, in case you need to referenceLL the signs and indicators of human trafficking when a client presents for an appointment.

Signs and Indicators of Human Trafficking Pocket Cards

[CLICK HERE](#)

CASE STUDY

Read the survivor stories and write your reflection in the gray box.

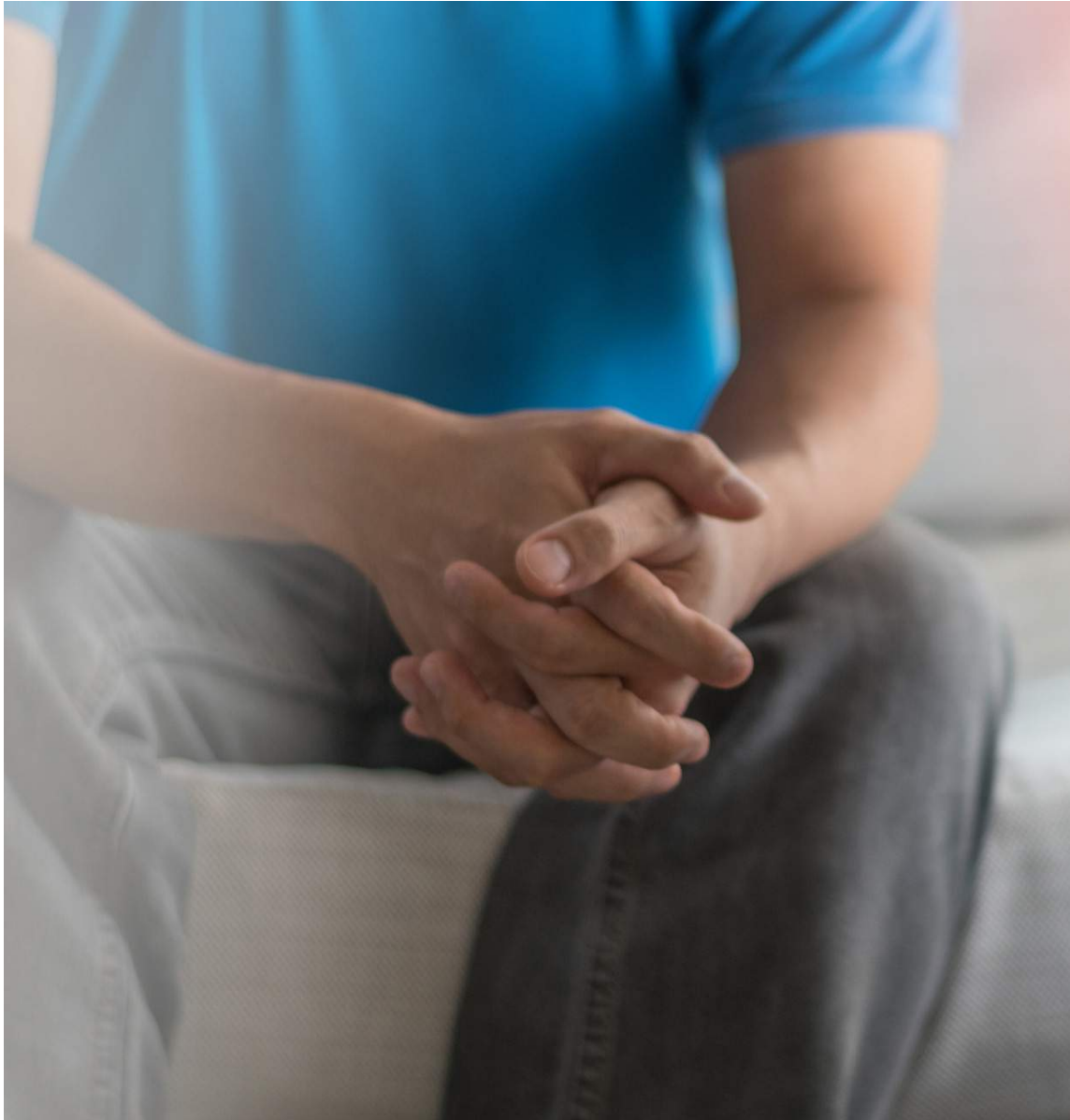
A young female calls to schedule an appointment at a Title X clinic because she is experiencing a burning sensation when she urinates. The scheduler asks for her address and phone number, and the scheduler can hear that the client has to ask someone she is with what to say. When she arrives, an older man is with her and she looks to him to provide information. He insists on accompanying her into the room for her examination.

From the initial encounters the scheduler and receptionist have, what are the signs and indicators that the client is being trafficked?

This worksheet is confidential—you will not need to share it with anyone.

Signs and indicators in the waiting room or during intake

Some signs and indicators may emerge first in the waiting room or during intake, and can be confirmed during the medical history or the physical exam.



These include:

- Living or confined to the place they work
- Living or working in unsafe or hazardous conditions

- Escorted or guarded by someone
- Not able to speak for themselves
- Unable to identify an address or home
- Disoriented, unable to identify whereabouts, family, and/or friends
- Wearing inappropriate clothing for the season or place
- Age-inappropriate partner or significant other
- Clear demonstration or articulation of fear

Signs and indicators during medical history and exam



During the medical history and exam there are many signs and indicators of trafficking that may be revealed.

The goal in the exam room is to build trust, so your client feels safe enough to disclose exactly what is happening to them.

Many Title X clinics already have protocols in place that are helpful in identifying victims of trafficking. One key practice is to examine the client alone—your clinic may already have a general rule about this as part of your protocol.

- Providers should aim to examine the client without another person present, by citing client confidentiality or privacy.
- However, if the client insists, and especially if the client might leave otherwise, it may be necessary to allow the other person to be in the room.

There are many signs and indicators that may be revealed while going over your client's medical history or during the physical exam.

Multiple:
 Sex partners
 Unintended pregnancies
 Miscarriages
 Abortions
 STDs
 Types of contraception used simultaneously or serially
 Use of RU 486
 Urinary tract infections (UTIs)
 History of substance use disorder and/or homelessness.

MEDICAL HISTORY

PHYSICAL EXAM

Signs of physical abuse—bruises, cuts, burns, broken bones, wounds or scars from a weapon
 Injuries from violence or hazardous work conditions
 Gynecological complications—cysts, fistula, vaginal fissures
 Pelvic inflammatory disease (PID), pelvic pain
 Vaginal injuries, bleeding, or tissue damage
 Foreign objects in vagina—sponges, etc.
 Anal injuries, bleeding, or tissue damage
 Serious communicable diseases such as hepatitis or tuberculosis
 Dermatological issues such as scabies or lice
 Signs of self-harm—scars from repeated cutting
 Suicidal ideation or suicide attempt
 Malnutrition, dehydration
 Signs of substance use disorder—needle tracks
 Specific tattoo markings

Keep the following tips in mind during the medical history and physical exam:

1

Use a trauma-informed approach.

Recognize a trafficking victim may have complex trauma—even a simple exam could trigger fear, flashbacks, or other trauma reactions.

Use of strengths-based, non-stigmatizing language and methods.

2

Use clear language, that avoids technical jargon.

3

Ask clear and concise questions that may help uncover trafficking.

For example, survivors have said that they often do not know how many sexual partners they have had. They may also feel like providers may shame them for the number of their sexual partners. It is important to not use judgmental language. One way to frame an objective question, is to use a threshold.

This sounds like, “Have you had more than six sexual partners in the past week/month?”

Clinicians, nurses, and physician’s assistants—save the second page of the pocket cards below, and have them easily accessible, in case you need to reference the signs and indicators of human trafficking during a medical history and exam.

Signs and Indicators of Human Trafficking Pocket Cards

[CLICK HERE](#)

CASE STUDY

Read the survivor stories and write your reflection in the gray box.

A young woman enters a Title X clinic in the Midwest. She is clearly distraught. She says she thinks she is pregnant and asks for a pregnancy test. Upon examination after the test, the doctor finds severe bruises around her abdomen. She discloses that her partner is unhappy about the pregnancy but does not want to say more. Although this young woman does not say so, her trafficker had beaten her around the stomach when he discovered she was pregnant.

From the initial encounter at the receptionist desk in the waiting room, to the exam with the clinician, to follow-up, what should family planning staff watch for to uncover human trafficking and respond appropriately?

This worksheet is confidential—you will not need to share it with anyone.

Client-related barriers



There are two kinds of barriers—client-related and staff-related—that keep victims from seeking help in Title X clinics.

It is important to create an atmosphere of trust and care that supports the client to feel safe, and disclose what is happening to them.

Clients may face the following barriers:

- Distrust of others, due to feeling betrayed by partners, family, or other community members
- Difficulty being aware of and understanding their human trafficking experiences, as feelings of stigma, shame, and guilt can be overwhelming
- Emotional attachment to their trafficker or other victim
- Fear of retribution from their traffickers, including harming family or other loved ones, if they reveal their situations
- Feelings of being complicit with an illegal act and not aware of legal rights
- Fear of authorities and officials of any kind, including deportation, law enforcement, and health care providers

- Fear that reporting could lead to return to an abusive home, jail, or foster care placement
- Experiencing a transitory lifestyle—being forced or needing to move frequently

Victims may have had previous interactions with health care providers that were stigmatizing or shaming, leading to trauma. It is crucial to provide victim-centered and compassionate family planning services.

staff-related barriers



Learning to identify and respond to human trafficking may be a new skill set for some family planning staff.

Many of the barriers identified below can be addressed by drawing on and enhancing the skills staff already employ in their day-to-day practices of active, reflective listening and client-centered care.

staff may face the following barriers:

- Limited knowledge about human trafficking, including understanding of federal, state, and local laws
- Limited opportunities to understand and identify adverse childhood experiences (ACEs), complex trauma, or polyvictimization

- Clinic schedule that allows little time for identifying and responding to victims of human trafficking
- Preconceived notions of how a victim of trafficking presents
- Limited access to professional interpreters and/or materials written for clients at varying literacy levels or in multiple languages
- Lack of (or limited) referral options
- Fear of violating HIPAA rules

Another real staff-related barrier to identifying and responding appropriately to a trafficking victim is unconscious bias. We will discuss unconscious bias in more detail later in this course.

All Title X family planning staff need to be aware of these possible barriers to a victim's disclosure of true circumstances and to create an atmosphere of trust and care in which the victim feels safe to reveal what is happening to them.

To learn more about providing trauma-informed care, view the recording below at your convenience after completing this course.

Providing Trauma-Informed Care in Family Planning Clinics Webinar

[CLICK HERE](#)

Best practices for identifying and assisting victims of human trafficking

Five of the key best practices are:

- 1 Adopting a victim-centered approach
- 2 Using a trauma-informed approach
- 3 Addressing unconscious bias by using the RAM (Recognize, Address, Manage) model
- 4 Creating a protocol for identifying and responding to human trafficking
- 5 Connecting with others working on human trafficking to develop a multidisciplinary team (MDT) approach

Survivor stories

Listen to three survivor stories about their experiences during family planning visits.

Click the play button below to listen to the first survivor story.



00:17



“When I was being taken from the waiting room to a clinic, two nurses looked at me, whispered to each other, and laughed at me. Even though I really needed help, I left the clinic without being treated”

Click the play button below to listen to the second survivor story.



00:27



“My trafficker took me to the same local clinic every time. He seemed to know that they weren’t going to ask many questions. I had chlamydia and gonorrhea, but also many vaginal yeast infections. The nurse would examine me and just say 'Oh you’re probably wearing the wrong kind of underwear,' and give me a bunch of condoms from a bowl. I actually think they knew I was being pimped out, but they never said anything.”


Click the play button below to listen to the third survivor story.



00:29



“My trafficker sold me at a high-end hotel in the city. He knew the men didn’t want to use condoms so he had his bottom buy a lot of Plan B, and after each time we were sold, the next day we would take the medicine. I got so sick from it, but at the time I didn’t know what it was and that it wasn’t supposed to be used that way. I went into the clinic with heavy bleeding and cramps but never told the doctor what was happening, but she didn’t ask either.”

-  In the story above, the survivor uses the term “bottom” to refer to another person who is being exploited, who is appointed by the trafficker to supervise the others and report rule violations.

Best practice: Victim-centered approach



Any response to suspected human trafficking must be victim-centered, meaning that the safety and well-being of victims is paramount.

Victims of trafficking are often forced through physical violence to engage in sex acts or to perform slavery-like labor. Force includes rape, sexual abuse, torture, starvation, imprisonment, threats, psychological abuse, and coercion.

A victim-centered approach:

- Ensures the victim's concerns, safety, and well-being take priority in all matters and procedures.
- Seeks to minimize victim retraumatization by providing support to victims through victim advocates and service providers.
- Focuses on the needs and concerns of the victim to ensure compassionate and sensitive delivery of services in a non-judgmental way.

All professionals involved in human trafficking cases must advocate for the victim. Avoid activities that can stigmatize a victim—or those that mirror the behavior of a trafficker, however unintentionally—such as limiting or not offering choices to the victim during the recovery process.

WHAT TO DO

WHAT TO AVOID

Minimize questions about trafficking, asking only questions that help assess risk, identify needs, and address physical and mental health issues, along with safety. Use open-ended questions when possible and build rapport and trust before asking sensitive questions.

Create a safe, trusting environment for the client to talk by doing the following:

Identify yourself

Make eye contact*

Explain how you can help

Make all interaction respectful and considerate of cultural differences

Listen actively, show interest, and let them speak for themselves

Empathize—empathy encourages a relationship of trust

Be patient—do not rush the client if they are confused or angry or do not know the answer to a question

Ask open-ended questions to guide the client to tell their story and to determine the nature of the problem

Limit the number of people the client has to talk with about the situation

offer to connect the client with other support services and community agencies

Encourage return visits for follow-up or additional help

Your response may include:

"Thank you for trusting me enough to tell me what's happening. I'm sorry this is happening to you."

"We can treat you right now for the vaginal infection and an ultrasound to make sure the baby is OK, and get you additional help for food, clothing, shelter, legal assistance. Many of these resources are free."

"Would you like to call them from here? Would you like me to call them for you?"

WHAT TO DO

WHAT TO AVOID

Avoid blaming, shaming, or further traumatizing the client.

Do not use derogatory names—such as prostitute, promiscuous, bad decision

Avoid making negative assumptions or quick judgments

Do not exhibit abrupt, curt, or dismissive language or behaviors

Do not blame the victim for crimes committed against them

Avoid pressuring or threatening a client to talk

Do not say whatever is happening is “all in their head” or “due to stress”

Avoid assuming that a pregnancy is unwanted

Do not exhibit negative body language—poor eye contact*, crossed arms, defensive posture, taking other calls or typing while the client is talking

Review the job aids below for additional resources to support a victim-centered approach to identification, treatment, referral, and other responses to human trafficking.

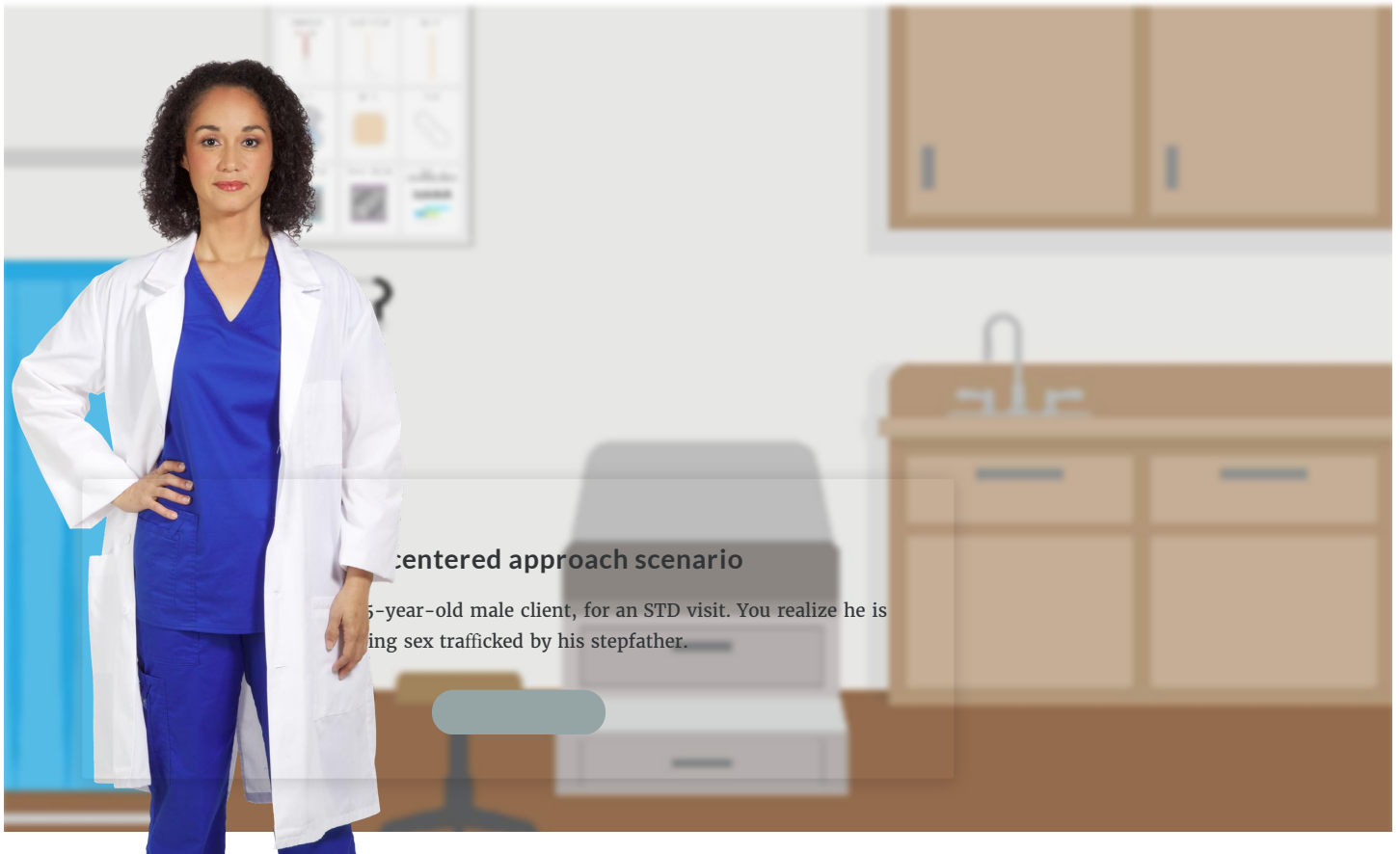
What to Do and What to Avoid When Working with Victims of Human trafficking

[CLICK HERE](#)

Victim Centered Approach in Title X Settings

[CLICK HERE](#)

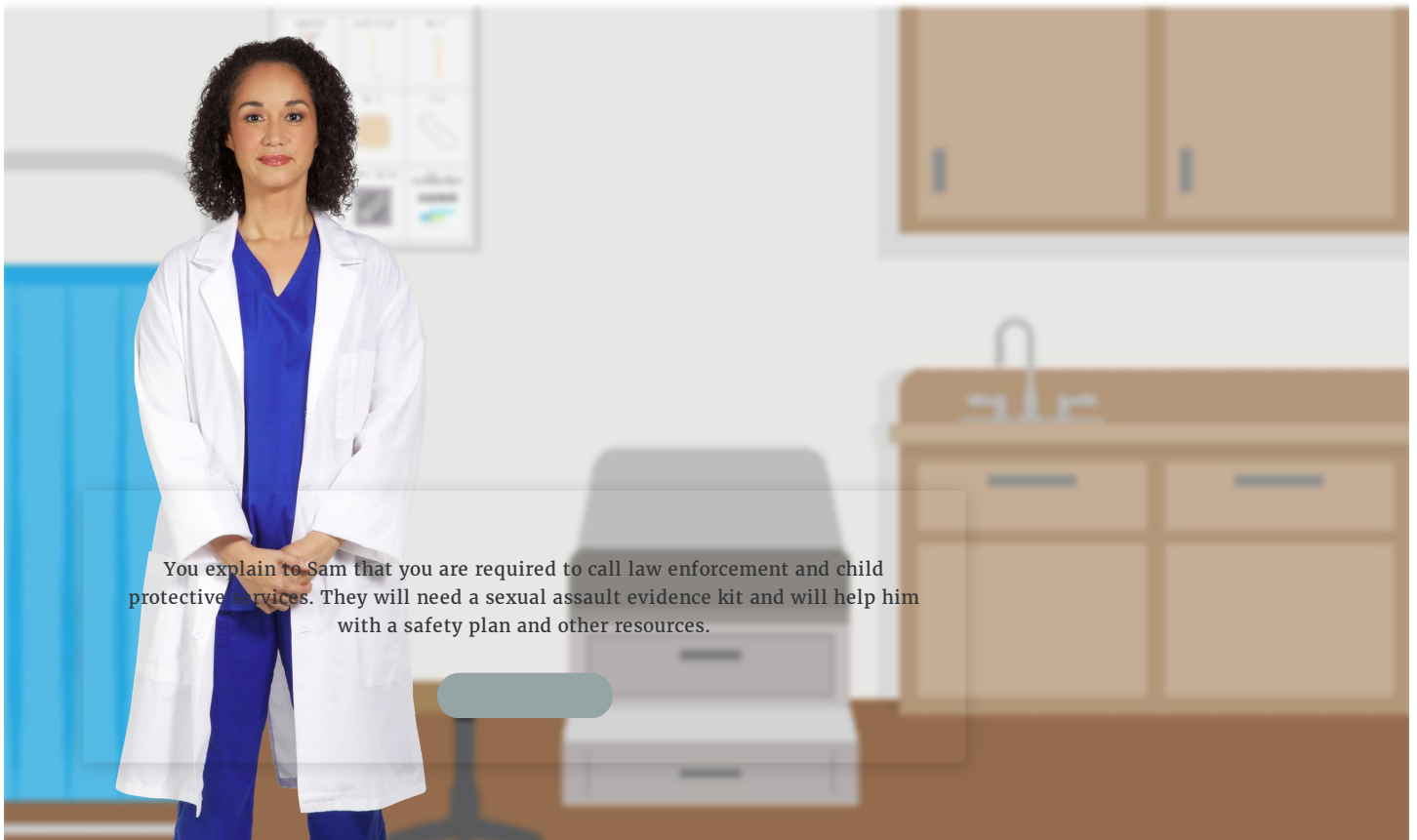
Scenario: Victim-centered approach



Scene 1 Slide 1

Continue Next Slide





Scene 1 Slide 2

Continue → Next Slide



Sam says “no” to the sexual assault kit. What would you say?

Sam, can you tell me a bit about why you don't want the sexual assault kit done? I'd like to hear your thoughts about it.

Sam, this kit is really important. Let's do it now.

Scene 1 Slide 3

0 → Next Slide

1 → Next Slide



Sam says, "I don't care. I never change my mind." How would you respond?

Ok, I understand. If you change your mind we can collect the kit for up to 5 days after your last sexual contact. You can come back or go to the ED.

I really think we should keep talking about this. It's very important that you have the kit done today.

Scene 1 Slide 4

0 → Next Slide

1 → Next Slide



Scene 1 Slide 5

Continue → End of Scenario

Best practice: Trauma-informed approach

Trauma is a widespread, harmful, and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war, and other emotionally harmful experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation.

While trauma can affect anyone, regardless of their demographics and characteristics, it affects certain populations more often, due to historical and systemic oppression and discrimination. This includes:

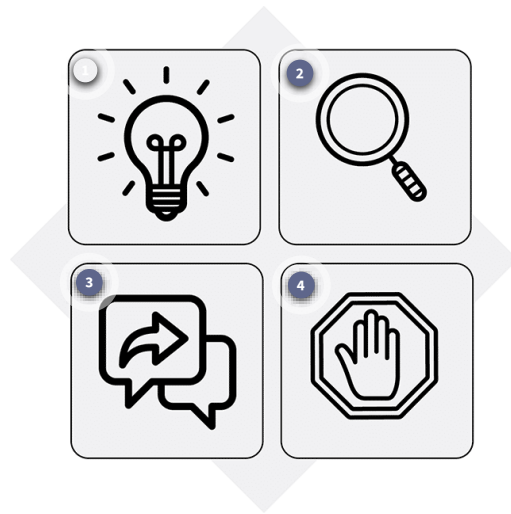
- Refugees and Asylees
- Migrant and seasonal workers
- Opportunity youth
- American Indians, Alaska Natives, Native Hawaiians, and Indigenous Peoples
- Lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) and Two Spirit people
- People with physical or cognitive disabilities
- Survivors of violence

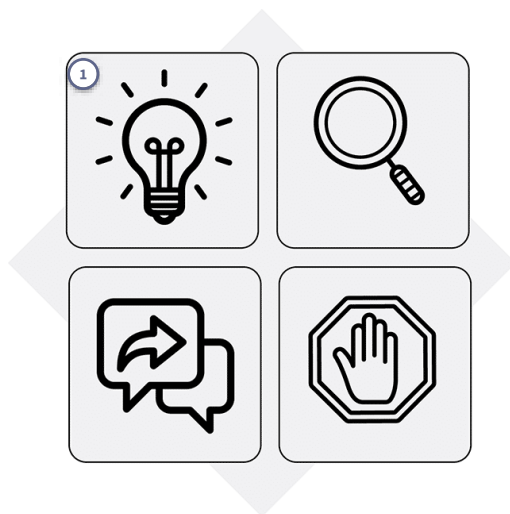
Major trauma—whether it is a single event or multiple events—can significantly change a person's body and physical responses and the way people view themselves, those around them, and the world in general. Thoughts, feelings and beliefs are affected, and these drive behavior. People respond to traumatic stress in a variety of ways, ranging from withdrawal and depression, anger, aggression, anxiety, inability to pay attention, to extreme expressions of emotions.

With a trauma-informed approach, Title X staff need to consider the:

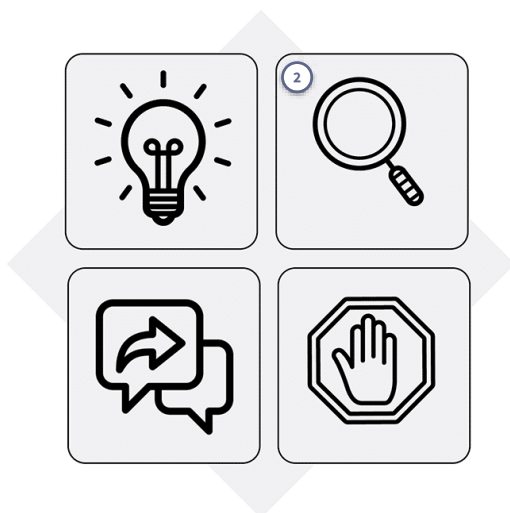
- Possibility that trauma underlies a client's unexpected or unusual behavior—especially if that behavior appears maladaptive in the current situation
- Potential function of the behavior—for example, a protective mechanism
- Importance of transparency, informed consent, and respect

Click on the four images below to explore the *Substance Abuse and Mental Health Services Administration (SAMHSA)* trauma-informed approach framework.

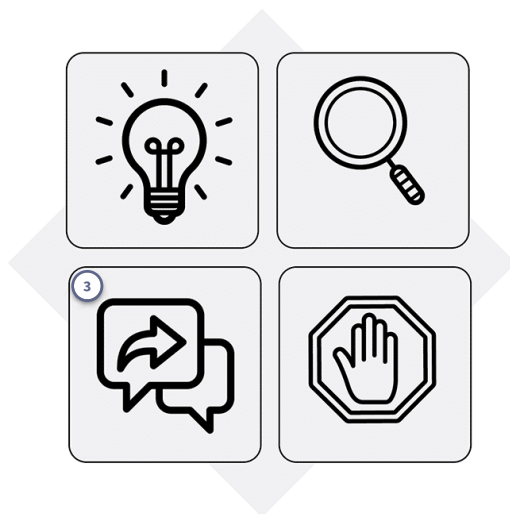




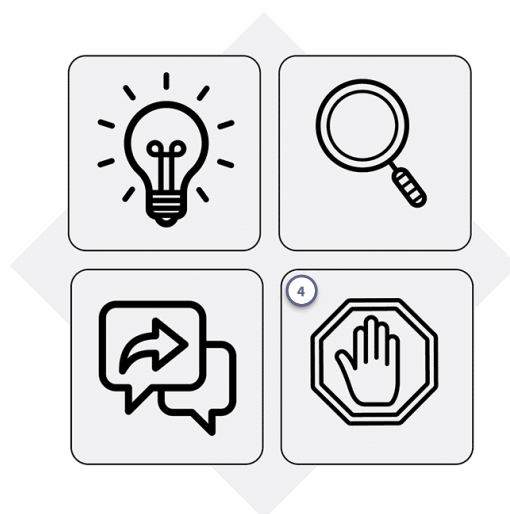
Realize the widespread impact of trauma and understand potential paths for recovery



Recognize signs and symptoms of trauma in clients, families, staff, and others



Respond by fully integrating knowledge about trauma into policies, procedures, and practices



Actively **resist** retraumatization

Providing Trauma-Informed Care in Family Planning Clinics Webinar

[CLICK HERE](#)

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

[CLICK HERE](#)

Scenario: Trauma-informed approach



Scene 1 Slide 1

Continue → Next Slide



The receptionist has told you a man came with her to the clinic and seemed quite angry. Carmelia appeared intimidated; eventually the man walked out, but he is still in the parking lot.

CONTINUE

Scene 1 Slide 2

Continue → Next Slide



Scene 1 Slide 3

0 → Next Slide

1 → Next Slide



Scene 1 Slide 4

0 → Next Slide

1 → Next Slide



Scene 1 Slide 5

0 → Next Slide

1 → Next Slide



Carmella agrees to answer questions but still seems hostile and wary. What might you say next?

1 I have a few more questions and then we'll be done.

2 Carmella, you seem very uncomfortable here with me now. Can you tell me what's going on with you? I'd like to help if I can.

Scene 1 Slide 6

0 → Next Slide

1 → Next Slide



Scene 1 Slide 7

Continue → End of Scenario

Best practice: Addressing unconscious bias



Unconscious biases are stereotypes about certain groups that people form outside their conscious awareness.

Bias can occur with regard to race, gender orientation, socioeconomic status, and lifestyle. The survivor stories in this course show how unconscious bias can impede the ability to offer the most-appropriate services to victims.

Examples include bias related to:

- Perceptions about client involvement in prostitution
- Judgment as to whether the client is poor, unmarried, unable to care for themselves or their children
- Whether the client should be pregnant, or if they are pregnant, whether they should carry a pregnancy to term

Video: Reducing the impact of unconscious bias

Click the play button below to start the video.



Narrator: Whether we are aware of it or not, both our slow thinking and fast thinking systems are always at work. Most of the time, they work together in positive and coordinated ways. They allow us to navigate complex environments and tasks, like providing family planning services in a busy clinic. But they each bring with them their own kind of bias. From our slow thinking system, we get explicit or conscious bias which is a preference for or against certain categories of people. But conscious bias is voluntary and can be controlled. On the other hand, our fast thinking system gives us implicit, or unconscious, bias, which is an involuntary preference or inclination for certain types of people. It is something we have a lot less control over, and is often unintentional. We may not even realize that we're treating people differently. How does this happen? Well, throughout our lifetime, the unconscious thinking system automatically assigns people we meet to a particular class or group based on our experiences, what we've been told, or what we are exposed to in the media. Over time, stored beliefs and expectations of people based on their group category are often unconsciously activated without even realizing it. We know that most people who work in family planning have made a conscious commitment to providing fair and equitable services. Providing family planning services requires a lot of subjective decision making which isn't easy, and our brains have to make decisions constantly throughout the day, such as which questions should I ask next? How much information should I share? Should I provide everything today or ask them to come back? Our unconscious bias can cause us to share additional information, make exceptions for, and go out of our way for clients with whom we share interests, or who we feel are similar to us. And we do the opposite for those who don't fit our own cultural norms and values. These subtle variations over time can cause some groups to have a lower quality healthcare experience than others. It's important to remember that biases don't make us bad people, they make us human. By realizing how our biases may be impacting other people, we can change practices and habits that unintentionally contribute to healthcare disparities.

Complete the course below to learn more about reducing the impact of unconscious bias.

Cultural Competency eLearning

[CLICK HERE](#)

The RAM model

The RAM Model

Recognize, **A**ddress, and **M**anage is a three-step practice of active awareness to address unconscious bias.



The RAM Model

Click the arrow to learn more about each step.

Step 1

Recognize

Recognize that we have unconscious biases.

Become more aware of them through training, self-examination, and admission.

Seek opportunities to learn more about people/cultures that are unfamiliar.

Actively engage others and support diversity and inclusion events.

Step 2

Address

Determine what your training needs on unconscious bias are. In particular, learn more about the social stigmas associated with sex and labor trafficking.

If you see unconscious bias in your staff or colleagues, provide feedback about the behavior, not the person.

Step 3

Manage

Manage unconscious biases.

- Seek out positive images/stories of victims of trafficking
- Seek out courses in unconscious bias
- Recognize what you assume and become more conscious of these assumptions.

Create and ensure enhanced opportunities for staff engagement and learning. One survivor of human trafficking suggested holding a “Lunch and Learn” or other event in which survivors can tell their stories and talk about their experiences seeking family planning services.

Learning about unconscious bias can strengthen the family planning services you provide and support you in identifying victims of trafficking.

Survivor stories

Listen to two survivor stories about the ways unconscious bias about human trafficking made their family planning visits less effective.

Click the play button below to listen to the first survivor story.



00:12



“The doctor was so abrupt doing the pap smear that it hurt me. I could tell it was a judgment about me and the situation I was in—being trafficked into prostitution.”

Click the play button below to listen to the second survivor story.



00:11



“The pregnancy test came back positive but instead of congratulating me, the staff made an assumption that I would not want the baby or be capable ofL having and taking care of my baby.”

Best practice: Creating a protocol

Components of a protocol may include:

- ☐ Potential indicators of trafficking
- ☐ Strategies for interacting with clients
- ☐ Safety planning
- ☐ Multidisciplinary treatment and referral process
- ☐ Mandatory reporting and HIPAA compliance
- ☐ Medical record keeping for trafficking victims Follow-up
- ☐

Title X family planning settings are uniquely placed to identify victims of human trafficking and assist them. Because of the services Title X clinics offer, providers and staff are true first responders.



Unique opportunities to identify victims and respond appropriately include:

- Trust building that begins with the scheduler, continues in the waiting room, and is built into the services provided
- Trauma-informed, victim-and client-centered care
- Active listening model of care
- Ability to treat clients privately in the exam area
- Building relationships with community organizations to optimize referral capability
- Unique role of Title X family planning settings in the local community

Thinking about the potential to reach victims can help clinics design a protocol that begins with the very first contact with the scheduler and the waiting room. This protocol should ensure:

- Schedulers and intake personnel are trained to recognize signs and indicators of human trafficking.

- Education and awareness materials, such as brochures, are available in the waiting room.
- Posters are displayed in the exam rooms and exam room bathrooms.
- Clinicians and nurses should know what they can do to create as safe and trusting environment as possible for their exams.
- Once identified, staff should be ready to refer victims on a case-by-case basis to other services that may be able to meet their non-family planning needs.

Review the guidance below on how to develop guidelines on human trafficking that create a victim-centered approach to identification, treatment, referral, and other responses to human trafficking.

Developing Guidelines on Human Trafficking

[CLICK HERE](#)

Building trust with clients



The scheduler should show respect for the client's time, and interest in making the process as easy as possible.

This sounds like, “Let’s see if we can find an appointment time that’s convenient for you.”



The receptionist in the waiting room can acknowledge the inconvenience to the client, showing respect and concern.

This sounds like, “I’m sorry it’s taking longer than we expected for you to be seen. Are you comfortable? Would you like some water?”



The provider acknowledges effort on the part of the client, calls attention to their strengths, and shows respect by seeking truly informed consent. These actions also empower the client to participate in their care.

This sounds like, “I really appreciate you answering my questions. You've been helpful and have a good memory. Now let's talk about possible next steps. I'd like to do a head-to-toe exam of your body, and then take a closer look at where you said you're feeling pain and have discharge, so I can see what may be causing those symptoms. Let me explain what that will include, so you can decide if you want to do it.”

CASE STUDY

Read the survivor stories and write your reflection in the gray box.

A 25-year-old female visits a Title X clinic with her young child. She requests treatment for chlamydia, but in the course of the medical exam she reveals that she has run away from her pimp who she has been with since she was 17 because he threatened her child. She is homeless and living in an abandoned car. She does not want any contact with social services because she is afraid that they will take her child away.

How can family planning staff respond to her needs beyond treating the physical problem with which she presents?

This worksheet is confidential—you will not need to share it with anyone.

Best practice: Developing a multidisciplinary team (MDT) approach



Connecting with others working on human trafficking to develop a multidisciplinary team (MDT) approach and referral network is critical to address the complex medical, physical, psychological, and social needs of victims of human trafficking.

MEDICAL

PHYSICAL

PSYCHOLOGICAL

SOCIAL

Treatment of STDs, physical illness, injuries

Substance use disorder treatment

Pregnancy follow-up care

MEDICAL

PHYSICAL

PSYCHOLOGICAL

SOCIAL

Secure and stable housing
Food, clothing, medicine, hygienic and other basic needs
Time for sleep, detox
Relaxation skills

MEDICAL

PHYSICAL

PSYCHOLOGICAL

SOCIAL

Specialized rehabilitative services
Trauma-focused counseling
Help breaking trauma bonds
Help with addressing underlying mental health challenges

MEDICAL

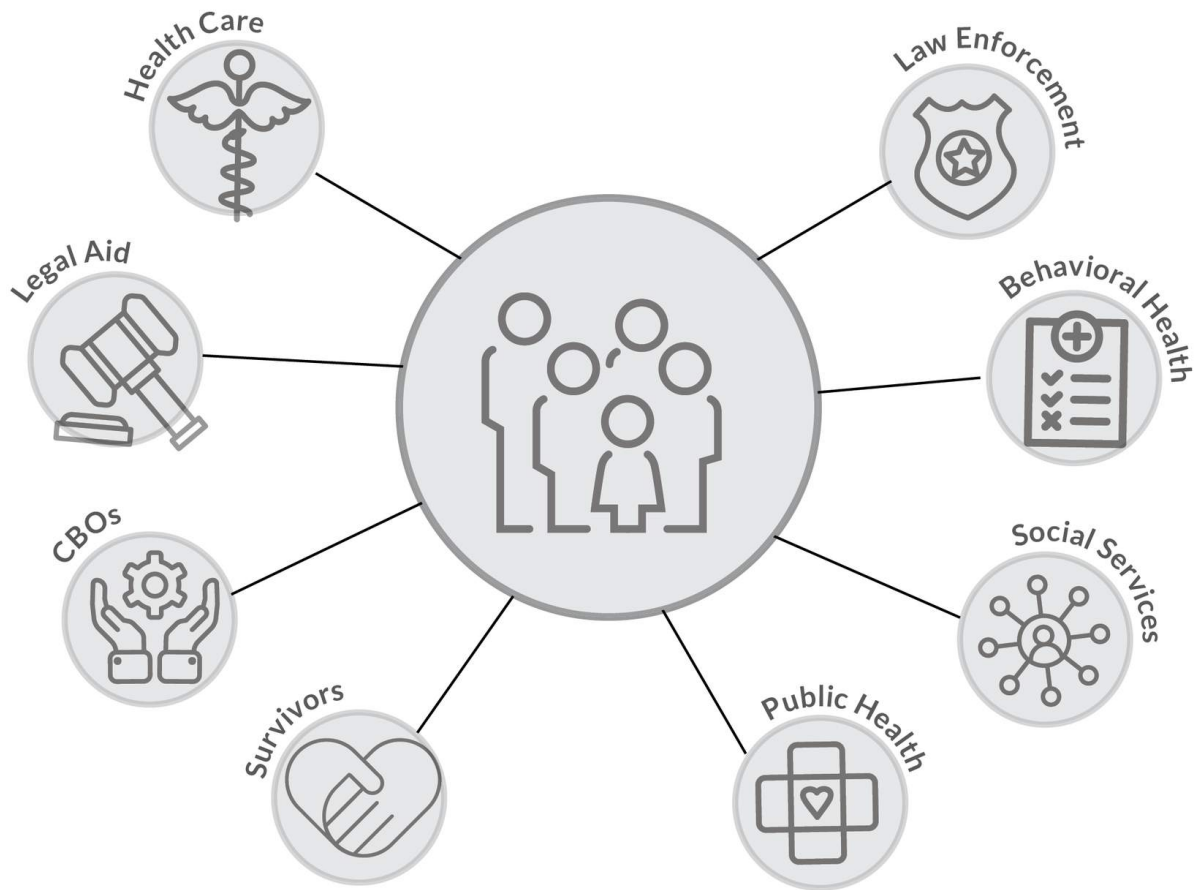
PHYSICAL

PSYCHOLOGICAL

SOCIAL

Life skills
Conflict management
Educational services
Job skills and training
Help to connect with positive social supports

A MDT involves a range of professionals, from one or more organizations, working together to deliver comprehensive care and to meet victims' medical, physical, psychological, and social needs.



For a MDT to work, many factors need to be present, including:

- Respect and trust between team members
- A good mix of skills within the team
- An agreed-upon structure, systems, and protocols for communication and interaction between team members
- Culturally respectful engagement of team members

Human trafficking coalitions and task forces

There are more than 120 human trafficking task forces nationwide. Some of them are federally funded, some are statewide, and some serve a city or local community.

These task forces are comprised of:

- Federal, state, local, and tribal law enforcement
- Victim service providers
- Community- and faith-based organizations

Working together, these task forces and coalitions ensure that trafficking victims are proactively identified and referred to appropriate services, while at the same time their offenders' cases are investigated and prosecuted.

These groups are required to implement victim-centered and coordinated approaches to identify victims of all types of trafficking, address the individualized needs of victims through services, and investigate and prosecute sex and labor trafficking cases at the local, state, tribal, and federal levels.

Look Beneath the Surface Regional Anti-trafficking Program Grantees

[CLICK HERE](#)

The National Human Trafficking Hotline



Another way to locate local services is to call the National Human trafficking Hotline to identify an anti-trafficking organization in your community.

The National Human trafficking Hotline:

- Provides 24/7 support and a variety of options for survivors of human trafficking to get connected to help and stay safe
- Includes a network of nearly 4,000 partner service providers and trusted law enforcement officials
- Is staffed by trained hotline advocates to take tips of suspected human trafficking from community members and help survivors build plans, so they can safely leave their situations or get the help they need to rebuild their lives
- Is available via phone (in more than 200 languages through a translation service), text, webchat, email, and website (in English and Spanish)
- Is operated by Polaris and funded by the U.S. Department of Health and Human Services and other donors

National Human Trafficking Hotline

[CLICK HERE](#)

Importance of referrals



Referral is a key factor in meeting the needs of a trafficking victim. Title X clinics must have knowledge of the other services available in the local community and incorporate trauma-informed approaches.

It is important to be prepared to refer clients to other services they may need. To do this, your clinic should engage community stakeholders.

1

Reach out to anti-trafficking and other related organizations now—not just when services are needed

Connect with local community organizations by attending local human trafficking coalition meetings.

Do some basic research and outreach to non-governmental organizations in the local Title X community and neighborhood.

2

Be proactive

Call, introduce yourself, find out about the services they provide.

Document the names of other local service providers in your protocol.

3

Build and maintain relationships with community service providers

Once your clinic has begun this work, take the time to build and maintain relationships with community providers who offer services for trafficking victims.

4

Use a trauma-informed referral approach

Think about all the information you gleaned from your conversation with the client and determining possible needs and resources to meet those needs.

Encourage the client to actively participate and take the lead in the referral process and safety planning.

If appropriate, rely on a “warm hand-off”—help the client make contact with the organization while you are there—either you call, or the client does.

To learn more about Title X requirements and referrals for clients, review these resources at your convenience after completing this course.

Title X Orientation: Program Requirements for Title X Funded Family Planning Projects
eLearning

[CLICK HERE](#)

Establishing and Providing Effective Referrals for Clients: A Toolkit for Family Planning Providers

[CLICK HERE](#)

CASE STUDY

Read the survivor stories and write your reflection in the gray box.

A 15-year-old male comes to your Title X clinic for HIV testing. While building rapport, the clinician asks about the client's family and home. The youth reports mostly living on the street and in shelters for the last year. When asked how he manages to get the things he needs when homeless, he pauses, then says, "I do what I need to do. Let's leave it at that."


How can clinic staff respond to his needs beyond treating the physical problem with which he presents?

This worksheet is confidential—you will not need to share it with anyone.

Legal issues related to human trafficking

Some of the key legal issues that Title X clinics must consider when identifying and treating trafficking victims, especially adolescents, include:

- Mandatory reporting
- Documenting human trafficking in medical records
- When and how to connect with law enforcement
- Undocumented immigrants, migrant and seasonal workers, and others who lack legal status in the U.S.


 It is important to keep in mind with all of the above issues, the emphasis should be on ensuring the victim's safety. Be aware of ethical issues and potential for harm.

Mandatory reporting and human trafficking

- Know your federal and state mandated reporter laws.
- Ensure that Title X staff now when and how to report information on human trafficking to the proper authorities.

Federal laws have mandatory reporting requirements related to human trafficking. The Justice for Victims of Trafficking Act (JVTA) of 2015 amended CAPTA to include child sex trafficking as a form of child abuse under federal law.

- Follow the guidelines that Title X already has in place for reporting child trafficking as child abuse.
- Remember that it is a misdemeanor or criminal offense to fail to report suspicions of child abuse or neglect.
- Report even if someone says that the offense, especially in the case of child sex trafficking, has already been reported.

-  If mandatory reporting is needed, you must make it clear that this is NOT negotiable and is an action you are required to take.

Decide with your client how to report. Does the client want to speak to law enforcement? Want you to do it? Want to do it together?

Mandatory Reporting and HIPAA Compliance

[CLICK HERE](#)

Title X Mandatory Reporting Training Package

[CLICK HERE](#)

HIPAA—Health Insurance Portability and Accountability Act

Remember that you are not likely to have a client seeking treatment for human trafficking. The HIPAA Privacy Rule permits the reporting of injury or abuse, provided certain conditions are met.

Rather, the client will be seeking care for other health concerns that may need to be reported. If you're unsure about whether HIPAA permits the reporting of patient information in a specific situation, human trafficking can still be reported without divulging individually identifiable patient health information; for example, a provider could report the gender, age of patient, and type of trafficking.

Mandatory Reporting and HIPAA Compliance

[CLICK HERE](#)

CASE STUDY

Read the survivor stories and write your reflection in the gray box.

A 16-year-old female comes to your Title X clinic with her grandfather. He requests a pregnancy test for her. When he is told that the pregnancy test is positive, he wants to discuss abortion. Once the provider is alone with the client in the exam room for “other testing,” she starts to cry and says her grandpa passes her around at his weekly poker parties.

Given mandatory reporting laws, how should family planning staff respond beyond the pregnancy test that was requested?

This worksheet is confidential—you will not need to share it with anyone.

Documenting human trafficking in medical records



ICD-10 diagnostic codes provide a way to document human trafficking in medical records. Proper documentation is an important aspect of treatment.

In 2019, the CDC added 16 new data collection fields, including:

- T codes—for reporting cases of suspected and confirmed forced labor and sexual exploitation (labor trafficking and sex trafficking)
- Z codes—for the examination and observation of human trafficking victimization

Whenever possible, after discussing with the client, use ICD codes for sex trafficking and labor trafficking. Be careful to:

- Only document clinical issues—do not record the client story in medical records.
- Take all usual precautions to protect client confidentiality.

The ICD-10 codes are important to human trafficking because when these codes are added to a client's electronic health record (EHR), health care providers can use the codes to track and improve client care. Providers can use a combination of ICD-10 codes to more fully show how trafficking affects physical and mental health.

Review the job aid below for the list codes used to document human trafficking in medical records.

ICD-10 Codes Human Trafficking Job Aid

[CLICK HERE](#)

It is important to be aware of some current challenges in documenting human trafficking in medical records.

- Confidential information, including ICD-10 codes for human trafficking, could threaten client privacy and safety.

- Providers who are not trained to identify and respond to human trafficking may unintentionally harm clients when they use a diagnostic code for trafficking, but do not provide referrals and other important information to the client.
- It is critical to ensure that staff do not violate confidentiality of the client. Some experts recommend that providers record only medical information in the client record. Additional information, such as the victim's story, could be subpoenaed for use by the criminal justice system.


Here are some ways health professionals and administrators can protect client privacy and confidentiality :

- Ensure that medical records—paper and/or electronic—are secure. If your clinic does not already have them, create and enforce policies that protect data.
- Train staff as to how to manage confidential information.
- Train providers to communicate with clients about how and what information is recorded in the medical record.
- Uphold consequences for breach of confidentiality .

This plan should include training all providers and staff on labor and sex trafficking and how to respond to suspected trafficking, training all professionals who create or read medical records about confidentiality policies and practices, especially as it concerns human trafficking. It should also introduce all staff to the human trafficking ICD-10 codes.

What you can do:

- Become familiar with ICD 10 codes.
- Know where sensitive client information appears in the medical record and elsewhere (e.g., explanation of benefits) and who has access to information.
- Discuss with the client the “pros” and “cons” of documenting sensitive information.
- Accommodate requests from the client when able (within bounds of laws, client safety, etc.).
- Implement a zero-tolerance policy for staff bias, stigmatization.
- Train staff on code of conduct and implement a system where clients staff can report issues confidentially .

 **Using ICD-10 codes helps providers gain a full picture of clients' circumstances and respond to clients in a person-centered, trauma-informed, and multidisciplinary way. In addition, using ICD-10 codes to track medical conditions related to trafficking can help track the nature and scope of human trafficking, and this information can be used to create policies and to support better resource allocation.**

Title X clinics' vital role in responding to human trafficking



Family planning settings play a vital role in identifying and treating victims of trafficking.

This includes:

- Creating a welcoming and trusting atmosphere, so that victims feel comfortable
- Adopting a protocol to help identify and respond to trafficking victims
- Using a victim-centered, trauma-informed approach during intake, medical history, and examination
- Contributing to a family planning setting that is as safe and secure as possible for victims
- Reporting trafficking if mandated
- Offer services and resources to meet victims' other needs
- Providing follow-up appointment for any further services required
- Documenting trafficking properly in medical records

Survivor stories

Listen to two survivor stories about how family planning staff helped them.


Click the play buttons below to listen to the first survivor story.



00:40



“I was trafficked when I was a child but trapped in it for years. I had a very violent pimp. So many beatings, so many injuries, so many illnesses. I went to dozens of emergency rooms, urgent care clinics, and doctor’s offices. It seemed like I was just a body to poke and prod and fix.” I will still remember going to the family planning clinic and having a nurse put her hand on me—just touch me as a person—and say, ‘It’s going to be alright.’ I’ll never forget that caring response.”

-  While the survivor in the story above shared the positive impact of the nurse's touch, any uninvited or unnecessary touch may or may not feel safe to clients.

Click the play buttons below to listen to the first survivor story.



00:20



“The clinic was the first place that seemed to actually see me as a person. The nurse saw that I was frightened and listened to me. It was the first time I thought about telling someone what was actually happening.”

Quiz

Now let's review what we've covered during this course. For each question, select the response option you think is correct.

Question

01/05

Which of the following family planning services do victims of human trafficking report accessing?

- ☐ Contraception
- ☐ STD testing and referral
- ☐ HIV prevention, testing, and referral
- ☐ Infertility testing, counseling, and referral
- ☐ Client education and counseling
- ☐ Related preventive health services
- ☐ All of the above

Correct Answer: All of the above. Trafficking victims report accessing all of the services listed above.

Most victims of human trafficking do not self-identify due to a combination of factors, including:

- ☐ A lack of knowledge about the crime of human trafficking
- ☐ Fear of the traffickers, including threats and intimidation as well as physical force and coercion used to maintain power and control over the victim
- ☐ Fear of arrest or other law enforcement action, such as taking away children
- ☐ Fear of deportation or immigration action
- ☐ All of the above

Correct Answer: All of the above. Most trafficking victims do not self-identify due to a combination of the factors listed above.

Question

03/05

At what point during contact with a client should family planning staff identify signs and indicators of human trafficking?

Check all that apply.

- ☐ During scheduling
- ☐ During check-in
- ☐ During the medical history and exam

Correct answer: During scheduling, during check-in, and during the medical history and exam. Each person on the family planning staff has a role and responsibility to identify signs and indicators during all interactions with the client.

What are some of the best practices for identifying victims of human trafficking and responding appropriately?

- ☐ Adopting a victim-centered approach
- ☐ Using a trauma-informed approach
- ☐ Addressing unconscious bias by using the RAM model
- ☐ Creating a protocol for identifying and responding to human trafficking
- ☐ Connecting with others working on human trafficking to develop a MDT approach
- ☐ All of the above

Correct Answer: All of the above. Adopting a victim-centered approach, using a trauma-informed approach, addressing unconscious bias by using the RAM model, creating a protocol for identifying and responding to human trafficking, and connecting with others working on human trafficking to develop a MDT approach are all best practices for identifying victims of human trafficking and responding appropriately.

Title X family planning clinics have unique opportunities to identify victims of human trafficking and respond appropriately because their mission and mandate includes:

- ☐ Trust building
- ☐ Trauma-informed and client-centered care
- ☐ Active listening model of care
- ☐ Ability to treat clients privately in the exam area
- ☐ Building relationships with community organizations to optimize referral capability
- ☐ All of the above

Correct Answer: All of the above. All of the above are unique opportunities Title X family planning clinics have to identify victims of human trafficking and respond appropriately.

Conclusion

This is the end of *Identifying and Responding to Human Trafficking in Title X Settings* course.

Thank you for joining us. Your feedback is important to us!

Please complete a brief evaluation of this course. After completing the evaluation, you can download your certificate of completion from your RHNTC Training Account.

Course Evaluation



References

United States of America: Victims of Trafficking and Violence Protection Act of 2000 [United States of America], Public Law 106-386 [H.R. 3244], 28 October 2000, <https://www.govinfo.gov/content/pkg/BILLS-106hr3244enr/pdf/BILLS-106hr3244enr.pdf>

U.S. Department of Health and Human Resources (n.d.). Trafficking Victims Protection Act of 2000 [FactSheet]. https://rhyclearinghouse.acf.hhs.gov/sites/default/files/docs/16114-Trafficking_Victims_Protection_Act_of_2000.pdf

Office on Trafficking in Persons. (December 24, 2020) What is human trafficking? <https://www.acf.hhs.gov/otip/about/what-is-human-trafficking>

Polaris. (2017, March). The Typology of Modern Slavery Defining Sex and Labor Trafficking in the United States. <https://polarisproject.org/wp-content/uploads/2019/09/Polaris-Typology-of-Modern-Slavery-1.pdf>

Office for Victims of Crime: Training and Technical Assistance Center. (n.d.). Victim-Centered Approach. <https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/>

White, B. V., (2018, April 3). Understanding Unconscious/Implicit Bias [Presentation]. HHS HR Clinic, Bethesda, MD. <https://hr.nih.gov/sites/default/files/public/documents/about/events/hhs-hr-clinic/presentations/slides/pdf/hhs-hr-clinic-understanding-unconscious-implicit-bias-4.3.18-sd-edits.pdf>

Justice for Victims of Trafficking Act of 2015. [United States of America], Public Law 114-22 [H.R.296], 29 May 2015. <https://www.congress.gov/bill/114th-congress/senate-bill/178>

Justice for Victims of Trafficking Act of 2015. [United States of America], Public Law 114-22 [H.R.296], 29 May 2015. <https://www.congress.gov/bill/114th-congress/house-bill/296>

National Human Trafficking Technical Assistance and Training Center. (n.d.). Health Insurance Portability and Accountability Act of 1996 (HIPAA). https://nhhtac.acf.hhs.gov/soar/eguide/observe/HIPAA_and_Mandated_Reporting

Centers for Disease Control and Prevention. (2018, October). ICD-10-CM Official Guidelines for Coding and Reporting FY 2019. <https://www.cdc.gov/nchs/icd/data/10cmguidelines-FY2019-final.pdf>