ADMINISTRATION FOR CHILDREN & FAMILIES
Office on Trafficking in Persons

# HHS Health and Human Trafficking Symposium

## PowerPoint and Resource List

November 28–29, 2018

**Panel 3: Screening to Identify Trafficking Survivors**

This panel discusses barriers to identification and strategies for developing, adapting, and using trauma-informed screening tools; referral protocols in diverse settings to promote access to services and ensure better coordination among providers.

Following the PowerPoint presentation is a list of resources suggested by the HHS Health and Human Trafficking Symposium moderators and panelists. The list includes a wide variety of resources, ranging from published research, fact sheets, and tools such as trainings and curriculum.

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# Screening to Identify Trafficking Survivors

## Moderator/Panelists

- Moderator:
  - Nicole Greene, Acting Director, Office of the Assistant Secretary for Health, Office on Women's Health
- Panelists:
  - Dr. Wendy Macias-Konstantopoulos, Attending Physician, Massachusetts General Hospital
  - Dr. Makini Chisolm-Straker, Co-Founder, HEAL Trafficking; Emergency Department Physician
  - Mary Landerholm, Action Plan Manager, Laboratory to Combat Human Trafficking
  - Anna Marjavi, Program Director, Health, Project Catalyst, Futures Without Violence
  - Valerie Douglas, Director, Counseling and Runaway and Homeless Youth Services, Center for Youth Services

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## Learning Objectives

- Describe different approaches to screening for trafficking survivors: Why is it important, and what are the limitations?
- Explore foundational principals that support trauma-informed screening.
- Recount lessons learned from working with particular populations and identify current gaps.

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## Nicole Greene, Office of the Assistant Secretary for Health, Office on Women's Health

## Dr. Wendy Macias-Konstantopoulos, Attending Physician, Massachusetts General Hospital

## Principles of a Trauma-Informed Approach

- Realizes the widespread impact of trauma
- Recognizes the signs and symptoms of trauma
- Integrates knowledge about trauma into policies, procedures, and practices
- Strives to actively minimize re-traumatization in services
- Supports recovery by fostering:
  - Safety, respect, and acceptance
  - Trust and transparency
  - Peer support and self-help
  - Collaboration and mutuality
  - Empowerment through voice, choice, and emphasis on strengths and resilience
  - Respect for cultural, historical, and gender issues/differences

Substance Abuse and Mental Health Services Administration. (2018). Trauma-informed approach and trauma-specific interventions. U.S. Department of Health and Human Services. https://www.samhsa.gov/nctic/trauma-interventions

Elliott, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S., & Reed, B.G. (2015). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology, 33*(4):461–477.

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## Principles of a Culturally Responsive Approach

- Values diversity and inclusion
- Accepts and respectfully navigates the cultural and individual differences that make each person unique, regardless of group membership
- Recognizes the impact these differences have on a person's experiences, beliefs, attitudes, behaviors, and expectations
- Avoids attempts to become an expert in any given culture, but rather to become an expert in strategies that convey acceptance and support a diversity of needs
- Strives to actively minimize stereotypes and generalizations across a social group based on age, race, ethnicity, religion, language, family background, etc.
- Accepts the responsibility of investing in strategies to decrease or remove barriers (e.g., linguistic services)
- Seeks feedback from the diversity of members served

Office of Minority Health. (2013). National standards for CLAS in health and health care: A blueprint for advancing and sustaining CLAS policy and practice. U.S. Department of Health and Human Services. https://www.thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf

Elliott, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S., & Reed, B.G. (2015). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology, 33*(4):461–477.



## Take-Home Messages: The Fundamentals

- Screening is not part of a checklist, and questions should not be read.
- One-size-fits-all screening is not realistic or conducive to disclosure and can cause harm.
- Screening requires active listening and a need-to-know framework.
- Building rapport and earning trust are crucial components of screening.
- For mandated reporters, transparency about the limits of confidentiality is a must and can allow choice, provide a message of hope, and minimize the chance of relationship rifts.
- Protocols and resource infrastructure are essential before beginning screening.


MGH Freedom Clinic logo. Created by MGH Graphics and Design Department.



## Dr. Makini Chisolm-Straker

## Definitions

- Screening: Diagnostic instrument applied to an entire (predetermined) population that is used to identify the possible presence of an outcome of interest
- Assessment: Evaluation instrument used by an expert when there is concern for an outcome of interest
- Protocol: Algorithmic set of actions that mobilizes a dedicated team when an outcome of interest or concern arises for that outcome
- Validation: Comparison of a new tool against a logical or gold standard, not expert opinion

1. Greenhalgh, T. (1997). How to read a paper. Papers that report diagnostic or screening tests. *BMJ, 315*(7107):540–543.
2. Maxim, L.D., Niebo, R., Utell, M.J. (2014). Screening tests: A review with examples. *Inhalation Toxicology, 26*(13):811–828.
3. Substance Abuse and Mental Health Services Administration. (2009). Chapter 4: Screening and assessment. In *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series, No. 51. Center for Substance Abuse Treatment.
4. Stoklosa, H., Dawson, M.B., Williams-Oni, F., Rothman, E.F. (2016). A review of U.S. health care institution protocols for the identification and treatment of victims of human trafficking. *Journal of Human Trafficking*, 8:1–9.
5. Institute of Medicine Committee on Perinatal Transmission of HIV; National Research Council and Institute of Medicine Board on Children, Youth, and Families (1999). Stoto, M.A., Almario, D.A., McCormick, M.C. (Eds). *Reducing the odds: Preventing perinatal transmission of HIV in the United States*. Washington, DC: National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK230550/



## Purpose

- Screening: Allows for patient disclosure, regardless of user bias
- Assessment: Activates experts and facilitates purposeful resource allocation
- Protocol: Enables reliable actions, regardless of users
- Validation: Tells the user that the test actually measures what it purports to measure



## Existing Gaps in 2018

Validation (tool type, population, setting)

- Greenbaum Tool
  - Screening tool, 13- to 17-year-olds, with high-risk chief complaints to emergency department/health care setting
- Trafficking Victim Identification Tool (TVIT)
  - Assessment tool, adults, social service setting
- Human Trafficking Interview & Assessment Measure (HTIAM-14)
  - Assessment tool, homeless young adults, social service setting
- Quick Youth Indicators of Trafficking (QYIT)
  - Screening tool, homeless young adults, social service setting

1. Kaltiso, S.O., et al. (2018). Evaluation of a screening tool for child sex trafficking among patients with high-risk chief complaints in a pediatric emergency department. *Annals of Emergency Medicine, 25*(11): 1193–1203.
2. Simich, L., et al. (2014). Improving human trafficking victim identification—Validation and dissemination of a screening tool. Vera Institute of Justice. https://www.ncjrs.gov/pdffiles1/nij/grants/246712.pdf
3. Bigelsen, J. & Vuotto, S. (2013). Homelessness, survival sex and human trafficking: As experienced by the youth of Covenant House New York. Covenant House.
4. Chisolm-Straker, et al. (2017). Recognizing human trafficking among homeless youth. Covenant House.

## Existing Gaps in 2018 (continued)

Comprehensive Tools (screening and/or assessment)

- TVIT (assessment)
- HTIAM-14 (assessment)
- QYIT (screening)

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Mary Landerholm, Action Plan Manager, Laboratory to Combat Human Trafficking

## Collaboration

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

COMMUNITY REACH CENTER

Mary Landerholm, MSW

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## Community Reach Center Action Plan

COMMUNITY REACH CENTER

CRC's identified priorities:

- Training/education
- **Screening of victimization**
- Capacity building
- Connections to others at the local, state, and national level doing work within the anti-trafficking context

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## Community Reach Center


- Current screening tool
- Intake process as a whole
- Protocols for
  - At-risk
  - Currently experiencing
  - History
- Embed into the intake platform

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## Organizational Challenges on Screening

- Questions being asked in the screen
- Placement of questions in the intake process
- Who was screening, when, and how often
- Consideration for wide range of consumers
- Interpretation and language considerations
- Staff training by role within CRC

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## Training: Onboarding of the issue

COMMUNITY REACH CENTER

lcht LABORATORY TO COMBAT HUMAN TRAFFICKING

SOAR TO HEALTH AND WELLNESS

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## Colorado Context to Support Considerations



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## Colorado Context to Support Considerations (continued)



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## Moving Forward

COMMUNITY REACH CENTER

- Considerations for specific programs
- Staff response at all touchpoints of engagement
- Commitment to engage in systemwide conversation around screening
- Partnership through local stakeholders: Colorado Department of Human Service, Colorado Legal Services, Rocky Mountain Immigrant Advocacy Network, Laboratory to Combat Human Trafficking

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## Anna Marjavi, Program Director, Health, Project Catalyst, Futures Without Violence

## Project Catalyst Local Partnership Goals: Bidirectional Referrals

## Redefining Success: Futures Without Violence

Success is measured by our efforts to reduce isolation and to improve options for safety and health.

## Lessons From IPV Screening...

**"No one is hurting you at home, right?"** (Partner seated next to client as this is asked—consider how that felt to the patient)

**"Within the last year, has he ever hurt you or hit you?"** (Nurse with back to you at her computer screen)

**"I'm really sorry I have to ask you these questions; it's a requirement of our clinic."** (Screening tool in hand—what was the staff communicating to the patient?)

Used with permission from Shutterstock, 2016.

## The Heart of Being Trauma Informed

*What if we challenge the limits of disclosure-driven screening practices?*

(Miller, E., McCauley, H.L., Decker, M.R., Levenson, R., Zelazny, S., Jones, K.A., Anderson, H., & Silverman, J.G. (2017). Implementation of a family planning clinic-based partner violence and reproductive coercion intervention: Provider and patient perspectives. *Perspectives on Sexual and Reproductive Health*, 49(2): 85–93. doi: 10.1363/psrh.12021

## Universal Education

Universal education provides an opportunity for clients to make the connection between violence and abuse, health problems, and risk behaviors.

Used with permission from Shutterstock, 2016.

Used with permission from Shutterstock, 2016.

For practices with IPV/HT screening as part of health center requirements, recommend first doing universal education.

## Human Trafficking Survivors and Recommendations for Health Care Providers

**National Survivor Network Survey Results (n=55)**

- Inform the patient of their right to speak alone with the doctor.
- Provide genuine care so that the trafficked individual knows they are worth being cared for.
- Inform the patient of resources that assist trafficked individuals and help them get out of their situations.
- Look for "flags" if a patient can't answer questions about their physical being and/or history of prior procedures, including aggressive behavior, terrified behavior, not wanting the health care provider to touch the patient, etc.


Liu Lumpkin, C., & Taboada, A. (2017). Identification and referral for human trafficking survivors in health care settings: Survey report, Coalition to Abolish Slavery and Trafficking.

## "We always see patients alone."

Establish a clinic policy to see patients alone for part of every visit. Post a sign in waiting rooms and exam rooms that reads:

Safety First

**NEW CLINIC POLICY:**

For privacy compliance, every patient will be seen alone for some part of their visit.

Thank you for your help.

## CUES: An Evidence-Based Intervention

**C**onfidentiality
**U**niversal **E**ducation + **E**mpowerment
**S**upport

## Adolescent Safety Card Tool


## CUES: Trauma-Informed Intervention

**C: Confidentiality:** See patient alone; disclose limits of confidentiality.

**UE: Universal Education + *Empowerment*—*How you frame it matters***
***Normalize activity and make the connection—open the card and do a quick review***

**S: Support:** Identify harm reduction strategies (i.e., address abuser interference with medication or care plan) and offer referral to local program.

"On the back of the card are 24/7 text numbers and hotlines that have folks who really understand complicated relationships. You can also talk to me about any health issues or questions you have."

## CUES: Who/When?

- **Who does it?** Medical assistants, behavioral health providers (MD, NP, PA), or nurses; every health center is different
- **Who gets it?** All adolescents, female patients, LGBTQ-identified patients
- **When?** At least annually; with disclosures at next followup appointment; new relationships; or onset of new health issues possibly connected to IPV/HT

## S: Important Reminder

**Disclosure is not the goal AND Disclosures do happen!**

## S: Positive Disclosure: One-Line Scripts

- "I'm glad you told me about this. I'm so sorry this is happening. No one deserves this."
- "You're not alone."
- "Help is available."
- "I'm concerned for your safety."

**Provider recognition and validation of the situation is invaluable.**

## S: Providing a "Warm" Referral

When you connect a patient to a local DV/SA/HT program, it can make all the difference.

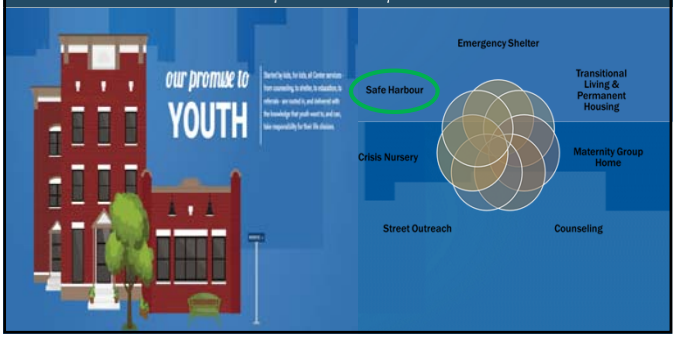
*It may not be safe for them to use their own phone.*

**"If you would like, I can put you on the phone right now with [name of local advocate], and they can come up with a plan to help you be safer."**

**Domestic violence/sexual assault/HT programs have vast experiences working with survivors.**

## Valerie Douglas, Director, Counseling and Runaway and Homeless Youth Services, Center for Youth Services

## Center for Youth Services, Rochester, New York




## Assessments: Lessons Learned

- We are not investigators.
- Create opportunities for strengths to be revealed in assessments.
- Language is important.
- Who is assessing?
- Why are we assessing?

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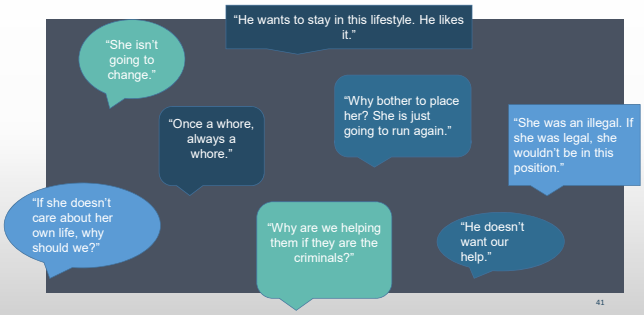
## Bitter Lesson: Bias and Stigma (Still!)

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## Hardest Lesson to Accept: People Have Autonomy (Including Youth!)

- We ***cannot*** make people do what we want them to do.
- Any cooperation/compliance we get is because they choose to give it to us.
- Youth may not identify trafficking as the source of their problems or as the most traumatic thing in their lives.
- Often the part that is the hardest to tolerate is the system's response to the perceived risk.


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## Hardest Lesson to Implement: Risk Tolerance

System's responses can result in phone calls, emails, meetings, more phone calls, conference calls, incident reports, investigations, and on and on and on…..


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## Finally: Are We Assessing for the Right Things?

*The **things** that make someone vulnerable to trafficking are often the **same things** that make it hard for them to safely and easily get out—and stay out—of trafficking.*

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# RESOURCES

## PANEL 3: SCREENING TO IDENTIFY TRAFFICKING SURVIVORS

Administration for Children and Families. (2018). Adult Human Trafficking Screening Tool and Guide. Office on Trafficking in Persons. National Human Trafficking Training and Technical Assistance Center. Washington, DC. https://www.acf.hhs.gov/sites/default/files/otip/adult_human_trafficking_screening_tool_and_guide.pdf

Alpert, E.J., Ahn, R., Albright, E., Purcell, G., Burke, T.F., & Macias-Konstantopoulos, W.L. (2014). Human Trafficking: Guidebook on Identification, Assessment, and Response in the Health Care Setting. Boston, MA: MGH Human Trafficking Initiative, Division of Global Health and Human Rights, Department of Emergency Medicine, Massachusetts General Hospital, and Waltham, MA: Committee on Violence Intervention and Prevention, Massachusetts Medical Society.

Bigelsen, J. & Vuotto, S. (2013). Homelessness, survival sex and human trafficking: As experienced by the youth of Covenant House New York. Covenant House.

Chisolm-Straker, M., et al. (2017). Recognizing human trafficking among homeless youth. Covenant House.

Community Reach Center. (2018). Mental Health Center | North Denver. https://www.communityreachcenter.org/

Greenhalgh, T. (1997). How to read a paper. Papers that report diagnostic or screening tests. BMJ, 315(7107):540–543.

Judge, A.M., Murphy, J.A., Hidalgo, J., & Macias-Konstantopoulos, W. (2018). Engaging Survivors of Human Trafficking: Complex Health Care Needs and Scarce Resources. Annals of Internal Medicine. 168(9):658–63.

Kaltiso, S.O., et al. (2018). Evaluation of a screening tool for child sex trafficking among patients with high-risk chief complaints in a pediatric emergency department. Annals of Emergency Medicine, 25(11):1193–1203.

Laboratory to Combat Human Trafficking. (2013). Colorado Project Statewide Data Report. Denver, CO. https://combathumantrafficking.org/our-research/the-colorado-project/

Maxim, L.D., Niebo, R., & Utell, M.J. (2014). Screening tests: A review with examples. Inhalation Toxicology, 26(13):811–828.

Simich, L., et al. (2014). Improving human trafficking victim identification—Validation and dissemination of a screening tool. Vera Institute of Justice. https://www.ncjrs.gov/pdffiles1/nij/grants/246712.pdf

Stoklosa, H., Dawson, M.B., Williams-Oni, F., & Rothman, E.F. (2016). A review of U.S. health care institution protocols for the identification and treatment of victims of human trafficking. Journal of Human Trafficking, 8:1–9.

Stoto, M.A., Almario, D.A., & McCormick, M.C. (Eds). (1999). Reducing the odds: Preventing perinatal transmission of HIV in the United States. Institute of Medicine Committee on Perinatal Transmission of HIV; National Research Council and Institute of Medicine Board on Children, Youth, and Families. Washington, DC: National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK230550/

Substance Abuse and Mental Health Services Administration. (2009). Chapter 4: Screening and assessment. Substance abuse treatment: Addressing the specific needs of women. Treatment Improvement Protocol (TIP) Series, No. 51. Center for Substance Abuse Treatment.

The Colorado Network to End Human Trafficking. (2018). CoNEHT Hotline. https://combathumantrafficking.org/about-lcht/our-work/coneht-hotline/

Urban Institute. (2017). Pretesting a Human Trafficking Screening Tool in the Welfare and Runaway Homeless Youth Systems. Washington. DC. https://aspe.hhs.gov/system/files/pdf/257786/Pretesting.pdf