



# Minnesota HUMAN TRAFFICKING TASKFORCE

## Human Trafficking & The Medical Community

ISSUE • RESPONSE • SOLUTION

### UNDERSTANDING HUMAN TRAFFICKING

Human trafficking is a public health, public safety and human rights violation that occurs around the world and in communities throughout Minnesota. Human trafficking includes both labor and sex trafficking, and international and domestic victims. The Minnesota Human Trafficking Task Force (MNHTTF) is working to address and prevent human trafficking in Minnesota through a coordinated, multidisciplinary, statewide response.

### THE ISSUE: HUMAN TRAFFICKING IS A HEALTH CARE ISSUE

Human trafficking poses a serious threat to the health and well-being of individuals in Minnesota. It has long been established that individuals who have experienced adverse childhood experiences or traumatic events related to physical, sexual, and emotional abuse have a higher risk of developing serious medical conditions including diabetes, heart and lung diseases, substance abuse and are even at risk for early death.<sup>i</sup>

Victims of human trafficking suffer the physical and mental consequences of repeated acts of violence, poor working and living conditions, emotional and psychological abuse, and addiction. The trauma experienced by victims is extreme, with long-term health implications.

A European study, interviewing 207 trafficked women and adolescent girls, found that 95% reported physical or sexual violence, 90% reported sexual abuse and 76% reported physical abuse. The majority of those interviewed, had a past history of abuse. Among other findings were the prevalence of depression, anxiety and PTSD.<sup>ii</sup> However, “studies show an overall lack of awareness about the prevalence of human trafficking, with only 29% of emergency room personnel reporting that they believe trafficking was a problem for their department.”<sup>iii</sup>

In Minnesota, a recent report identified and evaluated 16 harms of trafficking for adolescent females. Among them were assault, unintended pregnancies, chemical dependency and PTSD. Further, the length of time the adolescent was involved in sex trafficking influenced the degree of harm experienced.<sup>iv</sup>

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The health care community is in a unique position to have access to patients who present to us while in the midst of their exploitation. As a result, the healthcare community may be the first contact for victims of human trafficking.

## **THE RESPONSE: “UTLIZING BEST-PRACTICE MODELS FOR IMMEDIATE AND CONTINUING MEDICAL CARE”**

Currently, the healthcare community is not prepared to provide a coordinated medical response for victims of trafficking. Studies show an overall lack of awareness about the prevalence of human trafficking, and while trainings to help staff identify victims- or those at high risk of becoming victims- are important, identification is only the first step. Providers need to collaborate, as the health and mental health effects of this type of victimization are serious and long lasting.

| <b>Potential Indicators</b>  | <b>Specific Health Indicators</b>   |
|--|---|
| <ul style="list-style-type: none"> <li>• Something just doesn't seem right</li> <li>• Patient is with a controlling “support” person (may be a female or a peer)</li> <li>• Patient does not have access to a cell phone or ID</li> <li>• Patient is constantly on cell phone</li> <li>• Tattoos (may be a form of “branding” by trafficker)</li> <li>• Recently arrived here from somewhere else (city, state, country)</li> <li>• Long hours of work with no breaks</li> </ul> | <ul style="list-style-type: none"> <li>• Fatigue, dizziness, memory problems, headaches or other pain</li> <li>• Psychological trauma</li> <li>• Multiple injuries in various stages of healing</li> <li>• Skin and other infections</li> <li>• Drug/alcohol intoxication</li> <li>• Multiple sexually transmitted diseases</li> <li>• Multiple pregnancies and/or abortion history</li> <li>• Malnourishment</li> <li>• Dental, vision and hearing problems</li> </ul> |

Sexual Assault Nurse Examiners (SANE) for an immediate medical evaluation is a promising model. These programs are operating throughout the state and most programs offer a 24-hour response. Components of this medical forensic exam include documentation of exploitation, evaluation and treatment of injuries, medications for sexually transmitted diseases and pregnancy prevention, evidence collection, safe discharge planning and referrals to trafficking service providers. This exam offers an initial step in the recovery process. All services are voluntary and choices for all care provide a critical process for victims to gain back some control while in a safe environment. Victims who have been identified should have immediate access to a sexual assault nurse examiner for a comprehensive medical forensic exam prior to shelter or housing placement. Timely access to Plan B and HIV antivirals are an important consideration, and when too much time has lapsed after the discovered exploitation some medications lose efficacy or can no longer be administered.

## THE SOLUTION: PREPARING YOUR FACILITY

Healthcare systems need to be proactive in implementing a coordinated response plan that utilizes existing best practices and patient-centered medical care and connects patients to community resources for health recovery.

In developing a coordinated response, healthcare systems should:

- Designate staff to serve as internal contact persons and liaise with community-based trafficking service providers, advocates, shelters, law enforcement, child protection, and human services in order to provide a seamless continuity of care and ethical referral process.
- Train staff: Medical trainings should be led by health care personnel who understand the dynamics of medical systems and who are familiar with how patients present within those systems. Trainings should include multidisciplinary partners including survivor-led organizations to ensure that care does not re-traumatize victims.
- Prioritize patient and staff safety: When the patient is accompanied by anyone, assess for dynamics of abuse by examining the patient alone. Limit the number of staff caring for the patient, and provide quiet secure areas for all assessments.
- Ensure that care provided is trauma-sensitive: Obtain consent for each and every patient procedure, respect the individual needs and strengths of each patient, respond to needs identified by the patient as most important, and affirm patient strengths.
- Commit to a culture change and creating an environment that is safe and trauma-informed, in which exploitative language and behaviors are not tolerated.
- Provide resources to all patients who are at high risk for sexual exploitation, including runaways, those in the “system,” survivors of abuse, those engaged in high-risk behaviors and members of the GLTBQ community.
- Be accountable and trustworthy! When things do not go smoothly, debrief with the patient, the facility and the community service providers to ensure that your response is always improving.
- Evaluate the success of your response.

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<sup>i</sup> Felitti et al., (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14(4), 245-58.

[http://www.iowaaces360.org/uploads/1/0/9/2/10925571/relationship\\_of\\_childhood\\_abuse\\_and...\\_1998.pdf](http://www.iowaaces360.org/uploads/1/0/9/2/10925571/relationship_of_childhood_abuse_and..._1998.pdf)

<sup>ii</sup> Zimmerman, C. 2006. Stolen smiles a summary report on the physical and psychological health consequences of women and adolescents trafficked in Europe. *London School of Hygiene and Tropical Medicine, Cura Reporter*.

<sup>iii</sup> Chisolm-Strike M, Richardson L. Assessment of Emergency Department Provider Knowledge about Human Trafficking Victims in the ED. *Acad Emerg Med* 2007;14(suppl1):134.

<sup>iv</sup> Martin et al., (2012). Early Intervention to Avoid Sex Trading and Trafficking of Minnesota's Female Youth: A Benefit-Cost Analysis. *Minnesota Indian Women's Resource Center and UROC*, 48-49.

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## Online Tools and Medical Training Resources

**National Human Trafficking Resource Center** | 1-888-373-7888 or text BeFree (233733)

**Polaris Project** | <https://polarisproject.adobeconnect.com/a983384736/medical-module/>

**Department of Homeland Security** | [www.dhs.gov/video/human-trafficking-awareness-video-first-responders](http://www.dhs.gov/video/human-trafficking-awareness-video-first-responders)

**Office of Refugee Resettlement** | [www.acf.hhs.gov/trafficking](http://www.acf.hhs.gov/trafficking)

**EMS Blue Campaign** | [www.usfa.fema.gov/fireservice/ems/human\\_trafficking/](http://www.usfa.fema.gov/fireservice/ems/human_trafficking/)

**Christian Medical Dental Association**

[www.cmda.org/WCM/CMDA/Navigation/Human\\_Trafficking/Continuing\\_Education.aspx](http://www.cmda.org/WCM/CMDA/Navigation/Human_Trafficking/Continuing_Education.aspx)

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## Community-based Service Providers

**Breaking Free, St. Paul** | 651-645-6557 | [www.breakingfree.net](http://www.breakingfree.net)

**PRIDE** (Prostitution to Independence, Dignity & Equality), Minneapolis | 24-Hour Crisis Line: 612-728-2062, toll-free at 888-PRIDE-99 | [www.thefamilypartnership.org](http://www.thefamilypartnership.org)

**Minnesota Indian Women's Resource Center**, Minneapolis | 612-728-2000 | [www.miwrc.org](http://www.miwrc.org) Trafficking Outreach Coordinator: 612-728-2014

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## Minnesota Medical and Medical Forensic Services

**Hennepin County Medical Center, Sexual Assault Resource Service** of Minneapolis, MN (612) 873-5832 | Trafficking contact: [Pamela.DeWitt-Meza@hcmcd.org](mailto:Pamela.DeWitt-Meza@hcmcd.org)

**PAVSA/St. Luke's Hospital and Essential Health SANE Program** [www.pavsa.org/traffickingProstitution.php](http://www.pavsa.org/traffickingProstitution.php) (Duluth) | 24/7 Crisis Line: 218 726-1931

**Runaway Intervention Project**, St. Paul, MN | (651).220-6750 | [Laurel.edinburgh@childrensmn.org](mailto:Laurel.edinburgh@childrensmn.org)

*\*For information regarding other SANE programs in Minnesota, please visit the Minnesota Chapter of the International Association of Forensic Nurses (MN IAFN) website at: [www.mnforensicnurses.org](http://www.mnforensicnurses.org)*

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## Child Advocacy Centers in Minnesota

**MCRC, St Paul, MN** | (651) 220-6750

**CornerHouse, Minneapolis MN** | (612) 813-8300

**First Witness, Duluth, MN** | (218) 727-8353

*\*For information regarding other Child Advocacy Centers in Minnesota, please visit [www.cornerhousemn.org/childcenters.html](http://www.cornerhousemn.org/childcenters.html)*