

May 2023

Healing Hands



A Publication of the HCH Clinicians' Network

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

HCH | CN
HCH CLINICIANS' NETWORK

Intersections of Homelessness and Human Trafficking in the United States

Contents

Section I: Introduction

Section II: Global Perspective on Human Trafficking

Section III: Human Trafficking in the United States:
Myths and Realities

Section IV: Key Intersections of Homelessness and
Human Trafficking

Section V: Guidance and Resources for
Clinicians and Care Providers

Section IV: Conclusion

I. Introduction

There are numerous connection points between homelessness and human trafficking, and it is important that clinicians and care providers who work with people experiencing homelessness have access to accurate and thorough information about these connection points. However, many people are exposed to inaccurate information about the nature of human trafficking in the U.S. and globally. Not only does the spread of inaccurate information about human trafficking create confusion amongst the general public, it can lead to problematic public and political responses that further marginalize those who are already at greatest risk.¹

This issue of *Healing Hands* is designed to deepen clinicians' and other health care providers' understanding of the intersections between homelessness and human trafficking in the U.S. We will begin by introducing a global perspective on human trafficking by highlighting statistics, important terms, and key resources for understanding human trafficking patterns around the world. We will then narrow our focus to the United States and consider some myths and realities by looking at regional variations and the main sectors and areas in which human trafficking occurs. We will examine some of the crucial intersections between homelessness and human trafficking domestically—with special attention to intimate partner violence, and by looking in-depth at some of the populations of people that are most at risk of experiencing human trafficking—as well as important issues for clinicians, including tips on identifying possible victims of human trafficking, communication and harm reduction strategies for engaging with people who are in danger, considerations for reporting, universal education, and trauma-informed care.

*From "Safe Places to Rest Your Head"
Safety Card, Futures Without Violence*

You Matter

You, and your story, matter.

You deserve:

- ✓ Hope
- ✓ Respect
- ✓ Safety
- ✓ Kindness

No matter who you are, where you come from or what has happened—everyone deserves to be treated with dignity and respect regardless of race, gender or sexual orientation.

II. Global Perspective on Human Trafficking

Human trafficking (or trafficking in persons) is defined as “a crime whereby traffickers exploit and profit at the expense of adults or children by compelling them to perform labor or engage in commercial sex. When a person younger than 18 is used to perform a commercial sex act, it is a crime regardless of whether there is any force, fraud, or coercion involved.”² Human trafficking can involve moving people across borders either with or without their professed consent (transnational, international, or external trafficking) or it can occur domestically or internally—without crossing a border—when exploitative and coercive conditions are present. Human trafficking is generally conducted for the purposes of forced labor and labor exploitation (in a variety of sectors, which vary significantly depending on the country and community) or for sexual exploitation.

Because human trafficking is by nature an international phenomenon, one that often—but not always—includes movement across borders, it is helpful to have a sense of the global landscape of human trafficking in order to understand how it translates into individual countries, including the United States.

In 2017, the International Labor Organization (ILO) indicated that nearly 25 million people were victims of human trafficking globally. Of these, approximately 20 million were trafficked for labor exploitation and roughly 5 million were trafficked for sexual exploitation.³ During the COVID-19 pandemic, it is estimated that human trafficking numbers rose as governmental capacity to detect cases of human trafficking decreased. In September 2022, the ILO reported that:

- **49.6 million people were living in modern slavery in 2021 (27.6 million in forced labor and 22 million in forced marriage).**
- **Of the 27.6 million people in forced labor: 17.3 million were believed to be exploited in the private sector, 6.3 million in forced commercial sexual exploitation, and 3.9 million in forced labor imposed by governments.**
- **Women and girls accounted for 4.9 million of those in forced commercial sexual exploitation, and for 6 million of those in forced labor in other economic sectors.**
- **12% of those in forced labor were children, and more than half of these children were found in commercial sexual exploitation.³**

Every year, the U.S. Department of State publishes the *Trafficking in Persons Report*, a country-by-country breakdown of human trafficking flows and patterns in 141 countries.² The most recent (2022) report includes a significant emphasis on the perspective of survivors, including the Human Trafficking Expert Consultant Network, which engages those with lived experience of human trafficking to provide input on the Department’s anti-trafficking policies, programs, and products,

II. Global Perspective on Human Trafficking (cont.)

“...highlighting and emphasizing the importance of meaningful survivor engagement – specifically with experts with lived experience of human trafficking for whom sufficient time has passed since their victimization – and to share context, lessons learned, and guidance to governments, international organizations, civil society, private sector entities, and other stakeholders who wish to further their survivor engagement efforts. While many anti-trafficking stakeholders have long consulted survivors in their work, it is imperative that this engagement be done in a responsible and meaningful way and that stakeholders develop and improve upon their approaches to doing so. This effort will bolster inclusivity, help prevent sensationalism, and reduce potential re-traumatization of survivors. It will also promote more effective criminal justice responses that provide remedies for victims and survivors and help prevent trafficking crimes.”

- U.S. Department of State

This shift toward prioritizing the voices and experiences of individuals with lived experience of human trafficking is an important development in the anti-human trafficking world globally. People with lived experience are key experts and leaders in the field, but it is also essential that organizations support survivor leaders with trauma-informed contexts that incorporate robust informed consent. The Introduction of the 2022 *Trafficking in Persons Report* is focused on useful strategies for engaging with ethical storytelling, developing advisory boards, ensuring inclusivity and diversity, implementing a trauma-informed lens at every level of organization, and cites Sophie Otiende, the Chief Executive Officer of the Global Fund to End Modern Slavery: “Meaningful inclusion of survivors is not simply providing services to survivors, building capacity of survivors or bringing a survivor to a meeting. Creating leadership positions for survivors is a small part of it. Meaningful inclusion requires a shift in culture.”²

A plan that works for you

With the help of a trusted friend or advocate, you could...

- ✓ Take a look at FORGE’s trans-specific Safety Planning Tool (see back of this card), which could help you to reduce your risk of harm within your relationship and take care of yourself.
- ✓ Come up with a plan to talk your health provider about what’s going on in your relationship and things you may be doing to cope so they can support you and your health.

Another key resource for understanding patterns and trends in global child trafficking specifically is *Findings on the Worst Forms of Child Labor*,⁴ an extensive report that is published annually by the U.S. Department of Labor. Every year, the country-specific information in this report is updated with current information about child labor in each country, with a focus on the

From “Trans/GNC? In a Relationship?” Safety Card,
Futures Without Violence

II. Global Perspective on Human Trafficking (cont.)

worst forms of child labor (WFCL), defined by the United Nations Convention No. 182 as:

- **Slavery and similar issues such as the trafficking of children, debt bondage, serfdom, children in armed conflict**
- **The sexual exploitation of children (prostitution, pornography and pornographic performances)**
- **The involvement of children in illicit activities, for example, the production and trafficking of drugs**
- **Work which is likely to harm the health, safety or morals of children⁵**

Each annual *Findings on the Worst Forms of Child Labor* report also outlines country-level government efforts to combat human trafficking within the previous reporting year and offers suggested actions for governments to implement to improve legislative frameworks, enforcement operations, relevant, policies, and social programs.

The Department of Labor also releases this information in the form of an app, “Sweat & Toil,”* that includes access to the full report plus information about which consumer goods are known to be produced using child labor, forced child labor, and child trafficking in countries around the world.

Both of these reports, and other reports produced by governments and reputable international bodies, are helpful resources for situating human trafficking and child trafficking in the United States into an accurate, substantiated global context—and understanding the ways that human trafficking flows and trends are in interaction with pathways and landscapes of other countries.

III. Human Trafficking in the United States: Myths and Realities

In the United States, it is difficult to say how many people are survivors of human trafficking. Many survivors are hesitant to self-identify—in some cases because they do not know that their experience fits the definition of human trafficking. In other cases, the survivor may have been forced to perform criminal acts or types of labor that they do not want to admit to or re-visit, out of trauma, shame, or fear of legal or social consequences. In 2021, the U.S. National Human Trafficking Hotline received reports of 10,359 situations of human trafficking involving 16,554 individual victims.⁶ These numbers,

* Link for downloading the “Sweat & Toil” app: <https://play.google.com/store/apps/details?id=gov.dol.childlabor&hl=en&pli=1>

III. Human Trafficking in the United States: Myths and Realities (cont.)

though, likely represent only a fraction of the actual prevalence of human trafficking.

The following paragraph is the text of the United States' human trafficking profile as substantiated in the 2022 *Trafficking in Persons Report*:

As reported over the past five years, human traffickers exploit domestic and foreign national victims in the United States, and traffickers exploit victims from the United States abroad. Human trafficking cases have been reported in all 50 states, the District of Columbia, and U.S. territories. Individuals who entered the United States with and without legal status have been identified as trafficking victims. Victims originate from almost every region of the world; the top three countries of origin of victims identified by federally funded providers in FY 2021 were the United States, Mexico, and Honduras. Human trafficking patterns in the United States continued to reflect the living legacy of the systemic racism and colonization globalized during the transatlantic slave trade through chattel slavery and regional practices of Indigenous dispossession. Traffickers often target those who experience compounding forms of discrimination (such as discrimination because of one's racial or ethnic group, gender identity, disability, or sexual orientation), experience violence (such as intimate partner or domestic violence), or interact with government-run programs (such as the criminal justice system, runaway and homeless youth services, foster or institutional care, and the immigration enforcement system). Traffickers compel victims to engage in commercial sex and to work in both legal and illicit industries and sectors, including in hospitality, traveling sales crews, agriculture, janitorial services, construction, landscaping, restaurants, factories and manufacturing, care for persons with disabilities, salon services, massage parlors, retail, fairs and carnivals, peddling and begging, drug smuggling and distribution, religious institutions, child care, and domestic work. Traffickers continued to increasingly use social media platforms to recruit and advertise victims. NGOs reported increasingly seeing cases of human trafficking by a family member, guardian, or intimate partner. Some U.S. citizens engage in extraterritorial child sexual exploitation and abuse in foreign countries.**

Importantly, many of these labor sectors are not underground or illicit sectors. Human trafficking occurs both in illegal activities as well as the formal economy. Also, it is important to note that this

* For a full breakdown of the U.S. government's human trafficking protection, prevention, and prosecution efforts, see the full text of the 2022 *Trafficking in Persons Report* country profile at <https://www.state.gov/reports/2022-trafficking-in-persons-report/united-states/>

III. Human Trafficking in the United States: Myths and Realities *(cont.)*

wide variety of labor sectors represents regional variations in human trafficking patterns. For example, states with high numbers of agricultural migrant workers (such as California and Florida) have higher rates of human trafficking and forced labor in the agricultural sector. States that are near borders have more reports of human trafficking in connection with specific illegal activities such as cross-border drug trafficking. Human trafficking for purposes of sexual exploitation, however, is known to occur in every state in the country.⁷

One common misconception about human trafficking is that it always involves kidnapping, imprisonment, and physical control. As noted above, human trafficking can also involve other kinds of coercion—including, and commonly, psychological means of control. According to the U.S. Department of Health and Human Services' Office on Human Trafficking, "Fear, trauma, drug addiction, threats against families, and lack of options due to poverty and homelessness can all prevent someone from leaving."⁸ Other commonly-used methods of control include emotional manipulation, isolation from family and friends, confiscation of passports and other identity documents, threats of shame and exposure, control of finances, threats of imprisonment or deportation, and threats of the end of a relationship—which may also be connected to threats of losing custody of children and/or losing access to housing.

IV. Key Intersections of Homelessness and Human Trafficking



...inequality, cost of living, normalization of abuse and violence, pre-existing trauma that is used to create trauma bonds, domestic violence used to create compliance...

- Kara Napolitano

Poverty and housing insecurity make individuals more at risk of human trafficking, and they are also results of human trafficking.⁹ **Kara Napolitano** is Research and Training Manager at the Laboratory to Combat Human Trafficking (LCHT) based in Denver, Colorado. She explains that housing and housing precarity is both a push and pull factor in the dynamics of human trafficking, where people are targeted for exploitation based on their vulnerability, and access to housing may be used transactionally. "A great deal of trafficking in Colorado," she says, "is people preying on the vulnerability of people experiencing homelessness... Relationships turn out to be transactional rather than friendly, and people are forced into sex or labor out of fear of losing housing." Ms. Napolitano explains that a number of systemic issues contribute to the spread of human trafficking: "inequality, cost of living, normalization of abuse and violence, pre-existing trauma that is used to create trauma

IV. Key Intersections of Homelessness and Human Trafficking *(cont.)*

bonds, domestic violence used to create compliance...” and, of course, the housing crisis that makes housing a difficult-to-obtain resource that can be used as leverage, both temporarily and in the long term.

In Colorado, explains Ms. Napolitano, as in other places, human traffickers often recruit in and around homeless shelters. This was a known phenomenon that became particularly visible when new shelters opened in the early days of the COVID-19 pandemic and within days, traffickers were recruiting there. The dynamics of recruitment are generally more like grooming than kidnapping. In some cases, recruiters invite victims to party or stay in a hotel room, or may offer drugs then keep them on drugs and exploit them for sex—then eventually drop them back off at the homeless shelter. These recruiters are also often people who have experienced trauma themselves—and in some cases may have even been victims of human trafficking themselves—and are able to recognize people who are dealing with substance use and mental health issues that make them vulnerable to this sort of exploitation. Substance use coercion is a common strategy utilized by human traffickers to exert control.¹⁰

It is important to remember, says Ms. Napolitano, that the narrative of a person who has been exploited in this way may not be perfectly cohesive: “People disclose to caseworkers what happened to them and the trauma they experienced, but they may have been so severely imbibed with substances and already experiencing mental health issues—further exacerbated by this experience—that they may not be able to coherently tell the whole story. Most people are not interested in disclosing to police. They already don’t trust the police and are afraid of arrest, and may have been forced to engage in criminal activity themselves. So they come to caseworkers looking for resources, but not interested in reporting.”

Vulnerable Populations

The U.S. Department of State notes that in the United States,

Human trafficking victims can be of any age, race, ethnicity, sex, gender identity, sexual orientation, nationality, immigration status, cultural background, religion, socio-economic class, and education attainment level. In the United States, individuals vulnerable to human trafficking include children in the child welfare and juvenile justice systems, including foster care; runaway and homeless youth; unaccompanied foreign national children without lawful immigration status; individuals seeking asylum; American Indians and Alaska Natives, particularly women and girls; individuals with substance use issues; racial or ethnic minorities; migrant laborers, including undocumented workers and participants in visa programs for temporary workers; foreign national domestic workers in diplomatic

IV. Key Intersections of Homelessness and Human Trafficking (cont.)

households; persons with limited English proficiency; persons with disabilities; LGBTQI+ individuals; and victims of intimate partner violence or other forms of domestic violence.¹¹

Reading through the list of vulnerable and over-represented populations, the overlap with populations that are particularly vulnerable to experiencing homelessness is visible.

Although anyone *can* be a victim of human trafficking, social discourses and popular media in the United States have often given a mistaken view of who is most at risk and how a person can protect themselves from being trafficked. It's important to correct these demographic myths when we see them, as Allie Gardner did in this blogpost for The United Way:

“Last summer around World Day Against Trafficking in Persons, many social media posts went viral warning (predominantly white) parents about the dangers of kidnapping and trafficking in parking lots. Statistically, the people impacted most by trafficking are not affluent white children. As trafficking does not occur within a vacuum, systemic injustices like racism, homophobia, sexism, economic inequality, and more lead some communities to face more risk of trafficking than others. Lack of access to education, health care, and financial stability are root causes that limit opportunity and create systemic vulnerabilities.”¹²

- Allie Garner

The Polaris Project is an excellent resource for myth-busting about human trafficking in the United States; visit their website at <https://polarisproject.org/myths-facts-and-statistics/>.

Ms. Napolitano identifies the following populations as over-represented amongst survivors of human trafficking in Colorado specifically, and many of these patterns of vulnerability are similar in other parts of the country:

- **Immigrants.** Immigrants are known to experience labor exploitation and forced labor in agriculture, ranching, restaurants, landscaping, hospitality, domestic service, meatpacking plants, dairy farms, forced begging, and forced drug dealing or drug trafficking in Colorado. Immigration status can be used as a form of coercion, and workers may be threatened with deportation or imprisonment. Or, housing may be promised as part of employment, and then used as a threat to induce a person to work in inhumane and underpaid or unpaid positions. Immigrants are particularly at risk of

IV. Key Intersections of Homelessness and Human Trafficking *(cont.)*

experiencing human trafficking for bonded labor or debt bondage, where a person is working for little or no pay “to pay off extortionate fees associated with their recruitment, accommodation or food, with no control over the debt they have accrued.”¹³ People may also be forced into debt bondage to pay off fees associated with assisted migration and border-crossing.

- **LGBTQI+ population.** About 40 percent of the homeless youth population in Colorado identifies as LGBTQI+, compared with 5 to 10 percent of the general population. Young people who have been kicked out of their homes due to discrimination, or who have aged out of the foster care system, are particularly at risk. Traffickers may present themselves as friends, romantic partners, and “Good Samaritans” to youth experiencing homelessness and rejection, in order to groom them—as a trafficker did to Jose Alfaro, who told his story in *The Boston Globe*: “Kicked out of the house, I found myself homeless and alone. Soon, a trafficker masquerading as a Good Samaritan took me into his home — and his massage business. I was trafficked into forced prostitution. Although I was still a child, my gender, sexual orientation, and race (Latino) rendered me invisible.”¹⁴ As in Alfaro’s case, traffickers will often manufacture both material and emotional dependencies amongst people experiencing chronic vulnerabilities, intersecting oppressions, and housing insecurity.
- **People with visible and invisible disabilities and mental health conditions.** People with disabilities and chronic mental health conditions are at a higher risk of experiencing homelessness; “point-in-time counts (i.e., counts of the people in a community experiencing homelessness on a single night) suggest that nearly one quarter of individuals experiencing homelessness have a disability, including physical, intellectual, and developmental disabilities, as well as mental health and/or substance abuse disorders.”¹⁵ All of these factors also increase vulnerability to human trafficking, and may also impact a person’s ability to seek help if they find themselves in a dangerous situation. People with certain disabilities, including disabilities related to aging, are also at particular risk of being trafficked or exploited by their caregivers, who may use their relationship and their caretaking activities as a form of leverage, steal benefits, and force them into labor, sex work, or forced begging.

In general, people who face discrimination in the formal economy are more at risk of both human trafficking and homelessness because of their limited options for income generation. People with criminal records may not be able to obtain traditional employment, rendering them susceptible. Transgender and gender-nonconforming people experience systemic discrimination. Youth who have aged out of the foster care system often have very few resources to begin to build a life, and little material, emotional, and relational support. In many parts of the country, Indigenous communities

IV. Key Intersections of Homelessness and Human Trafficking (cont.)

have a disproportionately high rate of missing people and homicide cases when compared to other racial or ethnic groups. Therefore, initiatives to locate Missing and Murdered Indigenous Women are also a crucial part of a national response to human trafficking.¹⁶

In Colorado, as in most places, about half of victims of human trafficking are women and half are men. 80 percent of trafficked women engage in sex work—and trans women are particularly vulnerable to sex trafficking because structural discrimination may mean they are forced into sex work as a means of survival. Overall, though three times as many people are trafficked for forced labor and labor exploitation as for sexual exploitation, and the majority of these are men.

Case Study: Denver Metropolitan Area

One study found that out of 29 human trafficking victims in Denver and the surrounding area:

- 26 were people experiencing homelessness
- 5 were LGBTQI+
- 14 had at least one disability
- 2 were immigrants
- 24 were female
- 12 were POC; 7 were white; 8 did not report their race
- 26 reported experiencing sex trafficking; 6 reported experiencing forced labor (several reported both)

*Statistics collected as part of the Family Support Services Crime Victim Services Grant and shared by **Ashley Bonham** (Specialty Services Program Manager), **Jamie Della Costa** (Evaluation Team for Recovery Program and Family Support Services), and **Nicole Lindhart** (Family Support Services Director) at Colorado Coalition for the Homeless*

Intimate Partner Violence

It is impossible to overstate the importance of perceiving the connection between human trafficking and intimate partner violence (IPV) in the U.S. Ms. Napolitano notes that 90 percent of human trafficking cases are perpetrated by someone known by the victim, and 70 percent of cases by someone they know and love.

Anna Marjavi is Director at Futures Without Violence and leads Health Partners on IPV + Exploitation. To explain some of the common intersections of homelessness, human trafficking, and IPV, Ms. Marjavi says:

“Sometimes folks are trafficked by an intimate partner (e.g., boyfriend or husband) who asserts power and control over them, including through forced labor or sex trafficking, by forcing their partner to do things that they don’t want to do. Sometimes people are manipulated into getting married, thinking it’s a love

IV. Key Intersections of Homelessness and Human Trafficking *(cont.)*

marriage, when in fact it's a ploy—maybe they are love bombed then exploited later. Sometimes when trafficking happens in the context of a relationship, the person may not realize they are being trafficked. Not all survivors know the definition. A person might experience abuse within an intimate relationship, and only later when receiving help from a domestic violence (DV) program, the advocate might help them contextualize their experience as a human trafficking experience."

- Anna Marjavi

As Chic Dabby, Executive Director of the Asian Pacific Institute on Gender-Based Violence, puts it, "Domestic violence perpetrators often use the same power and control tactics as traffickers to groom and control their victims, including psychological manipulation, physical abuse, financial control, substance abuse coercion, and sexual violence, which can include forcing victims to participate in pornography and sharing images."¹⁷

Your health and wellness

Yet, partly because popular media generally depicts trafficking as a sudden kidnapping perpetrated by a stranger, people may miss the warning signs that they are being groomed by a trafficker who they know, or who is actively establishing a relationship with them.

- ✓ Do you often feel depressed or anxious?
- ✓ Are you drinking, smoking, or using drugs more to cope?
- ✓ Have you noticed changes in your appetite or sleep habits?
- ✓ Has getting to class, finishing school work, or participating in other activities been more difficult than usual?
- ✓ Do you ever think about hurting yourself?

Reactions like these are common for people who have experienced sexual/dating violence. It could be helpful to talk to a health provider or an advocate about what is going on.

Ms. Marjavi notes that understanding the relationship dynamics in a person's life is integral to understanding where their vulnerability to human trafficking may lie. Evidence of abusive behavior with an intimate partner may also be an indication that human trafficking is occurring, particularly if there is evidence of economic coercion or a lack of freedom of movement or expression. Health centers need robust protocols and training around recognizing IPV amongst clientele experiencing homelessness, since "any efforts to end the crises of IPV and homelessness must address the the intersection of these issues in clinical and systemic support for survivors."¹⁸

From "Sex, Relationships, and Respect on Campus" Safety Card, Futures Without Violence

V. Guidance and Resources for Clinicians and Care Providers

Clinicians and other care providers working in health care systems are in a unique position to help people who are experiencing or have experienced human trafficking. According to Ms. Napolitano,

V. Guidance and Resources for Clinicians and Care Providers *(cont.)*

“there is overwhelming evidence—over 150 published studies—telling us that anywhere between 60 to 90 percent of trafficking survivors will present in a health care setting during the time they are being trafficked. This creates a unique opportunity for someone to be away from their trafficker momentarily, or be talking to a professional who has hopefully been trained on what to do.”

Communication across interdisciplinary teams can be an important part of recognizing the signs of human trafficking and finding a way to speak with the patient alone. Sometimes traffickers and abusers insist on being present in examining rooms, but some members of the care team have grounds to insist on the patient’s privacy. (For example, dental x-rays must be done in a room alone, so members of a dental care team may be valuable collaborators on engaging screening questions.) Making sure that all members of a care team are on the same page about risk factors and screening can facilitate these opportunities for creating space for possible disclosure of harm.

Training Programs

Ms. Napolitano emphasizes the importance of offering human trafficking training for providers and other employees in all health care settings, so that providers are prepared to use accurate screening tools, recognize red flags, call hotlines and marshal resources. A 2015 federal law recommended that all health care providers get training in human trafficking, but it did not require it, so individual providers, clinics, and hospitals need to be proactive in obtaining training for all employees.

Free training programs are available for health care providers and can empower providers to create protocols. One key training program is SOAR Online, which is provided by the U.S. Department of Health and Human Services and the Postgraduate Institute for Medicine. This training program is “designed to educate health care providers, social workers, public health professionals, and behavioral health professionals on how to identify and respond appropriately to individuals who are at risk of or who have experienced trafficking. The target audience includes physicians, pharmacists, pharmacy technicians, registered nurses, dentists, psychologists, social workers, case managers, school counselors, public health professionals, health education specialists and allied health professionals.” More information about both in-person and virtual trainings for groups and individuals is available at <https://nhhtac.acf.hhs.gov/soar>.

Ms. Marjavi notes that training programs should support clinics and organizations in key organizational activities like:

- **Developing and disseminating organization-wide protocols around screening, reporting, and generating referrals for survivors of human trafficking**

V. Guidance and Resources for Clinicians and Care Providers *(cont.)*

- Developing culturally-specific programs and language for locally vulnerable populations, such as LGBTQI+ youth, elders, or immigrants and refugees
- Scanning community resources and developing meaningful partnerships and collaborations
- Making sure health care providers and staff members know how to have conversations with patients and make warm referrals to local programs
- Educating community partners about the resources available through health centers, so that other programs can also make appropriate health referrals for things like acute care, primary care, reproductive health services, supportive mental health services, etc.

Key Resources for Protocol and Toolkit Development

- **Human Trafficking in a Healthcare Setting: Protocol Suggestions for Healthcare Providers (Laboratory to Combat Human Trafficking & Denver Anti-Trafficking Alliance):** https://combathumantrafficking.org/wp-content/uploads/2021/04/Combined-Human-Trafficking-Protocol_LCHT_DATA_April_23_2021.pdf
- **Protocol Toolkit for Developing a Response to Victims of Human Trafficking in Health Care Settings (HEAL Trafficking & Hope for Justice):** <https://healtrafficking.org/2017/06/protocol-toolkit/>
- **Sample Health Center Protocol (Health Partners on IPV + Exploitation):** <https://healthpartnersipve.org/futures-resources/sample-health-center-protocol/>
- **LGBTQIA+ Youth and Experiences of Human Trafficking: A Healing-Centered Approach (Health Partners on IPV + Exploitation):** <https://healthpartnersipve.org/futures-resources/lgbtqia-youth-and-experiences-of-human-trafficking-a-healing-centered-approach/>
- **Human Trafficking Response Program: Shared Learnings Manual (Dignity Health):** https://www.chausa.org/docs/default-source/human-trafficking/updated-dignity-health--sharedlearningsmanual_oct-2019.pdf?sfvrsn=0
- **Framework for a Human Trafficking Protocol in Healthcare Settings (National Human Trafficking Hotline):** <https://humantraffickinghotline.org/en/resources/framework-human-trafficking-protocol-healthcare-settings>

V. Guidance and Resources for Clinicians and Care Providers (cont.)

Tips for Identifying Victims of Human Trafficking

As part of systematic training, it's important for care providers to learn more about the landscape of their individual community in terms of human trafficking patterns. Knowing the sectors in which human trafficking is most often occurring locally, as well as the populations most at risk, are an important first step in screening. "People need to know," says Ms. Napolitano, "that this is not a fluke thing that sometimes happens in big cities. It happens in rural and urban communities in every single state. We have to get beyond hype and stereotypes...to serve people who are underserved... Traffickers know that people don't pay as much attention to people who are engaged in risky behaviors," and so they target people who are already at the margins of their communities. This does mean that the people who are most at risk are likely to be in contact with clinics serving people experiencing homelessness, emergency medical services, and other homeless service providers.



...this is not a fluke thing that sometimes happens in big cities. It happens in rural and urban communities in every single state."

- Kara Napolitano

Red Flags

While not an exhaustive list, these are some key red flags that could alert you to a potential trafficking situation that should be reported, according to the U.S. Department of State's Office to Monitor and Combat Trafficking in Persons:

- Living with employer
- Poor living conditions
- Multiple people in cramped space
- Inability to speak to individual alone
- Answers appear to be scripted and rehearsed
- Employer is holding identity documents
- Signs of physical abuse
- Submissive or fearful
- Unpaid or paid very little
- Under 18 and in engaged in sex work

More information at:

<https://www.childwelfare.gov/topics/systemwide/trafficking/identifying/>

V. Guidance and Resources for Clinicians and Care Providers (cont.)

“
...reduce
harm,
improve
health, and
increase
safety even if
the person is
unable to
leave an
abusive
relationship.”

- Ms. Anna Marjavi

A crucial resource for developing a human trafficking screening procedure is the Adult Human Trafficking Screening Tool and Guide developed by the U.S. Department of Health and Human Services' Office on Human Trafficking. This guide trains health care professionals in trauma-informed and survivor-informed practices for assessing adult clients for their risk of human trafficking. The full toolkit can be found here:

https://www.acf.hhs.gov/sites/default/files/documents/otip/adult_human_trafficking_screening_tool_and_guide.pdf.

Harm Reduction

If a person presents in clinic who may be a victim of human trafficking, it is crucial to begin with an understanding of harm reduction practices. In the absence of wraparound supportive services, which are in short supply in many communities, there are risks associated with reporting human trafficking and IPV, including the risk of exposing the victim to violent retaliation. There are many reasons that people who are being trafficked and abused may be hesitant to disclose their abuse or agree to report it to authorities.

In some cases, particularly when human trafficking is being perpetrated by someone who is in an intimate relationship with the victim, a care provider may need to support a patient while they are unable and/or unwilling to leave the exploitative relationship. “What we don’t want providers to do,” says Ms. Marjavi, “is tell patients what to do or how to fix their problem. Ending a relationship has to be done with sensitivity and safety planning, and that’s what DV advocates are really good at. We know that lethality risk is highest when a big change is being made,” and so clinicians need to be prepared to “reduce harm, improve health, and increase safety even if the person is unable to leave an abusive relationship.” Providers need to “understand the broader ways that IPV impacts health and human trafficking impacts health. As they’re managing care, they can think about how these dynamics show up and how people can be more supported in promoting health and wellness if they can’t escape.” For example, if a person is being trafficked and doesn’t have the ability to

V. Guidance and Resources for Clinicians and Care Providers *(cont.)*

use consistent birth control, a health care provider can make sure they have extra emergency contraceptives to keep with them.

One way that harm reduction can occur in these cases, says Ms. Marjavi, is to develop strong relationships between health centers and local programs that serve survivors of human trafficking and IPV. For example, IPV advocates can make scheduled visits to health centers (which are also often safer for victims to access than services provided in a separate building, especially in smaller or more rural communities where a person may be worried about being seen entering a DV center). Bringing more services on-site makes the referral process more seamless. And, of course, understanding that housing is a leading concern for victims of both human trafficking and IPV, clinics and DV advocates can work together to help patients access emergency and transitional housing services. All of these services are most helpful when they are accompanied by employment support, children's services, safety needs, emotional and spiritual support, and other locally-available programs. By developing seamless referral systems and robust community support, clinicians can be prepared to support people in leaving abusive relationships and exploitative situations when they are ready.

Resources for Consultation and Reporting

Care providers should begin by knowing the mandatory reporting requirements in their own states, as well as the specialized organizations dedicated to supporting survivors of human trafficking locally. Many states have their own hotlines for reporting suspected or confirmed human trafficking activities. The following textbox contains information about the National Human Trafficking Hotline; keep in mind that the hotline is confidential and available for consultation as well as reporting. The hotline can also offer advice on harm reduction, safety plans, and the risk of retaliatory violence in response to a report.

The National Human Trafficking Hotline

If you believe you may have information about a trafficking situation:

- **Call the National Human Trafficking Hotline toll-free hotline** at 1-888-373-7888: Anti-Trafficking Hotline Advocates are available 24/7 to take reports of potential human trafficking.
- **Text the National Human Trafficking Hotline** at 233733. Message and data rates may apply.
- **Chat the National Human Trafficking Hotline** via humantraffickinghotline.org/chat
- **Submit a tip online through the anonymous online reporting form** found online at <https://humantraffickinghotline.org/en/report-trafficking>
- **Report missing children or child pornography to the National Center for Missing and Exploited Children (NCMEC)** at 1-800-THE-LOST (843-5678) or through their Cyberline.

V. Guidance and Resources for Clinicians and Care Providers (cont.)

Building Trust

Learning to trust is hard when people have let you down.

Providers need to understand lots of personal questions can make you feel judged or less than.

You deserve to learn where you can get support and information on what to do next, even if you aren't ready to talk about what's going on with your provider.

That's what this card is for.

*From "Safe Places to Rest Your Head" Safety Card,
Futures Without Violence*

Resource mapping in the development of a human trafficking reporting protocol should also include a clear analysis of other local organizations that serve survivors of human trafficking. Reports should always contain an element of referral, supportive services, and triangulation with human trafficking experts in the community.

Universal Education

According to Ms. Marjavi, 15 or 20 years ago, screening questions for identifying victims of IPV and human trafficking mostly focused on disclosure-based screening questions with yes or no answers. "What we learned," she says, "is that it was pretty ineffective, because people—for a number of reasons—don't always feel comfortable disclosing that abuse is happening or has happened to them. People have concerns about who can see the information and about what might be done with it. They may have a lack of trust in their relationship with the care provider. And they may have tremendous fears in terms of what would happen if someone else found out or if their partner found out they had told someone." As a result, she explains, "we know from prevalence that IPV is common, but when you look at screening rates you find very low disclosure rates that don't come anywhere near lifetime prevalence rates."

“

This approach is more normalizing and feels less targeted.”

- Anna Marjavi

In response to these challenges, there has been a shift into Universal Education (UE) in screening settings. UE involves the development of awareness-raising and supportive resource materials that can be shared with everyone who comes into a clinic. For instance, a provider can develop small brochures that fold to the size of a business card (or “shoe cards” that can be easily slipped into a shoe) that contain information about IPV and human trafficking, hotlines, chatlines, and information about healthy relationships and health. Some providers may share two cards with each person—one for the patient, and one that they can share with a friend or relative. “This approach is more normalizing,” explains Ms. Marjavi, “and feels less targeted when we talk to all patients about this.

V. Guidance and Resources for Clinicians and Care Providers *(cont.)*

Plus it is empowering for folks to be able to share the information with friends and family. They can see that they can also be helpers.” UE can take a variety of forms. For instance, the numbers for human trafficking and domestic violence hotlines can be printed on the labels of lip balm sticks or pens, which can be given out discreetly to clinic visitors.

CUES

Futures Without Violence encourages use of the CUES method as an evidence-based approach to addressing IPV in health care settings:

C

Confidentiality. Always have conversations one-on-one, save sensitive conversations for private locations, be alert to the presence of a possible abuser or trafficker, and be sure to also disclose to patients the limits of your confidentiality.

U

Universal Education. Offer safety cards, hotline information, and other awareness-raising information to everyone who comes into the clinic, not just people who have made voluntary disclosures.

E

Empowerment. Share information about safety and healthy relationships in such a way that patients can also feel empowered to share helpful information with other people in their lives.

S

Support. Be prepared to validate experiences when disclosure occurs, offer realistic care plans, share supportive messages, and offer warm referrals to local programs.

Find more information and order supportive materials for your organization at <https://www.futureswithoutviolence.org/wp-content/uploads/CUES-graphic-Final.pdf>.

VI. Conclusion

Clinicians and health care providers are a key part of the fight against human trafficking in the United States. Experts have noted that:

Health systems should develop policies that identify and respond to individuals who have experienced any form of human trafficking, inclusive of labor and sex trafficking. They can disseminate accurate information about trafficking exploitation and worker rights to counter disinformation. Health professionals

VI. Conclusion

and health systems can advocate for policies that address social determinants of health that are also systemic vulnerabilities to human trafficking such as access to housing, social, legal, and/or employment support. Health systems should also advocate for an end to discriminatory practices against immigrants and communities of color.¹

The interactions between homelessness and human trafficking are complex and may often feel intractable; there are no easy solutions for individuals or at the community level. Accessing good information is an important first step toward developing responsible clinical and organizational protocols around screening, reporting, harm reduction, universal education, and—always—trauma-informed care.

Because of the complicated and multi-dimensional impacts of human trafficking on the lives of survivors, collaboration between providers and organizations is crucial for building up a supportive safety net for survivors of human trafficking. As Ms. Marjavi puts it,

“One challenge for providers is... that they may be used to fixing people’s problems by identifying the issue then coming up with the remedy. With IPV and human trafficking, the issues are more complex. We want providers to know they don’t have to be experts around safety, shelter, restraining orders, criminal justice—that’s what DV advocates do, and there are programs built around that. In my work I’ve really found as soon as providers learn more about advocates, it takes some of the burden off their shoulders where they feel like they don’t have to fix this person’s problem but they can reduce the isolation, increase safety, and promote health outcomes by helping to bridge and connect them to community-based programs (such as DV resources, housing supports, LGBTQ+ programs, etc.) [It is crucial to have] a good understanding of what those community resources are so they can lift them up for patients. Clinicians may never know whether patients access those resources...but many do.”

- Ms. Anna Marjavi

Please share your thoughts about this issue and fill out our evaluation. We appreciate your feedback!

[Click here to complete evaluation.](#)

References

- ¹ Prakash, J., Erickson, T.B., & Stoklosa, H. (2022). Human trafficking and the growing malady of disinformation. *Frontiers in Public Health*, 10. Retrieved from <https://www.frontiersin.org/articles/10.3389/fpubh.2022.987159/full>
- ² U.S. Department of Labor. (2022). Trafficking in persons report. Retrieved from <https://www.state.gov/reports/2022-trafficking-in-persons-report/>
- ³ International Labor Organization (ILO). (2017). Estimates of modern slavery: Forced labour and forced marriage. Retrieved from https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/publication/wcms_575479.pdf
- ⁴ U.S. Department of Labor. (2022). Worst forms of child labor. Retrieved from <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/findings>
- ⁵ International Labour Organization (ILO). (1999). C182- Worst forms of child labour convention (No. 182). Retrieved from https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C182
- ⁶ Polaris Project. (2022). *Statistics*. Retrieved from <https://polarisproject.org/myths-facts-and-statistics/>
- ⁷ National Human Trafficking Hotline. (2023). *National statistics*. Retrieved from <https://humantraffickinghotline.org/en/statistics>
- ⁸ U.S. Department of Health and Human Services' Office on Human Trafficking. (2019). *Myths and facts about human trafficking*. Retrieved from <https://www.acf.hhs.gov/otip/about/myths-facts-human-trafficking>
- ⁹ Laboratory on Human Trafficking. (2021). *Housing insecurity and the persistent connection to human trafficking*. Retrieved from <https://combathumantrafficking.org/blog/2021/01/12/housing-insecurity-trafficking/#:~:text=Housing%20insecurity%20contributes%20to%20an,key%20to%20countering%20the%20realities.>
- ¹⁰ National Center on Domestic Violence, Trauma & Mental Health. (n.d.). *Understanding substance use coercion*. Retrieved from <http://www.nationalcenterdvtraumamh.org/publications-products/su-coercion-reports/>

References (cont.)

- ¹¹ U.S. Department of State. (n.d.) *About human trafficking*. Retrieved from <https://www.state.gov/humantrafficking-about-human-trafficking/#:~:text=In%20the%20United%20States%2C%20individuals,asylum%3B%20American%20Indians%20and%20Alaska>
- ¹² Gardner, Allie. (2021). *Busting human trafficking myths*. The United Way. Retrieved from <https://www.unitedway.org/blog/busting-human-trafficking-myths>
- ¹³ Anti-Slavery International. (n.d.). *What is bonded labour?* Retrieved from <https://www.antislavery.org/slavery-today/bonded-labour/>
- ¹⁴ Alfaro, Jose. (2021). *I'm a sex trafficking victim and invisible no more*. The Boston Globe. Retrieved from <https://www.bostonglobe.com/2021/08/12/opinion/im-survivor-sex-trafficking-invisible-no-more/>
- ¹⁵ NACCHO Voice. (2019). *Homelessness among individuals with disabilities: Influential factors and scalable solutions*. Retrieved from <https://www.naccho.org/blog/articles/homelessness-among-individuals-with-disabilities-influential-factors-and-scalable-solutions>
- ¹⁶ Bloom, Matt. (2022). *Colorado's Indigenous communities hope a new alert system will solve more missing and murdered cases*. CPR News. Retrieved from <https://www.cpr.org/2022/12/27/colorado-missing-and-murdered-indigenous-people-alert-system/>
- ¹⁷ Dabby, Chic. (2019). *Domestic violence and human trafficking: Advocacy at the intersections*. U.S. Department of Health and Human Services' Family and Youth Services Bureau. Retrieved from <https://www.acf.hhs.gov/fysb/news/domestic-violence-and-human-trafficking-advocacy-intersections>
- ¹⁸ Futures Without Violence & National Health Care for the Homeless Council. (2022). *Intimate partner violence, homelessness, and behavioral health: A toolkit for health centers*. Retrieved from <https://healthpartnersipve.org/wp-content/uploads/2022/10/Intimate-Partner-Violence-Homelessness-and-Behavioral-Health-A-Toolkit-for-Health-Centers-FINAL.pdf>

Disclaimer

This publication was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$1,967,147 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

NHCHC is a nonpartisan, noncommercial organization.

All material in this document is in the public domain and may be used and reprinted without special permission. Citation as to source, however, is appreciated.

Suggested citation: National Health Care for the Homeless Council. (May 2023). Intersections of Homelessness and Human Trafficking in the United States. *Healing Hands*. (Author: Melissa Jean, Writer). Nashville, TN. Available at: www.nhchc.org.

Healing Hands is published by the National Health Care for the Homeless Council.
www.nhchc.org

Credits

Melissa Jean, PhD, writer
Lily Catalano, LMSW, senior clinical manager

HCH Clinicians' Network

Steering Committee

Joseph Becerra, CAADE | Joseph Benson | Brian Bickford, MA, LMHC
Jared Bunde, MS, RN-BC, PHN | Carrie Craig, MSW, LCSW
Catherine Crosland, MD | Nadia Fazel, DMD, MPH
Bridie Johnson, MFT, MSW, LCSW, ICAADC, CCS MA-DP
Sorosh Kherghepoush, PharmD, AAHIVP | Joseph Kiesler, MD
Charita McCollers, MSW, LCSW | Jeffrey Norris, MD | Regina Olatin, DO, FACP, FAAP
Amber Price, BA | Colleen Ryan, RN, MSN, FNP-BC | Lynea Seiberlich-Wheeler, MSW, LCSW

Join the HCH Clinicians' Network

To learn more about clinical issues in homeless
health care, join the Clinicians' Network. Individual
membership is free of charge.

©2023 National Health Care for the Homeless Council



*The HCH Clinicians' Network is operated by the National Health Care for the Homeless Council.
For membership information, call 615-226-2292,
or learn more at <https://nhchc.org/membership/council-membership/>*