

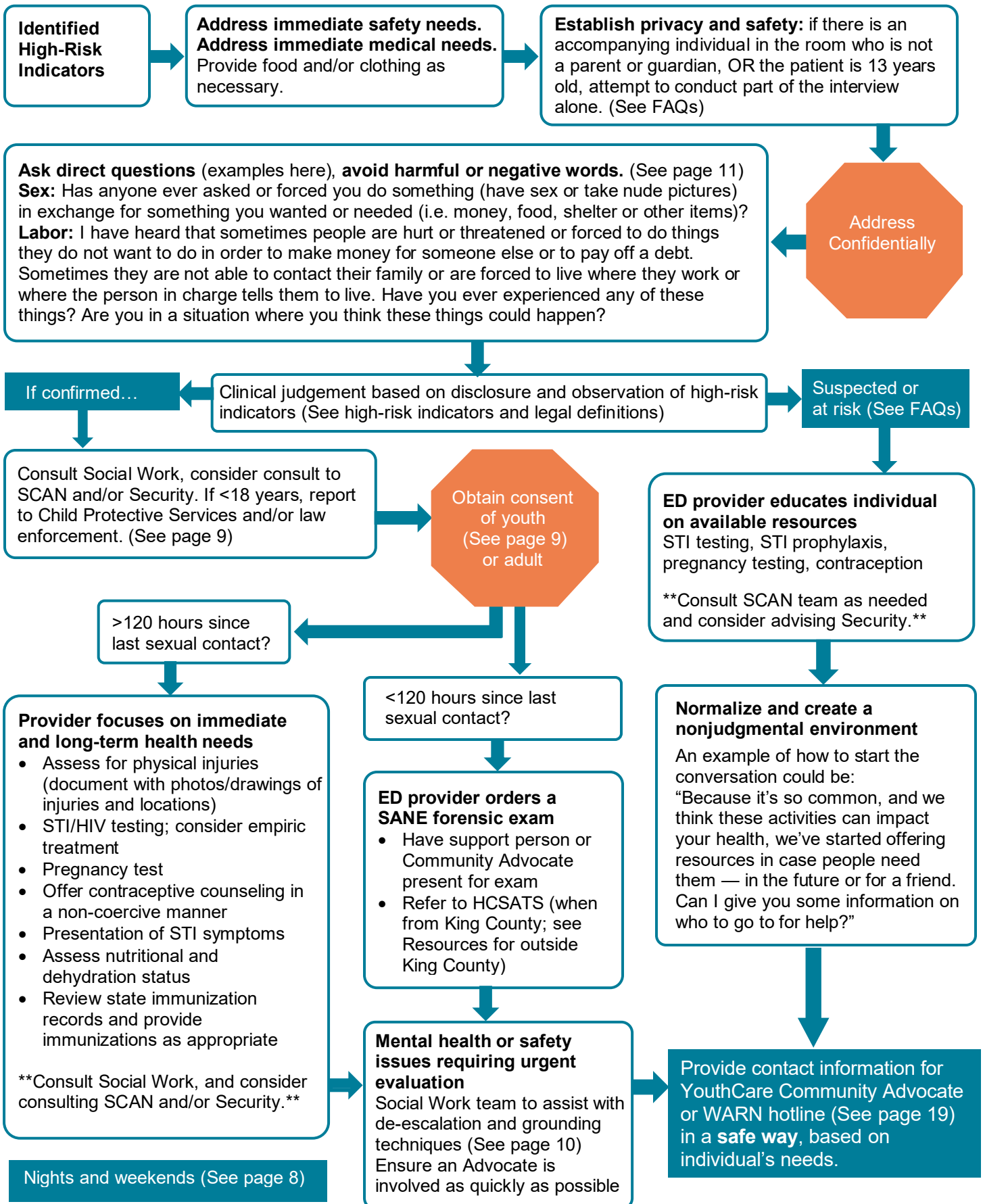
Seattle Children's Resource Guide

# Guidelines for Human Trafficking Evaluation

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# Clinical Pathway Guide



# High-Risk Indicators

## Signs of Human Trafficking

- Experiencing homelessness, in foster care, or frequent change in location or housing
- Delay in seeking care for significant or unusual medical concerns
- History of prior sexual, physical, or emotional abuse or neglect
- History of depression, anxiety, self-harm or suicidal ideation/attempt
- History of, or current, substance use — especially use of multiple types
- Gang affiliation is reported or confirmed
- Reluctance or inability to speak on own behalf
- Accompanying individual refuses to leave the room or provides the history
- Confusion about location, date, time or where they have recently been
- Discrepancies between stated history and clinical presentation, or the history seems scripted
- Not in possession of own identity documents or money
- Limited education
- Foreign national or immigrant

## Signs of Commercial Sexual Exploitation

- Multiple pregnancies or abortions
- Multiple sexual partners — youth  $\leq 13$  with more than two sexual partners
- History of repeat testing and treatment for STIs
- Peer or family member involved with commercial sex industry
- Tattoos or jewelry suggestive of commercial sexual exploitation or indicative of ownership — names, brands, logos, etc.
- Youth accompanied by non-guardian or unrelated adult
- Excess cash or expensive gifts, clothing, or jewelry
- Multiple hotel keys or multiple cell phones
- Reports hotel use for parties or sexual encounters
- Youth familiar with sexual terms or practices, or he/she uses terms commonly used in commercial sexual exploitation — dating, the Life, the Game, etc.

## Signs of Labor Trafficking

- Occupational-type injuries without evidence of legitimate employment
- Pattern of injuries — work-related, overuse or exposure injuries
- Reports of abuse or being threatened with harm at work
- Individual reports they are not allowed adequate rest breaks for food or water while working
- Recruited for work other than what he/she is currently doing
- Required to live in employer housing or crowded living conditions
- Must repay a debt to employer or a recruiter

# General Information

## Framing the issue of human trafficking

Human trafficking has become an increasingly prevalent health and social issue for children, adolescents and adults in King County, across the U.S., and around the world. It is estimated that up to 500 youth are currently being trafficked in the Seattle area, though this number could be much higher.<sup>1</sup>

On a national level, trafficking continues to be a significant problem. According to the National Human Trafficking Resource Center, there was a 13% increase in reported cases between 2016 and 2017.<sup>2</sup> This only includes cases reported to a national hotline and doesn't include unreported cases or cases reported elsewhere.

Human trafficking, including both labor and sex trafficking or commercial sexual exploitation of children (CSEC), is a complex form of trauma that has been linked to many physical and mental health effects.

Common health problems related to sex trafficking include:<sup>3</sup>

- Untreated chronic health problems
- Sexually transmitted infections (STIs)
- Pregnancy
- Physical injuries
- Substance use
- Dental issues
- Mental health issues

Common health problems related to labor trafficking include:<sup>4</sup>

- Untreated occupational injuries or exposures (i.e., chemical exposure without proper personal protective equipment)
- Health complications related to delayed treatment due to strict work requirements
- Many of the same physical and mental health issues seen with sex trafficking

It is also important to note that victims of sex and labor trafficking regularly seek healthcare during their period of exploitation, but they are often reluctant to disclose this information.<sup>5,6</sup> Trafficked individuals may be hesitant to self-identify because they:

- Fear the trafficker
- Experience trauma bonding with the trafficker
- Mistrust social workers, medical professionals or other authority figures
- Fear being arrested or deported

Their hesitance may also stem from shame, stigma, assumptions about gender or sexuality, and cultural and language barriers.<sup>5,6,7</sup>

Perhaps the most surprising reason trafficking victims don't self-identify is because they are not yet aware, or may only be starting the process of comprehending, that they are being exploited. They may not have spoken about or disclosed their situation yet.

Individuals who are at risk or who are currently being trafficked can be of any age, race or gender, and they might be the parents or caregiver who is bringing a child into the hospital. For this reason, healthcare professionals need to ask direct and informative questions that normalize the situation when high-risk indicators are present.

This resource guide is meant to help all Seattle Children's faculty and staff members learn how to create a trauma-informed environment for patients or caregivers who have been or are currently being exploited for sex and labor trafficking. The identification, screening process and coordination of care will be led by the Social Work team.

# Principles of Human Trafficking Engagement

## EMPOWERMENT

Individual self-agency is encouraged at every decision and encounter. This includes helping individuals understand the medical procedures being recommended and making time for questions. Be aware that this individual may have a history of oppression and lack of decision-making power, so honoring their choices and needs is crucial.

## CULTURAL HUMILITY

Be humble to the unique cultural needs and experiences of each person. They are the experts of their own experience. It's okay to not understand all facets of human trafficking. Ask questions. It's a complex issue and survivors face choices where cultural, sexual, socioeconomic and/or religious factors are intertwined. Empathize without claiming to completely understand the situation.

## SAFETY

Immediate safety and long-term safety planning are integral components of each visit. Focus on safe housing, harm reduction and the children the individual may have with an exploiter. Create safety strategies that are centered on the individual.

## RESOURCE FOCUSED

Disclosure is not expected or necessary for reporting, advocacy, and resources. Recognize that the goal is not to "save" the individual. They may not be ready or able, or they may not yet understand they are being exploited. Instead, focus on offering an open and safe environment for the youth to seek care, feel supported and obtain resources.

## RELATIONSHIP BUILDING

Trusted relationships are a key part of this intervention. The process of relationship building can be slow and relationship testing should be expected. Be authentic; a lack of authenticity will create barriers. Be consistent, open and nonjudgmental. Keep promises and follow up on plans. Always assume survivors are ready and capable of succeeding.

# Guidelines of Care

## Mandatory Reporting (Guidelines of Care 10960):

**Requirement:** Healthcare workers must report when they have reasonable cause to believe that a child has experienced sexual abuse, assault or sexual exploitation. The report must be made to law enforcement or child protective services (CPS) within 48 hours of learning about the abuse, assault or exploitation.

CPS and law enforcement share information regarding child abuse reports, however, CPS must be informed if there is suspicion that a caregiver or parent may have abused the child or if there is concern about safety in the home. If forensic evidence is collected, inform the police as soon as possible.

**CPS report:** To make a report to CPS, call 866-END HARM (866-363-4276).

**Police report:** To make a report to law enforcement, contact the agency in the jurisdiction of where the suspected abuse occurred:

- In Seattle, contact the Vice High Risk Victims Unit at 206-684-8660 or 206-386-1114.
- If the jurisdiction is not known, call 911 and state, “this is not an emergency” and ask for assistance in determining the jurisdiction.

**Post report:** After a report is made, if it meets the requirements of child abuse, neglect or sex trafficking, the case will be assigned to a CPS pathway for investigation or [Family Assessment Response](#). If the report involves a potential crime against a child — and in all cases of sex trafficking — the information will be sent to law enforcement. Law enforcement and CPS will then conduct their own assessments.

**Note:** Make every attempt to involve the patient when making the report; ask for consent (though it isn’t required) and have them in the room while the report is being made. If possible and safe, inform the parents of the report. If the patient is 18 or older, consent is required to make a police report. We are not obligated to report if the patient is 18 or older. If labor trafficking is suspected, report to CPS (866-363-4276).

## **Reports Made at Night or on Weekends:**

When a report needs to be made at night or on the weekend, contact the Suspected Child Abuse or Neglect (SCAN) team member on call. If necessary, the team will request a sexual abuse nurse examiner (SANE) exam.

To contact CPS after hours, call 866-END HARM (866-363-4276) or the main number for evenings and weekends (800-562-5624) and ask to speak with the commercial sexual exploitation advocate.

Other referral options:

- [Harborview Center for Sexual Assault and Traumatic Stress \(HCSATS\)](#)
- YouthCare Community Advocates Program: 855-400-CSEC (800-400-2732)
- Washington Anti-trafficking Response Network (WARN) for cases of labor trafficking: 206-245-0782



## Obtaining Consent of a Youth Under 18 Years of Age (policy 10628):

In general, a parent or legal guardian must consent for non-emergent care of patients under 18 years of age. There are exceptions in Washington, and young people can consent to their own care when it relates to sexual health, mental health or substance use:

*Sexually transmitted diseases:* [Washington state law](#) allows for minors, 14 years and older, who may have come in contact with a sexually transmitted disease, to consent for diagnosis and treatment of such disease. Consent from a parent or legal guardian is not necessary.

*Reproductive health services:* Seattle Children's allows for a minor, 14 years and older, to consent for herself or himself to receive reproductive health services. For information related to abortion services, read [RCW 9.02.100\(2\)](#). Additional information can be found on the [Washington State Department of Health website](#).

*Inpatient or outpatient mental health:* [Washington state law](#) allows minors, 13 years and older, to request and receive inpatient or outpatient mental health treatment without the consent of a parent or legal guardian. Parental authorization is required for mental health treatment of a child under the age of 13.

*Chemical dependency:* [Washington state law](#) allows minors, 13 years and older, to consent for treatment of substance use by a chemical dependency program certified by the Department of Social and Health Services. Parental authorization is required for chemical dependency treatment of a child under the age of 13.

If a child is brought to Children's by a relative or friend, the parent or guardian should be contacted to provide consent. If the parent or guardian is unavailable or unwilling to sign a consent for care, and the provider deems that a sexual abuse exam must be done emergently, please follow these steps:

- Medical provider discusses the circumstances with CPS.
- CPS notifies police to take the child into protective custody.
- Police take the child into emergency protective custody.
- CPS authorizes the medical exam.
- CPS arranges for placement of the child.

If the patient feels that it would be unsafe to tell the parent or guardian, then CPS should be contacted to assess safety and provide consent of care.

*Note:* The sexual assault nurse exam (SANE) is not considered an emergency and therefore is not considered a minor right in Washington state.<sup>8</sup> A parent or legal guardian must consent for a youth to undergo a sexual assault exam.

## Building Safe Environments:

### How a clinic visit can mimic being sold for sex

- Private room with the door closed, without the provider asking permission to close the door
- Power dynamic between the patient and provider
- The provider tells the patient what to do throughout the encounter with every expectation that the patient will comply
- Patient may be laying on their back in a vulnerable position
- Patient is being touched — this may be more retraumatizing if the provider doesn't ask for consent
- Patient is undressed, often in a flimsy gown with no underwear

### Do's / Don'ts

#### Do:

- Have patience with survivors. The tasks you need to get done are not as important as displaying empathy and care for your patient during this experience that might be extremely difficult for them.
- Allow the patient to follow you into the exam room upon arrival and follow you out at the end. The patient should be “last in, last out” as you transition rooms.
- Emphasize that the patient has complete control over their medical care. If the patient seems too upset or apprehensive to tolerate an examination, offer the opportunity to complete the physical examination at a later visit.
- Ask the patient if there is anything that will make the experience more tolerable when performing a physical examination.
- Give the option of shifting an item of clothing out of the way rather than putting on a gown when an entire area does not need to be visualized. If a gown is necessary, invite the patient to keep on as much clothing as possible (e.g., underwear and/or shirts).
- An alternative approach during the physical exam might be to offer the option of a mirror so they can see procedures or examinations that are out of the patient's visual field.
- Clearly state that the findings are normal when applicable because a survivor may be worried that their trauma history had negative physical consequences to their body.
- Only touch the patient when needed for an exam with clear and ongoing consent.

#### Don't:

- Walk behind the patient to the exam room.
- Stand or sit between the patient and the door of the exam room if it is possible. If not possible due to room configuration, provide support and let the person know that they can leave the appointment at any time.
- Touch the patient if you do not have to. Talk through your necessary touches.

- Limit the exposure of the patient’s body as much as possible and explain what is being examined and why.
- Press for information. Ask only relevant questions that are necessary for the assistance being provided.
- Appear shocked, fearful or disgusted.

## Hierarchy of Trauma-Informed Care



The entire REST toolkit is available at <https://iwantrest.com/hcp-toolkit>  
 Information in this section courtesy of REST: Real Escape from the Sex Trade (see Shelter/Housing Resources).

### Building a Relationship:

Given the sensitive nature of human trafficking, it is important to **establish safety and privacy** for the patient throughout the screening and interview process. Explain the extent and limits of confidentiality, and **create an open, calm and nonjudgmental environment**. Listen with curiosity, but avoid probing for unnecessary information.

It is best to **avoid harmful or negative words** about the trafficker or situation. The patient may have undergone a long grooming process and may have bonded with the trafficker; negativity may break trust with the patient. The patient also may not yet understand that they are being exploited, or they may not identify with the negative terms used to describe trafficking and may not identify as a “victim” or “survivor.” Most importantly, respectfully reflect back the language and wording used by the patient.

#### Legal terms:

- Coercion
- Child prostitute/prostitute
- Trafficking victim
- Pimp
- Sexual Exploitation
- CSEC/CSEY/CSE
- Soliciting/solicitor
- CSAM

#### What the kids say:

- My boyfriend/girlfriend
- Being in the life

#### Words we use:

- CSEC
- Exploitation
- Coercion
- Trafficking
- Trafficked youth

**While disclosure is helpful, it is not necessary to provide the patient with resources.** Taking a holistic view of the patient’s immediate needs may help build trust that will eventually lead to disclosure.

Lifelong trauma can manifest in different ways: changeable emotions, avoidance, hypervigilance, anxiety or depression. Fits of rage and poor emotional control are common to people with complex trauma.

While these behaviors may be an expression of the individual’s needs and possibly a sign to give them space, it’s important to not solely focus on the behaviors at the expense of helping them with the immediate needs and safety.

**Give space** for the patient to process emotions, thoughts or fears that may be triggered by the screening questions. Periodically check in and offer breaks during the interview process.

If the patient is experiencing traumatic memories or flashbacks, here are a few grounding questions to help them refocus:

- Guide the patient through deep breathing exercises or visual imagery.
- Offer them something tactile, like a book, journal or another activity.
- Teach them the 5-4-3-2-1 game — ask them to name 5 things they can see in the room, 4 things they can feel, 3 things they can hear, 2 things they can smell, and 1 good thing about themselves.
- Guide the conversation to a new topic for a while.

Individuals in trafficking situations may have inconsistent access to food and adequate clothing. Offering them snacks, clothes, wet wipes or hand sanitizer can help the patient with some of their immediate needs and can increase trust. Consider offering [community resources](#) that can continue to provide these items.

Keep in mind that trafficked individuals often find ways to self-medicate in response to trauma, and substance use is a common coping mechanism. They may present intoxicated or in withdrawal.

For more information, read the [Adult Human Trafficking Screening Tool and Guide](#) created by the U.S. Department of Health and Human Services.<sup>9</sup>

## **Safety Planning:**

One of the ways to help a trafficking victim is to **establish a safety plan**. During the interview, assess the current risks and identify potential safety concerns.

If they are able and willing, allow the patient to take the lead on identifying safety strategies. Work with them to create a safety plan that will keep them safe — a paper form might be dangerous, so tell them about a safety planning phone app, provide a resource card that can be kept in a shoe or discrete place, or identify a safe place away from their exploiter.

Many individuals have a strong sense of self-reliance, so focus on **strengths-based plans** and build on what they are already doing to survive.<sup>10</sup>

- **Outline concrete ideas** for how to respond to dangerous situations, like changes in an abusive relationship, family instability or leaving “the Life.”
- Help **identify safe family, friends or places**, and establish how to contact those people or get to those places. Consider asking: “Who do you call on when you need support?”
- **Identify strategies to reduce risk** if they are not able to leave the Life:<sup>11</sup>
  - Carrying own tools: condoms, toys, etc.
  - Screening buyers and telling workmates about bad customers
  - Working in familiar places, in pairs, checking in or “share location” on phone with family or friends
  - Wearing comfortable shoes and avoid wearing scarves, necklaces or having bags that can be used to hold or choke
  - Negotiating price, time limit and activities up front
  - Using prophylaxis or birth control
  - Screening for STIs
- Recognize that the patient may want to take care of minor health issues on their own so they can continue to work. Discuss what they currently do for minor injuries.
- Recognize the patient may need time to ground themselves before leaving the clinic.

In the end, if the patient is unable to leave the trafficking situation at the time, identify essential items they would want should they decide to leave.

*Information in this section was taken from the Spring 2018 Toolkit: [“Responding to Sexual Exploitation and Trafficking of Youth”](#) by Leslie Briner.*

## **Building Resilience:**

*“Resilience is a stepping stone to resistance...when we take care of ourselves, we generate the power to fight back.”*

This was one of the conclusions that came out of a research study by the Young Women’s Empowerment Project.<sup>12</sup>

When working with a trafficked individual, here are ways to help them build resilience:

- Encourage them to seek support with peers, case managers, counselors or safe adults.
- Encourage them to practice self-care — many trafficked youths use journaling, aromatherapy, baths or showers, meditation, or talking with friends to find peace.<sup>12</sup>
- Empower them to use their bodies positively — dancing, yoga, running, singing or anything that allows them to move in a way that feels good.
- Offer information about the [Organization for Prostitution Survivors](#).

# Additional Screening Tool

Provided by WestCoast Children's Clinic

## Commercial Sexual Exploitation Identification Tool (CSE-IT) – version 2.0

1. HOUSING AND CAREGIVING. The youth experiences housing or caregiving instability for any reason.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth runs away or frequently leaves their residence for extended periods of time (overnight, days, weeks).	0	0	1	2
b. Youth experiences unstable housing, including multiple foster/group home placements.	0	0	1	2
c. Youth experiences periods of homelessness, e.g. living on the street or couch surfing.	0	0	1	2
d. Youth relies on emergency or temporary resources to meet basic needs, e.g. hygiene, shelter, food, medical care.	0	0	1	2
e. Parent/caregiver is unable to provide adequate supervision.	0	0	1	2
f. Youth had highly irregular school attendance, including frequent or prolonged tardiness or absences.	0	0	1	2
g. Youth has current or past involvement with the child welfare system.	0	0	1	2
<b>Indicator 1 Score:</b> A subtotal of 4-5 indicates <i>Possible Concern</i> . A subtotal of $\geq 6$ indicates <i>Clear Concern</i> . <b>Circle score here.</b> _____ →	0	0	1	2
2. PRIOR ABUSE OR TRAUMA. The youth has experienced trauma (not including exploitation).	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has been sexually abused.	0	0	1	2
b. Youth has been physically abused.	0	0	1	2
c. Youth has been emotionally abused.	0	0	1	2
d. Youth has witnessed domestic violence.	0	0	1	2
<b>Indicator 2 Score:</b> A subtotal of 2 indicates <i>Possible Concern</i> . A subtotal of $\geq 3$ indicates <i>Clear Concern</i> . <b>Circle score here.</b> _____ →	0	0	1	2
3. PHYSICAL HEALTH AND APPEARANCE. The youth experiences notable changes in health and appearance.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth presents a significant change in appearance, e.g. dress, hygiene, weight.	0	0	1	2
b. Youth shows signs of physical trauma, such as bruises, black eyes, cigarette burns, or broken bones.	0	0	1	2
c. Youth has tattoos, scarring or branding, indicating being treated as someone's property.	0	0	1	2
d. Youth has repeated or concerning testing or treatment for pregnancy or STIs.	0	0	1	2
e. Youth is sleep deprived or sleep is inconsistent.	0	0	1	2
f. Youth has health problems or complaints related to poor nutrition or irregular access to meals.	0	0	1	2
g. Youth's substance use impacts their health or interferes with their ability to function.	0	0	1	2
h. Youth experiences significant change or escalation in their substance use.	0	0	1	2
<b>Indicator 3 Score:</b> A subtotal of 2-3 indicates <i>Possible Concern</i> . A subtotal of $\geq 4$ indicates <i>Clear Concern</i> . <b>Circle score here</b> _____ →	0	0	1	2

<b>4. ENVIRONMENT AND EXPOSURE.</b> The youth's environment or activities place them at risk of exploitation.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth engages in sexual activities that cause harm or place them at risk of victimization.	0	0	1	2
b. Youth spends time where exploitation is known to occur.	0	0	1	2
c. Youth uses language that suggests involvement in exploitation.	0	0	1	2
d. Youth is connected to people who are exploited, or who buy or sell sex.	0	0	1	2
e. Youth is bullied or targeted about exploitation.	0	0	1	2
f. Youth has current or past involvement with law enforcement or juvenile justice.	0	0	1	2
g. Gang affiliation or contact involves youth in unsafe sexual encounters.	0	0	1	2
<b>Indicator 4 Score:</b> A subtotal of 1 indicates <i>Possible Concern</i> . A subtotal of $\geq 2$ indicates <i>Clear Concern</i> . <b>Circle score here</b> 	0	0	1	2
<b>5. RELATIONSHIPS AND PERSONAL BELONGINGS.</b> The youth's relationships and belongings are not consistent with their age or circumstances, suggesting possible recruitment by an exploiter.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has unhealthy, inappropriate or romantic relationships, including (but not limited to) with someone older/an adult.	0	0	1	2
b. Youth meets with contacts they developed over the internet, including sex partners or boyfriends/girlfriends.	0	0	1	2
c. Explicit photos of the youth are posted on the internet or on their phone.	0	0	1	2
d. Youth receives or has access to unexplained money, credit cards, hotel keys, gifts, drugs, alcohol, transportation.	0	0	1	2
e. Youth has several cell phones or their cell phone number changes frequently.	0	0	1	2
f. Youth travels to places that are inconsistent with their life circumstances.	0	0	1	2
<b>Indicator 5 Score:</b> A subtotal of 1-2 indicates <i>Possible Concern</i> . A subtotal of $\geq 3$ indicates <i>Clear Concern</i> . <b>Circle score here</b> 	0	0	1	2
<b>6. SIGNS OF CURRENT TRAUMA.</b> The youth exhibits signs of trauma exposure.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth appears on edge, preoccupied with safety, or hypervigilant.	0	0	1	2
b. Youth has difficulty detecting or responding to danger clues.	0	0	1	2
c. Youth engages in self-destructive, aggressive, or risk-taking behaviors.	0	0	1	2
d. Youth has a high level of distress about being accessible by cell phone.	0	0	1	2
<b>Indicator 6 Score:</b> A subtotal of 1-2 indicates <i>Possible Concern</i> . A subtotal of $\geq 3$ indicates <i>Clear Concern</i> . <b>Circle score here</b> 	0	0	1	2



7. COERCION. The youth is being controlled or coerced by another person.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth has an abusive or controlling intimate partner.	0	0	1	2
b. Someone else is controlling the youth's contact with family or friends, leaving the youth socially isolated.	0	0	1	2
c. Youth is coerced into getting pregnant, having an abortion, or using contraception.	0	0	1	2
d. Someone is not allowing the youth to sleep regularly or in a safe place, go to school, eat, or meet other basic needs.	0	0	1	2
e. The youth or their friends, family, or other acquaintances receive threats.	0	0	1	2
f. Youth gives vague or misleading information about their age, whereabouts, residence, or relationships.	0	0	1	2
<b>Indicator 7 Score:</b> A subtotal of 1 indicates <i>Possible Concern</i> . A subtotal of $\geq 2$ indicates <i>Clear Concern</i> . <b>Circle score here</b> _____ →	0	0	1	2
8. EXPLOITATION. The youth exchanges sex for money or material goods, including food or shelter.	No Information	No Concern	Possible Concern	Clear Concern
a. Youth is exchanging sex for money or material goods, including food or shelter for themselves or someone else, e.g. child, family, partner.	0	0	1	2
b. Youth is watched, filmed or photographed in a sexually explicit manner.	0	0	1	2
c. Youth has a history of sexual exploitation.	0	0	1	2
d. Youth is forced to give money they earn to another person.	0	0	1	2
<b>Indicator 8 Score:</b> A subtotal of 1 indicates <i>Possible Concern</i> . A subtotal of $\geq 2$ indicates <i>Clear Concern</i> . <b>Circle score here</b> _____ →	0	0	1	2

### Scoring Instructions:

1. Enter each Indicator Score in the corresponding box in this table.
2. Add Indicator Scores 1-7 and enter the total in box A.
3. If Indicator 8 score = 1 (Possible Concern), enter 4 in box B; if Indicator 8 score = 2 (Clear Concern), enter 9 in box B.
4. Add boxes A and B for a Total Score and enter in the TOTAL box.
5. Plot the Total Score on the Continuum of Concern to determine level of concern for exploitation.

Indicator:		Indicator Score
1. HOUSING AND CAREGIVING		
2. PRIOR ABUSE OR TRAUMA		
3. PHYSICAL HEALTH AND APPEARANCE		
4. ENVIRONMENT AND EXPOSURE		
5. RELATIONSHIPS AND PERSONAL BELONGINGS		
6. SIGNS OF CURRENT TRAUMA		
7. COERCION		
Add scores for Indicators 1-7 (score cannot exceed 14):	A.	
8. EXPLOITATION		
If Indicator 8 score is 1 (Possible Concern) put 4 in box B. If Indicator 8 score is 2 (Clear Concern) put 9 in box B.	B.	
TOTAL: Add boxes A and B for a total score between 0-23.	TOTAL	



## Continuum of Concern



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## Frequently Asked Questions

### **Q: The patient's "friend" or "partner" or accompanying individual is refusing to leave the room. How do get them to leave so I can speak with the patient one-on-one?**

A: It is crucial for the privacy and safety of the patient to have a confidential discussion. It may require some creative thinking to speak with the patient alone. Here are some examples of how to handle this situation:

- "It is hospital policy to speak with our patients by themselves."
- "The blood pressure cuff in this room is broken. I will need to take [patient name] to another exam room to re-measure her/his/their blood pressure."
- "I am going to need a urine sample. Let me show you where the bathroom is." Escort the patient to the bathroom and use this time to assess safety.
- Other times when the patient is usually alone are during imaging or while lab work is being done. These could be opportunities to coordinate one-on-one time with the patient.

If there is any concern for your safety or the safety of the patient, alert the security team.

### **Q: What happens after I call SCAN, Social Work or Security?**

A: **Security** will respond to the area, interview the concerned parties and possibly post a security officer at the area. They may also:

- Run a background check
- Contact the administrator on call
- Write a detailed report
- Obtain camera footage
- Capture the license plates of any involved vehicles
- Contact Seattle Police Department
- Trespass any individuals of concern
- Provide food or support for anyone in apparent crisis.

The **SCAN team** and **Social Work** will talk to you about what you are seeing and what you are concerned about. If appropriate, Social Work may come to the room and talk with the patient and/or family. The SCAN team and Social Work will work with you to decide on next steps. They should inform you of anything else you may need to do.

You should then return to the patient and continue addressing immediate needs.

### **Q: The trafficking screening questions were negative, but the patient is still at high risk of being trafficked. What should I do?**

A: The patient may be afraid to disclose a history of trafficking or abuse for a number of reasons, including:

- not yet identifying as a victim
- fear of getting the trafficker in trouble
- fear of the trafficker
- shame of the stigma that comes with trafficking

- fear of judgement from the healthcare provider
- previous negative interactions with law enforcement or child protective services

Under these circumstances, switch the focus of the conversation to providing the patient with [resources](#), either for themselves or “for a friend.”

**Q: The patient has confirmed their involvement with trafficking, but they are unable or unwilling to provide a consistent name or date of birth. What should I do?**

A: The trafficking victim may have been told to provide a false name or date of birth by an exploiter. They may also be an undocumented foreign worker who is afraid of being deported.

While obtaining accurate identifying information is a priority in healthcare, if you aren't able to, you can still provide the support and safety the patient needs. Connect her/him/them with the Community Advocates program at [CommunityAdvocate@YouthCare.org](mailto:CommunityAdvocate@YouthCare.org) or 855-400-CSEC (855-400-2732).

Community Advocates will not ask for legal names and they do not need a date of birth to provide help. It's important to explain this to the patient and help them coordinate a meeting with the advocate. The advocate will provide resources and help create a safety plan or an exit plan if that is what the patient wants. They can also contact CPS or the police if necessary.

**Q: How do I provide resources in a way that the trafficker won't find them?**

A: Give the patient resources in a discrete, safe and secure manner. Provide a YouthCare resource card (available in the ED) with contact information and, if possible, a safety plan that can fit into a shoe, wallet or phone case. Offer to program the phone numbers for the [National Human Trafficking Hotline](#) (888-373-7888) or YouthCare Community Advocate (855-400-CSEC) program into their phone. They could be discreetly labeled with the provider's name, a generic name or “Tech Support” for their cell phone carrier. It's up to the patient to decide how to label the number so they will remember.

## Community Resources

### Washington Trafficking Help Website:

*Use this resource as a first option to find up-to-date information.* It is a key online resource for up-to-date information and resources across Washington for individuals involved in human trafficking. Resources range from immediate health needs, support and safety to long-term assistance with education, employment and housing.

### YouthCare Community Advocates Program:

YouthCare serves youth between the ages of 12 and 24, and offers:

- 24/7 access
- Assessment of the youth's needs with a focus on CSEC
- Filing necessary reports (if not already filed)
- Connecting the youth to resources
- Acting as a mediator and support person for the youth as he/she/they navigate decisions about safely exiting CSE

While this advocate program specifically serves youth, they can offer connections to adult resources.

Call: 855-400-CSEC (855-400-2732)

Email: [CommunityAdvocate@YouthCare.org](mailto:CommunityAdvocate@YouthCare.org)

### Nexus Youth and Families and Friends of Youth:

Nexus and Friends of Youth provide 24/7 access to services in connection with the YouthCare Community Advocate program listed above. Nexus offers the same program in South King County and Friends of Youth operates in Kirkland and Bellevue. Calling the YouthCare number (855-400-CSEC) and telling them where the youth is from will connect the youth with the appropriate program and local advocate.

### Kent Youth and Family Services:

Kent Youth and Family Services provide case management for individuals between the ages of 12 and 25 who are involved in child sexual exploitation in Kent. Case managers can assist with seeking employment, housing, substance use disorder referrals, mental health referrals, and general support and advocacy.

Call: 253-859-0300

### Harborview Center for Sexual Assault and Traumatic Stress (HCSATS):

HCSATS provides 24/7 phone access and the following services:

- Sexual assault medical and psychosocial exams (all exams of children and adolescents are performed by physicians or nurse practitioners)
- Crisis intervention by phone or in person
- Legal and medical advocacy
- Trauma-focused cognitive behavioral therapy for children and adolescents

Call: 206-744-1600 (ask for ED social work on nights and weekends)

TDD/TTY: 206-744-1616

Address: 401 Broadway, Suite 2075 Seattle WA 98104

### **Dawson's Place Child Advocacy Center (Snohomish County):**

Dawson's Place offers core services for child victims of physical abuse, sexual assault, trafficking, neglect, etc. in Snohomish County. They can assist with referrals for forensic exams at Providence Hospital in Everett and offer multidisciplinary support and advocacy for the child and the family.

Call: 425-258-9037 (24-hour hotline)

Address: 1509 California St., Everett, WA 98201

### **Monarch Children's Justice and Advocacy Center (Thurston County):**

Monarch offers multidisciplinary services in Thurston County, including therapy, education, and prevention and advocacy for victims of abuse and assault. They also conduct forensic interviews and medical exams.

Call: 360-923-1884

Address: 420 Golf Club Rd SE #203, Lacey, WA 98503

### **Washington Anti-Trafficking Response Network (WARN):**

WARN provides free and confidential support and resources over the phone for individuals who are being exploited in labor trafficking. The focus of WARN is to support trafficked foreign nationals and have advocates who are fluent in multiple languages. U.S. citizens who have been exploited in labor trafficking can also seek services and support through WARN.

Call: 206-245-0782

### **King County Sexual Assault Resource Center (KCSARC):**

KCSARC offers crisis response advocates, referrals, support, legal advice, therapy, family support and Spanish language services, as well as a 24/7 hotline.

Call: 888-99-VOICE (888-998-6423)

Address: 200 Mill Avenue South, Suite 10, Renton, WA 98057

### **Organization for Prostitution Survivors (OPS):**

OPS offers survivor support groups, one-on-one support and advocacy, case management, art and yoga healing therapy, employment services, chemical dependency and recovery support, community meals, and the "men's accountability: stopping sexual exploitation" program. Intake and phone access is available 24/7. Drop-in hours are Tuesday through Thursday 1 to 6 p.m.

Call/Text: 206-853-6243

Email: [info@seattleops.org](mailto:info@seattleops.org)

Address: 1609 19th Avenue, Seattle, 98122

### **Seattle Police Department High Risk Victims Unit:**

The Seattle Police Department has a Vice High Risk Victims Unit with detectives who are trained to investigate high-risk cases in which sex or labor trafficking are suspected or identified.

Call: 206-684-8660 or 206-386-1114

### **The Polaris Project National Human Trafficking Resource Center Hotline:**

The Polaris Project offers support, crisis counseling and information to individuals involved in trafficking. Through their 24/7 hotline, individuals can get general information, support and local resources in more than 200 languages.

Call: 888-373-7888

Text: BEFREE (233733)

Email: [nhtrc@polarisproject.org](mailto:nhtrc@polarisproject.org)

### **Resources for Specific Populations:**

- ***American Indian/Native American***  
Some tribes have a CSE advocate and others have a domestic violence and family services manager who can assist with trafficking cases.  
Cowlitz Tribe Pathways to Healing: Judy Johnston, 206-466-5131  
General information for all tribes: <https://www.tribaltrafficking.org/>
- ***Latino***  
[Consejo Counseling and Referral Services](#) is a behavioral health agency that serves the Latino community in Washington. They have specialty programs for sexual assault and domestic violence. There are seven locations in King and Pierce counties.  
Call: 206-461-4880
- ***LGBTQ***  
The [NW Network](#) is a free and confidential service for LGBTQ individuals, between the ages of 13 and 24, that offers referrals for resources, counseling, general support and safety planning.  
Call: 206- 568-7777 (open 9 a.m. to 5 p.m., Monday through Friday)

### **Shelter/Housing Resources:**

- ***Real Escape from the Sex Trade (REST)***  
REST provides short-term shelter for women over the age of 18 who have experienced trauma. They also have a community advocate and outreach coordinator who will work to find shelter and support for males and LGBTQ individuals of all ages who have been exploited in sex trafficking. REST has created a [harm reduction health booklet](#) for those involved in human trafficking and a [Healthcare Provider Toolkit](#) for medical professionals. The drop-in center is open Monday through Thursday, from 2 to 8 p.m. with classes, dinner and support groups. Phone access for intakes and resources is available 24/7, with a response time of 24 hours.  
Call: 206-451-REST (206-451-7378)
- ***Engedi Refuge***  
Engedi Refuge provides safe housing and a restorative program for survivors of sexual exploitation and trafficking. This is a long-term program for women 18 years or older. Restorative programming includes life-skills training as well as counseling and case management. This is a faith-based organization, however they “welcome

residents regardless of their chosen faith, recognizing the diversity of those who come to us and respecting their unique opinions and traditions.”

Call: 360-922-7600

Email: <mailto:engedi.refuge@gmail.com>

Mailing Address: Engedi Refuge Ministries, P.O. Box 950, Lynden, WA 98264

- ***National Trafficking Sheltered Alliance (NTSA)***  
NTSA provides a network of residential care programs across the U.S. to serve the needs of sex trafficking survivors. Go to [www.shelteredalliance.org](http://www.shelteredalliance.org) and click the "Rapid Referral" tab to process a request for survivor assistance.

## Additional Information

### TRAINING:

- Visit [Learning Center](#) for in-person and online training information.

### TOOLKITS, INFORMATION and VIDEO:

- [“Responding to Sexual Exploitation and Labor Trafficking of Youth”](#) toolkit by Leslie Briner provides helpful information on motivational interviewing, safety planning and local resources.
- The [HEAL Trafficking website](#) contains tools and health-related information about human trafficking for healthcare providers.
- [Futures Without Violence](#) provides resource guides, posters PDFs and pocket-sized cards with information about human trafficking.
- [“Human Trafficking Response for Healthcare Providers”](#) is a six-minute video from Seattle Against Slavery.
- [NetSmartz](#), a website developed by the National Center for Missing & Exploited Children, gives information for parents on how to talk to their kids about safety and sexual exploitation.

### GET INVOLVED:

- Seattle Children’s Trafficking Workgroup (monthly meetings)
  - Lead: [Dr. Shaquita Bell](#)
  - Mission: to improve awareness, education and support for patients who are or have been exploited in sex or labor trafficking.
- King County CSEC Task Force
  - Lead: [Kelly Mangiaracina](#)
  - Mission: to ensure the safety and support of commercially sexually exploited children (CSEC) and to prevent further exploitation.
- The following community organizations work to end trafficking and welcome donations and volunteers:
  - [Stolen Youth](#)
  - [Center for Child and Youth Justice, Project Respect](#)
  - [UnBound Seattle](#)
  - [Seattle Against Slavery](#)



# Federal and State Laws

## FEDERAL LAWS:

*Trafficking Victims Protection Act (TVPA)* — The TVPA was enacted in 2000 and has been reauthorized multiple times, including in 2017. This law established human trafficking as a federal crime. The defined terms below laid the foundation for “combating trafficking of persons, especially into the sex trade, slavery, and involuntary servitude.”

*Sex trafficking of children* — Federal law ([18 U.S.C. § 1591](#)) makes it illegal to recruit, entice, obtain, provide, solicit, patronize, move or harbor a person, or to benefit from such activities, knowing that the person will be caused to engage in commercial sex acts where the person is under 18 years of age or where force, fraud or coercion exists. It does not require that either the defendant or the victim actually travel.

*Labor trafficking* — Federal law ([22 U.S.C. § 7102](#)) makes it illegal to recruit, harbor, transport, provision, or obtain a person for labor or services through the use of force, fraud, or coercion for the purposes of involuntary servitude, peonage, debt bondage, or slavery.

## FEDERAL DEFINITIONS:

*Commercial Sex Act* — Any sex act on account of which anything of value is given to or received by any person. This includes, but is not limited to: prostitution; pornography, webcam, videos or photos; erotic or nude massage; exotic dancing or stripping; gang-based prostitution; or sex tourism.

*Commercial sexual exploitation of children (CSEC)* — This term refers to a range of crimes and activities involving the sexual abuse or exploitation of a child for the financial benefit of any person or in exchange for anything of value give or received by any person. Examples include:

- Child sex trafficking or the prostitution of children
- Child sex tourism involving commercial sexual activity
- Commercial production of child pornography
- Online transmission of a live video of a child engaged in sexual activity

Depending on the circumstances, CSEC may also occur in the context of internet-based marriage brokering or early marriage.

## WASHINGTON STATE LAWS:

*Commercial sexual abuse of a minor (CSAM)* — Washington state law ([RCW 9.68A.100](#)) states that a person is guilty of commercial sexual abuse of a minor if he or she provides anything of value to a minor (or another person) as compensation for engaging in sexual conduct with the minor. He or she is also guilty of CSAM if they solicit, offer or request sex in return for anything of value. Consent by the minor to the sexual act does not constitute a defense.

*Promoting commercial sexual abuse of a minor* — Washington state law ([RCW 9.68A.101](#)) states that a person is guilty of promoting commercial sexual abuse of a

minor if he or she knowingly advances commercial sexual abuse or profits from such conduct. Consent by the minor to the sexual act does not constitute a defense.

*Safe harbor law (RCW 13.40.213)* — In Washington state, when a young person is accused or convicted of prostitution, the prosecutor may “divert the offense” if there is a program to provide safe, stable housing; on-site case management; mental health and chemical dependency services; education and employment training; and referrals to specialized services in the county where they were arrested.

#### **WASHINGTON STATE DEFINITIONS:**

*Trafficking* — Under Washington state law, trafficking is defined as recruiting, harboring, transporting, transferring, providing, obtaining, buying or receiving another person where force, fraud or coercion will cause that person to engage in forced labor, involuntary servitude, or a sexually explicit or commercial sex act. This includes causing any person under 18 years of age to engage in a sexually explicit or commercial sex act.

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