

# **Human Trafficking and Health Care: A Call for Health Professional Education and Enhanced Interprofessional Collaboration**

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# Agenda

- ❑ Call to Action for a Comprehensive HC Response
- ❑ Health Care Response to HT: Historical Parallels
- ❑ The Public Health Approach



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- ❑ **Call to Action for a Comprehensive HC Response**
- ❑ Health Care Response to HT: Historical Parallels
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# Call to Action for a Comprehensive Health Care Response

- ❑ The problem: HT is prevalent and serious
- ❑ The opportunity: HCPs interact with victims quite frequently
- ❑ Another opportunity: HCPs often in a unique position of trust
- ❑ The need: HCPs cannot respond effectively unless they are educated
- ❑ The road ahead:
  - Education / training
  - Collaboration
  - Prevention

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- ❑ The Public Health Approach

# Historical Parallels: IPV

- **The way it all began**
- Guiding Principles
- RADAR
- Universal Inquiry
- Trauma-Informed Care
- Coordinated Community Response

# The Way it All Began

**HT awareness and response is a parallel universe to IPV awareness and response.**

**We can learn by examining our evolutionary cousins.**

- ❑ 1960s and 1970s:
  - Kitchen table conversations
  - First safe houses and hotlines
  - All efforts were grass roots
- ❑ 1980s: Early HC and Legal responses
- ❑ 1990s: Coordinated Community Response
- ❑ 2000s: Current State of Education and Awareness
- ❑ We still have a LONG way to go

# Historical Parallels: IPV

- The way it all began
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# Four Guiding Principles of Intervention

- ❑ Safety for all
- ❑ Survivor autonomy / empowerment
- ❑ Offender accountability
- ❑ Change social / cultural norms

# Historical Parallels: IPV

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# RADAR(*F*)

## □ Individual Role

- **R**emember to ask
- **A**sk directly
- **D**ocument Findings
- **A**ssess danger
- **R**eview options, refer
- **F**ollow up

# Historical Parallels: IPV

- The way it all began
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# Universal Inquiry

- ❑ Not same as screening but often used synonymously
- ❑ Lifespan approach can identify at-risk individuals who are not yet victimized.
- ❑ Opportunity to learn from patient by asking, *“How has this affected your life and health?”*
- ❑ Opportunity to validate and support patient by acknowledging her/his courage and resilience under difficult circumstances. continued...

# Creating a Climate for Inquiry

- ❑ Practice-based efforts
  - buttons
  - posters
  - tear-off cards
  - newsletters
  
- ❑ Community-based efforts
  - PSAs
  - local newspaper articles, op-ed pieces
  - participation in community activities
  
- ❑ Set aside and manage staff time and responsibilities

# Historical Parallels: IPV

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# Trauma-Sensitive Practice: Principles

- Model respect
- Establish and maintain rapport
- Share control
- Share information
- Respect boundaries
- Foster a mutual learning process
- Consider ebbs and flows
- Act with patience and compassion

# Historical Parallels: IPV

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- **Coordinated Community Response**

# Coordinated Community Response

- ❑ First conceptualized in the 1980s by Ellen Pence and Martha McMahon – Duluth MN
- ❑ Victim-centered approach that defines victim safety and empowerment as central goals
- ❑ Recognizes value added by multiple partners
- ❑ Reduces fragmentation of responses
- ❑ Best models are collaborations (more than coordinated)
- ❑ Incorporates ongoing monitoring and evaluation

# Cooperation, Coordination and Collaboration

- ❑ Cooperation: requires a minimum of interaction and communication
- ❑ Coordination: requires more complex interaction and communication
- ❑ Collaboration: requires working together with others towards a common outcome. Requires the highest levels of interaction and most complex communication

# Need for New Models of Service

**It is obvious that the domestic violence movement needs to create a broader and deeper set of options for abused women. This will require our working collaboratively with ever-increasing number of agencies and communities to help women. . . A new vision – and set of skills and practices – needs to guide this work. This vision must view collaboration as an important strategy.**

**– Susan Schechter**

**National Resource Center on Domestic Violence  
Outreach to Elder-abused Communities (1995), Sujata Warrior**

# Make Sure you Have a Shared Understanding



Though we use the same language, it will not automatically lead all to the same conclusion.

# Barriers to Collaborative Practice\*\*

- Interpersonal differences** - age, gender, culture...
- Fear of change** from status quo
- Language** - gender, profession, social class, jargon...
- Models of Practice** - medicine, nursing, social work...
- Structures** - acute care, community care...
- Management Priorities** – money, space, personnel
- Traditions** - historical ways of doing, training...
- Historical Rivalries**
- Stereotypical Views** - "ICE agents are...."

\*\* Address proactively if possible

# We Won't Get Very Far if we Don't Collaborate



# The CCR Team

- First responders
- Case managers
- Social service / mental health providers
- Victim advocates
- CPS
- DOL
- Clergy
- Law enforcement
- Health care providers
- Translators
- Housing specialists
- Meter readers, delivery people, postal workers
- General public
- Who else?

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# Public Health...

Science in service to society

or...

Advocacy from a scientific base

or...

Social justice through science

# When does an issue become a “public health problem”?

When an issue transforms from the realm  
of the “given” to the realm of the  
“unacceptable” (paraphrased)

– *Sir Geoffrey Vickers, 1958*

# The Public Health Approach

- Science-based
- Advocacy-oriented
- Focus on assessment, planning and evaluation
- Goal is prevention
- Inherently interprofessional

# Public Health – the Steps

- Define and describe the problem
- Identify causes and risk factors
- Plan, develop and pilot interventions
- Implement interventions
- Evaluate interventions
- Disseminate models that work

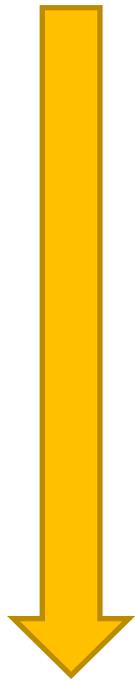
# Why is HT an Important Public Health Problem?

- Prevalent
- Disproportionately affects young people
- Adverse effects on individuals
- Adverse effects on communities
- Costly
- Certain types more prevalent in U.S.
- Can be amenable to public health interventions (education, social norms, legislation, advocacy)
- Preventable**

# Fostering a Comprehensive Public Health Response

- How can health professionals contribute?
  - Direct access to survivors
  - Key contributors to surveillance efforts
  - Incubator for intervention and prevention initiatives
  - Unique perspective on the realities of health and mental health issues facing survivors
  - Positions of respect can influence policy
  - Financial strength to lobbying efforts
  - Can be key contributors to collaborative community response

# Evolution of Response



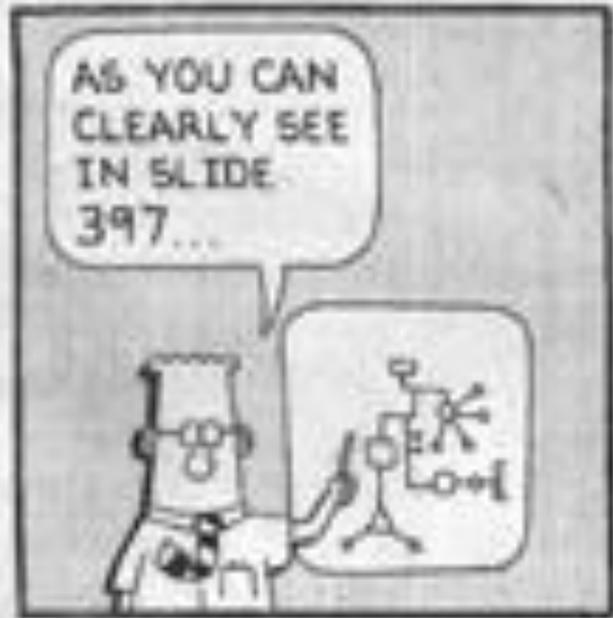
- Tertiary Prevention (rescue focused, to prevent irreparable harm or fatality)
- Secondary Prevention (early detection and intervention before life threatening complications arise)
- Primary Prevention (preventing adverse events from occurring)

# How Far Have We Come?

- IPV a “household” word in health care
- Inroads in education and training
- Research
- Established partnerships, knowledge
- ACA
- VAWA
- IOM reports
- Futures Without Violence
- Laws, commissions, other activities
- Body of scholars

**Need to do the same for HT**

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