

Establishing Policies and Building Capacity of Community Health Centers to Address Human Trafficking

BACKGROUND

Since the Trafficking Victims Protection Act (TVPA) first passed Congress in 2000, and was recently reauthorized in 2013, there has been growing recognition that human trafficking is a health issue. In 2013, the federal government released a five-year strategic action plan to address human trafficking from a multi-sector perspective, including healthcare. A 2013 Institute of Medicine report on child sex trafficking further highlighted this as a health issue. In January 2015 alone, twelve bills pertaining to human trafficking passed the House of Representatives.

One-third of trafficked persons in the United States are Asian American and Pacific Islanders. Out of an estimated total of 14,500-17,500 individuals trafficked in 2004, 5,200-7,800 were Asian Americans and Pacific Islanders, comprising the largest group of people trafficked into the United States.¹

Health care providers across the country are being trained to recognize the signs of human trafficking, and to treat individual patients. One study showed that 87.8 percent of trafficked victims had contact with any type of health care provider, and 57.1 percent had treatment in a clinic setting while in captivity.² Other studies suggest that 28-50 percent of victims in the United States encounter health care professionals while being trafficked, but are not identified.^{3,4} While training of individual health care professionals continues, the health care delivery system must be ready to respond to patients' needs on a



systematic basis and on a population level. Community health centers (CHCs) are an essential component of the safety net delivery system. It is important for CHCs to understand how Asian American & Native Hawaiian and Other Pacific Islander (AA&NHOPI) patients are impacted.

HUMAN TRAFFICKING

Under the Trafficking Victims Protection Act, the federal legislative definition of human trafficking is:

- Sex trafficking (i.e., the recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of a commercial sex act) in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- The recruitment, harboring, transportation, provision, or obtaining of a person for the purpose of labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

WHY COMMUNITY HEALTH CENTERS CARE

Human trafficking affects the most marginalized individuals in society—the poor, immigrants and refugees, those with unstable living situations—the very people whom CHCs serve. Oftentimes health professionals are the only people with whom victims come into contact while in captivity. AA&NHOPs served by CHCs are particularly vulnerable—including migrants from Compact of Free Association (COFA)⁵ states lured to American shores with false promises of good jobs, low-wage laborers in industries like domestic service, manufacturing, or agriculture, or young children and adolescents from refugee families deceived into commercial sexual exploitation. Each trafficked patient requires care specific to the complexities of culture, migration, and complex trauma that the individual experiences. CHCs are key points of contact for these individuals, as they excel at cultural competency and can provide continuity of care for trafficked patients. While CHCs are essential components in caring for human trafficking victims, they need assistance in navigating local legal environments and social service resources. Even though federal legislation defines human trafficking and who is considered a victim, legislation, reporting, and resources differ by state or county. CHCs must be prepared to prevent patients from becoming trafficked, identify patients who are victims, and care and coordinate services for those exploited.

FAST FACT

The 2013 Institute of Medicine report on sex trafficking of children recommends the development of prevention and intervention strategies with a priority on ethnic-responsive health care delivery strategies.⁶

AAPCHO CHC EFFORTS

Asian Health Services in Oakland, California

Asian Health Services (AHS) developed several programs that focus community efforts on: (1) early primary prevention (e.g., education on healthy relationships for the younger adolescent population); (2) secondary prevention (identification of individuals at high risk for commercial sexual exploitation and sex trafficking, and referral to local service provider Banteay Srei, which provides additional prevention resources); and (3) tertiary prevention (e.g., a program to help victims and assist them as they transition out of their situation).⁷ While most support for victims ends once they become an adult, AHS continues to support the minor through adulthood.

PARADIGM Shift

Shifting care for victims of human trafficking from criminal justice to health care.



Kokua Kalihi Valley Health Center in Honolulu, Hawaii

Kokua Kalihi Valley Health Center (KKV) established a partnership with Pacific Survivor Center (PSC) to provide ongoing health care to victims of human trafficking. Many victims seen at KKV are trafficked agricultural laborers from Thailand and Laos. PSC conducted a health screening of the victims and uncovered serious chronic medical issues—uninsured patients with cardiovascular disease and hypertension—who required both acute and ongoing care. Because of KKV, these patients are able to access health care they need, from a source that they trust.

TAKING ACTION WHAT YOU CAN DO

- Implement human trafficking training for all staff at your CHC
- Find out what resources are available for human trafficking victims in your local area:
 - The National Human Trafficking Resource Center and Hotline: (888) 373-7888 or <http://traffickingresourcecenter.org>
- Create policies and procedures to identify and support patients who were or are suspected of being trafficked.

OTHER FEDERAL ANTI-TRAFFICKING RESOURCES

- U.S. Department of Health and Human Services: Under the Administration for Children & Families and the Office of Refugee Resettlement's Anti-Trafficking in Persons Programs (<http://www.acf.hhs.gov/programs/orr/programs/anti-trafficking>)
- U.S. Department of Justice: Human Trafficking Prosecution Unit (<http://www.justice.gov/crt/about/crm/htpu.php>)
 - Office of Justice Programs: Bureau of Justice Assistance Anti-Human Trafficking Task Force Initiative (https://www.bja.gov/ProgramDetails.aspx?Program_ID=51)
- U.S. Department of Homeland Security Blue Campaign (<http://www.dhs.gov/topic/human-trafficking>)
- U.S. Department of State Office to Monitor and Combat Trafficking in Persons (<http://www.state.gov/j/tip>)
- U.S. Agency for International Development Countering Trafficking in Persons (<http://www.usaid.gov/trafficking>)

If you have any questions related to this brief, please contact AAPCHO's Director of Policy and Advocacy, Isha Weerasinghe at isha@aapcho.org.

1. U.S. Department of Justice. Assessment of U.S. Government Activities to Combat Trafficking in Persons. Washington, D.C.: Author; 2004. Compact of Free Association (COFA) is a diplomatic relationship between the United States and the independent nations of the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau (RP).
2. Lederer, Laura, and Christopher Wetzel. "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities." *Annals of Health Law* 23.1 (2014): 61-91. *Annals of Health Law - Vol 23 Issue 1*. Web. 13 Oct. 2014.
3. Family Violence Prevention Fund. *Turning Pain Into Power: Trafficking Survivors' Perspectives on Early Intervention Strategies*. San Francisco: Family Violence Prevention Fund; 2005.
4. Baldwin SB, Eisenman DP, Sayles JN, Ryan G, Chuang KS. Identification of human trafficking victims in health care settings. *Health and Human Rights: An International Journal*. 2011;13(1):1-12.
5. Compact of Free Association (COFA) is a diplomatic relationship between the United States and the independent nations of the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau (RP).
6. IOM (Institute of Medicine) and NRC (National Research Council). 2013. *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. Washington, DC: The National Academies Press. Pg 9-10.
7. IOM (Institute of Medicine) and NRC (National Research Council). 2013. *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. Washington, DC: The National Academies Press.

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