

1. WELCOME!

1.1 Welcome!



Notes:

Welcome to the third module of the Online Training on Human Trafficking for Healthcare Professionals.

In this module we will look at the guidelines and principles for conducting medical assessments and interviews with trafficked persons, as well as use of language and how to provide culturally appropriate care to this population.

By the end of this module you will know how to intervene in a trauma-informed and culturally sensitive way with survivors of human trafficking as you encounter them in a healthcare setting.

Let us begin this module by defining trauma-informed and patient-centered care.

1.2 Where to find Transcript of the training

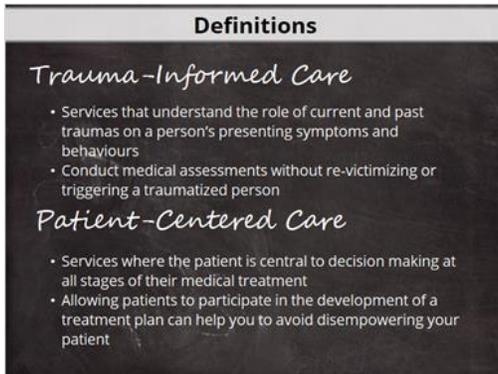


Notes:

You can access the transcript throughout the training by clicking on the "Notes" tab in the player. Or else, click here to download full transcript for the training.

2. DEFINITIONS

2.1 Definitions



Notes:

For the purpose of this training, we consider trauma-informed care to be services that understand the role of current and past traumas on a person’s presenting symptoms and behaviours. In order to provide trauma-informed services, health workers must know how to conduct medical assessments without re-victimizing or triggering a traumatized person, who may be highly sensitive and vulnerable at the time they access health care services.

Patient-centered care refers to services where the patient is central to decision making at all stages of their medical treatment, allowing them to have control over their own bodies. This is especially important with patients who have been trafficked because of the unpredictability and lack of control they likely experienced while being trafficked. Allowing patients to participate in the development of a treatment plan can help you to avoid disempowering your patient or re-traumatizing individuals who have been trafficked.

(Source: “Caring for Trafficked Persons.” Zimmerman & Borland)

3. BUILDING TRUST

3.1 Building Trust



Notes:

Building trust is a crucial part of meeting the needs of trafficked persons in a healthcare setting. As trafficked people have often lived and worked on the margins of society, they may have experienced discrimination and neglect. Healthcare providers should take time to gain trust and learn about the individuals’ risks and

restrictions and make every effort to act in ways that convey respect for the trafficked person, emphasizing that they are not responsible for the crimes that have been committed against them.

(Source: "Carling for Trafficked Persons." Zimmerman & Borland)

In order to earn a trafficked person's trust, you must approach them with an open and non-judgmental attitude, explaining your role clearly, and setting realistic expectations about what you can and cannot do. You need to make them feel you believe their story and you understand how difficult it is for them to trust and reach out to you. You should always be honest and follow through with any promises you have made.

As you start building trust, you will also be able to help your patient realize that they are a victim of a serious crime and that their basic human rights have been violated; help your client believe they are not being blamed for their actions; and help your client believe that you can and will offer them support to meet their needs.

Once you have built enough rapport with your patient, you can begin to focus on the guidelines and principles of interviewing a trafficked person, outlined in the following section.

3.2 Meeting Clients Where They're At



Notes:

Many service providers who have worked with trafficked persons often stress the importance of meeting the client where they are at when trying to build trust and planning services that are relevant to the person's unique circumstances. This approach embraces harm reduction and strengths based philosophies, which recognize that clients possess intrinsic value regardless of behaviors they may be engaging in. Review the stages of change, and respect where someone is in this process.

The stages of change are:

- Pre-contemplation;
- Contemplation;
- Preparation;
- Action;
- Maintenance.

You can find more information about the stages by clicking on the link on your screen

Once you have built enough rapport with your patient, you can begin to focus on the guidelines and principles of interviewing a trafficked person, outlined in the following section.

4. TRAUMA INFORMED CARE

4.1 Trauma - Informed Care



Notes:

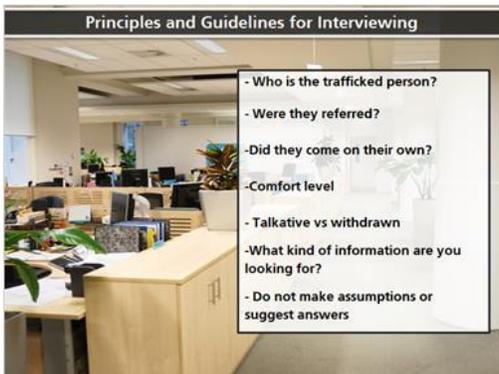
It is widely recognized that services for trafficked persons must be trauma-informed and patient-centered. In the guidebook “Trauma Matters”, created by The Jane Tweed Centre, trauma informed care is broken down into 6 key components. These components include:

- Acknowledgment of trauma
- Focus on safety
- Earning trust and accepting that this might take more time and effort with a traumatized person
- Giving your patient choice and control
- Relational and collaborative approaches to care
- The use of strengths-based empowerment tools

You can access the full guide at anytime through our Additional Resources or by clicking on the link on your screen.

5. PRINCIPLES AND GUIDELINES FOR INTERVIEWING

5.1 Principles and Guidelines for Interviewing (1)



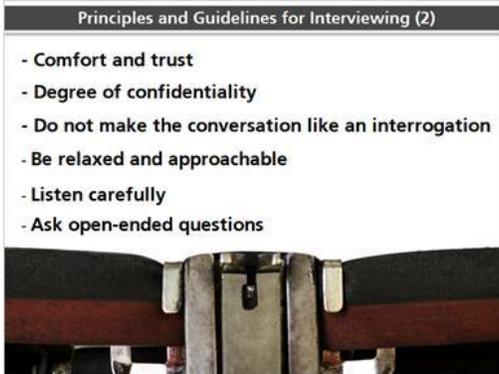
Notes:

The questions that you ask will depend on the information you already have about the person’s situation and the circumstances under which they came to you. When deciding what questions you will ask and whether you will mention human trafficking in the conversation or not, you may consider some of the following:

- Who is the trafficked person?
- Were they referred by someone?
- Did they come on their own?
- What is their comfort level in talking to you?
- Are they being talkative or are they more withdrawn?
- What kind of information are you looking for?

Do not make assumptions, and phrase your questions so that they do not appear judgmental and do not suggest any answers.

5.2 Principles and Guidelines for Interviewing (2)



Notes:

Before you start asking any questions, ensure the person is

- comfortable and trusts you enough to start talking about their situation. Explain how the information they provide will be used and to
- what degree confidentiality is ensured.
- Do not make the conversation sound like an interrogation.
- Start with casual topics, and after building some rapport, start slowly weaving in questions about the situation they are in.
- Be relaxed and approachable,
- listen carefully and let the person talk freely.
- Ask open ended questions that will allow for the story to unfold naturally and at the person's own pace. Later on, you will inquire about their needs (eg. Shelter, food, clothing) so that you can make a referral to a community agency.

5.3 Principles and Guidelines for Interviewing (3)



Notes:

Traffickers go to great lengths to ensure the loyalty of their victims, and this loyalty can be tested by interactions with police. A trafficked person might want help from police, but may fear the consequences they will face from the trafficker if it is found out they have spoken to or cooperated with law enforcement. In order to increase the likelihood of a victim sharing information about their exploitation with you, it is crucial that you separate them from others who may be involved in the trafficking scene, and could report back to the trafficker.

Psychological control is an enormous barrier to accessing help, and separating a victim from others involved may allow them to reach out for the support they need to exit the trafficking situation.

Also remember that they may not present as a ‘good victim’. They may be

- hostile,
- uncooperative, and
- untrusting, but this does not necessarily mean that they do not want or need help.

People who have been trafficked have experienced severe physical and psychological traumas, including traumatic life events prior to being trafficked. Their behaviours can represent survival tactics that have kept them alive in extreme and hostile conditions. Be patient and focus on building trust, and eventually a trafficked person may be able to accept your help.

5.4 Trauma - Informed Interviewing



Notes:

In 2003, the World Health Organization published the Ethical and Safety Recommendations for Interviewing Trafficked Women. In this document, you can find practical tools for conducting interviews with women and

girls who have been trafficked. We have included several tips here, however it is highly recommended that officers read the entire guide by clicking on the link on your screen, or accessing it through our additional resources section.

The guide suggests that...

- Questions that will evidently cause distress or force a woman to reveal traumatic details unnecessary to understanding her experience should be excluded.
- Questions that insinuate negative judgements about a woman's decision, her actions or impugn her character should not be posed, e.g. What will your parents think of what you did? Do you think you are an immoral person? or Why did you agree to do those things?
- Interviewers' visual and oral responses should be empathetic, non-judgemental, and supportive.
- The interviewer should react to distress by offering to pause or take a break.

For more recommendations on trauma informed interviewing, please consult the full report.

Now let us look at some examples of questions you might ask to suspected victims of...

- Sex Trafficking
- Labour Trafficking/Forced Labour, and
- Domestic Servitude

5.5 Questions for a Suspected Sex Trafficking Victim



Notes:

- How did you meet your boyfriend?
- Can you go where you want, when you want?
- Are you able to go to appointments by yourself? Will your boyfriend be upset or angry if the appointment takes longer than expected?
- Are you in the Game?
- Is your relationship the same as it used to be in the beginning?
- Is there anything you did that you didn't really want to do but felt like you had to?
- What would happen if you refused to do certain things?
- How much money do you have to make every day? What happens if you don't?
- Do you keep the money that you make?
- If you decide to leave, can you do that? What would happen if you tried to leave?
- Do you have all your documents? Who has them?
- Are you able to contact your friends and family, and communicate freely with them?
- Does anyone control your food or clothes?

5.6 Questions for Suspected Victims of Labour Trafficking



Notes:

- Is the job you are doing different from the position you were promised?
- Did you have to pay any money in order to get this job?
- Where do you work? Where do you live?
- What are your working and living conditions like?
- How do you get to work every day?
- Do you have access to your passport and other identity documents?
- Do you have a work contract? Do you know what your contract says?
- How many hours do you work every day? Do you have days off?
- Do you think you are being paid fairly for your job?
- Do you have to pay your employer for accommodation or other expenses?
- Do you owe any money to your employer? Are you able to pay off your debt?
- Can you quit your job if you want to? What would happen if you quit your job?

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5.7 Questions for Suspected Victim of Domestic Servitude



Notes:

When you suspect a domestic servitude situation, in addition to suspected labour trafficking questions, you may also ask:

- What are the tasks you have to do?
- Do you have days off? Can you leave the house on your days off?
- Do you have your own room? Where do you sleep?
- Do you have access to food and medical care?
- How many hours a day do you work?
- Can you communicate with your friends and family?

Let us now consider how language affects service provision to trafficked people.

6. LANGUAGE

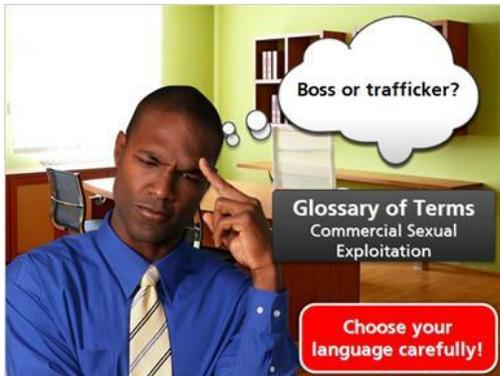
6.1 Survivor Story



Notes:

You really have to watch your language, what you're saying. It's really important to also know the person that's been trafficked's language, the language that, you know, that pimps use. But then if you're an outreach worker you have to be careful with when you use that language, 'cause you can come across as... let me think... kind of like, you know, your mom, or your dad, or your aunt trying to say something that's in pop culture at the moment and then you just sound really silly. So it's good to know the language, and know what they are talking about, but it's not always a good idea to try and use that language.

6.2 Use of Language



Notes:

The way healthcare providers talk, and the language they use, will either help or hinder the process of building trust with a trafficked person. Here are a few tips to keep in mind when speaking with someone that may have been trafficked:

- Always be mindful of the language you use.
- Don't refer to the person as a 'victim'. 'Survivor' may not be an appropriate term at this stage, either. Try to refer to the situation using the same language the person is using. For example, if they are talking about their 'boyfriend', use the same term, do not talk about their 'pimp'.
- If they are talking about their 'boss', do not use the term 'trafficker'. When talking to potential victims of commercial sexual exploitation, you may find that they are using a specific jargon that includes slang terms related to the commercial sex trade.

We have put together a glossary of the most common terms to help you communicate with your clients. You can access it by clicking on the link on your screen and return to it at any time through the Additional Resources section.

It is important to be familiar with these terms in order to understand your client's story. Using these terms moderately yourself can also help build trust and establish rapport. However, try not to overdo it, as using these terms in a clumsy way or using them excessively might have the opposite effect. If the trafficked person is using slang you do not understand, especially in the case of sex trafficking, try to get more information about what they mean.

6.3 Limited or Non-English/French Speaking Clients



Notes:

If the client does not speak or only speaks limited English or French and communication is not possible, use the services of a professional language interpreter, or follow the policy and procedures of your police service.

Never use a family member, friend or volunteer as an interpreter. A family member or a friend will have difficulties remaining neutral and impartial. A volunteer may not be trained to provide high quality interpretation. Professional interpretation requires a set of highly specialized skills and speaking a certain language is not enough to ensure successful interpretation. Your aim is to talk to the person and learn about their situation. Using trained interpreters who interpret everything as accurately as possible, without omissions, additions or distortions, while recognizing the importance of confidentiality, neutrality and impartiality, is the best way to ensure you will receive the information you are looking for.

6.4 Interpretation Services for Trafficked Persons



Notes:

In Ontario, interpretation services for victims of human trafficking, as well as sexual and domestic violence are free. Services are available in over 70 languages. Sign Language interpretation is also available for clients who are deaf, oral deaf, deafened or hard of hearing. These services are funded by the Ontario Women's Directorate and managed by the Ministry of Citizenship, Immigration and International Trade through the Language Interpreter Services or LIS Program. They are available to both female and male victims. Interpretation services are available in person or over the phone. To access the services of an interpreter, contact the LIS agency that serves your area.

Click on the [link <http://www.citizenship.gov.on.ca/english/grantsandfunding/language.shtml>](http://www.citizenship.gov.on.ca/english/grantsandfunding/language.shtml) on your screen to find out the contact details of your local LIS agency and how you can access funded interpretation services for your clients.

7. MEDICAL ASSESSMENT

7.1 Medical Assessments with Trafficked Persons (1)



Notes:

As we saw in the previous module, human trafficking victims can present with many and varied health symptoms. Their experiences can impact their mental, physical, and emotional health, and providing services will require trauma-informed and patient-centered care on the part of medical service providers. Due to the complexity of needs of human trafficking victims, a multidisciplinary approach is critical.

To start, it may be helpful to enlist the support of a social worker or patient advocate to provide support to your patient throughout the course of the medical assessment. Though it may be necessary to include such third parties in the exam, 'friends' or 'boyfriends' accompanying a suspected trafficked person should be kept out of the exam room.

Before performing any medical exams, tell your patient what you need to do and ask for their permission, being aware of non-verbal cues that might tell you they are scared or uncomfortable. Show respect and acceptance for them, and use a non-judgmental attitude to create a safe place for your patient.

(Sources: "Caring for Trafficked Persons." Zimmerman & Borland)

7.2 Medical Assessment (2) - Major Medical Issues



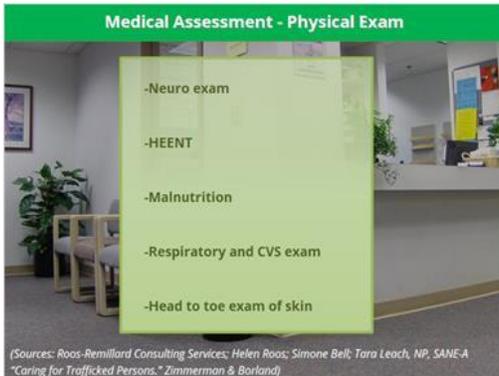
Notes:

Your medical assessment will require you to consider major medical issues, including a physical and historical assessment covering

- reproductive history,
- past and present injuries and abuse (including strangulation and head injuries),
- alcohol and drug use and treatment, and
- mental health history/screening.

The elements of a physical exam that you should include when assessing the medical needs of a trafficked person will depend on the presenting symptoms of your patient. Your exam will likely be impacted by the form of exploitation they experienced, and whether or not sexual abuse was involved.

7.3 Medical Assessment (3) - Physical Exam



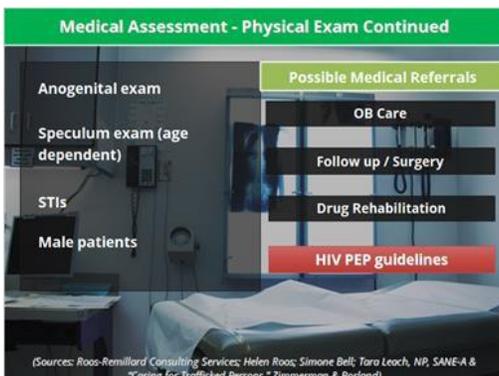
Notes:

Begin your assessment with a

- neuro exam, this determines if your patient has the capacity for consent.
- Please ensure that you complete a HEENT exam to assess hydration, potential injury, and dental health. Consideration of diseases related to
- malnutrition should also be addressed, including gum disease, tongue and skin infections.
- A respiratory and CVS exam should be completed. Please note that breasts are a common area for injury so visualization of the areola and nipple should be completed. It is also advised that health workers perform a full
- head to toe assessment of a patient’s skin to check for further injury and branding.

(Sources: Roos-Remillard Consulting Services; Helen Roos; Simone Bell; Tara Leach, NP, SANE-A and “Caring for Trafficked Persons.” Zimmerman & Borland)

7.4 Medical Assessment (4) - Physical Exam Continued



Notes:

The following exams should also be considered:

- Anogenital exam including a thorough evaluation of vulvar and hymenal structures (external structures) of your female patient should be completed to assess for injury and/or infections. Possible
- speculum exam, depending on the age of your patient, to determine injury and cervical health. If performing a speculum exam, cultures for STI's could be completed.
- Visualization the penile shaft, corona, and testicles of your male patient should be completed to assess for injury and/or infections.
- Testing for sexually transmitted infections could also be completed at the time of examination. When testing for STIs it is important your patient understands what is baseline testing and what is testing for transmitted disease relative to their sexual assault.

The client may wish to complete a

- sexual assault evidence kit. Please refer to the
- Sexual Assault Domestic Violence Treatment Centre near you for guidance on how to best to facilitate this.
- Possible medical referrals may include OB care, follow up surgical care, drug rehabilitation, and HIV PEP monitoring. Please refer to the Provincial Network of Sexual Assault and Domestic Violence Treatment Centres for HIV PEP guidelines. You can access the website by clicking on the link on your screen.

(Sources: Roos-Remillard Consulting Services; Helen Roos; Simone Bell; Tara Leach, NP, SANE-A And "Caring for Trafficked Persons." Zimmerman & Borland)

7.5 Medical Assessment (5) - Pelvic/Speculum Exam



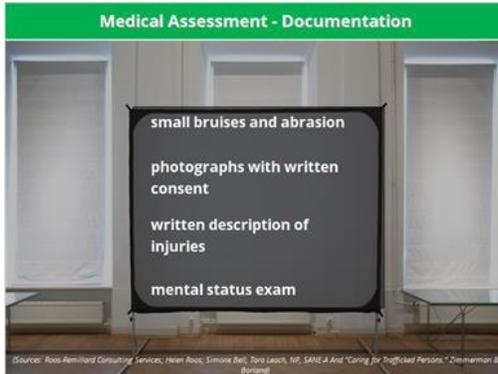
Notes:

Do not begin your assessment of a trafficked person with a genital exam, and remember that you can test for STI's without a speculum exam should your patient decline or is of an age where it is inappropriate.

Should your patient accept a speculum exam a technique that allows for enhanced power and control for the patient is to offer them a mirror so that they can see what you are doing, or offer that they place their hand on yours so that they can push your hand away if they want to end the exam.

(Source: Tara Leach, NP, SANE-A)

7.6 Medical Assessment (6) - Documentation



Notes:

When performing a medical exam with a trafficked person, good documentation is essential. Documentation of small bruises and abrasions could be significant in a court of law, so please don't disregard these. If possible, photographs should be taken of injuries or infections with the written consent of your patient, and following department policies.

Written description of injuries should also be taken, and any untreated medical conditions or malnutrition should be documented as well as tattoos that could signify branding by a trafficker.

It is also important to take note of your patient's affect and behaviours. A mental status exam should be completed, but remember that there is no "appropriate" or "normal" way that a trafficked person should behave. Trauma can activate systems in the body that release hormones such as opiates, and these can blunt a person's affect.

(Sources: Roos-Remillard Consulting Services; Helen Roos; Simone Bell; Tara Leach, NP, SANE-A and "Caring for Trafficked Persons." Zimmerman & Borland)

7.7 Medical Assessment (7) - International Human Trafficking



Notes:

In the case of international human trafficking, healthcare providers should also try to learn the

- local epidemiology of disease patterns in a patient's
- country of origin,
- the transit environment, and the trafficking

- destination to ensure common diseases such as dengue, malaria, tuberculosis and others are not missed.
(Source: "Caring for Trafficked Persons." Zimmerman & Borland)

8. CHILDREN AND ADOLESCENTS

8.1 Medical Care for Children and Adolescents (1)



Notes:

When providing care to a child or adolescent who has experienced human trafficking, healthcare providers must consider what is appropriate given the child's age and developmental needs. Practitioners should acquire the support of a pediatric specialist if possible, or another member of your organization with specialized training working with children and youth. If possible, designate a care coordinator for the child or youth.

(Source: "Caring for Trafficked Persons." Zimmerman & Borland)

When treating children and adolescents, health care providers should be very clear about laws and practices pertaining to consent, emancipation, capacity and competency. If you believe the child's caregivers have been involved in the child's exploitation, follow your professional ethical guidelines related to reporting child abuse, as well as the child protection protocols outlined by your healthcare organization. We will address Ontario's Child and Family Services Act and Duty to Report in our final module.

(Source: Roos-Remillard Consulting Services; Helen Roos, Simone Bell, and Tara Leach, NP, SANE-A)

8.2 Medical Care for Children and Adolescents (2)



Notes:

Encourage children and youth to participate as much as possible in decisions made about their care. If family

members are present, keep in mind that it is possible that they have been involved in the trafficking. Of course this is not always the case, but the possibility of their involvement should be assessed by healthcare workers as they provide services to the child and family.

For more recommendations on meeting the needs of trafficked children and youth, consult Zimmerman and Borland's guide, *Caring for Trafficked Persons*, Action Sheet 5 which you can access by clicking on the link on your screen, or through our additional resource section.

9. CULTURE AND HEALTHCARE

9.1 Culturally Sensitive Care



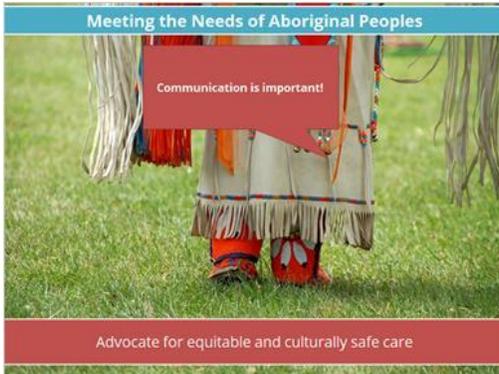
Notes:

Offering culturally sensitive care is a crucial part of providing health services to survivors of human trafficking. Culturally sensitive care means providing services in a way that “respects the various ways people from diverse backgrounds experience and express illness and how they respond to care.” It means recognizing and respecting the fact that a person’s experiences are influenced by language and literacy barriers, as well as “styles of communication, levels of mistrust, differing expectations of the health care system, gender roles, and traditions and spiritual beliefs.”

(Source: “*Caring for Trafficked Persons.*” Zimmerman & Borland)

In Canada, Aboriginal peoples have experienced a long history of culturally insensitive care, including racism, stereotyping, and discrimination. As a result, many Aboriginal people are reluctant to access mainstream health services, as they have found these experiences alienating and intimidating. We will now look at how healthcare providers can meet the needs of Aboriginal patients in a culturally sensitive way.

9.2 Meeting the Needs of Aboriginal Peoples (1)



Notes:

Aboriginal peoples will have many of the same needs as other victims of human trafficking when it comes to healthcare service provision. However, given the widespread mistrust of authorities and service providers among Aboriginal communities, identifying an Aboriginal trafficked person and building trust and rapport with them may be a more lengthy and complex process.

Communication is important, and you may need to answer more questions than with a non-Aboriginal client, and advocate for equitable and culturally safe care for a First Nations, Metis, or Inuit patient.

9.3 Meeting the Needs of Aboriginal Peoples (2)



Notes:

Healthcare providers should give a trafficked person space to self-identify as Aboriginal, in order to avoid labeling them based on preconceived notions about how Aboriginal peoples ‘look’ or ‘behave’. Once a person has self-identified, practitioners should work to create a culturally safe environment where the person feels respected.

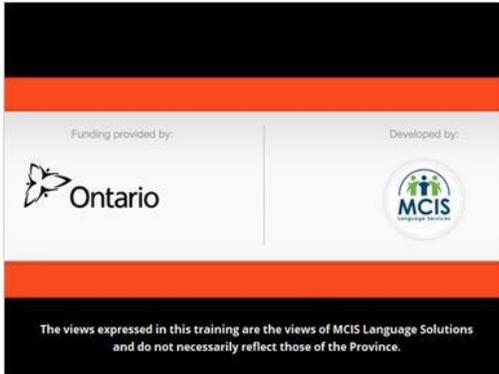
A culturally safe environment is one that recognizes the importance of cultural identity and incorporates it in the supports that are offered to victims. If possible, offer the support of an Aboriginal Support Worker, provide space for cultural ceremonies, and/or provide access to a traditional Healer or Elder if your patient wishes.

If your organization does not have these resources, be prepared to liaise with Aboriginal organizations in your community where your client may be able to access culturally appropriate services. It is important to offer them the opportunity to access services through such organizations whenever possible, if they choose to do so.

For a more in depth look at the experience of Aboriginal peoples in mainstream healthcare settings, you may wish to review the article prepared by the Health Council of Canada, titled **Empathy, dignity, and respect; Creating cultural safety for Aboriginal people in urban health care**. In this resource, you can find information about culturally appropriate services available to Aboriginal peoples across the country. You can access it by clicking on the link on your screen or in our Additional Resources Section.

10. CONCLUSION

10.1 Summary



Notes:

Congratulations! You have now completed the third module of the Online Training on Human Trafficking for Healthcare Professionals.

In this module, we looked at how you can

- build trust and conduct successful
- interviews with trafficked persons, and the
- unique healthcare needs of adolescents and Aboriginal peoples.

You are ready to move on to the final module of our training! Provide Feedback by clicking on the link on your screen.

For more in-depth information on human trafficking, take our full-training. You can access the training by clicking on the link on your screen.