Human Trafficking: What can chaplains do?

Trafficking is wide-ranging, but resources are available – by David Lichter, Executive Director

The many faces of trafficking: A survivor’s story – by David Lewellen, Vision editor

Printed protocols help staff screen for trafficking victims – by Jodi Pahl

ICD-10 codes will raise awareness, gather data on trafficking – by Laura Krausa

Human trafficking has become a healthcare issue – by Kelly Herron

Caring for the caregivers on the front lines of trafficking – by Kimberly Williams and Hilary Chala

Medical advocate role helps trafficking survivors – by David Lewellen, Vision editor

Human trafficking: Implications for Chaplains - by Sr. Nkechi Lilian Iwuoha, PHJC
Trafficking is wide-ranging, but resources are available

By David Lichter
Executive Director

This issue of Vision is dedicated to human trafficking. The Catholic Health Association’s July-August 2018 issue included a fine article, “Building a Program for Trafficking Survivors”¹ by Jennifer Cox. She mentions how “clients’ stories may differ in texture, but they carry the same threads of violence, abuse, exploitation, sorrow, neglect and trauma.” She also notes that this topic is not addressed in many medical books or programs. We can say the same for our preparation and practice in spiritual care. For this issue, we were challenged to find members who felt confident that they could write about their experience in caring for individuals or families affected by human trafficking. We are grateful for the articles we received.

“We can all do our part in responding to the suffering of those who have experienced human trafficking,” Cox concludes. “Awareness is the first step, and then staying vigilant to perceive those who might be silently suffering and in need of support.” For myself, the topic challenged me to do more reading, as well as being more appreciative of our members working in this field, such as Father Don Lum, BCC, who ministers in north Florida and is dedicated to serving those affected by human trafficking.

The USCCB website on human trafficking² was very helpful to me. Please reference it on your own as well. I appreciated the way the site begins with Catholic social teaching: “Human trafficking violates the sanctity, dignity, and fundamental rights of the human person.” It quotes from the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons, as well as the U.S. State Department, to define human trafficking. Its many guises include “commercial sexual exploitation, the prostitution of minors, debt bondage, and involuntary servitude.” The umbrella term being used internationally is “trafficking in persons” as a form of “modern slavery.”

I was not surprised but saddened to know that trafficking is present in every sector of society, commerce, and industry. “Victims may be workers in food processing factories, waiters or cooks at restaurants, construction workers, agricultural laborers, fishers, housekeeping staff at hotels, domestic help in private residences, or sex trafficked women and men in brothels, spas and massage parlors.” It’s overwhelming to consider this. Even more so when we think about the numbers: nearly 40.3 million people worldwide, of whom 24.9 million are entrapped in forced labor and sexual slavery, and 15.4 million subjected to forced marriage.

The statistics are staggering.
- 25% of all victims are children ages 17 or younger, representing 10 million girls and boys worldwide.
- Nearly 30% of all victims are men and boys, jumping to 46% for victims of forced labor.
- Of the 24.9 million victims of forced labor and commercial sexual exploitation, nearly 1 of 4 were exploited outside their home country.
For every 1,000 people across the world in 2016, 5.4 were victims of human trafficking. Trafficking is a $150 billion (yes, billions!) enterprise. The USCCB states, “Modern-day slavery has become the fastest-growing source of illicit profit for criminals worldwide.” Wow!

What was most helpful on the site was the list of widespread myths regarding human trafficking that were dispelled.

1. It’s not mainly about sexual commercial exploitation. Of the 24.9 million victims worldwide, nearly 81 percent are in forced labor, and 18 of the 25 types of human trafficking in the United States are labor-related.
2. It rarely involves kidnapping by an unknown person. The truth is it’s usually a “groomer,” someone who has intentionally and deceptively captured the vulnerable victim emotionally first.
3. It doesn’t mean being taken to another country. Actually, one can be a victim in one’s own country, state, and community.
4. Not only illegal businesses, such as brothels or the drug trade, profit from it. Victims of human trafficking are also found in hotels, construction, and agriculture.
5. Undocumented victims of human trafficking can also receive help and social services.
6. Contrary to what we might like to think, most of us benefit from services or goods produced by victims of human trafficking. Such labor is everywhere, “everything from fish, cotton, rice, cement, and even Christmas decorations.” Yikes!
7. Victims are not necessarily physically restrained or abused. Instead, “traffickers often use methods of fraud and coercion to ‘imprison’ their victims … including threatening to kill or harm loved ones, tricking the victim into thinking he/she owes him/her a debt, or threatening deportation in the case of the foreign-born victims.”

The last myth was most important, that it’s too much for any of us to make a difference. The USCCB site says, “Every person can help to bring an end to human trafficking. Request a free toolkit from our Become a SHEPHERD³ program to learn more about the signs of trafficking and how to educate others. Each one of us can take steps to become more involved in the growing movement to end modern-day slavery.”⁴

I hope that raising the topic might lead you, as it did me, to take some small step to increase your awareness and to find a way to engage in responding to this human tragedy. I hope these few articles might help. We are grateful to our authors.

-----------------------------
NOTES


² www.usccb.org/about/anti-trafficking-program/human-trafficking.cfm

³ www.usccb.org/about/anti-trafficking-program/become-a-shepherd-tool-kit.cfm

⁴ www.usccb.org/about/anti-trafficking-program/how-to-help-a-trafficking-victim.cfm
The many faces of trafficking: A survivor’s story

By David Lewellen
Vision editor

After Emmy Myers got out of being trafficked, her mother asked her to come to a meeting about trafficking. “What does a victim look like?” the facilitator, an FBI agent, asked the audience. Emmy could tell that people weren’t thinking of someone like her – white, middle-class, and lured in gradually.

From that evening came her current work as the founder and leader of Lacey’s Hope Project, a Wisconsin foundation dedicated to education and raising awareness of trafficking (https://laceyshopeproject.org/). She has spoken to thousands of people, including law enforcement officers, and her group has put up billboards around Milwaukee and produced radio and television PSAs.

Emmy’s story began when she was a legal adult. At 18, she moved out of her parents’ house to another state with her boyfriend. He trafficked her, but she didn’t realize at the time that she was being exploited. It happened to her again through a later relationship, and that stint lasted longer before a compassionate female FBI agent helped her get out.

Several times during those years, Emmy received healthcare. Once, she went to the emergency room after she was branded on the back of her upper thigh. “I told them I backed into a hot pipe when I was remodeling,” she said. “And nothing about that story made sense. They could have asked questions.”

Later, her abuser was hospitalized, and she went with him, “but no one asked, ‘what’s this 50-something man doing with this 20-something girl?’ ”

And even if there’s no suspicious-looking older man in sight, a patient might still be a trafficking victim. Sometimes, Emmy said, a healthy woman who is also under the trafficker’s control will accompany a patient to the healthcare facility, to make sure that the victim does not say anything “out of pocket,” or contrary to the trafficker’s wishes.

What would have made a difference, for Emmy or for others? “It takes time,” she said. “You need conversations; you need relationships.” In having those conversations, healthcare workers should try to help a victim realize that he or she is, in fact, being victimized, but “basic needs come first. Maybe start with, ‘Are you hungry? Are you cold? Do you need a sweater?’ ” But if a healthcare professional is offering shelter, “what happens after the first night? What’s the long-term game plan?”

Very importantly, she said, “Before offering someone a way out, please make sure you have resources in place.” Beyond simply a bed for the night, it will take a full plan of medical and psychological care and support, over a period of months or years. “If you can’t provide that, you’ll lose your opportunity, and the next time the person has an opportunity, she may not take it because that trust has been broken.”
If other victims, like her, don’t realize that they are being victimized, what can a chaplain or a nurse say? “That’s a very good question.” Personally, she wouldn’t have read literature in the waiting room. “It took multiple people letting me know,” she said, and “offering to meet my basic needs. My trafficker had everything – my clothes, my ID, cigarettes.”

Another positive way that Emmy can help survivors now is through her job; she is an administrator at an assisted living facility, and she can offer both job training and a living wage. She has been out for five years now, but “my stuff is still ongoing. It’s getting better. But many people end up going back.”
Printed protocols help staff screen for trafficking victims

By Jodi Pahl

Last fall, a developmentally delayed young woman came into the emergency department of a Bon Secours Mercy Health hospital in Ohio. She was willing to show off her body any time a staffer wanted to assess or treat her. That, plus the presence of an older man who was a “friend,” raised the suspicions of the duty nurse. She took the patient “for an x-ray” (which was not ordered) in a room away from the man. They questioned the young woman, and found that the man was selling her for sex.

This is one of the success stories of Bon Secours Mercy Health’s new initiative to address and combat human trafficking. Working through community-based initiatives, the system addresses the abuse of individuals across the care continuum. It is a complex issue and must be addressed with a multi-faceted approach.

The system has committed itself to training its workers and improving identification of victims with a standardized patient screening protocol. The questions were carefully chosen and vetted from Massachusetts General Hospital, which is recognized as a leader in the development of identifying and assessing Human Trafficking victims. Any positive response is considered a positive screening. The questions are:

- Do you feel that people are controlling you and forcing you to do things you don’t want to?
- Are you scared of or frightened by people in your everyday life or work setting?

If screening is positive, a best practice alert will appear. It reads: “Screening for suspected exploitation, abuse and/or human trafficking is positive. If suspected, local policies and mandatory reporting procedures should be followed. In caring for an abused/exploited patient please use a trauma-informed care approach and partner with local/community advocates/social service providers as appropriate. For information on human trafficking, contact the National Human Trafficking hotline at 888-373-7888.”

The useful flow chart that our staff now uses to identify and help trafficking victims is reprinted below.

Once a potential human trafficking victim has been identified, our protocol provides a step-by-step guide for actions to be taken. We use a trauma-informed care approach to engage people with histories of trauma to recognize the presence of trauma symptoms and acknowledge the role that trauma has played in their lives.

Not all cases end successfully, however. Another patient was a woman in her late 20s, admitted for diabetes complications, but staff and I noticed that between two different male visitors, she was never left alone. The men never stated their relationship to her, didn’t want to be part of a report, and did not seem concerned about her well-being. The patient wouldn’t tell us where
she was from, and nothing she reported made sense. That’s when we started following protocol.

After further questioning, the woman left the hospital against medical advice. But the staff implemented quiet time on the unit very strictly in order to get her male visitors off the floor. That gave us the opportunity to give her a number to call for help, concealed in a tube of lipstick. We don’t know whether she used it, but we did what we could. This work will be ongoing for a long time.

_Jodi Pahl is chief nursing executive of the Great Lakes Group of Bon Secours Mercy Health._
ICD-10 codes will raise awareness, gather data on trafficking

By Laura Krausa

The victims of human trafficking are often right before our eyes, and yet we fail to see them. This ugly, clandestine form of modern-day slavery veils its many victims, even from professionals trained to recognize the signs of human trafficking. From law enforcement officials to healthcare providers, a lack of understanding about human trafficking often leads to a failure to identify victims and intervene appropriately.

Studies show that between 50% to 88% of victims say they have been seen by a health provider at some point during their victimization. As we in the healthcare community begin to understand the significance and scope of this crime, our role in addressing the problem becomes obvious. As a result, clinicians are increasingly undergoing training in identification and response. However, until recently, there has been one critical tool missing from this vital work – diagnostic ICD-10 codes (International Classification of Diseases, 10th edition). These codes are used by health professionals to accurately record and classify diseases, symptoms, illnesses, and injuries, accounting for the immediate and long-term impacts on the health of individuals.

The codes also provide data that results in meaningful research, public policy, and resource development. Additionally, the codes are useful in tracking trends, risk factors, and associated, co-existing illnesses to help inform best practices. The significant, long-term health conditions associated with human trafficking make an indisputable case for the need for diagnostic codes.

Three years ago, Catholic Health Initiatives – now CommonSpirit Health, a national Catholic health system formed Jan. 31 from Catholic Health Initiatives and Dignity Health – began its collaboration with the American Hospital Association’s Hospitals Against Violence initiative and Massachusetts General Hospital’s Human Trafficking Initiative and Freedom Clinic to develop ICD-10 codes to allow providers to document sex and labor exploitation. In June 2018, the codes were accepted by a joint committee of the Centers for Disease Control and Prevention and the Centers for Medicare and Medicaid Services. The 29 proposed codes were fully implemented in October 2018.

“Like victims of child abuse or elder abuse, victims of human trafficking are coming into emergency rooms and healthcare facilities on a daily basis – and we have to be ready,” said Colleen Scanlon, executive vice president and chief advocacy officer for CommonSpirit Health. “This is a significant step forward. Having these codes will help clinicians adequately classify a diagnosis and plan appropriate treatment. And it will demonstrate that this is a serious problem that must be stopped.”

Over the past several years, human trafficking has become a growing, nationwide public health concern. In fact, between 2007 and 2017, the National Human Trafficking Resource Center received more than 40,000 reports of cases in the United States – a number that experts in this field believe is far below the actual figure. The new codes will be used to identify and document both confirmed and suspected cases of forced sexual and labor exploitation of children and adults who go to a hospital or medical facility. A majority of these victims seek treatment in
emergency departments for injuries, sexually transmitted diseases, pregnancy and HIV tests, as well as a host of other acute and chronic illnesses.

After the release of the codes, The Joint Commission issued a safety notice¹ identifying the signs of human trafficking and detailing the measures that medical professionals should take when they suspect that a patient might be a victim. CommonSpirit, along with the AHA, Massachusetts General, and many other health organizations and professionals, has created resources² to aid coders, clinicians, and other healthcare colleagues in identification, response, and proper diagnostic coding.

This work on the diagnostic codes coincides with other efforts by CommonSpirit to prevent human trafficking. In South Dakota, for example, work was done to raise awareness of the signs of sex trafficking, especially at hotels and truck stops. In Kentucky, recent legislation imposes stiffer penalties on human trafficking, and identification training was completed to ensure safe harbor for victims. In Houston, work is being done to unite hospitals and health providers across the metropolitan area on best practices in identifying and helping victims. In Oregon, a multifaceted community response program serves as a model for essential services and prevention. At the system level, resources and consultation are provided for all forms of violence prevention³, and specific education on human trafficking⁴ identification and response in the healthcare setting is offered.

“There is great acceptance that human trafficking is a serious public health concern,” said Scanlon. “As a large, faith-based health system, we have a moral obligation to do whatever we can to stop this suffering. The new diagnostic codes will help doctors and other healthcare providers know what to ask — and how to respond.”

Laura Krausa is system director for advocacy at CommonSpirit in Englewood, CO.

-----------------------------

NOTES
1 www.jointcommission.org/assets/1/23/QS_41_Human Trafficking_6_12_18_FINAL1.PDF
2 www.aha.org/combating-human-trafficking
Human trafficking has become a healthcare issue

By Kelly Herron

Millions of people around the world are subjected to imprisonment and human trafficking. Many of them are in the United States and present to healthcare ministry sites for care. Some people refer to it as modern-day slavery, and many people who are trafficked do indeed become enslaved. However, it is important to distinguish human trafficking as its own abhorrent activity with its own barriers and remedies.

“Trafficking of persons,” “human trafficking,” and “modern slavery” are used as umbrella terms to refer to both sex trafficking and compelled labor. The Trafficking Victims Protection Act of 2000 defines “severe forms of trafficking in persons” as:

- **Sex trafficking:** the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the 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; (and)
- **Labor trafficking:** the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

The key to this definition is force, fraud, or coercion. When these elements are present, human trafficking is a reasonable red flag to assess. Trafficking objectifies another human being and robs them of their dignity. It commodifies and abuses a whole person – physically, emotionally, mentally, and spiritually. Prior to the enactment of the TVPA in 2000, no comprehensive federal law existed to protect victims of trafficking or to prosecute their traffickers. The TVPA and its subsequent reauthorizations have worked to prevent human trafficking both in the U.S. and abroad.

The annual Trafficking in Persons Report¹ outlines the progress made to eradicate this horrific crime from the U.S. and the world. The 2018 report “focuses on effective ways local communities can address human trafficking proactively and on how national governments can support and empower them. Local communities are the most affected by this abhorrent crime and are also the first line of defense against human trafficking. By engaging and training law enforcement, religious leaders, teachers, tribal elders, business executives, and communities, we become more vigilant and learn to identify and address vulnerabilities swiftly.” The report assigns a tier status to each country.

**Tier 3:** Countries that are the most egregious participants in human trafficking.

**Tier 2:** Countries that take part in human trafficking, but, according to the State Department,
are making significant efforts to combat the problem.  

**Tier 1**: Countries that are not significantly engaged with human trafficking.

The United States is a Tier 1 country, meeting the requirements to eradicate trafficking. As awareness of the problem grows, there are many calls in the U.S. for efforts beyond those requirements, and a cry for collaboration and interdisciplinary work.

To answer this call, we must identify our areas for improvement. For example, acknowledging how trafficking differs from domestic violence or child abuse is critical. Or, as a country, we need to look at how the lack of adequate laws lead to much variation from state to state, re-victimization of people who escape trafficking, and lack of adequate partnerships. A final example, law in all states does not require training in human trafficking before renewing a professional license or for certification. But in spite of variation, the landscape of human trafficking is changing for the better.

Statistics are difficult but not absent. The National Human Trafficking Hotline² and Polaris’s BeFree Textline provide people affected by human trafficking with vital support and a variety of options to get help and stay safe. The 30,000-plus cases identified on these hotlines over eight years comprise the largest available data set on human trafficking in the U.S., although it has limitations. Question any statistic that shows a “count of victims” or “worst state” for trafficking. It is still hard to know the scope of the crime due to lack of reporting and stigmatization of victims.

Healthcare professionals were included late in the conversation on human trafficking, which has been a law enforcement issue until recently. But the most common point of contact with people who are trafficked is in a healthcare setting. Human trafficking is a public health issue. Through a public health lens, human trafficking is a communal issue and it is preventable. It will require multidisciplinary teams across many human service organizations, working together to end human trafficking and support survivors. This shifts the solution from only enforcing laws or treating presenting health issues to inclusion of a whole community and fostering systemic change.

For the spiritual care provider, understanding the demands on the healthcare team and the breadth of the problem increases the likelihood for quality, interdisciplinary care of victims. Healthcare professionals are both providing care in the current landscape and increasing their capacity — quickly — to care for people who are trafficked or at risk of it. It has helped to learn some basic facts about trafficking. For example, people are vulnerable for many social reasons, such as physical or sexual abuse, neglect, homelessness, poverty, or another type of marginalization in their community. We already have some solutions to respond to these social determinants. However, we need a renewal of what it means to cherish our fellow human being. We also need trauma-informed care training that includes a response protocol or decision tree.
A trafficker will seek healthcare in the most episodic setting. This may be a free clinic, urgent care, or emergency department. Any place where a person can receive care and be asked the fewest questions, that is where the trafficker will go. Healthcare professionals, including spiritual care providers, have a moral imperative to become aware and respond accordingly. This includes tempering the desire to rescue adults, which could put a person in more danger. Instead, supporting the person and connecting them to resources when it is safe to do so is the best first step. Commitment to awareness, quality, and comprehensive care protects human dignity and ensures for care of the whole person.

Kelly Herron is the chief mission officer at St. Joseph Mercy Oakland in Pontiac, MI.

-------------------------
NOTES
¹ www.state.gov/j/tip/rls/tiprpt/2017/
² polarisproject.org/resources/2016-hotline-statistics
Caring for the caregivers on the front lines of trafficking

By Kimberly Williams and Hilary Chala

Modern-day slavery, or human trafficking, is a crime against humanity that involves force, fraud, or coercion. The wounds of slavery run deep and cause damage often unseen at a glance. Caregivers are unique people who look beneath the surface and hear unheard pleas for help and identify unseen hurts for healing. This article is from our experiences of that journey as hospital chaplains.

A person is manipulated into trafficking for the sole benefit of the trafficker. The victim is left hopeless and without recourse or support. In many cases, victims are in reality held captive and are not permitted to visit with family, friends, or healthcare providers. In other cases — in fact, 25-30% of our caseload — the patients were first trafficked by their biological family. Being without supportive families complicates the healing process.

Chaplains can offer a spiritually safe space for human trafficking victims and survivors to heal, hope, and reconnect; to give and receive forgiveness; to know for the first time the conscious sense of self. For the wounds that are deeper than the body, the chaplain assists in healing. This unique opportunity to walk alongside a trafficking survivor is a privilege and an honor.

Resources for this level of trauma only begin with a bed in a safe house. Trauma-specific counseling, skill development, sobriety, medical care, and a safety network are a basic part of the needed safety plan to help a victim become a survivor. Of course, some of our patients’ trafficking history is much more complicated, and the safety plan must be equally intricate.

Awareness of this public health crisis is scarce, and resources are scarcer. Sometimes the team cannot find a safe location, and the survivor is discharged under precarious conditions. In those cases, we can expect strong feelings of helplessness, guilt, frustration, anger, or failure. Monies exist for aid and grants, yet working to get those dollars has become an additional full-time job for more than one team member.

As chaplains, we care not just for the patients, but for the treatment team. It hurts to see a faculty physician walk in, exhausted after pulling an all-nighter, like a college kid, trying to meet a grant deadline and then swilling coffee all day to try to fake being present to the rest of his or her patients. The majority of psychiatrists identify as non-religious, but over time the person of the chaplain becomes this altar where the burdens of hearing the stories of atrocious sufferings and fear of despair are laid down and removed.

This is why our self-care is critical. As chaplains we must go to God and remove these sufferings from ourselves. No soul can tolerate carrying that much suffering and survive. The process of how we absorb the hurt is by prayerfully listening to those who come to us, without the other person feeling our faith being forced upon him or her. I personally remove the burden from me by participating in the Sacraments of Holy Communion, Holy Confession, and Sacrament of the Sick as often as possible. We see the daily sacrifices made by the team to care for these invisible traumas. But the hurts are real. The work we do is real, and when our funding applications are rejected, it is tempting to fall into a defeatist attitude.
Chaplains must have hope. Everything we do will fall apart if we despair. Our team, whether or not they are religious, looks to us for hope. Our spiritual resiliency helps them have the strength, courage, and fortitude to do that all-nighter, or not be daunted by rejection, as hard as it is, and miraculously, try again. When I get a text message or an email that we’ve submitted another grant and the writer wants me to pray for our submission, that helps keep me connected. I stop and I pray, and then I will email back simply: “Done!”

And prayer is part of our contribution to the team. If we look at what chaplains bring to the team — prayer, hope, resiliency, and presence — on one side they don’t look like a lot. In fact, as none of them is tangible, they look like nothing. Yet for those who have experienced prayer, we know how powerful our offerings are. It is my responsibility, therefore, to keep myself spiritually well to competently be able to offer the requested spiritual sustenance, however big or small, to my team.

When a chaplain walks into a group of individuals, we represent God. All the pain, hope, hurt, love, and anger that the others have toward God is suddenly directed at us. It is miraculous to me that over time, just being around the steady consistent presence of the chaplain can heal some of that hurt. Not out of respect for me, but out of respect for God — even from people who call themselves unbelievers. I have had the experience of just sitting with care providers while they completed a task. I don’t feel as if I do anything necessarily, but the team member will thank me, sometimes profusely, because in their heart God went with them on the journey.

The greatest support we have received in the Texas Medical Center has been through Catholic Health Initiative, which has funded our monthly Houston Area Human Trafficking Health Care Consortium. This oasis lets us support each other and learn from one another. Being able to meet with other clinicians with the same experiences is imperative for our self-care as we learn more about human trafficking, share case studies following HIPPA guidelines and collaborate with other providers to discuss trends and look for funding sources.

Many members feel alone at their institutions as part of a small team working on this huge issue. The Consortium was meant to offer additional opportunities for collaboration and education, but it has evolved to include caring for each other. What a gift to each participant! It offers a wonderful example for the caregiver receiving care.

We must be determined in our self-care if we are going to sustain others. Creating our own time for prayer, to really invest in our own spiritual resiliency, is even more important. Having a spiritual director, someone outside of this, is one link of the chain of the anchor. So is praying in solitude, reflecting in the presence of God what we encountered, and theologically studying what we encountered are other links.

Every survivor can reconnect with God; everyone can heal, even us. It takes more than motivation to work with victims for long periods of time. After the physical, emotional and mental reserves are depleted, our only reserve left is God.

Kimberly Williams is project coordinator of the Human Trafficking Initiative at Baylor St. Luke’s Medical Center in Houston. Hilary Marie Chala is a chaplain at Harris Health System in Houston and chaplain for Baylor College of Medicine’s Anti-Human Trafficking Program.
Medical advocate role helps trafficking survivors

By David Lewellen
Vision editor

A former trafficking victim has a gynecology appointment. What will that feel like? What will be triggered?

Helping survivors cope with healthcare that seems routine to more fortunate people is the role of the medical advocate, a model being pioneered by Lotus Legal Clinic in Milwaukee (www.lotuslegal.org/). A trafficking victim who has been tossed around the medical and legal systems “might need someone to go with you, to protect your interests, and who understands the medical system,” said Rachel Monaco-Wilcox, an attorney and the founder of Lotus Legal.

The first advocate, Betty Seefeld, is a retired physical therapist. But chaplains, with their people skills and knowledge of the medical system, could also fill the role. “You need to speak healthcare,” Monaco-Wilcox said, “but you also need to be a passionate advocate of patients’ rights and protect someone whose rights are easily violated.” And, she added, advocates should have their own transportation, so they can give patients rides if necessary.

Seefeld said that her role is to “just be a listener, and when needed, to ask questions without taking over her perspective. You go whatever direction. It won’t be the same for one as it is for another.” In her life, she said, her medical background has come in handy for accompanying her her children and her aging parents on medical visits; advocating for trafficking victims has some resemblances.

But, she added, “it’s really important to stop and give them some time. So many of them have been in situations where they’re told what to do, and making choices is really hard.”

Former victims often struggle with sexually transmitted diseases, with drug or alcohol addiction, with past abortions. “It’s an educational process both ways,” Monaco-Wilcox said, both for the former victim and for medical providers, who can make “lots of rookie mistakes, like not paying attention when the patient goes into an episode of PTSD. It sets up a bad dynamic between the patient and the provider.” Or, if the patient does not speak English, “there are many layers of barriers to have a quality healthcare experience for someone who’s been sexually assaulted or trafficked.”

For instance, she said, too many medical professionals jump to the conclusion that a patient with a history of addiction should not get pain medications. “That just sets people off as not fair. They don’t want to be judged like that.”

Seefeld told a story of a pregnant survivor who said that pain medication was “the only thing keeping me from going back on heroin.” One doctor refused to treat the woman, but Seefeld helped her find another who was a good listener and a much better fit. If problems are anticipated, she said, it’s better to talk to the doctor or nurse in advance, so they know the patient’s issues.
Training for advocates includes the basics of human trafficking, with presentations by survivors, and separate training for undocumented victims. Some ethical issues are involved; if the patient tells a medical professional about a crime or about their own undocumented status, “what does the medical provider do with that information?” What if the victim is a juvenile? What if the victim has a chronic condition such as diabetes? Monaco-Wilcox told a story about a 17-year-old who used to regularly get dropped off at the emergency department when she had a diabetic crash after sex. Finally, the ER staff filed a third-party guardianship request.

Trafficking victims who are escaping the life may also have problems with housing, the legal system, child custody, and “every little thing is ten times as hard,” Monaco-Wilcox said. “But health needs to come first.”
Human trafficking: Implications for Chaplains

By Sr. Nkechi Lilian Iwuoha, PHJC

Researchers have studied the role of other professionals on human trafficking, including social workers. But limited literature addresses the spiritual care of trafficked clients who have been traumatized. However, evidence-based research supports chaplains’ efficacy with similar traumatized populations such as people who are sick, in a domestic violence situation, homeless, struggling with post stress traumatic disorder, or victims of a terrorist attack or disaster. These survivors may lack the tools to address emotional, spiritual, psychological and physical consequences that impact their lives. Their trauma affects their ability to function and heal. Spiritual health is about the connection with self (personal dimension), others (social dimension), and God (transcendental dimension). According to numerous studies, spiritual health leads to improved mental health and is positively related to physical health. Therefore, chaplains as professionals in spiritual care have a role in the spiritual health of victims of human trafficking (HT). Chaplains can be challenged to provide services to trafficked victims: as a presence, advocate for the role of chaplains in the rehabilitation of victims of HT, help in the identification of victims of HT, collaborate in a multidisciplinary approach with service providers and provide resources to the adult victim of HT.

Presence
Chaplains can improve victim’s self-love through the ministry of presence by creating a new story and meaning in the life of the victimized. The chaplain may help the survivor by assuming a listening presence and empathy that helps the victim gain control, sense of power, purpose, feel love and able to express love. This journey with survivors calls for compassion that invites them to embark on the restoration of their broken lives.

Broadley (2000) (https://www.adpca.org/system/files/documents/journal/PCJ V7 N2 7.pdf) addressed Carl Rogers’ two concepts of presence to explain an effective client-centered therapy as an expression of presence. He describes the first encounter of openness and approachable disposition in the relationship between the therapist and the client and secondly the spiritual dimension of the presence of the therapist. In my opinion, this conception of presence can be explored by chaplains as an additional tool as they encounter victims of trafficking.

Many survivors of sexual and labor exploitation who seek assistance ask two fundamental questions: Why did God allow this evil to happen to me? And what does God think of me now? A fundamental responsibility of chaplains as spiritual caregivers is to help them navigate the answer to these questions and to walk with them in showing them love as the answer to their question.

Advocacy for the role of chaplains in treating victims of HT
As awareness of HT grows, chaplains should explore ways to work with the victims. There could be a development of outcomes assessment for pastoral care that chaplains could use to improve daily performance and development skills for intervention with HT victims. These skills can be adapted and tried in various institutions that require the services of
Advocacy may also include publishing literature, attending conference presentations on HT; and joining public awareness campaigns, coalitions and not-for-profit organizations to promote the chaplaincy profession in addressing the needs of victims and survivors. Chaplain association can assist in the development of protocols and procedures for both prevention of HT and strategies for aftercare services for victims.

**Identification of victims of HT**

Hospital chaplains in particular need to recognize the signs associated with trafficked patients (see https://bit.ly/2Kck7a0). The understanding of who victims are (see https://ovc.ncjrs.gov/humantrafficking/publicawareness.html) and their needs may help chaplains to find creative ways of building effective collaborative strategies.

The follow-up strategy includes when to alert law enforcement officers. For instance, in a health care setting, chaplains establish a very short relationship span. When patients come to the emergency room and encounter a chaplain as an individual to be trusted, chaplains are expected to reach out to the patient who could be a victim in a discreet way. The chaplain may eventually provide the suspected victim with a phone number to contact a law enforcement officer. A well-trained chaplain needs to be observant (see http://www.healthcarebusinesstech.com/human-trafficking-health-care/ ) and pay attention to the signs presented by the patient.

If a suspected victim is admitted, chaplains have more time to work. Because chaplains are trained to draw out the patient’s story and build trust over time through visits, they may create a comfortable atmosphere of openness. In this case, the chaplain can continue to visit the suspected victim until they can articulate what they want. However, the person has to want to talk. If a suspected pimp is the caregiver, chaplains need to find time to be one-on-one with the patient.

**Multidisciplinary approach and collaboration**

On identification of victim or suspect, chaplains should be non-judgmental. Before inviting the victim to a spiritual journey, the chaplain will need to observe the body language and interpersonal interaction. It is necessary that the chaplain document all observation and conversation for follow-up in case the victim returns. The chaplain can submit a report to case management requiring them to check a suspected victim of HT if there is any concern. Social workers in the United States are advocates for these people living on the margins of society (https://www.unodc.org/unodc/en/human-trafficking/glo-act/what-role-do-social-workers-play-in-the-fight-against-human-trafficking.html); including working with victims of trafficking. Chaplains can explore ways to collaborate with social workers, who are empowered by law to assist victims.

The two sectors can work together in reporting to law enforcement, especially if survivors fear revenge by their captors. National Human Trafficking Resource Center’s hotline number (1-888-373-7888) is a useful contact. If the client/patient is unable to write, he or she may be encouraged to memorize the number. However, when chaplains encounter an underage victim, they must follow a mandatory reporting guideline (https://www.childwelfare.gov/topics/systemwide/trafficking/). The chaplain can contact Child Protective Services in the case of suspected child abuse and neglect.
Resources for the adult victim

Having identified the victim, it is imperative to provide the client with choices regarding available services, resources and reporting system. A plan for safety is crucial, which includes obtaining permission from adult victims before third parties (including other providers) can hear their story. The United Nations emphasizes the need for a multisectoral approach to addressing the problem of victims of trafficking, including the provision of professional interpreters if need be (https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html).

Researchers suggest that service providers in a healthcare setting, including chaplains, should locate local resources, such as the many U.S. metropolitan areas that have a human trafficking task force (https://humantraffickinghotline.org/resources/what-look-healthcare-setting). They should research local or state requirements regarding mandatory reporting of human trafficking, including HIPAA requirements. The development of a safety plan by chaplain will include observing the confidentiality obligations when contacting the national or local service providers, and facilitating a report to law enforcement.

Conclusion

Human trafficking is a global phenomenon that harms people of all genders, cultures, races, socio-economic status, and ages. Victims may require many different services to help them heal from physical and mental torture. Some of the need for these victims include medical, social, spiritual, psychological, legal services, long-term needs such as education, development of life skills and coping skills. Thus, the rehabilitation strategy requires a multisectoral intervention including the profession of chaplain as spiritual care givers. Chaplains potentially have a valuable role in both advocating for measures to prevent HT and providing long-term sustainable spiritual care for the victim. Hence, continued advocacy for the role of the chaplain in addressing HT will require expanded awareness strategies to educate chaplains, other service providers, and the public at large.

Sr. Nkechi Lilian Iwuoha, PHJC, is doctoral student at Walden University in Minneapolis, studying criminal justice with specialization in law and public policy.