ADMINISTRATION FOR CHILDREN & FAMILIES
Office on Trafficking in Persons

NATIONAL HUMAN TRAFFICKING TRAINING AND TECHNICAL ASSISTANCE CENTER

Adult Human Trafficking Screening Tool and Guide

A guide for training public health, behavioral health, health care, and social work professionals who wish to use trauma-informed and survivor-informed practices to assess adult clients and patients for human trafficking victimization or risk of potential trafficking victimization.

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EXECUTIVE SUMMARY

The prevailing framework to screen for adult human trafficking has historically been rooted in a criminal justice approach focused on punishing and prosecuting traffickers, mostly screening for victims intersecting with law enforcement institutions. A public health approach recognizes that victims of trafficking intersect with multiple systems of care, including health and human services, educational settings, and community and faith-based organizations that can provide assistance to victims and their families. A public health approach also emphasizes screening to prevent potential trafficking victimization or re-victimization, especially for individuals who are at disproportionate risk of human trafficking. The Adult Human Trafficking Screening Tool (AHTST) is designed for use across the various behavioral health, health care, social service and public health settings.

This Toolkit provides a screening tool to use in identifying adults who you suspect may have experienced sex or labor trafficking. While this tool is not yet validated, it has been developed based on the latest research and best practices in screening. The goals of this Toolkit are to help you:

- Recognize the emotional, behavioral, and physical signs of trafficking (commonly known as “red flags”)
- Respond appropriately and sensitively through screening to assess the particular needs of your client or patient
- Make appropriate referrals for services

The AHTST was designed for use by behavioral health, health care, social work, and public health professionals. Contact NHTTAC to receive training to effectively use this toolkit at info@nhttac.org.

This Toolkit also provides ways in which you can use a conversational screening session to effectively identify people who may have been trafficked and those vulnerable to trafficking. To effectively use this tool, professionals in these areas should receive the education and training necessary to consistently recognize signs and symptoms of adults with a history of or vulnerability to trafficking. This Toolkit includes:

- Elements of a trauma-informed screening tool
- Considerations for administering the tool
- Agency practices to be implemented before use of the screening tool
- Ethical and safety considerations
- Steps toward appropriate and meaningful referrals

The AHTST is a survivor-centered, trauma-informed, and culturally appropriate intervention tool that draws from evidence-based practices and lessons learned from available screening instruments used by public health professionals in the fields of human trafficking, domestic violence, sexual assault, and HIV screening. It reflects promising practices for inclusivity when screening individuals from diverse backgrounds, including foreign nationals, racial/ethnic minorities, gender and sexual minorities, and other underserved populations.

Client/Patient: an individual encountered in a professional capacity

Victim: an individual who is currently being trafficked; this term is used when referencing laws or statutes that provide protections or resources

Survivor: an individual working toward healing in the aftermath of the trauma of trafficking

The eight screening questions that make up the AHTST are designed to be short, minimally invasive, and closed-ended. The overall aim of the AHTST is to obtain only the basic information needed to identify an adult currently or at risk of being trafficked so that you can offer appropriate services, including referrals and services. The questions include three core elements of trafficking for adults who may have experienced labor and/or sex trafficking—force, fraud, and coercion—as well as the most common tactics experienced by individuals who have been trafficked.

In addition to the screening questions, this Toolkit includes resources to assist you in the successful identification of and response to individuals who have been trafficked or are vulnerable to trafficking. As supplements to the actual screening tool, this Toolkit includes:

- Appendix A: Key Concepts for Screening Adult Victims or Those at Risk of Experiencing Trafficking—outlines recommendations for training prerequisites that should be completed prior to using the screening tool.
- Appendix B: Indicators of Human Trafficking—provides red flags to consider if you encounter adults who have been trafficked. You should become familiar with these indicators. Should you see any of these signs when talking with a client/patient, it is recommended that someone who is trained to use the screening tool (Section IV) helps determine if the client/patient may have experienced human trafficking and/or is at risk of trafficking.
- Appendix C: Screening Flowchart for Adults at Risk for Human Trafficking—summarizes a step-by-step screening and response process.

METHODOLOGY

We developed this Toolkit with input gathered through interviews with subject matter experts, including survivors of human trafficking and service providers across the public health, behavioral health, health care, and social work sectors who deliver services to individuals who have been trafficked or are at risk of being trafficked. In addition, a NHTTAC advisory group, composed of subject matter experts, survivor leaders, and other anti-trafficking professionals participated in a virtual discussion of key considerations and recommendations and answered an extensive array of questions about best practices for screening individuals who have been trafficked or are vulnerable to trafficking that encompass survivor-centered, culturally competent, and trauma-informed screening methods.

The Toolkit also incorporates findings from a comprehensive literature review (Appendix D), pulling from lessons learned and evidence-based approaches for public health, health care, behavioral health, and social service professionals to screen for victims of intimate partner violence, child abuse, sexual assault, HIV/AIDs, and human trafficking. The scan of practices described in this report involved a multilevel approach to gathering and examining information based on a literature review of 19 screening tools used by professionals in the fields of human trafficking, domestic violence, sexual assault, and HIV (Appendix D). We also gathered, organized, and reviewed promising practice recommendations from experts and survivors and anecdotal evidence from successful anti-trafficking efforts to develop this Toolkit.

Elements of Administering a Trauma-Informed Screening Tool

There is wide consensus among experts across the field of trauma and adult human trafficking that trauma-informed principles should be incorporated into public health and social service provision, including screening of vulnerable populations (Elliot et al., 2005; Hopper, 2017a, 2017b; Lewis-O'Connor & Alpert, 2017; Macias-Konstantopoulos & Bar-Halpern, 2016; Macias-Konstantopoulos & Ma, 2017; Macy, in press). As a professional who may encounter individuals who have been or are at risk of experiencing human trafficking, you should:

- Recognize the effects of violence on human development and coping
- Ensure that services are accessible and readily available
- Identify co-occurring problems comprehensively
- Ensure that services are culturally and linguistically appropriate
- Minimize possibility of re-traumatizing
- Emphasize education, choice, and resilience

Before Using This Toolkit

Before using this screening tool, it is important that you are trained and become familiar with the resource materials provided in this Toolkit (Appendixes A–C). These materials serve as guides for recognizing the signs of trafficking, conducting the screening interview, and making follow-up referrals. Additionally, in order to use the Toolkit effectively and offer appropriate support to potential victims of trafficking or those at risk, individuals may participate in training on how to use this tool effectively and establish a response protocol and service network. For additional information on considerations to use this Toolkit, see, “Agency Considerations to Effectively Use This Screening Tool” (on page 17).

1. Take Human Trafficking Training

Training on best practices will provide you with a thorough understanding of the purpose and use of the instrument as well as an opportunity to demonstrate your competency in the area of screening for

human trafficking. Trainings like the HHS' SOAR to Health and Wellness training will provide you with a strong foundation to begin to work with individuals who may have been trafficked.

2. Establish an Internal Response Protocol

Before using AHTST within your organization, create specific internal policies and protocols to guide implementation. Leverage community resources by partnering with other sectors, disciplines, and systems of care. Ensure that policies and procedures include language interpreter services, in addition to other culturally relevant information. Certain aspects of the screening protocol should be adapted to accommodate the particular needs of specific individuals or populations served by the organization. Screeners should remain nonjudgmental and encourage empowerment and autonomy be allowing the client/patient to make their own choices.

3. Implement an Information and Referral Network

Prior to screening any clients, prepare a comprehensive referral list with detailed procedures for assisting identified individuals who have been trafficked or are vulnerable to trafficking with accessing services that meet various immediate, intermediate, and long-term needs. Referral list and protocols developed should include information about how to connect clients/patients with national anti-trafficking resources and local resources. It is critical that you identify victims of human trafficking or those at risk, but it is equally critical that they receive appropriate referrals and services.

> Organizations should build a resource file with brochures, fliers, business cards, and handouts containing contact information and services provided by each of the partnering agencies.

Additionally, not all public health professionals who administer this screening tool will be able to identify specific mental illnesses or health needs, so it is critical to know who to contact for further information or who to refer your client/patient to for further assessment or resources. While most agencies have existing directories of services, an additional web resource that could help when making referrals is the National Human Trafficking Hotline Referral Directory (National Human Trafficking Hotline, 2017). The Directory provides services based on the location of the client and several filter options such as gender, nationality, age, and type of trafficking.

ADMINISTERING THE SCREENING TOOL

A trauma-informed approach is critical when screening individuals who may have been trafficked. Listed below are important steps to implement when administering the AHTST. Without utilizing these steps, you may be unsuccessful in supporting a client/patient who is a victim of human trafficking, or who is at risk of victimization.

1. Establish a Relationship

Those who have experienced trafficking may suffer profound physical and psychological damage due to experiencing high rates of physical violence and emotional abuse (Macias-Konstantopoulos &

Ma, 2017; Ottisova et al., 2016; Organization for Security and Co-Operation in Europe, 2013). They often report anxiety, depression, posttraumatic stress disorder, and corresponding psychological symptoms such as aggression, shame, guilt, hopelessness, sleep disturbances, self-injury, and suicidal thoughts.

Be aware that a client/patient may be intoxicated, withdrawing, or even drug-seeking and to understand that trauma can manifest as an exaggerated startle response, hypervigilance, avoidance (e.g., declining to answer questions or engage in conversation), elevated emotions, and dissociation (i.e., a detachment from the immediate surroundings during which the person may appear to be in a trance-like state). Maintain an awareness of these commonly occurring symptoms and reactions.

If the trafficker is criticized or condemned by the professional who is conducting the screening, a trafficking survivor may experience distress and come to the defense of the trafficker. The professional who maintains a verbally neutral stance toward the trafficker is less likely to be perceived as a threat.

A lifetime history of trauma is not uncommon for survivors of trafficking. Understand that lifetime cumulative trauma occurs on a continuum rather than as isolated incidents. To the extent possible, any psychological symptoms observed are best not addressed within the context of a screening event as this may agitate a trauma survivor and interfere with screening. However, be prepared to handle a trauma reaction in case a question triggers a memory of abuse or violence and causes a flashback or panic attack. It is important to allow the client/patient the time and space needed before proceeding.

Many individuals who have been trafficked have had all control taken from them by their trafficker, so offering as much control as possible during the screening can help build trust. You are not always afforded extensive time to establish rapport with clients/patients. For this reason, the AHTST is intended to be administered verbally—not as a written screening tool. The following tips (in Table 1) are offered to help professionals readily demonstrate compassion and concern.

Table 1. Relationship-Building Tips

Relationship-Building Tips	
Create a safe space for the private screening.	• Remove all other people from the room prior to screening, direct them to a waiting area, and explain that only clients/patients are allowed in the testing area. • Ensure that others are not able to hear the discussion. If the space has a door, be sure to close it to protect confidentiality. • Allow the person to choose where to sit (perhaps where they can see the door).
Meet the person's physical needs.	• Offer a snack and/or drink, if appropriate (keep in mind that survivors of sexual assault might need a Sexual Assault Nurse Examiner (SANE) exam, in which case this may not be appropriate). Remember that most individuals who have been trafficked experience some degree of deprivation of basic necessities, including sleep, urgent medical needs, and food. Hunger is a very common problem for individuals who have been trafficked. A person who is hungry will have difficulty focusing and may be irritable. • Show the person where the restrooms are located. • Periodically ask if they need anything or if you can get them anything.
Adopt open, nonthreatening body positioning.	• Remain at eye level; sit in a chair or squat when talking. • Remain close to the person, but do not hover. Respect personal space. • Refrain from touching the person. • Be aware of your body language and avoid crossing your arms.
Engage the patient/client.	• Maintain a calm tone of voice. • Maintain eye contact. • Keep a warm, natural facial expression. • Use active listening skills.
Adapt the screening process to accommodate the person's individual needs, if necessary.	• Match the client/patient's pace and mirror the language they use. Do **not** rush, use judgmental language, or make generalized assertions about their experiences and circumstances. • Offer the person the opportunity to choose between a male or female screener, if both are trained and available to provide screenings.
Avoid any temptation to probe for unnecessary details.	• Remember that the goal is to identify and support individuals who have been trafficked or are vulnerable to trafficking in meeting their needs. • Obtain only the information needed to provide appropriate care or make relevant referrals. • Do not criticize or condemn the exploiter. A trafficking victim may experience distress and come to the defense of the trafficker.

Use respectful and empathetic language.	• Examples include: • "This appears to be a bit uncomfortable for you. Please let me know if there is anything you need or if you need to take a break. I will do whatever I can to make this process as comfortable and as brief as possible for you." • "I am going to ask you eight questions. You can answer each question in one of three ways: 'yes,' 'no,' or 'I don't know.' You do not need to provide any specific details, and you may also decline to answer any question if you prefer to not answer." • Choose your words carefully and avoid conveying judgment.
Be prepared to respond to a potential trauma reaction.	• Using a calm and steady voice, be ready to coach a client/patient having a trauma reaction through some simple stress management exercises that will help take the focus off a traumatic memory, flashback, or anxiety/panic attack. Once the reaction is de-escalated, practicing these techniques with the client/patient for future use can be beneficial. • Be very familiar with these grounding techniques before administering: o 4-7-8 breathing is simple and can calm one's anxiety/panic almost immediately. Share these steps with the client/patient: Instruct them to place the tip of their tongue against the roof of their mouth, behind the upper front teeth and keep it there. Instruct the person to exhale completely through the mouth, making a whoosh sound. Next, have them close their mouth and inhale through their nose to a mental count of 4. Then, have them hold their breath for a count of 7. Finally, have them exhale through their mouth making a whoosh sound to a count of 8. This is one breath cycle. Have them repeat the 4-7-8 cycle three more times. o The 5-4-3-2-1 game can calm a person and help them stay anchored to their present surroundings (as opposed to becoming lost in traumatic memories or dissociating) by simply asking them to name 5 things they can see in the room, 4 things they can feel, 3 things they can hear, 2 things they can smell, and 1 good thing about themselves. • To support and connect your client/patient to resources that can enhance their safety and quality of life, discuss their concerns that may arise from the screening, and provide helpful referrals or other available followup services that address those concerns.

Make every effort not to rush clients/patients through the screening process. The following tips are provided to assist you in this regard:

- Building trust and rapport with a client/patient is the foundation for a successful screening. Refer to the relationship-building tips above from time to time to refresh your memory about strategies that may help build trust and establish rapport.
- The intent of the screening is to promote the safety and well-being of your client/patient.

- Take your time. Avoid rushing through the screening tool with the client/patient. Read each question slowly to them and offer to repeat it if they seem confused or unsure of the answer.
- Allow time for the client/patient to process each question and answer at their own pace. Some clients/patients may need to pause before answering a question. Explain that this is okay and that you are not in a hurry.
- Periodically review the red flags checklist (Appendix B) and the screening questions to ensure you are very familiar with the signs of possible trafficking. The more familiar you are with the resources in this Toolkit, the more likely you are to be confident when you conduct a screening.

2. Indicators of Trafficking

A "red flag" checklist is not a screening tool, but it can be useful alongside screening tools. Red flag checklists serve as quick guides that help professionals recognize a cluster of symptoms. They are not formal and typically are not validated. These lists include signs or symptoms indicating that a particular condition may have existed in the past or may be occurring now; they are also commonly used to remind professionals to be on the look-out for a particular risk factor. Unlike screening instruments, red flag checklists do not identify potential for future risk. Research indicates that determining risk factors for future vulnerability to a particular condition is much more difficult (Macy, in press).

Remember! Use a "red flag" checklist like the Indicators of Human Trafficking (Appendix B) to help determine if further screening for potential human trafficking is appropriate.

There appears to be no consensus of opinion in trafficking research literature or among experts about whether red flag checklists are useful instruments. Some experts do not use trafficking red flag checklists because they can be too easily rushed through by busy professionals (Lewis-O'Connor & Alpert, 2017). Others, however, suggest that using red flag checklists, although they are imperfect instruments, may nonetheless be valuable, given that no better options exist. Until data indicate the need for universal screening for signs of trafficking, we recommend that you screen any clients/patients who exhibit red flags associated with human trafficking.

After considering available options, we determined that a red flag checklist would be a useful complement to the Adult Screening Tool. For this reason, we developed Indicators of Human Trafficking (Appendix B) to focus specifically on adult red flags. Indicators of Human Trafficking was modeled after one developed for use by health care providers that incorporates signs of trafficking in both minors and adults. It is intended to be used as a means for helping you recognize the signs of adult trafficking and determine if further screening is necessary.

3. Information and Referral Process

During the screening, you should remain calm, use an empathetic tone of voice, and show care and concern for the client/patient. Ask them about their concerns and if they would like help to resolve those concerns, including information and connection to other agencies that can assist with meeting their basic needs such as food and shelter. For additional information on referral steps, refer to the Screening Flowchart for Adults at Risk for Human Trafficking (Appendix C).

Provide information about what an assessment entails and ask them if they agree with the assessment and would like to talk about their answers. If the client/patient does not agree to answer your questions, thank them for their time, and provide them with written resources for partnering agencies/organizations and/or the contact information for the National Human Trafficking Hotline. Note that it is important to verify if it is safe for the individual to bring written information home with them.

At the end of a screening for human trafficking, always conclude by going back to their concerns. A question or two should be included about whether or not they are interested in other referrals. Asking the client/patient if they want a referral allows them to have a sense of agency and choice—a good practice in trauma-informed services (Vera Institute of Justice, 2014).

Additionally, it may be useful for local organizations to increase collaboration to enhance their information and referral process. Programs such as the OVC Vision 21 initiative (Office for Victims of Crime, 2017a) focus on enhancing collaboration in communities and providing wraparound services to victims and can be used as a model for building information and referral processes (Office for Victims of Crime, 2017b).

4. Safety Planning

If the client/patient agrees to discuss their situation, include safety planning in the conversation. Inform the client/patient that you are concerned for their safety and well-being and that you can connect them with appropriate and confidential service resources. Safety planning involves helping individuals anticipate and plan ahead for potentially escalating levels of danger before, during, or after leaving a dangerous situation. Safety planning is widely considered a best practice and should be a standard part of the screening process.

A successful safety plan for victims of human trafficking or those at risk will:

- Assess the current risk and identify current and potential safety concerns
- Create strategies for avoiding or reducing the threat of harm
- Outline concrete options for responding when safety is threatened or compromised (Polaris Project, 2011)

Safety Plan: "A personalized, practical plan that includes ways to help someone remain safe," including while in the trafficking situation, planning to leave, or after leaving. "Safety planning involves how to cope with emotions, tell friends and family about the abuse, take legal action, and more" (National Domestic Violence Hotline, n.d.).

If your client/patient is not open to developing a safety plan, at a minimum, provide resources that they can review should the need arise.

A. Assess the Current Risk

When a high level of perceived danger exists, the referral process may include providing your client/patient with the option of involving law enforcement, relocating to a safe shelter, and/or accessing court advocacy/assistance for pursuing a protective order or other legal remedy. Since

client/patient confidentiality is a high priority, law enforcement should only be engaged with the consent of the client/patient. Identify multiple options to meet the diverse safety needs of your client/patient while you plan your referral process.

B. Strategies to Reduce the Threat of Harm

Helping a victim of human trafficking or someone at risk of trafficking requires thoughtful planning to keep them from harm. Strategies should be concrete and based on the individual's situation, and used at their discretion. A trauma informed approach means empowering the individual to make their own decisions, including within a safety plan. While it may be hard to understand, your client/patient may return to the trafficker or to their place of exploitation. Help your patient/client plan for their safety in this situation:

- If their location is unknown to them, help them identify where they are; encourage them to look at their surroundings and addresses on buildings or landmarks if they are unsure where they are staying.
- Develop a strategy to use during violent episodes, try to avoid "dangerous" rooms (i.e., the kitchen where knives are located, or rooms where guns may be held).
- Plan and memorize an escape route. If safe to do so, practice this route and have an alternative plan should the route be blocked.
- Keep copies of any important documents in a safe place, along with any necessities, such as medicine, that they can grab quickly.

Be aware that even after being away from the trafficking situation, an individual may still face real or perceived threats from the trafficker. Individuals with a history of trafficking should also have a safety planning discussion and be provided with information on local and national resources. Do not become frustrated if your client/patient does not utilize the safety plan. Let your patient/client know that they can return to your program for additional support.

For additional suggestions on safety planning with individuals who are currently being trafficked, who are trying to leave, or who have left, see the National Human Trafficking Hotline Safety Planning and Prevention Handout (listed in Resources below).

C. Options for Responding When Safety Is Threatened

Providing services to clients/patients comes with some risks to service providers. Human trafficking is a dangerous industry—traffickers can and do retaliate against those who testify against them. The International Organization for Migration (2007) provides the following guidelines for ensuring your safety when interacting with clients/patients at risk of or experiencing human trafficking:

- Conducting risk assessments and having a risk management plan is the responsibility of every service delivery organization. The risk assessment should be reviewed on at least a monthly basis or more often in high-risk situations.
- Always alert one other colleague of your location while conducting the screening. Have them check on you periodically.
- If screenings are conducted away from the office, always have two staff members present.

- Always remain aware of your immediate surroundings and situation, particularly when meetings take place at a neutral location.
- Always be aware of who may be within earshot when interviewing a client/patient.
- Use careful techniques for disposing of or filing personal identification information. Never allow confidential data to leave the office and have secure mechanisms (passwords, locking file cabinets) available for securing confidential data.

Resources

Safety Planning Information

- The National Human Trafficking Hotline Safety Planning and Prevention Handout
- Safety Planning: The Advocates for Human Rights
- Safety Tips and Safety Planning. National Indian Country Clearinghouse on Sexual Assault

THE ADULT HUMAN TRAFFICKING SCREENING TOOL

Knowing that the basis of all adult trafficking involves the three core elements of force, fraud, and coercion, each question included in the Adult Human Trafficking Screening Tool (AHTST) was crafted to reflect one of these core elements. Questions were identified as common across a number of screening instruments, although the wording varies and lengthy assessments include additional areas of inquiry. The primary categories selected for inclusion are:

- Recruitment
- Personal identification and travel documents
- Violence, coercion, and threats
- Working conditions
- Living conditions

Remember! Administer this toolkit verbally and as part of a conversation between you and your client/patient. It should only be administered by professionals who have received relevant training. Contact info@nhttac.org for training information.

The AHTST questions were carefully constructed to include indicators often seen in both labor and sex trafficking. The AHTST is designed to be short, easily administered with minimal training, and designed so that you can integrate questions into conversations while simultaneously building rapport or listening for information. The tool below is formatted to easily be printed and copied for use by trained professionals on adults only.

The screening tools used to assess for vulnerable populations, including those who have experienced sexual assault and domestic violence, have between 4 and 72 questions each with an average of 31 questions (see Appendix D). Screening tools are instruments that help you to know if a referral for further services needs to be made. They are separate from clinical assessments because they are not looking to identify a treatment plan, but rather identify potential victimization.

Screening tools designed to be self-administered by the client/patient may present barriers for many individuals who have been trafficked, such as reading and writing or discomfort with technology. After careful consideration based on the variety of inputs used in the development we recommend conducting a face-to-face interview format between a clinician and client.

Table 2. Adult Human Trafficking Screening Tool

Adult Human Trafficking Screening Tool		
This screening tool is part of a guide and is to be used with the "Adult Human Trafficking Screening Tool and Guide." It has been provided as part of a screening toolkit to a professional who is trained to administer it. For information about this screening tool or the recommended training for its application, please contact the National Human Trafficking Training and Technical Assistance Center (NHTTAC) at info@nhttac.org or 844–648–8822.		
Question	Respondent Answers	Notes
1. Sometimes lies are used to trick people into accepting a job that doesn't exist, and they get trapped in a job or situation they never wanted. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
2. Sometimes people make efforts to repay a person who provided them with transportation, a place to stay, money, or something else they needed. The person they owe money to may require them to do things if they have difficulty paying because of the debt. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
3. Sometimes people do unfair, unsafe, or even dangerous work or stay in dangerous situation because if they don't, someone might hurt them or someone they love. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
4. Sometimes people are not allowed to keep or hold on to their own identification or travel documents. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
5. Sometimes people work for someone or spend time with someone who does not let them contact their family, spend time with their friends, or go where they want when they want. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
6. Sometimes people live where they work or where the person in charge tells them to live, and they're not allowed to live elsewhere. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
7. Sometimes people are told to lie about their situation, including the kind of work they do. Has anyone ever told you to lie about the kind of work you're doing or will be doing?	Yes No Declined to Answer Don't Know	

8. Sometimes people are hurt or threatened, or threats are made to their family or loved ones, or they are forced to do things they do not want to do in order to make money for someone else or to pay off a debt to them. Have you ever experienced this, or are you in a situation where you think this could happen?	Yes No Declined to Answer Don't Know	
If the client/patient answered YES to any of the questions, this may indicate a risk for current, former, or future trafficking. If you feel this individual is at risk, or is being trafficked, discuss referral options, including possibly reporting to the appropriate authorities trained on human trafficking. Ask, "do you want additional resources or information?" For assistance with referrals or other resources, please contact the National Human Trafficking Hotline: 1–888–373–7888, 24/7 (200 languages).		

AGENCY CONSIDERATIONS TO EFFECTIVELY USE THIS SCREENING TOOL

Prior to incorporating this screening tool into routine practice, the agency/organization should develop a clear, trauma-informed policy and procedures for staff to follow in the event of a positive screen. The response to a positive screen must be carefully thought out and proactively planned to minimize the risk of harm and to maximize the impact of the intervention. Carry out a comprehensive assessment of locally and regionally available resources that could assist in addressing the health and social needs of victims or potential victims of trafficking. Partner with local anti-trafficking organizations, and develop protocols for warm referrals. The National Human Trafficking Hotline can be a helpful sources of information for local referrals. The importance of preparedness cannot be overemphasized, and the following recommendations for developing a response protocol (Macias-Konstantopoulos, 2016) should be considered:

- ***Draft and adopt*** a human trafficking policy that calls for adherence to survivor-centered, trauma-informed, and culturally and linguistically responsive policies and best practices.
- ***Identify*** internal resources and reach out to local professionals, agencies, and organizations to establish cross-sector partnerships and collaborations that will enhance efforts to meet the vast and complex needs of those identified.
- ***Incorporate*** a step-by-step plan of action (see Appendix C) in the event of a positive screen that prioritizes the physical and emotional safety of providers and clients/patients and provides guidance on autonomy, privacy and confidentiality, language interpretation, mandatory reporting, recordkeeping, and staff training.
- ***Train*** staff on the proper administration of the screening tool and the procedures to follow in response to a positive screen, including mandatory reporting.
- ***Monitor and evaluate*** the effectiveness of the training and the impact of the plan of action, and revise procedures as needed for improvement (Macias-Konstantopoulos, 2016).

Mandatory Reporting

Mandated reporters must take their reporting responsibilities very seriously. Mandatory reporting laws are intended to enhance the safety of both the client/patient and community by connecting potential victims to protective services and perpetrators to law enforcement (Macias-Konstantopoulos, 2017; Todres, 2016).

Mandatory reporting laws—which define who is a mandated reporter and the type of events that require reporting—vary from state to state.[1] In cases where the suspected victim is an adult, if

[1] In the case of children, however, when reasonable cause exists to suspect that a child is a victim of trafficking, mandated reporting is required by law in all U.S. states and territories under child abuse and neglect statutes, regardless of whether mandatory reporting statutes specific to human trafficking are in place.

human trafficking is not a component of your state's mandatory reporting statutes, under certain circumstances, a potential case could become reportable. Some of these "reportable" circumstances may include domestic violence, injuries caused in violation of criminal law, and injuries caused by a deadly weapon (e.g., a firearm, knife, or machete).

Some professionals hesitate to report potential victims of trafficking due to fears of violating the rules of the Health Insurance Portability and Accountability Act, or HIPAA. HIPAA was written to protect patient confidentiality; it was never designed to prevent the reporting of trauma and crimes. The HIPAA Privacy Rule permits the reporting of injury or abuse provided certain conditions are met. If you're unsure about whether HIPAA permits the reporting of patient information in a specific situation, human trafficking can still be reported without divulging individually identifiable patient health information; for example, you could report the gender, age of patient, and type of trafficking (Office on Trafficking in Persons, 2017).

You must understand mandatory reporting laws and your responsibility to report within the state(s) in which you practice, including whether human trafficking is a reportable event.

Visit www.victimlaw.org to find mandatory reporting laws for your state.

Agencies/organizations implementing human trafficking screening should research, understand, and train staff and direct service providers regarding their obligations under their state's mandatory laws. In addition, agencies/organizations are required to stay abreast of any legislative changes to mandatory reporting and revise their response protocols and staff trainings as necessary to reflect any applicable changes.

Recordkeeping

Agencies/organizations planning to institute this screening tool should invest in the resources necessary to build and maintain a system of recordkeeping that is internally accessible yet secure prior to implementation. Protocols for recordkeeping will vary based on the organization's current restraints, but should consider the following:

- How long to keep information?
- Who has access to information?
- How do you keep information safe?
- What confidentiality and nondisclosure laws need to be considered?

Professionals have a responsibility to clients/patients to ensure all of their information is properly documented. The records kept during the initial intake can influence the services the client/patient receives if they return to the same organization and are served by a different colleague.

Informed by the experience of domestic violence and sexual assault documentation, accurate and unbiased documentation in the client/patient record can serve two essential purposes:

- **Service provision.** Adequate documentation of health and social needs is vital to the client's/patient's ability to receive referrals and access needed services. This is particularly important if the long-term plan of care will require repeated followups in the same agency/organization but potentially be attended to by different providers.

- **Evidence preservation.** If records are subpoenaed for future court proceedings, a poorly documented record of the client's/patient's responses to a screening tool can have negative implications on the survivor's criminal investigations and court proceedings.

Tips you can use to ensure proper documentation of the screening results in client/patient files include:

- Note any information disclosed regarding their experiences of abuse, violence, and trafficking only as it pertains to your role in a professional capacity to assess needs, deliver services, or make appropriate referrals.
- Ensure all client/patient files are held in the strictest of confidentiality. The importance of safeguarding written and electronic records cannot be overstated.
- Ensure all file locations—including computers—are locked at all times and only authorized individuals can gain access.
- Before responding to a subpoena for your client/patient's records, consult with your management and legal teams." This includes requests from law enforcement, prosecutors, defense attorneys or other private attorneys.

Staff Training

Any agency or organization providing direct services should operate under a core *"First, do no harm"* principle. As a professional, you are responsible for ensuring screening practices are survivor centered, trauma informed, and culturally and linguistically responsive. Training on the proper procedures for administering this screening tool through conversation and responding appropriately to the subsequent needs identified for individuals who result in a positive screening is critical to its effective application and trauma-informed use. Provider training is a prerequisite for the use of the AHTST and Toolkit and should include the following major components:

Implementing this screening toolkit without being trained in advance has the potential to result in additional harm to the client/patient.

1. **Establishing a relationship:** Methods for establishing and maintaining rapport with clients/patients, including before and after the screening tool is administered
2. **Recognizing the red flags:** Increasing your ability to recognize the signs and indicators of human trafficking (see Appendix B for a chart of red flags)
3. **Securing privacy:** Knowing ways you can safely achieve the separation of clients/patients from any persons accompanying them
4. **Screening for potential human trafficking:** Proper administration and interpretation of the screening tool
5. **Safety planning:** Strategies for helping the client/patient develop a safe exit strategy if they choose to attempt to escape their trafficker at any time
6. **Protocols for mandatory reporting:** Reviewing and understanding the state mandatory reporting laws and ways in which you can inform clients/patients about the need for mandated reporting
7. **Referring to resources:** Identifying national and local resources and referral procedures that may enhance followup

For more detailed information, refer to Key Concepts for Screening Potential Adult Human Trafficking Victims (Appendix A).

Cultural and Linguistic Competency, Ethical, and Safety Considerations

Individuals who have been trafficked are subjected to repeated or prolonged trauma in their relationships and interactions with others; therefore, it is not surprising that they may experience fear and anxiety when forming new relationships (Hopper & Hidalgo, 2006; Macias-Konstantopoulos & Bar-Halpern, 2016). The interpersonal fragility of your interactions with individuals who have been trafficked may produce mistrust and model healthy and empowering relational behaviors. Consider ethical factors critical to developing trust before using this screening tool, including autonomy, language access, cultural responsiveness, and confidentiality.

Autonomy

Adult human trafficking involves force, fraud, and coercion. These elements and the chronic control they experience can leave individuals feeling stripped of their rights. It is critical for you to respect the autonomy of clients/patients and promote their sense of autonomy by giving them opportunities to experience control over their own actions. Think of ways to offer choice to clients/patients.

It is equally important for you to encourage self-determination—the ability to make decisions that affect one's life based on life experiences, individual preferences, needs, wishes, goals, and priorities (Macias-Konstantopoulos, 2017). Recognize that individuals who have been trafficked have experienced oppression and control in varying degrees, which can be inadvertently perpetuated in health and social service settings. In fact, screening can unintentionally result in decision making on behalf of the person perceived to be vulnerable, without regard for their own sense of the dangers behind those decisions.

Simple ways to promote client/patient sense of control include allowing them to choose where they would like to sit or allowing them to choose from a variety of available snacks while they wait or letting them know where the bathrooms are located so they're not made to feel that they have to ask for permission when the need arises.

To avoid endangering individuals who have been trafficked, it is critical that professionals resist their overwhelming urge to assist in a manner that will overshadow the will of their client/patient. Simple ways you can promote a client/patient's ability and right to make consequential decisions include allowing them to:

- Set the pace of the screening process
- Decline to answer any questions
- Choose which resources or services they want and need and how they wish to access them (e.g., referrals or calls to the hotline can be made together)

Engaging clients/patients in the decision-making process may help calm their fear and anxiety. Shared decision making—a key component of a survivor-centered practice—signals that the needs, wishes, goals, and priorities of the client/patient are important and valued (Macias-Konstantopoulos, 2017).

Language Access

If you are not fluent in the client/patient's language, seek professional third-party interpretation. When an agency/organization employs an outside interpreter, it is very important to include a confidentiality or nondisclosure agreement in the contract. The confidentiality agreement lays out binding terms and conditions that prohibit the interpreter from disclosing confidential and proprietary information shared by the client/patient. This is especially true when working with clients/patients who are victims of human trafficking.

Ideally, agencies will have interpreter services as part of their resource protocol and are using promising practices in advance of using the AHTST and Toolkit so that you can quickly and easily find appropriate language interpretation when the need arises. The process for securing an interpreter should happen immediately upon recognizing the need to lessen the anxiety and discomfort associated with a prolonged wait. Once the client/patient is separated from those who accompanied them, they should be offered an in-person professional interpreter or a professional telephonic interpreter service. In rural areas and close-knit communities with rare dialects (e.g., refugee resettlement areas), interpretation through the phone is recommended to avoid any conflicts of interests that may arise if the interpreter is from the same community as the client/patient. All interpreters should be screened for potential conflict of interest prior to having contact with the client/patient.

The Department of Justice, Office for Victims of Crime Training and Technical Assistance Center (n.d.) offers these strategies when using an interpreter:

- Interpreters should be neutral. Never use another victim, a family member, or someone who has a relationship with the victim.
- Interpreters should have a complete grasp of the two languages they are interpreting as well as training in the skill of interpreting.
- Meet with the interpreter before conducting an interview. Prepare an interpreter for the potential of asking difficult questions. Questions that get to the heart of exploitation are often very difficult, invasive, and probing; it is important to prepare the interpreter for the topics that may be covered and ensuring they can handle it.
- Review confidentiality with the interpreter before the interview and then describe confidentiality at the beginning of the interview, right after introducing the interpreter to the victim.
- Ask the interpreter to explain any particularly relevant cultural dynamics that may impact communication with the victim prior to the interview. This could be valuable in helping to build the relationship with the client/patient if you are not familiar with the cultural aspects of the client/patient.

In addition to these guidelines, interpreters should be the same gender as the client/patient as this puts them more at ease and more likely to open up about their experiences (Zimmerman & Watts, 2003). When an adequate means of language interpretation is not available, or if anyone

accompanying the client/patient refuses to leave, you should consider whether it might be appropriate to identify a separate time to conduct the screening. Relying on accompanying persons, despite the apparent approval of the client/patient (who may fear objecting when the accompanying person is enlisted for language interpretation), may result in nondisclosure and increased risk of harm to the victim.

Resources

Working with Interpreters

- Human Trafficking Task Force E-Guide: Working with Interpreters

Cultural Responsiveness

Given the diversity of backgrounds found across the client/patient populations accessing public health, health care, behavioral health, and social services, agencies/organizations to develop protocols and processes that will ensure the cultural responsiveness of their staff and services. It is important to be considerate of cultural factors such as religious beliefs, attitudes toward sex, potential stigma toward mental health, gender roles, and social customs (Vera Institute of Justice, 2014). For example, racially and ethnically marginalized women may be viewed as commodities to be used for the purposes of perpetrators who hold more economic or social power (Bryant-Davisa & Tummala-Narrab, 2017). In these cases, it would be culturally responsive to use a provider of the same gender so these women do not feel overpowered.

Cultural responsiveness reflects best practices for inclusivity when engaging individuals from diverse backgrounds, including foreign nationals, racial/ethnic minorities, gender and sexual minorities, and other underserved populations. When culturally appropriate, services provided (including human trafficking screening) are more effective when they are able to respond to the cultural needs of clients/patients.

A good practice is to team up client/patients with service providers of the same ethnicity and culture to increase cultural sensitivity. Case managers of the same ethnicity as victims can build trust by overcoming language differences and providing culturally sensitive services through intimate knowledge of victims' cultural values (Office for Victims of Crime, n.d.)The higher the level of cultural responsiveness achieved, the more culturally appropriate the services will be at any given time.

The National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care are a useful resource for public health, health care, behavioral health, and social service agencies. The National CLAS Standards “are intended to advance health equity, improve quality, and help eliminate health care disparities” (U.S. Department of Health and Human Services, n.d.).

An additional useful resource is the Cultural Orientation Resource Center, which increases awareness on the likely characteristics and needs of incoming refugee groups as well as facilitates culturally and linguistically appropriate orientation training for these newcomers to the United States. This website has useful guides to many different cultures, their beliefs, and information on their cultural identities.

Resources

Cultural Responsiveness

- Cultural Orientation Resource Center
- National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

Privacy and Confidentiality

Professional codes and standards, agency/organizational policies, and state/federal legal standards concerning the client's/patient's right to confidentiality exist to protect their privacy and right to decide who has access to their information. This is critically important for clients/patients whose information is particularly sensitive and may lead to stigmatization or harm if made public (e.g., HIV positivity, substance use, and abuse/violence).

Refrain from asking the client/patient if it is appropriate to speak in front of an accompanying person.

For the safety of all involved, you must adhere to privacy and confidentiality of the client/patient. Screening for trafficking or any other form of violence must be done with dignity and respect. Screening should take place in a safe, quiet, and private space, away from those who might be intent on listening, for any reason (e.g., curiosity, retaliation), without the client's/patient's consent, or they may be left with no choice but to agree out of fear of retaliation. Ensure privacy by safely separating the client/patient from any accompanying persons. This can be done by telling the accompanying people that the agency policy does not allow additional persons during examination or service and that space is provided for them in the waiting room.

In addition, exceptions to confidentiality—typically defined by mandatory reporting laws—are in place to protect clients/patients. State mandatory reporting laws define the limits to which the service provider's contextual knowledge and any information disclosed by the client/patient to the provider can be kept confidential. (For more information, refer to the section on Mandatory Reporting.) The limits of confidentiality ideally apply to extraordinary circumstances in which the lack of a third-party intervention could result in serious, foreseeable, and imminent harm to the client/patient. You should be transparent about the limits of confidentiality by informing clients/patients of your mandated reporting responsibilities prior to the screening. Transparency allows the client/patient to make an informed decision—that is, with all the facts at hand—about what and how much to disclose.

Any breaches of confidentiality beyond these accepted limits not only violate the client's/patient's autonomy and risk potential harm to the client/patient, but also risk damaging the client/patient-provider relationship, reinforcing their lack of trust, and diminishing their future perceived options for seeking help and obtaining assistance.

OTHER SCREENING TOOLS

The purpose of a screening tool is early detection, allowing for timely intervention and minimizing the negative impact on the individual (Wilson & Jungner, 1968). Screening tools that indicate a high likelihood for human trafficking can then be used as a guide for a more detailed assessment. Although screening tools for human trafficking were created fairly recently, screening instruments have long been in use with other victim populations and are described in NHTTAC's Human Trafficking Screening Toolkit: Literature Review (see Appendix D). No validated tools exist for the purpose of screening clients/patients for trafficking across all public health settings (public health, health care, behavioral health, and social services), and very few validated trafficking screening tools exist at all. In fact, only an extremely small number of screening tools of any kind have been rigorously investigated and evaluated (Macy, in press). No research data or evaluation criteria are available to compare the effectiveness of different methods of screening.

Difference between Red Flag Checklists, Screening Tools, and Assessment Tools

Red Flag Checklist: used to identify risk factors for potential human trafficking

Screening Tools: short questionnaires designed to identify potential human trafficking

Identification Tools: longer, more comprehensive tools to confirm human trafficking is occurring for the purposes of criminal or civil (including immigration) cases or research

Ideally, screening tools are peer-reviewed and validated as high performing—they have a high degree of accuracy—prior to use. High-performing tools correctly classify individuals who may be at risk of an issue, in this case, human trafficking. To be considered high performing, tools must have high specificity and be highly sensitive. High specificity means they can distinguish between similar problems with a high degree of accuracy (e.g., intimate partner violence vs. human trafficking). Tools must also be highly sensitive, meaning they have the ability to correctly identify individuals, only missing a minimum of cases (Wilson & Jungner, 1968).

Since the 1990s, a variety of instruments have been designed and adopted for identifying victims of domestic violence, sexual assault and HIV. Among them are reliable, brief screeners commonly used in public health, health care, behavioral health, and social service settings (see Appendix D). Their design and execution are grounded in and directed by a trauma-informed framework that recognizes the profound neurobiological impact of trauma and re-traumatization and the nonnecessity of an indepth account of the trauma experienced to determine if resources are needed or if mandatory reporting is required. These well-established tools serve as models for the development of a similar screening instrument that can assist professionals from across an array of public health settings in identifying potential adults who have been trafficked or are at risk of being trafficked.

Most instruments in use for screening potential trafficking victims do not meet the unique screening needs for professionals working in public health, health care, behavioral health, and social services. The 19 tools reviewed for this Toolkit (see Appendix D) are not adequate for these settings for a variety of reasons:

- ***Developed for a specific service delivery sector*.** Many of the instruments reviewed were created for exclusive use in a specialty area such as criminal justice, research, or behavioral health treatment. None of the existing screening tools are validated across multiple public health settings.

- ***Target a single demographic of victims*.** The instruments reviewed identify either sex trafficking or labor trafficking victims, but few are designed to identify adult individuals who may have been trafficked across all forms of trafficking. In some cases, the instrument identified only a specific victim group, such as international victims of trafficking or child and youth victims of sex trafficking.
- ***Lengthy and require considerable time to complete*.** The length of many available instruments prohibit their use in time-sensitive situations or fail to reflect trauma-informed practices. Reviewed tools contain an average of 40 questions and require 60 minutes or more to complete.
- ***Primary objective is to provide definitive identification that a person was trafficked.*** Many of the tools reviewed were designed to provide a definitive confirmation that an individual has been trafficked. Tools you may use only need a preliminary screen and refer to an expert for a more definitive identification assessment.
- ***Lacks a trauma-informed framework*.** Many of the questions in the tools reviewed are not appropriate to provide a trauma-informed, culturally competent response from the individual. Lacking a trauma-informed framework could potentially re-traumatize victims, causing further emotional harm. Many tools require an indepth appraisal of the details related to the victim's trauma that would not be pertinent to the situation or target audience of this Toolkit. Not only are the questions unnecessary and potentially re-traumatizing, they may also put the individual and the staff in harm's way by collecting information that the provider may not be able to protect from subpoena in criminal and civil litigation. In addition, the time required to complete the assessment may lead to unaccountable delays that place the individual at greater risk of harm from the trafficker or from the circumstances in which they were vulnerable prior to being trafficked. Such indepth appraisals may not be practical or appropriate in certain health settings.
- ***Lack of training prior to use of the toolkit.*** Many of the available screening toolkits do not include guidance on how to train professionals for implementing and using the toolkits effectively.

CONCLUSION

Screening tools for human trafficking should be brief and identify individuals who may have been trafficked or are vulnerable to trafficking by determining the presence of certain indicators, or risk factors. Typically, screening tools contain a limited number of closed-ended questions that require simple "yes" or "no" answers and make lengthy dialog and detailed disclosure of the trauma unnecessary. The AHTST is designed to be used in conversation, where answers to the questions may naturally flow. We incorporated key elements found across *trauma-informed* screening tools for domestic violence and sexual assault. The AHTST is designed to be user friendly, can be completed relatively quickly, requires less expertise to administer, and may potentially be at least as effective as a face-to-face interview when completed in the form of a self-administered

Prior to using this tool, it is crucial that the agency/organization establish a plan on how to respond to a positive screen and that staff receive training on how to use the tool and how to respond to a positive screen.

questionnaire. To complement the AHTST, this Toolkit provides additional materials to assist you in effectively screening adults for human trafficking. The Key Concepts for Screening Potential Adult Human Trafficking Victims (Appendix A) provides detailed guidance on the training requirements for anyone before using the AHTST. Indicators of Human Trafficking (Appendix B) can be used to identify clients/patients who may be victims of human trafficking. The Screening Flowchart for Adults at Risk for Human Trafficking (Appendix C) provides a step-by-step visual on handling positive screenings.

Recommendations

Evaluate and Validate

The AHTST and Toolkit were created to combine literature and promising practices for screening tools for a variety of interpersonal crimes and other health concerns, including domestic violence, sexual assault, human trafficking, and HIV. It has not yet been validated or evaluated in the field. More research is needed to ensure that the AHTST is valid in identifying adults who may have been trafficked and are receiving services in public health, behavioral health, health care, and social services settings.

Develop an Accompanying Training

Professionals who intend to use this screening tool should participate in an associated training prior to its implementation. The training should include the elements noted in Appendix A. The training should emphasize establishing a relationship with the client/patient, recognizing the signs and symptoms of human trafficking, understanding the perspectives and needs of individuals who have been trafficked or are vulnerable to trafficking, conducting the screening, and responding to positive screens within a survivor-centered, trauma-informed, and culturally responsive framework. Participation in training will provide you with a thorough understanding of the purpose and use of the instrument as well as an opportunity to demonstrate your competency in the area of screening for human trafficking.

APPENDIX A: SCREENING ADULT VICTIMS OR THOSE AT RISK OF EXPERIENCING TRAFFICKING

Establish Rapport	Prior to administering the screening tool, establish a rapport with the client/patient. There is no set formula for quickly achieving a meaningful connection with a client/patient, but certain elements of human interactions can assist in creating a safe space: • Nonthreatening position (eye level) • Eye contact, facial expressions, body language • Active listening skills • Respectful, empathic, nonjudgmental communications **Training Development Best Practices** • Incorporate role plays into training to allow opportunities to practice active listening and engaging in sensitive conversations for individuals who will be conducting intake/screenings.
Recognize Red Flags	Receive the education and training necessary to recognize the risk factors and red flags (signs and symptoms) of human trafficking, including physical, emotional, and behavioral indicators and indicators of abuse and control. If you become suspicious of human trafficking, secure privacy and plan to proceed with screening. **Training Development Best Practices** • Provide large and small group discussions to discuss red flags and share personal experiences on identifying red flags. • Create a worksheet with a list of potential red flags to help individuals differentiate between what would be a red flag and what is not.
Secure Privacy	The process of separating a client/patient from accompanying persons is a delicate one. Doing so effectively and safely takes preparation and practice. Examine the agency's/organization's intake process to determine the steps at which a client/patient can be naturally separated from an accompanying person without raising suspicion. **Training Development Best Practices** • Provide a small group activity for individuals to examine their organization's intake process to identify separation strategies and if they need to be updated/improved. • Share research on securing privacy and what the research says on strategies to secure privacy for the client/patient.
Screen for Potential Human Trafficking	Use the same sensitivity one would exercise when having any conversation about a traumatic, potentially triggering life event. Prior to engaging in any intake, but particularly in a screening for human trafficking, briefly explain to the client/patient their right to confidentiality as well as the limits of confidentiality. In addition, be aware of your limits of expertise:

	• If you are simply carrying out the screening and will refer the client/patient to another provider in the case of a positive screen, ask the questions as written. • If you will continue services after a positive screen, then follow up with a deeper conversation using elements of motivational interviewing to confirm trafficking, perform a lethality assessment, pursue safety planning, and/or provide referrals to other resources based on identified needs. **Training Development Best Practices** • Incorporate role playing as a training method to allow individuals the opportunity to practice interviewing skills, including motivational interviewing, and receive feedback. • Discuss confidentiality and the limits to what can and cannot be asked. • Provide a list of interview questions and have individuals identify which one can and should not be asked during the intake process. • Respect the client/patient's right not to answer questions and to make their own decisions, even if you don't agree with them.
Discuss the Need to File a Report	If human trafficking is suspected following the screening, identify whether mandated reporting is required. It is crucial that the individual filing the report discusses the need to file a report using a nonthreatening manner. This is critical to maintaining rapport. With adult potential victims of human trafficking, it is important to explain in a sensitive way the reasons for concern, the potential benefits of filing a report, and what to expect when filing a report. **Training Development Best Practices** • Engage individuals in a discussion explaining the requirements for reporting adult human trafficking, the mandated reporting requirements, and how to file a report. Discuss the differences in reporting child or adult human trafficking. • Provide small group opportunities to allow participants to practice how to inform the client of the need to file a report. • Locate videos online showing an interview and the need to file a report to allow the individuals to critique the process.
Refer to Resources	Following a positive screen, make the necessary referrals to services, whether those services exist within or outside of the agency/organization, in a manner that will enhance their followup. **Training Development Best Practices** • Provide the individuals with a list of resources they can use when needed. • Have individuals identify their local resources, both within their organization and their community. 1. Encourage cross training among organizations. Develop protocols to initiate warm referrals when your client is in need of additional services.

Resources

- The Motivational Interview in Practice.
- The Advocates for Human Rights: Lethality Assessments

APPENDIX B: INDICATORS OF HUMAN TRAFFICKING

INDICATORS OF HUMAN TRAFFICKING

ADULTS AT RISK FOR LABOR TRAFFICKING OR SEX TRAFFICKING

May be any age, gender, race/ethnicity, and nationality; may be LGBTQI or of any immigration status

FORCE OR FRAUD OR COERCION

May be experiencing the following:

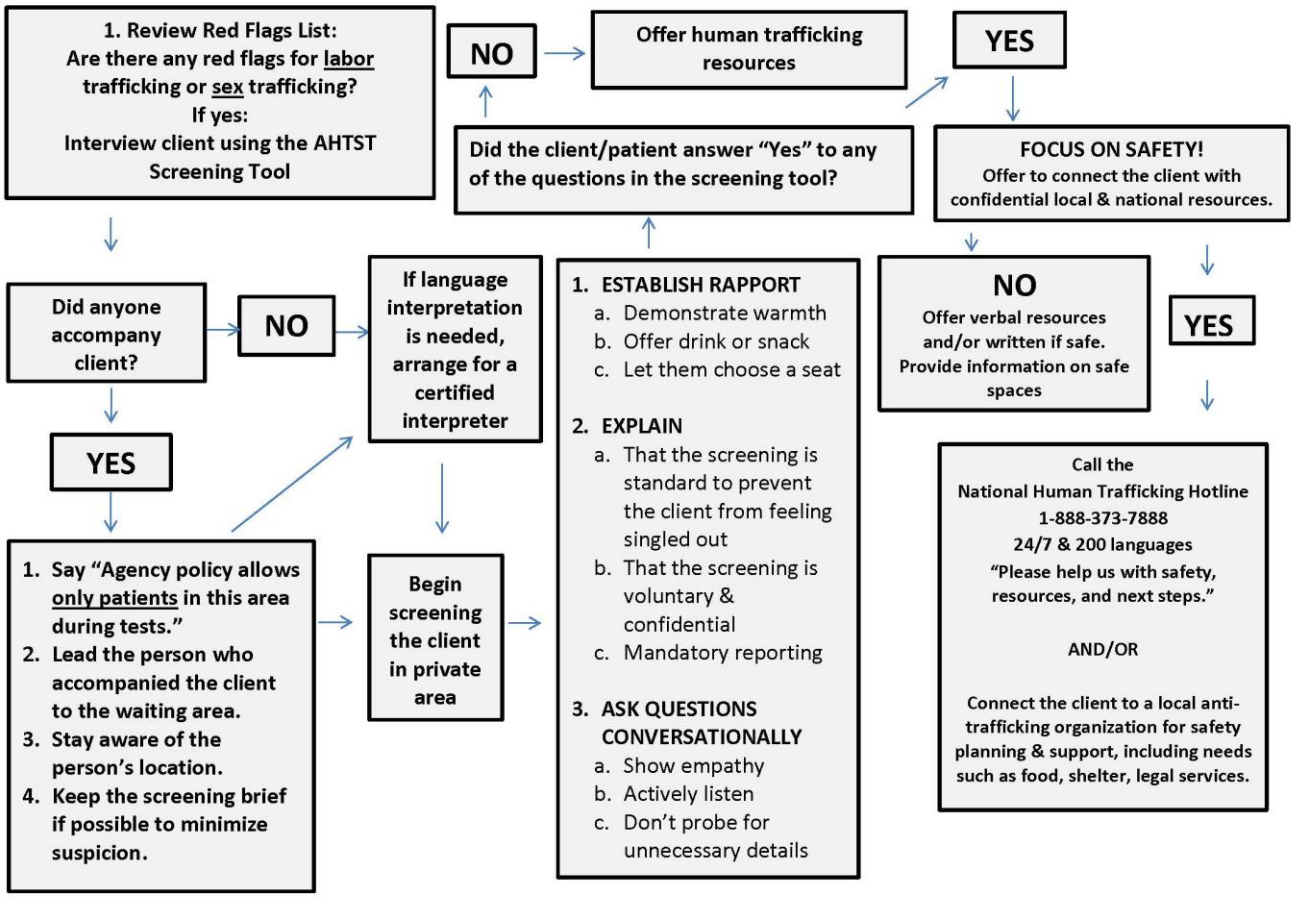
- Is with a person who speaks for them
- Is unsure of day, date, month, year
- Moves frequently
- Not in control of personal identification
- Doesn't know where they live
- Story doesn't make sense; seems scripted
- Not allowed to come and go at will
- Wears the same clothes over and over
- Seems afraid to answer questions
- Works long hours; exhausted; hungry
- Someone else controls their money
- Odd living/work space (may include tinted windows, security cameras, barbed wire, people sleeping/living at worksite)
- Can't move freely; attached to someone
- Owes a debt to employer

LABOR TRAFFICKING	SEX TRAFFICKING
• Hired for a different job based on false promises • Fearful of employer or supervisor • Isolated from family; fears family harm if they quit • Lives where they work; can't choose where to live • Owes employer money and can't pay it back • Abnormal work hours; no breaks or vacations • Boss makes them lie about their job duties • Multiple people living in a cramped space: housekeeper, sales crew, live-in help	• Works in the commercial sex industry: escort, exotic dancer, "prostitute," "massage" • Signs of having sex with multiple people • Has pimp: male, female, boyfriend, husband • Tattoos or branding of ownership • Uses language of the sex industry • Inappropriate clothing for venue or weather • Physical abuse, drugs/alcohol, malnourished

SEE SIGNS? Ask your coworker trained to use the Adult Human Trafficking Screening Tool

National Human Trafficking Hotline: 1–888–373–7888, 24/7 (200 languages)

APPENDIX C: SCREENING FLOWCHART FOR ADULTS AT RISK FOR HUMAN TRAFFICKING



APPENDIX D: LITERATURE REVIEW

NATIONAL HUMAN TRAFFICKING
TRAINING AND TECHNICAL
ASSISTANCE CENTER

Adult Human Trafficking Screening Toolkit: Literature Review

October 2017

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EXECUTIVE SUMMARY

Identifying potential victims of human trafficking is one of the most challenging aspects of this unique crime.

This literature review was used to inform the development of the Adult Human Trafficking Screening Toolkit. It begins with an overview of the current state of screening tools; identifies themes across human trafficking, domestic violence, sexual assault, and HIV screening tools; and concludes by sharing best practices, including trauma-informed elements and how an agency and staff can be organized to effectively utilize this approach. Additionally, the Urban Institute, with funding from the Office of the Assistant Secretary for Planning and Evaluation and the Administration for Children and Families at the U.S. Department of Health and Human Services, conducted a scan of screening tools for identifying child and youth runaway victims of human trafficking and developed a screening tool from this scan of literature (Dank et al., 2017). In order to not duplicate efforts, the focus of this literature review is to identify adults who may be at risk of trafficking or who are potential victims of human trafficking.

Our findings suggest there is a need for a brief trauma-informed screening tool that can be used by health care, public health, social work, and behavioral health professionals to identify individuals who have been trafficked or are at risk of being trafficked. While several screening tools are available to help increase identification of potential victims of trafficking, these tools can be timely and invasive and are not often developed for such professionals.

Identification is difficult for several reasons, including lack of self-identification as a victim, lack of training and education about trafficking, and fear of negative retribution to the victim if their trafficker is reported to law enforcement (Baldwin et al., 2011). Several assessments for identifying human trafficking have been developed and tested, but these assessments are often lengthy, intended for use in a criminal justice or research setting (or require a clinical or forensic interviewing background), and include invasive questions about the recent traumatization. Additionally, many screening tools have been created for specific populations and are limited in their generalizability. Lessons learned from the fields of domestic violence and sexual assault indicate that the use of assessments in public health settings can be effective and limit re-traumatization, and HIV screening approaches help to identify tools and methods of implementation.

Current State of Screening Tools

The following section identifies 19 screening tools from the fields of human trafficking, domestic violence, sexual assault, and HIV. This section compares the strengths and weaknesses of tools from these fields to help with the development of a screening tool for human trafficking intended for use by public health professionals. There are two considerations to be aware of regarding the tools referenced below: First, most assessments currently in the field for identifying human trafficking are for children and youth; however, the focus of this tool will be on identifying *adult* victims of human trafficking. Second, validation studies were not publicly available for many of the screeners online at the time of this review; further research is warranted to validate the screeners with various populations. For further research on international studies conducted to improve identification and service provision to human trafficking victims, please refer to Cathy Zimmerman's research and recommendations (London School of Hygiene & Tropical Medicine, 2017). The Urban Institute also

recently published a human trafficking screening tool in the child welfare and runaway and homeless youth systems that includes a review of available screening tools (see Dank et al., 2017).[2]

Table 1. Human Trafficking, Domestic Violence and Sexual Assault, and HIV Screening Tools

Human Trafficking Screening Tools			
Tool Name	**Authors**	**Number of Questions**	**Screening Administrator**
Child and Adolescent Needs and Strengths (CANS) Commercially Sexually Exploited Assessment	Praed Foundation	72	Child welfare professionals, clinical interviewers
Child Trafficking Rapid Screening Instrument (RST)	Loyola University	10	Child welfare professionals
Commercial Sexual Exploitation Identification Tool (CSE-IT) (Pilot)	WestCoast Children's Clinic	48	Child welfare professionals, service providers
Genessee County Screening Tool	Genessee County Task Force & Michigan Department of Health and Human Services	7 (adult) 9 (children/youth)	Medical professionals, service providers, child welfare professionals
Human Trafficking Interview and Assessment Measure (HTIAM-14)	Covenant House	20	Child welfare professionals, clinical interviewers
INTERVENE (Available for purchase online)	Shared Hope International	42	Child welfare professionals, clinical interviewers
Screening Interview Form on the International Organization for Migration (IOM) for the Identification of Victims of Trafficking	IOM	102	Service providers, clinical interviewers
Trafficking of Victims Identification Tool	Vera Institute of Justice	26 (long) 16 (short)	Service providers
Domestic Violence and Sexual Assault Screening Tools			
Tool Name	**Authors**	**Number of Questions**	**Screening Administrator**

[2] Due to the timing of this publication, it was not possible to incorporate the Urban Institute's screener in our findings.

Hurt, Insult, Threaten, and Scream (HITS): • HITS • HITS Validation Males • HITS Validation Family Practice	Baylor University Medical Center at Dallas	4	Service providers, health care professionals, clinical interviewers
Computer-Based IPV Questionnaire	Karin Rhodes, Diane Lauderdale, Theresa He, David Howes, & Wendy Levinson	14	Service providers, health care professionals, clinical interviewers
Domestic Violence Initiative Screening Questions	Royal Brisbane and Women's Hospital (AU)	6	Service providers, health care professionals, clinical interviewers
Minnesota Tool	David McCollum	11	Service providers, health care professionals, clinical interviewers (self-report)
Ongoing Abuse Screen (OAS) (also known as AAS: Abuse Assessment Screen) • OAS • Validation	Steve Weiss, Amy Ernst, Elaine Cham, & Todd Nick	5	Service providers, health care professionals, clinical interviewers
Online Work Readiness Assessment	Office of Family Administration	23	Service providers
Two-Question Screening Tool	Judith McFarlane, Lyn Greenberg, Arlo Weltge, & Mary Watson	2	Nurses
Woman Abuse Screening Tool (WAST) Validation in Family Practice	Judith Belle Brown, Barbara Lent, Gail Schmidt, George Sas	8	Service providers, health care professionals, clinical interviewers

HIV Screening Tools

Tool Name	Authors	Number of Questions	Screening Administrator
Risk Reduction Assessment, Planning, and Support Chart (RRAPS)	FHI 360 and Capable Partners Project (CPP)	Unknown	Health care providers, health care professionals
CDC Evaluation Toolkit: Patient Questionnaire	Centers for Disease Control and Prevention	25	Health care providers, health care professionals

HIV Testing and Counseling Screening Guidelines	World Health Organization (WHO)	Unknown	Health care providers, services, and professionals

Themes Across Human Trafficking Tools

Limited Audience

Most screening tools in the human trafficking field are created with the intention of being an intensive interview with the potential victim. These interviews often collect a lot of data (as reflected in the length of the tools) and frequently best serve researchers or the criminal justice system. HEAL Trafficking (2017) recently released a protocol toolkit for health care providers in responding to human trafficking; however, this did not include an actual screening tool. Other efforts or screening tools that may be more appropriate for the public health field, such as a screening tool for use in emergency departments (Hernandez, in press), are still in their pilot phase. This leaves a gap in knowledge and screening for other public health professionals (e.g., behavioral health professionals and social workers). In order to learn about appropriate protocols for a public health approach to identifying human trafficking, it is important to learn from related fields that screen for other types of sensitive information, including domestic violence, sexual assault, and HIV status/risk.

Lengthy Screenings

A major barrier across screening tools is their lengthiness. On average, the human trafficking screeners included in this review contain more than 40 questions and can take an hour or more to administer, especially when rapport is created between the agency staff and the client (as recommended). When looking at screening tools for other vulnerable populations (e.g., domestic violence or sexual assault victims and HIV[3]), the average length was 10 questions. Some of the human trafficking assessments are shorter, but they are typically specific to child welfare, which leaves a gap for adult identification. Since the goal for a service provider is to supply appropriate referrals and resources to their clients (not conduct research or investigate a crime), it is not important for the provider to know an indepth account of their client's recent trauma. It is mostly critical for the provider to know if they may potentially need resources related to human trafficking or if any mandatory reporting needs to occur.

[3] Two of the three HIV screeners had an unknown number of questions and are therefore excluded from the average.

Lack of Trauma-Informed Framework in Questions

In addition to asking a large number of questions, many current human trafficking assessments ask potentially triggering questions to victims about their recent traumatization. Questions such as “Have you ever worked or lived somewhere where there were locks on the doors or windows or anything else that stopped you from leaving?” (Vera Institute of Justice, 2014) or “Have you or anyone else ever received anything of value, such as money, a place to stay, food, drugs, gifts or favors, in exchange for you performing a sexual activity?” are examples of potentially re-traumatizing questions due to their detailed nature regarding the recent victimization (Covenant House, 2013). Some screeners also just simply ask the question, “Are you a victim of human trafficking?” In order to ask appropriate questions and respond accordingly to clients during screening, it is important to consider the elements of trauma-informed care and recognize that most individuals are unaware of or have an inaccurate understanding of the definition of trafficking.

Themes Across Domestic Violence and Sexual Assault Screening Tools

Applicable to Public Health Professionals

Since screeners for domestic violence and sexual assault have been in development for approximately 20 more years than screeners for human trafficking, a variety of tools have been developed for a myriad of practitioners. While there are many clinical assessments in the field to identify victims of domestic violence and sexual assault, there are also several screening tools with basic questions that can be administered easily in a variety of public health settings (e.g., hospital or social services agency) and are designed for professionals without clinical backgrounds. These screeners are often binary (“yes” or “no”) questions designed to help the service provider decide if further referrals or reporting needs to occur. Additionally, these screeners can be as short as two questions and ask for minimal details about the victimization.

Fewer Questions

Screening tools are instruments intended to allow for service providers to know if a referral for further service needs to be made; they are separate from clinical assessments in that they are not looking to identify a treatment plan but rather identify potential victimization (National Child Traumatic Stress Network, 2017). Because of the nature and purpose of screening tools, it is not necessary for screeners to be lengthy. Screening tools for other vulnerable populations (e.g., domestic violence and sexual assault) include an average of nine questions and are often binary in nature in order to not push for victimization details, especially when case rapport has not yet been built.

Inclusion of Trauma-Informed Framework in Questions and Administration Strategies

Screening tools developed for the fields of domestic violence and sexual assault (especially recently) have been created with trauma-informed frameworks in mind. These screening tools have been developed and tested to avoid re-traumatizing victims, help victims feel comfortable to self-identify, and allow for the provider to have enough information to make appropriate referrals. They are often administered via a self-administration strategy (where the potential victim responds to screening questions either on a hard copy survey or a computer-based system) and via an in-person interview. An example of a self-administered screener is the Minnesota Tool, which provides a list of 11 statements that indicate if the client has been a victim of intimate partner violence. Instead of the provider asking the questions and having the client disclose details or information, they simply hand the assessment to the client and the client puts a blue sticker on the assessment if any of the 11 screening statements apply to them and a yellow sticker if the statements do not apply. The screener specifically states that the information disclosed in the screener is confidential, and the service provider is not present in the room when the client is filling out the screener to allow for comfort in disclosing information. Self-administration strategies can increase the comfort of a potential victim responding to the questions and does not require much training on behalf of the staff to administer.

However, some research in the public health field suggests that self-administration strategies are not preferred because they put the burden on the victim to self-identify. Rather, it is better to have a screener administered via a conversation between the potential victim and the service provider. For instance, in Lewis-O'Connor and Chadwick's research (2017) on gender-based violence, the authors discuss how to administer screening questions conversationally. They also discuss how screening questions used to be asked by service providers in a very clinical manner but now, with knowledge about trauma-informed care, screening questions are asked by providers in a more conversational way. Providers are no longer commonly reading questions from a piece of paper and checking boxes, but rather they are integrating questions into conversations where they are simultaneously building rapport or listening for "checkbox items" while the victim tells their story. One important consideration with an interview administration approach is that training is necessary to administer the tool properly. This can be viewed as burdensome, but the benefits of this approach putting the burden on the staff instead of the potential victim may outweigh this concern.

Themes Across HIV Screening Tools

With more than 1 million individuals diagnosed with human immunodeficiency virus (HIV), there is a push for better and more accurate measures to help combat this illness (Nunn et al., 2016). The Centers for Disease Control and Prevention (CDC) has continually updated its recommendations for how to approach these barriers. In 2006, the CDC released its most current standards of HIV screening, which included:

- Provide routine screening, which could look different, depending on the setting (e.g., clinical versus nonclinical setting).
- Ensure screening is simple, accessible, and straightforward.
- Provide the most accurate results possible.
- Adhere to standards to ensure delivery of screening, testing, and supporting clients.

- Streamline delivery of key information instead of providing extensive pre- and posttest counseling,

Challenges Implementing HIV Screening

There are a number of challenges in implementing HIV screenings in clinical and nonclinical settings. One of the most common challenges, particularly with rapid HIV screenings, is poor staff training (Nunn et al., 2016; Unite for Sight, n.d.). This lack of staff training affects the effectiveness of the results as well as the quality of referrals and counseling that patients receive. Ethical concerns, particularly in locations that require testing, are also noted as an issue of concern (Unite for Sight, n.d). Compulsory testing strategies comprise a patient's right to give informed consent. Compulsory testing, when coupled with inadequate staff training and lack of quality referrals, compromises patient quality care and limits options available to them should they screen high-risk or test positive. However, a lack of screening is also an issue. Similar to many other areas of study, those who suffer the most from this neglect of services are the socioeconomically and racially disadvantaged (Nunn et al., 2016). In a study, researchers found that "African American and Hispanic people have eight and three times, respectively, the HIV infection rates of white people; are more likely to present for care late in the course of their infection; and have poorer outcomes at every point along the HIV care continuum" (Nunn et al., 2016).

Lessons Learned on When to Screen

For health care providers who comply with CDC guidelines, there is still controversy about the most appropriate method of initiating the screening measures. The most debated ideas have included universal testing, testing based on risk of patient, testing routinely offered by the provider, testing routinely practiced by the provider, or a voluntary request from the patient (Obermeyer & Osborn, 2007). Universal testing is similar to routinely practiced testing in that every individual, regardless of their apparent level of risk (or lack thereof), would be tested for HIV when they are seen by their health care provider. Routinely offered testing will be offered every time a patient is seen, but the patient has the right to opt out of receiving the screening and subsequent testing. Some providers believe only the patients they consider high risk should be screened for HIV. The issue with this method is that providers are subjective about who they believe qualify as high risk and those who do not (Paltiel et al., 2006). Subjectivity could lead to a number of undetected HIV cases, especially if they do not match the health care providers' definition of high risk. The final method many health care providers will participate in is allowing the patient to volunteer or ask for HIV screening. Again, the same issue as before applies—most patients will not volunteer or discuss screening measures for HIV due to the sensitivity of the topic or simply because they do not understand the risks or how it is contracted.

In a 2008 sample of 519 primary care physicians, researchers discovered the following (Montano et al., 2008):

- 87 percent of these physicians will discuss HIV and its associated risks when contraception is discussed during the appointment.
- 83 percent of these physicians would discuss HIV if their patient had/has an STD.
- 63 percent of these physicians would discuss HIV if their patient belonged to a high-risk group.

- 51 percent of these physicians discussed HIV if they felt the patient needed it based on the visit.
- 36 percent of these physicians relied on background knowledge about the patient's history when deciding on discussing HIV.
- 23 percent of these physicians relied on clinical work to decide if discussing HIV was appropriate.
- 24 percent of these physicians would wait for the patient to volunteer to discuss HIV.
- 38 percent of these physicians used a written form and would decide if discussing HIV was appropriate based on those answers.
- 26 percent of these physicians would decide if discussing HIV was appropriate based on the conversation they had.

With this evidence, it is clear that the only method to ensure that screening measures take place would be for every provider to follow the universal/routinely practiced method of HIV screening. This would allow for every member of the community to be tested.

Best Practices and Questions to Ask

Most screening procedures are lengthy and require multiple steps. If an individual has HIV, or has been screened as a high risk for HIV, more steps must be followed to ensure the quality of care for that individual. While there is not a universal screening tool that all health care providers agree is most beneficial, research has shown that several options and methods are used in the community.

An HIV screening may occur in one of three ways: (1) a specific HIV screening program; (2) a nonroutine, background testing (e.g., testing in medical settings, STD clinics, correctional institutions, or for employment or immigration purposes); and (3) a clinical presentation with an AIDS-defining illness (Paltiel et al., 2006). If an individual currently presents with HIV symptoms, the most important step will be to start the process of treatment and counseling. The screening measure will most likely still be applied to trace how HIV might have been contracted; however, most of the screening measures are more significant for those who have yet to be infected with HIV. The most productive forms of screening involve specific steps that not only help the client/patient understand HIV, but also make them feel comfortable with the screening process.

Best practices to ensure optimal results from HIV screening include the following steps:

1. Identify the HIV screening process (what is going to happen here today).
2. Obtain verbal and/or written consent to go through with the screening procedure.
3. Educate the client/patient about HIV, the screening process, counseling, and other ways that can be beneficial for the individual if their results come back as HIV positive, or if the doctor believes them to be high risk.
4. Complete the risk assessment—this is the lengthiest and most significant section of the screening and where sexual behaviors, substance use behaviors, demographics, contraception, etc. will be discussed.
5. Follow different pathways, depending on indicators of "at risk" and "not at risk" categories; this could depend on the facility and how they choose to handle the counseling and coping for individuals placed at high risk of getting HIV (Capable Partners Project, n.d.).

Assess Behavioral Risk Factors

Screening tools should allow health providers to gauge the extent to which a patient/client's risk for contracting HIV is heightened and how they might be able to lower that risk. This is called "primary prevention" because it needs to be the first step taken with any individual coming in to be screened for HIV. This prevention "…focuses on risk assessment to identify behaviors that put patients at increased risk of infection and prevention counseling to help patients change their behavior and reduce their risks" (Montano et al., 2008).

The goal of screening for HIV is to measure how "at risk" an individual is for either contracting the illness or for spreading the illness to others if they currently have HIV. For health care providers to understand this risk, all screening measures will include questions that pertain to the behaviors of the individual. These questions could include, how many partners have you had in the past few weeks, months, or years? Do you use contraception when you engage in any type of sexual activity with another individual? If so, which kind and how often? Have you been tested or been treated for any sexually transmitted diseases (STDs) or sexually transmitted infections before today? Do you participate in drug use? If so, which kinds and what is the method in which you digest them? These are going to be the most likely questions to appear on HIV screening tools. For any screening tool to be reliable and valid, it must account for the different risk factors of whatever is being assessed. For HIV, the wide range of behaviors included in the screening tools reflect the different ways in which HIV can be contracted and the ways the individual could spread HIV to another person. Behaviors are the main screening questions for a health care provider to recognize and listen to for understanding the risk level.

Autonomy and Screening

Giving individuals a choice in whether they want to be screened for HIV has been shown to increase the percentage of people who "opt in" for the screening measure. Allowing patients to decide if they receive screening decreases their belief that there is a stigma attached to HIV. Consequently, the CDC recommends that patients are "notified that HIV testing is routinely performed and are given the option to decline testing," as now a means to minimize refusal rates and routinize HIV testing (White et al., 2009).

Overall Themes

In general, screening instruments developed for the fields of domestic violence, sexual assault, and HIV are more applicable to the public health field and are less intensive (both in time and content). However, human trafficking screeners often include appropriate information about red flags unique to this type of victimization (e.g., force, fraud, and coercion) and include training materials to appropriately administer these more intensive tools. We aim to pull from the best practices and content of human trafficking tools and the administration strategies and trauma-informed nature of domestic violence and sexual assault screening tools and the tools and methods of assessment seen with HIV screening measures.

TRAUMA-INFORMED ELEMENTS OF A SCREENING TOOL

Establishing Rapport

One of the benefits of conducting a screening instead of an assessment is that the questions are less pervasive and require less detail about the recent victimization. Screening tools often ask questions in a "yes/no" manner to avoid delving into the details about the victimization, so the focus can be on providing appropriate referrals (National Child Traumatic Stress Network, 2017). Due to the less intensive nature of screenings (versus assessments), the rapport developed can be reflective (i.e., lower-intensity rapport required than an intensive interview). While indepth rapport may not be needed, it is still important to establish a base level of rapport so the client/patient feels comfortable answering the questions openly and honestly. The focus of establishing rapport with a client/patient during a screening administration should be to ensure that questions are being asked in a trauma-informed and nonjudgmental way to build or gain trust. Additionally, it may be important when building rapport for the professional to be honest about what information he or she may need to disclose based on the screening (i.e., mandatory reporting) because that information may influence what the individual will reveal.

Cultural Competency

A specific element of creating trust and developing rapport with a client is being respectful, aware, and responsive to the client's cultural needs. According to the U.S. Advisory Council on Human Trafficking (2016), culture is often a critical element in a victim's traumatic experience and is tied to their recovery and response. It is important to be considerate of cultural factors such as religious beliefs, attitudes toward sex, potential stigma toward mental health, gender roles, and social customs (Vera Institute of Justice, 2014). The Trafficking Victim Identification Tool (TVIT) further recommends asking the victim's preference of a specific gender or culture for the professional asking the identification questions. Cultural competency is a key factor in a trauma-informed approach and can lead to an increased connection and openness in communication between the screening administrator and the client (Vera Institute of Justice, 2014). In the current analysis of screening tools, it appears that cultural competency is not something considered in the content development of the tools, but rather in the administration strategies of how the questions are being asked.

Key Assessment Questions

In the development of a screening tool, it is important to attempt to accurately identify victimization and to identify appropriate resources and referrals. In the Domestic Violence Initiative Screening Questions, the last two questions (of a total of six questions) are followup questions that ask if victimization is identified. The screener asks, "Would you like help with any of this now?" and "Would you like us to send a copy of this form to your doctor?" The inclusion of followup and referral questions are a major component of any screening. Additionally, it is important to ask questions that help identify potential victimization so appropriate referrals for resources (and sometimes further assessment) can be made. The National Human Trafficking Hotline (2010) released a publication on how to identify victims of human trafficking in a health care setting, which may help guide key assessment questions or indicators to include in a screening tool.

Information and Referral Process

Prior to screening any clients, it is important that an agency has a process in place for making referrals and providing information. It is critical to address the issue of identifying victims of human trafficking, but it is equally critical that appropriate service provision is associated with the identification. At the end of a screener for human trafficking, a question or two should be included regarding whether the person receiving the screening wants further referrals to be made. Asking the client/patient if they want a referral allows them to have a sense of agency and choice (which is a good practice in trauma-informed services) (Vera Institute of Justice, 2014). Additionally, not all public health professionals who administer this screening tool will be able to identify specific mental illnesses or health needs, so it is critical to know who to contact for further information or who to refer the client/patient to for further assessment or resources. While most agencies have existing directories of services, an additional web resource that could help when making referrals is the National Human Trafficking Hotline Referral Directory (National Human Trafficking Hotline, 2017). The Directory provides services based on the location of the client and several filter options such as gender, nationality, age, and type of trafficking. Additionally, it may be useful for local organizations to increase collaboration to enhance their information and referral process. Programs such as the OVC Vision 21 initiative focus on enhancing collaboration in communities and providing wraparound services to victims and can be used as a model for building information and referral processes (Office for Victims of Crime, 2017).

Safety Planning and Followup Protocols

Developing a safety plan and followup protocol is an intensive process normally offered only by a subset of public health professionals (i.e., domestic violence shelter workers). After screening a potential victim of human trafficking, it may be appropriate to refer the potential victim to an organization that conducts safety planning and develops followup protocols. If the professional who administered the screener is unsure of where to locate an organization that does human trafficking safety planning, they can call the National Human Trafficking Hotline (888–373–7888) for more information about local resources. For further information about safety planning, professionals can also refer to the Safety Planning and Prevention factsheet from the National Human Trafficking Resource Center (2011). If, after a screening, the service professional believes the victim is in immediate danger (i.e., the trafficker is waiting for the victim in the lobby of the organization), it is advised that the professional call 9–1–1.

Agency and Staff Structure to Effectively Utilize a Screening Tool

Ethical Considerations

One consideration for human trafficking victims is how information is disclosed. Human trafficking victims often visit health care providers to receive treatment for medical needs caused by their

victimization. In a study conducted by Baldwin and colleagues (Baldwin, et al 2011), the researchers found that most of the 12 survivors they interviewed received care from a health care setting, but their trafficker was often accompanying them to the medical facility and handling their paperwork. Survivors in this study described how they did not feel comfortable being open and honest with health care professionals because they were afraid the information would be disclosed to their trafficker and the trafficker would potentially harm their family or them in response. When administering a screening tool and asking sensitive questions about potential victimization, it is important to consider how information will be disclosed and what confidentiality laws can be enforced to protect victims. Ethical considerations surrounding disclosure of information and mandatory reporting differ between each state and sometimes by profession or organization (Child Welfare Information Gateway, 2017), but it is important for mandatory reporters to discuss with potential victims prior to a screening the implications of how information may need to be shared based on this status. This may impact the level of rapport that can be built with a potential victim and should be considered prior to deciding who from an organization will be administering a screener.

Mandatory Reporting

A critical aspect to creating a screening tool is ensuring that an agency has the appropriate resources to make referrals. Mandatory reporting is a complex issue that differs state by state, and sometimes organization by organization. But generally, mandatory reporting is required by state law by any public or private official who has reasonable cause to believe a child is being abused or that any person they have come into contact with is abusing a child (Oregon State Bar, 2012). Some states are starting to incorporate into their laws that human trafficking is enveloped into the category of child abuse and neglect, so any suspicion of human trafficking is also a trigger for mandated reporting (Child Welfare Information Gateway, 2015). It is important to know in advance of speaking with a potential victim of human trafficking what questions may trigger mandatory reporting (see examples in Appendix A).

Under U.S. laws, public health professionals are required to report child abuse, domestic violence, and violent crimes (e.g., gunshot wounds), any of which may be involved in human trafficking cases (English, 2017). If a case of human trafficking (or suspected case) occurs, it is important for service providers to be well-equipped with resources such as the following:

- National Human Trafficking Hotline: https://humantraffickinghotline.org/
- Child Abuse and Neglect State Reporting Numbers: https://www.childwelfare.gov/organizations/?CWIGFunctionsaction=rols:main.dspROL&rolType=Custom&RS_ID=5
- Child Abuse Mandatory Reporting State Statutes: https://www.childwelfare.gov/topics/systemwide/laws-policies/state/?CWIGFunctionsaction=statestatutes:main.getResults
- Federal Laws on Human Trafficking: https://polarisproject.org/current-federal-laws
- Resource Library on Human Trafficking: https://humantraffickinghotline.org/resources

Recordkeeping

Recordkeeping is another best practice for public health professionals who plan to implement a screening tool. It is important not only to administer the tool but also maintain a system of who the tool has been administered to, when the screening happened, and what referrals were made. In a report by Newton, Mulcahy, and Martin (2008), poor recordkeeping of administration of screening tools had negative implications on the victims, such as impeding and impacting criminal investigations. Still in 2017, recordkeeping seems to be one of the largest issues in prosecuting and investigating state and national cases of human trafficking (SAMHSA, 2017).

Additionally, poor recordkeeping can have implications on services provided to the victim, especially if the victim is returning to the same organization for further services (Wood, 2015). The records kept during the initial intake can influence the services the victim receives if they return to the same organization and are served by a different colleague. The colleague will likely rely on the notes left by the initial provider. Therefore, when creating or administering a screening tool, it is recommended to also create a data tracking or recordkeeping system for agencies. Protocols for recordkeeping will vary based on the organization's current restraints, but should consider the following:

- How long to keep information?
- Who has access to information?
- How do you keep information safe?
- What confidentiality and nondisclosure laws need to be considered?

Staff Training

A screening tool, if used without training, can lead to increased stress on the victim or improper referrals. Most existing tools for assessing or screening for human trafficking also currently include sections on where to receive training for their tool or receive training in accurately identifying human trafficking. For instance, the TVIT includes a section solely dedicated to training and other resources (Vera Institute of Justice, 2014) and the INTERVENE tool is accompanied by a 45-minute video training series (Shared Hope International, 2013). Prior to administering a screening tool to identify human trafficking, it is highly encouraged to train all staff in proper use of the tool and how to make appropriate referrals following administration.

A new movement seen with HIV screening tools that can be applied to the human trafficking tools would be training and using specific staff to only administer the screening tools. Nunn and colleagues (2016) found that developing a script to train the staff on how to handle and discuss HIV with their patients was extremely helpful, increasing the number of patients that allowed for screening to occur. In this same study, they found that placing posters around the office allowed for more patients to understand HIV screening, which develops a sense of belonging and acceptability that these patients might have previously believed they would not have if they were screened for HIV (Nunn et al., 2016). Creating a positive, routine screening atmosphere allows for community members to feel less stigma attached to HIV and become more willing to accept the screening measures. In another study completed in 2011, an emergency department hired staff that had the sole responsibility for performing the HIV screening measures (Torres et al., 2011). The benefit of implementing a program such as this is these nurses will now be trained to handle the delicate

nature of the topic. Due to the nature of HIV, specifically ways in which HIV can be contracted, this can be an intrusive conversation for the health care provider to have with the individual. Questions that delve into the individual's personal lifestyle and behaviors are some of the most significant screening questions for health care providers; however, if these screening questions are not handled delicately, the individual could refuse HIV testing and treatment altogether. They will be able to make the individual feel at ease throughout the screening, which would hopefully draw the individual back to routine screenings in the future.

SUMMARY

Several tools already aid in the identification of human trafficking, but these tools are not conducive for use in the public health field because they are lengthy and include intensive questions. We propose a screening tool no longer than eight questions in length, along with resources on best practices in implementing a screening tool in order to help the public health field better identify potential victims of human trafficking. The proposed tool pulls from lessons learned from the domestic violence and sexual assault field in how to administer screeners and limit the length of questionnaires and pulls from the field of human trafficking content that could inform victimization and best practices in administering these tools. The focus of the proposed screening tool is to increase identification of human trafficking in the public health field and increase appropriate referrals through providing resources and best practices in our toolkit.

NEXT STEPS

Once a screening tool has been developed, validation of a tool is a critical research practice as it ensures that the tool is evidence based and is accurately measuring what it intends to measure. An example of a validation process would be as follows:

1. Develop a purposeful sample selection strategy and share it with screening tool administrators.
2. Research staff work with survey administrators to approve selected participants (ensuring bias is not present in sample selection).
3. Research staff train survey administrators in using the screening tool.
4. Survey administrators test the screening tool on sample.
5. Survey administrators document the time to administer the tool and the participant's score on the tool into a secure database.
6. For further feedback beyond instrument testing, research staff can also host focus groups with victims who received the screener or survey administrators who used the tool for indepth, qualitative feedback.
7. Analyze findings through qualitative data analysis of interviews and conducting different types of validity testing (construct validity, content validity, criterion validity).

APPENDIX A: ANALYSIS OF SAMPLE QUESTIONS AND ADMINISTRATION METHODS

Child and Adolescent Needs and Strengths (Child Sexual Exploitation Version 1.3)

This human trafficking assessment asks 72 questions on the following dimensions: exploitation, risk behaviors, education, health, mental health needs, sexual abuse history, parental risk factors, system factors, individual youth strengths, and environmental strengths. It also comes with two specified modules: substance use disorder module and runaway module. The CANS-CSE is a clinical assessment and is not intended to be used for screening and referral purposes, but some of the questions within the modules may be helpful in screening development. Items that could inform screening development (for identifying sex trafficking) include knowledge of exploitation, unprotected intercourse, sexually transmitted diseases, and duration of sexual abuse.

Child Trafficking Rapid Screening Instrument

This human trafficking rapid screener only asks 10 questions and was created with the intention of lessening burden on service providers who would use the screener to identify potential child victims of human trafficking. The length of this questionnaire is aligned with what research would recommend for the length of a screening tool. Additionally, the instructions are kept short and easy to understand. The downside is that the instructions do not let the potential victim know they are being asked questions that could disclose victimization and may require a mandated report, depending on what information is disclosed. Another limitation is that the tool did not rely on validated measures. Since this tool did not rely on validated measures in its question construction, use the questions with caution.

Commercial Sexual Exploitation Identification Tool (CSE-IT): Pilot Version

This human trafficking identification tool (currently in pilot stage) includes 48 questions about potential victimization. The questions are asked with three possible answer choices: “no concern,” “possible concern,” and “clear concern.” The limited information gathered regarding each item is more appropriate for a screening tool, but the identification tool still includes too many questions for a screener. However, similar to other human trafficking tools, the CSE-IT includes some appropriate content that could influence the development of a human trafficking screening tool. Items that could inform development include “Is the youth in a romantic relationship with someone much older/an adult?”, “Does the youth have several cell phones, and/or does the youth’s cell phone number change frequently?”, and “Does the youth engage in dangerous level of risk sexual behaviors or with partners who are abusive or otherwise physically dangerous?”

Computer-Based IPV Questionnaire

This domestic violence screening tool asks 14 binary ("yes" or "no") questions that inform recent victimization. This screener asks some potentially sensitive questions such as "In the past 12 months, have you ever felt so low that you thought about harming yourself or committing suicide?" and "Have you ever been made to have sex when you didn't want to?" However, because this screener is administered on a computer and does not ask for further information beyond a "yes" or "no" response, it does not require rapport to be built and can be used as a potential model for administration.

Domestic Violence Initiative Screening Questions

This domestic violence screening tool is only six questions long, and the last two questions are regarding next steps and referrals. While again, the length of this domestic violence screener is more conducive for public health professionals, the main benefit of this screener are the questions on referrals. Since making appropriate referrals is an important next step following screening, the following questions from this screener should be considered for inclusion: "Would you like help with any of this now?" and "Would you like us to send a copy of this form to your doctor?" (along with a blank space for the name and address of the doctor).

Genessee County Screening Tool for Suspected Victims of Human Trafficking

This human trafficking screener asks seven questions in the version for adults and six questions (with an additional three optional questions) for children and youth. This screener was developed by a human trafficking task force in Michigan and is actually appropriate in length and content for the screener OTIP is proposing to develop. The questions are asked in an open-ended manner, but most answers only require a "yes" or "no" response. The limitation of this screening tool is its lack of associated materials in how to administer the tool, who should administer the tool, and best practices in organizations when screening for human trafficking.

Hurt, Insult, Threaten, and Scream (HITS)

This domestic violence screener asks four questions all starting with the phrase "how often?" and gathers information on the frequency the potential victim's partner hurts, insults, threatens, or screams at them. The responses to each question are on a scale of 1–5 (1=never, 5=frequently). This screener is easy to administer and score; however, due to the sensitive nature of questions, rapport should be considered prior to administration.

Human Trafficking Interview and Assessment Measure (HTIAM-14)

This human trafficking interview guide is another example of an assessment created for professionals with clinical or forensic interviewing backgrounds. The interview is about 20 questions long, and scores to each question are made on a scale of 0–3 (0=no evidence, 3=strong evidence). Additionally, each section has a space for notes. Again, this is a more intensive assessment (as opposed to a screener), but some of the content can be used to inform the screener's development.

The assessment has four primary sections: immigration status, psychological/financial coercion, control, and sexual exploitation. The framework of this interview and assessment guide may be helpful when thinking about the framework for the human trafficking screener.

INTERVENE Resource Package

This human trafficking intake assessment is 42 questions and intensive. One of the primary highlights of the INTERVENE tool is that it is accompanied by a practitioner guide, a training video about the INTERVENE tool, and a training video about their work with gangs. The tool also is not free for purchase, which limits the individuals who will use the tool. The training videos and practitioner guide include information on trauma-informed service provision, resources for human trafficking victims, and background knowledge of DMST and pimp control tactics. While the content of the intake tool is intensive compared to what is intended for creation here, the training package accompanying the tool could be used as an example for the toolkit created.

Minnesota Tool

This domestic violence screening tool consists of 11 questions, and the information included in this screener is kept confidential. The primary benefit of this tool is the way it is administered, which is trauma informed and does not require for rapport to be built. The practitioner simply hands the tool to the potential victim and gives them blue and yellow stickers, then leaves the room so the potential victim can respond. The tool asks about recent victimization experience, and states that if any of the statements about victimization apply, then the person responding to the tool should put a certain color sticker (depending on victimization type) on the bottom of the page. A blue sticker signifies the respondent is being victimized by their partner. A green sticker signifies that the respondent feels safe with their partner. A yellow sticker signifies that none of the statements apply or the respondent is not in a serious relationship. The respondent then hands the packet back to the professional and the bottom of the screener says, “If you attached a blue sticker, one of our staff will give you a chance to talk privately about your answer,” which is a trauma-informed way that gives agency to the victim regarding followup and referrals.

Ongoing Abuse Screen (OAS)

This domestic violence screener is another binary (“yes” or “no”) questionnaire and is five questions long. This screener is an appropriate length for a screener that would be used by a public health professional; however, this screener asks some sensitive questions that should be approached in a trauma-informed manner. Some example questions include “Are you presently emotionally or physically abused by your partner or someone important to you?” and “Are you presently forced to have sexual activities?” These questions are informative but because they are asked in the present tense, they should be approached only after building some baseline rapport.

Online Work Readiness Assessment (OWRA)

This domestic violence screener begins with four binary ("yes" or "no") questions that are primary indicators if someone has experienced intimate partner violence in the past. If the client responds "yes" to any of the four primary questions, the professional then asks 14 additional questions that could indicate present intimate partner violence. These questions are first asked as "have you ever experienced?" Then, if the client says "yes," the provider follows up with "is it an issue now?" There are an additional five questions that can be asked by the service provider to follow up about the client's current safety. This screener uses a trauma-informed approach where the first four primary questions are asked in the past tense, so it is not immediately asking about present victimization. Additionally, this screener is a good example of including followup questions that address basic safety concerns, which could impact next steps or appropriate referrals.

Screening Interview Form on the International Organization for Migration (IOM) for the Identification of Victims of Trafficking

This human trafficking interview guide was developed by IOM and includes 102 possible questions. In the guide itself, there are only 23 numbered questions, but the number of possible subquestions can add up to an extremely lengthy interview. A majority of questions are asked in a "yes" or "no" manner, but some questions are open-ended followup questions to the binary questions. The interview guide is split into four primary sections, including registration data, case and interview data, entry into trafficking, and exploitation phase.

Trafficking Victim Identification Tool (TVIT)

The TVIT is the most referenced identification tool in the field of human trafficking. There are two versions of this tool: long and short. The long version of the tool is 26 items, and the short version is 16 items. Even for the short assessment, it can take more than an hour to ask all the questions, and even more time should be accounted for due to the rapport that must be built prior to asking these indepth and invasive questions. This tool has been through validation testing (for sex and labor trafficking) and includes evidence-based measures; however, it has not been validated in different settings (only victim service organizations). The length of the tool, the indepth detail it asks about victimization, and its lack of validation in multiple settings makes the tool inappropriate for a public health screener. But, the TVIT has an associated guidebook that includes information about cultural competency in screening and how to ask questions in a trauma-informed manner. While the TVIT assessment may be inappropriate for the goals of this proposed screener, the information in the guidebook could be used to inform best practices for administering a screening tool.

Two-Question Screening Tool

This domestic violence screening tool only asks two questions in a binary ("yes" or "no") manner. Very little detail about the victimization (other than the date of most previous victimization if the respondent said "yes" to either question) is disclosed through this screener; the focus is on whether a victimization occurred or not.

Woman Abuse Screening Tool (WAST)

This domestic violence screener asks eight questions and has response options of "a lot of tension," "some tension," and "no tension." This tool is appropriate in length for a screener and does not ask for details about victimization. One additional benefit of this tool is it asks questions in increasing intensity. For instance, the first question is "In general, how would you describe your relationship?" Later, the seventh and eighth questions are "Has your partner ever abused you emotionally?" followed by "Has your partner ever abused you sexually?"

CDC Evaluation Toolkit: Patient Questionnaire

The Centers for Disease Control and Prevention created a patient questionnaire specifically for HIV screening. This questionnaire has nine sections to be completed by the patient. These sections include basic questions about the HIV screening that will take place, patient's knowledge and understanding of HIV screening tools and tests, how the HIV screening test went at the facility, and other questions about receiving brochures or reading material on the subject, about the health care provider seen, overall experience, the level of risk the patient currently has for HIV (sexual partners/encounters, substance use, incarceration), previous experience with HIV screening tests, and demographic questions.

Risk Reduction Assessment, Planning and Support (RRAPS)

The RRAPS was created to help staff with understanding each step that must be implemented into the HIV screening process. This tool allows for the health care provider to cover all steps and know the exact level of risk their patient is at for developing HIV. These steps include consent, knowledge and education, behavioral assessment, the risk status, and what the following steps would be depending on the response or result that is found.

HIV Testing and Counseling Screening Guidelines

The World Health Organization created a toolkit to help health care providers and professionals screen for HIV in their community. This assessment details demographics of the individual (age, gender, did they accept the test, and the result) and the level of risk they are currently at when they see their health provider (sexual partners, behaviors, and substance use).

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