HEALTHCARE ACCESS
for Foreign-National Survivors of Trafficking
OVERVIEW

The health consequences of human trafficking have been extensively researched in the past decade (e.g., Le, Ryan, Rosenstock, & Goldmann, 2018). Little is known, however, about healthcare access for individuals in active trafficking situations (e.g., Baldwin, Eisenman, Sayles, Ryan, & Chuang, 2011; CAST LA, 2017; Chisolm-Straker, Baldwin, Gaïgbé-Togbé, Ndukwe, Johnson, & Richardson, 2016; Family Violence Prevention Fund, 2005; Lederer and Wetzel, 2014; Ravi, Pfeiffer, Rosner, & Shea, 2017a, 2017b). Chisolm-Straker et al., CAST LA, and Lederer and Wetzel with larger sample sizes found, respectively, that 68%, 64%, and 88% of individuals accessed healthcare while being trafficked. This high rate of access to healthcare by those trafficked is surprising.

These results suggest there is an opportunity for intervention and resource coordination in healthcare settings for individuals being trafficked. The Lederer and Wetzel sample was with female domestic sex trafficking only. CAST LA and Chisolm-Straker et al.’s samples included both domestic and foreign nationals as well as labor and sex trafficking, but CAST LA did not separate the results of healthcare access for domestic from foreign nationals. Chisolm-Straker et al. indicated no difference between domestic versus foreign born in healthcare access. Restore NYC conducted the first study focused on foreign-national adult women living in New York City and their experience accessing healthcare while trafficked.

This study is timely because in November 2017, New York State enacted Public Health Law – PBH § 2805-y, requiring general hospitals and diagnostic and treatment centers to establish and implement policies and procedures to identify, assess, and refer victims of human trafficking. The New York State Department of Health (DOH) issued a “Dear Administrator” letter in March 2018 to inform hospitals of the legislation, but DOH has yet to issue regulations for implementation. Subsequently, a NYS Human Trafficking Training Law Webinar series was delivered in August 2018, cohosted by Greater New York Hospital Association (GNYHA) and The Healthcare Association of New York State (HANYS), providing hospitals with relevant information on implementing the law’s requirements.

Restore NYC, referred to as “Restore,” a nonprofit agency serving over 300 survivors of human trafficking or those at risk per year, has been an active contributor in training healthcare providers in New York State. Restore delivered a training in the first GNYHA/HANYS webinar focused on an overview of human trafficking, including what it is, how it presents itself in the healthcare setting, and how providers can identify, assess, and respond to survivors of human trafficking. In 2017, Restore also partnered with New York State’s largest integrated health system, Northwell Health, to train its healthcare professionals. To date, nearly 1,000 Northwell Health providers have been trained by Restore on identification and response. Approximately a dozen individuals have been identified to date and connected to community resources.

This document presents the results of Restore’s survey exploring healthcare access for foreign-national adult women who were sex and/or labor trafficked. The intended audience is healthcare and service providers in the anti-trafficking field in the United States. The findings of this study will inform implementation of the regulations for New York State with meaningful survivor input and will also be of value to other states’ legislation and training guidelines.
ACKNOWLEDGEMENTS

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RESTORE OVERVIEW
Restore exists to end sex trafficking in New York and restore the well-being and independence of foreign-national survivors. Since 2009, Restore has provided trauma-informed, survivor-centered, and culturally competent care for survivors of trafficking. Specifically, Restore has pioneered housing and economic-empowerment solutions with rapid attachment to housing and labor markets as these services are critical to sustained freedom. Our approach is to pilot new initiatives, measure their effectiveness, and iterate to get better. For all services, we are committed to inter-agency collaboration and rigorous outcome evaluation. Armed with this data, Restore has trained over 200 organizations, including law enforcement agencies, other service providers, and hospitals across 20 states.

GOALS AND OBJECTIVES
The goal of the study is to obtain information on survivors’ experiences with healthcare professionals while in their trafficking situations. The following questions guided the survey:
- What percentage of individuals in a trafficking situation access healthcare?
- What are the barriers to access healthcare services while in trafficking situations?
- What are the barriers to disclosure of trafficking for individuals accessing healthcare while in active trafficking situations?
- What are healthcare providers’ responses to individuals in active trafficking situations accessing healthcare services?

METHODOLOGY
Who are the respondents?
A sample of 170 individuals was identified from Restore’s cloud-based case-management system. Criteria for selection included current or previous clients who met the Trafficking Victims Protection Act (TVPA) definition for human trafficking and had been served by Restore during the years 2016-2018.

Of the 170 individuals, 78 were reached by phone during business hours and 76 (45%) agreed to participate in the study. The remaining 92 were unreachable after three contact attempts.

The average age of female-identified respondents was 39 (range = 21-61). The majority of respondents experienced sex trafficking (N = 52, 68%), and the remainder labor trafficking (N = 13, 17%) or sex and labor trafficking (N = 11, 14%). Twenty-four nationalities were represented: 37% were nationals of China, followed by 21% Mexico. Additional nationalities, each representing fewer than four individuals per country, include Afghanistan, Antigua, Argentina, Bolivia, Colombia, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Hungary, Israel, Jamaica, Kenya, Malaysia, Nicaragua, Nigeria, Peru, Philippines, Russia, and Zimbabwe.

Regarding trafficking history, the average age when trafficking began was 32.5 (range = 11-57). The majority of respondents were trafficked between the ages of 20-29 (29%), followed by 30-39 (20%), 40-49 (20%), 11-19 (16%), and 50-59 (9%). Those who did not recall age of initial trafficking experience represented 7%.

The average length of time in trafficking experience (N = 71) was 939 days (2.6 years), range = 1-5,475 days. The majority of respondents reported to have been trafficked in the state of New York (N = 54, 71%), followed by Florida (N = 4), New Jersey (N = 4), District of Columbia (N = 3), North Carolina (N = 2), Virginia (N = 2), and Texas (N = 2), with California, Delaware, Maryland,
New Mexico, Rhode Island, South Carolina, Canada, and Mexico representing one individual each (N = 1). Ten individuals (13%) reported to have been trafficked in more than one state.

**What measurement was used?**
A 12-item survey was developed based on CAST LA’s questions in its previously developed survey (CAST LA, 2017). The CAST LA survey was developed for research purposes to assess survivors’ experience accessing healthcare while trafficked. Restore added additional questions to its survey, including but not limited to: a) What did you seek treatment for?, b) How many different staff members did you speak with during your visit?, c) If you did not disclose your trafficking situation to a healthcare provider, please rate the level of impact each of the following had on your lack of disclosure (answers provided), and d) If you did not access services while trafficked, what were the barriers to prevent you from accessing healthcare while being trafficked (answers provided)? The survey in Appendix A was translated from English to Spanish, Korean, and Mandarin.

**What was the procedure?**
The survey data collection was conducted through phone calls in October 2018 with informed consent and confidentiality discussed. Some clients, however, suggested to be interviewed in person and were met by counselor advocates at Restore’s office in New York City.
RESULTS: HEALTHCARE ACCESS

What percentage of individuals access healthcare while trafficked?
37% (N = 28). Within the 37% who accessed healthcare, 54% (N = 7) of labor trafficking, 45% (N = 5) of sex/labor trafficking, and 31% (N = 16) of sex trafficking reported access to healthcare while trafficked.

What type of healthcare facility was accessed?
29% reported accessing multiple facilities. Six hospitals in the New York City area were identified as locations where individuals in active trafficking situations accessed healthcare. These included both public and private hospitals.

Diagram 1. Type of healthcare facility accessed (N = 28)

How many different staff persons did you interact with during healthcare visit(s)?
12.54 (326 in total; range 2-150) (N = 26)

Respondents recalled meeting with doctors, nurses, and administration, including those working at the front desk. The physicians identified in primary care were primarily located within ethnic communities in New York City (e.g., Flushing, Queens).
How many times did the individual access the service?
7 (range = 1-51). Note the majority reported 2-5 times.

![Chart 1. Number of times accessing the service (N = 25).](image)

What did the individual seek treatment for?

![Chart 2. What treatment was sought? (N = 28).](image)

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual/Reproductive/STDs</td>
<td>42.86%</td>
</tr>
<tr>
<td>Regular check up</td>
<td>39.29%</td>
</tr>
<tr>
<td>Physical injury</td>
<td>21.43%</td>
</tr>
<tr>
<td>Mental health</td>
<td>7.14%</td>
</tr>
<tr>
<td>Cold</td>
<td>3.57%</td>
</tr>
<tr>
<td>Sore throat</td>
<td>3.57%</td>
</tr>
<tr>
<td>Thyroid problem</td>
<td>3.57%</td>
</tr>
</tbody>
</table>
RESULTS: HEALTHCARE RESPONSE

How many individuals were identified as a victim of trafficking by a healthcare professional?
2 (7.0%)
Two of the twenty-eight respondents who reported to have accessed healthcare services were identified by a healthcare provider. Both facilities were hospitals and in New York City.

How many individuals were provided information or resources on human trafficking while accessing healthcare services?
1 (3.6%)
This respondent was one of the two individuals identified by a healthcare professional.

What could the healthcare provider do differently?
For the 28 respondents who said they accessed healthcare, 14 (50%) stated a healthcare provider could have done something different. The table below reflects responses, with the first four provided to respondents in the questionnaire. The last four responses were selected as “other,” and the respondent provided an answer.

<table>
<thead>
<tr>
<th>What could the healthcare provider do differently?</th>
<th>(N = 14)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide resources about human trafficking</td>
<td>92.86% (N=13)</td>
</tr>
<tr>
<td>Ask better questions about my experience</td>
<td>64.29% (N=9)</td>
</tr>
<tr>
<td>Establish rapport</td>
<td>64.29% (N=9)</td>
</tr>
<tr>
<td>Be non-judgemental</td>
<td>57.14% (N=8)</td>
</tr>
<tr>
<td>Have a social worker talk with me while waiting for doctors</td>
<td>7.14% (N=1)</td>
</tr>
<tr>
<td>Make me feel it is not a shame</td>
<td>7.14% (N=1)</td>
</tr>
<tr>
<td>Spend a little more time with me</td>
<td>7.14% (N=1)</td>
</tr>
<tr>
<td>Talk more to me and provide more information</td>
<td>7.14% (N=1)</td>
</tr>
<tr>
<td>Use respectful language</td>
<td>7.14% (N=1)</td>
</tr>
</tbody>
</table>

Qualitatively, in response to this question one respondent stated that when she accessed healthcare in a primary care setting, she was given the health insurance card of her trafficker’s family member. She was told to say she was 14 to match the age of the individual whose card she held, even though she was 19. Another respondent told the interviewer that the trafficker helped her to speak during her visit.
How helpful are various questions in identifying a potential victim of trafficking by a healthcare provider?
Respondents reported that asking the questions listed in the table below would be of help in the identification of trafficking for individuals meeting with healthcare professionals.

Table 2. How helpful are these questions in identifying a potential victim of trafficking by a healthcare provider?* (N = 26)

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you in the presence of someone who purposely intimidates you for their benefit?</td>
<td>2.58</td>
</tr>
<tr>
<td>Does someone require you to pay part of your earnings to them?</td>
<td>2.50</td>
</tr>
<tr>
<td>Is somebody holding your passport or ID?</td>
<td>2.50</td>
</tr>
<tr>
<td>Where do you sleep or eat?</td>
<td>2.39</td>
</tr>
<tr>
<td>Are you able to talk to your family or friends?</td>
<td>2.35</td>
</tr>
<tr>
<td>Have you ever had to provide sex for money, food, shelter or other needs?</td>
<td>2.31</td>
</tr>
<tr>
<td>Has anyone ever threatened you or your family?</td>
<td>2.20</td>
</tr>
<tr>
<td>Is your job/pay different from what you were promised?</td>
<td>2.16</td>
</tr>
<tr>
<td>What are your working or living conditions like?</td>
<td>2.08</td>
</tr>
<tr>
<td>What type of work do you do?</td>
<td>2.08</td>
</tr>
<tr>
<td>Can you leave your job if you want to?</td>
<td>1.97</td>
</tr>
<tr>
<td>Do you owe your employer money?</td>
<td>1.85</td>
</tr>
</tbody>
</table>

*Scores are based on a 0-4 scale: the closer to 4, the more helpful a question is. See Appendix B for more information about the scoring process and raw data.
What impacted lack of disclosure of trafficking to a healthcare provider?
Respondents who did not disclose trafficking to a healthcare provider stated the following impacted their non-disclosure.

Table 3. Levels of impact to not disclosing trafficking to healthcare providers* (N = 25)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not having immigration status, fear of deportation</td>
<td>3.20</td>
</tr>
<tr>
<td>Not aware that you had been victimized</td>
<td>2.88</td>
</tr>
<tr>
<td>Fear of harm of retaliation by a trafficker</td>
<td>2.84</td>
</tr>
<tr>
<td>Feeling hopeless or helpless</td>
<td>2.84</td>
</tr>
<tr>
<td>Distrust of healthcare provider</td>
<td>2.52</td>
</tr>
<tr>
<td>Shame or guilt</td>
<td>2.36</td>
</tr>
<tr>
<td>Felt healthcare provider would not understand</td>
<td>2.32</td>
</tr>
</tbody>
</table>

*Scores are based on a 0-4 scale: the closer to 4, the more helpful a question is.
See Appendix B for more information about the scoring process and raw data.

In an open-ended response format, participants provided more information regarding barriers to disclosure. One respondent stated, “I had a lot of mistrust, a lot of arrests, I didn’t trust police officers, so I assumed I couldn’t trust doctors either.” Another respondent shared, “Healthcare providers did not ask better questions.” Another indicated, “It’s not their fault, I was always accompanied by someone, and I was told I would be killed if I told anyone.”

Respondents also shared more insight into their perceptions of healthcare professionals. One respondent stated, “I felt that doctors didn’t care much, and my trafficker had already told me that no one would help or believe me.” Another respondent indicated that “identification for victims of human trafficking is not the duty of the healthcare providers,” and another stated, “There is no law in Mexico which requires that healthcare providers should identify victims of human trafficking.”
What would help an individual to disclose an experience of trafficking to a healthcare provider?
Respondents reported the five factors listed below would be of importance to help with disclosure of trafficking.

**Table 4. Important factors in helping disclosure of trafficking situation to a healthcare provider** *(N = 26)*

<table>
<thead>
<tr>
<th>Factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being informed that there are free services and resources to assist people in situations like me</td>
<td>3.27</td>
</tr>
<tr>
<td>Speaking to someone who speaks same language or is from the same culture</td>
<td>3.20</td>
</tr>
<tr>
<td>Speaking with someone who exhibits knowledge and sensitivity about the problem of trafficking</td>
<td>3.16</td>
</tr>
<tr>
<td>Speaking alone with healthcare provider</td>
<td>2.97</td>
</tr>
<tr>
<td>Speaking to someone of the same gender</td>
<td>2.93</td>
</tr>
</tbody>
</table>

*Scores are based on a 0-4 scale: the closer to 4, the more helpful a question is.
See Appendix B for more information about the scoring process and raw data.

For those who did not access healthcare while trafficked, what were the barriers to accessing healthcare?
For the 48 individuals who did not access healthcare services while in trafficking situations, multiple barriers were reported. The table below highlights responses to the five barriers listed in the survey.

**Table 5. Barriers to accessing healthcare while trafficked (N = 48)**

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware of where I could find a healthcare facility</td>
<td>54.17% (N=26)</td>
</tr>
<tr>
<td>Trafficker did not allow me to access services</td>
<td>43.75% (N=21)</td>
</tr>
<tr>
<td>Cost of services (I did not have money to pay)</td>
<td>37.50% (N=18)</td>
</tr>
<tr>
<td>Unaware of where I was located</td>
<td>37.50% (N=18)</td>
</tr>
<tr>
<td>I had no medical/mental health issues that needed to be addressed</td>
<td>29.17% (N=14)</td>
</tr>
</tbody>
</table>

Note that 33 (69%) reported multiple barriers to access healthcare services. Additional barriers named beyond the five provided as options include concern about legal status (N = 5, 10.42%); never left alone by trafficker to seek help (N = 4, 8.33%); concerned about language barriers (N = 3, 6.25%); and unfamiliar with US medical system (N = 3, 6.25%). Other respondents indicated they were depressed and did not want to go out; they felt scared and didn’t know what to do; the individual did not know who to trust; there was fear of being in a different country; an individual didn’t think of medical care as an option; there were transportation barriers (no access to a car,
Several women indicated control of movement by their traffickers in their open-ended responses. One respondent stated she was never left alone by traffickers and always had to have a bodyguard. Another woman was not allowed to leave the house. A third woman indicated her traffickers did not let her leave the apartment unless she was with the traffickers. A fourth respondent stated that the traffickers did not allow her to go out because they thought she would escape.

**IMPLICATIONS FOR HEALTHCARE PROFESSIONALS**

*Over one-third of foreign-national adult female-identified individuals (37%) in active trafficking situations are accessing healthcare services according to our survey of 76 respondents served at Restore.*

Lederer and Wetzel (2014) found that 88% of their sample accessed healthcare, Chisolm-Straker et al. found 68% accessed healthcare, while CAST LA (2017) found that 64% did. Each of these studies included US citizens; the Chisolm-Straker et al. and CAST LA studies also included foreign nationals. The foreign-national status of respondents in this study results in greater vulnerabilities. For example, immigration status and fear of deportation are barriers to accessing healthcare and to disclosing information about their trafficking experience. One respondent indicated that her trafficker told her that if she accessed healthcare, she would be deported. Traffickers impeded care and access to follow-up for participants in the Ravi, Pfeiffer, Rosner, & Shea (2017a) study as well. Language and limited knowledge of US healthcare systems are also barriers to accessing the healthcare system. Although less than the Lederer and Wetzel, Chisolm-Straker et al., and CAST LA studies, the percentage still indicates great opportunity for identification and resource coordination in healthcare settings for foreign-national adult females being trafficked.

**Targeted training on human trafficking identification and resource coordination is essential for primary care, OB/GYN, and emergency departments with emphasis on facilities within ethnic communities.**

In the present study, primary care followed by OB/GYN and emergency departments were the most frequently visited healthcare settings for foreign-national adult trafficked females. This finding is similar to the CAST LA (2017) study, where community clinics were the location where the greatest percentage of individuals trafficked sought healthcare. In the Lederer and Wetzel (2014), Chisolm-Straker et al. (2016), and Ravi, Pfeiffer, Rosner, & Shea (2017a) studies, emergency departments were the most common site participants reported accessing healthcare.

Several respondents said they spent little time with the healthcare provider during their visit. External demands placed by healthcare systems such as high volume of patients and overbooked schedules impact healthcare providers’ ability to spend quality time with patients. Healthcare systems and clinical leadership are encouraged to support healthcare professionals in their efforts to spend more time building rapport with patients they suspect to be experiencing trafficking.

Healthcare providers and trainers can use the data reported in this study and the findings from the previous studies to inform healthcare providers how survivors experience their encounter
with the healthcare providers. Restore has already integrated a finding from this study in its most recent training materials, sharing at a local hospital about the possibility that trafficked individuals might use a health insurance card that is not their own. One trainee stated that she recalled a situation where this may have happened with an individual who had flags for trafficking.

**A trafficking questionnaire administered by healthcare professionals with questions about threats, intimidation, and passport/ID confiscation will help with trafficking identification.** According to respondents, the three most important questions to ask were: a) Has anyone threatened you or your family?, b) Are you in the presence of someone who purposely intimidates you for their benefit?, and c) Is someone holding your passport?

The CAST LA study similarly also reported the question “Is somebody holding your passport or ID” as the most important question endorsed by survivors of labor trafficking as helpful for identification. The CAST LA study further reported that respondents suggested the following question be asked to help identify a trafficking victim in a healthcare setting: “Are you in the presence of someone who purposely intimidates you for their benefit?” Restore added this question to its survey (item #10). Of the 12 questions in the present study, the respondents identified this question as the most important question in the survey. This emphasizes the importance of survivor contribution in the development of questions for a trafficking questionnaire.

A trafficking screening for foreign-national adult women should include the aforementioned questions at a minimum in order to help with identification.

**It is essential that healthcare professionals communicate to foreign nationals that they will not report the individuals to immigration authorities. This will promote greater disclosure of trafficking experience.** Not having immigration status and fear of deportation were the primary factors impacting non-disclosure of trafficking for respondents. Often an unspoken fear of many foreign nationals being trafficked is that they will be deported if they seek help; one respondent in the study said her trafficker said that if she sought medical help she would get deported. Deportation for some individuals who have been trafficked may mean an increased risk of harm to self or family members. It is recommended that if a healthcare provider identifies an individual at risk for trafficking and the individual does not have status, the provider should reassure the individual and their family members that they are in a safe location and authorities will not be contacted regarding their immigration status. The healthcare provider should provide reassurance that the individual’s immigration status is kept confidential and is not part of the healthcare process.

**Healthcare professionals should provide language-specific resources on human trafficking and services available for survivors of trafficking for distribution in their healthcare facility.** Respondents reported throughout the study that being informed of free resources to assist individuals being trafficked is important. Healthcare providers should have easy-to-read brochures available in multiple languages (e.g., Spanish, Chinese, Korean, Tagalog) and be ready to direct patients towards resources for immigration attorneys, safe housing, comprehensive case management, and economic-empowerment opportunities that are specific for survivors of trafficking. Trainers for healthcare providers can provide resources on human trafficking and these community connections.
ADDITIONAL RESOURCES FOR HEALTHCARE PROVIDERS

The following resources are available to healthcare providers across the US: a) **NYSDOH Human Trafficking Awareness Training**, a course available at [https://www.nylearnspth.com/public](https://www.nylearnspth.com/public); b) Health, Education, Advocacy and Linkage (HEAL) network’s toolkit for developing protocols in health settings, found at healthtrafficking.org; and c) training available through the United States Department of Health and Human Services (HHS) Stop, Observe, Ask, Respond to Human Trafficking (SOAR) program, found at [https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training](https://www.acf.hhs.gov/otip/training/soar-to-health-and-wellness-training).

FUTURE RESEARCH

Suggestions for future research utilizing interviews with individuals trafficked:
1. Fourteen individuals indicated they had no medical/mental health issues and did not need to access healthcare. Follow-up questions are recommended in future research to determine whether this is accurate or if respondents were unaware of or not prioritizing their health needs.
2. Many respondents reported being unaware of where to find a healthcare facility. Research to explore access points within the community to provide outreach materials for individuals trafficked will be invaluable to ensure individuals can locate and access healthcare.
References


APPENDIX A

Questionnaire
Administrator-Version (English)

1. While you were trafficked, did you ever access health services?
   - Yes
   - No
   - Can’t recall

*Note: If no to Q1...skip to question 11 and 12.*

Q2.1 If yes, at what type of facility did you access healthcare services (when applicable, indicate multiple responses)?
   - Emergency department
   - Primary care
   - OB/GYN
   - Dentist
   - Traditional/Alternative
   - Pediatrician
   - Don’t know
   - Other (please specify).................................
Q2.2 What did you seek treatment for?

- Physical injury
- Mental health services
- Sexual or Reproductive
- Regular check up
- Other (Specify): ..................................................

Q2.3 How many times did you access the service?

Q2.4 Do you recall the name(s) of the healthcare institution/facility you accessed?

Q2.5 From which community(s) (can name neighborhood and/or state) was each of the healthcare institution/facility you accessed?

Q2.6 How many different staff members did you speak with during your visit (total number from all locations)?

Q3. While accessing services, were you identified by a healthcare provider as a victim of human trafficking?

- Yes
- No
- Can't recall
- Don't know
Q4. Were you ever provided with information or resources about trafficking while visiting a healthcare provider?

- Yes
- No
- Can't recall

Q5.1 If yes to (Q.4), did you use the information or resources to access additional services for trafficking victims?

- Yes
- No
- Can't recall

Q5.2 If yes to above, what additional services did you access?

Q5.3 If no additional services were accessed, why not?

Q6. Do you feel there was something else that your doctor/healthcare providers could have said or done to help you while in your trafficking situation? (Note to the administrator: if the response is either yes or not sure, please proceed to other questions.)

- Yes
- No
- Not sure
Q7. If yes or unsure (to above question), indicate which of the following suggestions could have helped (go through each one and ask yes/no):

- Ask better questions about your experience
- Provide information and resources about human trafficking
- Establish rapport
- Don't judge
- Other (please specify): ..................................

Q8. Please rate how helpful the following questions are in identifying a potential trafficking victim by a healthcare provider (go through each one):

<table>
<thead>
<tr>
<th>Not helpful at all</th>
<th>Slightly helpful</th>
<th>Helpful</th>
<th>Very helpful</th>
<th>Extremely helpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

- What type of work do you do?
- What are your working or living conditions like?
- Can you leave your job if you want to?
- Do you owe your employer money?
- Is somebody holding your passport or ID?
- Where do you sleep or eat?
- Are you able to talk to your family or friends?
Has anyone ever threatened you or your family?

Have you ever had to provide sex for money, food, shelter or other needs?

Is your job/pay different from what you were promised?

Does someone require you to pay part of your earnings to them?

Are you in the presence of someone who purposely intimidates you for their benefits?

Is there a different question not listed above that you think the healthcare providers should have asked?

Q9. If you did not disclose your trafficking situation to a healthcare provider, please rate the level of impact each of the following had on your lack of disclosure: Rate on a scale of 1-5

<table>
<thead>
<tr>
<th>No impact</th>
<th>Slight impact</th>
<th>Moderate impact</th>
<th>High impact</th>
<th>Extreme impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Shame or guilt

Fear of harm of retaliation by a trafficker

Not having immigration status, fear of deportation

Not aware that you had been victimized

Felt healthcare provider would not understand

Distrust of healthcare provider

Feeling hopeless or helpless
Q10. Please rate the following on how important these factors are in helping you to disclose your trafficking experience with a healthcare provider: **Rate on a scale of 1-5**

<table>
<thead>
<tr>
<th>Unimportant</th>
<th>Somewhat important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

- Speaking alone with healthcare provider
- Speaking to someone of the same gender
- Speaking to someone who speaks same language or is from the same culture
- Speaking with someone who exhibits knowledge and sensitivity about the problem of trafficking
- Being informed that there are free services and resources to assist people in situations like me

Other (please specify and rate accordingly) ........................................................................................................

**Go here if client answered “no” to Q1:**

Q11. If you did not access services while trafficked, what were the barriers to prevent you from accessing healthcare while being trafficked? (go through each one; multiple responses can be selected)

- Cost of services - I did not have money to pay
- Trafficker did not allow me to access services
- Unaware of where I was located
- Unaware of where I could find a healthcare facility
- I had no medical/mental health issues that needed to be addressed
- Other, specify: ............................................................................................................
Q12. Can we reach back out to you later if we have any questions or would like more information?

Yes

No
APPENDIX B

Respondents were asked to rate on a five-point Likert scale. We assigned a weight to each one of the five points for its helpfulness using a 0 to 4 scale. Specifically, “extremely helpful” was given a weight of 4; “very helpful”, 3; “helpful”, 2; “slightly helpful”, 1; and “not helpful at all”, 0. To rank all question items according to helpfulness, we first calculated a raw score for each question. The table below shows a distribution of all frequencies of respondents checking off each one of the five points for all 12 questions. For every question, each frequency was multiplied by its assigned weight value, and then all scores were summed up to generate a raw score. Each one of the 12 questions received its own raw score. A higher raw score indicates a higher level of helpfulness. We then transformed the raw score into a number on a scale with maximum score of 4 through the formula below:

\[
\text{Final score} = \frac{\text{Raw score}}{\text{Max score}} \times 4
\]

We used the 0-4 scoring system to present these results in the study, primarily because this format is more intuitively comprehensible. Additionally, this procedure has the advantage of systematically maximizing the use of data collected. Scores for questions in other tables were generated through the same procedure.