Recognizing and Responding to Human Trafficking in a Healthcare Context
Objectives

- Define human trafficking and recognize how victims may come into contact with healthcare professionals
- Learn to identify potential human trafficking victims in a clinical setting
- Identify promising practices for assisting a patient who may be a potential trafficking victim
WHAT IS HUMAN TRAFFICKING?
Human Trafficking

Sex Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for a commercial sex act, in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such an act has not attained 18 years of age.

Labor Trafficking

The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

22 USC § 7102
## A-M-P Model

<table>
<thead>
<tr>
<th>Action</th>
<th>Means*</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruits</td>
<td>Force</td>
<td>A Commercial Sex Act</td>
</tr>
<tr>
<td>Harbors</td>
<td>Physical assault, sexual assault, confinement</td>
<td></td>
</tr>
<tr>
<td>Transports</td>
<td>Fraud</td>
<td>Labor or Services</td>
</tr>
<tr>
<td>Provides</td>
<td>False promises about work/living conditions, withholding promised wages</td>
<td></td>
</tr>
<tr>
<td>Obtains</td>
<td>Coercion</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Threats of harm or deportation, debt bondage, psychological manipulation, confiscation of documents</td>
<td></td>
</tr>
</tbody>
</table>

*Neither Force, nor Fraud, nor Coercion are required to be shown for minors under age 18 induced into commercial sex acts.

**Actions that constitute sex trafficking, but not labor trafficking, also include patronizes, solicits, and advertises.
<table>
<thead>
<tr>
<th>Sex Trafficking</th>
<th>Labor Trafficking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial-Front Brothels</td>
<td>Domestic Work</td>
</tr>
<tr>
<td>Hotel/Motel-Based</td>
<td>Traveling Sales Crews</td>
</tr>
<tr>
<td>Online Exploitation</td>
<td>Restaurants/Food Service</td>
</tr>
<tr>
<td>Street-Based</td>
<td>Agriculture</td>
</tr>
<tr>
<td>Residential Brothels</td>
<td>Health &amp; Beauty</td>
</tr>
<tr>
<td>Escort Services</td>
<td>Begging Rings</td>
</tr>
<tr>
<td>Truck Stop-Based</td>
<td>Retail/Small Businesses</td>
</tr>
<tr>
<td>Hostess/Strip Club-Based</td>
<td>Landscaping</td>
</tr>
</tbody>
</table>
TRAFFICKING & HEALTHCARE
Access to Medical Services

In one study, **87.8%** of trafficking survivors reported accessing healthcare services during their trafficking situation. Of this, **68.3%** were seen at an emergency department.

(Lederer & Wetzel, 2014)

“During the time I was on the street, I went to hospitals, urgent care clinics, women’s health clinics, and private doctors. No one ever asked me anything anytime I ever went to a clinic.”

– Lauren, survivor
When do Victims Seek Medical Services?

» In an emergency
» After an assault
» After a workplace injury
» For gynecological services
» For prenatal care
» For routine checkups
» For mental health services
» For addiction treatment
» For pre-existing conditions
» For health issues unrelated to trafficking
Barriers to Victim Self-Identification

- Shame or guilt
- Fear of retaliation by trafficker
- Fear of arrest or deportation
- Lack of transportation or controlled movement
- Fear of a report to social services
- Lack of understanding of U.S. healthcare system
RECOGNIZING TRAFFICKING VICTIMS
Who might Recognize Victims?

- Ambulatory care
- Emergency department
- Customer service staff
- Physicians & surgeons
- Nursing staff
- Social work & case management
- Sexual assault response teams (SART)
- Therapists
- Dental offices

- Psychiatric units
- Substance use disorder treatment programs
- Plastic surgery practices
- Ophthalmologists
- Community health workers
- Health educators
- Interpreters/translators
- Lab technicians
- Support staff

presented by NHTRC
Indicators: Labor Trafficking

- Workplace abuse and restrictions
- Owes a large debt and is unable to pay it off
- Is not in control of his/her own ID documents
- Was recruited through false promises
- Is unpaid or paid very little

presented by NHTRC
# Health Indicators: Labor Trafficking

## PHYSICAL

- Musculoskeletal and ergonomic injuries
- Malnutrition/Dehydration
- Lack of routine screening and preventative care
- Poor dental hygiene
- Untreated skin infections/Inflammations
- Injuries or illness from exposure to harmful chemicals/unsafe water
- Ophthalmology issues or Vision complaints
- Somatization

## BEHAVIORAL

- Anxiety/Panic attacks (e.g. shortness of breath, chest pains.)
- Unexplained/Conflicting stories
- Overly vigilant or paranoid behavior
- Inability/Aversion to make decisions independent of employer
- Inability/Aversion to speak without an interpreter
- Affect dysregulation/Irritability
CASE STUDY: Labor Trafficking

Chanda comes to the ER with severe stomach pain. A man identifies himself as Chanda’s brother-in-law and offers to translate for her. He explains that although she has had stomach problems recently, she has not been to a doctor because she doesn’t have insurance. Chanda does not make eye contact with ER staff or her brother-in-law. A nurse explains to Chanda’s brother-in-law that she needs to examine each patient privately, and the brother-in-law says something harshly to Chanda in Hindi.

Through the interpreter, Chanda informs the nurse she helps clean her brother-in-law’s house and provide child care. While she loves him and his children, Chanda is stressed because she works 12 hours every day. He supervises all of her phone calls and scrutinizes every phone bill.

Hospital staff diagnose Chanda with a stomach ulcer, and write her a prescription. Obviously troubled, Chanda says she’s been to another ER before and had the same diagnosis. She stopped taking the medicine because she had trouble saving enough money to pay for the medication, and she is unable to go to a pharmacy without her brother-in-law’s assistance.
Test Your Knowledge: Chanda

What potential questions could be asked of Chanda to determine if this is a human trafficking situation?
Indicators: Sex Trafficking

- Evidence of controlling or dominating relationships
- Signs of physical and/or sexual abuse
- Lack of control of own money/finances
- Signs of drug or alcohol abuse
- Inappropriate dress for weather or situation
## Health Indicators: Adult Sex Trafficking

<table>
<thead>
<tr>
<th>PHYSICAL</th>
<th>BEHAVIORAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple or recurrent STIs</td>
<td>Depressed mood/Flat affect</td>
</tr>
<tr>
<td>Abnormally high number of sexual partners</td>
<td>Anxiety/Hyper-vigilance/Panic attacks</td>
</tr>
<tr>
<td>Trauma to vagina and/or rectum</td>
<td>Affect dysregulation/Irritability</td>
</tr>
<tr>
<td>Impacted tampon in vagina</td>
<td>Frequent emergency care visits</td>
</tr>
<tr>
<td>Signs of physical trauma</td>
<td>Unexplained/Conflicting stories</td>
</tr>
<tr>
<td>Somatization symptoms (recurring headaches, abdominal pain, etc.)</td>
<td>Using language from “the life”</td>
</tr>
<tr>
<td>Suspicious tattoos or branding</td>
<td>Signs of drug or alcohol abuse</td>
</tr>
</tbody>
</table>
# Health Indicators: Child Sex Trafficking

<table>
<thead>
<tr>
<th><strong>PHYSICAL</strong></th>
<th><strong>BEHAVIORAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy at young age</td>
<td>History of running away from home or foster care placements</td>
</tr>
<tr>
<td>Evidence of abortions at young age</td>
<td>Truancy/Stops attending school</td>
</tr>
<tr>
<td>Early sexual initiation</td>
<td>Highly sexualized behavior or dress</td>
</tr>
<tr>
<td>Trauma to vagina and/or rectum</td>
<td>Angry/Aggressive with staff</td>
</tr>
<tr>
<td>Symptoms of STIs and/or UTIs</td>
<td>Depressed mood/Flat affect</td>
</tr>
<tr>
<td>Abnormal number of sexual partners for young age</td>
<td>Signs of drug or alcohol abuse</td>
</tr>
<tr>
<td>Suspicious tattoos or branding</td>
<td></td>
</tr>
</tbody>
</table>

*presented by NHTRC*
Jasmine comes to a clinic for an HIV screening. Although her intake paperwork says she is 19, the nurse observes that developmentally, she seems far younger. Jasmine tells the nurse she’s mature for her age and very experienced. She also has a tattoo of the name ‘Li’l G’ on one arm.

During the exam she constantly receives texts and calls to her cell phone. She answers the phone and says ‘Daddy, don’t worry, I’ll be done soon.’ She tells the nurse her boyfriend, who is 30, is so in love he can’t be away from her for even one minute.

The screening results indicate that although Jasmine is HIV negative, she has multiple other STIs. The nurse asks Jasmine whether she uses protection during sex, but Jasmine shrugs and says ‘sometimes they don’t want to.’ When the nurse asks who ‘they’ are, Jasmine says that sometimes she has sex with other men, but won’t say how many. She says she won’t be in the life forever, just until she and her boyfriend can save up some cash.”
Test Your Knowledge: Jasmine

Why would a patient lie about her age?
Test Your Knowledge: Jasmine

Is Jasmine a potential victim of human trafficking? Why or why not?
Impact of Trauma

**Post-Traumatic Stress Disorder (PTSD)**
- Recurrent thoughts/Re-living the event
- Recurrent nightmares/Trouble sleeping
- Feeling detached/Withdrawn behavior
- Easily startled/Unable to concentrate

**Memory Disruption**
- Decreased/Disjointed memory
- Inability to recall traumatic events accurately
- Memories are triggered by related sensory information

**Trauma Bonding (i.e. Stockholm syndrome)**
- Demonstrated loyalty and concern for the trafficker
- Unwillingness to report or testify against the trafficker
- Returning to the trafficker
RESPONDING TO TRAFFICKING SITUATIONS
Plan Ahead: Building Protocols

Patient presents at clinic with one or more trafficking indicators.

Primary health and safety needs are met

Mandated reporting warranted or the patient wishes to report

Report to designated contacts and/or contact the NHTRC Hotline (1-888-3737-888)

Reporting not warranted and the patient does not wish to report

Provide referrals and contact the NHTRC Hotline (1-888-3737-888)
Initial Assessments

» Conduct assessments individually, in a safe location

» Assess the patient’s immediate safety

» Use language understandable to the patient

» Do not ask for unnecessary information

NHTRC Resources:

Medical Assessment Tool

What to Look for During a Medical Exam

NHTRC Comprehensive Assessment
Victim-Centered Approach

- Meet Basic Needs
- Reassure the Potential Victim
- Build Trust and Rapport
- Be Conscious of Language
- Remain Sensitive to Power Dynamics
- Avoid Re-Traumatization
Use the NHTRC

1-888-373-7888
CONFIDENTIAL | TOLL-FREE | 24/7
www.TraffickingResourceCenter.org
NHTRC@polarisproject.org
Interpreters available

National confidential crisis and tip line
National referral and response network
National resource and technical assistance center
Resource for hotline data and trends
NHTRC Confidentiality

• All communications are confidential, unless:
  – The caller provides permission to be connected with law enforcement or a service provider
  – The caller threatens harm to self or others, is in imminent danger, or is experiencing a life-threatening emergency

• Medical providers should abide by any relevant HIPAA or confidentiality restrictions.

• Calling the NHTRC will not fulfill any applicable mandatory reporting requirements, but the NHTRC can facilitate a report to law enforcement trained on human trafficking.
## Coordinate Care with Other Providers

<table>
<thead>
<tr>
<th><strong>BASIC</strong></th>
<th><strong>LEGAL</strong></th>
<th><strong>EMOTIONAL &amp; SOCIAL</strong></th>
<th><strong>SAFETY &amp; SECURITY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clothing &amp; food</td>
<td>Immigration services</td>
<td>Crisis intervention</td>
<td>Safe space</td>
</tr>
<tr>
<td>Transportation</td>
<td>Child custody issues</td>
<td>Case management</td>
<td>Safety planning</td>
</tr>
<tr>
<td>Housing</td>
<td>Prosecution of trafficker</td>
<td>Social service advocacy</td>
<td>Emergency &amp; transitional shelter</td>
</tr>
<tr>
<td>Employment</td>
<td>Prostitution charges, other offenses</td>
<td>Mental health care</td>
<td>Protective orders from traffickers</td>
</tr>
<tr>
<td>Medical care</td>
<td></td>
<td>Life skills &amp; job training</td>
<td></td>
</tr>
<tr>
<td>Testing for STI’s</td>
<td></td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Interpretation</td>
<td></td>
<td>Contacting family</td>
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<tr>
<td>services</td>
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Additional Resources

- SOAR to Health and Wellness, U.S. Department of Health and Human Services
- HEAL Trafficking: Health Professional Education, Advocacy, and Linkage
- PATH: Physicians Against Trafficking in Humans
- Child Family Health International: Conversations in Global Health
- Child Sex Trafficking Webinar Series for Healthcare Professionals, Children’s Healthcare of Atlanta
- Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the U.S., Institute of Medicine/National Research Council Report
- Human Trafficking: Guidebook on Identification, Assessment, and Response in the Healthcare Setting, Massachusetts General and Massachusetts Medical Society
- The Role of the Nurse in Combatting Human Trafficking, Donna Sabella in the American Journal of Nursing
- Online education modules for the healthcare professional on human trafficking, Christian Medical & Dental Associations
Thank You

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- Hanni Stoklosa, M.D. M.P.H; Brigham & Women’s Hospital, Harvard Medical School; HEAL Trafficking
Feedback

We would like to know what you thought about this training, and we appreciate your feedback.

Click here to take our survey

Please take our two minute survey and share your thoughts!