

Trafficking in Persons: A Primer for Healthcare Professionals

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Disclosure Information

Trafficking in Persons: A Primer for Healthcare Professionals
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I have no financial relationship to disclose.

AND

I will not discuss off label use and/or
investigational use in my presentation.



Educational Objectives

At the conclusion of this program, participants
should be able to:

- Describe the scope and general characteristics of human trafficking in the U.S.
- Recognize the common indicators and high-risk factors for human trafficking
- Evaluate and assess whether a patient is a victim of human trafficking



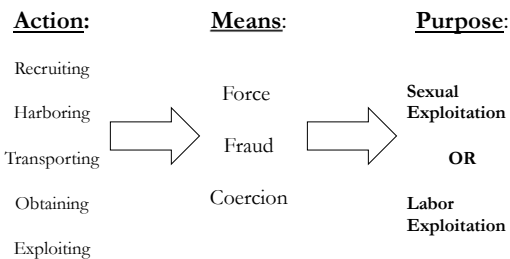
Human Trafficking: Legal Definition

Derived from federal legislation entitled:

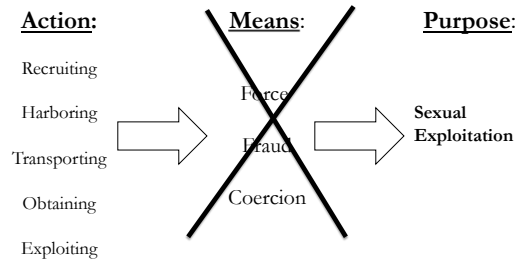
The Trafficking Victims Protection
Act of 2000
TVPA

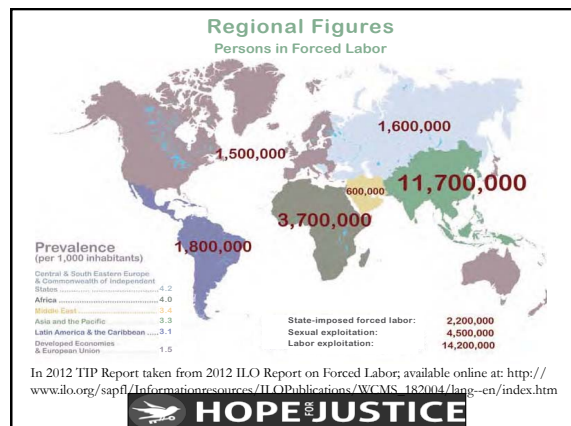
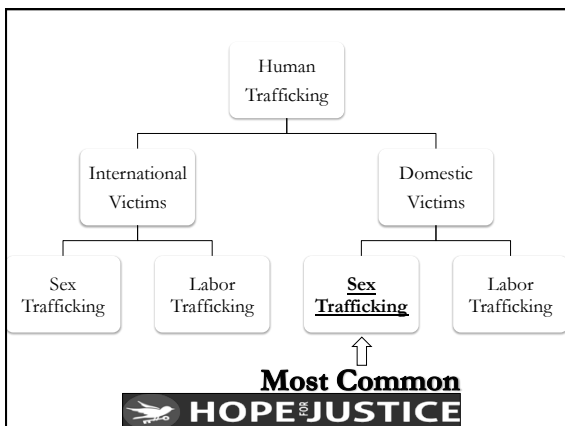
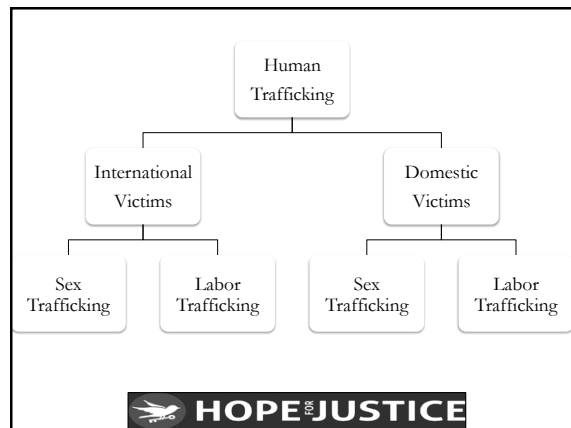
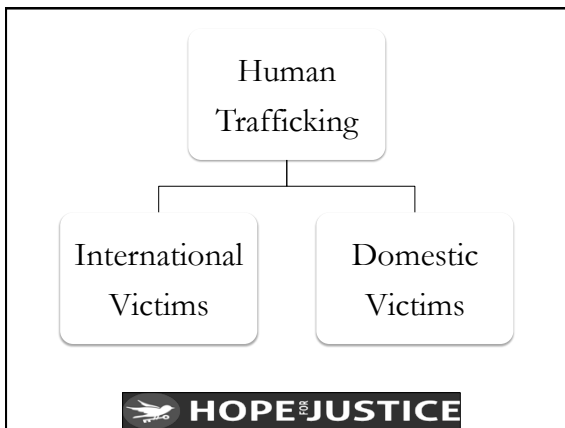
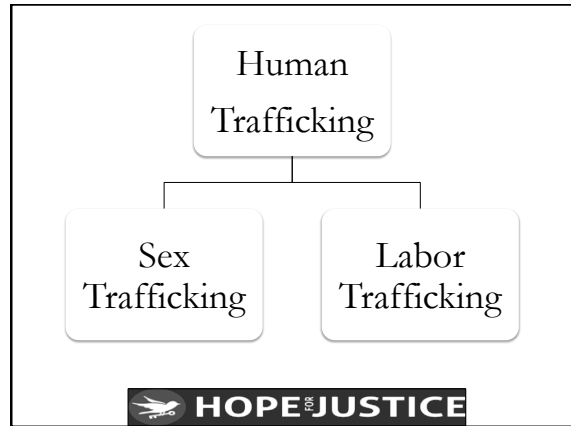
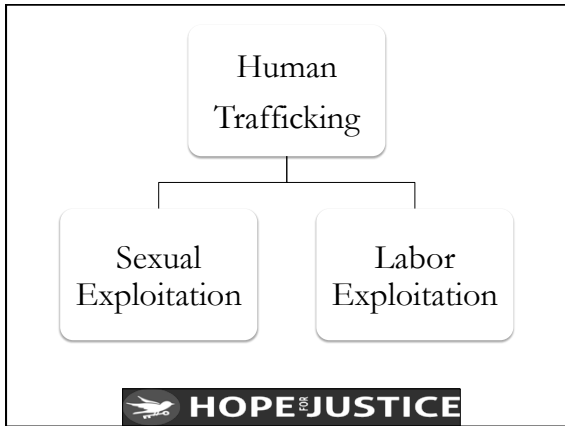


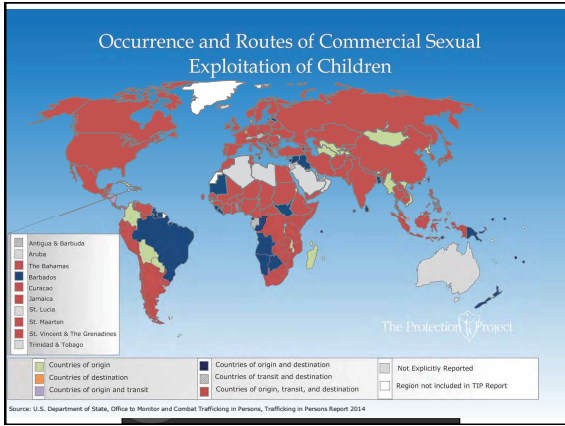
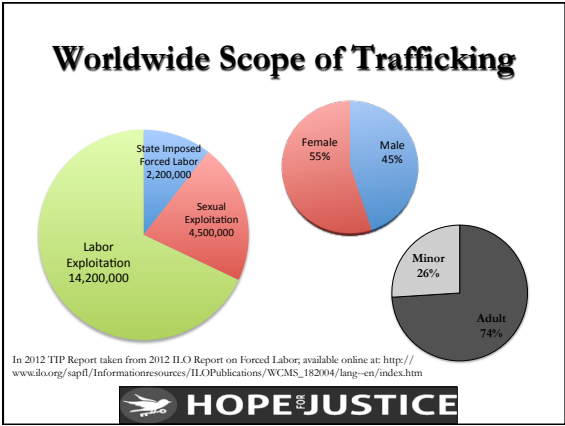
United States- TVPA To be convicted of HT



One Exception: Minor <18 in commercial sex







U.S. Estimate

Population 314 million

Prevalence = 1.5/1000

= 471,000 victims

= thousands/state

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International Sex Trafficking Venues:

- Strip/topless clubs
- Asian massage parlors
- Online escorts
- Latino brothels
- Major sporting events



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International labor trafficking venues:

- Domestic servants
- Sweatshops
- Factories
- Janitorial jobs
- Construction sites
- Restaurants
- Hotels
- Farm work



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USA: A Country of Destination for Victims of Trafficking



Source Countries of Victims Trafficked to the USA: Bolivia, Bosnia, Burma, China, Czech Republic, Dominican Republic, El Salvador, Estonia, Ethiopia, Georgia, Guatemala, Haiti, Honduras, Hungary, India, Indonesia, Jamaica, Kenya, Republic of Korea, Latvia, Liberia, Libya, Lithuania, Mexico, Micronesia, Peru, Philippines, Rwanda, Slovak Republic, Somalia, Switzerland, Taiwan, Tanzania, Thailand, Togo, Trinidad & Tobago, Uganda, Ukraine, Bermuda (United Kingdom), Zambia

The Protection Project

© The Protection Project at The Johns Hopkins University School of Advanced International Studies
Source: U.S. Department of State Trafficking in Persons Report 2012

International Traffickers: The Profile

- Sophisticated
- National, international networks
- Organized crime syndicates



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Domestic Trafficking

Trafficking of U.S. Citizens

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Domestic Trafficking

Sex Trafficking > Labor Trafficking

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Domestic Sex Trafficking Venues:

- Street prostitution
- Strip/topless clubs
- Massage parlors
- Online escorts
- Truck stops
- Major sporting events



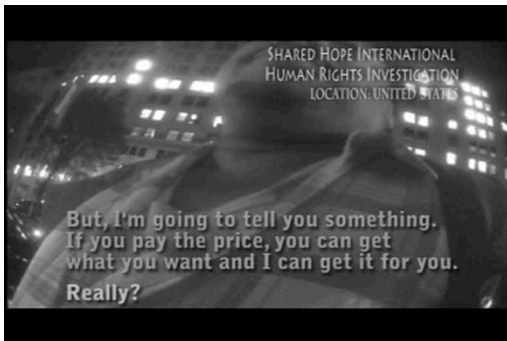
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Domestic Minor Sex Trafficking

- American teenagers who runaway to escape abuse in their homes
- Often end up in prostitution
- Girls as young as 12-14 years old caught in prostitution



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Vulnerable Youth

- Physically abused
- Sexually abused
- Neglected
- Abandoned
- Youth of all races and socioeconomic strata



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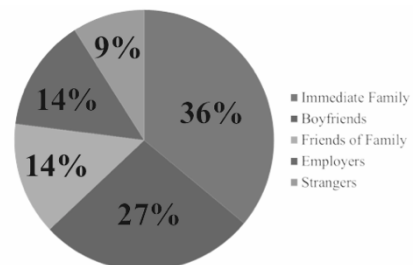
So why is this such a HUGE problem?

Money!

Average girl will make between \$500 to \$1000 per day selling sex

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Who are the traffickers?

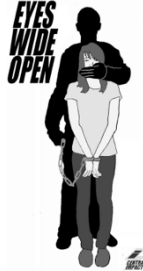


Homelessness, Survival Sex and Human Trafficking: As Experienced by the Youth of Covenant House New York May 2013

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Recruitment- Gorilla Pimp

- Tricks the girl into coming with him through lies
- Uses brutal force and threats to control her
- Less common type of trafficker



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Recruitment- Finesse Pimp

- Stage 1-Initial Contact
 - Internet
 - Malls
- Stage 2- Seduction
- Stage 3- Increasing control
- Stage 4- Separation
- Stage 5- Trauma bonding

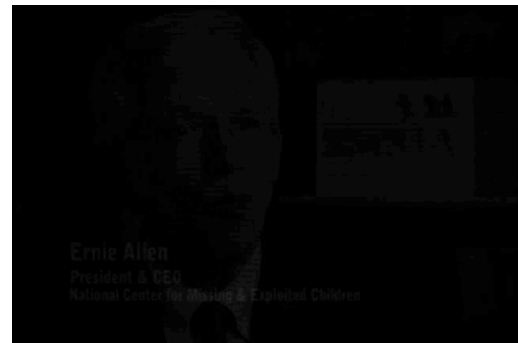


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“You promise a girl heaven, and she’ll follow you to hell”

Quote from a trafficker

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Where are the girls/women sold?

Internet

- Backpage
- Craig's List
- Eros.com
- Facebook
- My Space
- Messaging services



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Backpage

Sun, Oct. 19
 Beautiful ALDUS LOVE in very exotic come play with this Jamaican girl - 25 (by u of u, heat & out) (1)
 Penthouse pet body and supermodel face, ready to tend to all your needs! Kendall - 22 (Louisville Airport) (1)
 W pretty brunettes call on available now... update playmates - 22 (prevon hosts / outside) (1)
 Rya Certified Upscale Star Treatment One Of A kind - 24hour - 19 (Airport area) (1)
 Fun Sweet & Petite - 21 (Louisville) (1)
 OUTCALLS 57502583188 "Sexy Baby" Leave u with a Smile make your Eyes roll back and ur Toes CURL! - 22 (Louisville) (1)
 SPECIALS Looking For Fun? Let's Get To It! 100% Real Piss! - 27 (Jeffersonville) (1)
 Something Like A Phenomenon In Call 2Nite Only - 28 (Louisville/Indiana) (1)
 Get cozy and warm with this Burnette bombshell on this cold fall night - 28 (Louisville surrounding area / Travel) (1)
 Morgan - 21 (Louisville) (1)
 bed bone...sweet and lovely come play - 25 (Louisville) (1)
 The Gentlemen's #6 Chopt - 80 - 1up Treatment1 - 80 - Slip N Slide into my WILD SIDE - CHOOSE ME - 23 (heat/heat - PRESTON 60/20180) (1)
 Live Your Fantasy 2nite 247 - 247 - \$50 SPZLSA 2 Girl Specials - Reviewed - 31 (Airport/heat247) (1)
 Uniquely Italian: Cher's Petite Doll - 30 (Louisville) (1)

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Male Victims

- Under-recognized
- Victims of both labor and sex trafficking
- Commercially exploited males are perceived as less likely to be under the control of a trafficker



Role of Healthcare Professionals

Finding and Caring for victims of human trafficking



International Sex Trafficking and Healthcare

- Interviewed survivors and workers in LA
- All survivors of international trafficking into U.S.
- 50% had visited a healthcare professional while in captivity
- None were freed as a result of the encounter

Baldwin, SB, Eisenman DP, Syles JN et al. "Identification of Human Trafficking Victims in Healthcare Settings". *Health and Human Rights* (2011) 13: 13-14.



Domestic Sex Trafficking and Healthcare

- 87.8% of victims interviewed reported contact with healthcare system!

Lederer, L. and Wetzel, C.A. "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities". (2014) *Health Law* 23:1. 61-91.



Where victims are seen for healthcare

- Hospital/Emergency rooms- 63%
- Planned parenthood- 30%
- Family physician- 23%
- Urgent Care Clinic- 21%
- Women's clinic- 19%
- Neighborhood clinic- 19%

Lederer, L. and Wetzel, C.A. "The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities". (2014) *The Annals of Health Law* 23:1. 61-91.



Sexually Exploited Youth

- 77% of youth identified as sexually exploited in Oakland CA stated that they see a physician regularly
 - 33% are currently on prescribed medications
 - 49% had been hospitalized

Missey Data Report- June 2009; available online at: http://www.missey.org/documents/data_report_final.pdf



ED Personnel knowledge of trafficking

- Assessed knowledge among ER personnel in 4 large emergency rooms in the NE
 - Never had formal training on trafficking- 98%
 - Knew what trafficking was- 74%
 - Defining TIP
 - 19% were confident in ability to define TIP
 - 80% were hesitant to define TIP
 - 6% had treated a victim of trafficking

Chisholm-Straker, M., Richardson, L.D., and Cossio, T. "Combating Slavery in the 21st century: The role of emergency medicine." (2012) *J Healthcare for Poor and Underserved* 23:980-987.



ED Personnel knowledge of trafficking

- Whether HT was a problem in their ER:
 - 27% yes
 - 7% no
 - 59% unsure
- Confident in ability to identify a victim of trafficking- 5%
- Confident in ability to treat a victim of trafficking- 7%

Chisholm-Straker, M., Richardson, L.D., and Cossio, T. "Combating Slavery in the 21st century: The role of emergency medicine." (2012) *J Healthcare for Poor and Underserved* 23:980-987.



ED Personnel knowledge of trafficking

- Results after taking 20 min training program:
 - 90% were confident in ability to define TIP
 - 54% were confident in ability to identify a victim of trafficking
 - 57% were confident in ability to treat a victim of trafficking
 - 93% said session was useful

Chisholm-Straker, M., Richardson, L.D., and Cossio, T. "Combating Slavery in the 21st century: The role of emergency medicine." (2012) *J Healthcare for Poor and Underserved* 23:980-987.



How to Identify and Treat Victims of Trafficking



How might a victim present?



- S:** Stop
- O:** Observe
- A:** Ask
- R:** Respond

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Administration of Children & Families



- S:** **Stop**- Consider is this trafficking?
- O:** Observe
- A:** Ask
- R:** Respond

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3 Categories of Indicators

- Indicators of control
- Strange Red Flags
- Physical Indicators



Indicators of Control

- Other person with them may claim or actually be their boyfriend, uncle, husband, brother, sister, mom or dad.
- Person controls conversation
 - Corrects the patient
 - Person does not allow the patient to answer questions
- Person doesn't want to leave



Indicators of Control

- May exhibit body language displaying:
 - Fear
 - Anger
 - Anxiety
 - Submission
- Not in control of ID documents
- Not in control of money
- Avoids eye contact



Indicators of Control

- If alone, may exhibit the following:
 - Frequent texting
 - Phone calls during or after exam
 - Appear in a hurry or unwarranted anxiety



Suspicious Red Flags

- Clothing inconsistent with weather
- Large amount of cash
- Patient doesn't know what city he/she is in
- Patient unable to give address
- Patient appears to be lying about age



Suspicious Red Flags

- Patient is a very poor historian
- History keeps changing
- All the pieces do not seem to fit together
- Do you get the feeling you're not getting the whole story
- Late presentation



Clinical Presentations- Jill

16 year old female named Jill is brought into the ER by her brother. Upon presentation to the ER desk, Jill is barely able to stand and appears about to faint. For that reason, the triage nurse is immediately notified and Jill and her brother are brought back into an exam room.

Upon questioning, Jill's brother does all the talking. He states that Jill began bleeding just in the past hour and he brought her immediately into the ER. He further adds that 2 years prior, their parents were killed in an automobile accident, and since that time, Jill has been suffering from schizophrenia and delusions.

Brief initial exam of Jill shows some blood on her clothing, pale conjunctiva and skin, but Jill is conscious.

You ask her questions and she just seems to stare off into space.



Clinical Presentations- Jill

The following are all possible signs of trafficking except:

1. Jill's general condition suggests blood loss greater than stated by the brother
2. The brother does all the talking
3. Jill's alleged schizophrenia
4. Jill's strange affect when questioned



Clinical Presentations- Jill

The following are all possible signs of trafficking except:

1. Jill's general condition suggests blood loss greater than stated by the brother
2. The brother does all the talking
3. **Jill's alleged schizophrenia Correct Answer**
4. Jill's strange affect when questioned



S: Stop

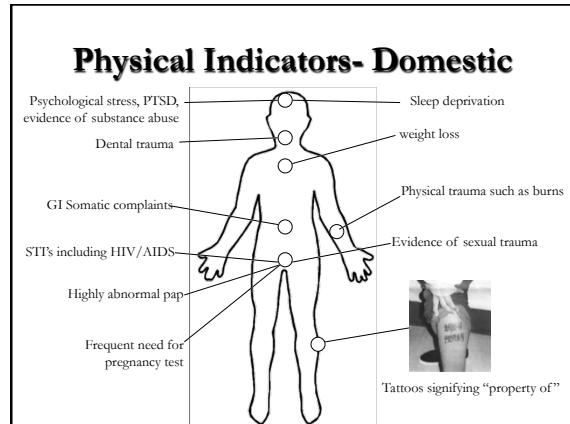
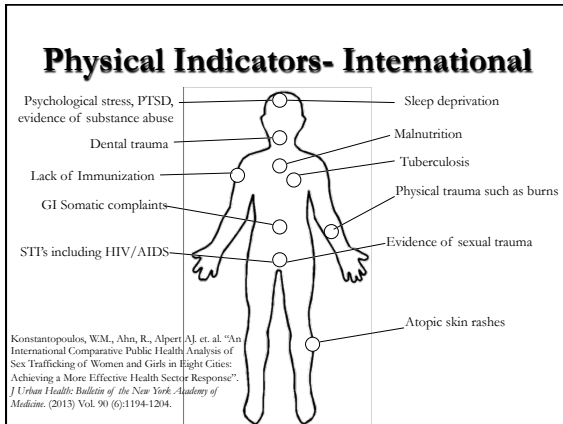
O: Observe- Examine the patient

A: Ask

R: Respond

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Clinical Presentations- Jill

Physical examination of Jill reveals the following:

- Scars on both wrists and ankles
- Scar on her neck across her larynx
- Enlarged uterus
- Recent manipulation of the cervix
- Active uterine bleeding

Laboratory evaluation reveals the following:

- + HCG
- Anemia

Clinical Presentations- Jill

All of the following physical findings suggest trafficking except:

1. Scars on wrists and ankles
2. Scar on the neck
3. Recent trauma/manipulation of cervix
4. Enlarged uterus

Clinical Presentations- Jill

All of the following physical findings suggest trafficking except:

1. Scars on wrists and ankles
2. Scar on the neck
3. Recent trauma/manipulation of cervix
4. **Enlarged uterus Correct answer**

Clinical Presentations- Jill

A tentative diagnosis of retained products of conception following attempted abortion is made.

Jill is taken to the OR, D & C performed along with blood transfusions.

Due to profound anemia, Jill is left in hospital overnight.

What do you do if you suspicions increase after the exam?



- S:** Stop
- O:** Observe
- A:** Ask
- R:** Respond

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Separate the Patient from the Potential Trafficker



Preparations to Ask

- If the patient is a victim of trafficking, they are probably highly traumatized, requiring:
 - Trauma-informed staff to establish trust
 - Staff to take whatever time possible
- Provide translation as necessary



Preparations to Ask

- Trauma-informed personnel to consider:
 - Hospital social worker
 - SANE/SAFE nurse
 - Specially trained trauma nurse



International Human Trafficking: Questions

- Can you leave your work or job situation if you want?
- When you are not working, can you come and go as you please?
- Have you been threatened with harm if you try to quit?
- Has anyone threatened your family?



International Human Trafficking: Questions

- What are your working or living conditions like?
- Where do you sleep and eat?
- Do you have to ask permission to eat, sleep or go to the bathroom?
- Is there a lock on your door or windows so you cannot get out?



Domestic Human Trafficking: Questions

- Have you been asked to have sex with multiple men each night?
- Do you have to meet a quota of money before you can safely return home?
- Has someone forced you to perform sexually before a camera?
- Has anyone taken sexually suggestive photo's of you to post on the Internet?



What do you do if you discover someone who may be a victim of trafficking?



S: Stop
O: Observe
A: Ask
R: Respond

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To respond properly, you need to prepare in advance



Step 1- Local Research

- **Research local anti-trafficking contacts**
 - Call the Trafficking Information and Referral Hotline 1.888.3737.333.
 - Local community resources working specifically to help victims of trafficking
 - Contact these local agencies and find out about local law enforcement
 - Call the Department of Homeland Security Hotline at: 866-347-2423



Step 2- Designate personnel

- Assign a member of the staff to interface with:
 - Local, state, and federal law enforcement
 - Local community service providers
 - Child protective services
- Gather information on the local trafficking problem



Step 3- Gather information

- Local trafficking problem
 - International
 - Domestic
- Local law enforcement response capability
- How they suggest you respond and report to them



Step 4- Condense into a protocol

- List of local trafficking indicators
- How to separate potential victim and trafficker
- Designated interviewer
- Provision of interpreting services
- Steps to ensure security/safety of victim
- Guidelines for when to intervene
- Protocol for when patient refuses intervention



Step 5-Train your staff



Clinical Presentations- Jill

All of the following are reasonable responses to Jill's situation at this point except:

1. Obtain a psychiatric consult
2. Have social services interview Jill
3. Dial 911
4. Notify a local anti-trafficking service provider



Clinical Presentations- Jill

All of the following are reasonable responses to Jill's situation at this point except:

1. Obtain a psychiatric consult
2. Have social services interview Jill
3. Dial 911
4. Notify a local anti-trafficking service provider



**Hope For Justice
is available to assist hospitals
and clinics in their efforts to
develop a response protocol**



www.cmda.org/tip

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Hopeforjustice.org/training

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Training For Professionals

What's available?
Hope for Justice believes in multi-agency working and is keen to work with and train law enforcement, medical professionals, social services, community outreach programmes and other frontline agencies and organisations to tackle the issue of human trafficking in the UK. One of the ways in which we actively support professionals is by offering training on:

- Spotting the signs & reporting trafficking
- Legal framework for supporting victims and criminalizing suspects
- Working with potential victims of trafficking

The value of training
We believe that by equipping people who are specialists in their own field with relevant, comprehensive and practical guidance we can increase the number of victims identified and improve the response and help offered by organizations like yours.

A history of success
Hope for Justice has experience of training staff from a variety of frontline agencies including the police, homeless shelters, social services, teachers, community-based outreach programs and asylum charities. Crucially this leads to increases in referrals and rescues, and the standard of care provided to victims.

Request training
With our in-house Trainers and Network Trainers (specially trained consultants) we can deliver training to a growing audience. In the UK our current focus is the North of England and the Midlands although we will cater to requests for training from outside this area depending upon current capacity. In the US our current focus is Tennessee although we will cater to requests for training from outside this area depending upon current capacity. To make further enquiries about what we can offer your organisation or to request training, click the button below.

Enquire About Training

