Human Trafficking and Exploitation Identification and Response Strategies for Health Care Professionals

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Training Goals

- Learn definitions and prevalence of human trafficking and exploitation locally and worldwide
- Understand signs, harms, vulnerabilities, as well as challenges to identifying human trafficking and exploitation
- Understand importance of protocol implementation
- Learn about assessment and data collection tools available to medical professionals to document cases
- Understand mandatory reporting requirements
Health Care Providers Role

- Build trust and treat patients
- Not convince patients to leave, unless patients choose
- Educate patients about options
- Conduct initial screening for indicators — this is useful because care providers can then determine who should receive or be referred for in-depth intake by bedside advocate or other specialist
  - Recognize indicators/red flags of exploitation and human trafficking
  - Initial screening does not conclusively determine trafficking
- Assist patients with safety planning
- Provide available resources
Basic Knowledge in Human Trafficking and Exploitation
Human Trafficking is the legal umbrella term for the act of recruiting, harboring, transporting, providing, or obtaining a person for compelled labor or commercial sex acts through the use of force, fraud, or coercion.

CSEC (Commercial Sexual Exploitation of Children)
The sexual abuse of a minor entirely or primarily for financial or other economic reasons. Economic exchanges may be monetary or non-monetary (food, shelter, or drugs).

CSEC does not need to prove force, fraud, or coercion to be sex trafficking.

Labor Trafficking
Person is recruited or used for labor or services and subjected to involuntary servitude, debt bondage, or slavery. If a child is victimized, this is a case of abuse and commercial exploitation.

Sex Trafficking
Person is recruited or used for a commercial sex act.

Source: The Trafficking Victims Protection Act (TVPA) of 2000
Elements of Human Trafficking

**ACTION**
- Recruiting
- Harboring
- Transporting
- Providing
- Obtaining
- Patronizing*
- Soliciting*

*only for sex trafficking

**MEANS**
- Force
- Fraud
- Coercion

**PURPOSE**
Commercial Sexual Exploitation and Forced Labor

Does not need to be proven in a situation of sex trafficking of minors

Source: U.S. Department of Health and Human Services, 2017
What is Sexual and Labor Exploitation?

**Sexual Exploitation** is an act(s) committed through the non-consensual abuse or exploitation of another person’s sexuality for the purpose of sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purpose.

*Source:* Swathmore College

**Labor Exploitation** is the act of treating one’s workers unfairly for one’s own benefit. It is a social relationship based on asymmetrical power between workers and their employers.

*Source:* Wikipedia
Entry Pathways to Sexual Exploitation

- Average entry age: 13 to 14 years (females) and 11 to 12 years (males)
- Peer recruitment in the child welfare system
- Poverty and survival sex
- Seduction, being a boyfriend / girlfriend first (Romeo Pimping)
- False advertising for “modeling,” “acting,” or “dancing” opportunities (CEO Pimping)
- Gang-based exploitation used to enter into and/or benefit the gang
- Internet enticement through chat rooms or profile-sharing sites
- Kidnapping, violence, and force (Guerilla Pimping)
- Parents, caregivers, families selling children (Interfamilial Pimping)

Source: Dream Catcher Youth Shelter. MISSSEY, S.H.A.D.E., Alameda County Social Services Agency, District Attorney’s Office, WestCoast Children’s Center
Scope of Human Trafficking and Exploitation

In 2016, worldwide an estimated **40.3 million in modern slavery**: 24.9 million in forced labor and 15.4 million in forced marriage.\(^1\)

Women and girls are disproportionately affected by forced labor, accounting for 99% of victims in the commercial sex industry, and 58% in other sectors. However, **sexual victimization of males is highly underreported** for several reasons including societal biases.\(^2\)

100,000 youth are sexually exploited annually in U.S. and 90% are American citizens. Due to lack of a coordinated system and underreporting, actual numbers of CSEC are estimated to be as high as **300,000**.\(^2\)

1 in 4 victims of human trafficking are children.\(^2\)

In the United States depending on the region, women, girls, and transgendered females of color, particularly African American, LatinX, and Southeast Asian are often disproportionately trapped in exploitation and human trafficking.

Of the 24.9 million in forced labor: **16 million exploited in the private sector**; 4.8 million in forced sexual exploitation; and **4 million in forced labor imposed by state authorities**.\(^1\)

3 million undocumented labor trafficking survivors in the U.S.\(^3\)

Sources:
1. International Labour Organization, Walking free Foundation and Office for Migrants, 2017
While being trafficked

- 88% of trafficked victims encountered a health provider and 57% visited a clinic\(^{(1)}\)
- 28-50% of victims in the U.S. encounter health care professionals while being trafficked\(^{(2)(3)}\)
- None were identified as being trafficked

Trafficked minors will disclose if screened in a clinic\(^{(4)}\)

- Victims can be identified in a health care setting\(^{(1)}\)

There are models of care for victims of human trafficking\(^{(5)(6)}\)

- Once identified, there are ways for health care to respond\(^{(1)}\)

Sources:

Dr. Kimberly Chang, 2017
Challenges to Identifying Exploitation and Human Trafficking

- **Lack of self-identification** caused by brainwashing/control techniques of the exploiter (Stockholm Syndrome — trauma bonding) and through cultural isolation
- **Hidden nature** of the crime
- **Shame** associated with this type of victimization
- **Lack of awareness** by professionals who may interact with the victims
- **Lack of awareness** by the general public
- **Fear of exploiter**
- **Fear of deportation** (i.e. lack documentation and work in underground economies)
- **Trafficking victims** do not look like your typical “victim”
True or False?

• Trafficking requires movement
• All victims do not have health insurance
• A person paid for their work is not trafficked
• Most human trafficking victims come from other countries
• A patient with frequent injuries is a flag of concern
• All victims are locked up and held against their will
• Victims are recruited by people unknown to them (i.e. stranger danger phenomenon)
Harms and Risks
In Becoming Trafficked or Exploited
Harms of Human Trafficking

**Medical**
- STD/STI/UTIs, AIDS
- Unintended pregnancy
- Chronic pain
- Trauma injuries/violence
- Lack of primary care
- Malnutrition
- Poor oral health
- Felitti’s Adverse Childhood Events (ACE) — [acestudy.org](http://acesstudy.org)

**Mental Health**
- Depression, anxiety, panic
- PTSD, trauma bonds
- Dissociation
- Substance abuse
- Suicidal ideation
- Low self-esteem
- Blunted emotional response
- Excessive guilt/shame

**Social**
- Criminalization/stigmatization
- Lack of formal education
- Lack of economic opportunity
- Missed developmental milestones
- Afraid to access care
  (e.g., reporting concerns)
- Relationship difficulties, cycle of violence
- Lack of access to health care and other social services
- Afraid to access care

**Sources:** Zimmerman et al., 2003, Dovydaitis et al., 2009, Isaac et al., 2011 | Crane et al., 2011 | Baldwin et al., 2011, Institute of Medicine 2013, | Felliti et al., 2010, Willis et al., 2002 | Dr. Kimberly Chang S.H.A.D.E. | Progressive Transition(s)
Although anyone can fall victim to human trafficking, vulnerable populations who have little social and legal protection are the most at risk — because they are easier to exploit. The risk for women may be heightened where extreme gender discrimination prevails.

The major factors — on both a societal and personal level that cause or contribute to people being vulnerable to trafficking include:

- Political Instability
- Poverty
- Racism and the Legacy of Colonialism
- Gender Inequality
- Mental Health
- Gang Involvement
- Online Vulnerability
Differences Between Labor and Sex Trafficking/Exploitation
Industries with Labor Trafficking Victims

Domestic Work  Agriculture  Crime
Janitors       Food Services/Restaurants  Arts and Entertainment
Construction  Peddling/Begging  Carnivals
Food Processing  Salons  Forestry
Manufacturing  Hotels/Motels  Health Care
Landscaping  Traveling Sales Crews  Recreation Facilities

Source: Polaris Project “Typology of Modern Day Slavery,” 2017
Signs of Labor Trafficking

- Controlled Movement
- Signs of Power and Control
- Cultural Isolation
- Poor or Dangerous Work Conditions

The goal of health care provider is to help patients become aware of the signs

Source: Alameda County Labor Trafficking Task Force
Labor Trafficking Red Flags in Health Care Settings

- Late presentation to medical care
- Cash payments for services
- No insurance
- Fearful of arrest, imprisonment, or deportation
- Agitated, highly nervous, constantly on the phone or looking behind
- Evasive about living situation
- Scripted, memorized, or mechanically recited history
- Frequent injuries
- Discrepancy between stated history and clinical presentation

- Accompanying individual controls the encounter
- Concerned for their own/their family’s safety
- Clothing that is weather — or age — inappropriate
- Substance withdrawal
- Physical ailments with vague references to a work-related situation
- Overuse injuries that do not match up to stated type of employment
- Occupational type injuries without evidence of legitimate employment
True or False?

- Victims of labor trafficking will usually ask for help or assistance and will self-identify as a victim of a crime
- Always use a third-party translator for non-English speakers
- Human trafficking exclusively occurs in illegal or underground industries
- Foreign national trafficking victims are always undocumented immigrants or entered the U.S. through legal means
- Human trafficking victims always come from situations of poverty and/or from small rural villages
• Recurrent STIs or complications from lack of follow-up treatment
• Multiple pregnancies with a common father; frequent abortions
• Chronic vaginal discharges and/or acute pelvic pain; PID
• Lack of prenatal care or signs of STIs while pregnant
• Suspicious scars, bruising, broken bones, tattoos
• Age-inappropriate adult or peer companions (non-caring behaviors)
• Material possessions that contradict presentation of self-care/health
• Over-familiarity with sexual terms, practices; multiple sex partners
True or False?

- Patients who are exploited for sex are always female
- Sexually exploited youth usually knew what they were getting into
- It’s not trafficking if the exploiter and the patient are related
- Health care providers should ask suspected victims how many sex partners they have had
- Someone of the same sex and gender who accompanies a patient to health care visit is beyond suspicion of being a trafficker or facilitator
Human Trafficking / Exploitation
and Domestic Violence, Sexual Assault, and Rape
Understanding Domestic Violence

Domestic Violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as a part of a systematic pattern of power and control perpetrated by one intimate partner against another.

It is also referred to as intimate partner violence, in acknowledgement that abuse can exist regardless of sexual orientation, marital status, or gender.

Source: Source: U.S. Center for Disease Control
Prevalence of Domestic Violence

• In the U.S., an average of 20 people are physically abused by intimate partners every minute. This equates to more than 10 million annually.\(^{(1)}\)

• 1 in 4 women and 1 in 10 men will experience domestic violence victimization in their lifetime.\(^{(2)}\)

• Domestic violence accounts for 15% of all violent crime in the U.S.\(^{(3)}\)

• On a typical day, domestic violence hotlines nationwide receive approximately 20,800 calls.\(^{(4)}\)

• Domestic violence is most common among women between the ages of 18-24.\(^{(5)}\)

Sources:
1. Black, et al., 2011 | 2. U.S. Center for Disease Control, 2018
5. Truman & Morgan, 2014
Signs of Domestic Violence

- Obvious injuries, often attributed to being clumsy or accidents and efforts to hide injuries.
- Signs of anxiety and minimization of incidents.
- Making excuses for the abusive behavior. For example: saying, “It’s because of alcohol or drugs.”
- An unusual number of phone calls, texts, emails, or unexpected appearances at work, school and/or residence by a significant other to “check up on” you or questioning you about your actions and activities.
- Having your partner make threats about hurting or killing themselves to control your behavior.
Understanding Sexual Assault and Rape

**Sexual assault** is unwanted sexual act against or without a person’s consent. It includes any sexual, physical, verbal, or visual act that forces a person to engage in sexual contact against their will or without their consent. The terms sexual assault and sexual violence are often interchangeable.

**Rape** is forced sexual intercourse, including any completed or attempted unwanted vaginal, oral, or anal penetration through the use of physical force or threats to physically harm. Rape implies that a person isn’t capable of consenting to the activity, such as if they are impaired by physical, mental, or emotional circumstances, including being under the influence of alcohol or drugs. A person’s status, such as their age, role, or relationship to the perpetrator, may also make the victim unable to give consent.
Prevalence of Sexual Assault and Rape

More than 1 in 3 women experienced sexual violence involving physical contact during her lifetime

Nearly 1 in 4 men experienced sexual violence involving physical contact during her lifetime

Estimated lifetime cost of rape

$122,461 per victim
Sexual Assault

- Every 92 seconds, an American is sexually assaulted.
- 60% of survivors know the person who assaulted them.
- 2 out of 3 sexual assaults go unreported to the police.

Rape

- 79.6% of female rape victims were under age 25 when they were first raped — 42.2% were under age 18.

Sexual assault and rape can span age, sexual orientation, religion and gender, and affects people of all socioeconomic backgrounds and education levels.

Sources:
Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2014, 2015
Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, National Crime Victimization Survey, 2010-2014, 2015;
Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2014, 2015;
Federal Bureau of Investigation, National Incident-Based Reporting System, 2012-2014, 2015;
Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, Felony Defendants in Large Urban Counties, 2009, 2013.
Signs of Sexual Assault and Rape

Not all sexual assaults and rapes cause visible injuries. Injuries can often be internal, such as internal bleeding or sexually transmitted diseases. There may not be any physical injuries at all after an incident of abuse, depending on the violence a survivor has experienced.

General indicators include:

- **Bruising**
- **Bleeding (vaginal or anal)**
- **Difficulty walking**
- **Soreness**
- **Broken or dislocated bones**
- **Behavioral signs may include lack of trust of others and social isolation**
The Link between Human Trafficking, DV, and Sexual Assault

- Intimate partner trafficking coerces partner to engage in involuntary servitude
- Intimate partner violence is not asked for
- Human trafficking, domestic violence, and/or sexual assault is not voluntary
- Abusers and traffickers can be anyone, and Victims can be anyone
- Victims may have experienced attacks of violence across their lifespan
- Perpetrators use a relationship of trust to their advantage
- Abusers and traffickers often threaten victims into a life of silence and compliance
- A person’s freedom is violated
- Victims suffer from trauma
- Methods of abuse are similar and involve a cycle of violence and continuum of Abuse

Source: Progressive Transition(s)
Power and Control

Source: Polaris Project
Similarities/Commonalities

All three exist as part of a patriarchal system of power and control where:

- A sexual hierarchy exists
- Women and girls experience gendered violence
- Violence against women is fundamental to the construction of masculinity as is trafficking
- The norm is the subordination of women
- Women are dehumanized and objectified and seen as commodities
- Sexual violence is used a primary tool of power and control
- Force is not required and trafficking and abuse can be physical and non-physical (mental, threats, coercion)
- Non-physical abuse can create a sense of loyalty, fear, and dependence

Source: Progressive Transition(s)
Key Differences

• With DV/IPV, Dating Violence, Sexual Assault, Stalking etc. the majority of perpetrators are not women. However, a significant number of traffickers or trafficking brokers have been women.

• Some of the female perpetrators of violence have never experienced violence, but see violence as a necessary part of the business.

• Other female traffickers are former victims of trafficking themselves and rising in the “ranks” is their way of attempting to escape violence (i.e. know as bottom bitch in prostitution).

• Traffickers are profit driven, while for other perpetrators of violence against women, it is rarely the main motive.

Source: Progressive Transition(s)
Working with Victims

- Domestic Violence, Sexual Assault, and Human Trafficking Victims have many of the same needs (i.e. physical and emotional safety)
- Victim-centered advocacy, confidentiality and safety are foremost and are essential
Contents of Trauma-Informed Response Protocols for Human Trafficking and Exploitation
Protocol Integrates and Updates Existing Policies

Most health care facilities already have protocols in place to address intimate partner violence, child abuse, elder abuse, sexual assault.

Review and build upon these protocols when integrating trauma-informed processes and procedures to respond to exploitation and human trafficking.

Streamline training, treatment, referrals.

Work in teams.

Collaborate with existing internal and external experts and champions.
The Critical First Step: Overall Assessment

**Goals:**
- Safety and comfort of the patient is primary.
- Build rapport and trust before interviewing/screening.
- Enable patient to experience being fully seen.
- Make plan with patient and offer resources.

**Questions:**
- How are you feeling in general?
- Are you hungry, cold?
- What would make you more comfortable?
- How is home or life?
- How are things at school?
- How is work going?

**Acknowledge the obvious:**
- You look a little tired, when is the last time you slept? or How are you sleeping?
- That’s an attractive tattoo, is there a story?
- You look a little down, would you like to talk?
- This is a really safe place because we have...
- I have some interview questions that may be awkward but important to provide assistance.
- I need to use an interpreter to help us communicate, do I have your permission?
Critical Second Step: Screen for Human Trafficking

For some persons, it may be best to ask open-ended questions and to listen for elements of Action, Means, and Purpose.

- How did you meet your partner, girlfriend, boyfriend?
- Tell me about your family/friends.
- How did you sustain this injury?
- How did you start working for your employer?
Third Step: Access Trauma-Informed Advocates

Contact internal hospital/community health center champions and follow internal protocol developed from the HEAL Trafficking Trauma-Informed Tool Kit for Health Care Settings.

Secure patient consent to invite bedside advocate with lived experience and professional expertise in survivors of exploitation to work with the health team.

Contact Bedside Advocates:

- Survivors Healing Advising and Dedicated to Empowerment Hotline (510) 437-0192 (complete intake)

- Bedside Advocate will be dispatched from either S.H.A.D.E., Ruby’s Place, Progressive Transition(s), or BAWAR within 60 minutes of call.

- Bedside Advocates have limited language capacity and will use Language Line Services.
Trauma-Informed Practices

- Ensure that phone is placed with patient’s personal belongings and is secured
- Avoid re-traumatizing patients (i.e. interrogations, culturally insensitive)
- Use professional trauma-trained interpreter, not the accompanying person
- Ask questions non-judgmentally and with care, use hypothetical statements
- Involve patient in all decisions including mandatory reporting, no surprises!
- Assure patient that they are safe, explain safety features in setting
- Providing tele-health care, survivors’ choice, safety, privacy are still the goals!
- Highlight strengths and resiliency, promote healthy coping mechanisms
- Keep communication open between patient and medical professional

The ultimate goal is not immediate disclosure of victimization
Medical Charts & Records are Subject to Subpoena
(Only Morbidity & Mortality Log is Protected)

**Triage Report | Completed by intake nurse:**
Record of patient's initial statements which may include the who, what, when, and where details about injuries or complaining symptoms, and basic health vitals.

**Forensic Exam Report | Completed by examiner:**
A confirmed or reported crime has been committed. Form 936 requires detailed and exact statements of patients not paraphrases or assumptions from medical personnel, and detailed charting including photos of injuries, clothing, etc.

**Medical Chart | Completed by physician:**
Document patient statements to physician, not statements recorded by triage nurse, and injury details or complaining symptoms. Include responses taken: SART team has been called and/or mandatory report made to Law Enforcement or Child Abuse Hotline, etc. Include patient strengths and any resolutions of previous problems.
Mandatory Reporting Requirements

If appropriate based on the patient’s age and competency, give patients the opportunity to be involved in the mandated reporting. Mandated Reporters are required to give their names and are provided unqualified immunity from civil liability when reporting:

- Child abuse and neglect
- CSEC
- Elder and dependent adult abuse
- Domestic violence

Human trafficking, with the exception of CSEC, is not a mandated offense to report unless Mandated Reporters can clearly see signs of severe physical abuse and neglect.
Questions & Reflections
Thank You

From Your Human Trafficking Medical Offramps Partners:

Carla Dartis Consulting
Community Health Center Network
Survivors Healing Advising Dedicated to Empowerment
Ruby’s Place
Alameda County District Attorney’s Office

Questions? Please contact:

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