INTRODUCTION TO LABOR AND SEX TRAFFICKING: HOW HEALTHCARE PROVIDERS CAN IDENTIFY AND RESPOND

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Who is on the call today?
Poll

Have you attended a training or workshop on trafficking before?
HUMAN TRAFFICKING: DEFINITIONS AND SCOPE

Susie Baldwin, MD, MPH
Objectives

- Define labor and sex trafficking of adults and youth and the role of health care and public health professionals in responding to this human rights abuse.
- Identify indicators for trafficking among patients, including risk factors, signs, and symptoms.
- Describe three specific approaches that health professionals can take to respond to potentially trafficked patients and to develop effective, collaborative prevention and community response strategies to labor and sex trafficking of adults and youth.
Human Trafficking – What is it?
Intentional Violence

Community violence

Elder abuse

Child abuse

Sexual assault

Human trafficking

Intimate partner violence

Courtesy of H. Stoklosa
Forced Labor  Indentured Servitude

HUMAN TRAFFICKING

Organ Removal  Coerced Commercial Sex

Debt Bondage

HUMAN RIGHTS ABUSE
United Nations *Protocol to Prevent, Suppress and Punish Trafficking in Persons*

**ACTION**
- Recruitment
- Transportation
- Transfer
- Harboring
- Receipt

**MEANS**
- Force
- Fraud
- Coercion
- Deception
- Abuse of Power or Vulnerability

**PURPOSE**

**EXPLOITATION**
### Trafficking Victims Protection Act (TVPA, 2000)

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<td>Harboring</td>
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*Force, fraud, coercion NOT necessary when the person induced to perform a commercial sex act is under age 18*
Coercion

- Threats of serious harm to or physical restraint against any person;
- Any scheme, plan, or pattern intended to cause a person to believe that failure to perform an act would result in serious harm to or physical restraint against any person; or
- Abuse or threatened abuse of the legal process

★ PSYCHOLOGICAL ★

★ SITUATIONAL ★

U.S.C.§ 7101(b)(13); Kim K, Loyola 2010
Language/ Re-Framing

• (Child) Prostitute
• Ho
• (Bottom) Bitch
• Whore
• Hooker
• Slut

• Victim \rightarrow Survivor
• Commercially Sexually Exploited Child (CSEC)/Youth (CSEY)
• Domestic Minor Sex Trafficking Victim = DMST
• Sexually Exploited Minor

Adapted from K. Chang, Asian Health Services
People in the U.S. Are Trafficked For:

- Commercial sex work
- Pornography
- Stripping
- Servile marriage
- Domestic service
- Factory work
- Restaurant work
- Agricultural work
- Criminal activity
- Construction
- Hotel/motel housekeeping
- Begging/peddling
- Nail salons
- Other informal labor sectors
- “3 D’s” = dirty, dangerous, degrading
Trafficking of Children in U.S.:

Commercial sex work
Pornography
Domestic Servitude/Au Pairs
Restaurant Work
Hair Braiding Salons

Magazine crews
Selling or cultivating drugs
Forced peddling
Agricultural work
Scientology
Trafficked People May Be:

Female, male, transgender
Adults, adolescents, children
Moved across borders, or not
Non-citizens
  - With legal status
  - Without legal status
U.S. citizens
From diverse backgrounds: race/ethnicity, income, class, education, religion, culture

Adapted from Freedom Network Training Institute ©
Human Trafficking is Highly Profitable

Annual profits for traffickers/exploiters estimated at $15.5 - $150 billion annually (*UNODC, International Labor Org, 2012*)

Compared to trafficking drugs or arms, human trafficking:

- Produces continuous profits
- Involves less risk
Human Trafficking: A Global Problem

• 21 million people are trafficked worldwide at any given point in time

• 90% of these individuals trafficked by private enterprises or individuals (versus by nation states as prison labor or by state or rebel armed forces)

• 68% (14.2 million) trafficked for forced labor in industries such as agriculture, construction, domestic work and manufacturing

• 22% (4.5 million) trafficked for commercial sex

ILO, 2012
Human Trafficking: United States

Solid data are lacking!

- **14,500 – 17,500** people trafficked *into* the US every year *(U.S. Dept of State, 2006)*
- 2013 NIJ study of unauthorized workers in San Diego found **28%** labored under conditions that met the legal definition of human trafficking
- **5,544** potential trafficking cases reported to the National Human Trafficking Resource Center in 2015
“No reliable national estimate exists of the incidence or prevalence of commercial sexual exploitation and sex trafficking of minors in the United States.”

-Institute of Medicine; Washington Post
Real HT Data: In Fiscal Year 2014, US DHHS ACF:

- Issued 749 Certification and Eligibility Letters to foreign national victims of trafficking to access services to the same extent as refugees (44% increase from FY 2013)
- Served 1,137 foreign national victims and family members in 67 cities and 40 states through the Trafficking Victim Assistance Program (24% increase from FY 2013)
- Received 34,361 calls through the National Human Trafficking Resource Center (NHTRC) (18% increase from FY 2013).
- NHTRC received 8,624 case referrals for social services
Fewer than 1% of trafficking victims in the U.S. are identified (U.S. Dept of State, 2014)
Human Trafficking: A Public Health Issue
Role of Health Professionals in Responding to Human Trafficking

- Identification of victims/survivors → Education, empowerment
- Treatment → Immediate, short, and long-term
  - Medical, mental health, sexual & reproductive health, dental, integrative
- Linkage to Services
- Forensic evaluations
  - Sexual Assault Response
  - Immigrant cases: T-visa / U-visa/ VAWA/ DACA/ UIC
  - Domestic sex trafficking: Criminal and civil cases

Courtesy of N. Littenberg, adapted
Why is human trafficking a public health issue?

Global problem affecting marginalized populations

Trafficked people suffer myriad physical & mental health effects

Response requires intersectionality of multiple sectors:

- Law enforcement
- Legal agencies, attorneys, courts
- Child welfare
- Social service providers
- Schools
- Medical, mental health, sexual & reproductive health providers
Evidence based research as the foundation of effective laws, policies, and programming
Prevention focused; understanding of upstream determinants
Stakeholder coordination
Addressing underlying attitudes and behaviors; health education and social marketing
Grounding of approach in social-ecological framework

Todres J, 2013; Welch K, 2011
Responding to Human Trafficking: Trauma Informed Care
Trauma Defined

Painful or distressing events that overwhelm one’s ability to cope
Experiences that are shocking, terrifying, or overwhelming to the individual
Experiencing or witnessing violence, abuse, neglect, disaster, war, terrorism
Results in feelings of fear, horror, helplessness
Affects life, health, and development
Often has profound and long-lasting biological, psychological, social effects
Impacts of trauma in the brain

Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.

An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.
After traumatic event, the brain and body change
For some, event(s) remains “stuck” in primitive areas of brain and reactivates repeatedly
Not accessible to “thinking” areas
Brain changes from trauma exposure/complex trauma evolve into symptoms that impair function → interfere with relationships, job, school, mental and physical health
Trauma Informed Care

Based on public health principles of prevention, resiliency

Arose in provision of mental health and substance abuse services

Involves our approach to patients “from the front desk to discharge”

Every aspect of management, training, service delivery incorporates an understanding of how trauma affects health and behavior
Trauma Informed Care

*Realizes* the prevalence of trauma and taking a universal precautions position;
*Recognizes* how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
*Responds* by putting this knowledge into practice; and
*Resists* re-traumatization
Trauma Informed Care: Informal Definition

“Take Universal Precautions with everybody’s emotions because you have no idea what they’ve been through”

- As a health professional, always remain calm, kind, non-judgmental, and sensitive to the patient’s perceptions
- Do not take patients’ negative words or behaviors personally
From Victim to Advocate
Poll

Which of the following is NOT a barrier to trafficked people disclosing their situation when they interact with health professionals?
Human Trafficking:
Barriers,
Possible indicators,
How to identify

Jordan Greenbaum, MD
Stephanie V. Blank Center for Safe and Healthy Children
Children’s Healthcare of Atlanta
Trafficking Examples: Transnational

Miguel is an 11 y.o. boy from a small village near Villa Nueva. He and his mother arrange to be smuggled into the US to escape gang violence in Guatemala. They are separated en route and Miguel is approached by a man offering to help.

Estella is a 22 year old woman from Tijuana who is befriended by a 25 y.o. man who promises her marriage and a ‘good life’ in the U.S. He brings her to Houston where he forces her into prostitution in a residential brothel.
Elle is a 19 y.o. transgender youth thrown out of home; ostracized by family, cannot find job. After 5 days she is hungry, cold and without resources. She meets others on the street who agree to help her, as long as she makes money…

Kemi is a 45 y.o. Nigerian woman who borrows money to pay employment agency for job as a housekeeper in an American home. When she arrives, the family forces her to work 16-18 hours per day, without pay and does not allow her to leave the house….
So, how will I know a victim when I see one?
Challenges to Victim Identification

Victims don’t self-identify

- “Hi there. My chief complaint is human trafficking. Can you please rescue me?”
Reluctance to disclose

Why?

- Miguel: 11 y.o. boy from Guatemala
- Estella: 22 y.o. woman from Tijuana
- Elle: 19 y.o. transgender youth
- Kemi: 45 y.o. Nigerian woman
Fear

Distrust of authorities

Fear of trafficker

Loyalty to trafficker

Fear of deportation

Debt

Shame

Silence OR Denial

Hopelessness

Don’t recognize victim status

Guilt

“Perks”
Who might be a trafficked person?

- Adult patient
- Child patient
- Parent of child patient
Possible Indicators of Trafficking: First Impressions

Patient or Parent

- appears afraid of companion, or overly submissive, anxious
- gives false demographic information, inconsistent history
- cannot describe where she/he is staying, doesn’t know city
Sex Trafficking
Possible Indicators of Labor Trafficking

- Patient or Parent…
- Is not in control of ID documents, money
  Is not able to come and go at will
- Works very long hours
  Living/working conditions highly secure
- Provides inconsistent histories
  Has signs of abuse/neglect

Polaris Project, 2010
Think about risk factors…

- Child welfare involvement
- Intimate Partner Violence
- Poverty
- Abuse/Neglect
- Runaway/Homeless
- Marginalized group
- Mental health problems
- Unskilled job in high risk industry
- Drug/Alcohol abuse
- Truancy, school problems
- Recent immigration; esp irregular
- LGBTQ status

IOM, 2013; Smith 2009; Edinburgh, 2015; Greenbaum 2015; Gragg 2007; Bigelson 2013
Health Consequences of Labor Trafficking

Untreated chronic medical conditions

Work-related injuries
- Acute trauma
- Chronic illness related to exposure to chemicals, dust, etc.
- Chronic pain, strain

Malnutrition/dehydration
- Infection
- Consequences of sexual assault
- Violence (physical/sexual)
- PTSD
Physical and Sexual Violence

STI, HIV, infertility

Pregnancy/abortion

Substance abuse

Chronic Pain

PTSD

Chronic anxiety

Sexually Transmitted Infections

- May have to buy condoms from trafficker
- Problems negotiating condom use
- May not use condom with trafficker (‘boyfriend’)
- Client pays more without condom
- Limited knowledge of STIs, importance of condoms
Pregnancy

Contraception is unusual
Morbidity higher for adolescent girls than adults
Many unsafe abortions
- 10-50% of women who have unsafe abortions have complications
Infants born with acute and chronic conditions

Willis & Levy, 2002; Deisher, Farrow, Hope, & Litchfield, 1989
Substance Use/Misuse

Pre-existing use or introduced by trafficker
Method of control, manipulation
Self-medication
Heroin, benzo’s, meth, others
Intoxication, overdose or withdrawal
Untreated Chronic Conditions

Poorly controlled chronic conditions (e.g. asthma)

Dental problems

Chronic pain (HA, abd, pelvic)

Chronic fatigue

Problems associated with prior traumatic brain injury

Lederer & Wetzel, 2014; Zimmerman, 2006; Cooper, 2005
Poll

What are the most important things to do when encountering a potentially trafficked person during your work?
Response to Human Trafficking

Tonya Chaffee, MD, MPH
Life cycle of HT

Health care providers intersect with HT victims/survivors during all stages

- Those “at risk”
- Those recruited and involved but unable to leave their situation
- Those who are survivors
- Those who may become re-involved

Public Health Response able to address all stages (prevention/intervention)
Case

16 y.o. female coming in for STI testing

• 1st time seeing a health provider >4 years

• Not living at home due to DV/abuse by her father, now “living with her boyfriend”

• Disclosed >50 sexual partners in last 3 months

• Discloses being trafficked by boyfriend
Responding and Assessing: Key Points!

If + disclosure or ID someone at high risk for HT:

- Need to treat medical concern first!
- Understand importance of being trauma informed----To not re-traumatize victims, help establish trust, respect for victims choices including going back to trafficker.
- Assess safety of victim and your organization (safety planning similar to DV)
- Goal is not to gain victim disclosure but to provide support, along with acute and con’t care.
- Can’t do this alone! Assist with coordinated and ongoing care
Health Provider Response: Things to Consider

- Lack of established evidenced based protocols for identifying and responding to HT victims in health care settings.
- Issues with trust, ability to be victim centered/trauma-informed
- Barriers with mandated reporting laws
- Communication and coordination with many agencies and coordinating care for survivors
Trauma Informed Care

- Understanding intake process for patients/clients providing calm, welcoming and quiet, environment or space.
- Allowing for balance of power in clinical settings (giving patient power to make decisions and choices about care/referrals)
- Knowing referring/collaborating agencies are similarly trauma informed
- Creating a supportive environment for staff and addressing secondary trauma.
Health Care and Confidentiality

• Helps ensure trust with providers of sensitive medical information
• Important to review limits
• Consent forms should list confidentiality statements and its limits
• Indicate certain conditions that are reportable to law enforcement/others, which may include issues with trafficking
Confidentiality

- Important to interview patient alone
- Use medically trained interpreters if needed (no family/friends)
- Review limits of confidentiality during sensitive questioning particularly with youth noting that some information may not be confidential
Mandated Reporting

- Health care professionals are mandated reporters in all 50 states.
- States vary on HT and mandated reporting (age mandates, type of abuse).
- HT may overlap with child abuse, domestic abuse, and even elder abuse statutes in many states.
- If an event is a mandated reporting event, important to know who to report and WHAT THE RESPONSE WILL BE!
Mandated Reporting: Issues

- Deterrent effect on disclosure & identification
- Difficulty with balance between confidentiality and patient safety
- Not always Trauma Informed: May lead to mistrust, and lead to decrease utilization
- Safety concerns of provider/staff by trafficker
Mandated Reporting Issues to Consider

If making a report

- Ensure immediate safety Pt./staff
- Allow patient a role in reporting process
- Have them speak to person the report is being made.
- Ensure safety planning after report
- Provide support and let them what is likely to happen next
- Provide referrals/ resources for victims
Assessment Questions

If you gain disclosure or identify someone at high risk for HT:
Assess medical concern first.

Questions to consider:

• Are you being monitored by anyone?
• Is that person with you today?
• What would happen if you leave?
• Are you or anyone close to you being threatened?
• Do you keep the money you earn?
Acute Medical Concerns

Address primary medical concern! BUT important to assess other undetected medical conditions

- Exposure to toxic chemical/burns/previous injuries
- Reproductive health including pregnancy care (STI/HIV/HepC screening) Pregnancy Testing

Acute mental health and stabilization

- Safety and suicidality
- ETOH/Drug dependency and potential w/drawl issues
Long Term Medical Needs to Consider

General health
- Dental/vision/diet addressing any developing chronic conditions e.g. HTN
- Vaccines including Tdap, Hep A/B, HPV, MCV, etc.

Family Planning
- STI screening
- Contraception (consider LARCS)
- Consider PrEP for HIV prevention
- Pregnancy Care

Mental Health
- Drug/ETOH referrals
- Counseling w/ trauma focused services or w/ agencies who work w/ victims
Survivors Needs/Stage in the Lifecycle

• Acute: Housing, food, medical and mental health including substance abuse treatment, child care assistance.

• More Immediate: (often requiring case management) Mental health, safety planning, legal (T Visa, U Visas)

• Longer term: Employment, education, con’t social supports, addressing chronic medical conditions
Steps for Making Human Trafficking a Priority

- Decorate areas with posters or materials on human trafficking (e.g. pocket cards)
- Brochures on trafficking
- Intake questions on forms:
  - “Have you ever exchanged sex for money, food, housing, or drugs?”
  - “Has your documentation or identification been taken from you, e.g. passport, or driver’s license?”
  - “Do you have access to the money you earn?”
  - ‘Can you leave your job or situation if you want?’

http://www.acf.hhs.gov/sites/default/files/orr/screening_questions_to_assess_whether_a_person_is_a_trafficking_victim_0.pdf
Steps for Making Human Trafficking a Priority

• Offer training staff/providers on HT
• Become trauma informed (both staff and providers)
• Collaborate with agencies who work with at risk or identified HT victims (HSA, Schools, Police, Local DA’s, SART centers, legal aid organizations)
• Develop a provider team and/or person within your organization who can work w/ your local community responses.
Coordinated response

- Models for child sexual abuse and domestic violence can help
- Develop hospital/clinic protocol to identify/respond (e.g. modify DV protocol)
- Know/Ask what the local resources, victim serving agencies, DHS response, law enforcement responses if victims are identified
- Identify and collaborate with local/state task forces/county agencies or Multidisciplinary Team (MDT) responses working on HT
Issues/Challenges with Coordinated Responses

• Collecting data on victims
• MOU’s and sharing information
• Different agency’s agendas
• Agreement to treat HT as victims and not criminals
• HUGE training needs of all agencies including HCP
• Ongoing funding of services and agencies providing care to victims
• Jurisdictional issues
• Lack of identification tools
• Mandated reporting issues
Role of health provider: Summary

- Recognize red flags signs/symptoms
- Provide non-judgmental, trauma informed approach to care
- Know agencies and community organizations involved with HT victims
- Collaborate with them in treating and supporting victims
- Establish policies/protocols to identify, respond, and provide care for HT victims within your practice and communities
Referral Numbers and Resources

- National Human Trafficking Resource Center
  888-373-7888; TEXT “BEFREE;” traffickingresourcecenter.org
- Futures Without Violence
  www.futureswithoutviolence.org
- Coalition to Abolish Slavery and Trafficking (CAST)
  888-KEY-2-FRE(EDOM) or 888-539-2373; CASTLA.ORG
- U.S. Department of Labor Wage & Hour Division
  1-866-4USWAGE (1-866-487-9243)
Resources

• Runaway Hotline (National Runaway Switchboard)
  1-800-RUNAWAY (1-800-786-2929)
  www.1800runaway.org

• National Center for Missing and Exploited Children www.missingkids.com
Health Professional Human Trafficking Resources

HEALtrafficking.org


Children’s Hospital of Atlanta Child Sex Trafficking Webinars, http://www.choa.org/csecwebinars


Poll

What topics related to addressing trafficking in health settings would you like more information on?
Thank you!

Please use this link to complete the **evaluation**. Your feedback is important to us! If you are an MD or DO and would like CME credits, you must complete the evaluation.

[https://www.surveymonkey.com/r/TraffickingEval](https://www.surveymonkey.com/r/TraffickingEval)

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